LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023
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 types of service found on this schedule.

01 - Anesthesia. Anesthesia claims are priced off this file.
02 - Assistant Surgeon. Assistant surgeon (MD) claims are priced off this file. Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Physician Assistant claims are paid at 80% of this fee.
03 - Full service. The file from which physician services are paid primarily for recipients 16 years of age and older. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations and EPSDT preventive medical, vision and hearing screenings which are reimbursed at 100%. Licensed Midwives are paid at 75% of the full service fee.
See Immunization Fee Schedule and Louisiana Medicaid EPSDT Program Fee Schedule.
05 - Professional component. Claims with modifier -26 are priced from this file.
07 - Full service file for physician services for recipients 0 through 15 (0-15) years of age. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee except for physician administered injections, long-acting reversible contraceptives (LARC's), immunizations, and EPSDT preventive medical, vision and hearing screenings which are reimbursed at 100%. Licensed Midwives are paid at 75% of the full service fee.
See Immunization Fee Schedule and Louisiana Medicaid EPSDT Program Fee Schedule.
13 - Office of Public Health (OPH). These codes are only payable to Provider Specialty of 60 - Public Health or Welfare Agencies and Clinics and are only being listed for informational purposes.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with modifier TH are prenatal obstetrical visits.
MP - MANUALLY PRICED; SP - SYSTEM PRICED
COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments, manual pricing, or to confirm Prior authorization by the surgeon.
COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.
COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.
COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.
COLUMN 10. SL (Service Limitation): Codes with frequency limitations.
COLUMN 11. BASE UNITS: The base units for anesthesia codes.
COLUMN 12. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.
COLUMN 13. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.
COLUMN 14. SPEC IND: Indicate if code was related to a particular process.
Code E - Medicaid Expansion
Code M - Global Maternity Code - These codes are payable only when billed to Medicaid as Secondary Payer. Global Maternity Codes billed to Medicaid as Primary Payer will be denied.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	42.77											
03	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	45.62	10	59			F						
07	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	51.33	00	15									
07	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	51.33	10	15			F						
03	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	62.18											
03	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	66.32	10	59			F						
07	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	74.62	00	15									
07	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	74.62	10	15			F						
03	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	96.56											
03	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	103.00	10	59			F						
07	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	115.88	00	15									
07	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	115.88	10	15			F						
03	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	122.19											
03	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	130.32	10	59			F						
07	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	146.62	00	15									
07	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	146.62	10	15			F						
03	99211	OFFICE,EST PT, MINIMAL PROBLEMS	12.36										X	
03	99211 TH	OFFICE,EST PT,MINIMAL	13.18	10	59			F						
07	99211	EST PATIENT OFFICE VISIT	14.82	00	15									
07	99211 TH	OFFICE,EST PT,MINIMAL	14.82	10	15			F						
03	99212	ESTABLISHED PATIENT OFFICE OR OTHER	24.83										X	
03	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	26.48	10	59			F						
07	99212	ESTABLISHED PATIENT OFFICE OR OTHER	29.79	00	15								X	
07	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	29.79	10	15			F						
03	99213	ESTABLISHED PATIENT OFFICE OR OTHER	41.53											
03	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	44.30	10	59			F						
07	99213	ESTABLISHED PATIENT OFFICE OR OTHER	49.84	00	15									
07	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	49.84	10	15			F						
03	99214	ESTABLISHED PATIENT OFFICE OR OTHER	62.65											
03	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	66.82	10	59			F						
07	99214	ESTABLISHED PATIENT OFFICE OR OTHER	75.18	00	15									
07	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	75.18	10	15			F						
03	99215	ESTABLISHED PATIENT OFFICE OR OTHER	84.93											
03	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	90.59	10	59			F						
07	99215	ESTABLISHED PATIENT OFFICE OR OTHER	101.92	00	15									
07	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	101.92	10	15			F						
03	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	62.52											
07	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	75.01	00	15									
03	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	85.35											
07	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	102.41	00	15									
03	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	125.54											
07	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	150.65	00	15									
03	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	25.81											
07	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	30.97	00	15									
03	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	46.42											
07	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	55.71	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	66.52											
07	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	79.83	00	15									
03	99234	HOSPITAL OBSERVATION OR INPATIENT CA	88.30									X		
07	99234	HOSPITAL OBSERVATION OR INPATIENT CA	105.96	00	15							X		
03	99235	HOSPITAL OBSERVATION OR INPATIENT CA	115.99									X		
07	99235	HOSPITAL OBSERVATION OR INPATIENT CA	139.17	00	15							X		
03	99236	HOSPITAL OBSERVATION OR INPATIENT CA	144.11									X		
07	99236	HOSPITAL OBSERVATION OR INPATIENT CA	172.93	00	15							X		
03	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	45.85											
07	99238	HOSPITAL	55.01	00	15									
03	99239	HOSPITAL DISCHARGE DAY	66.67											
07	99239	HOSPITAL DISCHARGE DAY	80.01	00	15									
03	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	14.15											
07	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	16.98	00	15									
03	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	27.55											
07	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	33.06	00	15									
03	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	42.88											
07	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	51.44	00	15									
03	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	80.13											
07	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	96.16	00	15									
03	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	119.29											
07	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	143.13	00	15									
03	99291	CRITICAL CARE, FIRST HOUR	174.18			X								
07	99291	CRITICAL CARE, FIRST HOUR	209.02	00	15	X								
03	99292	CRITICAL CARE, EVALUATION AND MANAGE	79.38			X							X	
07	99292	CRITICAL CARE, EVALUATION AND MANAGE	95.24	00	15	X							X	
03	99304	INITIAL NURSING FACILITY VISIT, TYPI	55.53											
07	99304	INITIAL NURSING FACILITY VISIT, TYPI	66.63	00	15									
03	99305	INITIAL NURSING FACILITY VISIT, TYPI	77.70											
07	99305	INITIAL NURSING FACILITY VISIT, TYPI	93.24	00	15									
03	99306	INITIAL NURSING FACILITY VISIT, TYPI	99.90											
07	99306	INITIAL NURSING FACILITY VISIT, TYPI	119.88	00	15									
03	99307	SUBSEQUENT NURSING FACILITY VISIT, T	27.39											
07	99307	SUBSEQUENT NURSING FACILITY VISIT, T	32.87	00	15									
03	99308	SUBSEQUENT NURSING FACILITY VISIT, T	41.83											
07	99308	SUBSEQUENT NURSING FACILITY VISIT, T	50.20	00	15									
03	99309	SUBSEQUENT NURSING FACILITY VISIT, T	55.56											
07	99309	SUBSEQUENT NURSING FACILITY VISIT, T	66.68	00	15									
03	99310	SUBSEQUENT NURSING FACILITY VISIT, T	82.17											
07	99310	SUBSEQUENT NURSING FACILITY VISIT, T	98.59	00	15									
03	99315	NURSING FAC DISCHARGE DAY	40.15											
07	99315	NURSING FAC DISCHARGE DAY	48.18	00	15									
03	99316	NURSING FAC DISCHARGE DAY	52.46											
07	99316	NURSING FAC DISCHARGE DAY	62.94	00	15									
03	99341	NEW PATIENT HOME VISIT, TYPICALLY 15	37.27											
07	99341	NEW PATIENT HOME VISIT, TYPICALLY 15	44.73	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	54.34											
07	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	65.20	00	15									
03	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	114.97											
07	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	137.97	00	15									
03	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	138.34											
07	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	166.01	00	15									
03	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	36.33											
07	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	43.60	00	15									
03	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	54.92											
07	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	65.89	00	15									
03	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	80.06											
07	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	96.08	00	15									
03	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	111.70											
07	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	134.04	00	15									
03	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	41.30										X	
07	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	49.56	00	15								X	
03	99374	PHYSICIAN SUPERVISION OF PATIENT HOM	45.29									X		
07	99374	PHYSICIAN SUPERVISION OF PATIENT HOM	54.36	00	15							X		
03	99377	PHYSICIAN SUPERVISION OF PATIENT HOS	45.29									X		
07	99377	PHYSICIAN SUPERVISION OF PATIENT HOS	54.36	00	15							X		
03	99379	SUPERVISION OF NURSING FACILITY PATI	45.06									X		
07	99379	SUPERVISION OF NURSING FACILITY PATI	54.08	00	15							X		
03	99380	SUPERVISION OF NURSING FACILITY PATI	68.19									X		
07	99380	SUPERVISION OF NURSING FACILITY PATI	81.82	00	15							X		
03	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	64.85	00	00									
07	99381	INIT E&M HEALTHY INDV, NEW PT, TO 1Y	72.96	00	00									
03	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	70.76	01	04									
07	99382	INIT E&M HEALTHY IND AGE 1-4 YRS	79.61	01	04									
03	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	70.28	05	11									
07	99383	INIT E&M HEALTHY INDIV, LTE CHILD 5-	79.06	05	11									
03	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	86.25	12	17									
07	99384	INIT E&M HEALTHY IND,ADOLS, 12-17YRS	86.25	12	15									
03	99385	INIT COMP PREV MED 18-39 YRS	76.67	18	39					X				
03	99386	INIT COMP PREV MED 40-64 YRS	89.97	40	64					X				
03	99387	INIT COMP PREV MED 65+	98.57	65	99					X				
03	99391	ESTABLISHED PATIENT PERIODIC PREVENT	54.11	00	00									
07	99391	ESTABLISHED PATIENT PERIODIC PREVENT	60.88	00	00									
03	99392	ESTABLISHED PATIENT PERIODIC PREVENT	60.50	01	04									
07	99392	ESTABLISHED PATIENT PERIODIC PREVENT	68.05	01	04									
03	99393	ESTABLISHED PATIENT PERIODIC PREVENT	60.25	05	11									
07	99393	ESTABLISHED PATIENT PERIODIC PREVENT	67.79	05	11									
03	99394	ESTABLISHED PATIENT PERIODIC PREVENT	66.40	12	17									
07	99394	ESTABLISHED PATIENT PERIODIC PREVENT	74.70	12	15									
03	99395	ESTABLISHED PATIENT PERIODIC PREVENT	66.65	18	39					X				
03	99396	ESTABLISHED PATIENT PERIODIC PREVENT	73.03	40	64					X				
03	99397	ESTABLISHED PATIENT PERIODIC PREVENT	81.88	65	99					X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	99401	PREVENTIVE MEDICINE COUNSELING AND/	19.72	05	99									E
03	99402	PREVENTIVE MEDICINE COUNSELING AND/	33.64	05	99									E
03	99403	PREVENTIVE MEDICINE COUNSELING AND/	40.85	05	99									E
03	99404	PREVENTIVE MEDICINE COUNSELING AND/	49.61	05	99									E
03	99406	SMOKING AND TOBACCO USE CESSATION CO	11.22	16	60			F		X				
07	99406	SMOKING AND TOBACCO USE CESSATION CO	13.46	10	15			F		X				
03	99407	SMOKING AND TOBACCO USE CESSATION CO	21.65	16	60			F		X				
07	99407	SMOKING AND TOBACCO USE CESSATION CO	25.98	10	15			F		X				
03	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	26.48	16	99					X				
07	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	31.78	11	15					X				
03	99415	PROLONGED CLINICAL STAFF SERVICE (TH	6.04			X								
07	99415	PROLONGED CLINICAL STAFF SERVICE (TH	7.25	00	15	X								
03	99416	PROLONGED CLINICAL STAFF SERVICE (TH	3.42			X								
07	99416	PROLONGED CLINICAL STAFF SERVICE (TH	4.10	00	15	X								
03	99417	PROLONGED OFFICE OR OTHER OUTPATIENT	24.32										X	
07	99417	PROLONGED OFFICE OR OTHER OUTPATIENT	29.18	00	15								X	
03	99418	PROLONGED INPATIENT OR OBSERVATION S	24.32										X	
07	99418	PROLONGED INPATIENT OR OBSERVATION S	29.18	00	15								X	
03	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	MP			X								
03	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	26.65											
07	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	31.98	00	15									
03	99460	INITIAL HOSPITAL OR BIRTHING CENTER	39.14	00	00					X				
07	99460	INITIAL HOSPITAL OR BIRTHING CENTER	46.97	00	00					X				
03	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	57.15	00	00					X				
07	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	68.58	00	00					X				
03	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	20.82	00	00									
07	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	24.98	00	00									
03	99463	INITIAL HOSPITAL OR BIRTHING CENTER	52.22	00	00					X				
07	99463	INITIAL HOSPITAL OR BIRTHING CENTER	62.67	00	00					X				
03	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	49.28	00	00									
07	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	59.13	00	00									
03	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	100.59	00	00									
07	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	120.72	00	00									
03	99466	CRITICAL CARE SERVICES DELIVERED BY	161.25	00	01									
07	99466	CRITICAL CARE SERVICES DELIVERED BY	193.50	00	01									
03	99467	CRITICAL CARE SERVICES DELIVERED BY	80.53	00	01								X	
07	99467	CRITICAL CARE SERVICES DELIVERED BY	96.62	00	01								X	
03	99468	INITIAL INPATIENT NEONATAL CRITICAL	637.32	00	00									
07	99468	INITIAL INPATIENT NEONATAL CRITICAL	764.78	00	00									
03	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	277.48	00	00									
07	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	333.00	00	00									
03	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	540.76	00	01									
07	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	648.92	00	01									
03	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	267.27	00	01									
07	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	320.73	00	01									
03	99473	SELF-MEASURED BLOOD PRESSURE USING A	8.53							X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	99474	SELF-MEASURED BLOOD PRESSURE USING A	10.66							X				
03	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	373.54	02	05									
07	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	448.23	02	05									
03	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	222.00	02	05									
07	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	266.40	02	05									
03	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	235.03	00	00									
07	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	282.03	00	00									
03	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	95.73	00	00									
07	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	114.88	00	00									
03	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	84.50	00	00									
07	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	101.40	00	00									
03	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	81.22	00	00									
07	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	97.47	00	00									
03	99497	ADVANCE CARE PLANNING INCLUDING	62.02											
07	99497	ADVANCE CARE PLANNING INCLUDING	74.42	00	15									
03	99498	ADVANCE CARE PLANNING INCLUDING	54.10										X	
07	99498	ADVANCE CARE PLANNING INCLUDING	64.92	00	15								X	
03	99499	UNLISTED EVALUATION AND MANAGEMENT S	MP			X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	90586	BCG VACCINE FOR BLADDER CANCER, LIVE	110.07										
03	90750	ZOSTER (SHINGLES) VACCINE (HZV), REC	171.57	50 99									
03	90756	INFLUEZNA VIRUS VACCINE, QUADRIVALEN	28.37	19 99									
03	90759	HEPATITIS B VAC 3-ANTGN,10MCG,3 DOSE	73.82	19 59									
03	90785	INTERACTIVE COMPLEXITY	3.29										
07	90785	INTERACTIVE COMPLEXITY	MP	00 15									
03	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	102.85										
07	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	MP	00 15									
03	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	86.64										
07	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	MP	00 15									
03	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	42.97										
07	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	51.57	00 15									
03	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	28.92										
07	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	34.71	00 15									
03	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	56.16										
07	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	67.40	00 15									
03	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	46.99										
07	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	56.38	00 15									
03	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	82.40										
07	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	98.87	00 15									
03	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	75.84										
07	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	91.01	00 15									
03	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	114.54										
07	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	106.39	00 15									
03	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	57.26										
07	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	53.19	00 15									
03	90845	MEDICAL PSYCHOANALYSIS	57.23								X	X	
07	90845	MEDICAL PSYCHOANALYSIS	68.67	00 15							X	X	
03	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	60.76								X		
07	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	72.91	00 15							X		
03	90847	SPECIAL FAMILY THERAPY	75.36								X		
07	90847	SPECIAL FAMILY THERAPY	90.43	00 15							X		
03	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	22.54								X		
07	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	27.05	00 15							X		
03	90853	GROUP PSYCHOTHERAPY Y	21.39						X		X		
07	90853	GROUP PSYCHOTHERAPY Y	25.68	00 15					X		X		
03	90863	MANAGEMENT OF PRESCRIPTIONS AND REVI	21.45										
07	90863	MANAGEMENT OF PRESCRIPTIONS AND REVI	25.74	00 15									
03	90870	ELECTROCONLULSIVE THERAPY	92.03								X		
07	90870	ELECTROCONLULSIVE THERAPY	110.43	00 15							X		
03	90875	PSYCHOPHYSIOLOGICAL THERAPY	48.56								X		
07	90875	PSYCHOPHYSIOLOGICAL THERAPY	58.28	00 15							X		
03	90876	PSYCHOPHYSIOLOGICAL THERAPY	72.14					X			X		
07	90876	PSYCHOPHYSIOLOGICAL THERAPY	86.56	00 15				X			X		
03	90880	MEDICAL HYPNOTHERAPY	73.71								X		
07	90880	MEDICAL HYPNOTHERAPY	88.45	00 15							X		

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	45.66											
07	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	54.79	00	15									
03	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	75.27											
07	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	90.34	00	15									
03	90940	HEMODIALYSIS ACCESS STUDY	80.94											
07	90940	HEMODIALYSIS ACCESS STUDY	80.94	00	15									
03	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	47.44											
07	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	56.93	00	15									
03	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	77.02											
07	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	92.43	00	15									
03	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	664.23	00	01					X				
07	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	797.08	00	01					X				
03	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	136.85	00	01					X				
07	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	552.35	00	01					X				
03	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	136.85	00	01					X				
07	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	552.35	00	01					X				
03	90954	END-STATE RENAL DISEASE (ESRD) RELAT	546.92	02	11					X				
07	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	656.30	02	11					X				
03	90955	END-STATE REANL DISEASE (ESRD) RELAT	309.27	02	11					X				
07	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	371.12	02	11					X				
03	90956	END-STATE RENAL DISEASE (ESRD) RELAT	209.41	02	11					X				
07	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	251.29	02	11					X				
03	90957	END-STATE RENAL DISEASE (ESRD) RELAT	438.27	12	19					X				
07	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	525.93	12	15					X				
03	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	295.57	12	19					X				
07	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	354.69	12	15					X				
03	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	193.91	12	19					X				
07	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	232.69	12	15					X				
03	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	193.79	20	99					X				
03	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	156.58	20	99					X				
03	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	113.32	20	99					X				
03	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	375.52	00	01					X				
07	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	450.62	00	01					X				
03	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	314.02	02	11					X				
07	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	376.81	02	11					X				
03	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	298.49	12	19					X				
07	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	358.19	12	15					X				
03	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	155.00	20	99					X				
03	90967	END-STAGE REANL DISEASE (ESRD) RELAT	13.37	00	01									
07	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	16.05	00	01									
03	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	10.49	02	11									
07	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	12.59	02	11									
03	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	10.24	12	19									
07	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	12.27	12	15									
03	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	5.45	20	99									
03	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	284.03							X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	284.03	00	15					X				
03	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	9.46											
07	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	9.46	00	15									
03	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	61.71											
07	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	74.05	00	15									
03	90999	UNLISTED DIALYSIS PROCEDURE	MP			X								
07	90999	UNLISTED DIALYSIS PROCEDURE	MP	00	15	X								
03	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	120.51											
05	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	48.20											
07	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	144.61	00	15									
03	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	11.71											
05	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	4.68											
07	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	14.06	00	15									
03	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	146.09											
05	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	58.44											
07	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	175.31	00	15									
03	91022	DUODENAL MOTILITY STUDY	121.11											
05	91022	DUODENAL MOTILITY STUDY	48.44											
07	91022	DUODENAL MOTILITY STUDY	145.33	00	15									
03	91030	ACID PERFUSION FOR ESOPHAGITIS	87.62											
05	91030	ACID PERFUSION FOR ESOPHAGITIS	35.05											
07	91030	ACID PERFUSION FOR ESOPHAGITIS	105.14	00	15									
03	91034	GASTROESOPHAGEAL REFLUX TEST	125.30											
05	91034	GASTROESOPHAGEAL REFLUX TEST	50.12											
07	91034	GASTROESOPHAGEAL REFLUX TEST	150.35	00	15									
03	91035	G-ESOPH REFLX TST W/ELECTROD	291.92											
05	91035	G-ESOPH REFLX TST W/ELECTROD	116.77											
07	91035	G-ESOPH REFLX TST W/ELECTROD	350.31	00	15									
03	91037	ESOPH IMPED FUNCTION TEST	101.23											
05	91037	ESOPH IMPED FUNCTION TEST	40.49											
07	91037	ESOPH IMPED FUNCTION TEST	121.47	00	15									
03	91038	ESOPH IMPED FUNCT TEST > 1H	90.05											
05	91038	ESOPH IMPED FUNCT TEST > 1H	36.02											
07	91038	ESOPH IMPED FUNCT TEST > 1H	108.07	00	15									
03	91040	ESOPH BALLOON DISTENSION TST	235.46											
05	91040	ESOPH BALLOON DISTENSION TST	94.18											
07	91040	ESOPH BALLOON DISTENSION TST	282.55	00	15									
03	91065	MEASUREMENT OF HYDROGEN IN BREATH TO	53.23											
07	91065	MEASUREMENT OF HYDROGEN IN BREATH TO	63.87	00	15									
03	91110	GI TRACT IMAGING, INTRALUMINAL	588.65											
05	91110	GI TRACT IMAGING, INTRALUMINAL	235.46											
07	91110	GI TRACT IMAGING, INTRALUMINAL	706.38	00	15									
03	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	72.43											
07	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	86.92	00	15									
03	91120	RECTAL SENSATION TEST	241.13											
05	91120	RECTAL SENSATION TEST	96.45											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	91120	RECTAL SENSATION TEST	289.36	00	15									
03	91122	ANORECTAL MANOMETRY	148.53											
05	91122	ANORECTAL MANOMETRY	59.41											
07	91122	ANORECTAL MANOMETRY	178.23	00	15									
03	91132	ELECTROGASTROGRAPHY	33.98											
07	91132	ELECTROGASTROGRAPHY	33.98	00	15									
03	91133	ELECTROGASTROGRAPHY W/TEST	37.37											
07	91133	ELECTROGASTROGRAPHY W/TEST	37.37	00	15									
03	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	25.10							X				
05	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	10.04							X				
07	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	30.12	00	15					X				
03	91299	UNLISTED DX GASTRO. PROC	148.13			X								
05	91299	UNLISTED DX GASTROL PROC	MP			X								
07	91299	UNLISTED DX GASTRO. PROC	148.13	00	15	X								
03	91300	PFIZER-BIONTECH COVID-19 VACCINE	.00	12	99									
03	91301	MODERNA COVID-19 VACCINE	.00	12	99									
03	91303	JANSSEN COVID-19 VACCINE (J&J)	MP	18	99									
03	91304	NOVAVAX COVID-19 VACCINE, ADJUVANTED	MP	18	99									
03	91305	PFIZER-BIONT CV19 VAC (READY TO USE)	MP	12	99									
03	91306	MODERNA COVID-19 VACCINE (LOW DOSE)	MP	18	99									
03	91307	PFIZER-BIONTECH CV19 PEDIATRIC VAC	MP	05	11									
03	91308	PFIZER-BIONTECH CV19 PED VAC (6MO-4)	MP	00	04									
03	91309	MODERNA COVID-19 VACCINE (BLUE CAP)	MP	06	99									
03	91311	MODERNA COVID-19 VACCINE (250 MCG)	MP	00	05									
03	91312	PFIZER-B CV-19 VAC BIVALENT PRODUCT	MP	12	99									
03	91313	MODERNA CV19 VAC BIVALENT PRODUCT	MP	18	99									
03	91314	MODERNA CV19 VAC BIVALENT PRODUCT	MP	06	11									
03	91315	PFIZER-B CV-19 VAC BIVALENT PRODUCT	MP	05	11									
03	91316	MODERNA CV-19 VAC BIVALENT (6MO-5)	MP	00	05									
03	91317	PFIZER-B CV-19 VAC BIVALENT (6MO-4)	MP	00	04									
03	92002	EYE EXAM; INTERMEDIATE; NEW PT	45.04											
07	92002	EYE EXAM; INTERMEDIATE; NEW PT	54.03	00	15									
03	92004	EYE EXAM; COMPREHENSIVE; NEW PT	85.26											
07	92004	EYE EXAM; COMPREHENSIVE; NEW PT	102.30	00	15									
03	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	47.42											
07	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	56.92	00	15									
03	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	69.45											
07	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	83.35	00	15									
03	92018	EYE EXAM W/ANESTHESIA-COMPLETE	88.32											
07	92018	EYE EXAM W/ANESTHESIA-COMPLETE	105.98	00	15									
03	92019	EYE EXAM W/ANESTHESIA-LIMITED	44.11											
07	92019	EYE EXAM W/ANESTHESIA-LIMITED	52.95	00	15									
03	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	16.17											
07	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	19.39	00	15									
03	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	20.65											
05	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	8.26											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	24.77	00	15									
03	92060	SENSORIMOTOR EXAM EYE	36.03											
05	92060	SENSORIMOTOR EXAM EYE	14.41											
07	92060	SENSORIMOTOR EXAM EYE	43.23	00	15									
03	92065	ORTHOPTIC/PLEOPTIC TRAINING	27.75	00	21					X				
05	92065	ORTHOPTIC / PLEOPTIC TRAINING	11.10											
07	92065	ORTHOPTIC/PLEOPTIC TRAINING	33.30	00	15					X				
03	92066	ORTHOPTIC TRAINING: UNDER SUPERVISIO	17.21											
07	92066	ORTHOPTIC TRAINING: UNDER SUPERVISIO	20.66	00	15									
03	92081	TANGENT SCREEN; AUTOPLOT	31.35											
05	92081	TANGENT SCREEN; AUTOPLOT	12.54											
07	92081	TANGENT SCREEN; AUTOPLOT	37.62	00	15									
03	92082	QUANTITATIVE PERIMETRY	41.37											
05	92082	QUANTITATIVE PERIMETRY	16.55											
07	92082	QUANTITATIVE PERIMETRY	49.65	00	15									
03	92083	MEASUREMENT OF FIELD OF VISION DURIN	47.24											
05	92083	MEASUREMENT OF FIELD OF VISION DURIN	18.90											
07	92083	MEASUREMENT OF FIELD OF VISION DURIN	56.68	00	15									
03	92100	SERIAL TONOGRAPHY W/EVALUATION	53.56											
07	92100	SERIAL TONOGRAPHY W/EVALUATION	64.27	00	15									
03	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	18.45											
05	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	7.38											
07	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	22.15	00	15									
03	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	22.65											
05	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	9.06											
07	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	27.19	00	15									
03	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	22.65											
05	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	9.06											
07	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	27.19	00	15									
03	92136	OPHTHALMIC BIOMETRY	49.43											
05	92136	OPHTHALMIC BIOMETRY	19.77											
07	92136	OPHTHALMIC BIOMETRY	59.32	00	15									
03	92145	CORNEAL HYSTERESIS DETERMINATION, BY	11.15											
05	92145	CORNEAL HYSTERESIS DETERMINATION, BY	4.46											
07	92145	CORNEAL HYSTERESIS DETERMINATION, BY	13.38	00	15									
03	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	18.20											
07	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	21.84	00	15									
03	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	11.53											
07	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	13.83	00	15									
03	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	36.42											
07	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	43.71	00	15									
03	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	76.17										X	
05	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	30.47										X	
07	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	91.41	00	15								X	
03	92240	ICG ANGIOGRAPHY	139.83											
05	92240	ICG ANGIOGRAPHY	55.93											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	92240	ICG ANGIOGRAPHY	167.80	00	15									
03	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	155.94											
05	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	62.38											
07	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	187.13	00	15									
03	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	42.51											
05	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	17.00											
07	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	51.00	00	15									
03	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	10.85											
07	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	13.03	00	15									
03	92265	OCULOELECTROMYOGRAPHY	47.33											
05	92265	OCULOELECTROMYOGRAPHY	18.93											
07	92265	OCULOELECTROMYOGRAPHY	56.79	00	15									
03	92270	ELECTRO-OCULOGRAPHY	53.91											
05	92270	ELECTRO-OCULOGRAPHY	21.56											
07	92270	ELECTRO-OCULOGRAPHY	64.69	00	15									
03	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	92.90											
05	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	37.16											
07	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	111.48	00	15									
03	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	63.41											
05	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	25.36											
07	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	76.09	00	15									
03	92283	COLOR VISION EXAMINATION	26.66											
05	92283	COLOR VISION EXAMINATION	10.66											
07	92283	COLOR VISION EXAMINATION	31.99	00	15									
03	92284	DARK ADAPTATION EXAMINATION	35.74											
05	92284	DARK ADAPTATION EXAMINATION	14.30											
07	92284	DARK ADAPTATION EXAMINATION	42.90	00	15									
03	92285	EXTERNAL OCULAR PHOTOGRAPHY	24.72											
05	92285	EXTERNAL OCULAR PHOTOGRAPHY	9.89											
07	92285	EXTERNAL OCULAR PHOTOGRAPHY	29.66	00	15									
03	92286	SPECULAR ENDOTHELIAL MICROSCOPY	70.70											
05	92286	SPECULAR ENDOTHELIAL MICROSCOPY	28.28											
07	92286	SPECULAR ENDOTHELIAL MICROSCOPY	84.82	00	15									
03	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	67.53											
07	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	81.03	00	15									
03	92340	FITTING OF SPECTACLES...MONOFOCAL	12.36						X					
03	92341	FITTING OF SPECTACLES...BIFOCAL	12.36						X					
03	92342	FITTING OF SPECTACLES...MULTIFOCAL	12.36						X					
03	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP			X								
07	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	MP	00	15	X								
03	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	62.25											
07	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	74.70	00	15									
07	92507	SPEECH LANGUAGE HEARING THERAPY	48.31	00	02		X							
07	92508	SPEECH LANGUAGE HEARING THERAPY	23.07	00	02		X							
03	92511	NASOPHARYNGOSCOPY	93.74											
07	92511	NASOPHARYNGOSCOPY	112.48	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	55.29											
07	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	66.35	00	15									
03	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	51.47											
07	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	61.77	00	15									
03	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	86.06											
07	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	103.27	00	15									
03	92521	EVALUATION OF SPEECH FLUENCY	77.70	01	99		X		X	X				
07	92521	EVALUATION OF SPEECH FLUENCY	93.24	00	15		X		X	X				
03	92522	EVALUATE SPEECH PRODUCTION	63.31	01	99		X		X	X				
07	92522	EVALUATE SPEECH PRODUCTION	75.97	00	15		X		X	X				
03	92523	SPEECH SOUND LANG COMPREHENSION	131.19	01	99		X		X	X				
07	92523	SPEECH SOUND LANG COMPREHENSION	157.42	00	15		X		X	X				
03	92524	BEHAVRAL QUALIT ANALYS VOICE	65.93	01	99		X		X	X				
07	92524	BEHAVRAL QUALIT ANALYS VOICE	79.12	00	15		X		X	X				
03	92526	ORAL FUNCTION THERAPY	51.03											
07	92526	ORAL FUNCTION THERAPY	61.24	00	15									
03	92531	SPONTANEOUS NYSTAGMUS W/GAZE	11.33											
07	92531	SPONTANEOUS NYSTAGMUS W/GAZE	11.33	00	15									
03	92532	POSITIONAL NYSTAGMUS STUDY	11.33											
07	92532	POSITIONAL NYSTAGMUS STUDY	11.33	00	15									
03	92533	CALORIC VESTIBULAR TEST; EACH	7.03										X	
07	92533	CALORIC VESTIBULAR TEST; EACH	7.03	00	15								X	
03	92534	OPTOKINETIC NYSTAGMUS	11.33											
07	92534	OPTOKINETIC NYSTAGMUS	11.33	00	15									
03	92537	CALORIC VESTIBULAR TEST WITH RECORDI	29.23											
05	92537	CALORIC VESTIBULAR TEST WITH RECORDI	11.69											
07	92537	CALORIC VESTIBULAR TEST WITH RECORDI	35.07	00	15									
03	92538	CALORIC VESTIBULAR TEST WITH RECORDI	14.90											
05	92538	CALORIC VESTIBULAR TEST WITH RECORDI	5.96											
07	92538	CALORIC VESTIBULAR TEST WITH RECORDI	17.87	00	15									
03	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	66.23											
05	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	26.49											
07	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	79.47	00	15									
03	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	37.16											
05	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	14.86											
07	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	44.59	00	15									
03	92542	POSITIONAL NYSTAGMUS W/RECORDING	38.30											
05	92542	POSITIONAL NYSTAGMUS W/RECORDING	15.32											
07	92542	POSITIONAL NYSTAGMUS W/RECORDING	45.97	00	15									
03	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	30.81											
05	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	12.32											
07	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	36.98	00	15									
03	92545	OSCILLATING TRACKING W/RECORDING	28.90											
05	92545	OSCILLATING TRACKING W/RECORDING	11.56											
07	92545	OSCILLATING TRACKING W/RECORDING	34.68	00	15									
03	92546	TORSION SWING TEST W/RECORDING	51.34											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
05	92546	TORSION SWING TEST W/RECORDING	20.54											
07	92546	TORSION SWING TEST W/RECORDING	61.62	00	15									
03	92547	ADDED USE OF VERTICAL ELECTRODES	3.66											
07	92547	ADDED USE OF VERTICAL ELECTRODES	4.39	00	15									
03	92548	POSTUROGRAPHY	59.55											
05	92548	POSTUROGRAPHY	23.82											
07	92548	POSTUROGRAPHY	71.47	00	15									
03	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	45.53											
05	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	18.21											
07	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	54.64	00	15									
03	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	14.39							X				
07	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	17.27	00	15					X				
03	92551	SCREENING; PURE TONE; AIR ONLY	6.59											
07	92551	SCREENING; PURE TONE; AIR ONLY	7.91	00	15									
03	92552	PURE TONE AUDIOMETRY; AIR ONLY	13.41							X				
07	92552	PURE TONE AUDIOMETRY; AIR ONLY	16.10	00	15					X				
03	92553	PURE TONE AUDIOMETRY; AIR AND BONE	17.97							X				
07	92553	PURE TONE AUDIOMETRY; AIR AND BONE	21.56	00	15					X				
03	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	10.00							X				
07	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	12.01	00	15					X				
03	92556	SPEECH AUDIOMETRY, COMPLETE	15.46							X				
07	92556	SPEECH AUDIOMETRY, COMPLETE	18.55	00	15					X				
03	92557	BASIC COMPREHENSIVE AUDIOMETRY	30.32							X				
07	92557	BASIC COMPREHENSIVE AUDIOMETRY	36.39	00	15					X				
03	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	MP			X								
07	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	MP	00	15	X								
03	92563	TONE DECAY HEARING TEST	12.73							X				
07	92563	TONE DECAY HEARING TEST	15.29	00	15					X				
03	92565	STENGER TEST, PURE TONE	7.97							X				
07	92565	STENGER TEST, PURE TONE	9.55	00	15					X				
03	92567	TYMPANOMETRY	11.78							X				
07	92567	TYMPANOMETRY	14.15	00	15					X				
03	92568	ACOUSTIC REFLEX TESTING	12.29							X				
07	92568	ACOUSTIC REFLEX TESTING	14.75	00	15					X				
03	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	21.99							X				
07	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	26.38	00	15					X				
03	92571	FILTERED SPEECH TEST	10.24							X				
07	92571	FILTERED SPEECH TEST	12.28	00	15					X				
03	92572	STAGGERED SPONDAIC WORD TEST	10.68							X				
07	92572	STAGGERED SPONDAIC WORD TEST	12.81	00	15					X				
03	92575	SENSORINEURAL ACUITY LEVEL TEST	21.58							X				
07	92575	SENSORINEURAL ACUITY LEVEL TEST	25.90	00	15					X				
03	92576	SYNTHETIC SENTENCE ID TEST	13.19							X				
07	92576	SYNTHETIC SENTENCE ID TEST	15.83	00	15					X				
03	92577	STENGER TEST, SPEECH	10.93							X				
07	92577	STENGER TEST, SPEECH	13.12	00	15					X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	92579	VISUAL AUDIOMETRY (VRA)	29.71							X				
07	92579	VISUAL AUDIOMETRY (VRA)	35.66	00	15					X				
03	92582	CONDITIONING PLAY AUDIOMETRY	25.46							X				
07	92582	CONDITIONING PLAY AUDIOMETRY	30.55	00	15					X				
03	92583	SELECT PICTURE AUDIOMETRY	20.70							X				
07	92583	SELECT PICTURE AUDIOMETRY	24.84	00	15					X				
03	92584	ELECTROCOCHLEOGRAPHY	42.33							X				
07	92584	ELECTROCOCHLEOGRAPHY	50.79	00	15					X				
03	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	24.76											
05	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	9.90											
07	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	29.71	00	15									
03	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	40.70											
05	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	16.28											
07	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	48.85	00	15									
03	92590	HEARING AID EXAM/SELECTION;MONAURAL	55.94											
07	92590	HEARING AID EXAM/SELECTION;MONAURAL	55.94	00	15									
03	92591	HEARING AID EXAM/SELECTION;BINAURAL	55.94											
07	92591	HEARING AID EXAM/SELECTION;BINAURAL	55.94	00	15									
03	92592	HEARING AID CHECK; MONAURAL	21.52											
07	92592	HEARING AID CHECK; MONAURAL	21.52	00	15									
03	92593	HEARING AID CHECK; BINAURAL	43.04											
07	92593	HEARING AID CHECK; BINAURAL	43.04	00	15									
03	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	21.52											
07	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	21.52	00	15									
03	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	43.04											
07	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	43.04	00	15									
03	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	102.90	01	06					X				
07	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	123.48	01	06					X				
03	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	64.09	01	06					X				
07	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	76.91	01	06					X				
03	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	93.21	07	99					X				
07	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	111.85	07	99					X				
03	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	55.30	07	99					X				
07	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	66.36	07	99					X				
03	92610	EVALUATE SWALLOWING FUNCTION	49.08											
07	92610	EVALUATE SWALLOWING FUNCTION	58.91	00	15									
03	92611	MOTION FLUOROSCOPY/SWALLOW	53.41											
07	92611	MOTION FLUOROSCOPY/SWALLOW	64.08	00	15									
03	92612	ENDOSCOPY SWALLOW TST	99.43											
07	92612	ENDOSCOPY SWALLOW TST	119.30	00	15									
03	92618	EVALUATION FOR PRESCRIPTION OF NON-S	MP			X								
07	92618	EVALUATION FOR PRESCRIPTION OF NON-S	MP	00	15	X								
03	92620	AUDITORY FUNCTION, 60 MIN	49.72											
07	92620	AUDITORY FUNCTION, 60 MIN	59.67	00	15									
03	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	11.55										X	
07	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	13.87	00	15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	92625	TINNITUS ASSESSMENT	39.29											
07	92625	TINNITUS ASSESSMENT	47.15	00	15									
03	92626	EVAL AUD REHAB STATUS	53.73	02	99		X		X					
07	92626	EVAL AUD REHAB STATUS	64.47	02	15		X		X					
03	92627	EVAL AUD STATUS REHAB ADD-ON	13.08	02	99		X		X				X	
07	92627	EVAL AUD STATUS REHAB ADD-ON	15.70	02	15		X		X				X	
03	92630	AUD REHAB PRE-LING HEAR LOSS	MP			X	X							
07	92630	AUD REHAB PRE-LING HEAR LOSS	MP	00	15	X	X							
03	92633	AUD REHAB POSTLING HEAR LOSS	MP	02	99	X	X							
07	92633	AUD REHAB POSTLING HEAR LOSS	MP	02	15	X	X							
03	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	52.59											
07	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	63.11	00	15									
03	92650	AUDITORY EVOKED POTENTIALS; SCREEN	38.90	00	20									
07	92650	AUDITORY EVOKED POTENTIALS; SCREEN	46.67	00	15									
03	92651	AUDITORY EVOKED POTENTIALS; SCREEN	58.70	00	20									
07	92651	AUDITORY EVOKED POTENTIALS; SCREEN	70.43	00	15									
03	92652	AUDITORY EVOKED POTENTIALS; SCREEN	78.24	00	20									
07	92652	AUDITORY EVOKED POTENTIALS; SCREEN	93.89	00	15									
03	92653	AUDITORY EVOKED POTENTIALS; SCREEN	57.53	00	20									
07	92653	AUDITORY EVOKED POTENTIALS; SCREEN	69.04	00	15									
03	92700	ENT PROCEDURE/SERVICE	MP			X								
07	92700	ENT PROCEDURE/SERVICE	MP	00	15	X								
03	92920	BALLOON DILATION OF NARROWED OR BLOC	365.42											
07	92920	BALLOON DILATION OF NARROWED OR BLOC	438.50	00	15									
03	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	178.87											
07	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	214.65	00	15									
03	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	434.36											
07	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	521.24	00	15									
03	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	214.70											
07	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	257.64	00	15									
03	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	405.78											
07	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	486.95	00	15									
03	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	196.91											
07	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	236.29	00	15									
03	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	453.79											
07	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	544.54	00	15									
03	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	222.02											
07	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	266.42	00	15									
03	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	405.33											
07	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	486.40	00	15									
03	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	178.87											
07	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	214.65	00	15									
03	92941	INSERTION OF STENT, REMOVAL OF PLAQU	454.68											
07	92941	INSERTION OF STENT, REMOVAL OF PLAQU	545.60	00	15									
03	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	454.68											
07	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	545.60	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	214.70										
07	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	257.64	00 15									
03	92950	CARDIOPULMONARY RESUSCITATION	182.18									X	
07	92950	CARDIOPULMONARY RESUSCITATION	218.62	00 15								X	
03	92960	ELECTRICAL CARDIOVERSION	167.72									X	
07	92960	ELECTRICAL CARDIOVERSION	201.26	00 15								X	
03	92961	CARDIOVERSION, ELECTRIC, INT	179.71										
07	92961	CARDIOVERSION, ELECTRIC, INT	215.65	00 15									
03	92970	CARDIOASSIST, INTERNAL	125.60										
07	92970	CARDIOASSIST, INTERNAL	150.73	00 15									
03	92971	CARDIOASSIST, EXTERNAL	70.79										
07	92971	CARDIOASSIST, EXTERNAL	84.95	00 15									
03	92973	PERCUT CORONARY THROMBECTOMY	127.63										
07	92973	PERCUT CORONARY THROMBECTOMY	153.16	00 15									
03	92974	CATH PLACE, CARDIO BRACHYTX	116.98										
07	92974	CATH PLACE, CARDIO BRACHYTX	140.37	00 15									
03	92978	INTRAVASCULAR US, HEART	182.00										
05	92978	INTRAVASCULAR US, HEART	72.80										
07	92978	INTRAVASCULAR US, HEART	218.40	00 15									
03	92979	INTRAVASCULAR US, HEART	112.23									X	
05	92979	INTRAVASCULAR US, HEART	44.89									X	
07	92979	INTRAVASCULAR US, HEART	134.66	00 15								X	
03	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	948.23										
07	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,137.88	00 15									
03	92987	REVISION OF MITRAL VALVE	981.60										
07	92987	REVISION OF MITRAL VALVE	1,177.92	00 15									
03	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	755.37										
07	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	906.43	00 15									
03	92997	PUL ART BALLOON REPAIR, PERC	438.38										
07	92997	PUL ART BALLOON REPAIR, PERC	526.07	00 15									
03	92998	PUL ART BALLOON REPAIR, PERC	224.79									X	
07	92998	PUL ART BALLOON REPAIR, PERC	269.75	00 15								X	
03	93000	ROUTINE ECG W/AT LEAST 12 LEADS	13.72									X	
07	93000	ROUTINE ECG W/AT LEAST 12 LEADS	16.46	00 15								X	
03	93005	ECG; TRACING ONLY	7.50								X	X	
07	93005	ECG; TRACING ONLY	9.00	00 15							X	X	
03	93010	ECG; INTERPRETATION AND REPORT	6.22									X	
07	93010	ECG; INTERPRETATION AND REPORT	7.45	00 15								X	
03	93015	CARDIOVASCULAR STRESS TEST	65.56										
07	93015	CARDIOVASCULAR STRESS TEST	78.67	00 15									
03	93016	CARDIOVASCULAR STRESS TEST USING MAX	16.87										
07	93016	CARDIOVASCULAR STRESS TEST USING MAX	20.25	00 15									
03	93017	CARDIOVASCULAR STRESS TEST; TRACING	37.52										
07	93017	CARDIOVASCULAR STRESS TEST; TRACING	45.03	00 15									
03	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	11.18										
07	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	13.40	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	93025	MICROVOLT T-WAVE ASSESS	136.65											
07	93025	MICROVOLT T-WAVE ASSESS	163.98	00	15									
03	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	8.91										X	
07	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	10.70	00	15								X	
03	93041	RHYTHM ECG; TRACING ONLY	3.42									X	X	
07	93041	RHYTHM ECG; TRACING ONLY	4.09	00	15							X	X	
03	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	5.50										X	
07	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	6.61	00	15								X	
03	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	12.36											
05	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	4.94											
07	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	14.83	00	15									
03	93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	76.91											
07	93224	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	92.30	00	15									
03	93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	22.51									X		
07	93225	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.02	00	15							X		
03	93226	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	34.80									X		
07	93226	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	41.77	00	15							X		
03	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	19.58											
07	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	23.50	00	15									
03	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	17.78							X				
07	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	21.32	00	15					X				
03	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	54.46											
07	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	65.23	00	15									
03	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	10.16											
07	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	12.19	00	15									
03	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.27											
07	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	32.72	00	15									
03	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	18.11											
07	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	21.73	00	15									
03	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	54.36											
07	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	65.23	00	15									
03	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	10.16											
07	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	12.19	00	15									
03	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	27.27											
07	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	32.72	00	15									
03	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	19.87											
07	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	23.84	00	15									
03	93260	PROGRAMMING DEVICE EVALUATION (IN PE	47.87											
05	93260	PROGRAMMING DEVICE EVALUATION (IN PE	19.15											
07	93260	PROGRAMMING DEVICE EVALUATION (IN PE	57.45	00	15									
03	93261	INTERROGATION DEVICE EVALUATION (IN	43.73											
05	93261	INTERROGATION DEVICE EVALUATION (IN	17.49											
07	93261	INTERROGATION DEVICE EVALUATION (IN	52.48	00	15									
03	93268	EXTERNAL PATIENT AND, WHEN PERFORMED	170.61							X				
05	93268	EXTERNAL PATIENT AND, WHEN PERFORMED	67.56							X				
07	93268	EXTERNAL PATIENT AND, WHEN PERFORMED	170.61	00	15					X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	93270	EXTERNAL PATIENT AND, WHEN PERFORMED	13.65							X		X		
07	93270	EXTERNAL PATIENT AND, WHEN PERFORMED	16.39	00	15					X		X		
03	93271	EXTERNAL PATIENT AND, WHEN PERFORMED	136.34							X		X		
07	93271	EXTERNAL PATIENT AND, WHEN PERFORMED	163.61	00	15					X		X		
03	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	18.91							X				
07	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	22.68	00	15					X				
03	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	26.50											
05	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	10.60											
07	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	31.80	00	15									
03	93279	PROGRAMMING DEVICE EVALUATION (IN PE	37.27											
05	93279	PROGRAMMING DEVICE EVALUATION WITH I	14.91											
07	93279	PROGRAMMING DEVICE EVALUATION WITH I	44.73	00	15									
03	93280	PROGRAMMING DEVICE EVALUATION (IN PE	44.02											
05	93280	PROGRAMMING DEVICE EVALUATION WITH I	17.61											
07	93280	PROGRAMMING DEVICE EVALUATION WITH I	52.81	00	15									
03	93281	PROGRAMMING DEVICE EVALUATION (IN PE	51.47											
05	93281	PROGRAMMING DEVICE EVALUATION WITH I	20.59											
07	93281	PROGRAMMING DEVICE EVALUATION WITH I	61.76	00	15									
03	93282	PROGRAMMING DEVICE EVALUATION (IN PE	47.68											
05	93282	PROGRAMMING DEVICE EVALUATION WITH I	19.07											
07	93282	PROGRAMMING DEVICE EVALUATION WITH I	57.22	00	15									
03	93283	PROGRAMMING DEVICE EVALUATION (IN PE	58.08											
05	93283	PROGRAMMING DEVICE EVALUATION WITH I	23.23											
07	93283	PROGRAMMING DEVICE EVALUATION WITH I	69.70	00	15									
03	93284	PROGRAMMING DEVICE EVALUATION (IN PE	68.02											
05	93284	PROGRAMMING DEVICE EVALUATION WITH I	27.21											
07	93284	PROGRAMMING DEVICE EVALUATION WITH I	81.64	00	15									
03	93285	PROGRAMMING DEVICE EVALUATION (IN PE	32.10											
05	93285	PROGRAMMING DEVICE EVALUATION WITH I	12.84											
07	93285	PROGRAMMING DEVICE EVALUATION WITH I	38.52	00	15									
03	93286	PERI-PROCEDURAL DEVICE EVALUATION (I	18.23											
05	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	7.29											
07	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	21.87	00	15									
03	93287	PERI-PROCEDURAL DEVICE EVALUATION (I	24.15											
05	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	9.66											
07	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	28.98	00	15									
03	93288	INTERROGATION DEVICE EVALUATION (IN	28.63											
05	93288	INTERROGATION DEVICE EVALUATION (IN	11.45											
07	93288	INTERROGATION DEVICE EVALUATION (IN	34.36	00	15									
03	93289	INTERROGATION DEVICE EVALUATION (IN	44.27											
05	93289	INTERROGATION DEVICE EVALUATION (IN	17.71											
07	93289	INTERROGATION DEVICE EVALUATION (IN	53.12	00	15									
03	93290	INTERROGATION DEVICE EVALUATION (IN	21.59											
05	93290	INTERROGATION DEVICE EVALUATION (IN	8.64											
07	93290	INTERROGATION DEVICE EVALUATION (IN	25.92	00	15									
03	93291	INTERROGATION DEVICE EVALUATION (IN	27.49											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
05	93291	INTERROGATION DEVICE EVALUATION (IN	11.00										
07	93291	INTERROGATION DEVICE EVALUATION (IN	33.00	00 15									
03	93292	INTERROGATION DEVICE EVALUATION (IN	25.00										
05	93292	INTERROGATION DEVICE EVALUATION (IN	10.00										
07	93292	INTERROGATION DEVICE EVALUATION (IN	30.00	00 15									
03	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	38.76						X				
05	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	15.50						X				
07	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	46.52	00 15					X				
03	93294	INTERROGATION DEVICE EVALUATION(S) (	25.24						X				
07	93294	INTERROGATION DEVICE EVALUATION(S) (	30.27	00 15					X				
03	93295	INTERROGATION DEVICE EVALUATION(S) (	45.49						X				
07	93295	INTERROGATION DEVICE EVALUATION(S) (	54.60	00 15					X				
03	93297	INTERROGATION DEVICE EVALUATION(S),	17.78						X				
07	93297	INTERROGATION DEVICE EVALUATION(S),	21.32	00 15					X				
03	93298	INTERROGATION DEVICE EVALUATION(S),	20.28						X				
07	93298	INTERROGATION DEVICE EVALUATION(S),	24.32	00 15					X				
03	93303	ECHO TRANSTHORACIC	141.62										
05	93303	ECHO TRANSTHORACIC	56.65										
07	93303	ECHO TRANSTHORACIC	169.94	00 15									
03	93304	ECHO TRANSTHORACIC	87.37										
05	93304	ECHO TRANSTHORACIC	34.95										
07	93304	ECHO TRANSTHORACIC	104.84	00 15									
03	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	172.76										
05	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	69.10										
07	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	207.32	00 15									
03	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	114.52										
05	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	45.81										
07	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	137.41	00 15									
03	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	72.14										
05	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	28.86										
07	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	86.56	00 15									
03	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	212.19										
05	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	84.88										
07	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	254.62	00 15									
03	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	29.14										
07	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	34.98	00 15									
03	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	180.55										
05	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	72.22										
07	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	216.66	00 15									
03	93315	ECHO TRANSESOPHAGEAL	209.38										
05	93315	ECHO TRANSESOPHAGEAL	83.75										
07	93315	ECHO TRANSESOPHAGEAL	247.35	00 15									
03	93316	ECHO TRANSESOPHAGEAL	31.64								X		
07	93316	ECHO TRANSESOPHAGEAL	37.97	00 15							X		
03	93317	ECHO TRANSESOPHAGEAL	165.95										
05	93317	ECHO TRANSESOPHAGEAL	66.38										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	93317	ECHO TRANSESOPHAGEAL	202.28	00 15									
03	93318	ECHO TRANSESOPHAGEAL INTRAOP	209.38										
05	93318	ECHO TRANSESOPHAGEAL INTRAOP	83.75										
07	93318	ECHO TRANSESOPHAGEAL INTRAOP	209.38	00 15									
03	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	42.74										
07	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	51.28	00 15									
03	93320	DOPPLER ECHOCARDIOGRAPHY	50.53										
05	93320	DOPPLER ECHOCARDIOGRAPHY	20.21										
07	93320	DOPPLER ECHOCARDIOGRAPHY	60.64	00 15									
03	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	22.54										
05	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	9.02										
07	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	27.05	00 15									
03	93325	DOPPLER COLOR FLOW VELOCITY	34.37										
05	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	13.75										
07	93325	DOPPLER COLOR FLOW VELOCITY	41.24	00 15									
03	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	138.00										
05	93350	ECG,REAL-TIME,WINTER + REPORT	55.20										
07	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	165.60	00 15									
03	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	180.08										
05	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	72.03										
07	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	216.10	00 15									
03	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	169.79										
07	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	203.75	00 15									
03	93356	MYOCARDIAL STRAIN IMAGING USING SPE	27.75										
07	93356	MYOCARDIAL STRAIN IMAGING USING SPE	33.30	00 15									
03	93451	RIGHT HEART CATHETERIZATION INCLUDIN	386.51										
05	93451	RIGHT HEART CATHETERIZATION INCLUDIN	154.60										
07	93451	RIGHT HEART CATHETERIZATION INCLUDIN	463.81	00 15									
03	93452	LEFT HEART CATHETERIZATION INCLUDING	429.34										
05	93452	LEFT HEART CATHETERIZATION INCLUDING	171.74										
07	93452	LEFT HEART CATHETERIZATION INCLUDING	515.21	00 15									
03	93453	COMBINED RIGHT AND LEFT HEART CATHET	561.96										
05	93453	COMBINED RIGHT AND LEFT HEART CATHET	224.78										
07	93453	COMBINED RIGHT AND LEFT HEART CATHET	674.36	00 15									
03	93454	CATHETER PLACEMENT IN CORONARY ARTER	443.05										
05	93454	CATHETER PLACEMENT IN CORONARY ARTER	177.22										
07	93454	CATHETER PLACEMENT IN CORONARY ARTER	531.66	00 15									
03	93455	CATHETER PLACEMENT IN CORONARY ARTER	516.67										
05	93455	CATHETER PLACEMENT IN CORONARY ARTER	206.67										
07	93455	CATHETER PLACEMENT IN CORONARY ARTER	620.02	00 15									
03	93456	CATHETER PLACEMENT IN CORONARY ARTER	554.43										
05	93456	CATHETER PLACEMENT IN CORONARY ARTER	221.77										
07	93456	CATHETER PLACEMENT IN CORONARY ARTER	665.32	00 15									
03	93457	CATHETER PLACEMENT IN CORONARY ARTER	628.06										
05	93457	CATHETER PLACEMENT IN CORONARY ARTER	251.22										
07	93457	CATHETER PLACEMENT IN CORONARY ARTER	753.68	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	93458	CATHETER PLACEMENT IN CORONARY ARTER	534.33											
05	93458	CATHETER PLACEMENT IN CORONARY ARTER	213.73											
07	93458	CATHETER PLACEMENT IN CORONARY ARTER	641.19	00	15									
03	93459	CATHETER PLACEMENT IN CORONARY ARTER	590.32											
05	93459	CATHETER PLACEMENT IN CORONARY ARTER	236.13											
07	93459	CATHETER PLACEMENT IN CORONARY ARTER	708.38	00	15									
03	93460	CATHETER PLACEMENT IN CORONARY ARTER	631.72											
05	93460	CATHETER PLACEMENT IN CORONARY ARTER	252.69											
07	93460	CATHETER PLACEMENT IN CORONARY ARTER	758.06	00	15									
03	93461	CATHETER PLACEMENT IN CORONARY ARTER	723.76											
05	93461	CATHETER PLACEMENT IN CORONARY ARTER	289.50											
07	93461	CATHETER PLACEMENT IN CORONARY ARTER	868.51	00	15									
03	93462	LEFT HEART CATHETERIZATION BY TRANSS	103.47											
07	93462	LEFT HEART CATHETERIZATION BY TRANSS	124.17	00	15									
03	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	54.84											
07	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	65.81	00	15									
03	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	127.78											
05	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	51.11											
07	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	153.33	00	15									
03	93503	INSERTION AND PLACEMENT OF FLOW DIR	79.89											
07	93503	INSERTION AND PLACEMENT OF FLOW DIR	95.87	00	15									
03	93505	ENDOCARDIAL BIOPSY 000	484.12											
05	93505	ENDOCARDIAL BIOPSY	193.65											
07	93505	ENDOCARDIAL BIOPSY 000	580.94	00	15									
03	93563	INJECTION PROCEDURE DURING CARDIAC C	28.72											
07	93563	INJECTION PROCEDURE DURING CARDIAC C	34.46	00	15									
03	93564	INJECTION PROCEDURE DURING CARDIAC C	29.25											
07	93564	INJECTION PROCEDURE DURING CARDIAC C	35.10	00	15									
03	93565	INJECTION PROCEDURE DURING CARDIAC C	22.28											
07	93565	INJECTION PROCEDURE DURING CARDIAC C	26.73	00	15									
03	93566	INJECTION PROCEDURE DURING CARDIAC C	85.86											
07	93566	INJECTION PROCEDURE DURING CARDIAC C	103.04	00	15									
03	93567	INJECTION PROCEDURE DURING CARDIAC C	71.17											
07	93567	INJECTION PROCEDURE DURING CARDIAC C	85.41	00	15									
03	93568	INJECTION PROCEDURE DURING CARDIAC C	77.79											
07	93568	INJECTION PROCEDURE DURING CARDIAC C	93.36	00	15									
03	93569	INJECTION PROCEDURE DURING CARDIAC	27.58											
07	93569	INJECTION PROCEDURE DURING CARDIAC	33.09	00	15									
03	93571	HEART FLOW RESERVE MEASURE	181.28											
05	93571	HEART FLOW RESERVE MEASURE	72.51											
07	93571	HEART FLOW RESERVE MEASURE	217.55	00	15									
03	93572	HEART FLOW RESERVE MEASURE	206.33											
05	93572	HEART FLOW RESERVE MEASURE	82.53											
07	93572	HEART FLOW RESERVE MEASURE	206.33	00	15									
03	93573	INJECTION PROCEDURE DURING CARDIAC	45.97											
07	93573	INJECTION PROCEDURE DURING CARDIAC	55.16	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	93574	INJECTION PROCEDURE DURING CARDIAC	50.64									X	
07	93574	INJECTION PROCEDURE DURING CARDIAC	60.77	00 15								X	
03	93575	INJECTION PROCEDURE DURING CARDIAC	67.79										
07	93575	INJECTION PROCEDURE DURING CARDIAC	81.34	00 15									
03	93580	TRANSCATH CLOSURE OF ASD	698.81										
07	93580	TRANSCATH CLOSURE OF ASD	838.57	00 15									
03	93581	TRANSCATH CLOSURE OF VSD	917.98										
07	93581	TRANSCATH CLOSURE OF VSD	1,101.58	00 15									
03	93582	Closure of congenital heart defect f	485.58										
07	93582	Closure of congenital heart defect f	582.68	00 15									
03	93583	Therapy for reduction of lower heart	540.51										
07	93583	Therapy for reduction of lower heart	648.62	00 15									
03	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	937.28										
07	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,124.74	00 15									
03	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	777.78										
07	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	933.34	00 15									
03	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	343.16									X	
07	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	411.80	00 15								X	
05	93593	RIGHT HEART CATHETERIZATION FOR CONG	139.77										
05	93594	RIGHT HEART CATH...ABN NATIVE CONN	220.67										
05	93595	LEFT HEART CATHETERIZATION FOR CONG	199.22										
05	93596	RIGHT AND LEFT HEART CATHETERIZATION	240.44										
05	93597	R/L HEART CATH...ABN NATIVE CONN	321.45										
05	93598	CARDIAC OUTPUT MEASUREMENT(S), THERM	52.76										
03	93600	BUNDLE OF HIS RECORDING	132.30										
05	93600	BUNDLE OF HIS RECORDING	52.92										
07	93600	BUNDLE OF HIS RECORDING	158.77	00 15									
03	93602	INTRA-ATRIAL RECORDING	110.71										
05	93602	INTRA-ATRIAL RECORDING	44.28										
07	93602	INTRA-ATRIAL RECORDING	132.86	00 15									
03	93603	RIGHT VENTRICULAR RECORDING;	125.28		X								
05	93603	RIGHT VENTRICULAR RECORDING	50.11		X								
07	93603	RIGHT VENTRICULAR RECORDING;	150.33	00 15	X								
03	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	262.73										
05	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	105.09										
07	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	315.27	00 15									
03	93610	INTRA-ATRIAL PACING	152.05										
05	93610	INTR-ATRIAL PAGING	60.82										
07	93610	INTRA-ATRIAL PACING	182.47	00 15									
03	93612	INTRAVENTRICULAR PACING	158.74										
05	93612	INTRAVENTRICULAR PACING	63.50										
07	93612	INTRAVENTRICULAR PACING	190.48	00 15									
03	93613	ELECTROPHYS MAP, 3D, ADD-ON	271.17										
07	93613	ELECTROPHYS MAP, 3D, ADD-ON	325.40	00 15									
03	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	42.61										
05	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	17.04										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	51.12	00 15									
03	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	265.10										
05	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	106.04										
07	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	318.12	00 15									
03	93619	ELECTROPHYSIOLOGY EVALUATION	485.74										
05	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	194.30										
07	93619	ELECTROPHYSIOLOGY EVALUATION	582.90	00 15									
03	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	660.96										
05	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	264.38										
07	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	793.16	00 15									
03	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	731.60										
05	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	292.64										
07	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	731.60	00 15									
03	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	731.60										
05	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	292.64										
07	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	731.60	00 15									
03	93623	PROGRAMMED ST IMULATION & PACING	430.35										
05	93623	PROGRAMMED STIMULATION & PACING	172.14										
07	93623	PROGRAMMED ST IMULATION & PACING	430.35	00 15									
03	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	244.03										
05	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	97.61										
07	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	292.83	00 15									
02	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	80.05										
03	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	400.23										
05	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	160.09										
07	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	558.67	00 15									
03	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	316.25										
05	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	126.50										
07	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	379.49	00 15									
03	93641	ELECTROPHYSIOLOGY EVALUATION	410.23										
05	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	164.09										
07	93641	ELECTROPHYSIOLOGY EVALUATION	492.27	00 15									
03	93642	ELECTROPHYSIOLOGY EVALUATION	313.37										
05	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	125.35										
07	93642	ELECTROPHYSIOLOGY EVALUATION	376.05	00 15									
03	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	217.64										
05	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	87.06										
07	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	261.17	00 15									
02	93650	INTRACARDIAC CATHETER ABLATION	82.49										
03	93650	INTRACARDIAC CATHETER ABLATION OF	412.45										
07	93650	INTRACARDIAC CATHETER ABLATION OF	494.94	00 15									
03	93653	EVALUATION AND INSERTION OF CATHETER	551.91										
07	93653	EVALUATION AND INSERTION OF CATHETER	662.27	00 15									
03	93654	EVALUATION AND INSERTION OF CATHETER	736.52										
07	93654	EVALUATION AND INSERTION OF CATHETER	883.82	00 15									
03	93655	INTRACARDIAC CATHETER ABLATION OF A	275.96										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	93655	INTRACARDIAC CATHETER ABLATION OF A	331.16	00	15									
03	93656	EVALUATION AND INSERTION OF CATHETER	736.79											
07	93656	EVALUATION AND INSERTION OF CATHETER	884.15	00	15									
03	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	276.15											
05	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	110.46											
07	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	331.38	00	15									
03	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	113.88											
05	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	45.55											
07	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	136.65	00	15									
03	93662	INTRACARDIAC ECHO DURING TX/DX	139.44											
07	93662	INTRACARDIA ECHO DURING TX/DX	139.44	00	15									
03	93668	PERIPHERAL VASCULAR REHAB	10.68										X	
07	93668	PERIPHERAL VASCULAR REHAB	12.81	00	15								X	
03	93701	BIOIMPEDANCE-DERIVED PHYSIOLOGIC CAR	21.89											
05	93701	BIOIMPEDANCE, THORACIC	8.76											
07	93701	BIOIMPEDANCE, THORACIC	26.27	00	15									
03	93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXT	76.20											
07	93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXT	91.44	00	15									
03	93724	ANALYZE PACEMAKER SYSTEM	226.31											
05	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	90.52											
07	93724	ANALYZE PACEMAKER SYSTEM	271.58	00	15									
03	93740	TEMPERATURE GRADIENT STUDIES	6.64											
05	93740	TEMPERATURE GRADIENT STUDIES	2.66											
07	93740	TEMPERATURE GRADIENT STUDIES	7.98	00	15									
03	93770	DETERMINATION OF VENOUS PRESSURE	5.97										X	
05	93770	DETERMINATION OF VENOUS PRESSURE	2.39										X	
07	93770	DETERMINATION OF VENOUS PRESSURE	7.17	00	15								X	
03	93792	PATIENT/CAREGIVER TRAINING FOR INITI	36.81											
07	93792	PATIENT/CAREGIVER TRAINING FOR INITI	44.17	00	15									
03	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	8.66											
07	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	10.40	00	15									
03	93799	CARDIOVASCULAR PROCEDURE	MP			X								
07	93799	CARDIOVASCULAR PROCEDURE	MP	00	15	X								
03	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	158.59											
05	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	63.44											
07	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	190.30	00	15									
03	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	104.48											
05	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	41.79											
07	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	125.36	00	15									
03	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	190.81											
05	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	76.32											
07	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	228.97	00	15									
03	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	129.99											
05	93888	TRANSCRANIAL DOPPLER STUDY OF THE	52.00											
07	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	155.98	00	15									
07	93890	TCD, VASOREACTIVITY STUDY	201.93	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	93892	TCD, EMBOLI DETECT W/O INJ	184.42										
05	93892	TCD, EMBOLI DETECT W/O INJ	73.77										
07	93892	TCD, EMBOLI DETECT W/O INJ	221.30	00 15									
03	93893	TCD, EMBOLI DETECT W/INJ	183.97										
05	93893	TCD, EMBOLI DETECT W/INJ	73.59										
07	93893	TCD, EMBOLI DETECT W/INJ	220.76	00 15									
03	93895	QUANTITATIVE CAROTID INTIMA MEDIA TH	170.10										
07	93895	QUANTITATIVE CAROTID INTIMA MEDIA TH	170.10	00 15									
03	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	76.71										
05	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	30.68										
07	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	92.05	00 15									
03	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	118.71										
05	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	47.48										
07	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	142.46	00 15									
03	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	145.91										
05	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	58.36										
07	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	175.09	00 15									
03	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	196.23										
05	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	78.49										
07	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	235.48	00 15									
03	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	125.38										
05	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	50.15										
07	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	150.46	00 15									
03	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	155.42										
05	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	62.17										
07	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	186.51	00 15									
03	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	104.00										
05	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	41.60										
07	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	124.80	00 15									
03	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	162.26										
05	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	64.90										
07	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	194.72	00 15									
03	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	107.41										
05	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	42.96										
07	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	128.90	00 15									
03	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	244.23										
05	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	97.69										
07	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	293.07	00 15									
03	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	141.40										
05	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	56.56										
07	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	169.70	00 15									
03	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	152.62										
05	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	61.05										
07	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	183.14	00 15									
03	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	105.33										
05	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	42.13										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	126.39	00	15									
03	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	120.61					M						
05	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	48.24					M						
07	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	144.73	00	15			M						
03	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	83.51					M						
05	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	33.40					M						
07	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	100.21	00	15			M						
03	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	182.58											
05	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	73.03											
07	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	219.10	00	15									
03	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	93.28											
05	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	37.31											
07	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	111.93	00	15									
03	93990	DOPPLER FLOW TESTING	122.44											
05	93990	DOPPLER FLOW TESTING	48.98											
07	93990	DOPPLER FLOW TESTING	146.94	00	15									
03	94002	VENTILATION ASSIST AND MANAGEMENT, I	61.50											
07	94002	VENTILATION ASSIST AND MANAGEMENT, I	73.81	00	15									
03	94003	VENTILATION ASSIST AND MANAGEMENT, I	44.31											
07	94003	VENTILATION ASSIST AND MANAGEMENT, I	53.18	00	15									
03	94004	VENTILATION ASSIST AND MANAGEMENT, I	32.23											
07	94004	VENTILATION ASSIST AND MANAGEMENT, I	38.69	00	15									
03	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	21.23											
05	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.49											
07	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	25.45	00	15									
03	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	69.37	00	02									
07	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	83.25	00	02									
03	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	106.99	00	02									
07	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	128.38	00	02									
03	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	22.15	00	02									
07	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	26.58	00	02									
03	94014	PATIENT RECORDED SPIROMETRY	32.10											
05	94014	PATIENT RECORDED SPIROMETRY	12.84											
07	94014	PATIENT RECORDED SPIROMETRY	38.51	00	15									
03	94015	PATIENT RECORDED SPIROMETRY	14.77											
07	94015	PATIENT RECORDED SPIROMETRY	17.72	00	15									
03	94016	REVIEW PATIENT SPIROMETRY	17.32											
07	94016	REVIEW PATIENT SPIROMETRY	20.79	00	15									
03	94060	BRONCHOSPASM EVALUATION	37.34											
05	94060	BRONCHOSPASM EVALUATION	14.94											
07	94060	BRONCHOSPASM EVALUATION	44.82	00	15									
03	94070	BRONCHOSPASM EVALUATION; PROLONGED	39.87											
05	94070	BRONCHOSPASM EVALUATION, PROLONGED	15.95											
07	94070	BRONCHOSPASM EVALUATION; PROLONGED	47.85	00	15									
03	94150	VITAL CAPACITY; TOTAL	14.32											
05	94150	VITAL CAPACITY; TOTAL	5.73											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	94150	VITAL CAPACITY; TOTAL	17.18	00 15									
03	94200	MAXIMUM BREATHING CAPACITY	14.44										
05	94200	MAXIMUM BREATHING CAPACITY	5.78										
07	94200	MAXIMUM BREATHING CAPACITY	17.33	00 15									
03	94375	RESPIRATORY FLOW VOLUME LOOP	24.16										
05	94375	RESPIRATORY FLOW VOLUME LOOP	9.66										
07	94375	RESPIRATORY FLOW VOLUME LOOP	28.99	00 15									
03	94450	HYPOXIA RESPONSE CURVE	32.85										
05	94450	HYPOXIA RESPONSE CURVE	13.14										
07	94450	HYPOXIA RESPONSE CURVE	39.42	00 15									
03	94452	HAST W/REPORT	35.74										
05	94452	HAST W/REPORT	14.30										
07	94452	HAST W/REPORT	42.90	00 15									
03	94453	HAST W/OXYGEN TITRATE	47.62										
05	94453	HAST W/OXYGEN TITRATE	19.05										
07	94453	HAST W/OXYGEN TITRATE	57.13	00 15									
03	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	66.79										
05	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	26.72										
07	94617	EXERCISE TEST FOR SPASM OF LUNG AIRW	80.15	00 15									
03	94618	PULMONARY STRESS TESTING (EG, 6-MINU	24.65										
05	94618	PULMONARY STRESS TESTING (EG, 6-MINU	9.86										
07	94618	PULMONARY STRESS TESTING (EG, 6-MINU	29.58	00 15									
03	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	47.29										
05	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	18.92										
07	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	56.75	00 15									
03	94621	PULM STRESS TEST/COMPLEX	105.84										
05	94621	PULM STRESS TEST/COMPLEX	42.34										
07	94621	PULM STRESS TEST/COMPLEX	127.00	00 15									
03	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	44.99								X		
07	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	53.98	00 15							X		
03	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	51.43								X		
07	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	61.71	00 15							X		
03	94640	NONPRESSURIZED INHALATION	8.42									X	
07	94640	NONPRESSURIZED INHALATION	10.10	00 15								X	
03	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	6.03										
07	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	6.03	00 15									
03	94644	CONTINUOUS INHALATION TREATMENT WITH	21.36										
07	94644	CONTINUOUS INHALATION TREATMENT WITH	25.63	00 15									
03	94645	CONTINUOUS INHALATION TREATMENT WITH	8.42										
07	94645	CONTINUOUS INHALATION TREATMENT WITH	10.10	00 15									
07	94652	IPPB; NEWBORN INFANTS	25.42	00 15								X	
03	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	37.62										
07	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	45.14	00 15									
03	94662	CONTINUOUS NEGATIVE PRESSURE	24.89										
07	94662	CONTINUOUS NEGATIVE PRESSURE	29.88	00 15									
03	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	9.33										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	11.19	00 15									
03	94667	MANIPULATION CHEST WALL; INITIAL	12.97										
07	94667	MANIPULATION CHEST WALL; INITIAL	15.56	00 15									
03	94668	MANIPULATION CHEST WALL; SUBSEQUENT	12.04									X	
07	94668	MANIPULATION CHEST WALL; SUBSEQUENT	14.45	00 15								X	
03	94669	Mechanical chest wall manipulation f	22.45										
07	94669	Mechanical chest wall manipulation f	26.95	00 15									
03	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	36.97									X	
05	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	14.79									X	
07	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	44.35	00 15								X	
03	94681	OXYGEN UPTAKE W/CO2 OUTPUT	40.20									X	
05	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	16.08									X	
07	94681	OXYGEN UPTAKE W/CO2 OUTPUT	48.24	00 15								X	
03	94690	OXYGEN UPTAKE; REST; INDIRECT	31.81									X	
05	94690	OXYGEN UPTAKE; REST, INDIRECT	12.72									X	
07	94690	OXYGEN UPTAKE; REST; INDIRECT	38.17	00 15								X	
03	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	34.51										
05	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	13.80										
07	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	41.42	00 15									
03	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	27.26										
05	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	10.90										
07	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	32.72	00 15									
03	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	27.26										
05	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	10.90										
07	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	32.72	00 15									
03	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	34.07										
05	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	13.63										
07	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	40.88	00 15									
03	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	1.83										
07	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	2.19	00 15									
03	94761	SEE 94760;MULTIPLE DETERMINATIONS	3.66										
07	94761	SEE 94760;MULTIPLE DETERMINATIONS	4.39	00 15									
03	94762	SEE 94760;CONT.OVERNIGHT MONITORING	18.67										
07	94762	SEE 94760;CONT.OVERNIGHT MONITORING	22.39	00 15									
03	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	161.82										
05	94772	CIRCADIAN RESPIRA PATTERN RECORDING	64.73										
07	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	161.82	00 15									
03	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	33.24										
07	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	39.90	00 15									
03	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	12.90										
07	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	15.47	00 15									
03	94799	PULMONARY SERVICE/PROCEDURE	MP		X								
05	94799	PULMONARY SERVICE/PROCEDURE UNLISTED	21.60		X								
07	94799	PULMONARY SERVICE/PROCEDURE	MP	00 15	X								
03	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	3.67									X	
07	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.41	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	12.27											
07	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	14.72	00	15									
03	95017	ALLERGY TESTING, ANY COMBINATION OF	5.75										X	
07	95017	ALLERGY TESTING, ANY COMBINATION OF	6.89	00	15								X	
03	95018	ALLERGY TESTING, ANY COMBINATION OF	14.09										X	
07	95018	ALLERGY TESTING, ANY COMBINATION OF	16.91	00	15								X	
03	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	4.36										X	
07	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	5.22	00	15								X	
03	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	6.82										X	
07	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.18	00	15								X	
03	95044	PATCH OR APPLICATION TEST(S) (SPECIF	3.86										X	
07	95044	PATCH OR APPLICATION TEST(S) (SPECIF	4.64	00	15								X	
03	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	4.33										X	
07	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	5.19	00	15								X	
03	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	14.54										X	
07	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	17.45	00	15								X	
03	95065	NASAL MUCOUS MEMBRANE TEST	13.18											
07	95065	NASAL MUCOUS MEMBRANE TEST	15.81	00	15									
03	95070	INHALATION BRONCH CHALLENGE TESTING	26.82											
07	95070	INHALATION BRONCH CHALLENGE TESTING	32.18	00	15									
03	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	78.75											
07	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	94.49	00	15									
03	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	56.34											
07	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	67.60	00	15									
03	95115	PROFESSIONAL SERVICES FOR ALLERGEN I	6.59											
07	95115	PROFESSIONAL SERVICES FOR ALLERGEN I	7.91	00	15									
03	95117	PROFESSIONAL SERVICES FOR ALLERGEN I	7.96											
07	95117	PROFESSIONAL SERVICES FOR ALLERGEN I	9.54	00	15									
03	95120	PROFESSIONAL SERVICES FOR ALLERGEN I	7.83											
07	95120	PROFESSIONAL SERVICES FOR ALLERGEN I	7.83	00	15									
03	95125	PROFESSIONAL SERVICES FOR ALLERGEN I	8.09											
07	95125	PROFESSIONAL SERVICES FOR ALLERGEN I	8.09	00	15									
03	95130	PROFESSIONAL SERVICES FOR ALLERGEN I	8.09											
07	95130	PROFESSIONAL SERVICES FOR ALLERGEN I	8.09	00	15									
03	95131	PROFESSIONAL SERVICES FOR ALLERGEN I	10.52											
07	95131	PROFESSIONAL SERVICES FOR ALLERGEN I	10.52	00	15									
03	95132	PROFESSIONAL SERVICES FOR ALLERGEN I	12.95											
07	95132	PROFESSIONAL SERVICES FOR ALLERGEN I	12.95	00	15									
03	95133	PROFESSIONAL SERVICES FOR ALLERGEN I	15.36											
07	95133	PROFESSIONAL SERVICES FOR ALLERGEN I	15.36	00	15									
03	95144	PROFESSIONAL SERVICES FOR THE SUPERV	7.45							X			X	
07	95144	PROFESSIONAL SERVICES FOR THE SUPERV	8.95	00	15					X			X	
03	95145	PROFESSIONAL SERVICES FOR THE SUPERV	9.73							X			X	
07	95145	PROFESSIONAL SERVICES FOR THE SUPERV	11.67	00	15					X			X	
03	95146	PROFESSIONAL SERVICES FOR THE SUPERV	15.87							X			X	
07	95146	PROFESSIONAL SERVICES FOR THE SUPERV	19.04	00	15					X			X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	95147	PROFESSIONAL SERVICES FOR THE SUPERV	15.41							X			X	
07	95147	PROFESSIONAL SERVICES FOR THE SUPERV	18.49	00	15					X			X	
03	95165	PROFESSIONAL SERVICES FOR THE SUPERV	7.45							X			X	
07	95165	PROFESSIONAL SERVICES FOR THE SUPERV	8.95	00	15					X			X	
03	95170	PROFESSIONAL SERVICES FOR THE SUPERV	5.87							X			X	
07	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	7.05	00	15					X			X	
03	95180	RAPID DESENSITIZATION; EACH HOUR	93.80			X							X	
07	95180	RAPID DESENSITIZATION; EACH HOUR	112.56	00	15	X							X	
03	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGI	MP			X								
07	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGI	MP	00	15	X								
03	95249	AMBULATORY CONTINUOUS GLUCOSE MONITO	37.61											
07	95249	AMBULATORY CONTINUOUS GLUCOSE MONITO	45.14	00	15									
03	95250	GLUCOSE MONITORING, CONT	80.86											
07	95250	GLUCOSE MONITORING, CONT	97.04	00	15									
03	95251	GLUC MONITOR, CONT, PHYS I&R	27.68											
07	95251	GLUC MONITOR, CONT, PHYS I&R	33.20	00	15									
03	95700	EEG..SETUP..TAKEDOWN..TECHNOLOGIST	187.50											
07	95700	EEG..SETUP..TAKEDOWN..TECHNOLOGIST	225.00	00	15									
03	95705	EEG..TECHNOLOGIST,2-12..UNMONITORED	75.00											
07	95705	EEG..TECHNOLOGIST,2-12..UNMONITORED	90.00	00	15									
03	95706	EEG..TECHNOLOGIST,2-12..INTERMITTENT	312.00											
07	95706	EEG..TECHNOLOGIST,2-12..INTERMITTENT	374.40	00	15									
03	95707	EEG..TECHNOLOGIST,2-12..CONTINUOUS	390.00											
07	95707	EEG..TECHNOLOGIST,2-12..CONTINUOUS	468.00	00	15									
03	95708	EEG..TECHNOLOGIST,12-26..UNMONITORED	112.50											
07	95708	EEG..TECHNOLOGIST,12-26..UNMONITORED	135.00	00	15									
03	95709	EEG..TECHNOLOGIST,12-26-INTERMITTENT	623.25											
07	95709	EEG..TECHNOLOGIST,12-26-INTERMITTENT	747.90	00	15									
03	95710	EEG..TECHNOLOGIST,12-26..CONTINUOUS	779.25											
07	95710	EEG..TECHNOLOGIST,12-26..CONTINUOUS	935.10	00	15									
03	95711	VEEG..TECHNOLOGIST,2-12..UNMONITORED	93.75											
07	95711	VEEG..TECHNOLOGIST,2-12..UNMONITORED	112.50	00	15									
03	95712	VEEG..TECHNOLOGIST,2-12-INTERMITTENT	375.00											
07	95712	VEEG..TECHNOLOGIST,2-12-INTERMITTENT	450.00	00	15									
03	95713	VEEG..TECHNOLOGIST,2-12..CONTINUOUS	468.75											
07	95713	VEEG..TECHNOLOGIST,2-12..CONTINUOUS	562.50	00	15									
03	95714	VEEG..TECHNOLOGIST,12-26-UNMONITORED	150.00											
07	95714	VEEG..TECHNOLOGIST,12-26-UNMONITORED	180.00	00	15									
03	95715	VEEG..TECHNOLOGIST,12-26..INTERMITT	750.00											
07	95715	VEEG..TECHNOLOGIST,12-26..INTERMITT	900.00	00	15									
03	95716	VEEG..TECHNOLOGIST,12-26-CONTINUOUS	937.50											
07	95716	VEEG..TECHNOLOGIST,12-26-CONTINUOUS	1,125.00	00	15									
03	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	76.69											
07	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	92.03	00	15									
03	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	100.80											
07	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	120.96	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	118.67											
07	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	142.40	00	15									
03	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	156.01											
07	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	187.21	00	15									
03	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	157.19											
07	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	188.63	00	15									
03	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	190.91											
07	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	229.10	00	15									
03	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	195.06											
07	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	234.07	00	15									
03	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	243.71											
07	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	292.46	00	15									
03	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	222.59											
07	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	267.10	00	15									
03	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	308.06											
07	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	369.67	00	15									
05	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	265.73	00	05									
05	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	283.67	00	05									
03	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	662.07											
05	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	264.83											
07	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	794.48	00	15									
03	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	1,120.54											
05	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	448.22											
07	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	1,344.65	00	15									
03	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	286.19											
05	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	114.48											
07	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	343.42	00	15									
03	95806	SLEEP STUDY, UNATTENDED, SIMULTANEOU	137.12											
05	95806	SLEEP STUDY, UNATTENDED	54.85											
07	95806	SLEEP STUDY, UNATTENDED	164.54	00	15									
03	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	316.13											
05	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	126.45											
07	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	379.36	00	15									
03	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	414.90											
05	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	165.96											
07	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	497.88	00	15									
03	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	494.65	06	99									
05	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	197.86	06	99									
07	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	593.59	06	15									
03	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	544.58	06	99									
05	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	217.83	06	99									
07	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	653.50	06	15									
03	95812	ELECTROENCEPHALOGRAM (EEG)	151.56											
05	95812	ELECTROENCEPHALOGRAM (EEG)	60.62											
07	95812	ELECTROENCEPHALOGRAM (EEG)	181.86	00	15									
03	95813	ELECTROENCEPHALOGRAM (EEG)	187.01											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
05	95813	ELECTROENCEPHALOGRAM (EEG)	74.80											
07	95813	ELECTROENCEPHALOGRAM (EEG)	224.41	00	15									
03	95816	ELECTROENCEPHALOGRAM (EEG); INCL	139.29											
05	95816	ELECTROENCEPHALOGRAM (EEG); INCL	55.72											
07	95816	ELECTROENCEPHALOGRAM (EEG); INCL	167.15	00	15									
03	95819	ELECTROENCEPHALOGRAM (EEG); INCL	149.28											
05	95819	ELECTROENCEPHALOGRAM (EEG); INCL	59.71											
07	95819	ELECTROENCEPHALOGRAM (EEG); INCL	179.14	00	15									
03	95822	ELECTROENCEPHALOGRAM (EEG); INCL	148.84											
05	95822	ELECTROENCEPHALOGRAM (EEG); INCL	59.54											
07	95822	ELECTROENCEPHALOGRAM (EEG); INCL	178.61	00	15									
03	95824	ELECTROENCEPHALOGRAM (EEG); INCL	85.03										X	
05	95824	ELECTROENCEPHALOGRAM (EEG); INCL	34.01										X	
07	95824	ELECTROENCEPHALOGRAM (EEG); INCL	85.03	00	15								X	
03	95829	ELECTROCORTICOGRAM AT SURGERY	773.82											
05	95829	ELECTROCORTICOGRAM AT SURGERY	309.53											
07	95829	ELECTROCORTICOGRAM AT SURGERY	928.58	00	15									
03	95830	MD INSERT SPHENOIDAL ELECTRODE	115.11											
07	95830	MD INSERT SPHENOIDAL ELECTRODE	138.12	00	15									
03	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	10.73										X	
07	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	12.87	00	15								X	
03	95852	RANGE OF MOTION; HAND	8.30											
07	95852	RANGE OF MOTION; HAND	9.96	00	15									
03	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	27.35											
07	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	32.82	00	15									
03	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	53.71											
05	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	21.48											
07	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	64.45	00	15									
03	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	78.50											
05	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	31.40											
07	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	94.20	00	15									
03	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	93.63											
05	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	37.45											
07	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	112.37	00	15									
03	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	107.21											
05	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	42.88											
07	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	128.64	00	15									
03	95865	MUSCLE TEST, LARYNX	75.41											
05	95865	MUSCLE TEST, LARYNX	30.16											
07	95865	MUSCLE TEST, LARYNX	90.49	00	15									
03	95866	MUSCLE TEST, HEMIDIAPHRAGM	61.68											
05	95866	MUSCLE TEST, HEMIDIAPHRAGM	24.67											
07	95866	MUSCLE TEST, HEMIDIAPHRAGM	74.00	00	15									
03	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	46.58											
05	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	18.63											
07	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	55.90	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	64.18										
05	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	25.67										
07	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	77.01	00 15									
03	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	29.34										
05	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	11.74										
07	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	35.21	00 15									
03	95870	MUSCLE TEST, NON-PARASPINAL	28.66										
05	95870	MUSCLE TEST, NON-PARASPINAL	11.46										
07	95870	MUSCLE TEST, NON-PARASPINAL	34.39	00 15									
03	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	112.48										
05	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	44.99										
07	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	134.98	00 15									
03	95873	GUIDE NERV DESTR, ELEC STIM	29.80										
05	95873	GUIDE NERV DESTR, ELEC STIM	11.92										
07	95873	GUIDE NERV DESTR, ELEC STIM	35.77	00 15									
03	95874	GUIDE NERV DESTR, NEEDLE EMG	28.22										
05	95874	GUIDE NERV DESTR, NEEDLE EMG	11.29										
07	95874	GUIDE NERV DESTR, NEEDLE EMG	33.86	00 15									
03	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	61.44										
05	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	24.58										
07	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	73.73	00 15									
03	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	36.11									X	
05	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	14.44									X	
07	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	43.32	00 15								X	
03	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	57.66									X	
05	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	23.06									X	
07	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	69.19	00 15								X	
03	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	51.12										
05	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	20.45										
07	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	61.35	00 15									
03	95905	NEEDLE MEASUREMENT AND RECORDING OF	51.08									X	
05	95905	NEEDLE MEASUREMENT AND RECORDING OF	20.43									X	
07	95905	NEEDLE MEASUREMENT AND RECORDING OF	61.30	00 15								X	
03	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	62.30										
05	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	24.92										
07	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	74.75	00 15									
03	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	76.93										
05	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	30.77										
07	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	92.32	00 15									
03	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	92.17										
05	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	36.87										
07	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	110.60	00 15									
03	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	121.39										
05	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	48.56										
07	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	145.68	00 15									
03	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	147.20										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
05	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	58.88											
07	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	176.64	00	15									
03	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	172.57											
05	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	69.03											
07	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	207.09	00	15									
03	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	200.27											
05	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	80.11											
07	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	240.32	00	15									
03	95919	QUANTITATIVE PUPILLOMETRY WITH PHYSI	10.94											
05	95919	QUANTITATIVE PUPILLOMETRY WITH PHYSI	4.38											
07	95919	QUANTITATIVE PUPILLOMETRY WITH PHYSI	13.13	00	15									
03	95925	SOMATOSENSORY TESTING,ONE > NERVES	74.87											
05	95925	SOMATOSENSORY TESTING,ONE > NERVES	29.95											
07	95925	SOMATOSENSORY TESTING,ONE > NERVES	89.85	00	15									
03	95926	SOMATOSENSORY TESTING	73.52											
05	95926	SOMATOSENSORY TESTING	29.41											
07	95926	SOMATOSENSORY TESTING	88.21	00	15									
03	95927	SOMATOSENSORY TESTING	75.33											
05	95927	SOMATOSENSORY TESTING	30.13											
07	95927	SOMATOSENSORY TESTING	90.41	00	15									
03	95928	C MOTOR EVOKED, UPPR LIMBS	121.28											
05	95928	C MOTOR EVOKED, UPPR LIMBS	48.51											
07	95928	C MOTOR EVOKED, UPPR LIMBS	145.54	00	15									
03	95929	C MOTOR EVOKED, LWR LIMBS	127.64											
05	95929	C MOTOR EVOKED, LWR LIMBS	51.06											
07	95929	C MOTOR EVOKED, LWR LIMBS	153.16	00	15									
03	95930	VISUAL EVOKED POTENTIAL TEST	65.63											
05	95930	VISUAL EVOKED POTENTIAL TEST	26.25											
07	95930	VISUAL EVOKED POTENTIAL TEST	78.74	00	15									
03	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	41.88											
05	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	16.75											
07	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	50.24	00	15									
03	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	37.75										X	
05	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	15.10										X	
07	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	45.30	00	15								X	
03	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	188.42											
05	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	75.37											
07	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	226.10	00	15									
03	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	297.45											
05	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	118.98											
07	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	356.94	00	15									
03	95940	CONTINUOUS MONITORING OF NERVOUS SYS	21.82											
07	95940	CONTINUOUS MONITORING OF NERVOUS SYS	26.19	00	15									
03	95957	EEG DIGITAL ANALYSIS	167.82											
05	95957	EEG DIGITAL ANALYSIS	67.13											
07	95957	EEG DIGITAL ANALYSIS	201.39	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	251.32											
05	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	100.53											
07	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	301.57	00	15									
03	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	155.39											
05	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	62.16											
07	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	186.47	00	15									
03	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	144.05											
05	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	57.62											
07	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	172.86	00	15									
03	95965	MEG, SPONTANEOUS	371.60											
05	95965	MEG, SPONTANEOUS	148.64											
07	95965	MEG, SPONTANEOUS	371.60	00	15									
03	95966	MEG, EVOKED, SINGLE	188.91											
05	95966	MEG, EVOKED, SINGLE	75.56											
07	95966	MEG, EVOKED, SINGLE	188.91	00	15									
03	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	165.78										X	
05	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	66.31											
07	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	165.78	00	15								X	
03	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	32.32											
07	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	38.78	00	15									
03	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	38.14											
07	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	45.77	00	15									
03	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	68.39						X					
07	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	82.06	00	15				X					
03	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	29.83											
07	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	35.79	00	15									
03	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	40.22											
07	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	48.26	00	15									
03	95990	REFILLING AND MAINTENANCE OF IMPLANT	36.82	04	99				X					
07	95990	REFILLING AND MAINTENANCE OF IMPLANT	44.18	04	15				X					
03	95991	REFILLING AND MAINTENANCE OF IMPLANT	56.96	04	99				X					
07	95991	REFILLING AND MAINTENANCE OF IMPLANT	68.36	04	15				X					
03	95992	CANALITH REPOSITIONING PROCEDURE(S)	30.26											
07	95992	CANALITH REPOSITIONING PROCEDURE(S)	36.32	00	15									
03	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	MP			X								
05	95999	UNLISTED NUEROLOGICAL/MUSCULAR DX PR	MP			X								
07	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	MP	00	15	X								
03	96000	MOTION ANALYSIS, VIDEO/3D	60.24											
07	96000	MOTION ANALYSIS, VIDEO/3D	72.28	00	15									
03	96001	MOTION TEST W/FT PRESS MEAS	71.10											
07	96001	MOTION TEST W/FT PRESS MEAS	85.33	00	15									
03	96002	DYNAMIC SURFACE EMG	14.02											
07	96002	DYNAMIC SURFACE EMG	16.83	00	15									
03	96003	DYNAMIC FINE WIRE EMG	12.30											
07	96003	DYNAMIC FINE WIRE EMG	14.77	00	15									
03	96004	PHYS REVIEW OF MOTION TESTS	75.84											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	96004	PHYS REVIEW OF MOTION TESTS	91.01	00	15									
03	96040	MEDICAL GENETICS AND GENETIC COUNSEL	33.64										X	
07	96040	MEDICAL GENETICS AND GENETIC COUNSEL	33.64	00	15								X	
03	96105	ASSESSMENT OF APHASIA	46.40										X	
07	96105	ASSESSMENT OF APHASIA	55.68	00	15								X	
03	96110	DEVELOPMENTAL SCREENING (EG. DEVELOP	10.00	00	02								X	
07	96110	DEVELOPMENTAL SCREENING (EG. DEVELOP	10.00	00	02								X	
03	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	102.26	16	20					X				
07	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	122.71	00	15					X				
03	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	45.80	16	20					X			X	
07	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	54.96	00	15					X			X	
03	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	66.12							X				
07	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	79.35	00	15					X				
03	96121	NEUROBEHAVIORAL STATUS EXAMINATION	61.52										X	
07	96121	NEUROBEHAVIORAL STATUS EXAMINATION	73.83	00	15								X	
03	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	97.52							X				
07	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	117.03	00	15					X				
03	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	74.42										X	
07	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	89.31	00	15								X	
03	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	72.62									X		
07	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	87.14	00	15							X		
03	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	49.48									X		
07	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	59.37	00	15							X		
03	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	17.29									X	X	
07	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	20.75	00	15							X	X	
03	96161	ADMINISTRATION OF CAREGIVER-FOCUSED	8.14	00	00									
07	96161	ADMINISTRATION OF CAREGIVER-FOCUSED	8.14	00	00									
03	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	7.34									X		
07	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	8.81	00	15							X		
03	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	3.37									X	X	
07	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.04	00	15							X	X	
03	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	53.18									X		
07	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	63.82	00	15							X		
03	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	18.85									X	X	
07	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	22.62	00	15							X	X	
03	96170	HEALTH BEHAVIOR INTERVENTION, FAMILY	15.48									X		
07	96170	HEALTH BEHAVIOR INTERVENTION, FAMILY	18.58	00	15							X		
03	96171	HEALTH BEHAVIOR INTERVENTION, FAMILY	15.48									X		
07	96171	HEALTH BEHAVIOR INTERVENTION, FAMILY	18.58	00	15							X		
03	96401	CHEMO, ANTI-NEOPL, SQ/IM	43.14											
07	96401	CHEMO, ANTI-NEOPL, SQ/IM	51.78	00	15									
03	96402	CHEMO HORMON ANTINEOPL SQ/IM	23.77											
07	96402	CHEMO HORMON ANTINEOPL SQ/IM	28.53	00	15									
03	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	54.80											
07	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	65.76	00	15									
03	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	75.90											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	91.08	00	15									
03	96409	CHEMO, IV PUSH, SNGL DRUG	71.19											
07	96409	CHEMO, IV PUSH, SNGL DRUG	85.43	00	15									
03	96411	CHEMO, IV PUSH, ADDL DRUG	40.86										X	
07	96411	CHEMO, IV PUSH, ADDL DRUG	49.02	00	15								X	
03	96413	CHEMO, IV INFUSION, 1 HR	93.80											
07	96413	CHEMO, IV INFUSION, 1 HR	112.57	00	15									
03	96415	CHEMO, IV INFUSION, ADDL HR	21.75										X	
07	96415	CHEMO, IV INFUSION, ADDL HR	26.10	00	15								X	
03	96416	CHEMO PROLONG INFUSE W/PUMP	101.99											
07	96416	CHEMO PROLONG INFUSE W/PUMP	122.39	00	15									
03	96417	CHEMO IV INFUS EACH ADDL SEQ	47.03											
07	96417	CHEMO IV INFUS EACH ADDL SEQ	56.42	00	15									
03	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	68.48											
07	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	82.17	00	15									
03	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	110.05											
07	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	132.06	00	15									
03	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	49.37											
07	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	59.25	00	15									
03	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	108.44											
07	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	130.14	00	15									
03	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	384.12											
07	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	460.94	00	15									
03	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	89.67											
07	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	107.61	00	15									
03	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	135.92											
07	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	163.09	00	15									
03	96521	REFILL/MAINT, PORTABLE PUMP	80.64											
07	96521	REFILL/MAINT, PORTABLE PUMP	96.76	00	15									
03	96522	REFILL/MAINT PUMP/RESVR SYST	68.60											
07	96522	REFILL/MAINT PUMP/RESVR SYST	82.32	00	15									
03	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	86.88											
07	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	104.26	00	15									
03	96567	PHOTODYNAMIC TX, SKIN	73.61											
07	96567	PHOTODYNAMIC TX, SKIN	88.33	00	15									
03	96570	PHOTODYNAMIC TX, 30 MIN	40.09											
07	96570	PHOTODYNAMIC TX, 30 MIN	48.09	00	15									
03	96571	PHOTODYNAMIC TX, ADDL 15 MIN	19.25										X	
07	96571	PHOTODYNAMIC TX, ADDL 15 MIN	23.09	00	15								X	
03	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	130.03											
07	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	156.03	00	15									
03	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	168.60											
07	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	202.32	00	15									
03	96900	ACTINOTHERAPY	12.27											
07	96900	ACTINOTHERAPY	14.73	00	15									
03	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	40.43							X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	48.52	00 15					X				
03	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	39.53										
07	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	47.44	00 15									
03	96912	PHOTOCHEMOTHERAPY/PUVA	50.67										
07	96912	PHOTOCHEMOTHERAPY/PUVA	60.81	00 15									
03	96913	PHOTOCHEMOTHERAPY	70.46										
07	96913	PHOTOCHEMOTHERAPY	84.54	00 15									
03	96920	LASER TX, SKIN < 250 SQ CM	104.48										
07	96920	LASER TX, SKIN < 250 SQ CM	125.37	00 15									
03	96921	LASER TX, SKIN 250-500 SQ CM	102.50										
07	96921	LASER TX, SKIN 250-500 SQ CM	123.01	00 15									
03	96922	LASER TX, SKIN > 500 SQ CM	152.91										
07	96922	LASER TX, SKIN > 500 SQ CM	183.50	00 15									
03	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	117.34										
07	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	140.81	00 15									
03	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	85.04										
07	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	102.05	00 15									
03	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	30.65										
07	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	36.77	00 15									
03	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	53.03									X	
07	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	63.64	00 15								X	
03	96935	REFLECTANCE CONFOCAL MICROSCOPY(RCM)	41.16									X	
07	96935	REFLECTANCE CONFOCAL MICROSCOPY(RCM)	49.39	00 15								X	
03	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	29.33									X	
07	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	35.19	00 15								X	
03	96999	DERMATOLOGICAL PROCEDURE	16.92		X								
07	96999	DERMATOLOGICAL PROCEDURE	16.92	00 15	X								
03	97016	PT-VASOPNEUMATIC DEVICES	10.12										
07	97016	PT-VASOPNEUMATIC DEVICES	12.14	00 15									
03	97018	PT-PARAFFIN BATH	5.20										
07	97018	PT-PARAFFIN BATH	6.24	00 15									
03	97032	ELECTRICAL STIMULATION,EACH 15 MIN	11.01									X	
07	97032	ELECTRICAL STIMULATION,EACH 15 MIN	13.22	00 15								X	
03	97033	ELECTRIC CURRENT THERAPY	16.05										
07	97033	ELECTRIC CURRENT THERAPY	19.26	00 15									
03	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	19.15									X	
07	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	22.97	00 15								X	
03	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	19.59									X	
07	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	23.51	00 15								X	
03	97116	GAIT TRAINING, EACH 15 MIN	16.72									X	
07	97116	GAIT TRAINING, EACH 15 MIN	20.06	00 15								X	
03	97124	MASSAGE, EACH 15 MIN	15.20									X	
07	97124	MASSAGE, EACH 15 MIN	18.23	00 15								X	
03	97139	PT-UNLISTED PROCEDUR-SPECIFY	6.65		X								
07	97139	PT-UNLISTED PROCEDUR-SPECIFY	14.36	00 15	X								
03	97140	MANUAL THERAPY	17.72								X		

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	97140	MANUAL THERAPY	21.26	00	15							X		
03	97161	PHYSICAL THERAPY EVALUATION: LOW COM	58.94											
07	97161	PHYSICAL THERAPY EVALUATION: LOW COM	70.72	00	15									
03	97162	PHYSICAL THERAPY EVALUATION: MODERAT	58.94											
07	97162	PHYSICAL THERAPY EVALUATION: MODERAT	70.72	00	15									
03	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	58.94											
07	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	70.72	00	15									
03	97164	RE-EVALUATION OF PHYSCIAL THERAPY	39.88											
07	97164	RE-EVALUATION OF PHYSICAL THERAPY	47.85	00	15									
03	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	57.26											
07	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	68.72	00	15									
03	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	57.26											
07	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	68.72	00	15									
03	97167	OCCUPATIONAL THERAPY EVALUATION: HI	57.26											
07	97167	OCCUPATIONAL THERAPY EVALUATION: HI	68.72	00	15									
03	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	37.65											
07	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	45.18	00	15									
03	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	20.02				X						X	
07	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	24.03	00	15		X						X	
03	97533	SENSORY INTEGRATION	17.75											
07	97533	SENSORY INTEGRATION	21.29	00	15									
03	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	38.65											
07	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	46.37	00	15									
03	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	47.97										X	
07	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	57.56	00	15								X	
03	97602	WOUND CARE NON-SELECTIVE	24.10											
07	97602	WOUND CARE NON-SELECTIVE	24.10	00	15									
03	97610	Low frequency, non-contact, non-ther	MP			X								
07	97610	Low frequency, non-contact, non-ther	MP	00	15	X								
03	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	19.59										X	
07	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	23.51	00	15								X	
03	97760	ORTHOTIC MGMT AND TRAINING	21.65				X						X	
07	97760	ORTHOTIC MGMT AND TRAINING	25.98	00	15		X						X	
03	97761	PROSTHETIC TRAINING	19.37				X						X	
07	97761	PROSTHETIC TRAINING	23.25	00	15		X						X	
03	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	34.15										X	
07	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	40.98	00	15								X	
03	97799	UNLISTED PHYSICAL MED SER/PROC	MP			X								
07	97799	UNLISTED PHYSICAL MED SER/PROC	MP	00	15	X								
03	97802	MEDICAL NUTRITION, INDIV, IN	20.08									X		
07	97802	MEDICAL NUTRITION, INDIV, IN	24.09	00	15							X		
03	97803	MED NUTRITION, INDIV, SUBSEQ	17.55									X		
07	97803	MED NUTRITION, INDIV, SUBSEQ	21.06	00	15							X		
03	97804	MEDICAL NUTRITION, GROUP	8.97									X		
07	97804	MEDICAL NUTRITION, GROUP	10.77	00	15							X		
03	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	16.87	00	20	X			X					

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	98940	CHIROPR MANIP TX TO TWO REGIONS	20.25	00	15	X			X					
03	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	23.40	00	20	X			X					
07	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	28.09	00	15	X			X					
03	98960	EDUCATION/TRAINING..SELF-MGMT IND PT	18.11							X			X	
07	98960	EDUCATION/TRAINING..SELF-MGMT IND PT	18.11	00	15					X			X	
03	98961	EDUCATION/TRAINING..SELF-MGMT 2-4 PT	6.04							X			X	
07	98961	EDUCATION/TRAINING..SELF-MGMT 2-4 PT	6.04	00	15					X			X	
03	98962	EDUCATION/TRAINING..SELF-MGMT 5-8 PT	2.79							X			X	
07	98962	EDUCATION/TRAINING..SELF-MGMT 5-8 PT	2.79	00	15					X			X	
03	99050	SVCS @ TIME OTHER THAN REG SCHED HRS	13.38											
07	99050	SVCS @ TIME OTHER THAN REG SCHED HRS	13.38	00	15									
03	99051	SVCS @ REG SCHED EVE,WKND,HOLID HRS	13.38											
07	99051	SVCS @ REG SCHED EVE.WKND.HOLID HRS	13.38	00	15									
03	99082	NEO-NATAL ESCORT-PER HOUR	.60	00	01								X	
07	99082	NEO-NATAL ESCORT-PER HOUR	.72	00	01								X	
03	99151	MODERATE SEDATION SERVICES PROVIDED	53.99	00	04	X								
07	99151	MODERATE SEDATION SERVICES PROVIDED	64.79	00	04	X								
03	99152	MODERATE SEDATION SERVICES PROVIDED	35.55	05	20	X								
07	99152	MODERATE SEDATION SERVICES PROVIDED	42.66	05	15	X								
03	99153	MODERATE SEDATION SERVICES PROVIDED	7.49	00	20	X							X	
07	99153	MODERATE SEDATION SERVICES PROVIDED	8.98	00	15	X							X	
03	99155	MODERATE SEDATION SERVICES PROVIDED	70.01	00	04	X								
07	99155	MODERATE SEDATION SERVICES PROVIDED	84.02	00	04	X								
03	99156	MODERATE SEDATION SERVICES PROVIDED	57.62	05	20	X								
07	99156	MODERATE SEDATION SERVICES PROVIDED	69.15	05	15	X								
03	99157	MODERATE SEDATION SERVICES PROVIDED	43.65	00	20	X							X	
07	99157	MODERATE SEDATION SERVICES PROVIDED	52.38	00	15	X							X	
03	99170	EXAMINATION OF GENITAL AND ANAL REGI	95.04										X	
07	99170	EXAMINATION OF GENITAL AND ANAL REGI	114.06	00	15								X	
03	99172	VISUAL FUNCTION SCREENING	73.16									X		
07	99172	VISUAL FUNCTION SCREENING	73.16	00	15							X		
03	99173	SCREENING TEST VISUAL ACUITY BILAT	1.59									X		
07	99173	SCREENING TEST VISUAL ACUITY BILAT	1.91	00	15									
03	99175	EMESIS INDUCTION WITH MEDICATION	16.39											
07	99175	EMESIS INDUCTION WITH MEDICATION	19.67	00	15									
03	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	126.69			X							X	
07	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	152.03	00	15	X							X	
03	99184	INITIATION OF SELECTIVE HEAD OR TOTA	174.51											
07	99184	INITIATION OF SELECTIVE HEAD OR TOTA	209.41	00	15									
03	99188	APPLICATION OF TOPICAL FLUORIDE VARN	24.05	00	05					X				
07	99188	APPLICATION OF TOPICAL FLUORIDE VARN	24.05	00	05					X				
03	99190	SPECIAL PUMP SERVICES; EACH HOUR	87.54			X							X	
07	99190	SPECIAL PUMP SERVICES; EACH HOUR	87.54	00	15	X							X	
03	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	60.68			X								
07	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	60.68	00	15	X								
03	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	43.69			X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	43.69	00	15	X								
03	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	44.30											
07	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	53.15	00	15									
03	A4590	SPECIAL CASTING MATERIALS	30.23	00	20								X	
03	A9500	TECHNETIUM TC-99M SESTAMIBI,DIAGNOST	96.38										X	
03	A9502	TECHNETIUM TC99M TETROFOSMIN	94.80										X	
03	A9503	TECHNETIUM TC-99M MEDRONATE, DIAGNOS	16.83											
03	A9505	THALLOUS CHLORIDE TL 201/MCI	23.32											
03	A9507	INDIUM IN-111 CAPROMAB PENETIDE, DIA	2,158.20											
03	A9512	TECHNETIUM TC-99M PERTECHNETATE, DIA	21.92										X	
03	A9515	CHOLINE C11,DIAGNOSTIC,UP TO 20 MILL	5,130.00											
03	A9517	IODINE I-131 SODIUM IODIDE CAPSULE(S	28.60										X	
03	A9526	NITROGEN N13 AMONIA,DIAGNOSTIC ...40	128.70											
03	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	162.74											
03	A9560	TECHNETIUM TC-99M,LABELED RED BLOOD	18.01											
03	A9562	TECHNETIUM TC-99 MERTIATIDE DIAGNOST	237.21											
03	A9572	INDIUM-111 PENTETREOTIDE, DIAGNOSTIC	2,490.43											
03	A9580	SODIUM FLUORIDE F18,DIAGNOSTIC... 30	32.95											
03	A9586	FLORBETAPIR F18,DIAGNOSTIC,UP TO 10M	2,571.66											
03	A9587	GALLIUM 6A-68,DOTATATE,DIAG...1 MILL	64.60											
03	A9588	FLUCICLOVINE F-18,DIAGNOSTIC,1 MILLI	330.75											
03	A9595	PIFLUFOLASTAT F-18, DIAGNOSTIC 1 MCI	526.44										X	
03	A9606	RADIUM RA-223 DICHLORIDE,THERAPEUTIC	116.78	18	99			M					X	
03	E0785	REPLACEMENT IMPL PUMP CATHETER	341.59	04	99	X								
03	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	14.53	16	99								X	
07	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	17.44	00	15					X			X	
03	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.18	16	99								X	
07	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	9.81	00	15					X			X	
03	G0117	GLAUCOMA SCRN HGH RISK DIREC	45.04									X		
03	G0118	GLAUCOMA SCRN HGH RISK DIREC	31.36									X		
03	G0123	SCREENING CYTOPATH, CERVICAL OR VAGI	MP									X		
03	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	MP									X		
03	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	12.41									X		
03	G0128	DIRECT SKILLED NURSING SERV OUTPT	MP									X		
03	G0130	SINGLE ENERGY X-RAY STUDY	35.25									X		
03	G0141	SCR C/V CYTO,AUTOSYS AND MD	18.94									X		
03	G0143	SCR C/V CYTO,THINLAYER,RESCR	MP									X		
03	G0144	SCR C/V CYTO,THINLAYER,RESCR	MP									X		
03	G0145	SCR C/V CYTO,THINLAYER,RESCR	MP									X		
03	G0147	SCR C/V CYTO, AUTOMATED SYS	MP									X		
03	G0148	SCR C/V CYTO, AUTOSYS, RESCR	MP									X		
03	G0179	PHYS SERV FO THE RECERT OF MEDICARE	53.20									X		
03	G0180	MD CERTIFICATION HHA PATIENT	63.88									X		
03	G0181	HOME HEALTH CARE SUPERVISION	102.43									X		
03	G0245	INITIAL FOOT EXAM PT LOPS	55.42									X		
03	G0246	FOLLOWUP EVAL OF FOOT PT LOP	32.00									X		

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	G0247	ROUTINE FOOTCARE PT W LOPS	34.83									X		
03	G0248	DEMONSTRATE USE HOME INR MON	131.99							X		X		
03	G0249	PROVIDE TEST MATERIAL,EQUIPM	102.91									X		
03	G0250	MD REVIEW INTERPRET OF TEST	8.64									X		
03	G0252	INITIAL DX OF BREAST CA A/OR SURG PL	MP									X	X	
05	G0252	PET IMAGING INITIAL DX	737.25									X		
03	G0255	CURRENT PERCEP THRESHOLD TST	MP									X		
05	G0255	CURRENT PERCEP THRESHOLD TST	MP									X		
03	G0257	UNSCHED DIALYSIS ESRD PT HOS	MP									X		
03	G0259	INJECT FOR SACROILIAC JOINT	MP									X		
03	G0260	INJ FOR SACROILIAC JT ANESTH	MP									X		
03	G0268	REMOVAL OF IMPACTED WAX MD	39.73									X		
03	G0269	OCCLUSIVE DEVICE IN VEIN ART	MP									X		
03	G0270	MNT SUBS TX FOR CHANGE DX	14.77									X		
03	G0271	GROUP MNT 2 OR MORE 30 MINS	5.89									X		
03	G0278	ILIAC ART ANGIO,CARDIAC CATH	11.96									X		
03	G0281	ELEC STIM UNATTEND FOR PRESS	11.39									X		
03	G0282	ELECT STIM WOUND CARE NOT PD	MP									X		
03	G0283	ELEC STIM OTHER THAN WOUND	11.39									X		
03	G0288	RECON, CTA FOR SURG PLAN	329.18									X		
03	G0289	ARTHRO, LOOSE BODY + CHONDRO	78.34									X		
03	G0295	ELECTROMAGNETIC THERAPY ONC	MP									X		
03	G0302	PRE-OP SERVICE LVRS COMPLETE	MP			X						X		
03	G0303	PRE-OP SERVICE LVRS 10-15DOS	MP			X						X		
03	G0304	PRE-OP SERVICE LVRS 1-9 DOS	MP			X						X		
03	G0305	POST OP SERVICE LVRS MIN 6	MP			X						X		
03	G0306	CBC/DIFFWBC W/O PLATELET	MP			X						X		
03	G0307	CBC WITHOUT PLATELET	MP			X						X		
03	G0328	FECAL BLOOD SCRN IMMUNOASSAY	MP			X						X		
03	G0329	ELECTROMAGNTIC TX FOR ULCERS	5.52									X		
03	G0339	ROBOT LIN-RADSURG COM, FIRST	MP			X						X		
03	G0340	ROBOT LINEAR STERORADIO MAX5	MP			X						X		
03	G0341	PERCUTANEOUS ISLET CELLTRANS	359.65									X		
03	G0342	LAPAROSCOPY ISLET CELL TRANS	522.00									X		
03	G0343	LAPAROTOMY ISLET CELL TRANSP	856.09									X		
03	G0372	MD SERVICE REQUIRED FOR PMD	14.81									X		
05	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	13.60	19	70									E
13	H0033	ORAL MED ADMIN, DIRECT OBSERVATION	36.48						X	X				
03	H0049 TH	ALCOHOL AND/OR DRUG SCREENING	14.35	10	60			F		X				
07	H0049 TH	ALCOHOL AND/OR DRUG SCREENING	14.35	10	15			F		X				
03	H0050 TH	ALCOHOL AND/OR DRUG SERVICES, BRIEF	33.47	10	60			F		X				
07	H0050 TH	ALCOHOL AND/OR DRUG SERVICES, BRIEF	33.47	10	15			F		X				
03	J0121	INJECTION, OMADACYCLINE, 1 MG	3.33	18	99								X	
03	J0122	INJECTION, ERAVACYCLINE, 1 MG	1.01	18	99								X	
03	J0130	INJECTION ABCIXIMAB 10 MG	1,348.20									X	X	
03	J0153	INJECTION, ADENOSINE, 1 MG (NOT TO B	.52										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	J0171	INJECTION ADRENALIN EPINEPHRINE	.72										X	
03	J0173	INJECTION, EPINEPHRINE (BELCHER) NOT	MP			X							X	
03	J0178	INJECTION, AFLIBERCEPT, 1 MG	915.75										X	
03	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	311.93	18	99								X	
03	J0185	INJECTION, APREPITANT, 1 MG	1.72										X	
03	J0202	INJECTION, ALEMTUZUMAB, 1 MG	2,129.15	18	99	X							X	
03	J0207	AMIFOSTINE 500MG	1,071.41											
03	J0248	INJECTION, REMDESIVIR, 1 MG	5.51										X	
03	J0278	AMIKACIN SULFATE INJECTION 100MG	.91	00	20								X	
03	J0285	AMPHOTERICIN B 50MG	41.00	00	20								X	
03	J0287	AMPHOTERICIN B LIPID COMPLEX	9.60									X		
03	J0289	AMPHOTERICIN B LIPOSOME INJ	29.47									X		
03	J0290	AMPICILLIN SODIUM,500MG INJECTION	.71	00	20								X	
03	J0291	INJECTION, PLAZOMICIN, 5 MG	3.10	18	99								X	
03	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	2.73	00	20								X	
03	J0348	INJECTION, ANADULAFUNGIN, 1 MG	.57	12	99								X	
03	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	.09										X	
03	J0475	BACLOFEN INJ 10MG	181.57	04	99								X	
03	J0476	BACLOFEN INTRATHECAL TRIAL	73.06	04	99									
03	J0558	INJECTION PENICILLIN G BENZATHINE A	11.78										X	
03	J0561	INJECTION PENICILLIN G BENZATHINE	15.04										X	
03	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	12.12									X		
03	J0592	BUPRENORPHINE HYDROCHLORIDE	4.09									X		
03	J0594	INJECTION, BUSULFAN, 1 MG	1.45										X	
03	J0596	INJECTION, C1 ESTERASE INHIBITOR (RE	30.02											
03	J0610	CALCIUM GLUCONATE INJ.10ML	4.29											
03	J0636	INJECTION, CALCITRIOL, 0.1 MCG	.72						X				X	
03	J0637	CASPOFUNGIN ACETATE	6.57									X		
03	J0640	CALCIUM LEUCOVORIN INJ. 50MG	4.44										X	
03	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	.11										X	
03	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	1.83										X	
03	J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER)	1.16	00	20								X	
03	J0690	CEFAZOLIN SODIUM INJ 500MG	.77	00	20								X	
03	J0691	INJECTION, LEFAMULIN, 1 MG	.72	18	99								X	
03	J0692	CEFEPIME HCL 500 MG	1.76	00	20								X	
03	J0693	INJECTION, CEFIDEROCOL, 5 MG	.95	18	99								X	
03	J0694	CEFOXITIN SODIUM, 1GM	4.68	00	20								X	
03	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	.48										X	
03	J0697	STERILE CEFUROXIME SODIUM 750MG	1.99	00	20								X	
03	J0698	CEFOTAXIME SODIUM/PER GM	2.70	00	20								X	
03	J0701	INJECTION, CEFEPIME HYDROCHLORIDE (B	5.43	00	16								X	
03	J0703	INJECTION, CEFEPIME HYDROCHLORIDE (B	5.06	00	16								X	
03	J0706	CAFFEINE CITRATE INJECTION 5MG	.83									X		
03	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	3.57										X	
03	J0713	CEFTAZIDIME 500MG	1.96	00	20								X	
03	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM	92.37										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	35.80	00 20								X	
03	J0741	INJ CABOTEGRAVIR & RILPIVIRINE 2/3MG	20.56	21 99								X	
03	J0742	INJ IMIP 4 CILAS 4 RELEB 2MG	2.31	18 99								X	
03	J0744	CIPROFLOXACIN IV	.95								X		
03	J0770	COLISTIMETHATE INJ, UP TO 150MG	14.14	00 20								X	
03	J0780	COMPAZINE INJ, UP TO 10MG	4.19									X	
03	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	2,636.69		X								
03	J0875	INJECTION, DALBAVANCIN, 5MG	15.89									X	
03	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT	.07	01 99								X	
03	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	3.09	10 99								X	
03	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	3.09									X	
03	J0885	EPOETIN ALFA, NON-ESRD 1000 U	8.22									X	
03	J0893	INJECTION, DECITABINE (SUN PHARMA) N	1.58									X	
03	J0894	INJECTION, DECITABINE, 1 MG	2.88									X	
03	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	.57	10 60			F					X	
03	J1100	DEXAMETHOSONE INJ, 1MG	.12									X	
03	J1190	DEXRAZOXANE HCL 250MG	189.84										
03	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	1.06									X	
03	J1267	INJECTION, DORIPENEM, 10 MG	.83	00 20								X	
03	J1364	ERYTHRO LACTOBIONATE 500MG	75.25	00 20								X	
03	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	.98									X	
03	J1444	INJECTION, FERRIC PYROPHOSPHATE CITR	.17										
03	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGR	.45										
03	J1448	INJECTION, TRILACICLIB, 1MG	4.95	21 99								X	
03	J1450	FLUCONAZOLE 200MG	3.14	00 20								X	
03	J1453	INJECTION, FOSAPREPITANT, 1 MG	.19									X	
03	J1454	INJECTION, FOSNETUPITANT 235 MG AND	503.98										
03	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT	MP		X							X	
03	J1554	INJ, IMMUNE GLUBULIN, ASCENIV 500 MG	481.77	12 99								X	
03	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	70.49									X	
03	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	15.42										
03	J1580	GENTAMYCIN, UP TO 80MG	1.41	00 20								X	
03	J1626	GRANISETRON HCL INJECTION	.35									X	
03	J1627	INJECTION, GRANISETRON, EXTENDED-REL	6.71	02 99								X	
03	J1642	HEPARIN SODIUM 10U (HEPLOCK)	.02									X	
03	J1643	INJECTION, HEPARIN SODIUM (PFIZER),	MP		X							X	
03	J1644	HEPARIN SODIUM INJ 1000U	.25									X	
03	J1650	ENOXAPARIN SODIUM, 10MG	.80									X	
03	J1652	FONDAPARINUX SODIUM	1.47								X		
03	J1720	HYDROCORTISONE SODIUM 100MG	14.76									X	
03	J1729	INJECTION,HYDROXYPROGESTERONE CAPROA	11.40	10 60			F					X	
03	J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	66.25									X	
03	J1756	INJECTION,IRON SUCROSE,1MG	.22								X	X	
03	J1815	INSULIN INJECTION	.90								X		
03	J1817	INSULIN FOR INSULIN PUMP USE	10.95								X		
03	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	.92										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	J1930	INJECTION, LANREOTIDE, 1MG	66.18	21 99		X						X	
03	J1950	LEUPROLIDE ACETATE /3.75 MG	1,366.01										
03	J1956	LEVOFLOXACIN, 250MG	.98	18 20								X	
03	J2010	LINCOMYCIN, HCL, UP TO 300MG	10.10	00 20								X	
03	J2020	LINEZOLID INJ, 200MG	6.25	00 20								X	
03	J2021	INJECTION, LINEZOLID (HOSPIRA) NOT T	16.43	00 20								X	
03	J2175	INJECTION MEPERIDINE HCL	6.22										
03	J2247	INJECTION, MICAFUNGIN SODIUM (PAR PH	.48	12 99								X	
03	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	.86	12 99								X	
03	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	2.28									X	
03	J2310	INJ, NALOXONE HYDROCHLORIDE,1 MG	10.79									X	
03	J2353	OCTREOTIDE INJ, DEPOT 1MG	206.56										
03	J2354	OCTRETIDE, NON-DEPOT 25 MCG	.97									X	
03	J2355	OPRELVEKIN INJ 5MG	440.77										
03	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	.08									X	
03	J2406	INJ, ORITAVANCIN (KIMYRSA), 10 MG	40.70	21 99								X	
03	J2407	INJECTION, ORITAVANCIN, 10 MG	24.40										
03	J2425	PALIFERMIN INJECTION 50MCG	23.93									X	
03	J2430	PAMIDRONATE DISODIUM 30MG	10.55									X	
03	J2469	PALONOSETRON HCL	.86									X	
03	J2501	PARICALCITOL	.69								X		
03	J2502	INJECTION, PASIREOTIDE LONG ACTING,	231.79										
03	J2506	INJ, PEGFILGRASTIM, EXCL BIO, 0.5 MG	182.03									X	
03	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	30.99	00 20								X	
03	J2540	PCN G POTASSIUM,UP TO 600,000U	.77	00 20								X	
03	J2547	INJECTION, PERAMIVIR, 1 MG	1.58										
03	J2550	PHENERGAN INJ, UP TO 50MG	2.36									X	
03	J2562	INJECTION, PLERIXAFOR, 1 MG	382.78									X	
03	J2700	OXACILLIN SODIUM,UP TO 250MG	1.28	00 20								X	
03	J2720	INJECTION PROTAMINE SULFATE PER 10MG	1.41										
03	J2765	REGLAN INJ, UP TO 10MG	1.07									X	
03	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	428.19	16 20									
03	J2785	INJECTION, REGADENOSON, 0.1 MG	61.29									X	
03	J2788	RHO D IMMUNE GLOBULIN 50 MCG	21.78								X		
03	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	78.99									X	
03	J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (H	4.71										
03	J2792	RHO(D) IMMUNE GLOBULIN H, SD	31.52								X		
03	J2820	SARGRAMOSTIM 50MCG	53.56									X	
03	J2916	NA FERRIC GLUCONATE COMPLEX	1.92								X		
03	J2941	SOMATROPIN INJ 1MG	139.27								X		
03	J3000	STREPTOMYCIN, UP TO 1GM	32.94	00 20								X	
03	J3060	INJECTION, TALIGLUCER ALFA, 10	41.23									X	
03	J3070	INJECTION PENTAZOCINE 30 MG	22.40										
03	J3095	INJECTION TELEVANCIN 10 MG	6.40									X	
03	J3243	INJECTION, TIGECYCLINE, 1 MG	1.06	00 20								X	
03	J3244	INJECTION, TIGECYCLINE (ACCORD) NOT	MP	00 20	X							X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	J3250	INJECTION TRIMETHOBENZAMIDE HCL	42.76											
03	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	4.12	00	20								X	
03	J3315	TRIPTORELIN PAMOATE	337.01									X		
03	J3316	INJECTION, TRIPTORELIN, EXTENDED-REL	813.24											
03	J3360	INJECTION DIAZEPAM UP TO 5 MG	7.07											
03	J3370	VANCOMYCIN HCL, 500MG	2.78	00	20								X	
03	J3371	INJECTION, VANCOMYCIN HCL (MYLAN) NO	6.40	00	20								X	
03	J3372	INJECTION, VANCOMYCIN HCL (XELLIA) N	6.49	00	20								X	
03	J3485	ZIDOVUDINE, 10MG	1.51	00	20								X	
03	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	5.77										X	
03	J3490 TH	UNCLASSIFED DRUGS (17P 250MG IM)	72.05	10	60			F						
03	J7030	NORMAL SALINE SOL INFUSION, 1	2.74										X	
03	J7040	NORMAL SALINE, 500ML	1.37										X	
03	J7050	NORMAL SALINE SOL 250 ML	.68										X	
03	J7060	DEXTROSE/WATER 5%, 500ML	1.74										X	
03	J7070	D5W INFUSION, 1000ML	3.47										X	
03	J7120	RINGERS INJ, UP TO 1000 CC	2.47										X	
03	J7121	5% DEXTROSE IN LACTATED RINGERS INFU	2.53										X	
03	J7168	PROTHROMBIN COMPLEX KCENTRA, PER I.U	2.72	21	99								X	
03	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5MG	48.75									X	X	
03	J7181	INJECTION, FACTOR XIII A-SUBUNIT, (R	16.12										X	
03	J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHI	1.53										X	
03	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HU	1.11										X	
03	J7200	INJECTION, FACTOR IX, (ANTIHEMOPHILI	1.45										X	
03	J7201	INJECTION, FACTOR IX, FC FUSION PROT	3.15										X	
03	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHI	2.11											
03	J7294	SEG ACET AND ETH ESTR YEARLY	2,090.00	12	60			F		X				
03	J7295	ETH ESTR AND ETON MONTHLY	140.52	12	60			F		X			X	
03	J7296	LEVONORGESTREL-RELEASING INTRAUTER	1,049.24	10	60			F						
03	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	845.10	10	60			F						
03	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	1,049.24	10	60			F						
03	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	937.00	10	60			F		X				
03	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	873.67	10	60			F		X				
03	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	1,030.64	10	60			F		X				
03	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	987.60											
03	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	.02			X								
03	J7633	BUDESONIDE CONCENTRATED SOL	4.75									X	X	
03	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP			X								
03	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	322.71											
03	J9000	DOXORUBICIN HCL 10MG	3.48										X	
03	J9017	ARSENIC TRIOXIDE 1MG	12.81										X	
03	J9019	INJECTION, ASPARAGINASE (ERWINAZE),	427.27										X	
03	J9020	ASPARAGINASE, 10,000 UNITS	4,030.84										X	
03	J9021	INJ, ASPARAGINASE, RECOMBINANT 0.1MG	43.90										X	
03	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	79.58	18	99								X	
03	J9023	INJECTION, AVELUMAB, 10 MG	87.61	12	99								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	J9025	AZACITIDINE INJECTION 1MG	.89									X	
03	J9027	CLOFARABINE INJECTION 1MG	61.65	01 21								X	
03	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	2.83	07 99								X	
03	J9032	INJECTION, BELINOSTAT, 10 MG	43.42	18 99								X	
03	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	20.69									X	
03	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA	19.08	18 99								X	
03	J9035	BEVACIZUMAB 10MG	67.86									X	
03	J9036	INJECTION, BENDAMUSTINE HYDROCHLORID	22.88	18 99								X	
03	J9037	INJ, BELANTAMAB MAFODOTIN-BLMF, 0.5	43.29	21 99								X	
03	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	124.11									X	
03	J9040	BLEOMYCIN INJ, 15 UNITS	26.80									X	
03	J9041	BORTEZOMIB INJECTION 0.1MG	44.79									X	
03	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	196.55			X						X	
03	J9043	INJECTION, CABAZITAXEL, 1 MG	191.31				M					X	
03	J9045	CARBOPLATIN INJ 50MG.	2.61									X	
03	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S)	10.96									X	
03	J9047	INJECTION, CARFILZOMIB, 1 MG	41.11									X	
03	J9048	INJECTION, BORTEZOMIB (FRESENIUS KAB	2.68									X	
03	J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT	7.13									X	
03	J9050	CARMUSTINE, 100MG	1,099.82									X	
03	J9055	CETUXIMAB 10 MG	67.62									X	
03	J9057	INJECTION, COPANLISIB, 1 MG	80.89									X	
03	J9060	INJECTION, CISPLATIN, POWDER OR S0LU	1.86									X	
03	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	17.91	21 99								X	
03	J9065	CLADRIBINE INJ 1MG	15.08									X	
03	J9070	CYTOXIN INJ 100MG	27.47									X	
03	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROME	3.57									X	
03	J9100	CYTARABINE 100 MG	.88									X	
03	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	66.75	00 21								X	
03	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	27.67	18 99								X	
03	J9120	DACTINOMYCIN 0.5MG	838.88									X	
03	J9130	DTIC-DOME INJ 100MG/10ML	3.62									X	
03	J9144	INJECTION, DARATUMUMAB, 10 MG & HYAL	45.03	18 99								X	
03	J9145	INJECTION, DARATUMUMAB, 10 MG	57.22	18 99								X	
03	J9150	DAUNORUBICIN 10 MG	41.24									X	
03	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBI	207.63									X	
03	J9155	INJECTION, DEGARELIX, 1 MG	4.06				M					X	
03	J9171	INJECTION, DOCETAXEL, 1 MG	.46									X	
03	J9173	INJECTION, DURVALUMAB, 10 MG	76.86									X	
03	J9176	INJECTION, ELOTUZUMAB, 1 MG	6.86	18 99								X	
03	J9177	INJ, ENFORTUMAB VEDOTIN-EJFV, 0.25MG	30.19	18 99								X	
03	J9178	INJ, EPIRUBICIN HCL, 2 MG	1.46									X	
03	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	127.44				F					X	
03	J9181	ETOPOSIDE INJ, UP TO 10MG	.76									X	
03	J9185	FLUDARABINE PHOSPHATE, 50 MG	57.02									X	
03	J9190	FLUOROURACIL INJ, 500MG	2.13									X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	J9198	INJ, GEMCITABINE HYDROCHLORIDE,100MG	25.08	18	99								X	
03	J9200	FLOXURIDINE, FUDR, 500MG	69.89											
03	J9201	GEMCITABINE HCL, 200MG	3.85										X	
03	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	543.16										X	
03	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	57.37	18	99								X	
03	J9206	IRINOTECAN, 20MG	2.45										X	
03	J9207	INJECTION, IXABEPILONE, 1MG	114.19										X	
03	J9208	IFOSFOMIDE, 1GM	26.49										X	
03	J9209	MESNA, 200MG	1.73										X	
03	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	362.31			X								
03	J9211	IDARUBICIN HYDROCHLORIDE 5MG	37.35										X	
03	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	32.74										X	
03	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	200.73							X			X	
03	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	180.23	18	99								X	
03	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	5,166.29					M		X				
03	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	69.02	18	99								X	
03	J9228	INJECTION, IPILIMUMAB, 1 MG	160.70										X	
03	J9245	MELPHALAN HCL INJ 50MG	197.46											
03	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	40.00	18	99								X	
03	J9247	INJ, MELPHALAN FLUFENAMIDE, 1MG	497.44	21	99								X	
03	J9250	METHOTREXATE SOD INJ, 5 MG	.21										X	
03	J9260	METHOTREXATE SOD INJ 50MG	2.07										X	
03	J9261	INJECTION, NELARABINE, 50 MG	155.90										X	
03	J9262	INJECTION, OMACETAXINE MEPESUCCINATE	3.30										X	
03	J9263	OXALIPLATIN 0.5MG	.07										X	
03	J9264	PACLITAXEL INJECTION 1MG	14.04	10	99								X	
03	J9266	PEGASPARGASE/SINGL DOSE VIAL	21,561.05											
03	J9267	INJECTION, PACLITAXEL, 1 MG	.12										X	
03	J9268	PENTOSTATIN, PER 10 MG	1,934.45										X	
03	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	296.34	02	99								X	
03	J9271	INJECTION, PEMBROLIZUMAB, 1 MG	52.30	18	99								X	
03	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	215.12										X	
03	J9280	MITOMYCIN 5 MG	50.66										X	
03	J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION	281.79	18	99								X	
03	J9285	INJECTION, OLARATUMAB, 10 MG	49.12	18	99								X	
03	J9293	MITOXANTRONE HCL 5MG	29.40										X	
03	J9295	INJECTION, NECITUMUMAB, 1 MG	5.74	18	99								X	
03	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	180.38	12	99								X	
03	J9299	INJECTION, NIVOLUMAB, 1 MG	29.25	18	99								X	
03	J9301	INJECTION, OBINUTUZUMAB, 10 MG	64.11										X	
03	J9302	INJECTION OFATUMUMAB 10 MG	63.96										X	
03	J9303	INJECTION, PANITUMUMAB, 10 MG	130.41										X	
03	J9304	INJECTION, PEMETREXED, 10 MG	79.27	18	99								X	
03	J9305	PEMETREXED 10 MG	76.04										X	
03	J9306	INJECTION, PERTUZUMAB, 1 MG	13.56										X	
03	J9307	INJECTION PRALATREXATE 1 MG	319.73										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	J9308	INJECTION, RAMUCIRUMAB, 5 MG	63.56	18	99								X	
03	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ,	113.57	18	99								X	
03	J9311	INJECTION, RITUXIMAB 10 MG AND HYALU	38.21										X	
03	J9312	INJECTION, RITUXIMAB, 10 MG	85.63										X	
03	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDF	23.39	18	99								X	
03	J9315	INJECTION ROMIDEPSIN 1 MG	316.87										X	
03	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB,	71.65	18	99								X	
03	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZI	31.26	18	99								X	
03	J9319	INJ, ROMIDEPSIN, LYOPHILIZED, 0.1 MG	33.23	21	99								X	
03	J9320	STREPTOZOCIN, 1GM	347.88										X	
03	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	57.22	18	99								X	
03	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	10.41	18	99								X	
03	J9330	INJECTION, TEMSIROLIMUS, 1 MG	34.75										X	
03	J9340	THIOTEPA, 15MG	305.45										X	
03	J9348	INJECTION, NAXITAMAB-GQGK, 1 MG	527.02	01	99								X	
03	J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	12.80	21	99								X	
03	J9351	INJECTION TOPOTECAN 0.1 MG	.90										X	
03	J9352	INJECTION, TRABECTEDIN, 0.1 MG	325.03	18	99								X	
03	J9353	INJECTION, MARGETUXIMAB-CMKB, 5 MG	43.76	18	99								X	
03	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE	34.15										X	
03	J9355	TRASTUZUMAB 10MG	86.41										X	
03	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	71.49	18	99								X	
03	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	1,435.66										X	
03	J9358	INJ FAM-TRASTU DERU-NXKI 1MG	24.60	18	99								X	
03	J9360	VINBLASTINE SULF 1MG	3.91										X	
03	J9370	ONCOVIN INJ 1MG	4.94										X	
03	J9371	INJECTION, VINCRISTINE SULFATE LIPOS	3,420.78	18	99								X	
03	J9390	VINORELDINE TARTRATE 10MG	8.62										X	
03	J9393	INJECTION, FULVESTRANT (TEVA) NOT TH	15.44										X	
03	J9394	INJECTION, FULVESTRANT (FRESENIUS KA	7.85										X	
03	J9395	FULVESTRANT 25 MG	15.65							X			X	
03	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	7.66										X	
03	Q0163	DIPHENHYDRAMINE HCL 50MG	MP									X		
03	Q0164	PROCHLORPERAZINE MALEATE 5MG	MP									X		
03	Q0166	GRANISETRON HCL 1 MG ORAL	MP									X		
03	Q0167	DRONABINOL 2.5MG ORAL	MP									X		
03	Q0169	PROMETHAZINE HCL 12.5MG ORAL	MP									X		
03	Q0173	TRIMETHOBENZAMIDE HCL 250MG	MP									X		
03	Q0174	THIETHYLPERAZINE MALEATE10MG	MP									X		
03	Q0175	PERPHENAZINE 4MG ORAL	MP									X		
03	Q0177	HYDROXYZINE PAMOATE 25MG	MP									X		
03	Q0180	DOLASETRON MESYLATE ORAL	MP									X		
03	Q0181	UNSPECIFIED ORAL ANTI-EMETIC	MP									X		
03	Q0184	METABOLICALLY ACTIVE TISSUE	MP									X		
03	Q3021	INJECTION, HEPATITIS B VACCINE, PEDI	MP									X		
03	Q4101	APLIGRAF, PER SQUARE CENTIMETER	30.43				X						X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	32.03			X						X	
03	Q4121	THERASKIN, PER SQUARE CENTIMETER	43.84			X						X	
03	Q4160	NUSHIELD, PER SQUARE CENTIMETER	96.26			X						X	
03	Q4186	EPIFIX,PER SQUARE CENTIMETER	155.49			X						X	
03	Q4195	PURAPLY, PER SQUARE CENTIMETER	110.33			X						X	
03	Q4196	PURAPLY AM, PER SQUARE CENTIMETER	108.29			X						X	
02	S2411	FETOSCOPIC LASER THERAPY-TWIN-T-TWIN	108.80	10 60		X	F						
03	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	544.00	10 60		X	F	X					
07	S2411	FETOSCOPIC LASER THERAPY-TWIN-T-TWIN	544.00	10 15		X	F	X					
13	S9470	NUTRITIONAL COUNSEL, DIETICIAN VISIT	19.88	00 20				X					
13	T1001	NURSING ASSESSMENT/EVALUATION	19.88					X				X	
03	0001A	PFIZER-BIONTCH CV19 VAC ADM 1ST DOSE	29.58	12 99					X				
03	0002A	PFIZER-BIONTCH CV19 VAC ADM 2ND DOSE	29.58	12 99					X				
03	0003A	PFIZER-BIONTCH CV19 VAC ADM 3RD DOSE	29.58	12 99					X				
03	0004A	PFIZER-BIONTECH CV19 VAC ADM BOOSTER	29.58	12 99									
01	00100	ANES;SALIVARY GLANDS, BIOPSY	SP					X		5		X	
01	00102	ANES;PLASTIC REPAIR OF CLEFT LIP	SP					X		6		X	
01	00103	ANES FOR PROCEDURES ON EYE, BLEPH	SP					X		5		X	
03	0011A	MODERNA CV19 VAC ADM 1ST DOSE	29.58	12 99					X				
03	0012A	MODERNA CV19 VAC ADM 2ND DOSE	29.58	12 99					X				
01	00120	ANES;ALL OF EAR;NOS	SP					X		5		X	
01	00124	ANES; OTOSCOPY	SP					X		4		X	
01	00126	ANES; TYPANOTOMY	SP					X		4		X	
03	0013A	MODERNA CV19 VAC ADM 3RD DOSE	29.58	12 99					X				
01	00140	ANES;EYE;NOS	SP					X		5		X	
01	00142	ANES;LENS SURGERY	SP					X		4		X	
01	00144	ANES;CORNEAL TRANSPLANT	SP					X		6		X	
01	00145	ANES;VITEORETINAL SURGERY	SP					X		6		X	
01	00147	ANES;IRIDECTOMY	SP					X		4		X	
01	00148	ANES;OPHTHALMOSCOPY	SP					X		4		X	
01	00160	ANES;NOSE/ACC.SINUSES;NOS	SP					X		5		X	
01	00162	ANES;NOSE/SINUSES;RADICAL SURGERY	SP					X		7		X	
01	00164	ANES;NOSE/SINUSES;BIOPSY,SOFT TISSUE	SP					X		4		X	
01	00170	ANES;INTRAORAL PLUS BIOPSY;NOS	SP					X		5		X	
01	00172	ANES;INTRAORAL REPAIR CLEFT PALATE	SP					X		6		X	
01	00174	ANES;NOSE/SIN;EXCISE RETROPHARY TUMO	SP					X		6		X	
01	00176	ANES;NOSE/SINUS;RADICAL SURGERY	SP					X		7		X	
01	00190	ANES;FACIAL BONES OR SKULL;NOS	SP					X		5		X	
01	00192	ANES; FACIAL BONES; RADICAL SURGERY	SP					X		7		X	
01	00210	ANESTH, CRANIAL SURG NOS	SP					X		11		X	
01	00211	ANESTHESIA FOR INTRACRANIAL PROCEDUR	SP					X		10		X	
01	00212	ANES;INTRACRANIAL;SUBDURAL TABS	SP					X		5		X	
01	00214	ANES;INTRACRANIAL;BURR HOLES	SP					X		9		X	
01	00215	ANES FOR INTRACRANIAL PROCUEDURE	SP					X		9		X	
01	00216	ANES;INTRACRANIAL;VASCULAR PROCEDURE	SP					X		15		X	
01	00218	INTRACRANIAL,PROC.IN SITTING POSITIO	SP					X		13		X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
01	00220	ANES;INTRACAN;SPINAL FLUID SHUNTING	SP						X		10		X	
01	00222	ANES;ELECTROAG.INTRACRANIAL NERVE	SP						X		6		X	
01	00300	ANES;NECK INTEGUMENTARY,SUBCUT TISS.	SP						X		5		X	
03	0031A	JANSSEN COVID-19 VACCINE ADMIN	29.58	18	99									
01	00320	ANES;ESOPH,THYROID,ETC; NOS	SP	01	99				X		6		X	
01	00322	ANES;NEEDLE BIOPSY OF THYROID	SP						X		3		X	
01	00326	ANES; THE LARYNX AND TRACHEA	SP	00	00				X		7		X	
03	0034A	JANSSEN CV19 VAC ADM BOOSTER	29.58	18	99									
01	00350	ANES;MAJOR VESSEL,NECK;NOS	SP						X		10		X	
01	00352	ANES;MAJOR VESSELS NECK;SIMPL.LIGATI	SP						X		5		X	
01	00400	ANES;ANTERIOR...CHEST...;NOS	SP						X		3		X	
01	00402	ANES;RECONSTRUCT BREAST;NOS	SP						X		5		X	
01	00404	ANES;RAD OR MOD BREAST PROC	SP						X		5		X	
01	00406	ANES,RAD/MOD PROC W/NODE DISSECTION	SP						X		13		X	
01	00410	ANES;ELECTRICAL CONVER.ARRHYTHMIAS	SP						X		4		X	
01	00450	ANES,CLAV/SCAP;NOS	SP						X		5		X	
01	00454	ANES;BX OF CLAVICLE	SP						X		3		X	
01	00470	ANES;PARTIAL RIB RESECTION;NOS	SP						X		6		X	
01	00472	ANES;THORACOPLASTY (ANY TYPE	SP						X		10		X	
01	00474	ANES;RADICAL PROCEDURES	SP						X		13		X	
01	00500	ANES;ALL PROCEDURES ON ESOPHAGUS	SP								15		X	
03	0051A	PFIZER-BION CV19 PRE DIL VAC ADM 1ST	29.58	12	99					X				
03	0052A	PFIZER-BION CV19 PRE DIL VAC ADM 2ND	29.58	12	99					X				
01	00520	ANES;CLOSED CHEST PROC;NOS	SP						X		6		X	
01	00522	ANES;NEEDLE BX OF PLEURA	SP						X		4		X	
01	00524	ANES;PNEUMOCENTESIS	SP						X		4		X	
01	00528	ANES;MEDIASTINOSCOPY/DX THORACOSCOPY	SP						X		8		X	
01	00529	ANESTH, CHEST PARTITION VIEW	SP						X		11		X	
03	0053A	PFIZER-BION CV19 PRE DIL VAC ADM 3RD	29.58	12	99					X				
01	00530	ANES;TRANSVENOUS PACEMAKER INSERT	SP						X		4		X	
01	00532	ANESTHESIA FOR ACCESS TO CENTRAL VEN	SP						X		4		X	
01	00534	ANESTHESIA FOR TRANSVENOUS INSERTION	SP						X		7		X	
01	00537	ANES;CARDIAC ELECTROPHYS	SP						X		10		X	
01	00539	ANES;TRACHEOBRONCHIAL RECONSTRUCTION	SP						X		18		X	
03	0054A	PFIZER-BION CV19 PRE DIL ADM BOOSTER	29.58	12	99									
01	00540	ANES;THORACOT,LUNGS,PLEURA,ETC;NOS	SP						X		12		X	
01	00541	ANES;THORACOT,UTILIZING ONE LUNG	SP						X		15		X	
01	00542	ANES;DECORTICATION	SP						X		15		X	
01	00546	ANES;PULM.RESECTION W/THORACOPLASTY	SP						X		15		X	
01	00548	ANES;INTRATHOR,TRACHEA AND BRONCHI	SP						X		17		X	
01	00550	ANESTH,STERNAL DEBRIDEMENT	SP						X		10		X	
01	00560	ANES;HEART,PERICAR,ETC.W/OPUMP OXYGE	SP						X		15		X	
01	00561	ANESTH, HEART SURG < AGE 1	SP	00	00				X		25		X	
01	00562	ANES;HEART,PERICAR,ETC.W/PUMP OXYGE	SP	01	99				X		20		X	
01	00563	ANESTH,HEART PROC W/PUMP	SP						X		25		X	
01	00566	ANES;CORONARY ARTERY BYPASS W/O PUMP	SP						X		25		X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
01	00567	ANESTHESIA FOR DIRECT CORONARY ARTER	SP						X		18		X	
01	00580	ANES;HEART OR HEART/LUNG TRANSPLANT	SP			X			X		20		X	
01	00600	ANES;CERV.SPINE-CORD;NOS	SP						X	X	10		X	
01	00604	ANES;CERV.SPINE-CORD;SITTING POSITIO	SP						X	X	13		X	
01	00620	ANES;THORAC SPINE/CORD;NOS	SP						X	X	10		X	
01	00625	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		13		X	
01	00626	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		15		X	
01	00630	ANES;LUMBAR REGIONS;NOS	SP						X	X	8		X	
01	00632	ANES;LUMBAR SYMPATHECTOMY	SP						X		7		X	
01	00635	ANES;LUMBAR PUNCTURE	SP								4		X	
03	0064A	MODERNA CV19 VAC ADM LO DOSE BOOSTER	29.58	18	99									
01	00640	ANES;MANIP OF SPINE FOR CLOSED PROCE	SP						X		3		X	
01	00670	ANES;EXT SPINE CORD PROCEDURES	SP						X		13		X	
01	00700	ANES;UPPER ANT. WALL;NOS	SP						X		4		X	
01	00702	ANES;PERCUTANEOUS LIVER BX	SP								4		X	
03	0071A	PFIZER-B CV-19 PED VAC ADM 1ST DOSE	29.58	05	11					X				
03	0072A	PFIZER-B CV-19 PED VAC ADM 2ND DOSE	29.58	05	11					X				
03	0073A	PFIZER-B CV-19 PED VAC ADM 3RD DOSE	29.58	05	11					X				
01	00730	ANES;UPPER POSTERIOR ABDOM WALL;NOS	SP						X		5		X	
01	00731	ANESTHESIA FOR UPPER GASTROINTESTIN	SP						X		5		X	
01	00732	ANESTHESIA FOR UPPER GASTROINTESTIN	SP						X		6		X	
03	0074A	PFIZER-B CV-19 PED VAC ADM BOOSTER	29.58	05	11									
01	00750	ANES;HERNIA REP.UPPER ABDOMEN;NOS	SP						X		4		X	
01	00752	ANES;HERNIA,LUMBAR,VENTRAL/WND DEHIS	SP						X		6		X	
01	00754	ANES;OMPHALOCELE	SP						X		7		X	
01	00756	ANES;TRANSABDOM.REP DIAPHRA.HERNIA	SP						X		7		X	
01	00770	ANES;ALL PROC,MAJOR ABDO.BLD.VESSELS	SP						X		15		X	
01	00790	ANES;INTRAPERI,UPPER ABDO/SHUNTS,NOS	SP						X		7		X	
01	00792	ANES;PARTIAL HEPATECTOMY/NO LIVER BX	SP						X		13		X	
01	00794	ANES;PART./TOT.PANCREATECTOMY	SP						X		8		X	
01	00796	ANES;LIVER TRANSPLANT (RECIPIENT)	SP			X			X		30		X	
01	00797	ANES;GASTRIC RESTR.PROC.MORB.OBESITY	SP			X			X		11		X	
01	00800	ANES;LOWER ANTER.ABDO.WALL;NOS	SP						X		4		X	
01	00802	ANES;PANNICULECTOMY	SP			X			X		5		X	
03	0081A	PFIZER-B CV-19 PED VAC ADM 1ST DOSE	29.58	00	04					X				
01	00811	ANESTHESIA FOR LOWER ENDOSCOPIC PROC	SP						X		4		X	
01	00812	ANESTHESIA FOR LOWER ENDOSCOPIC PROC	SP						X		3		X	
01	00813	ANESTHESIA FOR COMBINED UPPER AND L	SP						X		5		X	
03	0082A	PFIZER-B CV-19 PED VAC ADM 2ND DOSE	29.58	00	04					X				
01	00820	ANES;LOWER POST. ABDOMINAL WALL	SP						X		5		X	
03	0083A	PFIZER-B CV-19 PED VAC ADM 3RD DOSE	29.58	00	04					X				
01	00830	ANES;HERNIA REP. LOWER ABDO;NOS	SP						X		4		X	
01	00832	ANES;LOWER ABDO;VENT/INCIS.HERNIAS	SP						X		6		X	
01	00834	ANES;HERNIA REPAIRS IN LOW ABDOM NOS	SP	00	00				X		5		X	
01	00836	ANES;HENIA REPAIRS NOS INFANTS	SP	00	02				X		6		X	
01	00840	ANES;INTRAPERI,LOWER ABDO;NOSS	SP						X		6		X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
01	00842	ANES;AMNIOCENTESIS	SP					F	X		4		X	
01	00844	ANES;ABDOMINOPERINAEAL RESECTION	SP						X		7		X	
01	00846	ANES;RADICAL HYSTERECTOMY	SP			X		F	X	X	8		X	
01	00848	ANES;PELVIC EXENTERATION	SP			X			X		8		X	
01	00851	ANES;TUBAL LIGATION/TRANSECTION	SP	21	64	X		F	X	X	6		X	
01	00860	ANES;EXTRAPERI,LOWER ABDO,NOT URINAR	SP						X		6		X	
01	00862	ANES;RENAL PROC/DONOR NEPHRECTOMY	SP			X					7		X	
01	00864	ANES;TOTAL CYSTECTOMY	SP			X			X	X	8		X	
01	00865	ANES;REMOVAL OF PROSTATE	SP			X		M	X	X	7		X	
01	00866	ANES;ADRENALECTOMY	SP						X		10		X	
01	00868	ANES;RENAL TRANSPLANT (RECEPIENT)	SP			X			X		10		X	
01	00870	ANES;CYSTOLITHOTOMY	SP			X			X		5		X	
01	00872	ANES;LITHOTRIPSY,ESW;WITH WATER BATH	SP						X		7		X	
01	00873	ANES;LITHOTRIPSY,ESW;W/O WATER BATH	SP						X		5		X	
01	00880	ANES;MAJOR LOW.ABDO VESSEL;NOS	SP						X		15		X	
01	00882	ANES;INFERIOR VENA CAVA LIGATION	SP						X		10		X	
01	00902	ANES;ANORECTAL (INCLUDES ENDOS & BX)	SP						X		5		X	
01	00904	ANES;RADICAL PERINEAL PROCEDURE	SP						X		7		X	
01	00906	ANES;VULVECTOMY	SP					F	X	X	4		X	
01	00908	ANES;PERIENEAL PROSTATECTOMY	SP					M	X	X	6		X	
03	0091A	MODERNA CV19 VAC ADM 1ST DOSE	29.58	06	11					X				
01	00910	ANES;TRANSURETHAL (INCL URETHROC;NOS	SP						X		3		X	
01	00912	ANES;TRANURETHRAL RESECT.BLADDER TU	SP						X		5		X	
01	00914	ANES;TRANURETHRAL RESECT-PROSTATE	SP					M	X		5		X	
01	00916	ANES;POST-TRANSURETH.RESECT-BLEEDING	SP						X		5		X	
01	00918	ANES;W/FRAGMENT,MANIP/REMO.URET CALC	SP						X		5		X	
03	0092A	MODERNA CV19 VAC ADM 2ND DOSE	29.58	06	11					X				
01	00920	ANES;MALE EXT GENITALIA;NOS	SP					M	X		3		X	
01	00921	ANES;VASECTOMY,UNILATERNAL/BILATERAL	SP	21	55	X		M	X	X	3		X	
01	00922	ANES;SEMINAL VESICLES	SP			X		M	X	X	6		X	
01	00924	ANES;UNDESCENDED TETIS,UNI-BILATERAL	SP					M	X		4		X	
01	00926	ANES;RAD ORCHIECTOMY, INGUINAL	SP					M	X	X	4		X	
01	00928	ANES;RAD ORCHIECTOMY,ABDOMINAL	SP					M	X	X	6		X	
03	0093A	MODERNA CV19 VAC ADM 3RD DOSE	29.58	06	11					X				
01	00930	ANES;ORCHIOPEXY,UNI-BILATERAL	SP					M	X		4		X	
01	00932	ANES;COMPLETE PENIS AMPUTATION	SP					M	X	X	4		X	
01	00934	ANES;RAD AMPU.PENIS,BILAT...LYMPHAD.	SP					M	X	X	6		X	
01	00936	ANES;RAD AMPU PENIS...LYMPHAD	SP					M	X	X	8		X	
03	0094A	MODERNA CV19 VAC ADM BOOSTER	29.58	18	99									
01	00940	ANES;VAGINAL PROC;NOS	SP					F	X		3		X	
01	00942	ANES;COLPOTOMY,VAGINECTOMY,COLPORRHA	SP					F	X		4		X	
01	00944	ANES;VAGINAL HYSTERECTOMY	SP			X		F	X	X	6		X	
01	00948	ANES; CERVICAL CERCLAGE	SP					F	X		4		X	
01	00950	ANES;CULDOSCOPY	SP					F	X		5		X	
01	00952	HYSTEROSCOPY/HYSTEROSALPINGOGRAPHY	SP			X		F	X		4		X	
03	0111A	MODERNA CV19 VAC ADM 1ST DOSE	29.58	00	05					X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	01112	ANES;BONE APSIRATE/BX,ANTORPOST ILIA	SP						X		5		X	
03	0112A	MODERNA CV19 VAC ADM 2ND DOSE	29.58	00	05					X				
01	01120	ANES;FOR BONY PELVIS PROCEDURES	SP						X		6		X	
03	0113A	MODERNA CV19 VAC ADM 3RD DOSE	29.58	00	05					X				
01	01130	ANES;FOR BODY CASRT APPLI./REVISION	SP						X		3		X	
01	01140	ANES;INTERPELVIABDOMINAL AMPUTATION	SP						X		15		X	
01	01150	ANES;RAD PROC,TUMORS,NOT HIND QUART.	SP						X		10		X	
01	01160	ANES;CLSD PROC,SYMPHYSIS PUBIS/SACRO	SP						X		4		X	
01	01170	ANES;OPEN PROC,SYMPHYSIS PUBIS/SACRO	SP						X		8		X	
01	01173	ANESTH, FX REPAIR, PELVIS	SP						X		12		X	
01	01200	ANES;ALL CLSD HIP JOINT PROC.	SP						X		4		X	
01	01202	ANES;ARTHROSCOPIC PROC,HIP JOINT	SP						X		4		X	
01	01210	ANES;OPEN HIP JOINT PROC; NOS	SP						X		6		X	
01	01212	ANES; HIP DISARTICULATION	SP						X		10		X	
01	01214	ANES;TOTAL HIP ARTHROPLASTY	SP						X		8		X	
01	01215	ANES;REVISION TOTAL HIP ARTHROPLASTY	SP						X		10		X	
01	01220	ANES;CLSD PROC,2/3 UPPER FEMUR	SP						X		4		X	
01	01230	ANES;OPEN PROC,2/3 UPPER FEMUR; NOS	SP						X		6		X	
01	01232	ANES;AMPUTATION UPPER LEG	SP						X		5		X	
01	01234	ANES;RADICAL RESECTION,UPPER LEG	SP						X		8		X	
03	0124A	PFIZER-B CV19 VAC BIVALENT ADM BOOST	29.58	12	99									
01	01250	ANES;NERVES,MUSCLS,TENDONS,FASCIA,ET	SP						X		4		X	
01	01260	ANES;VEINS,UPPER LEG-PLUS EXPLORAT.	SP						X		3		X	
01	01270	ANES;ART.UPPER LEG,BY-PASS GRFT, NOS	SP						X		8		X	
01	01272	ANES;FEMORAL ARTERY LIGATION	SP						X		4		X	
01	01274	ANES;FEMORAL ARTERY EMBOLECTOMY	SP						X		6		X	
01	01320	ANES;NERVES,MUSCLES...KNEE POPLITEAL	SP						X		4		X	
03	0134A	MODERNA CV19 VAC BIVALENT ADM BOOSTR	29.58	18	99									
01	01340	ANES;CLSD PROC,LOWER 1/3 FEMUR	SP						X		4		X	
01	01360	ANES;OPEN PROC, LOWER 1/3 FEMUR	SP						X		5		X	
01	01380	ANES;CLSD PROC ON KNEE JOINT	SP						X		3		X	
01	01382	ANES;ARTHROSCOPY, KNEE JOINT	SP						X		3		X	
01	01390	ANES;CLSD,UPPER END TIBIA,FIBULA....	SP						X		3		X	
01	01392	ANES;OPEN,UPPER END TIBIA,FIBULA	SP						X		4		X	
01	01400	ANES;OPEN KNEE JOINT PROC; NOS	SP						X		4		X	
01	01402	ANES;TOTAL KNEE REPLACEMENT	SP						X		7		X	
01	01404	ANES; DISARTICULATION AT KNEE	SP						X		5		X	
01	01420	ANES;CAST APPLI,REMOVAL,REPAIR,KNEE	SP						X		3		X	
01	01430	ANES;KNEE,POPLITEAL AREA;NOS	SP						X		3		X	
01	01432	ANES; ARTERIOVENOUS FISTULA	SP						X		6		X	
03	0144A	MODERNA CV19 VAC BIVALENT ADM BOOSTR	29.58	06	11									
01	01440	ANES;ARTERIES-KNEE/POPLITEAS..; NOS	SP						X		8		X	
01	01442	ANES;POPLITEAL THROMBOENDARTERECTOMY	SP						X		8		X	
01	01444	ANES;POPLITEAL EXC,GRFT,REP,ANEURYSM	SP						X		8		X	
01	01462	ANES;CLSD PROC LOWER LED,ANKLE,FOOT	SP						X		3		X	
01	01464	ANES; ARTHROSCOPY OF ANKLE/FOOT	SP						X		3		X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	01470	ANES;NERVES,MUSCLES,ETC,LOWER LEG/FT	SP					X		3		X	
01	01472	ANES;REP RUPT ACHILLES TEND.W/WO GFT	SP					X		5		X	
01	01474	ANES; GASTROCNEMIUS RECESSION	SP					X		5		X	
01	01480	ANES;OPEN,LOW LEG,ANKLE,FOOT; NOS	SP					X		3		X	
01	01482	ANES;RADICAL RESECTION	SP					X		4		X	
01	01484	ANES;OSTEOTOMY/OSTEOPLASTY,TIB/FIB	SP					X		4		X	
01	01486	ANES; TOTAL ANKLE REPLACEMENT	SP					X		7		X	
01	01490	ANES;LOWER LEG CAST APPL REMO/REPAIR	SP					X		3		X	
01	01500	ANES;LOW LEG ARTERIES,BYPASS GFT;NOS	SP					X		8		X	
01	01502	ANES; EMBOLECTOMY, DIRECT OR CATHET.	SP					X		6		X	
01	01520	ANES;PROC,VEINS,LOWER LEG; NOS	SP					X		3		X	
01	01522	ANES; VENOUS THROMBECTOMY,DIR.W/CATH	SP					X		5		X	
03	0154A	PFIZER-B CV19 VAC BIVALENT ADM BOOST	29.58	05 11									
01	01610	ANES;NERVES,MUSCLES,ETC;SHOUL.-AXILL	SP					X		5		X	
01	01620	ANES;CLSD PROC,SHOULDER, AXILLA	SP					X		4		X	
01	01622	ANES;ARTHROSCOPY,SHOULDER JOINT	SP					X		4		X	
01	01630	ANES;OPEN PROC,SHOLDER/AXILLA;NOS	SP					X		5		X	
01	01634	ANES;SHOULDER DISARTICULATION	SP					X		9		X	
01	01636	ANES;INTERTHORACOSCAPULAR AMPUTATION	SP					X		15		X	
01	01638	ANES;TOTAL SHOULDER REPLACEMENT	SP					X		10		X	
03	0164A	MODERNA CV-19 VAC BIVALENT BOOSTER	29.58	00 05									
01	01650	ANES;ARTERIES,SHOULDER,AXILLA; NOS	SP					X		6		X	
01	01652	ANES;AXILLARY-BRACHIAL ANEURYSM	SP					X		10		X	
01	01654	ANES; BYPASS GRAFT (SHOULDER, AXILLA	SP					X		8		X	
01	01656	ANES;AXILLA-FEMORAL BYPASS GRAFT	SP					X		10		X	
01	01670	ANES;PROC VEINS SHOULDER, AXILLA	SP					X		4		X	
01	01680	ANES;SHOULDER CAST APPLI,REM,REP;NOS	SP					X		3		X	
01	01710	ANES;NERVES,MUSCLES,ETC,ARM/ELB;NOS	SP					X		3		X	
01	01712	ANES; TENOTOMY,ELBOW-SHOULDER,OPEN	SP					X		5		X	
01	01714	ANES;TENOPLASTY,ELBOW TO SHOULDER	SP					X		5		X	
01	01716	ANES;TENODESIS,RUP,LNG TENDON,BICEPS	SP					X		5		X	
03	0173A	PFIZER-B CV-19 VAC BIVALENT 3RD DOSE	29.58	00 04									
01	01730	ANES;CLSD PROC,HUMERUS AND ELBOW	SP					X		3		X	
01	01732	ANES;ARTHROSCOPY,ELBOW JOINT	SP					X		3		X	
03	0174A	PFIZER-B CV-19 VAC BIVALENT BOOSTER	29.58	00 04									
01	01740	ANES;OPEN/SURG.PROC ELBOW;NOS	SP					X		4		X	
01	01742	ANES; OSTEOTOMY OF HUMERUS	SP					X		5		X	
01	01744	ANES;REP NON OR MALUNION OF HUMERUS	SP					X		5		X	
01	01756	ANES; RADICAL PROC,UPPER ARM, ELBOW	SP					X		6		X	
01	01758	ANES;EXCISE CYST,TUMOR,HUMERES	SP					X		5		X	
01	01760	ANES;TOTAL ELBOW REPLACEMENT	SP					X		7		X	
01	01770	ANES;ARTERIAL PROC UP-ARM,ELBOW;NOS	SP					X		6		X	
01	01772	ANES;EMBOLECTOMY,UPPER ARM, ELBOW	SP					X		6		X	
01	01780	ANES;VENOUS PROC,UPPER ARM,ELBOW;NOS	SP					X		3		X	
01	01782	ANES;PHEBORRHAPHY	SP					X		4		X	
01	01810	ANES;NERVE,MUSCLES,ETC.FORARM,ETC...	SP					X		3		X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	01820	ANES;CLSD PROC,RADIUS,ULNA,WRIST,ETC	SP						X		3		X	
01	01829	ANES;FOR DIAGNOSTIC ARTH PROC WRIST	SP						X		3		X	
01	01830	ANES;OPEN PROC,RADIUS,ULNA,WRIST,NOS	SP						X		3		X	
01	01832	ANES;TOTAL WRIST REPLACEMENT	SP						X		6		X	
01	01840	ANES;ARTERIAL PROC,FOREARM,ETC; NOS	SP						X		6		X	
01	01842	ANES;EMBOLECTOMY,FOREARM,WRIST,ETC	SP						X		6		X	
01	01844	ANES;ANY TYPE,VASCULAR SHUNT/REVISE.	SP						X		6		X	
01	01850	ANES;VEINS,FOREARM,WRIST,ETC;NOS	SP						X		3		X	
01	01852	ANES;PHLEBORRHPHY,FOREARM,WRIST,HAND	SP						X		4		X	
01	01860	ANES;CAST APPLI.REM.REP.,FOREARM,ETC	SP						X		3		X	
01	01916	ANES;DIAG ARTERIOGRAPHY/VENOGRAPHY	SP						X		5		X	
01	01920	ANES;CARD.CATH,CORO ANGIO/VENTRICULO	SP						X		7		X	
01	01922	ANES;NON-INVASIVE IMAG RAD THERAPHY	SP						X		7		X	
01	01924	ANES, THER INTERVEN RAD,ARTE SYS;NOS	SP						X		5		X	
01	01925	ANES, THER INTERVEN RAD,CAROTID/CORO	SP						X		7		X	
01	01926	ANES;THER INTERV INTRACRAN/CARD,AORT	SP						X		8		X	
01	01930	ANES;THER INTERV RAD, VEN/LYMPHATIC	SP						X		5		X	
01	01931	ANES;THER INTERVEN RAD TIPS	SP						X		7		X	
01	01932	ANES;THER INTERV INTRAHORAC JUGULAR	SP						X		6		X	
01	01933	ANES;THER INTERV RAD INTRACRANIAL	SP						X		7		X	
01	01937	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01938	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01939	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01940	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01941	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01942	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01951	ANESTH, BURN, LESS THAN ONE PERCENT	SP						X		3		X	
01	01952	ANES;BURN,BETWEEN 4-9 PERCENT	SP						X		5		X	
01	01953	ANES;BURN, EACH ADD 9 PERCENT	SP						X		1		X	
01	01958	ANESTH, ANTEPARTUM MANIPUL	SP					F	X		5		X	
01	01960	ANES;VAGINAL DELIVERY	SP	09	60			F	X	X	5		X	
01	01961	ANES;CESAREAN DELIVERY ONLY	SP	09	60			F	X	X	7		X	
01	01962	ANES;URGENT HYSTERECTOMY FOLLOW.DELI	SP	09	60	X		F	X	X	8		X	
01	01963	ANESTHESIA FOR CESAREAN REMOVAL OF U	SP	09	60	X		F	X	X	8		X	
01	01965	ANESTH, INC/MISSED AB PROC	SP	09	60	X		F	X		4		X	
01	01966	ANESTH, INDUCED AB PROCEDURE	SP	09	60	X		F	X		4		X	
01	01967	ANES;NEURAXIAL LABOR ANALG VAGIN DEL	SP	09	60			F	X	X	5		X	
01	01968	ANES;ANALG CS DELIVER FOLL NEURA LAB	SP	09	60			F	X	X	2		X	
01	01969	ANES;ANALG CS HYST FOLL NEURAX LABOR	SP	09	60			F	X	X	5		X	
01	01990	ANES;HARVESTING ORGAN,BRAIN-DEAD PT	MP			X			X		7		X	
01	01991	ANES;FOR DIA OR THER NERVE BLOCK INJ	SP						X	X	3		X	
01	01992	ANES;PRONE POSITION	SP						X	X	5		X	
01	01999	ANES;UNLISTED PROCEDURE (S)	SP			X			X				X	
03	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	39.10										X	
07	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	46.92	00	15								X	
03	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	91.79											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	110.15	00 15									
03	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	44.90									X	
07	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	53.87	00 15								X	
03	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	201.09										
07	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	241.31	00 15									
03	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	113.94									X	
07	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	136.73	00 15								X	
03	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	326.19										
07	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	391.43	00 15									
03	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	197.71									X	
07	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	237.25	00 15								X	
03	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	MP		X								
07	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	MP	00 15	X								
03	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	MP		X							X	
07	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	MP	00 15	X							X	
03	10021	FNA W/O IMAGE	83.99										
07	10021	FNA W/O IMAGE	100.79	00 15									
03	10030	Fluid collection drainage by cathete	509.90										
07	10030	Fluid collection drainage by cathete	611.88	00 15									
03	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	368.18										
07	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	441.82	00 15									
03	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	317.75										
07	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	381.30	00 15									
03	10060	DRAINAGE OF SKIN ABSCESS	65.58										
07	10060	DRAINAGE OF SKIN ABSCESS	78.70	00 15									
03	10061	DRAIN SKIN ABSCESS COMPLICATED	113.80										
07	10061	DRAIN SKIN ABSCESS COMPLICATED	136.56	00 15									
03	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	95.55										
07	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	114.66	00 15									
03	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	152.10										
07	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	182.53	00 15									
03	10120	SIMPLE REMOVAL FOREIGN BODY	79.56										
07	10120	SIMPLE REMOVAL FOREIGN BODY	95.48	00 15									
03	10121	COMPLICATED REMOVAL FOREIGN BODY	156.30										
07	10121	COMPLICATED REMOVAL FOREIGN BODY	187.57	00 15									
03	10140	INCISE/DRAIN SIMPLE HEMATOMA	92.18										
07	10140	INCISE/DRAIN SIMPLE HEMATOMA	110.62	00 15									
03	10160	PUNCTURE DRAINAGE OF LESION	74.76										
07	10160	PUNCTURE DRAINAGE OF LESION	89.72	00 15									
03	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	138.80										
07	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	166.56	00 15									
03	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	32.58										
07	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	39.11	00 15									
03	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	13.91									X	
07	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	16.69	00 15								X	
03	11004	DEBRIDE GENITALIA & PERINEUM	375.71										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	11004	DEBRIDE GENITALIA & PERINEUM	450.85	00 15									
03	11005	DEBRIDE ABDOM WALL	491.15										
07	11005	DEBRIDE ABDOM WALL	589.38	00 15									
03	11006	DEBRIDE GENIT/PER/ABDOM WALL	466.99										
07	11006	DEBRIDE GENIT/PER/ABDOM WALL	560.39	00 15									
03	11008	REMOVE MESH FROM ABD WALL	178.85										
07	11008	REMOVE MESH FROM ABD WALL	214.62	00 15									
03	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	279.20										
07	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	335.05	00 15									
03	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	311.80										
07	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	374.17	00 15									
03	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	427.30									X	
07	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	512.76	00 15								X	
03	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	45.27										
07	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	54.33	00 15									
03	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	164.15										
07	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	196.99	00 15									
03	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	224.13										
07	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	268.95	00 15									
03	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	15.63									X	
07	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	18.76	00 15								X	
03	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	27.40									X	
07	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	32.88	00 15								X	
03	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	44.97									X	
07	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	53.96	00 15								X	
03	11055	TRIM SKIN LESION	28.85										
07	11055	TRIM SKIN LESION	34.63	00 15									
03	11056	TRIM 2 TO 4 SKIN LESIONS	35.57										
07	11056	TRIM 2 TO 4 SKIN LESIONS	42.68	00 15									
03	11057	TRIM OVER 4 SKIN LESIONS	43.18										
07	11057	TRIM OVER 4 SKIN LESIONS	51.83	00 15									
03	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	69.91										
07	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	83.89	00 15									
03	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	37.79									X	
07	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	45.34	00 15								X	
03	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	87.86										
07	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	105.43	00 15									
03	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	43.36									X	
07	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	52.03	00 15								X	
03	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	106.40										
07	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	127.68	00 15									
03	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	51.15									X	
07	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	61.38	00 15								X	
03	11200	EXCISE UP TO 15 SKIN TAGS	48.16										
07	11200	EXCISE UP TO 15 SKIN TAGS	57.81	00 15									
03	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	11.60									X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	13.92	00	15								X	
03	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	39.55											
07	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	47.46	00	15									
03	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	54.71											
07	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	65.66	00	15									
03	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	65.57											
07	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	78.68	00	15									
03	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	77.08											
07	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	92.49	00	15									
03	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	41.44											
07	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	49.72	00	15									
03	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	57.21											
07	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	68.65	00	15									
03	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	67.44											
07	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	80.93	00	15									
03	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	76.50											
07	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	91.80	00	15									
03	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	49.57											
07	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	59.48	00	15									
03	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	63.29											
07	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	75.95	00	15									
03	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	73.08											
07	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	87.69	00	15									
03	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	91.91											
07	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	110.30	00	15									
03	11400	EXCISE BENIGN LESION TO 0.5 CM	67.27										X	
07	11400	EXCISE BENIGN LESION TO 0.5 CM	80.72	00	15								X	
03	11401	EXCISE BENIGN LESION 0.6 TO 1CM	83.48										X	
07	11401	EXCISE BENIGN LESION 0.6 TO 1CM	100.17	00	15								X	
03	11402	EXCISE BENIGN LESION 1.1 TO 2CM	93.34										X	
07	11402	EXCISE BENIGN LESION 1.1 TO 2CM	112.01	00	15								X	
03	11403	EXCISE BENIGN LESION 2.1 TO 3CM	107.98										X	
07	11403	EXCISE BENIGN LESION 2.1 TO 3CM	129.58	00	15								X	
03	11404	EXCISE BENIGN LESION 3.1 TO 4CM	123.16										X	
07	11404	EXCISE BENIGN LESION 3.1 TO 4CM	147.80	00	15								X	
03	11406	EXCISE BENIGN LESION OVER 4 CM	175.29										X	
07	11406	EXCISE BENIGN LESION OVER 4 CM	210.34	00	15								X	
03	11420	EXCISE BENIGN LESION TO 0.5 CM	68.61										X	
07	11420	EXCISE BENIGN LESION TO 0.5 CM	82.33	00	15								X	
03	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	89.54										X	
07	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	107.44	00	15								X	
03	11422	EXCISE BENIGN LESION 1.1 TO 2CM	100.21										X	
07	11422	EXCISE BENIGN LESION 1.1 TO 2CM	120.25	00	15								X	
03	11423	EXCISE BENIGN LESION 2.1 TO 3CM	117.10										X	
07	11423	EXCISE BENIGN LESION 2.1 TO 3CM	140.51	00	15								X	
03	11424	EXCISE BENIGN LESION 3.1 TO 4CM	135.46										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	11424	EXCISE BENIGN LESION 3.1 TO 4CM	162.56	00 15								X	
03	11426	EXCISE BENIGN LESION OVER 4.0 CM	196.20									X	
07	11426	EXCISE BENIGN LESION OVER 4.0 CM	235.45	00 15								X	
03	11440	EXCISE BENIGN LESION TO 0.5 CM	74.79									X	
07	11440	EXCISE BENIGN LESION TO 0.5 CM	89.75	00 15								X	
03	11441	EXCISE BENIGN LESION 0.6 TO 1CM	95.63									X	
07	11441	EXCISE BENIGN LESION 0.6 TO 1CM	114.76	00 15								X	
03	11442	EXCISE BENIGN LESION 1.1 TO 2CM	107.98									X	
07	11442	EXCISE BENIGN LESION 1.1 TO 2CM	129.58	00 15								X	
03	11443	EXCISE BENIGN LESION 2.1 TO 3CM	130.47									X	
07	11443	EXCISE BENIGN LESION 2.1 TO 3CM	156.57	00 15								X	
03	11444	EXCISE BENIGN LESION 3.1 TO 4CM	165.44									X	
07	11444	EXCISE BENIGN LESION 3.1 TO 4CM	198.52	00 15								X	
03	11446	EXCISE BENIGN LESION OVER 4.0 CM	226.60									X	
07	11446	EXCISE BENIGN LESION OVER 4.0 CM	271.92	00 15								X	
03	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	204.68										
07	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	245.62	00 15									
03	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	268.99										
07	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	322.78	00 15									
03	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	201.48										
07	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	241.78	00 15									
03	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	276.26										
07	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	331.50	00 15									
03	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	225.43										
07	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	270.51	00 15									
03	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	284.54										
07	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	341.45	00 15									
03	11600	EXCISE MALIGNANCY TO 0.5 CM	104.28									X	
07	11600	EXCISE MALIGNANCY TO 0.5 CM	125.14	00 15								X	
03	11601	EXCISE MALIGNANCY 0.6 TO 1CM	129.07									X	
07	11601	EXCISE MALIGNANCY 0.6 TO 1CM	154.89	00 15								X	
03	11602	EXCISE MALIGNANCY 1.1 TO 2CM	141.74									X	
07	11602	EXCISE MALIGNANCY 1.1 TO 2CM	170.08	00 15								X	
03	11603	EXCISE MALIGNANCY 2.1 TO 3CM	161.88									X	
07	11603	EXCISE MALIGNANCY 2.1 TO 3CM	194.26	00 15								X	
03	11604	EXCISE MALIGNANCY 3.1 TO 4CM	179.13									X	
07	11604	EXCISE MALIGNANCY 3.1 TO 4CM	214.96	00 15								X	
03	11606	EXCISE MALIGNANCY OVER 4CM	254.30									X	
07	11606	EXCISE MALIGNANCY OVER 4CM	305.17	00 15								X	
03	11620	EXCISE MALIGNANCY TO 0.5CM	106.35									X	
07	11620	EXCISE MALIGNANCY TO 0.5CM	127.61	00 15								X	
03	11621	EXCISE MALIGNANCY 0.6 TO 1CM	130.24									X	
07	11621	EXCISE MALIGNANCY 0.6 TO 1CM	156.28	00 15								X	
03	11622	EXCISE MALIGNANCY 1.1 TO 2CM	147.64									X	
07	11622	EXCISE MALIGNANCY 1.1 TO 2CM	177.17	00 15								X	
03	11623	EXCISE MALIGNANCY 2.1 TO 3CM	173.49									X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	11623	EXCISE MALIGNANCY 2.1 TO 3CM	208.19	00	15								X	
03	11624	EXCISE MALIGNANCY 3.1 TO 4CM	195.80										X	
07	11624	EXCISE MALIGNANCY 3.1 TO 4CM	234.96	00	15								X	
03	11626	EXCISE MALIGNANCY OVER 4CM	239.87										X	
07	11626	EXCISE MALIGNANCY OVER 4CM	287.84	00	15								X	
03	11640	EXCISE MALIGNANCY TO 0.5CM	111.23										X	
07	11640	EXCISE MALIGNANCY TO 0.5CM	133.46	00	15								X	
03	11641	EXCISE MALIGNANCY 0.6 TO 1CM	137.35										X	
07	11641	EXCISE MALIGNANCY 0.6 TO 1CM	164.82	00	15								X	
03	11642	EXCISE MALIGNANCY 1.1 TO 2CM	158.77										X	
07	11642	EXCISE MALIGNANCY 1.1 TO 2CM	190.53	00	15								X	
03	11643	EXCISE MALIGNANCY 2.1 TO 3CM	187.89										X	
07	11643	EXCISE MALIGNANCY 2.1 TO 3CM	225.46	00	15								X	
03	11644	EXCISE MALIGNANCY 3.1 TO 4CM	232.63										X	
07	11644	EXCISE MALIGNANCY 3.1 TO 4CM	279.16	00	15								X	
03	11646	EXCISE MALIGNANCY OVER 4CM	308.96										X	
07	11646	EXCISE MALIGNANCY OVER 4CM	370.76	00	15								X	
03	11719	TRIM NAIL(S)	12.58			X						X		
07	11719	TRIM NAIL(S)	15.10	00	15	X						X		
03	11720	DEBRIDE NAIL, 1-5	18.74											
07	11720	DEBRIDE NAIL, 1-5	22.49	00	15									
03	11721	DEBRIDE NAIL, 6 OR MORE	27.17											
07	11721	DEBRIDE NAIL, 6 OR MORE	32.60	00	15									
03	11730	SIMPLE REMOVAL OF NAIL PLATE	59.63											
07	11730	SIMPLE REMOVAL OF NAIL PLATE	71.56	00	15									
03	11732	REMOVE ADDITIONAL NAIL PLATES	27.95										X	
07	11732	REMOVE ADDITIONAL NAIL PLATES	33.53	00	15								X	
03	11740	EVACUATE HEMATOMA UNDER NAIL	26.61										X	
07	11740	EVACUATE HEMATOMA UNDER NAIL	31.94	00	15								X	
03	11750	EXCISION NAIL & NAIL MATRIX	128.49										X	
07	11750	EXCISION NAIL & NAIL MATRIX	154.19	00	15								X	
03	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	79.60											
07	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	95.51	00	15									
03	11760	SIMPLE RECONSTRUCTION NAIL BED	118.46										X	
07	11760	SIMPLE RECONSTRUCTION NAIL BED	142.15	00	15								X	
03	11762	NAIL RECONSTRUCTION; COMPLICATED	161.72										X	
07	11762	NAIL RECONSTRUCTION; COMPLICATED	194.06	00	15								X	
03	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	74.27										X	
07	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	89.13	00	15								X	
03	11770	SIMPLE EXCISION PILONIDAL CYST	154.00											
07	11770	SIMPLE EXCISION PILONIDAL CYST	184.81	00	15									
03	11771	EXCISE PILONIDAL CYST; EXTENSIVE	318.05											
07	11771	EXCISE PILONIDAL CYST; EXTENSIVE	381.65	00	15									
03	11772	PILONIDAL CYST; COMPLICATED	385.87											
07	11772	PILONIDAL CYST; COMPLICATED	463.04	00	15									
03	11900	INTRALESIONAL INJECTION; UP TO 7	33.21											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	11900	INTRALESIONAL INJECTION; UP TO 7	39.86	00 15									
03	11901	INTRALESIONAL INJECTION; OVER 7	42.51										
07	11901	INTRALESIONAL INJECTION; OVER 7	51.01	00 15									
03	11920	TATOOING; 6SQ CM OR LESS	121.67			X							
03	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	144.22			X							
03	11960	INSERTION OF TISSUE EXPANDER	MP			X							
07	11960	INSERTION OF TISSUE EXPANDER	715.78	00 15		X							
03	11970	REPLACEMENT OF TISSUE EXPANDER WITH	457.46			X						X	
07	11970	REPLACEMENT OF TISSUE EXPANDER WITH	457.46	00 15		X						X	
03	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	361.57			X							
07	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	361.57	00 15		X							
03	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	92.48	10 60			F						
07	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	92.48	10 15			F						
03	11980	IMPLANT HORMONE PELLET(S)	66.03				F						
07	11980	IMPLANT HORMONE PELLET(S)	66.03	00 15			F						
03	11981	INSERT DRUG IMPLANT DEVICE	83.08										
07	11981	INSERT DRUG IMPLANT DEVICE	99.69	00 15									
03	11982	REMOVE DRUG IMPLANT DEVICE	96.07										
07	11982	REMOVE DRUG IMPLANT DEVICE	115.30	00 15									
03	11983	REMOVE/INSERT DRUG IMPLANT	149.96										
07	11983	REMOVE/INSERT DRUG IMPLANT	179.94	00 15									
03	12001	SIMPLE WOUND REPAIR TO 2.5CM	88.16										
07	12001	SIMPLE WOUND REPAIR TO 2.5CM	105.79	00 15									
03	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	94.12										
07	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	112.94	00 15									
03	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	111.24										
07	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	133.47	00 15									
03	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	138.88										
07	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	166.66	00 15									
03	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	172.77										
07	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	207.33	00 15									
03	12007	SIMPLE WOUND REPAIR OVER 30CM	196.03										
07	12007	SIMPLE WOUND REPAIR OVER 30CM	235.24	00 15									
03	12011	SIMPLE WOUND REPAIR TO 2.5CM	93.57										
07	12011	SIMPLE WOUND REPAIR TO 2.5CM	112.29	00 15									
03	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	103.39										
07	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	124.08	00 15									
03	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	122.38										
07	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	146.87	00 15									
03	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	154.00										
07	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	184.81	00 15									
03	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	184.51										
07	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	221.41	00 15									
03	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	168.83										
07	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	202.60	00 15									
02	12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS	41.75										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	12018	SIMPLE WOUND REPAIR OVER 30 CM	208.73											
07	12018	SIMPLE WOUND REPAIR OVER 30 CM	250.48	00	15									
03	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	158.80											
07	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	190.57	00	15									
03	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	95.45											
07	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	114.53	00	15									
03	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	139.33											
07	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	167.20	00	15									
03	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	178.27											
07	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	213.92	00	15									
03	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	177.67											
07	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	213.21	00	15									
03	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	217.01											
07	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	260.41	00	15									
03	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	239.69											
07	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	287.61	00	15									
03	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	270.99											
07	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	325.19	00	15									
03	12041	LAYER CLOSURE WOUND TO 2.5CM	146.39											
07	12041	LAYER CLOSURE WOUND TO 2.5CM	175.66	00	15									
03	12042	LAYER CLOSURE 2.6 TO 7.5CM	170.27											
07	12042	LAYER CLOSURE 2.6 TO 7.5CM	204.32	00	15									
03	12044	LAYER CLOSURE 7.6 TO 12.5CM	197.01											
07	12044	LAYER CLOSURE 7.6 TO 12.5CM	236.40	00	15									
03	12045	LAYER CLOSURE 12.6 TO 20CM	219.50											
07	12045	LAYER CLOSURE 12.6 TO 20CM	263.40	00	15									
03	12046	LAYER CLOSURE 20.1 TO 30CM	260.31											
07	12046	LAYER CLOSURE 20.1 TO 30CM	312.36	00	15									
02	12047	REPAIR, INTERMEDIATE, WOUNDS OF NECK	55.90											
03	12047	LAYER CLOSURE WOUND OVER 30CM	279.52											
07	12047	LAYER CLOSURE WOUND OVER 30CM	335.42	00	15									
03	12051	LAYER CLOSURE WOUND TO 2.5CM	157.15											
07	12051	LAYER CLOSURE WOUND TO 2.5CM	188.60	00	15									
03	12052	LAYER CLOSURE 2.6 TO 5CM	177.69											
07	12052	LAYER CLOSURE 2.6 TO 5CM	213.23	00	15									
03	12053	LAYER CLOSURE 5.1 TO 7.5CM	195.78											
07	12053	LAYER CLOSURE 5.1 TO 7.5CM	234.94	00	15									
03	12054	LAYER CLOSURE 7.6 TO 12.5CM	207.99											
07	12054	LAYER CLOSURE 7.6 TO 12.5CM	249.58	00	15									
03	12055	LAYER CLOSURE 12.6 TO 20CM	251.97											
07	12055	LAYER CLOSURE 12.6 TO 20CM	302.38	00	15									
03	12056	LAYER CLOSURE 20.1 TO 30CM	297.97											
07	12056	LAYER CLOSURE 20.1 TO 30CM	357.57	00	15									
02	12057	REPAIR, INTERMEDIATE, WOUNDS OF FACE	66.50											
03	12057	LAYER CLOSURE WOUND OVER 30CM	332.48											
07	12057	LAYER CLOSURE WOUND OVER 30CM	398.99	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	13100	COMPLEX REPAIR 1.1 TO 2.5CM	187.17											
07	13100	COMPLEX REPAIR 1.1 TO 2.5CM	224.60	00	15									
03	13101	COMPLEX REPAIR 2.6 TO 7.5CM	235.77											
07	13101	COMPLEX REPAIR 2.6 TO 7.5CM	282.92	00	15									
03	13102	REPAIR WOUND/LESION ADD-ON	64.84											
07	13102	REPAIR WOUND/LESION ADD-ON	77.79	00	15									
03	13120	COMPLEX REPAIR 1.1 TO 2.5CM	194.54											
07	13120	COMPLEX REPAIR 1.1 TO 2.5CM	233.46	00	15									
03	13121	COMPLEX REPAIR 2.6 TO 7.5CM	260.75											
07	13121	COMPLEX REPAIR 2.6 TO 7.5CM	312.90	00	15									
03	13122	REPAIR WOUND/LESION ADD-ON	72.74											
07	13122	REPAIR WOUND/LESION ADD-ON	87.29	00	15									
03	13131	COMPLEX REPAIR 1.1 TO 2.5CM	214.91											
07	13131	COMPLEX REPAIR 1.1 TO 2.5CM	257.90	00	15									
03	13132	COMPLEX REPAIR 2.6 TO 7.5CM	344.45											
07	13132	COMPLEX REPAIR 2.6 TO 7.5CM	413.34	00	15									
03	13133	REPAIR WOUND/LESION ADD-ON	103.06											
07	13133	REPAIR WOUND/LESION ADD-ON	123.66	00	15									
03	13151	COMPLEX REPAIR 1.1 TO 2.5CM	244.50											
07	13151	COMPLEX REPAIR 1.1 TO 2.5CM	293.40	00	15									
03	13152	COMPLEX REPAIR 2.6 TO 7.5CM	337.22											
07	13152	COMPLEX REPAIR 2.6 TO 7.5CM	404.66	00	15									
03	13153	REPAIR WOUND/LESION ADD-ON	113.44											
07	13153	REPAIR WOUND/LESION ADD-ON	136.13	00	15									
03	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	505.13											
07	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	606.16	00	15									
03	14000	TISSUE TRANSFER; DEFECT TO 10CM	365.22											
07	14000	TISSUE TRANSFER; DEFECT TO 10CM	438.25	00	15									
03	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	476.64											
07	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	571.97	00	15									
03	14020	TISSUE TRANSFER; TO 10 SQ CM	411.24											
07	14020	TISSUE TRANSFER; TO 10 SQ CM	493.49	00	15									
03	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	522.75											
07	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	627.31	00	15									
03	14040	TISSUE TRANSFER; TO 10 SQ CM	457.95											
07	14040	TISSUE TRANSFER; TO 10 SQ CM	549.54	00	15									
03	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	569.83											
07	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	683.80	00	15									
03	14060	TISSUE TRANSFER; TO 10 SQ CM	467.46											
07	14060	TISSUE TRANSFER; TO 10 SQ CM	560.95	00	15									
03	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	609.96											
07	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	731.96	00	15									
02	14301	ADJACENT TISSUE TRANSFER OR REARRANG	142.41											
03	14301	ADJACENT TISSUE TRANSFER OR REARRANG	712.05											
07	14301	ADJACENT TISSUE TRANSFER OR REARRANG	854.46	00	15									
02	14302	ADJACENT TISSUE TRANSFER OR REARRANG	31.59											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	14302	ADJACENT TISSUE TRANSFER OR REARRANG	157.93										X	
07	14302	ADJACENT TISSUE TRANSFER OR REARRANG	189.51	00	15								X	
03	14350	FILLETED FINGER OR TOE FLAP	468.22											
07	14350	FILLETED FINGER OR TOE FLAP	561.86	00	15									
03	15002	WOUND PREP, TRK/ARM/LEG	200.67											
07	15002	WOUND PREP, TRK/ARM/LEG	240.80	00	15									
03	15003	SURGICAL PREPARATION OR CREATION +	43.68										X	
07	15003	SURGICAL PREPARATION OR CREATION +	52.41	00	15								X	
03	15004	WOUND PREP, F/N/HF/G	244.08											
07	15004	WOUND PREP, F/N/HF/G	292.90	00	15									
03	15005	SURGICAL PREPARATION OR CREATION +	74.40										X	
07	15005	SURGICAL PREPARATION OR CREATION +	89.29	00	15								X	
03	15040	HARVEST CULTURED SKIN GRAFT	149.26											
07	15040	HARVEST CULTURED SKIN GRAFT	179.11	00	15									
03	15050	PINCH GRAFT; DEFECT UP TO 2CM	320.15											
07	15050	PINCH GRAFT; DEFECT UP TO 2CM	384.18	00	15									
03	15100	SPLIT GRAFT; UP TO 100 SQ CM	520.22											
07	15100	SPLIT GRAFT; UP TO 100 SQ CM	624.25	00	15									
03	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	112.94										X	
07	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	135.53	00	15								X	
03	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	517.46											
07	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	620.96	00	15									
03	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	76.79										X	
07	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	92.15	00	15								X	
03	15115	EPIDRM A-GRFT FACE/NCK/HF/G	522.93											
07	15115	EPIDRM A-GRFT FACE/NCK/HF/G	627.50	00	15									
03	15116	EPIDRM A-GRFT F/N/HF/G ADDL	104.09										X	
07	15116	EPIDRM A-GRFT F/N/HF/G ADDL	124.91	00	15								X	
03	15120	SPLIT GRAFT; UP TO 100 SQ CM	564.45											
07	15120	SPLIT GRAFT; UP TO 100 SQ CM	677.34	00	15									
03	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	160.28										X	
07	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	192.33	00	15								X	
03	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	403.95											
07	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	484.74	00	15									
03	15131	DERM AUTOGRAFT T/A/L ADD-ON	62.51										X	
07	15131	DERM AUTOGRAFT T/A/L ADD-ON	75.00	00	15								X	
03	15135	DERM AUTOGRAFT FACE/NCK/HF/G	524.34											
07	15135	DERM AUTOGRAFT FACE/NCK/HF/G	629.21	00	15									
03	15136	DERM AUTOGRAFT, F/N/HF/G ADD	57.95										X	
07	15136	DERM AUTOGRAFT, F/N/HF/G ADD	69.55	00	15								X	
03	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	427.93											
07	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	513.50	00	15									
03	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	81.14											
07	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	97.37	00	15									
03	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	105.23										X	
07	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	126.27	00	15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	450.01										
07	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	540.02	00 15									
03	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	112.37										
07	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	134.86	00 15									
03	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	123.86									X	
07	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	148.63	00 15								X	
03	15200	FULL THICK GRAFT TO 20 SQ CM	481.34										
07	15200	FULL THICK GRAFT TO 20 SQ CM	577.61	00 15									
03	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	88.04									X	
07	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	105.65	00 15								X	
03	15220	FULL THICK GRAFT TO 20 SQ CM	455.81										
07	15220	FULL THICK GRAFT TO 20 SQ CM	546.96	00 15									
03	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	81.71									X	
07	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	98.06	00 15								X	
03	15240	FULL THICK GRAFT TO 20 SQ CM	548.17										
07	15240	FULL THICK GRAFT TO 20 SQ CM	657.81	00 15									
03	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	110.21									X	
07	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	132.25	00 15								X	
03	15260	FULL THICK GRAFT TO 20 SQ CM	593.12										
07	15260	FULL THICK GRAFT TO 20 SQ CM	711.75	00 15									
03	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	128.18									X	
07	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	153.81	00 15								X	
03	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	94.48										
07	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	113.37	00 15									
03	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	17.99									X	
07	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	21.58	00 15								X	
03	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	194.99										
07	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	233.99	00 15									
03	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	45.98										
07	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	55.16	00 15									
03	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	101.91										
07	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	122.28	00 15									
03	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	22.50									X	
07	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	27.00	00 15								X	
03	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	197.65										
07	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	237.18	00 15									
03	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	54.18										
07	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	65.02	00 15									
03	15570	FORMATION OF DIRECT OR TUBED PEDICLE	531.50										
07	15570	FORMATION OF DIRECT OR TUBED PEDICLE	637.80	00 15									
03	15572	FORMATION OF DIRECT OR TUBED PEDICLE	515.59										
07	15572	FORMATION OF DIRECT OR TUBED PEDICLE	618.71	00 15									
03	15574	FORMATION OF DIRECT OR TUBED PEDICLE	543.55										
07	15574	FORMATION OF DIRECT OR TUBED PEDICLE	652.25	00 15									
03	15576	FORMATION OF DIRECT OR TUBED PEDICLE	481.24										
07	15576	FORMATION OF DIRECT OR TUBED PEDICLE	577.49	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	15600	INTERM DELAY FLAP TRUNK	189.09											
07	15600	INTERM DELAY FLAP TRUNK	226.91	00	15									
03	15610	INTERM DELAY FLAP SCALP/LIMBS	192.10											
07	15610	INTERM DELAY FLAP SCALP/LIMBS	230.51	00	15									
03	15620	INTERM DELAY FLAP CHIN/NECK/FEET	255.03											
07	15620	INTERM DELAY FLAP CHIN/NECK/FEET	306.04	00	15									
03	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	269.71											
07	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	323.64	00	15									
03	15650	TRANS INTER ANY PEDICLE FLAP	301.89											
07	15650	TRANS INTER ANY PEDICLE FLAP	362.26	00	15									
03	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,107.63											
07	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,329.16	00	15									
02	15731	FOREHEAD FLAP WITH PRESERVATIO	137.06											
03	15731	FOREHEAD FLAP WITH PRESERVATION OF V	685.31											
07	15731	FOREHEAD FLAP WITH PRESERVATION OF V	822.36	00	15									
02	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	155.73											
03	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	778.67											
07	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	934.40	00	15									
02	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	188.05											
03	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	940.27											
07	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,128.33	00	15									
03	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	832.90											
07	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	999.47	00	15									
02	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	178.30											
03	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	891.50											
07	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,069.82	00	15									
03	15740	ISLAND PEDICLE FLAP GRAFT	605.93											
07	15740	ISLAND PEDICLE FLAP GRAFT	727.12	00	15									
02	15750	NEUROVASCULAR PEDICLE GRAFT	112.98											
03	15750	NEUROVASCULAR PEDICLE GRAFT	564.90											
07	15750	NEUROVASCULAR PEDICLE GRAFT	677.88	00	15									
02	15756	FREE MUSCLE FLAP, MICROVASC	300.76											
03	15756	FREE MUSCLE FLAP, MICROVASC	1,503.80											
07	15756	FREE MUSCLE FLAP, MICROVASC	1,804.55	00	15									
02	15757	FREE SKIN FLAP, MICROVASC	297.02											
03	15757	FREE SKIN FLAP, MICROVASC	1,485.12											
07	15757	FREE SKIN FLAP, MICROVASC	1,782.14	00	15									
02	15758	FREE FASCIAL FLAP, MICROVASC	297.62											
03	15758	FREE FASCIAL FLAP, MICROVASC	1,488.09											
07	15758	FREE FASCIAL FLAP, MICROVASC	1,785.70	00	15									
03	15760	COMPOSITE SKIN GRAFT	505.79											
07	15760	COMPOSITE SKIN GRAFT	606.94	00	15									
03	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	359.74											
07	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	431.69	00	15									
02	15770	DERMA-FAT-FASCIA GRAFT	80.77											
03	15770	DERMA-FAT-FASCIA GRAFT	403.83											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	15770	DERMA-FAT-FASCIA GRAFT	484.60	00 15									
03	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	423.98										
07	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	508.78	00 15									
03	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	135.45										
07	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	162.54	00 15									
03	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	427.82										
07	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	513.39	00 15									
03	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	131.09										
07	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	157.31	00 15									
02	15778	IMPLANTATION OF ABSORBABLE MESH OR	57.51										
03	15778	IMPLANTATION OF ABSORBABLE MESH OR	287.54										
07	15778	IMPLANTATION OF ABSORBABLE MESH OR	345.05	00 15									
03	15820	BLEPHAROPLASTY LOWER EYELIDS	211.77		X								
07	15820	BLEPHAROPLASTY LOWER EYELIDS	517.75	00 15	X								
03	15821	BLEPHAROPLASTY HERNIATED FAT PAD	232.95		X								
07	15821	BLEPHAROPLASTY HERNIATED FAT PAD	586.30	00 15	X								
03	15822	BLEPHAROPLASTY UPPER EYELID	635.36		X								
07	15822	BLEPHAROPLASTY UPPER EYELID	635.36	00 15	X								
03	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90		X								
07	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	698.90	00 15	X								
02	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	146.98		X								
03	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	734.88			X							
07	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	881.85	00 15		X							
02	15840	GRAFT FACIAL NERVE PARALYSIS	125.29										
03	15840	GRAFT FACIAL NERVE PARALYSIS	626.47										
07	15840	GRAFT FACIAL NERVE PARALYSIS	751.76	00 15									
02	15841	FACIAL NERVE PALSY MUSCLE GRAF	210.69										
03	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,053.44										
07	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,264.12	00 15									
02	15842	MICROSUR MUSCLE GRAFT FACE PAL	334.25										
03	15842	MICROSUR MUSCLE GRAFT FACE PALSY	1,671.25										
07	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,005.49	00 15									
02	15845	REANIMATION MUSCLE TRANS FACE	116.94										
03	15845	REANIMATION MUSCLE TRANS FACE	584.72										
07	15845	REANIMATION MUSCLE TRANS FACE	701.66	00 15									
02	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	122.70										
03	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	613.52			X							
07	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	613.52	00 15		X							
03	15852	CHANGE DRESSING UNDER ANESTHESIA	30.92									X	
07	15852	CHANGE DRESSING UNDER ANESTHESIA	37.10	00 15								X	
03	15853	REMOVAL OF SUTURES OR STAPLES NOT RE	7.64										
07	15853	REMOVAL OF SUTURES OR STAPLES NOT RE	9.16	00 15									
03	15854	REMOVAL OF SUTURES AND STAPLES NOT	10.82										
07	15854	REMOVAL OF SUTURES AND STAPLES NOT	12.99	00 15									
03	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	73.03										
07	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	87.63	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	15920	COCCYGECTOMY PRIMARY SUTURE	362.25										
07	15920	COCCYGECTOMY PRIMARY SUTURE	434.71	00 15									
02	15922	COCCYGECTOMY FLAP CLOSURE	92.14										
03	15922	COCCYGECTOMY FLAP CLOSURE	460.72										
07	15922	COCCYGECTOMY FLAP CLOSURE	552.86	00 15									
03	15931	EXCISE SACRAL PRESSURE ULCER	414.82										
07	15931	EXCISE SACRAL PRESSURE ULCER	497.79	00 15									
03	15933	REMOVAL OF PRESSURE SORE	508.91										
07	15933	REMOVAL OF PRESSURE SORE	610.69	00 15									
03	15934	EXCISE,WITH SKIN FLAP CLOSURE	569.64										
07	15934	EXCISE,WITH SKIN FLAP CLOSURE	683.57	00 15									
02	15935	ESC SAC ULCER/FLAP/OSTECTOMY	135.27										
03	15935	ESC SAC ULCER/FLAP/OSTECTOMY	676.36										
07	15935	ESC SAC ULCER/FLAP/OSTECTOMY	811.62	00 15									
03	15936	EXCISE ULCER W/ OTHER FLAP CLO	552.38										
07	15936	EXCISE ULCER W/ OTHER FLAP CLO	662.85	00 15									
03	15937	EXC SAC ULCER/FLAP/OSTECTOMY	645.21										
07	15937	EXC SAC ULCER/FLAP/OSTECTOMY	774.25	00 15									
03	15940	EXC ISCHIAL ULCER DIRECT SUTURE	426.45										
07	15940	EXC ISCHIAL ULCER DIRECT SUTURE	511.74	00 15									
03	15941	EXC ISCHIAL ULCER OSTECTOMY	551.41										
07	15941	EXC ISCHIAL ULCER OSTECTOMY	661.69	00 15									
03	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	543.79										
07	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	652.54	00 15									
03	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	604.05										
07	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	724.86	00 15									
03	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,013.62										
07	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,216.35	00 15									
03	15950	EXC TROCHANTERIC ULCER DIR SUTUR	351.74										
07	15950	EXC TROCHANTERIC ULCER DIR SUTUR	422.07	00 15									
03	15951	EXC TROCHAN ULCER OSTECTOMY	501.94										
07	15951	EXC TROCHAN ULCER OSTECTOMY	602.33	00 15									
02	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	105.67										
03	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	528.36										
07	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	634.04	00 15									
03	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	588.26										
07	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	705.90	00 15									
03	15956	EXC TROCH/ULC FLAP CLOSURE	709.80										
07	15956	EXC TROCH/ULC FLAP CLOSURE	851.76	00 15									
02	15958	TROCH ULC/EXC-FLAP-OSTECTOMYUR	144.66										
03	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	723.30										
07	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	867.97	00 15									
03	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X								
07	15999	UNLISTED EXCISE PRESSURE ULCER	MP	00 15	X								
03	16000	INIT TREAT 1ST DEGREE BURN	41.91										
07	16000	INIT TREAT 1ST DEGREE BURN	50.28	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	16020	DRESS/DEBRID BURN SMALL,NO ANES	48.44									X	
07	16020	DRESS/DEBRID BURN SMALL,NO ANES	58.12	00 15								X	
03	16025	DRESS/DEBRID BURN MED,NO ANESTH	89.27									X	
07	16025	DRESS/DEBRID BURN MED,NO ANESTH	107.12	00 15								X	
03	16030	DRESS/DEBRID BURN LG,NO ANESTH	106.59									X	
07	16030	DRESS/DEBRID BURN LG,NO ANESTH	127.91	00 15								X	
03	16035	ESCHAROTOMY B	138.24										
07	16035	ESCHAROTOMY B	165.90	00 15									
03	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	55.23									X	
07	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	66.27	00 15								X	
03	17000	DESTROY LESION,FACE-1 LESION	46.04										
07	17000	DESTROY LESION,FACE-1 LESION	55.24	00 15									
03	17003	DESTROY 2-14 LESIONS	4.54									X	
07	17003	DESTROY 2-14 LESIONS	5.45	00 15								X	
03	17004	DESTROY 15 & MORE LESIONS	104.58										
07	17004	DESTROY 15 & MORE LESIONS	125.50	00 15									
03	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	206.62										
07	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	247.95	00 15									
03	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	274.84										
07	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	329.80	00 15									
03	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	350.09										
07	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	420.11	00 15									
03	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	63.45										
07	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	76.14	00 15									
03	17111	DESTRUCT LESION, 15 OR MORE	75.67										
07	17111	DESTRUCT LESION, 15 OR MORE	90.79	00 15									
03	17250	CHEMICAL CAUTERY OF WOUND	43.40										
07	17250	CHEMICAL CAUTERY OF WOUND	52.07	00 15									
03	17260	DESTRUCTION, MALIGNANT LESION, ANY M	56.10										
07	17260	DESTRUCTION, MALIGNANT LESION, ANY M	67.32	00 15									
03	17261	DESTRUCTION, MALIGNANT LESION, ANY M	83.05										
07	17261	DESTRUCTION, MALIGNANT LESION, ANY M	99.65	00 15									
03	17262	DESTRUCTION, MALIGNANT LESION, ANY M	101.60										
07	17262	DESTRUCTION, MALIGNANT LESION, ANY M	121.93	00 15									
03	17263	DESTRUCTION, MALIGNANT LESION, ANY M	112.27										
07	17263	DESTRUCTION, MALIGNANT LESION, ANY M	134.72	00 15									
03	17264	DESTRUCTION, MALIGNANT LESION, ANY M	120.24										
07	17264	DESTRUCTION, MALIGNANT LESION, ANY M	144.28	00 15									
03	17266	DESTRUCTION, MALIGNANT LESION, ANY M	136.95										
07	17266	DESTRUCTION, MALIGNANT LESION, ANY M	164.34	00 15									
03	17270	DESTRUCTION, MALIGNANT LESION, ANY M	86.47										
07	17270	DESTRUCTION, MALIGNANT LESION, ANY M	103.76	00 15									
03	17271	DESTRUCTION, MALIGNANT LESION, ANY M	95.64										
07	17271	DESTRUCTION, MALIGNANT LESION, ANY M	114.77	00 15									
03	17272	DESTRUCTION, MALIGNANT LESION, ANY M	109.70										
07	17272	DESTRUCTION, MALIGNANT LESION, ANY M	131.64	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	17273	DESTRUCTION, MALIGNANT LESION, ANY M	122.62										
07	17273	DESTRUCTION, MALIGNANT LESION, ANY M	147.14	00 15									
03	17274	DESTRUCTION, MALIGNANT LESION, ANY M	145.69										
07	17274	DESTRUCTION, MALIGNANT LESION, ANY M	174.82	00 15									
03	17276	DESTRUCTION, MALIGNANT LESION, ANY M	169.67										
07	17276	DESTRUCTION, MALIGNANT LESION, ANY M	203.60	00 15									
03	17280	DESTRUCTION, MALIGNANT LESION, ANY M	81.00										
07	17280	DESTRUCTION, MALIGNANT LESION, ANY M	97.20	00 15									
03	17281	DESTRUCTION, MALIGNANT LESION, ANY M	104.09										
07	17281	DESTRUCTION, MALIGNANT LESION, ANY M	124.91	00 15									
03	17282	DESTRUCTION, MALIGNANT LESION, ANY M	120.78										
07	17282	DESTRUCTION, MALIGNANT LESION, ANY M	144.94	00 15									
03	17283	DESTRUCTION, MALIGNANT LESION, ANY M	146.53										
07	17283	DESTRUCTION, MALIGNANT LESION, ANY M	175.83	00 15									
03	17284	DESTRUCTION, MALIGNANT LESION, ANY M	170.82										
07	17284	DESTRUCTION, MALIGNANT LESION, ANY M	204.98	00 15									
03	17286	DESTRUCTION, MALIGNANT LESION, ANY M	217.63										
07	17286	DESTRUCTION, MALIGNANT LESION, ANY M	261.16	00 15									
03	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	407.82										
07	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	489.38	00 15									
03	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	243.05										
07	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	291.65	00 15									
03	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	371.95										
07	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	446.33	00 15									
03	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	225.24										
07	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	270.30	00 15									
03	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	49.08										
07	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	58.91	00 15									
03	17999	SKIN TISSUE PROCEDURE	MP		X								
07	17999	SKIN TISSUE PROCEDURE	MP	00 15	X								
03	19000	PUNCTURE ASPIRATION BREAST CYSTS	67.41										
07	19000	PUNCTURE ASPIRATION BREAST CYSTS	80.89	00 15									
03	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	17.69									X	
07	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	21.24	00 15								X	
03	19020	MASTOTOMY/DRAIN ABSCESS DEEP	254.98										
07	19020	MASTOTOMY/DRAIN ABSCESS DEEP	305.99	00 15									
03	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	103.89										
07	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	124.67	00 15									
03	19081	Biopsy of breast accessed throught t	443.20										
07	19081	Biopsy of breast accessed throught t	531.85	00 15									
03	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	354.12									X	
07	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	424.95	00 15								X	
03	19083	Biopsy of breast accessed throught t	439.52										
07	19083	Biopsy of breast accessed throught t	527.42	00 15									
03	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	349.00									X	
07	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	418.81	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	661.42											
07	19085	Biopsy of breast accessed throught t	793.70	00	15									
03	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	522.58										X	
07	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	627.11	00	15								X	
03	19100	BREAST BIOPSY NEEDLE	83.57										X	
07	19100	BREAST BIOPSY NEEDLE	100.28	00	15								X	
03	19101	BREAST BIOPSY INCISIONAL	191.50											
07	19101	BREAST BIOPSY INCISIONAL	229.79	00	15									
03	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,265.73											
07	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	1,518.88	00	15									
03	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	266.51											
07	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	319.80	00	15									
03	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	247.91											
07	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	297.49	00	15									
03	19120	EXCISE BREAST LESIONS,1 OR MORE	280.81											
07	19120	EXCISE BREAST LESIONS,1 OR MORE	336.97	00	15									
03	19125	EXCISION OF BREAST LESION IDENTIFIED	311.14											
07	19125	EXCISION OF BREAST LESION IDENTIFIED	373.36	00	15									
03	19126	EXCISION OF BREAST LESION IDENTIFIED	103.88											
07	19126	EXCISION OF BREAST LESION IDENTIFIED	124.65	00	15									
03	19281	PLACEMENT OF BREAST LOCALIZATION DEV	161.97											
07	19281	Placement of breast localization dev	194.38	00	15									
03	19282	PLACEMENT OF BREAST LOCALIZATION DEV	110.97										X	
07	19282	PLACEMENT OF BREAST LOCALIZATION DEV	133.17	00	15								X	
03	19283	Placement of breast localization dev	183.06											
07	19283	Placement of breast localization dev	219.67	00	15									
03	19284	PLACEMENT OF BREAST LOCALIZATION DEV	132.51										X	
07	19284	PLACEMENT OF BREAST LOCALIZATION DEV	159.01	00	15								X	
03	19285	PLACEMENT OF BREAST LOCALIZATION DEV	304.22											
07	19285	Placement of breast localization dev	365.07	00	15									
03	19286	PLACEMENT OF BREAST LOCALIZATION DEV	253.06										X	
07	19286	PLACEMENT OF BREAST LOCALIZATION DEV	303.68	00	15								X	
03	19287	Placement of breast localization dev	562.46											
07	19287	Placement of breast localization dev	674.94	00	15									
03	19288	PLACEMENT OF BREAST LOCALIZATION DEV	444.53										X	
07	19288	PLACEMENT OF BREAST LOCALIZATION DEV	533.43	00	15								X	
03	19294	PREPARATION OF TUMOR CAVITY, WITH PL	125.05										X	
07	19294	PREPARATION OF TUMOR CAVITY, WITH PL	150.06	00	15								X	
03	19296	PLACE PO BREAST CATH FOR RAD	2,248.36											
07	19296	PLACE PO BREAST CATH FOR RAD	2,698.03	00	15									
03	19297	PLACE BREAST CATH FOR RAD	60.00											
07	19297	PLACE BREAST CATH FOR RAD	72.00	00	15									
03	19298	PLACE BREAST RAD TUBE/CATHS	780.65											
07	19298	PLACE BREAST RAD TUBE/CATHS	936.79	00	15									
03	19300	MASTECTOMY FOR GYNECOMASTIA	296.04					M						
07	19300	MASTECTOMY FOR GYNECOMASTIA	355.24	00	15			M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	377.54											
07	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	453.03	00	15									
02	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	108.97											
03	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	544.83											
07	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	653.80	00	15									
02	19303	MASTECTOMY, SIMPLE, COMPLETE	116.82											
03	19303	MASTECTOMY, SIMPLE, COMPLETE	584.09											
07	19303	MASTECTOMY, SIMPLE, COMPLETE	700.91	00	15									
02	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	135.35											
03	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	676.73											
07	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	812.08	00	15									
02	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	141.84											
03	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	709.19											
07	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	851.01	00	15									
02	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	142.72											
03	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	713.60											
07	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	856.32	00	15									
02	19316	MASTOPEXY	115.41					F						
03	19316	MASTOPEXY	577.06				X	F						
02	19318	REDUCTION MAMMAPLASTY	159.39	18	99	X		F						
03	19318	REDUCTION MAMMAPLASTY	796.95	18	99		X							
03	19325	MAMMAPLASTY WITH PROSTHETIC	475.51				X	F					X	
03	19328	REMOVE INTACT MAMMARY IMPLANT	300.20			X		F						
07	19328	REMOVE INTACT MAMMARY IMPLANT	360.23	00	15	X		F						
03	19340	IMMEDIATE INSERTION OF BREAST PROSTH	634.72				X	F						
07	19340	IMMEDIATE INSERTION OF BREAST PROSTH	761.67	00	15		X	F						
03	19342	DELAYED INSERTION OF BREAST PROSTH	569.70				X	F						
07	19342	DELAYED INSERTION OF BREAST PROSTHES	683.63	00	15		X	F						
03	19350	NIPPLE/AREOLA RECONSTRUCTION	511.77				X						X	
07	19350	NIPPLE/AREOLA RECONSTRUCTION	614.12	00	15		X							
02	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	191.04			X							X	
03	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	955.20				X	F						
07	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,146.24	00	15		X	F						
02	19361	BREAST RECONSTRUCTION W LATISSIMUS	205.44			X								
03	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,027.22				X	F						
07	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,232.67	00	15		X	F						
02	19364	RECONSTRUCTION BREAST-FREE FLAP	354.28			X		F						
03	19364	RECONSTRUCTION BREAST-FREE FLAP	1,771.41				X	F						
07	19364	RECONSTRUCTION BREAST-FREE FLAP	2,125.69	00	15		X	F						
02	19367	BREAST RECONSTRUCTION	228.72			X		F						
03	19367	BREAST RECONSTRUCTION	1,143.58				X	F						
07	19367	BREAST RECONSTRUCTION	1,372.29	00	15		X	F						
02	19368	BREAST RECONSTRUCTION	284.68			X		F						
03	19368	BREAST RECONSTRUCTION	1,423.39				X	F						
07	19368	BREAST RECONSTRUCTION	1,708.06	00	15		X	F						
02	19369	BREAST RECONSTRUCTION	258.85			X		F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	19369	BREAST RECONSTRUCTION	1,294.24				X	F						
07	19369	BREAST RECONSTRUCTION	1,553.08	00	15		X	F						
03	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	509.68				X							
03	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	583.39				X							
03	19380	REVISION OF RECONSTRUCTED BREAST	574.79				X							
03	19396	PREP MOULAGE FOR CUSTOM IMPLANT	197.27				X							
02	19499	BREAST SURGERY PROCEDURE	MP			X								
03	19499	BREAST SURGERY PROCEDURE	MP			X								
07	19499	BREAST SURGERY PROCEDURE	MP	00	15	X								
02	20100	EXPLORE WOUND, NECK	75.75											
03	20100	EXPLORE WOUND, NECK	378.73											
07	20100	EXPLORE WOUND, NECK	454.48	00	15									
02	20101	EXPLORE WOUND, CHEST	46.63											
03	20101	EXPLORE WOUND, CHEST	233.14											
07	20101	EXPLORE WOUND, CHEST	279.76	00	15									
03	20102	EXPLORE WOUND, ABDOMEN	273.16											
07	20102	EXPLORE WOUND, ABDOMEN	327.80	00	15									
03	20103	EXPLORE WOUND, EXTREMITY	335.46											
07	20103	EXPLORE WOUND, EXTREMITY	402.56	00	15									
02	20150	EXCISE EPIPHYSEAL BAR	121.84											
03	20150	EXCISE EPIPHYSEAL BAR	609.19											
07	20150	EXCISE EPIPHYSEAL BAR	731.03	00	15									
03	20200	BIOPSY,MUSCLE,SUPERFICIAL	113.03											
07	20200	BIOPSY,MUSCLE,SUPERFICIAL	135.64	00	15									
03	20205	BIOPSY,MUSCLE,DEEP	155.41											
07	20205	BIOPSY,MUSCLE,DEEP	186.48	00	15									
03	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	152.60											
07	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	183.12	00	15									
03	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	106.93											
07	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	128.31	00	15									
03	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	395.96											
07	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	475.16	00	15									
03	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	143.97											
07	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	172.76	00	15									
03	20245	BIOPSY,EXCISIONAL,BONE,DEEP	393.60											
07	20245	BIOPSY,EXCISIONAL,BONE,DEEP	472.32	00	15									
02	20250	BIOPSY,OPEN,VERTEBRAL BODY	47.67											
03	20250	BIOPSY,OPEN,VERTEBRAL BODY	238.33											
07	20250	BIOPSY,OPEN,VERTEBRAL BODY	285.99	00	15									
02	20251	BIOPSY,IPEN VERTEBRAL BODY	52.87											
03	20251	BIOPSY,OPEN,VERTEBRAL BODY	264.36											
07	20251	BIOPSY,OPEN,VERTEBRAL BODY	317.23	00	15									
03	20500	INJECT SINUS TRACT; THERAPEUTIC	71.00											
07	20500	INJECT SINUS TRACT; THERAPEUTIC	85.19	00	15									
03	20501	INJECT SINUS TRACT; DIAGNOSTIC	77.60											
07	20501	INJECT SINUS TRACT; DIAGNOSTIC	93.11	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	20520	REMOVE FOREIGN BODY; SIMPLE	113.63											
07	20520	REMOVE FOREIGN BODY; SIMPLE	136.36	00	15									
03	20525	REMOVE FOREIGN BODY; COMPLICATED	274.51											
07	20525	REMOVE FOREIGN BODY; COMPLICATED	329.41	00	15									
03	20526	THER INJECTION CARPAL TUNNEL	46.85											
07	20526	THER INJECTION CARPAL TUNNEL	56.22	00	15									
03	20527	INJECTION OF ENZYME IN PALM TISSUE	50.26											
07	20527	INJECTION OF ENZYME IN PALM TISSUE	60.32	00	15									
03	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	36.24										X	
07	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	43.49	00	15								X	
03	20551	INJECT TENDON ORIGIN/INSERT	35.79									X		
07	20551	INJECT TENDON ORIGIN/INSERT	42.94	00	15							X		
03	20552	INJECT TRIGGER POINT, 1 OR 2	32.31									X		
07	20552	INJECT TRIGGER POINT, 1 OR 2	38.78	00	15							X		
03	20553	INJECT TRIGGER POINTS, > 3	36.00									X		
07	20553	INJECT TRIGGER POINTS, > 3	43.19	00	15							X		
03	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	218.07											
07	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	261.68	00	15									
03	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	33.91										X	
07	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	40.69	00	15								X	
03	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	52.31											
07	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	62.78	00	15									
03	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	36.24										X	
07	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	43.49	00	15								X	
03	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	58.05											
07	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	69.66	00	15									
03	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	46.59										X	
07	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	55.91	00	15								X	
03	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	67.10											
07	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	80.52	00	15									
03	20612	ASPIRATE/INJ GANGLION CYST	36.31										X	
07	20612	ASPIRATE/INJ GANGLION CYST	43.58	00	15								X	
03	20615	ASPIRATE/INJECTION-BONE CYST	130.66											
07	20615	ASPIRATE/INJECTION-BONE CYST	156.80	00	15									
03	20650	SKELETAL TRACTION; WIRE OR PIN	120.32											
07	20650	SKELETAL TRACTION; WIRE OR PIN	144.39	00	15									
03	20660	APPLY TONGS OR CALIPER AND REMOVE	161.60											
07	20660	APPLY TONGS OR CALIPER AND REMOVE	193.93	00	15									
03	20661	APPLY HALO; CRANIAL	287.60											
07	20661	APPLY HALO; CRANIAL	345.11	00	15									
03	20662	APPLY HALO; PELVIC	295.48											
07	20662	APPLY HALO; PELVIC	354.56	00	15									
03	20663	APPLY HALO; FEMORAL	276.33											
07	20663	APPLY HALO; FEMORAL	331.59	00	15									
03	20664	APPLICATION OF HALO, INCLUDING REMOV	474.20											
07	20664	APPLICATION OF HALO, INCLUDING REMOV	569.04	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	20665	REMOVE HALO OR TONGS BY OTHER MD	74.45										
07	20665	REMOVE HALO OR TONGS BY OTHER MD	89.34	00 15									
03	20670	REMOVE IMPLANT; SUPERFICIAL	227.79										
07	20670	REMOVE IMPLANT; SUPERFICIAL	273.34	00 15									
03	20680	REMOVE IMPLANT; DEEP	353.39										
07	20680	REMOVE IMPLANT; DEEP	424.06	00 15									
03	20690	APPLY ESTERNAL FIXATION SYS,STND CON	339.60										
07	20690	APPLY ESTERNAL FIXATION SYS,STND CON	407.50	00 15									
02	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	126.87										
03	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	634.37										
07	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	761.25	00 15									
03	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	286.75										
07	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	344.10	00 15									
03	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	256.31										
07	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	307.57	00 15									
02	20696	APPLICATION OF MULTIPLANE (PINS OR W	138.97										
03	20696	APPLICATION OF MULTIPLANE (PINS OR W	694.84										
07	20696	APPLICATION OF MULTIPLANE (PINS OR W	833.82	00 15									
02	20697	APPLICATION OF MULTIPLANE (PINS OR W	150.32										
03	20697	APPLICATION OF MULTIPLANE (PINS OR W	751.58										
07	20697	APPLICATION OF MULTIPLANE (PINS OR W	901.90	00 15									
02	20700	MANUAL PREPARATION AND INSERTION OF	12.99										
03	20700	MANUAL PREPARATION AND INSERTION OF	64.93										
07	20700	MANUAL PREPARATION AND INSERTION OF	77.91	00 15									
02	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	9.67										
03	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	48.35										
07	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	58.01	00 15									
02	20702	MANUAL PREPARATION AND INSERTION OF	21.63										
03	20702	MANUAL PREPARATION AND INSERTION OF	108.16										
07	20702	MANUAL PREPARATION AND INSERTION OF	129.79	00 15									
02	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	15.47										
03	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	77.34										
07	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	92.81	00 15									
02	20704	MANUAL PREPARATION AND INSERTION OF	22.54										
03	20704	MANUAL PREPARATION AND INSERTION OF	112.68										
07	20704	MANUAL PREPARATION AND INSERTION OF	135.22	00 15									
02	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	18.52										
03	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	92.58										
07	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	111.10	00 15									
02	20802	REPLANT ARM; COMPLETE AMPUTATION	314.57										
03	20802	REPLANTATION, ARM, COMPLETE	1,572.84										
07	20802	REPLANTATION, ARM, COMPLETE	1,887.41	00 15									
02	20805	REPLANT FOREARM-COMPLETE AMPUTATION	385.36										
03	20805	REPLANT FOREARM-COMPLETE AMPUTATION	1,926.82										
07	20805	REPLANT FOREARM-COMPLETE AMPUTATION	2,312.17	00 15									
02	20808	REPLANT HAND; COMPLETE AMPUTATION	519.23										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	20808	REPLANT HAND; COMPLETE AMPUTATION	2,596.13										
07	20808	REPLANT HAND; COMPLETE AMPUTATION	3,115.35	00 15									
02	20816	REPLANT DIGIT, TOTAL AMPUTATIO	286.83										
03	20816	REPLANT DIGIT, TOTAL AMPUTATION	1,434.15										
07	20816	REPLANT DIGIT, TOTAL AMPUTATION	1,720.99	00 15									
02	20822	REPLANT DIGIT,EXCLUDE THUMB,COMP AMP	243.56									X	
03	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,217.82									X	
07	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,461.38	00 15								X	
02	20824	REPLANT THUMB,COMPLETE AMPUTATION	285.93										
03	20824	REPLANT THUMB,COMPLETE AMPUTATION	1,429.64										
07	20824	REPLANT THUMB,COMPLETE AMPUTATION	1,715.57	00 15									
02	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	251.99										
03	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,259.97										
07	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,511.97	00 15									
02	20838	REPLANT FOOT; TOTAL AMPUTATION	313.40										
03	20838	REPLANT FOOT; TOTAL AMPUTATION	1,567.00										
07	20838	REPLANT FOOT; TOTAL AMPUTATION	1,880.41	00 15									
02	20900	BONE GRAFT; ANY DONOR AREA, SMALL	50.79										
03	20900	BONE GRAFT; ANY DONOR AREA, SMALL	253.97										
07	20900	BONE GRAFT; ANY DONOR AREA, SMALL	304.76	00 15									
02	20902	BONE GRAFT, ANY DONOR AREA;LA	46.73										
03	20902	BONE GRAFT, ANY DONOR AREA; LARGE	233.65										
07	20902	BONE GRAFT, ANY DONOR AREA; LARGE	280.38	00 15									
03	20910	CARTILAGE GRAFT; COSTOCHONDRAL	267.40										
07	20910	CARTILAGE GRAFT; COSTOCHONDRAL	320.88	00 15									
03	20912	CARTILAGE GRAFT;NASAL SEPTUM	300.11										
07	20912	CARTILAGE GRAFT;NASAL SEPTUM	360.13	00 15									
03	20920	FASCIA LATA GRAFT;BY STRIPPER	253.56										
07	20920	FASCIA LATA GRAFT;BY STRIPPER	304.27	00 15									
02	20922	FASCIA LATA GRAFT;BY INCISION	73.96										
03	20922	FASCIA LATA GRAFT;BY INCISION	369.80										
07	20922	FASCIA LATA GRAFT;BY INCISION	443.76	00 15									
02	20924	TENDON GRAFT; DISTANT	63.06										
03	20924	TENDON GRAFT; DISTANT	315.31										
07	20924	TENDON GRAFT; DISTANT	378.37	00 15									
03	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT	135.49										
07	20930	ALLOGRAFT, MORSELIZED, OR PLACEMENT	135.49	00 15									
03	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	74.46										
07	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	89.35	00 15									
02	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	109.89										
03	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	549.47										
07	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	659.37	00 15									
02	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	100.79										
03	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	503.93										
07	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	604.71	00 15									
02	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	109.84										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	549.20											
07	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	659.04	00	15									
02	20936	SPINAL BONE AUTOGRAFT	33.43											
03	20936	SPINAL BONE AUTOGRAFT	167.15											
07	20936	SPINAL BONE AUTOGRAFT	167.15	00	15									
02	20937	SPINAL BONE AUTOGRAFT	22.51											
03	20937	SPINAL BONE AUTOGRAFT	112.57											
07	20937	SPINAL BONE AUTOGRAFT	135.10	00	15									
02	20938	SPINALB ONE AUTOGRAFT	24.53											
03	20938	SPINAL BONE AUTOGRAFT	122.64											
07	20938	SPINAL BONE AUTOGRAFT	147.17	00	15									
03	20939	BONE MARROW ASPIRATION FOR BONE GRAF	50.88											
07	20939	BONE MARROW ASPIRATION FOR BONE GRAF	61.06	00	15									
03	20950	MONITOR INTERSTITIAL FLUID	143.51											
07	20950	MONITOR INTERSTITIAL FLUID	172.21	00	15									
02	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	326.20				X							
03	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	1,631.00				X							
07	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	1,957.20	00	15		X							
02	20956	ILIAC BONE GRAFT, MICROVASC	343.05											
03	20956	ILIAC BONE GRAFT, MICROVASC	1,715.26											
07	20956	ILIAC BONE GRAFT, MICROVASC	2,058.32	00	15									
02	20957	MT BONE GRAFT, MICROVASC	329.63											
03	20957	MT BONE GRAFT, MICROVASC	1,648.15											
07	20957	MT BONE GRAFT, MICROVASC	1,977.78	00	15									
02	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	335.17				X							
03	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	1,675.83				X							
07	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,011.00	00	15		X							
02	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	360.70				X							
03	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	1,803.51				X							
07	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,164.22	00	15		X							
02	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	364.79				X							
03	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	1,823.97				X							
07	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,188.76	00	15		X							
02	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	333.72				X							
03	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	1,668.62				X							
07	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,002.32	00	15		X							
02	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	350.47				X							
03	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	1,752.36				X							
07	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	2,102.84	00	15		X							
03	20979	US BONE STIMULATION	32.88											
07	20979	US BONE STIMULATION	39.46	00	15									
03	20982	ABLATE, BONE TUMOR(S) PERQ	2,169.58											
07	20982	ABLATE, BONE TUMOR(S) PERQ	2,603.48	00	15									
03	20983	ABLATION THERAPY FOR REDUCTION OR ER	4,695.94											
07	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,635.13	00	15									
03	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	99.83											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	119.79	00 15									
02	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP		X								
03	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP		X								
07	20999	UNLISTED PROCEDURE; BONE/ MUSCLE	MP	00 15	X								
03	21010	ARTHROTOMY,JAW,UNILATERAL	455.90										
07	21010	ARTHROTOMY,JAW,UNILATERAL	547.08	00 15									
03	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	210.38										
07	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	252.45	00 15									
02	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	45.55										
03	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	227.75										
07	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	273.30	00 15									
02	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	65.67										
03	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	328.34										
07	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	394.00	00 15									
02	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	70.47										
03	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	352.36										
07	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	422.83	00 15									
03	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	264.33										
07	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	317.20	00 15									
02	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	141.88										
03	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	709.40										
07	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	851.28	00 15									
03	21025	EXCISE BONE;MANDIBLE	538.13										
07	21025	EXCISE BONE;MANDIBLE	645.75	00 15									
03	21026	EXCISE BONE(S);FACIAL	351.13										
07	21026	EXCISE BONE(S);FACIAL	421.35	00 15									
03	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	452.05										
07	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	542.46	00 15									
03	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	294.49										
07	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	353.38	00 15									
03	21031	EXCISION OF TORUS MANDIBULARIS	226.01										
07	21031	EXCISION OF TORUS MANDIBULARIS	271.21	00 15									
03	21032	EXCISION OF MAXILLARY TORUS PALATINU	228.80										
07	21032	EXCISION OF MAXILLARY TORUS PALATINU	274.55	00 15									
02	21034	EXCISE MALIGNANCY OF FACIAL BO	163.14										
03	21034	EXCISE MALIGNANCY OF FACIAL BONE	815.70										
07	21034	EXCISE MALIGNANCY OF FACIAL BONE	978.84	00 15									
03	21040	EXCISE BENIGN CYST;MANDIBLE	296.76										
07	21040	EXCISE BENIGN CYST;MANDIBLE	356.11	00 15									
02	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	109.39										
03	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	546.94										
07	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	656.32	00 15									
02	21045	RADICAL RESECTION OF MANDIBLE	152.74										
03	21045	RADICAL RESECTION OF MANDIBLE	763.70										
07	21045	RADICAL RESECTION OF MANDIBLE	916.43	00 15									
02	21046	REMOVE MANDIBLE CYST COMPLEX	134.83										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	21046	REMOVE MANDIBLE CYST COMPLEX	674.14											
07	21046	REMOVE MANDIBLE CYST COMPLEX	808.97	00	15									
02	21047	EXCISE LWR JAW CYST W/REPAIR	164.30											
03	21047	EXCISE LWR JAW CYST W/REPAIR	821.51											
07	21047	EXCISE LWR JAW CYST W/REPAIR	985.81	00	15									
02	21048	REMOVE MAXILLA CYST COMPLEX	136.59											
03	21048	REMOVE MAXILLA CYST COMPLEX	682.95											
07	21048	REMOVE MAXILLA CYST COMPLEX	819.53	00	15									
02	21049	EXCIS UPPR JAW CYST W/REPAIR	158.11											
03	21049	EXCIS UPPR JAW CYST W/REPAIR	790.55											
07	21049	EXCIS UPPR JAW CYST W/REPAIR	948.67	00	15									
03	21050	TEMPRORMANDIBULAR ARTHRECTOMY	537.78											
07	21050	TEMPRORMANDIBULAR ARTHRECTOMY	645.33	00	15									
02	21060	TEMPOROMANDIBULAR MENISCECTOMY	98.48											
03	21060	TEMPOROMANDIBULAR MENISCECTOMY	492.38											
07	21060	TEMPOROMANDIBULAR MENISCECTOMY	590.83	00	15									
03	21070	CORONOIDECTOMY; UNILATERAL	400.46											
07	21070	CORONOIDECTOMY; UNILATERAL	480.56	00	15									
03	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	218.71									X		
07	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	262.46	00	15							X		
03	21076	PREPARE FACE/ORAL PROSTHESIS	605.61											
07	21076	PREPARE FACE/ORAL PROSTHESIS	726.74	00	15									
03	21077	PREPARE FACE/ORAL PROSTHESIS	1,491.45											
07	21077	PREPARE FACE/ORAL PROSTHESIS	1,789.74	00	15									
03	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,018.46											
07	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,222.16	00	15									
03	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,157.27											
07	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,388.72	00	15									
03	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,054.48											
07	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,265.37	00	15									
03	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	981.55											
07	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,177.85	00	15									
03	21083	IMPRESS & CUST PREP PALAT LIFT PROST	930.18											
07	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,116.22	00	15									
03	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,052.03											
07	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,262.45	00	15									
03	21085	IMPRES & CUST PREP ORAL SURG SPLINT	428.58											
07	21085	IMPRES & CUST PREP ORAL SURG SPLINT	514.31	00	15									
03	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,092.41											
07	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,310.89	00	15									
03	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,086.63											
07	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,303.96	00	15									
03	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,084.49											
07	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	1,084.49	00	15									
03	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP			X								
07	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP	00	15	X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	21100	MAXILLOFACIAL FIXATION	413.59											
07	21100	MAXILLOFACIAL FIXATION	496.31	00	15									
03	21110	INTERDENTAL FIXATION	440.80											
07	21110	INTERDENTAL FIXATION	528.95	00	15									
03	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	87.30											
07	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	104.76	00	15									
03	21120	GENIOPLASTY;AUGMENTATION	366.65											
07	21120	GENIOPLASTY;AUGMENTATION	439.99	00	15									
02	21121	GENIOPLASTY;SLIDING OSTEOTOMY	92.51											
03	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	462.54											
07	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	555.04	00	15									
02	21122	GENIOPLASTY;SLIDING OSTEOTOMIE	88.27											
03	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	441.33											
07	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	529.59	00	15									
02	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	106.30											
03	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	531.51											
07	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	637.82	00	15									
02	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	347.99											
03	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,739.96											
07	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,087.95	00	15									
02	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	414.90											
03	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	2,074.50											
07	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	2,489.38	00	15									
02	21137	REDUCTION FOREHEAD;CONTOURING	90.07											
03	21137	REDUCTION FOREHEAD;CONTOURING ONLY	450.34											
07	21137	REDUCTION FOREHEAD;CONTOURING ONLY	540.40	00	15									
02	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	112.69											
03	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	563.44											
07	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	676.12	00	15									
02	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	125.51											
03	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	627.54											
07	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	753.05	00	15									
02	21141	RECONSTRUCT MIDFACE, LEFORT	169.24											
03	21141	RECONSTRUCT MIDFACE, LEFORT	846.18											
07	21141	RECONSTRUCT MIDFACE, LEFORT	1,015.41	00	15									
02	21142	RECONSTRUCT MIDFACE, LEFORT	167.73											
03	21142	RECONSTRUCT MIDFACE, LEFORT	838.66											
07	21142	RECONSTRUCT MIDFACE, LEFORT	1,006.38	00	15									
02	21143	RECONSTRUCT MIDFACE, LEFORT	172.80											
03	21143	RECONSTRUCT MIDFACE, LEFORT	863.99											
07	21143	RECONSTRUCT MIDFACE, LEFORT	1,036.79	00	15									
02	21145	RECONSTR MIDFACE,LEFORT I;SING	195.33											
03	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	976.66											
07	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,171.99	00	15									
02	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	208.37											
03	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,041.83											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,250.19	00 15									
02	21147	RECONSTR MIDFACE,3 OR MORE PIE	212.78										
03	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,063.91										
07	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,276.69	00 15									
02	21150	RECONSTR MIDFAVE LEFORT II,ANT	212.29										
03	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,061.44										
07	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,273.73	00 15									
02	21151	RECONSTR MIDFACE,LEFORT II,ANY	254.54										
03	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,272.70										
07	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,527.24	00 15									
02	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	258.13										
03	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,290.64										
07	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,548.78	00 15									
02	21155	RECONSTR MIDFACE III W/LEFORT	298.62										
03	21155	RECONSTR MIDFACE III W/LEFORT I	1,493.08										
07	21155	RECONSTR MIDFACE III W/LEFORT I	1,791.69	00 15									
02	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	361.64										
03	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	1,808.22										
07	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,169.87	00 15									
02	21160	RECONSTR MIDFACE,LEF III,FOREH	366.68										
03	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	1,833.38										
07	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,200.06	00 15									
02	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	226.71										
03	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,133.54										
07	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,360.24	00 15									
02	21175	RECON BIFRONT,SUP-LAT ORB RIMS	274.43										
03	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,372.15										
07	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	1,646.58	00 15									
02	21179	RECON ALL OR MAJ FOREHEAD W/GR	187.09										
03	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	935.44										
07	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,122.53	00 15									
02	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	213.65										
03	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,068.27										
07	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,281.92	00 15									
02	21181	REMOVAL/CONTOUR BENIGN TUMOR/C	88.88										
03	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	444.39										
07	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	533.26	00 15									
02	21182	RECON ORB WALLS,RIMS,FOREHEAD	258.26										
03	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,291.32										
07	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	1,549.58	00 15									
02	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	290.65										
03	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	1,453.26										
07	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	1,743.92	00 15									
02	21184	RECON ORB WALLS,RIMS,FOREHEAD	312.39										
03	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	1,561.96										
07	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	1,874.35	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	21188	RECONSTRUCT MIDFACE OSTEOTOMIE	202.73										
03	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,013.65										
07	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,216.38	00 15									
02	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	156.75										
03	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	783.76										
07	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	940.51	00 15									
02	21194	RECONSTR MAND RAMUS W/BONE GRA	178.28										
03	21194	RECONSTR MAND RAMUS W/BONE GRAFT	891.38										
07	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,069.65	00 15									
02	21195	RECONSTR MAND RAMUS W/O RIGID F	166.53										
03	21195	RECONST MAND RAMUS W/O RIGID FIX	832.65										
07	21195	RECONST MAND RAMUS W/O RIGID FIX	999.18	00 15									
02	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	181.92										
03	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	909.62										
07	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,091.54	00 15									
02	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	142.47										
03	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	712.36										
07	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	854.85	00 15									
02	21199	RECONSTR LWR JAW W/ADVANCE	130.24										
03	21199	RECONSTR LWR JAW W/ADVANCE	651.22										
07	21199	RECONSTR LWR JAW W/ADVANCE	781.47	00 15									
02	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	140.26										
03	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	701.28										
07	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	841.53	00 15									
03	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,007.02			X							
07	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,208.42	00 15		X							
02	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	115.65			X							
07	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	584.03	00 15		X							
03	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,200.04										
07	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,440.03	00 15									
03	21215	BONE GRAFT; MANDIBLE	2,017.67										
07	21215	BONE GRAFT; MANDIBLE	2,421.20	00 15									
03	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	480.09										
07	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	576.12	00 15									
03	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	432.13										
07	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	518.54	00 15									
02	21240	TEMPOROMANDIBULAR ARTHROPLASTY	139.35										
03	21240	TEMPOROMANDIBULAR ARTHROPLASTY	696.77										
07	21240	TEMPOROMANDIBULAR ARTHROPLASTY	836.12	00 15									
02	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	127.19										
03	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	635.93										
07	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	763.11	00 15									
02	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	209.56										
03	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,047.78										
07	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,257.33	00 15									
02	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	128.53										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	642.66											
07	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	771.19	00	15									
02	21245	RECON.MAND/MAX,SUBPERI IMPLANT	137.59											
03	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	687.95											
07	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	825.54	00	15									
02	21246	RECON MAND/MAX,SUBPERI IMPLANT	107.10											
03	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	535.51											
07	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	642.61	00	15									
02	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	203.63											
03	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,018.16											
07	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,221.79	00	15									
03	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	651.81											
07	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	782.16	00	15									
03	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	909.88											
07	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,091.85	00	15									
02	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	178.61											
03	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	893.04											
07	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,071.65	00	15									
02	21256	RECONST ORBIT W/OSTEO,W/BONE GRAFTS	146.25											
03	21256	RECON OF ORBIT WITH OSTEOTOMIES	731.23											
07	21256	RECON OF ORBIT WITH OSTEOTOMIES	877.48	00	15									
02	21260	ORBITAL REVISION; EXTRACRANIAL	162.90											
03	21260	ORBITAL REVISION; EXTRACRANIAL	814.49											
07	21260	ORBITAL REVISION; EXTRACRANIAL	977.39	00	15									
02	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	282.91											
03	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,414.53											
07	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	1,697.43	00	15									
02	21263	REVISE ORBIT; ADVANCE FOREHEAD	254.02											
03	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,270.12											
07	21263	REVISE ORBIT; ADVANCE FOREHEAD	1,524.14	00	15									
02	21267	REPOSITION ORBIT; EXTRACRANIAL	190.92											
03	21267	REPOSITION ORBIT; EXTRACRANIAL	954.60											
07	21267	REPOSITION ORBIT; EXTRACRANIAL	1,145.52	00	15									
02	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	240.16											
03	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,200.82											
07	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	1,440.98	00	15									
02	21270	RECONSTRUCT ORBITOFACIAL BONES	109.67											
03	21270	RECONSTRUCT ORBITOFACIAL BONES	548.36											
07	21270	RECONSTRUCT ORBITOFACIAL BONES	658.04	00	15									
02	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	100.84											
03	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	504.22											
07	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	605.06	00	15									
03	21282	LATERAL CANTHOPEXY	275.04	16	20	X								
07	21282	LATERAL CANTHOPEXY	330.05	00	15	X								
02	21299	UNLISTED CRANIOFACIAL MAXILLOFACIAL	MP			X								
03	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP			X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP	00 15	X								
03	21315	DIGITAL MANIPULATION OF NASAL FX	151.72										
07	21315	DIGITAL MANIPULATION OF NASAL FX	182.06	00 15									
03	21320	MANIPULATE NASAL FX; INSTRUMENTAL	146.76										
07	21320	MANIPULATE NASAL FX; INSTRUMENTAL	176.11	00 15									
03	21325	OPEN TREATMENT NASAL FX; SIMPLE	278.02										
07	21325	OPEN TREATMENT NASAL FX; SIMPLE	333.62	00 15									
03	21330	TREATMENT NASAL FX; COMPLICATED	344.29										
07	21330	TREATMENT NASAL FX; COMPLICATED	413.15	00 15									
03	21335	OPEN TREATMENT FX NASAL SEPTUM	449.03										
07	21335	OPEN TREATMENT FX NASAL SEPTUM	538.84	00 15									
03	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	384.32										
07	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	461.17	00 15									
03	21337	CLOSED TREATMENT FX NASAL SEPTUM	229.34										
07	21337	CLOSED TREATMENT FX NASAL SEPTUM	275.22	00 15									
02	21338	OPEN TREATMENT NASOETHMOID FRACTURE	87.96										
03	21338	OPEN TREATMENT NASOETHMOID FRACTURE	439.78										
07	21338	OPEN TREATMENT NASOETHMOID FRACTURE	527.74	00 15									
02	21339	OPEN TREATMENT NASOETHMOID FX,	98.53										
03	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	492.66										
07	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	591.20	00 15									
02	21340	TREAT NASOETHMOID COMPLEX FX	100.13										
03	21340	TREAT NASOETHMOID COMPLEX FX	500.65										
07	21340	TREAT NASOETHMOID COMPLEX FX	600.78	00 15									
02	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	140.93										
03	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	704.65										
07	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	845.58	00 15									
02	21344	OPEN TREATMENT OF COMPLICATED (EG, C	187.41										
03	21344	OPEN TREATMENT OF COMPLICATED (EG, C	937.07										
07	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,124.47	00 15									
03	21345	TREAT NASOMAXILLARY COMPLEX FX	483.94										
07	21345	TREAT NASOMAXILLARY COMPLEX FX	580.73	00 15									
02	21346	OPEN TREATMENT NASOMAXILLARY FX	116.51										
03	21346	OPEN TREATMENT NASOMAXILLARY FX	582.55										
07	21346	OPEN TREATMENT NASOMAXILLARY FX	699.05	00 15									
02	21347	OPEN TREATMENT NASOMAXILLARY FX	135.33										
03	21347	OPEN TREATMENT NASOMAXILLARY FX	676.65										
07	21347	OPEN TREATMENT NASOMAXILLARY FX	811.97	00 15									
02	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	146.64										
03	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	733.21										
07	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	879.86	00 15									
03	21355	MANIPULATE FX OF MALAR AREA	259.75										
07	21355	MANIPULATE FX OF MALAR AREA	311.69	00 15									
03	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	291.20										
07	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	349.43	00 15									
02	21360	TREAT DEPRESSED MALAR FRACTURE	65.27										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	21360	TREAT DEPRESSED MALAR FRACTURE	326.35										
07	21360	TREAT DEPRESSED MALAR FRACTURE	391.62	00 15									
02	21365	TREAT COMPLICATED FX MALAR AREA	137.97										
03	21365	TREAT COMPLICATED FX MALAR AREA	689.84										
07	21365	TREAT COMPLICATED FX MALAR AREA	827.82	00 15									
02	21366	OPEN TREATMENT OF COMPLICATED (EG, C	154.32										
03	21366	OPEN TREATMENT OF COMPLICATED (EG, C	771.62										
07	21366	OPEN TREATMENT OF COMPLICATED (EG, C	925.93	00 15									
02	21385	TREAT ORBITAL FX; TRANSANTRAL	88.03										
03	21385	TREAT ORBITAL FX; TRANSANTRAL	440.17										
07	21385	TREAT ORBITAL FX; TRANSANTRAL	528.20	00 15									
02	21386	TREAT ORBITAL FX; PERIORBITAL	82.59										
03	21386	TREAT ORBITAL FX; PERIORBITAL	412.93										
07	21386	TREAT ORBITAL FX; PERIORBITAL	495.50	00 15									
02	21387	TREAT ORBITAL FX; COMBINATION	92.02										
03	21387	TREAT ORBITAL FX; COMBINATION	460.09										
07	21387	TREAT ORBITAL FX; COMBINATION	552.10	00 15									
02	21390	TREAT ORBITAL FX WITH IMPLANT	95.27										
03	21390	TREAT ORBITAL FX WITH IMPLANT	476.35										
07	21390	TREAT ORBITAL FX WITH IMPLANT	571.63	00 15									
02	21395	TREAT ORBITAL FX WITH BONE GRAFT	120.99										
03	21395	TREAT ORBITAL FX WITH BONE GRAFT	604.95										
07	21395	TREAT ORBITAL FX WITH BONE GRAFT	725.94	00 15									
03	21400	TREAT FX OF ORBIT W/O MANIPULATION	103.85										
07	21400	TREAT FX OF ORBIT W/O MANIPULATION	124.62	00 15									
02	21401	ORBIT "BLOWOUT" WITH MANIPULATION	55.20										
03	21401	TREAT FX OF ORBIT WITH MANIPULATION	276.01										
07	21401	TREAT FX OF ORBIT WITH MANIPULATION	331.20	00 15									
02	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	66.63										
03	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	333.14										
07	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	399.76	00 15									
02	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	79.15										
03	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	395.73										
07	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	474.88	00 15									
02	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	109.31										
03	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	546.56										
07	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	655.87	00 15									
03	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	428.30										
07	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	513.98	00 15									
02	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	82.51										
03	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	412.55										
07	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	495.06	00 15									
02	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	98.43										
03	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	492.15										
07	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	590.57	00 15									
02	21431	TREAT CRANIOFACIAL SEPARATION	88.66										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	21431	TREAT CRANIOFACIAL SEPARATION	443.28										
07	21431	TREAT CRANIOFACIAL SEPARATION	531.94	00 15									
02	21432	OPEN TX CRANIOFACIAL SEPARATIO	82.09										
03	21432	OPEN TX CRANIOFACIAL SEPARATION	410.43										
07	21432	OPEN TX CRANIOFACIAL SEPARATION	492.52	00 15									
02	21433	COMPLICATED TX CRANIOFACIAL FX	213.89										
03	21433	COMPLICATED TX CRANIOFACIAL FX	1,069.45										
07	21433	COMPLICATED TX CRANIOFACIAL FX	1,283.34	00 15									
02	21435	COMPLICATED TX CRANIOFACIAL FX	168.05										
03	21435	COMPLICATED TX CRANIOFACIAL FX	840.24										
07	21435	COMPLICATED TX CRANIOFACIAL FX	1,008.28	00 15									
02	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	247.84										
03	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,239.20										
07	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	1,487.04	00 15									
03	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	307.57										
07	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	369.09	00 15									
02	21445	OPEN TREATMENT ALVEOLAR RIDGE	88.50										
03	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	442.49										
07	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	530.99	00 15									
03	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	320.23										
07	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	384.27	00 15									
03	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	426.53										
07	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	511.82	00 15									
03	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	342.57										
07	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	411.09	00 15									
03	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	494.04										
07	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	592.83	00 15									
02	21454	OPEN TREATMENT MANDIBULAR FRACTURE	68.00										
03	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	340.00										
07	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	408.00	00 15									
02	21461	TREAT MANDIBULAR FX W/O FIXATION	219.71										
03	21461	TREAT MANDIBULAR FX W/O FIXATION	1,098.53										
07	21461	TREAT MANDIBULAR FX W/O FIXATION	1,318.23	00 15									
02	21462	TREAT MANDIBULAR FX WITH FIXAT	238.33										
03	21462	TREAT MANDIBULAR FX WITH FIXATION	1,191.67										
07	21462	TREAT MANDIBULAR FX WITH FIXATION	1,430.02	00 15									
02	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	113.49										
03	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	567.46									X	
07	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	680.94	00 15								X	
02	21470	TREAT COMPLICATED MANDIBULAR FX	148.35										
03	21470	TREAT COMPLICATED MANDIBULAR FX	741.74										
07	21470	TREAT COMPLICATED MANDIBULAR FX	890.09	00 15									
03	21480	TX TEMPOROMANDIBULAR DISLOCATION	52.83										
07	21480	TX TEMPOROMANDIBULAR DISLOCATION	63.40	00 15									
03	21485	TEMPOROMANDIBULAR MANIPULATION	380.09										
07	21485	TEMPOROMANDIBULAR MANIPULATION	456.10	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	21490	OPEN TX TEMPOROMANDIBULAR DISL	115.55											
03	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	577.76											
07	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	693.32	00	15									
02	21499	UNLISTED PROCEDURE; HEAD	MP			X								
03	21499	UNLISTED PROCEDURE; HEAD	MP			X								
07	21499	UNLISTED PROCEDURE; HEAD	MP	00	15	X								
03	21501	I & D DEEP ABSCESS OR HEMATOMA	257.67											
07	21501	I & D DEEP ABSCESS OR HEMATOMA	309.21	00	15									
02	21502	I & D WITH PARTIAL RIB REMOVAL	65.18											
03	21502	I & D WITH PARTIAL RIB REMOVAL	325.88											
07	21502	I & D WITH PARTIAL RIB REMOVAL	391.07	00	15									
03	21510	INCISION WITH OPENING OF BONE CORTEX	286.29											
07	21510	INCISION WITH OPENING OF BONE CORTEX	343.56	00	15									
03	21550	EXCISIONAL BIOPSY SOFT TISSUES	150.17											
07	21550	EXCISIONAL BIOPSY SOFT TISSUES	180.20	00	15									
02	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	60.96											
03	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	304.82											
07	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	365.80	00	15									
02	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	100.24											
03	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	501.21											
07	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	601.45	00	15									
03	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	256.90											
07	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	308.27	00	15									
03	21556	EXCISE BENIGN TUMOR; DEEP	255.58											
07	21556	EXCISE BENIGN TUMOR; DEEP	306.70	00	15									
02	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	73.11											
03	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	365.57											
07	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	438.68	00	15									
02	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	188.43											
03	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	942.13											
07	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,130.56	00	15									
02	21600	EXCISION OF RIB; PARTIAL	68.40											
03	21600	EXCISION OF RIB; PARTIAL	342.01											
07	21600	EXCISION OF RIB; PARTIAL	410.41	00	15									
02	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	180.81										X	
03	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	904.07										X	
07	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,084.89	00	15								X	
02	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	240.54											
03	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,202.68											
07	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,443.21	00	15									
02	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	267.07											
03	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,335.35											
07	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,602.41	00	15									
02	21610	COSTOTRANSVERSECTOMY	135.86											
03	21610	COSTOTRANSVERSECTOMY	679.32											
07	21610	COSTOTRANSVERSECTOMY	815.19	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	21615	EXCISION CERVICAL RIB	85.24										
03	21615	EXCISION CERVICAL RIB	426.22										
07	21615	EXCISION CERVICAL RIB	511.47	00 15									
02	21616	EXCISE RIB WITH SYMPATHECTOMY	108.53										
03	21616	EXCISE RIB WITH SYMPATHECTOMY	542.67										
07	21616	EXCISE RIB WITH SYMPATHECTOMY	651.19	00 15									
02	21620	OSTECTOMY OF STERNUM; PARTIAL	65.28										
03	21620	OSTECTOMY OF STERNUM; PARTIAL	326.40										
07	21620	OSTECTOMY OF STERNUM; PARTIAL	391.67	00 15									
02	21627	STERNAL DEBRIDEMENT	68.38										
03	21627	STERNAL DEBRIDEMENT	341.92										
07	21627	STERNAL DEBRIDEMENT	410.31	00 15									
02	21630	RADICAL RESECTION OF STERNUM	160.77										
03	21630	RADICAL RESECTION OF STERNUM	803.87										
07	21630	RADICAL RESECTION OF STERNUM	964.64	00 15									
02	21632	MEDIASTINAL LYMPHADENECTOMY	159.55										
03	21632	MEDIASTINAL LYMPHADENECTOMY	797.75										
07	21632	MEDIASTINAL LYMPHADENECTOMY	957.31	00 15									
02	21685	HYOID MYOTOMY & SUSPENSION	123.99										
03	21685	HYOID MYOTOMY & SUSPENSION	619.97										
07	21685	HYOID MYOTOMY & SUSPENSION	743.96	00 15									
02	21700	DIVISION OF SCALENUS ANTICUS	52.43										
03	21700	DIVISION OF SCALENUS ANTICUS	262.13										
07	21700	DIVISION OF SCALENUS ANTICUS	314.55	00 15									
02	21705	DIVIDE SCALENUS AND RESECTION	82.17										
03	21705	DIVIDE SCALENUS AND RESECTION RIB	410.85										
07	21705	DIVIDE SCALENUS AND RESECTION RIB	493.02	00 15									
02	21720	DIVISION STERNOCLEIDOMASTOID	51.38										
03	21720	DIVISION STERNOCLEIDOMASTOID	256.88										
07	21720	DIVISION STERNOCLEIDOMASTOID	308.25	00 15									
02	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	66.58										
03	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	332.89										
07	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	399.46	00 15									
02	21740	RECONSTRUCT PECTUS EXCAVATUM	139.26		X								
03	21740	RECONSTRUCT PECTUS EXCAVATUM	696.28		X								
07	21740	RECONSTRUCT PECTUS EXCAVATUM	835.53	00 15	X								
02	21742	REPAIR STERN/NUSS W/O SCOPE	MP		X								
03	21742	REPAIR STERN/NUSS W/O SCOPE	MP		X								
07	21742	REPAIR STERN/NUSS W/O SCOPE	MP	00 15	X								
02	21743	REPAIR STERNUM/NUSS W/SCOPE	696.28		X								
03	21743	REPAIR STERNUM/NUSS W/SCOPE	696.28		X								
07	21743	REPAIR STERNUM/NUSS W/SCOPE	696.28	00 15	X								
02	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	92.32									X	
03	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	461.60										
07	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	553.91	00 15									
02	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	93.72										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	468.58											
07	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	562.29	00	15									
02	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	112.43											
03	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	562.14											
07	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	674.57	00	15									
02	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	152.92											
03	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	764.61											
07	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	917.53	00	15									
03	21820	TREAT STERNUM FRACTURE; CLOSED	77.56											
07	21820	TREAT STERNUM FRACTURE; CLOSED	93.07	00	15									
02	21825	TREAT STERNUM FRACTURE; OPEN	70.82											
03	21825	TREAT STERNUM FRACTURE; OPEN	354.11											
07	21825	TREAT STERNUM FRACTURE; OPEN	424.93	00	15									
02	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X								
03	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP			X								
07	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP	00	15	X								
03	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	149.71											
07	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	179.65	00	15									
03	21925	BX,SFT TISS-BACK/FLANK; DEEP	252.35											
07	21925	BX,SFT TISS-BACK/FLANK; DEEP	302.82	00	15									
03	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	281.50											
07	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	337.79	00	15									
02	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	63.83											
03	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	319.17											
07	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	383.00	00	15									
02	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	91.61											
03	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	458.07											
07	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	549.70	00	15									
02	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	101.12											
03	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	505.59											
07	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	606.70	00	15									
03	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	737.57											
07	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	885.08	00	15									
02	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	196.27											
03	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	981.35											
07	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,177.61	00	15									
03	22010	INCISION AND DRAINAGE, OPEN OF DEEP	562.70											
07	22010	I&D, P-SPINE, C/T/CERV-THOR	675.24	00	15									
03	22015	I&D, P-SPINE, L/S/LS	559.39											
07	22015	I&D, P-SPINE, L/S/LS	671.27	00	15									
02	22100	RESECT VERTEBRA,CERVICAL	102.23											
03	22100	RESECT VERTEBRA,CERVICAL	511.16											
07	22100	RESECT VERTEBRA,CERVICAL	613.38	00	15									
02	22101	RESECT VERTEBRA,THORACIC	101.67											
03	22101	RESECT VERTEBRA,THORACIC	508.37											
07	22101	RESECT VERTEBRA,THORACIC	610.04	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	22102	RESECT VERTEBRA,LUMBAR	101.26											
03	22102	RESECT VERTEBRA,LUMBAR	506.32											
07	22102	RESECT VERTEBRA,LUMBAR	607.57	00	15									
02	22103	REMOVE EXTRA SPINE SEGMENT	18.82											
03	22103	REMOVE EXTRA SPINE SEGMENT	94.09											
07	22103	REMOVE EXTRA SPINE SEGMENT	112.90	00	15									
02	22110	EXCISE CERVICAL VERTEBRA	127.38											
03	22110	EXCISE CERVICAL VERTEBRA	636.92											
07	22110	EXCISE CERVICAL VERTEBRA	764.29	00	15									
02	22112	EXCISE THORACIC VERTEBRA	123.37											
03	22112	EXCISE THORACIC VERTEBRA	616.83											
07	22112	EXCISE THORACIC VERTEBRA	740.19	00	15									
02	22114	EXCISE LUMBAR VERTEBRAE FOR OS	126.46											
03	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	632.31											
07	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	758.77	00	15									
02	22116	REMOVE EXTRA SPINE SEGMENT	18.81											
03	22116	REMOVE EXTRA SPINE SEGMENT	94.04											
07	22116	REMOVE EXTRA SPINE SEGMENT	112.85	00	15									
02	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	380.53											
03	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	1,902.65											
07	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,283.18	00	15									
02	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	372.53											
03	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	1,862.67											
07	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,235.20	00	15									
02	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	91.58										X	
03	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	457.88										X	
07	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	549.45	00	15								X	
02	22210	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	224.26											
03	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,121.31											
07	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,345.58	00	15									
02	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	184.54											
03	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	922.70											
07	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,107.25	00	15									
02	22214	OSTEOTOMY,SPINE,CORR DEFORM;THORACIC	185.61											
03	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	928.03											
07	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,113.63	00	15									
02	22216	REVISE, EXTRA SPINE SEGMENT	49.24											
03	22216	REVISE, EXTRA SPINE SEGMENT	246.18											
07	22216	REVISE, EXTRA SPINE SEGMENT	295.42	00	15									
02	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	202.21											
03	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,011.05											
07	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,213.25	00	15									
02	22222	OSTEOTOMY SPINE,CORR DEFORM;TH	184.79											
03	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	923.96											
07	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,108.74	00	15									
02	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	199.06											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	995.30											
07	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,194.36	00	15									
02	22226	REVISE, EXTRA SPINE SEGMENT	49.05											
03	22226	REVISE, EXTRA SPINE SEGMENT	245.26											
07	22226	REVISE, EXTRA SPINE SEGMENT	294.33	00	15									
03	22310	TR VERT BODY FX/DISLOCATION EACH	174.90											
07	22310	TR VERT BODY FX/DISLOCATION EACH	209.89	00	15									
03	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	521.63											
07	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	625.97	00	15									
02	22318	TREAT ADONTOID FX W/O GRAFT	202.27											
03	22318	TREAT ODONTOID FX W/O GRAFT	1,011.33											
07	22318	TREAT ODONTOID FX W/O GRAFT	1,213.59	00	15									
02	22319	TREAT ODONTOID FX W/GRAFT	222.82											
03	22319	TREAT ODONTOID FX W/GRAFT	1,114.10											
07	22319	TREAT ODONTOID FX W/GRAFT	1,336.92	00	15									
02	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	175.93											
03	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	879.63											
07	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,055.55	00	15									
02	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	184.06											
03	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	920.29											
07	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,104.35	00	15									
02	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	182.04											
03	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	910.22											
07	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,092.27	00	15									
02	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	37.09											
03	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	185.44											
07	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	222.52	00	15									
03	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,225.56											
07	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,470.67	00	15									
03	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,212.47											
07	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,454.96	00	15									
03	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	680.32										X	
07	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	816.38	00	15								X	
03	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,004.20											
07	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	6,005.03	00	15									
03	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	4,974.83											
07	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,969.80	00	15									
03	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,014.09										X	
07	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	3,616.90	00	15								X	
03	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,127.98											
07	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	1,353.57	00	15									
03	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	868.10											
07	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	1,041.71	00	15									
02	22532	LAT THORAX SPINE FUSION	219.07											
03	22532	LAT THORAX SPINE FUSION	1,095.36											
07	22532	LAT THORAX SPINE FUSION	1,314.42	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	22533	LAT LUMBAR SPINE FUSION	205.14											
03	22533	LAT LUMBAR SPINE FUSION	1,025.72											
07	22533	LAT LUMBAR SPINE FUSION	1,230.86	00	15									
02	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	48.57										X	
03	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	242.86										X	
07	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	291.43	00	15								X	
02	22548	ARTHRODESIS,W/BONE GRAFT	234.40											
03	22548	ANTHRODESIS,W/BONE GRAFT	1,172.02											
07	22548	ANTHRODESIS,W/BONE GRAFT	1,406.43	00	15									
02	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	175.15											
03	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	875.77											
07	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,050.93	00	15									
02	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	40.89										X	
03	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	204.43										X	
07	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	245.31	00	15								X	
02	22554	ARTHRODESIS,W/BONE ALLOGRAFT	162.48											
03	22554	ARTHRODESIS,W/BONE ALLOGRAFT	812.41											
07	22554	ARTHRODESIS,W/BONE ALLOGRAFT	974.88	00	15									
02	22556	ARTHRODESIS,THORACIC,BONE/BONE ALLOG	209.20											
03	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,046.01											
07	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,255.21	00	15									
02	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	191.43											
03	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	957.17											
07	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,148.60	00	15									
02	22585	ARTHRODESIS-EACH ADD INTERSPACE	45.00										X	
03	22585	ARTHRODESIS-EACH ADD.INTERSPACE	225.02										X	
07	22585	ARTHRODESIS-EACH ADD.INTERSPACE	270.02	00	15								X	
02	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	206.18											
03	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	1,030.89											
07	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	1,237.06	00	15									
02	22590	ARTHRODESIS,W/BONE ALLO/INT FIX	194.52											
03	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	972.62											
07	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,167.15	00	15									
02	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	184.48											
03	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	922.38											
07	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,106.86	00	15									
02	22600	ARTHRODESIS,POST TECH.,BELOW C1	157.90											
03	22600	ARTHRODESIS,POST.TECH.,BELOW C1	789.49											
07	22600	ARTHRODESIS,POST.TECH.,BELOW C1	947.39	00	15									
02	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	155.67											
03	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	778.37											
07	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	934.04	00	15									
02	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	202.10											
03	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,010.49											
07	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,212.60	00	15									
02	22614	SPINE FUSION, EXTRA SEGMENT	52.40										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	22614	SPINE FUSION, EXTRA SEGMENT	262.01									X	
07	22614	SPINE FUSION, EXTRA SEGMENT	314.40	00 15								X	
02	22630	ARTHRODESIS,LOC/BONE ALLO...;LUMBAR	194.68										
03	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	973.41										
07	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,168.09	00 15									
02	22632	SPINE FUSION, EXTRA SEGMENT	42.63										
03	22632	SPINE FUSION, EXTRA SEGMENT	213.13										
07	22632	SPINE FUSION, EXTRA SEGMENT	255.77	00 15									
02	22633	FUSION OF LOWER SPINE BONES WITH REM	246.51			X							
03	22633	FUSION OF LOWER SPINE BONES WITH REM	1,232.56			X							
07	22633	FUSION OF LOWER SPINE BONES WITH REM	1,479.08	00 15		X							
02	22634	FUSION OF LOWER SPINE BONES WITH REM	66.73										
03	22634	FUSION OF LOWER SPINE BONES WITH REM	333.65										
07	22634	FUSION OF LOWER SPINE BONES WITH REM	400.38	00 15									
02	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	171.35										
03	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	856.77										
07	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,028.12	00 15									
02	22802	FUSE PRIMARY 7/MORE VERTEBRAE	273.43										
03	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,367.14										
07	22802	FUSE PRIMARY 7/MORE VERTEBRAE	1,640.57	00 15									
02	22804	FUSION OF SPINE	315.91										
03	22804	FUSION OF SPINE	1,579.55										
07	22804	FUSION OF SPINE	1,895.47	00 15									
02	22808	FUSION OF SPINE	232.23										
03	22808	FUSION OF SPINE	1,161.17										
07	22808	FUSION OF SPINE	1,393.40	00 15									
02	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	258.93										
03	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,294.66										
07	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	1,553.61	00 15									
02	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	282.73										
03	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	1,413.63										
07	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	1,696.36	00 15									
02	22818	KYPHECTOMY, 1-2 SEGMENTS	286.65										
03	22818	KYPHECTOMY, 1-2 SEGMENTS	1,433.24										
07	22818	KYPHECTOMY, 1-2 SEGMENTS	1,719.90	00 15									
02	22819	KYPHECTOMY, 3 & MORE SEGMENT	330.46										
03	22819	KYPHECTOMY, 3 & MORE SEGMENT	1,652.29										
07	22819	KYPHECTOMY, 3 & MORE SEGMENT	1,982.74	00 15									
02	22830	EXPLORE SPINAL FUSION	102.04										
03	22830	EXPLORE SPINAL FUSION	510.21										
07	22830	EXPLORE SPINAL FUSION	612.25	00 15									
02	22840	POSTERIOR INSTRU(NO SEG FIX)	102.41										
03	22840	POSTERIOR INSTRU(NO SEG FIX)	512.05										
07	22840	POSTERIOR INSTRU(NO SEG FIX)	614.45	00 15									
02	22842	POST.INSTRUMENTATION;SEGMENTAL FIX.	102.57										
03	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	512.84										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	615.40	00 15									
02	22843	INSERT SPINE FIXATION DEVICE	109.13										
03	22843	INSERT SPINE FIXATION DEVICE	545.64										
07	22843	INSERT SPINE FIXATION DEVICE	654.77	00 15									
02	22844	INSERT SPINE FIXATION DEVICE	133.20										
03	22844	INSERT SPINE FIXATION DEVICE	666.00										
07	22844	INSERT SPINE FIXATION DEVICE	799.21	00 15									
02	22845	ARTHRODESIS;ANTERIOR INSTRUMENTATION	98.23										
03	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	491.17										
07	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	589.40	00 15									
02	22846	INSERT SPINE FIXATION DEVICE	101.98										
03	22846	INSERT SPINE FIXATION DEVICE	509.91										
07	22846	INSERT SPINE FIXATION DEVICE	611.90	00 15									
02	22847	INSERT SPINE FIXATION DEVICE	112.17										
03	22847	INSERT SPINE FIXATION DEVICE	560.84										
07	22847	INSERT SPINE FIXATION DEVICE	673.01	00 15									
02	22848	INSERT PELVIC FIXATIONDEVICE	48.52										
03	22848	INSERT PELVIC FIXATIONDEVICE	242.60										
07	22848	INSERT PELVIC FIXATIONDEVICE	291.11	00 15									
02	22849	REINSERT SPINAL FIXATION DEVICE	166.32										
03	22849	REINSERT SPINAL FIXATION DEVICE	831.60										
07	22849	REINSERT SPINAL FIXATION DEVICE	997.92	00 15									
02	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	90.24										
03	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	451.22										
07	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	541.46	00 15									
02	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	86.18										
03	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	430.89										
07	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	517.08	00 15									
02	22853	INSERTION OF INTERBODY BIOMECHANICAL	41.37									X	
03	22853	INSERTION OF INTERBODY BIOMECHANICAL	206.87									X	
07	22853	INSERTION OF INTERBODY BIOMECHANICAL	248.24	00 15								X	
02	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	53.55									X	
03	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	267.77									X	
07	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	321.33	00 15								X	
02	22855	REMOVE ANTERIOR INSTRUMENTATION	140.95										
03	22855	REMOVE ANTERIOR INSTRUMENTATION	704.73										
07	22855	REMOVE ANTERIOR INSTRUMENTATION	845.67	00 15									
02	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	211.51										
03	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,057.53										
07	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,269.03	00 15									
02	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	218.27										
03	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,091.33										
07	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,309.59	00 15									
02	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	78.43										
03	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	392.15										
07	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	470.57	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	53.55										X	
03	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	267.77										X	
07	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	321.33	00	15								X	
03	22860	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	MP			X								
07	22860	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	MP	00	15	X								
02	22861	REVISION INCLUDING REPLACEMENT OF TO	258.67											
03	22861	REVISION INCLUDING REPLACEMENT OF TO	1,293.33											
07	22861	REVISION INCLUDING REPLACEMENT OF TO	1,551.98	00	15									
02	22862	REVISION INCLUDING REPLACEMENT OF TO	254.85											
03	22862	REVISION INCLUDING REPLACEMENT OF TO	1,274.24											
07	22862	REVISION INCLUDING REPLACEMENT OF TO	1,529.08	00	15									
02	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	239.33											
03	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,196.67											
07	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,436.00	00	15									
02	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY	269.90											
03	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,349.52											
07	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	1,619.43	00	15									
02	22867	INSERTION OF INTERLAMINAR/INTERSPINO	151.78											
03	22867	INSERTION OF INTERLAMINAR/INTERSPINO	758.90											
07	22867	INSERTION OF INTERLAMINAR/INTERSPINO	910.67	00	15									
02	22868	INSERTION OF INTERLAMINAR/INTERSPINO	38.60											
03	22868	INSERTION OF INTERLAMINAR/INTERSPINO	192.98											
07	22868	INSERTION OF INTERLAMINAR/INTERSPINO	231.57	00	15									
02	22869	INSERTION OF INTERLAMINAR/INTERSPINO	82.57											
03	22869	INSERTION OF INTERLAMINAR/INTERSPINO	412.84											
07	22869	INSERTION OF INTERLAMINAR/INTERSPINO	495.41	00	15									
02	22870	INSERTION OF INTERLAMINAR/INTERSPINO	22.46											
03	22870	INSERTION OF INTERLAMINAR/INTERSPINO	112.29											
07	22870	INSERTION OF INTERLAMINAR/INTERSPINO	134.75	00	15									
02	22899	SPINE SURGERY PROCEDURE	MP			X								
03	22899	SPINE SURGERY PROCEDURE	MP			X								
07	22899	SPINE SURGERY PROCEDURE	MP	00	15	X								
02	22900	EXC TUMOR ABDOMEN WALL SUBFASC	51.27											
03	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	256.33											
07	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	307.58	00	15									
02	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	92.32											
03	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	461.59											
07	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	519.29	00	15									
03	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	281.90											
07	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	338.28	00	15									
02	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	59.68											
03	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	298.41											
07	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	358.09	00	15									
02	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	141.78											
03	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	708.90											
07	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	850.69	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	183.81											
03	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	919.07											
07	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,102.88	00	15									
02	22999	ABDOMEN SURGERY PROCEDURE	MP			X								
03	22999	ABDOMEN SURGERY PROCEDURE	MP			X								
07	22999	ABDOMEN SURGERY PROCEDURE	MP	00	15	X								
02	23000	REMOVE SUBDELTOID CAL DEPOSITS	62.65											
03	23000	REMOVE SUBDELTOID CAL DEPOSITS	313.26											
07	23000	REMOVE SUBDELTOID CAL DEPOSITS	375.92	00	15									
02	23020	RELEASE SHOULDER MUSCLE ERBS P	86.26											
03	23020	RELEASE SHOULDER MUSCLE ERBS PAL	431.29											
07	23020	RELEASE SHOULDER MUSCLE ERBS PAL	517.54	00	15									
03	23030	I&D SHOULDER DEEP ABSC HEMATOMA	250.00											
07	23030	I&D SHOULDER DEEP ABSC HEMATOMA	300.00	00	15									
03	23031	I&D INFECTED SHOULDER BURSA	226.70											
07	23031	I&D INFECTED SHOULDER BURSA	272.03	00	15									
02	23035	I&D DEEP CORTEX/BONE ABSC SHOULD	85.40											
03	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	427.00											
07	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	512.39	00	15									
02	23040	ARTHROTOMY REMOVE FOREIGN BODY	89.82											
03	23040	ARTHROTOMY REMOVE FOREIGN BODY	449.11											
07	23040	ARTHROTOMY REMOVE FOREIGN BODY	538.94	00	15									
03	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	355.43											
07	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	426.53	00	15									
03	23065	BIOPSY SHOULDER SUPERFICIAL	127.65											
07	23065	BIOPSY SHOULDER SUPERFICIAL	153.17	00	15									
03	23066	BIOPSY OF SHOULDER DEEP	297.88											
07	23066	BIOPSY OF SHOULDER DEEP	357.46	00	15									
02	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	57.80											
03	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	289.01											
07	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	325.14	00	15									
02	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	95.91											
03	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	479.57											
07	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	539.52	00	15									
03	23075	EXC BENIGN SHOULDER TUMOR SUBCU	153.54											
07	23075	EXC BENIGN SHOULDER TUMOR SUBCU	184.25	00	15									
03	23076	EXC BENIGN SHOULDER TUMOR DEEP	350.41											
07	23076	EXC BENIGN SHOULDER TUMOR DEEP	420.49	00	15									
02	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	149.63											
03	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	748.15											
07	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	897.78	00	15									
02	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	191.32											
03	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	956.61											
07	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,147.93	00	15									
02	23100	BIOPSY SHOULDER JOINT	60.29											
03	23100	BIOPSY SHOULDER JOINT	301.46											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	23100	BIOPSY SHOULDER JOINT	361.76	00 15									
03	23101	EXCISION TORN CARTILAGE SHOULDER JOI	277.27										
07	23101	EXCISION TORN CARTILAGE SHOULDER JOI	332.72	00 15									
02	23105	SYNOVECTOMY SHOULDER JOINT	79.33										
03	23105	ARTHROTOMY;GLENOHUMERAL JOINT	396.66										
07	23105	ARTHROTOMY;GLENOHUMERAL JOINT	476.00	00 15									
03	23106	ARTHROTOMY;STERNOCLAVICULAR JT	294.18										
07	23106	ARTHROTOMY;STERNOCLAVICULAR JT	353.02	00 15									
02	23107	ARTHROTOMY,GLENOHUMERAL,W/EXP	82.49										
03	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	412.46										
07	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	494.95	00 15									
02	23120	CLAVICULECTOMY PARTIAL	71.07										
03	23120	CLAVICULECTOMY PARTIAL	355.33										
07	23120	CLAVICULECTOMY PARTIAL	426.39	00 15									
02	23125	CLAVICULECTOMY TOTAL	87.94										
03	23125	CLAVICULECTOMY TOTAL	439.70										
07	23125	CLAVICULECTOMY TOTAL	527.63	00 15									
03	23130	ACROMIONECTOMY PARTIAL/TOTAL	373.88										
07	23130	ACROMIONECTOMY PARTIAL/TOTAL	448.65	00 15									
03	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	319.60										
07	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	383.52	00 15									
02	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	86.14										
03	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	430.72										
07	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	516.85	00 15									
03	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	374.25										
07	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	449.10	00 15									
02	23150	EXCISION TUMOR PROXIMAL HUMEROUS	81.37										
03	23150	EXCISION TUMOR PROXIMAL HUMEROUS	406.85										
07	23150	EXCISION TUMOR PROXIMAL HUMEROUS	488.21	00 15									
02	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	98.98										
03	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	494.88										
07	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	593.85	00 15									
02	23156	EXCISION TUMOR PROX HUMEROUS H	83.96										
03	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	419.81										
07	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	503.76	00 15									
03	23170	SEQUESTRECTOMY CLAVICLE	329.44										
07	23170	SEQUESTRECTOMY CLAVICLE	395.33	00 15									
02	23172	SEQUESTRECTOMY SCAPULA	67.31										
03	23172	SEQUESTRECTOMY SCAPULA	336.53										
07	23172	SEQUESTRECTOMY SCAPULA	403.83	00 15									
02	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	93.77										
03	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	468.84										
07	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	562.61	00 15									
03	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	425.95										
07	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	511.14	00 15									
02	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	82.08										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	410.39											
07	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	492.47	00	15									
02	23184	PARTIAL EXCISION PROXIMAL HUMERUS	92.91											
03	23184	PARTIAL EXCISION PROXIMAL HUMERUS	464.53											
07	23184	PARTIAL EXCISION PROXIMAL HUMERUS	557.44	00	15									
02	23190	OSTECTOMY OF SCAPULA PARTIAL	69.15											
03	23190	OSTECTOMY OF SCAPULA PATTIAL	345.73											
07	23190	OSTECTOMY OF SCAPULA PATTIAL	414.87	00	15									
02	23195	RESECTION HUMERAL HEAD	94.17											
03	23195	RESECTION HUMERAL HEAD	470.84											
07	23195	RESECTION HUMERAL HEAD	565.01	00	15									
02	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	111.36											
03	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	556.79											
07	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	668.15	00	15									
02	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	116.43											
03	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	582.15											
07	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	698.58	00	15									
02	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	135.16											
03	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	675.79											
07	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	810.96	00	15									
03	23330	REMOVE SHOULDER FOREIGN BODY	131.59											
07	23330	REMOVE SHOULDER FOREIGN BODY	157.91	00	15									
02	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	63.14										X	
03	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	315.70										X	
07	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	378.84	00	15								X	
02	23334	REMOVAL OF PROSTHESIS OF SHOULDER	149.98										X	
03	23334	REMOVAL OF PROSTHESIS OF SHOULDER	749.89										X	
07	23334	REMOVAL OF PROSTHESIS OF SHOULDER	899.86	00	15								X	
02	23335	REMOVAL OF PROSTHESIS OF SHOULDER	179.20										X	
03	23335	REMOVAL OF PROSTHESIS OF SHOULDER	895.99										X	
07	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,075.18	00	15								X	
03	23350	INJECTION FOR SHOULDER X-RAY	93.35											
07	23350	INJECTION FOR SHOULDER X-RAY	112.03	00	15									
02	23395	MUSCLE TRANSFER,SHOULDER/ARM	162.48											
03	23395	MUSCLE TRANSFER,SHOULDER/ARM	812.41											
07	23395	MUSCLE TRANSFER,SHOULDER/ARM	974.88	00	15									
02	23397	MUSCLE TRANSFER MULTIPLE	145.83											
03	23397	MUSCLE TRANSFER MULTIPLE	729.15											
07	23397	MUSCLE TRANSFER MULTIPLE	874.98	00	15									
02	23400	FIXATION OF SHOULDERBLADE	123.35											
03	23400	FIXATION OF SHOULDERBLADE	616.76											
07	23400	FIXATION OF SHOULDERBLADE	740.11	00	15									
02	23405	INCISION OF TENDON & MUSCLE	79.02											
03	23405	INCISION OF TENDON & MUSCLE	395.08											
07	23405	INCISION OF TENDON & MUSCLE	474.09	00	15									
02	23406	INCISE TENDON(S) & MUSCLE(S)	99.09											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	23406	INCISE TENDON(S) & MUSCLE(S)	495.47										
07	23406	INCISE TENDON(S) & MUSCLE(S)	594.56	00 15									
02	23410	REPAIR OF TENDON(S)	105.23										
03	23410	REPAIR OF TENDON(S)	526.14										
07	23410	REPAIR OF TENDON(S)	631.37	00 15									
02	23412	REPAIR OF TENDON(S),CHRONIC	110.08										
03	23412	REPAIR OF TENDON(S),CHRONIC	550.39										
07	23412	REPAIR OF TENDON(S),CHRONIC	660.47	00 15									
03	23415	CORACOACROMIAL LIGAMENT RELEAS	436.72										
07	23415	CORACOACROMIAL LIGAMENT RELEAS	524.07	00 15									
02	23420	REPAIR COMPLETE SHOULDER	123.02										
03	23420	REPAIR COMPLETE SHOULDER	615.11										
07	23420	REPAIR COMPLETE SHOULDER	738.13	00 15									
02	23430	REPAIR BICEPS TENDON RUPTURE	93.05										
03	23430	REPAIR BICEPS TENDON RUPTURE	465.26										
07	23430	REPAIR BICEPS TENDON RUPTURE	558.30	00 15									
02	23440	REMOVAL/TRANSPLANT TENDON	96.13										
03	23440	REMOVAL/TRANSPLANT TENDON	480.66										
07	23440	REMOVAL/TRANSPLANT TENDON	576.79	00 15									
02	23450	CAPSULORRHAPHY,ANTERIOR	120.90										
03	23450	CAPSULORRHAPHY,ANTERIOR	604.49										
07	23450	CAPSULORRHAPHY,ANTERIOR	725.38	00 15									
02	23455	CAPSULORRHAPHY;BANKART TYPE	129.02										
03	23455	CAPSULORRHAPHY;BANKART TYPE	645.09										
07	23455	CAPSULORRHAPHY;BANKART TYPE	774.10	00 15									
02	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	139.55										
03	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	697.77										
07	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	837.33	00 15									
02	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	137.00										
03	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	685.00										
07	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	822.01	00 15									
02	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	142.95										
03	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	714.77										
07	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	857.73	00 15									
02	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	140.28										
03	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	701.38										
07	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	841.65	00 15									
02	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	155.60										
03	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	778.01										
07	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	933.62	00 15									
02	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	192.93										
03	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	964.64										
07	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,157.57	00 15									
02	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	218.45									X	
03	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,092.26									X	
07	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,310.71	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	236.08									X	
03	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,180.38									X	
07	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,416.44	00 15								X	
02	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	103.65										
03	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	518.26										
07	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	621.91	00 15									
02	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	122.71										
03	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	613.56										
07	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	736.26	00 15									
02	23490	PROPHYLACTIC TREATMENT;CLAVICL	105.19										
03	23490	PROPHYLACTIC TREATMENT;CLAVICLE	525.95										
07	23490	PROPHYLACTIC TREATMENT;CLAVICLE	631.13	00 15									
02	23491	PROPHYLACTIC TREAT.PROX HUMER.	129.15										
03	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	645.74										
07	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	774.88	00 15									
03	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	123.13										
07	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	147.75	00 15									
03	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	204.63										
07	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	245.56	00 15									
02	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	87.28										
03	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	436.42										
07	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	523.70	00 15									
03	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	127.93										
07	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	153.51	00 15									
02	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	39.83										
03	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	199.13										
07	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	238.96	00 15									
02	23530	OPEN TREAT CLSD/OPEN CLAVICLE	67.25										
03	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	336.23										
07	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	403.47	00 15									
02	23532	OPEN TREAT CLSD/OPEN CLAVICLE	77.15										
03	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	385.77										
07	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	462.93	00 15									
03	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	126.31										
07	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	151.58	00 15									
03	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	182.09										
07	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	218.50	00 15									
02	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	71.13										
03	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	355.67										
07	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	426.80	00 15									
02	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	82.00										
03	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	410.02										
07	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	492.03	00 15									
03	23570	TREAT CLSD SCAP FX W/O MANIPULATION	132.03										
07	23570	TREAT CLSD SCAP FX W/O MANIPULATION	158.42	00 15									
03	23575	TREAT CLSD SCAPULAR W/MANIPULATION	226.04										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	23575	TREAT CLSD SCAPULAR W/MANIPULATION	271.25	00	15									
02	23585	OPEN TREAT CLSD/OPEN SCAPULAR	118.79											
03	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	593.93											
07	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	712.72	00	15									
03	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	183.84											
07	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	220.62	00	15									
03	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	274.38											
07	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	329.24	00	15									
02	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	108.66											
03	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	543.29											
07	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	651.94	00	15									
02	23616	OPEN TREATMENT OF PROXIMAL HUMERAL	164.43											
03	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	822.14											
07	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	986.56	00	15									
03	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	151.46											
07	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	181.74	00	15									
03	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	222.26											
07	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	266.70	00	15									
02	23630	OPEN TRMT CLSD/OPEN GRTR TUBER	93.10											
03	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	465.48											
07	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	558.57	00	15									
03	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	172.00											
07	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	206.40	00	15									
03	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	231.35											
07	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	277.63	00	15									
02	23660	OPEN TREAT CLSD/OPEN SHOULDER	72.14											
03	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	360.68											
07	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	432.81	00	15									
03	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	247.39											
07	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	296.88	00	15									
02	23670	OPEN TREAT CLSD/OPEN W/FRAC OF	104.73											
03	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	523.67											
07	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	628.40	00	15									
03	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	324.52											
07	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	389.43	00	15									
02	23680	OPEN TREAT SHOULDER DISLO/SURG	113.81											
03	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	569.03											
07	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	682.83	00	15									
03	23700	FIXATION OF SHOULDER MANIP W/ANESTH	121.29											
07	23700	FIXATION OF SHOULDER MANIP W/ANESTH	145.55	00	15									
02	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	129.80											
03	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	649.02											
07	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	778.82	00	15									
02	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	157.66											
03	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	788.32											
07	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	945.98	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	23900	AMPUTATION OF ARM & GIRDLE	169.48										
03	23900	AMPUTATION OF ARM & GIRDLE	847.40										
07	23900	AMPUTATION OF ARM & GIRDLE	1,016.89	00 15									
02	23920	AMPUTATION AT SHOULDER JOINT	136.72										
03	23920	AMPUTATION AT SHOULDER JOINT	683.60										
07	23920	AMPUTATION AT SHOULDER JOINT	820.30	00 15									
03	23921	AMPUTATION FOLLOW-UP SURGERY	246.02										
07	23921	AMPUTATION FOLLOW-UP SURGERY	295.23	00 15									
02	23929	SHOULDER SURGERY PROCEDURE	MP		X								
03	23929	SHOULDER SURGERY PROCEDURE	MP		X								
07	23929	SHOULDER SURGERY PROCEDURE	MP	00 15	X								
03	23930	DRAINAGE OF ARM LESION	207.55										
07	23930	DRAINAGE OF ARM LESION	249.06	00 15									
03	23931	DRAINAGE OF ARM BURSA	160.03										
07	23931	DRAINAGE OF ARM BURSA	192.04	00 15									
03	23935	DRAIN ARM/ELBOW BONE LESION	306.57										
07	23935	DRAIN ARM/ELBOW BONE LESION	367.89	00 15									
03	24000	EXPLORATORY ELBOW SURGERY	291.36										
07	24000	EXPLORATORY ELBOW SURGERY	349.63	00 15									
02	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	88.63										
03	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	443.14										
07	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	531.77	00 15									
03	24065	BIOPSY ARM/ELBOW SOFT TISSUE	147.05										
07	24065	BIOPSY ARM/ELBOW SOFT TISSUE	176.47	00 15									
03	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	345.78										
07	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	414.93	00 15									
02	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	55.00										
03	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	275.01										
07	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	330.03	00 15									
02	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	94.40										
03	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	471.99										
07	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	566.39	00 15									
03	24075	REMOVE ARM/ELBOW LESION	278.67										
07	24075	REMOVE ARM/ELBOW LESION	334.40	00 15									
03	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	293.65										
07	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	352.38	00 15									
02	24077	RADICAL RESECTION OF TUMOR,(EG,SARCO	102.38										
03	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	511.91										
07	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	614.29	00 15									
02	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	176.31										
03	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	881.53										
07	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,057.83	00 15									
02	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	49.68										
03	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	248.38										
07	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	298.05	00 15									
02	24101	EXPLORE/TREAT ELBOW JOINT	61.22										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	24101	EXPLORE/TREAT ELBOW JOINT	306.09										
07	24101	EXPLORE/TREAT ELBOW JOINT	367.31	00 15									
02	24102	REMOVE ELBOW JOINT LINING	76.38										
03	24102	REMOVE ELBOW JOINT LINING	381.88										
07	24102	REMOVE ELBOW JOINT LINING	458.27	00 15									
03	24105	REMOVAL OF ELBOW BURSA	203.27										
07	24105	REMOVAL OF ELBOW BURSA	243.93	00 15									
03	24110	REMOVE HUMERUS LESION	360.62										
07	24110	REMOVE HUMERUS LESION	432.74	00 15									
02	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	91.56										
03	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	457.81										
07	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	549.37	00 15									
02	24116	REMOVE HUMERUS LESION W/HOMOGE	109.00										
03	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	545.00										
07	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	654.01	00 15									
03	24120	REMOVE ELBOW LESION	322.52										
07	24120	REMOVE ELBOW LESION	387.02	00 15									
02	24125	EXCISION BONE CYST HEAD/NECK RADIUS	74.37										
03	24125	EXCISION BONE CYST HEAD/NECK RADIUS	371.84										
07	24125	EXCISION BONE CYST HEAD/NECK RADIUS	446.21	00 15									
02	24126	EXCISION BONE CYST HEAD/NECK R	78.99										
03	24126	EXCISION BONE CYST HEAD/NECK RADIUS	394.97										
07	24126	EXCISION BONE CYST HEAD/NECK RADIUS	473.96	00 15									
03	24130	REMOVAL OF HEAD OF RADIUS	310.79										
07	24130	REMOVAL OF HEAD OF RADIUS	372.94	00 15									
02	24134	REMOVE BONE LESION,SHAFT OR DI	93.98										
03	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	469.92										
07	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	563.90	00 15									
03	24136	REMOVAL LESION/RADIAL HEAD OR NECK	373.04										
07	24136	REMOVAL LESION/RADIAL HEAD OR NECK	447.65	00 15									
02	24138	REMOVE BONE LESION/OLECRANON P	81.67										
03	24138	REMOVE BONE LESION/OLECRANON PROCESS	408.36										
07	24138	REMOVE BONE LESION/OLECRANON PROCESS	490.03	00 15									
02	24140	PART.EXCIS.BONE/HUMERUS	89.33										
03	24140	PART.EXCIS.BONE/HUMERUS	446.64										
07	24140	PART.EXCIS.BONE/HUMERUS	535.97	00 15									
03	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	373.63										
07	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	448.35	00 15									
03	24147	PART.EXCIS.BONE,OLECRANON PROCESS	387.24										
07	24147	PART.EXCIS.BONE,OLECRANON PROCESS	464.69	00 15									
02	24149	RADICAL RESECTION OF ELBOW	144.32										
03	24149	RADICAL RESECTION OF ELBOW	721.58										
07	24149	RADICAL RESECTION OF ELBOW	865.90	00 15									
02	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	122.97										
03	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	614.86										
07	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	737.84	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	91.97											
03	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	459.86											
07	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	551.83	00	15									
02	24155	RESECTION OF ELBOW JOINT	106.91											
03	24155	RESECTION OF ELBOW JOINT	534.53											
07	24155	RESECTION OF ELBOW JOINT	641.44	00	15									
02	24160	REMOVAL OF ELBOW JOINT HARDWARE	75.07											
03	24160	REMOVAL OF ELBOW JOINT HARDWARE	375.37											
07	24160	REMOVAL OF ELBOW JOINT HARDWARE	450.46	00	15									
03	24164	REMOVAL OF HARDWARE OF FOREARM BONE	306.12											
07	24164	REMOVAL OF HARDWARE OF FOREARM BONE	367.33	00	15									
03	24200	REMOVAL OF ARM FOREIGN BODY	115.62											
07	24200	REMOVAL OF ARM FOREIGN BODY	138.75	00	15									
03	24201	REMOVAL OF ARM FOREIGN BODY DEEP	323.25											
07	24201	REMOVAL OF ARM FOREIGN BODY DEEP	387.90	00	15									
03	24220	INJECTION FOR ELBOW X-RAY	103.19											
07	24220	INJECTION FOR ELBOW X-RAY	123.83	00	15									
03	24300	MANIPULATE ELBOW W/ANESTH	234.78											
07	24300	MANIPULATE ELBOW W/ANESTH	281.73	00	15									
02	24301	MUSCLE/TENDON TRANSFER	94.27											
03	24301	MUSCLE/TENDON TRANSFER	471.34											
07	24301	MUSCLE/TENDON TRANSFER	565.62	00	15									
03	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	357.78										X	
07	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	429.33	00	15								X	
03	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	292.62										X	
07	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	351.14	00	15								X	
02	24320	TENOPLASTY W/MUSCLE TRANSFER/E	97.26											
03	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	486.29											
07	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	583.54	00	15									
02	24330	FLEXOR-PLASTY ELBOW	89.58											
03	24330	FLEXOR-PLASTY ELBOW	447.89											
07	24330	FLEXOR-PLASTY ELBOW	537.46	00	15									
02	24331	FLEXOR-PLASTY ELBOW/EXTENSOR A	99.18											
03	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	495.90											
07	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	595.07	00	15									
03	24332	TENOLYSIS, TRICEPS	373.39											
07	24332	TENOLYSIS, TRICEPS	448.05	00	15									
02	24340	TENODESIS FOR RUPTURE OF BICEP	76.17											
03	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	380.85											
07	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	457.01	00	15									
02	24341	REPAIR TENDON/MUSCLE ARM	89.20											
03	24341	REPAIR TENDON/MUSCLE ARM	445.98											
07	24341	REPAIR TENDON/MUSCLE ARM	535.17	00	15									
02	24342	REINSERTION RUPTURED BICEPS TE	98.72											
03	24342	REINSERTION RUPTURED BICEPS TENDON/D	493.60											
07	24342	REINSERTION RUPTURED BICEPS TENDON/D	592.32	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	24343	REPR ELBOW LAT LIGMNT W/TISS	86.86											
03	24343	REPR ELBOW LAT LIGMNT W/TISS	434.32											
07	24343	REPR ELBOW LAT LIGMNT W/TISS	521.19	00	15									
02	24344	RECONSTRUCT ELBOW LAT LIGMNT	136.36											
03	24344	RECONSTRUCT ELBOW LAT LIGMNT	681.79											
07	24344	RECONSTRUCT ELBOW LAT LIGMNT	818.15	00	15									
02	24345	REPR ELBW MED LIGMNT W/TISS	86.37											
03	24345	REPR ELBW MED LIGMNT W/TISS	431.83											
07	24345	REPR ELBW MED LIGMNT W/TISS	518.20	00	15									
02	24346	RECONSTRUCT ELBOW MED LIGMNT	136.58											
03	24346	RECONSTRUCT ELBOW MED LIGMNT	682.92											
07	24346	RECONSTRUCT ELBOW MED LIGMNT	819.50	00	15									
03	24357	INCISION OF TENDON TO REPAIR ELBOW J	270.80											
07	24357	INCISION OF TENDON TO REPAIR ELBOW J	324.97	00	15									
03	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	320.83											
07	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	385.00	00	15									
03	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	406.41											
07	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	487.70	00	15									
02	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	113.49											
03	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	567.46											
07	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	680.95	00	15									
02	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	127.23											
03	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	636.13											
07	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	763.37	00	15									
02	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG	135.10											
03	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	675.50											
07	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	810.60	00	15									
02	24363	ARTHROPLASTY W/DISTAL HUMERUS/	189.20											
03	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	946.00											
07	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,135.20	00	15									
02	24365	ARTHROPLASTY RADIAL HEAD	79.79											
03	24365	ARTHROPLASTY RADIAL HEAD	398.96											
07	24365	ARTHROPLASTY RADIAL HEAD	478.74	00	15									
02	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	85.58											
03	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	427.91											
07	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	513.47	00	15									
02	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	206.56										X	
03	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,032.81										X	
07	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,239.38	00	15								X	
02	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	238.16										X	
03	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,190.82										X	
07	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,429.00	00	15								X	
02	24400	OSTEOTOMY HUMERUS W/WO INTERNA	103.51											
03	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	517.53											
07	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	621.04	00	15									
02	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	132.87											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	664.35											
07	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	797.23	00	15									
02	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	124.11											
03	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	620.56											
07	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	744.67	00	15									
02	24430	REPAIR NONUNION OR MALUNION HUMERUS	132.05											
03	24430	REPAIR NONUNION OR MALUNION HUMERUS	660.26											
07	24430	REPAIR NONUNION OR MALUNION HUMERUS	792.31	00	15									
02	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	133.71											
03	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	668.55											
07	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	802.26	00	15									
02	24470	HEMIEPIPHYSEAL ARREST	79.03											
03	24470	HEMIEPIPHYSEAL ARREST	395.16											
07	24470	HEMIEPIPHYSEAL ARREST	474.19	00	15									
03	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	405.93											
07	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	487.12	00	15									
02	24498	PROPHYLACTIC TREAT...HUMERUS	110.17											
03	24498	PROPHYLACTIC TREAT...HUMERUS	550.86											
07	24498	PROPHYLACTIC TREAT...HUMERUS	661.02	00	15									
03	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	199.99											
07	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	240.00	00	15									
03	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	293.54											
07	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	352.25	00	15									
02	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	110.23											
03	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	551.15											
07	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	661.38	00	15									
02	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	109.20											
03	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	546.01											
07	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	655.22	00	15									
03	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	215.66											
07	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	258.80	00	15									
03	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	369.22											
07	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	443.06	00	15									
03	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	462.77											
07	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	555.31	00	15									
02	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	114.54											
03	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	572.69											
07	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	687.23	00	15									
02	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	133.92											
03	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	669.59											
07	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	803.50	00	15									
03	24560	TREAT CLSD EPICON FX,W/O MANIP	179.33											
07	24560	TREAT CLSD EPICON FX,W/O MANIP	215.21	00	15									
03	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	302.96											
07	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	363.55	00	15									
03	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	430.91											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	517.09	00 15									
02	24575	OPEN TREAT CLSD/OPEN EPICONDYL	92.23										
03	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	461.16										
07	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	553.40	00 15									
03	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	188.43										
07	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	226.11	00 15									
03	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	315.05										
07	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	378.06	00 15									
02	24579	OPEN TREAT CLSD/OPEN CONDYLAR	104.92										
03	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	524.60										
07	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	629.52	00 15									
03	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	481.01										
07	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	577.22	00 15									
02	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	139.12										
03	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	695.59										
07	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	834.71	00 15									
02	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	138.39										
03	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	691.95										
07	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	830.34	00 15									
03	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	213.34										
07	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	256.00	00 15									
03	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	278.43										
07	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	334.11	00 15									
02	24615	OPEN TREATMENT OF CLOSED/OPEN	89.65										
03	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	448.26										
07	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	537.92	00 15									
03	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	337.73										
07	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	405.27	00 15									
02	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	94.25										
03	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	471.23										
07	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	565.48	00 15									
03	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	69.54										
07	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	83.44	00 15									
03	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	145.23										
07	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	174.27	00 15									
03	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	253.79										
07	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	304.54	00 15									
02	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	80.29										
03	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	401.45										
07	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	481.72	00 15									
02	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	91.49										
03	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	457.43										
07	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	548.92	00 15									
03	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	163.72										
07	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	196.47	00 15									
03	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	268.88										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	322.66	00 15									
02	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	80.79										
03	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	403.95										
07	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	484.74	00 15									
02	24800	FUSION OF ELBOW JOINT	99.54										
03	24800	FUSION OF ELBOW JOINT	497.69										
07	24800	FUSION OF ELBOW JOINT	597.23	00 15									
02	24802	FUSION/GRAFT OF ELBOW JOINT	126.60										
03	24802	FUSION/GRAFT OF ELBOW JOINT	632.98										
07	24802	FUSION/GRAFT OF ELBOW JOINT	759.57	00 15									
02	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	89.94										
03	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	449.71										
07	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	539.64	00 15									
02	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	89.53										
03	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	447.63										
07	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	537.14	00 15									
02	24925	AMPUTATION UPPER ARM SECONDARY	68.94										
03	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	344.72										
07	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	413.66	00 15									
02	24930	REAMPUTATION UPPER ARM	94.97										
03	24930	REAMPUTATION UPPER ARM	474.84										
07	24930	REAMPUTATION UPPER ARM	569.81	00 15									
02	24931	AMPUTATE UPPER ARM & IMPLANT	106.98										
03	24931	AMPUTATE UPPER ARM & IMPLANT	534.92										
07	24931	AMPUTATE UPPER ARM & IMPLANT	641.90	00 15									
03	24935	STUMP ELONGATION/REVISION UPPER ARM	648.20										
07	24935	STUMP ELONGATION/REVISION UPPER ARM	777.85	00 15									
02	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	85.02										
03	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	425.08										
07	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	425.08	00 15									
02	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X								
03	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X								
07	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP	00 15	X								
03	25000	TENDON SHEATH INCISION; AT RADIAL ST	209.35										
07	25000	TENDON SHEATH INCISION; AT RADIAL ST	251.20	00 15									
03	25001	INCISE FLEXOR CARPI RADIALIS	199.64										
07	25001	INCISE FLEXOR CARPI RADIALIS	239.58	00 15									
03	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	347.83										
07	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	417.40	00 15									
03	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	678.09										
07	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	813.71	00 15									
03	25024	DECOMPRESS FOREARM 2 SPACES	476.69										
07	25024	DECOMPRESS FOREARM 2 SPACES	572.02	00 15									
03	25025	DECOMPRESS FORARM 2 SPACES	737.22										
07	25025	DECOMPRESS FORARM 2 SPACES	884.67	00 15									
03	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	309.55										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	371.47	00 15									
03	25031	INCISION/DRAINAGE INFECTED BURSA; FO	228.74										
07	25031	INCISION/DRAINAGE INFECTED BURSA; FO	274.49	00 15									
03	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	397.87										
07	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	477.46	00 15									
03	25040	EXPLORE/TREAT WRIST JOINT	354.51										
07	25040	EXPLORE/TREAT WRIST JOINT	425.41	00 15									
03	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	145.63										
07	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	174.76	00 15									
03	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	229.19										
07	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	275.04	00 15									
02	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	57.59										
03	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	287.97										
07	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	345.56	00 15									
02	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	71.65										
03	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	358.24										
07	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	429.90	00 15									
03	25075	EXCISE SUBCUTANEOUS TUMOR	200.88										
07	25075	EXCISE SUBCUTANEOUS TUMOR	241.05	00 15									
03	25076	EXCISE TUMOR,DEEP	271.02										
07	25076	EXCISE TUMOR,DEEP	325.22	00 15									
02	25077	REMOVAL (LESS THAN 3 CENTIMETERS) T	93.02										
03	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	465.11										
07	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	558.14	00 15									
02	25078	REMOVAL (3 CENTIMETERS OR GREATER0 T	153.91										
03	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	769.57										
07	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	923.48	00 15									
02	25085	INCISION OF WRIST CAPSULE	56.76										
03	25085	INCISION OF WRIST CAPSULE	283.79										
07	25085	INCISION OF WRIST CAPSULE	340.54	00 15									
03	25100	BIOPSY OF WRIST JOINT	209.80										
07	25100	BIOPSY OF WRIST JOINT	251.76	00 15									
03	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	248.04										
07	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	297.65	00 15									
03	25105	REMOVE WRIST JOINT LINING	301.98										
07	25105	REMOVE WRIST JOINT LINING	362.39	00 15									
02	25107	ARTHROTOMY,WRIST,COMPLEX	74.94										
03	25107	ARTHROTOMY,WRIST,COMPLEX	374.72										
07	25107	ARTHROTOMY,WRIST,COMPLEX	449.66	00 15									
03	25109	EXCISION OF TENDON, FOREARM AND/OR W	322.11									X	
07	25109	EXCISION OF TENDON, FOREARM AND/OR W	386.53	00 15								X	
03	25110	EXCISION,LESION OF TENDON SHEATH	219.41										
07	25110	EXCISION,LESION OF TENDON SHEATH	263.29	00 15									
03	25111	EXCISION GANGLION;WRIST,PRIMARY	190.26										
07	25111	EXCISION GANGLION;WRIST,PRIMARY	228.30	00 15									
03	25112	EXCISION GANGLION;WRIST,RECURRENT	234.12										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	25112	EXCISION GANGLION;WRIST,RECURRENT	280.93	00 15									
02	25115	RADICAL EXCISE BURSA,WRIST/FOR	98.82										
03	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	494.12										
07	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	592.95	00 15									
02	25116	RADICAL EXCISE BURSA,WRIST/FOR	79.65										
03	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	398.23										
07	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	477.87	00 15									
03	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	234.06										
07	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	280.86	00 15									
02	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	62.25										
03	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	311.24										
07	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	373.48	00 15									
03	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	339.83										
07	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	407.79	00 15									
02	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	79.16										
03	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	395.80										
07	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	474.95	00 15									
02	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	80.26										
03	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	401.32										
07	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	481.59	00 15									
03	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	275.10										
07	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	330.12	00 15									
02	25135	EXCISE BONE CYST OF CARPAL BONES W/A	68.93										
03	25135	EXCISE BONE CYST OF CARPAL BONES W/A	344.64										
07	25135	EXCISE BONE CYST OF CARPAL BONES W/A	413.56	00 15									
02	25136	EXCISE BONE CYST OF CARPAL BONES W/H	61.07										
03	25136	EXCISE BONE CYST OF CARPAL BONES W/H	305.36										
07	25136	EXCISE BONE CYST OF CARPAL BONES W/H	366.43	00 15									
02	25145	SEQUESTRECTOMY FORE ARM BONE A	69.82										
03	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	349.09										
07	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	418.91	00 15									
03	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	358.15										
07	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	429.78	00 15									
02	25151	PARTIAL REMOVAL OF RADIUS	78.86										
03	25151	PARTIAL REMOVAL OF RADIUS	394.31										
07	25151	PARTIAL REMOVAL OF RADIUS	473.18	00 15									
02	25170	RADICAL RESECTION FOR TUMOR, RADIUS	110.45										
03	25170	RADICAL RESECTION FOR TUMOR, RADIUS	552.25										
07	25170	RADICAL RESECTION FOR TUMOR, RADIUS	662.70	00 15									
03	25210	CARPECTOMY; ONE BONE	302.07										
07	25210	CARPECTOMY; ONE BONE	362.48	00 15									
02	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	78.10										
03	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	390.52										
07	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	468.62	00 15									
03	25230	RADIAL STYLOIDECTOMY	267.47										
07	25230	RADIAL STYLOIDECTOMY	320.97	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	25240	EXCISION DISTAL ULNA	270.93										
07	25240	EXCISION DISTAL ULNA	325.12	00 15									
03	25246	INJECTION FOR WRIST X-RAY	105.23										
07	25246	INJECTION FOR WRIST X-RAY	126.27	00 15									
03	25248	REMOVE FOREARM FOREIGN BODY	269.02										
07	25248	REMOVE FOREARM FOREIGN BODY	322.81	00 15									
02	25250	REMOVAL OF WRIST PROSTHESIS	64.51										
03	25250	REMOVAL OF WRIST PROSTHESIS	322.55										
07	25250	REMOVAL OF WRIST PROSTHESIS	387.07	00 15									
02	25251	REMOVE WRIST PROSTH,COMPLICATED	88.30										
03	25251	REMOVE WRIST PROTH,COMPLICATED	441.49										
07	25251	REMOVE WRIST PROTH,COMPLICATED	529.79	00 15									
03	25259	MANIPULATE WRIST W/ANESTHES	235.22										
07	25259	MANIPULATE WRIST W/ANESTHES	282.27	00 15									
03	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	417.35									X	
07	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	500.82	00 15								X	
02	25263	REP,TEND/MUSC;SECOND,SING;EA T	83.34										
03	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	416.71									X	
07	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	500.04	00 15								X	
02	25265	REP,TEND/MUSC;SECON W/GRAFT,EA	99.38										
03	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	496.90									X	
07	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	596.28	00 15								X	
03	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	334.27									X	
07	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	401.13	00 15								X	
03	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	377.36									X	
07	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	452.84	00 15								X	
03	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	448.75									X	
07	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	538.50	00 15								X	
03	25275	REPAIR FOREARM TENDON SHEATH	415.80										
07	25275	REPAIR FOREARM TENDON SHEATH	498.95	00 15									
03	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	382.23									X	
07	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	458.68	00 15								X	
03	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	320.82									X	
07	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	384.98	00 15								X	
03	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	355.33									X	
07	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	426.39	00 15								X	
02	25300	TENODESIS AT WRIST,FLEXORS OF	84.56										
03	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	422.78										
07	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	507.34	00 15									
02	25301	TENODESIS AT WRIST; EXTENSORS	80.67										
03	25301	TENODESIS AT WRIST; EXTENSORS OF FI	403.33										
07	25301	TENODESIS AT WRIST; EXTENSORS OF FI	483.99	00 15									
02	25310	TENDON TRANSPLANT,FLEXOR/EXTENSOR	82.87									X	
03	25310	TEND TRANSPLANT...SING.;EACH TENDON	414.34									X	
07	25310	TEND TRANSPLANT...SING.;EACH TENDON	497.21	00 15								X	
02	25312	TENDON TRANSPLANT,W/GRAFT..EAC	96.26										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
03	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	481.30										X	
07	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	577.56	00	15								X	
02	25315	REVISE PALSY HAND TENDON(S)	103.40											
03	25315	REVISE PALSY HAND TENDON(S)	517.01											
07	25315	REVISE PALSY HAND TENDON(S)	620.40	00	15									
02	25316	REVISE PALSY HAND TENDON W/TEN	119.79											
03	25316	REVISE PALSY HAND TENDON W/TENDON S	598.96											
07	25316	REVISE PALSY HAND TENDON W/TENDON S	718.75	00	15									
02	25320	REPAIR/REVISE/RECONSTRUCT WRIS	118.72											
03	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	593.62											
07	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	712.34	00	15									
02	25332	ARTHROPLASTY WRIST;W/INTERNAL	105.89											
03	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	529.47											
07	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	635.35	00	15									
02	25335	CENTRALIZATION-WRIST ON ULNA	120.02											
03	25335	CENTRALIZATION-WRIST ON ULNA	600.12											
07	25335	CENTRALIZATION-WRIST ON ULNA	720.15	00	15									
03	25337	RECONSTRUCT ULNA/RADIOULNAR	547.51											
07	25337	RECONSTRUCT ULNA/RADIOULNAR	657.00	00	15									
02	25350	REVISION OF RADIUS;DISTAL THIR	91.58											
03	25350	REVISION OF RADIUS;DISTAL THIRD	457.88											
07	25350	REVISION OF RADIUS;DISTAL THIRD	549.47	00	15									
02	25355	REVISION OF RADIUS;MIDDLE OR P	103.32											
03	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	516.58											
07	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	619.91	00	15									
02	25360	REVISION OF ULNA	88.81											
03	25360	REVISION OF ULNA	444.04											
07	25360	REVISION OF ULNA	532.86	00	15									
02	25365	REVISE RADIUS & ULNA	121.87											
03	25365	REVISE RADIUS & ULNA	609.37											
07	25365	REVISE RADIUS & ULNA	731.23	00	15									
02	25370	REVISION,MULTIPLE,RADIUS OR UL	132.74											
03	25370	REVISION,MULTIPLE,RADIUS OR ULNA	663.72											
07	25370	REVISION,MULTIPLE,RADIUS OR ULNA	796.46	00	15									
02	25375	REVISION,MULTIPLE,RADIUS AND ULNA	128.19											
03	25375	REVISION,MULTIPLE,RADIUS AND ULNA	640.95											
07	25375	REVISION,MULTIPLE,RADIUS AND ULNA	769.14	00	15									
02	25390	SHORTEN RADIUS/ULNA	103.83											
03	25390	SHORTEN RADIUS/ULNA	519.14											
07	25390	SHORTEN RADIUS/ULNA	622.96	00	15									
02	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	132.55											
03	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	662.77											
07	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	795.32	00	15									
02	25392	SHORTEN RADIUS & ULNA	134.37											
03	25392	SHORTEN RADIUS & ULNA	671.85											
07	25392	SHORTEN RADIUS & ULNA	806.23	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	25393	LENGTHENING RADIUS & ULNA W/AU	151.75										
03	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	758.75										
07	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	910.49	00 15									
02	25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	97.14										
03	25394	REPAIR CARPAL BONE, SHORTEN	485.68										
07	25394	REPAIR CARPAL BONE, SHORTEN	582.82	00 15									
02	25400	REPAIR RADIUS OR ULNA	109.11										
03	25400	REPAIR RADIUS OR ULNA	545.56										
07	25400	REPAIR RADIUS OR ULNA	654.68	00 15									
02	25405	REPAIR/GRAFT RADIUS OR ULNA	139.11										
03	25405	REPAIR/GRAFT RADIUS OR ULNA	695.54										
07	25405	REPAIR/GRAFT RADIUS OR ULNA	834.66	00 15									
02	25415	REPAIR RADIUS & ULNA	130.52										
03	25415	REPAIR RADIUS & ULNA	652.61										
07	25415	REPAIR RADIUS & ULNA	783.13	00 15									
02	25420	REPAIR/GRAFT RADIUS & ULNA	155.76										
03	25420	REPAIR/GRAFT RADIUS & ULNA	778.79										
07	25420	REPAIR/GRAFT RADIUS & ULNA	934.55	00 15									
02	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	133.83										
03	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	669.13										
07	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	802.95	00 15									
02	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	141.85										
03	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	709.26										
07	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	851.11	00 15									
02	25430	VASC GRAFT INTO CARPAL BONE	88.17										
03	25430	VASC GRAFT INTO CARPAL BONE	440.87										
07	25430	VASC GRAFT INTO CARPAL BONE	529.04	00 15									
02	25431	REPAIR NONUNION CARPAL BONE	98.55										
03	25431	REPAIR NONUNION CARPAL BONE	492.74										
07	25431	REPAIR NONUNION CARPAL BONE	591.29	00 15									
02	25440	REPAIR/GRAFT WRIST BONE	97.45										
03	25440	REPAIR/GRAFT WRIST BONE	487.27										
07	25440	REPAIR/GRAFT WRIST BONE	584.72	00 15									
02	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	118.47										
03	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	592.36										
07	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	710.83	00 15									
02	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	100.44										
03	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	502.19										
07	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	602.63	00 15									
02	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	96.18										
03	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	480.91										
07	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	577.09	00 15									
02	25444	RECONSTRUCT WRIST JOINT; LUNAT	103.05										
03	25444	RECONSTRUCT WRIST JOINT; LUNATE	515.24										
07	25444	RECONSTRUCT WRIST JOINT; LUNATE	618.29	00 15									
02	25445	RECONSTRUCT WRIST JOINT; TRAPEZIUM	90.22										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	451.09										
07	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	541.31	00 15									
02	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	149.11										
03	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	745.53										
07	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	894.63	00 15									
02	25449	REVISE ARTHROPLASTY,REVDVE	130.56										
03	25449	REVISE ARTHROPLASTY,REVDVE	652.81										
07	25449	REVISE ARTHROPLASTY,REVDVE	783.38	00 15									
03	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	377.83										
07	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	453.39	00 15									
03	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	427.35										
07	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	512.82	00 15									
02	25490	PROPHYLACTIC TREATMENT/RADIUS	94.34										
03	25490	PROPHYLACTIC TREATMENT/RADIUS	471.71										
07	25490	PROPHYLACTIC TREATMENT/RADIUS	566.05	00 15									
02	25491	PROPHYLACTIC TREATMENT;ULNA	99.66										
03	25491	PROPHYLACTIC TREATMENT; ULNA	498.31										
07	25491	PROPHYLACTIC TREATMENT; ULNA	597.97	00 15									
02	25492	PROPHYLACTIC TREATMENT;RADIUS	120.71										
03	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	603.57										
07	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	724.28	00 15									
03	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	149.55										
07	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	179.46	00 15									
03	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	295.06										
07	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	354.06	00 15									
02	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	83.25										
03	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	416.24										
07	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	499.48	00 15									
03	25520	CLOSED TREATMENT OF BROKEN FOREARM A	327.74										
07	25520	CLOSED TREATMENT OF BROKEN FOREARM A	393.29	00 15									
02	25525	OPEN TREATMENT OF RADIAL SHAFT	100.91										
03	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	504.56										
07	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	605.47	00 15									
02	25526	OPEN TREATMENT OF RADIAL SHAFT	123.36										
03	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	616.79										
07	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	740.15	00 15									
03	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	144.10										
07	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	172.91	00 15									
03	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	286.41										
07	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	343.68	00 15									
02	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	77.79										
03	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	388.97										
07	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	466.77	00 15									
03	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	151.33										
07	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	181.60	00 15									
03	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	309.31										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	371.17	00 15									
02	25574	OPEN TREATMENT OF RADIAL AND U	81.40										
03	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	407.02										
07	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	488.42	00 15									
02	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	111.25										
03	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	556.24										
07	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	667.50	00 15									
03	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	165.13										
07	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	198.16	00 15									
03	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	363.67										
07	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	436.40	00 15									
03	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	406.24										
07	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	487.48	00 15									
02	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	88.13										
03	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	440.65										
07	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	528.78	00 15									
02	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	101.11										
03	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	505.55										
07	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	606.66	00 15									
02	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	129.28										
03	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	646.41										
07	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	775.69	00 15									
03	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	168.95										
07	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	202.74	00 15									
03	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	269.47										
07	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	323.35	00 15									
02	25628	OPEN TREAT CLSD/OPEN CARPAL SC	88.60										
03	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	442.98										
07	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	531.57	00 15									
03	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	173.88									X	
07	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	208.66	00 15								X	
03	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	255.36									X	
07	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	306.43	00 15								X	
02	25645	OPEN TX,CLSD/OPEN FX...EACH BO	69.98										
03	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	349.90									X	
07	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	419.87	00 15								X	
03	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	181.27										
07	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	217.52	00 15									
03	25651	PIN ULNAR STYLOID FRACTURE	287.38										
07	25651	PIN ULNAR STYLOID FRACTURE	344.86	00 15									
03	25652	TREAT FRACTURE ULNAR STYLOID	380.44										
07	25652	TREAT FRACTURE ULNAR STYLOID	456.53	00 15									
03	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	239.21										
07	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	287.04	00 15									
02	25670	OPEN TREAT CLSD/OPEN RADIO/INT	75.54										
03	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	377.69										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	453.24	00	15									
03	25671	PIN RADIOULNAR DISLOCATION	316.94											
07	25671	PIN RADIOULNAR DISLOCATION	380.33	00	15									
03	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	251.66											
07	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	301.98	00	15									
02	25676	OPEN TREAT CLSD/OPEN DISTAL RA	78.21											
03	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	391.04											
07	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	469.25	00	15									
03	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	278.63											
07	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	334.34	00	15									
02	25685	OPEN TREAT CLSD/OPEN TRANS/SCA	91.31											
03	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	456.55											
07	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	547.86	00	15									
03	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	280.72											
07	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	336.86	00	15									
02	25695	OPEN TREATMENT LUNATE DISLOCATION	78.53											
03	25695	OPEN TREATMENT LUNATE DISLOCATION	392.67											
07	25695	OPEN TREATMENT LUNATE DISLOCATION	471.20	00	15									
02	25800	FUSION WRIST JOINT;W/O BONE GRAFT	92.93											
03	25800	FUSION OF WRIST JOINT	464.66											
07	25800	FUSION OF WRIST JOINT	557.59	00	15									
02	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	107.20											
03	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	536.01											
07	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	643.21	00	15									
02	25810	FUSION WRIST JOINT; W/DISTANT BONE	108.02											
03	25810	FUSION WRIST JOINT; W/DISTANT BONE	540.10											
07	25810	FUSION WRIST JOINT; W/DISTANT BONE	648.12	00	15									
02	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	75.52											
03	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	377.60											
07	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	453.11	00	15									
02	25825	INTERCARPAL FUSION;W/BONE GRAFT	93.07											
03	25825	INTERCARPAL FUSION;W/ BONEGRAFT	465.35											
07	25825	INTERCARPAL FUSION;W/ BONEGRAFT	558.42	00	15									
02	25830	FUSION RADIOULNAR JNT/ULNA	115.29											
03	25830	FUSION RADIOULNAR JNT/ULNA	576.47											
07	25830	FUSION RADIOULNAR JNT/ULNA	691.75	00	15									
03	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	462.79											
07	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	555.34	00	15									
02	25905	AMPUTATION,FOREARM,OPEN FLAP O	91.76											
03	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	458.80											
07	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	550.56	00	15									
02	25907	AMPUTATION,FOREARM,SECONDARY C	79.75											
03	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	398.75											
07	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	478.52	00	15									
02	25909	REAMPUTATION FOREARM SURGERY	90.27											
03	25909	REAMPUTATION FOREARM SURGERY	451.33											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	25909	REAMPUTATION FOREARM SURGERY	541.60	00 15									
02	25915	AMPUTATION FOREARM, KRUKENBER	159.36										
03	25915	AMPUTATION FOREARM, KRUKENBERO PROC	796.81										
07	25915	AMPUTATION FOREARM, KRUKENBERO PROC	956.18	00 15									
03	25920	DISARTICULATION THROUGH WRIST	424.98										
07	25920	DISARTICULATION THROUGH WRIST	509.98	00 15									
02	25922	DISARTICULATION WRIST;SECOND C	71.80										
03	25922	DISARTICULATION WRIST;SECOND CLOSURE	358.99										
07	25922	DISARTICULATION WRIST;SECOND CLOSURE	430.79	00 15									
02	25924	REAMPUTATION WRIST SURGERY	82.99										
03	25924	REAMPUTATION WRIST SURGERY	414.97										
07	25924	REAMPUTATION WRIST SURGERY	497.96	00 15									
03	25927	TRANSMETACARPAL AMPUTATION	477.16										
07	25927	TRANSMETACARPAL AMPUTATION	572.59	00 15									
02	25929	TRANSMETACARPAL AMPUTATION;SE	69.77										
03	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	348.87										
07	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	418.63	00 15									
03	25931	AMPUTATION FOLLOW-UP SURGERY	434.05										
07	25931	AMPUTATION FOLLOW-UP SURGERY	520.86	00 15									
02	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP		X								
03	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP		X								
07	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	MP	00 15	X								
03	26010	DRAINAGE OF FINGER ABSCESS	144.44										
07	26010	DRAINAGE OF FINGER ABSCESS	173.34	00 15									
03	26011	DRAIN FINGER ABSCESS; COMPLICATED	220.37										
07	26011	DRAIN FINGER ABSCESS; COMPLICATED	264.45	00 15									
03	26020	DRAIN HAND TENDON SHEATH	257.85										
07	26020	DRAIN HAND TENDON SHEATH	309.41	00 15									
03	26025	DRAINAGE OF PALM BURSA	252.70										
07	26025	DRAINAGE OF PALM BURSA	303.24	00 15									
03	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	299.60										
07	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	359.52	00 15									
03	26034	TREAT HAND BONE LESION	324.29										
07	26034	TREAT HAND BONE LESION	389.15	00 15									
03	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	507.43										
07	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	608.92	00 15									
03	26037	DECOMPRESSIVE FASCIOTOMY, HAND	351.08										
07	26037	DECOMPRESSIVE FASCIOTOMY, HAND	421.29	00 15									
03	26040	RELEASE OF TISSUES OF PALM, ACCESSED	184.38										
07	26040	RELEASE OF TISSUES OF PALM, ACCESSED	221.26	00 15									
03	26045	PARTIAL RELEASE OF TISSUES OF PALM,	283.60										
07	26045	PARTIAL RELEASE OF TISSUES OF PALM,	340.30	00 15									
03	26055	INCISE FINGER TENDON SHEATH	321.02									X	
07	26055	INCISE FINGER TENDON SHEATH	385.21	00 15								X	
03	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	157.70									X	
07	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	189.24	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	26070	EXPLORE/TREAT HAND JOINT	180.71											
07	26070	EXPLORE/TREAT HAND JOINT	216.85	00	15									
03	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	191.26											
07	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	229.51	00	15									
03	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	230.22										X	
07	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	276.27	00	15								X	
03	26100	BIOPSY HAND JOINT LINING	193.38											
07	26100	BIOPSY HAND JOINT LINING	232.06	00	15									
03	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	198.07											
07	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	237.69	00	15									
03	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	189.75										X	
07	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	227.70	00	15								X	
02	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	55.77											
03	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	278.85											
07	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	334.61	00	15									
02	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	73.27											
03	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	366.36											
07	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	439.64	00	15									
03	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	355.10											
07	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	426.12	00	15									
03	26116	EXCISION BENIGN TUMOR,HAND; DEEP	290.34											
07	26116	EXCISION BENIGN TUMOR,HAND; DEEP	348.40	00	15									
03	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	400.16											
07	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	480.19	00	15									
02	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	144.16											
03	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	720.81											
07	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	864.97	00	15									
03	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	366.95											
07	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	440.34	00	15									
03	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	501.49											
07	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	601.79	00	15									
03	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	183.30										X	
07	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	219.96	00	15								X	
03	26130	REMOVE WRIST JOINT LINING	277.48											
07	26130	REMOVE WRIST JOINT LINING	332.97	00	15									
03	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	338.24										X	
07	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	405.90	00	15								X	
03	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	306.63										X	
07	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	367.96	00	15								X	
03	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	312.12										X	
07	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	374.54	00	15								X	
03	26160	REMOVE TENDON SHEATH LESION	323.18											
07	26160	REMOVE TENDON SHEATH LESION	387.80	00	15									
03	26170	EXCISE TENDON,PALM...EACH	244.18										X	
07	26170	EXCISE TENDON,PALM...EACH	293.02	00	15								X	
03	26180	EXCISION OF TENDON,FINGER,FLEXOR	267.12											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	26180	EXCISION OF TENDON,FINGER,FLEXOR	320.54	00 15									
02	26185	SESAMOIDECTOMY, THUMB OR FINGER (SEP	63.69										
03	26185	REMOVE FINGER BONE	318.46										
07	26185	REMOVE FINGER BONE	382.15	00 15									
03	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	275.44										
07	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	330.52	00 15									
03	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	371.26										
07	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	445.51	00 15									
03	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	265.89										
07	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	319.07	00 15									
03	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	339.34										
07	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	407.21	00 15									
03	26230	PARTIAL REMOVAL OF HAND BONE	308.96										
07	26230	PARTIAL REMOVAL OF HAND BONE	370.76	00 15									
03	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	303.05										
07	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	363.65	00 15									
03	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	267.77										
07	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	321.32	00 15									
02	26250	RADICAL RESECTION FOR TUMOR, HAND	71.66										
03	26250	RADICAL RESECTION FOR TUMOR,HAND	358.28										
07	26250	RADICAL RESECTION FOR TUMOR,HAND	429.94	00 15									
02	26260	RADICAL RESECT FOR TUMOR,PROXI	67.10										
03	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	335.49										
07	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	402.60	00 15									
02	26262	RADICAL RESECTION FOR TUMOR DISTAL P	55.96										
03	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	279.79										
07	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	335.75	00 15									
03	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	207.55										
07	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	249.06	00 15									
03	26340	MANIPULATE FINGER W/ANESTH	182.40									X	
07	26340	MANIPULATE FINGER W/ANESTH	218.87	00 15								X	
03	26341	MANIPULATION OF PALM PRETENDINOUS CO	64.37										
07	26341	MANIPULATION OF PALM PRETENDINOUS CO	77.24	00 15									
03	26350	REPAIR OF FINGER TENDON	422.88									X	
07	26350	REPAIR OF FINGER TENDON	507.44	00 15								X	
02	26352	REPAIR OF FINGER TENDON WITH GRAFT	96.78									X	
03	26352	REPAIR OF FINGER TENDON WITH GRAFT	483.90									X	
07	26352	REPAIR OF FINGER TENDON WITH GRAFT	580.68	00 15								X	
03	26356	REPAIR OF FINGER TENDON	630.49									X	
07	26356	REPAIR OF FINGER TENDON	756.60	00 15								X	
02	26357	REPAIR OF FINGER TENDON	104.31										
03	26357	REPAIR OF FINGER TENDON	521.56									X	
07	26357	REPAIR OF FINGER TENDON	625.87	00 15								X	
02	26358	REPAIR OF FINGER TENDON WITH GRAFT	110.31										
03	26358	REPAIR OF FINGER TENDON WITH GRAFT	551.54									X	
07	26358	REPAIR OF FINGER TENDON WITH GRAFT	661.84	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	460.49									X	
07	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	552.58	00 15								X	
02	26372	PROFUNDUS TENDON REPAIR;SECOND	107.29										
03	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	536.43									X	
07	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	643.71	00 15								X	
02	26373	PROFUNDUS TENDON REPAIR;SECOND	101.72										
03	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	508.58									X	
07	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	610.29	00 15								X	
02	26390	FLEXOR TENDON EXCISE,IMPLANT P	100.83										
03	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	504.14										
07	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	604.96	00 15									
02	26392	REMOVAL ROD AND INSERTION OF T	117.51										
03	26392	REMOVAL ROD AND INSERTION OF TENDON	587.53										
07	26392	REMOVAL ROD AND INSERTION OF TENDON	705.03	00 15									
03	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	335.74									X	
07	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	402.89	00 15								X	
03	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	410.43									X	
07	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	492.53	00 15								X	
03	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	436.38										
07	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	523.65	00 15									
03	26416	REMOVE TUBE/ROD,INSERT GRAFT...	466.63										
07	26416	REMOVE TUBE/ROD,INSERT GRAFT...	559.94	00 15									
03	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	335.52									X	
07	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	402.63	00 15								X	
02	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	85.52									X	
03	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	427.60									X	
07	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	513.12	00 15								X	
03	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	347.00										
07	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	416.41	00 15									
03	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	449.47										
07	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	539.36	00 15									
03	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	293.57										
07	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	352.30	00 15									
03	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	315.99										
07	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	379.19	00 15									
02	26434	TENDON REPAIR,OPEN,PRIMARY/SEC	76.31										
03	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	381.57										
07	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	457.88	00 15									
03	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	371.39										
07	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	445.67	00 15									
03	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	369.46									X	
07	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	443.35	00 15								X	
03	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	565.53									X	
07	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	678.64	00 15								X	
03	26445	TENOLYSIS,EXT TEND...;EACH TENDON	341.52									X	
07	26445	TENOLYSIS,EXT TEND...;EACH TENDON	409.82	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	26449	TENOLYSIS,COMP,EXT TENDON.....	456.89										
07	26449	TENOLYSIS,COMP,EXT TENDON.....	548.27	00 15									
03	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	239.51									X	
07	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	287.41	00 15								X	
03	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	237.82									X	
07	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	285.38	00 15								X	
03	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	230.88									X	
07	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	277.05	00 15								X	
03	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	365.87										
07	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	439.05	00 15									
02	26474	TENODESIS;FOR DISTAL JOINT STABILIZA	69.95										
03	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	349.77										
07	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	419.73	00 15									
03	26476	TEND LENGTHEN,EXT...SINGLE, EACH	340.95									X	
07	26476	TEND LENGTHEN,EXT...SINGLE, EACH	409.13	00 15								X	
03	26477	TEND SHORTEN,EXT...SINGLE,EACH	343.81									X	
07	26477	TEND SHORTEN,EXT...SINGLE,EACH	412.56	00 15								X	
02	26479	SHORTENING OF TENDON, FLEXOR, HAND	74.05									X	
03	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	370.24									X	
07	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	444.27	00 15								X	
03	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	448.71									X	
07	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	538.45	00 15								X	
02	26483	TENDON TRANSFER,DORSUM OF HAND W/FRE	101.94									X	
03	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	509.72									X	
07	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	611.66	00 15								X	
02	26485	TENDON TRANSFER,PALMAR,SINGLE,EA. TE	97.43									X	
03	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	487.15									X	
07	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	584.58	00 15								X	
03	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	530.89									X	
07	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	637.06	00 15								X	
03	26490	REVISE THUMB TENDON	474.42										
07	26490	REVISE THUMB TENDON	569.31	00 15									
02	26492	REVISE THUMB TENDON W/GRAFT	105.98										
03	26492	REVISE THUMB TENDON W/GRAFT	529.90										
07	26492	REVISE THUMB TENDON W/GRAFT	635.87	00 15									
02	26494	REVISE THUMB TENDON HYPOTHENAR MUSCL	96.11										
03	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	480.55										
07	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	576.65	00 15									
03	26496	REVISE THUMB TENDON; OTHER METHODS	522.98										
07	26496	REVISE THUMB TENDON; OTHER METHODS	627.57	00 15									
02	26497	SUBLIMIS TRANSFER TO CORRECT C	104.58										
03	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	522.90										
07	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	627.48	00 15									
02	26498	SUBLIMIS TRANSFER TO CORRECT C	140.82										
03	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	704.08										
07	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	844.89	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	26499	CORRECTION CLAW FINGER,OTHER METHODS	129.81			X								
03	26499	CORRECTION CLAW FINGER,OTHER METHODS	649.04			X								
07	26499	CORRECTION CLAW FINGER,OTHER METHODS	811.30	00	15	X								
03	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	373.88											
07	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	448.65	00	15									
02	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	84.85											
03	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	424.24											
07	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	509.09	00	15									
03	26508	RELEASE THUMB CONTRACTURE	376.56										X	
07	26508	RELEASE THUMB CONTRACTURE	451.88	00	15								X	
03	26510	CROSS INTRINSIC TRANSFER	355.12											
07	26510	CROSS INTRINSIC TRANSFER	426.16	00	15									
03	26516	FUSION OF KNUCKLE JOINT	422.90											
07	26516	FUSION OF KNUCKLE JOINT	507.48	00	15									
02	26517	FUSION KNUCKLE JOINT,TWO DIGITS	100.06											
03	26517	FUSION KNUCKLE JOINT,TWO DIGITS	500.31											
07	26517	FUSION KNUCKLE JOINT,TWO DIGITS	600.38	00	15									
02	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	100.95										X	
03	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	504.75										X	
07	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	605.70	00	15								X	
03	26520	CAPSULECTOMY/OTOMY....;EACH	386.53										X	
07	26520	CAPSULECTOMY/OTOMY....;EACH	463.82	00	15								X	
03	26525	CAPSULECTOMY/OTOMY...;EACH	388.21										X	
07	26525	CAPSULECTOMY/OTOMY...;EACH	465.85	00	15								X	
02	26530	ARTHROPLASTY,META....;SINGLE,EA	65.58											
03	26530	ARTHROPLASTY,META...;SINGLE,EACH	327.88										X	
07	26530	ARTHROPLASTY,META...;SINGLE,EACH	393.46	00	15								X	
02	26531	ARTHROPLASTY,META...;PROSTH...EACH	76.36										X	
03	26531	ARTHROPLASTY,META..;PROSTH...EACH	381.78										X	
07	26531	ARTHROPLASTY,META..;PROSTH...EACH	458.13	00	15								X	
03	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	245.94										X	
07	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	295.12	00	15								X	
03	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	401.11										X	
07	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	481.34	00	15								X	
03	26540	REPAIR COLLATERAL LIGAMENT	395.83										X	
07	26540	REPAIR COLLATERAL LIGAMENT	474.99	00	15								X	
02	26541	RECONSTRUCT/GRAFT HAND JOINT	97.34											
03	26541	RECONSTRUCT/GRAFT HAND JOINT	486.69										X	
07	26541	RECONSTRUCT/GRAFT HAND JOINT	584.04	00	15								X	
03	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	409.67											
07	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	491.59	00	15									
03	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	417.20										X	
07	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	500.63	00	15								X	
02	26546	REPAIR NON-UNION HAND	117.54											
03	26546	REPAIR NON-UNION HAND	587.72											
07	26546	REPAIR NON-UNION HAND	705.28	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	460.95									X	
07	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	553.13	00 15								X	
02	26550	CONSTRUCT THUMB REPLACEMENT	185.07										
03	26550	CONSTRUCT THUMB REPLACEMENT	925.37									X	
07	26550	CONSTRUCT THUMB REPLACEMENT	1,110.44	00 15								X	
02	26551	GREAT TOE-HAND TRANSFER	408.10										
03	26551	GREAT TOE-HAND TRANSFER	2,040.51										
07	26551	GREAT TOE-HAND TRANSFER	2,448.61	00 15									
02	26553	SINGLE TOE-HAND TRANSFER	353.13										
03	26553	SINGLE TOE-HAND TRANSFER	1,765.65										
07	26553	SINGLE TOE-HAND TRANSFER	2,118.76	00 15									
02	26554	DOUBLE TOE-HAND TRANSFER	468.36										
03	26554	DOUBLE TOE-HAND TRANSFER	2,341.78										
07	26554	DOUBLE TOE-HAND TRANSFER	2,810.13	00 15									
02	26555	POSITIONAL CHANGE OF FINGER	168.73										
03	26555	POSITIONAL CHANGE OF FINGER	843.65										
07	26555	POSITIONAL CHANGE OF FINGER	1,012.37	00 15									
02	26556	TOE JOINT TRANSFER	364.90										
03	26556	TOE JOINT TRANSFER	1,824.51										
07	26556	TOE JOINT TRANSFER	2,189.42	00 15									
02	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	68.09									X	
03	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	340.43									X	
07	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	408.51	00 15								X	
02	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	110.70									X	
03	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	553.48									X	
07	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	664.18	00 15								X	
02	26562	REPAIR WEB FINGER,COMPLEX,INVO	161.60										
03	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	808.00									X	
07	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	969.61	00 15								X	
02	26565	CORRECT METACARPAL FLAW	81.18									X	
03	26565	CORRECT METACARPAL FLAW	405.90									X	
07	26565	CORRECT METACARPAL FLAW	487.08	00 15								X	
03	26567	CORRECT FINGER DEFORMITY	410.26									X	
07	26567	CORRECT FINGER DEFORMITY	492.31	00 15								X	
02	26568	OSTEOPLASTY, LENGTHENING, METACARPAL	108.27										
03	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	541.37										
07	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	649.64	00 15									
02	26580	REPAIR HAND DEFORMITY	172.78										
03	26580	REPAIR HAND DEFORMITY	863.91									X	
07	26580	REPAIR HAND DEFORMITY	1,036.69	00 15								X	
02	26587	RECONSTRUCTION OF POLYDACTYLOUS DIGI	118.83									X	
03	26587	REPAIR SUPERNUMERARY DIGIT	594.17									X	
07	26587	REPAIR SUPERNUMERARY DIGIT	713.00	00 15								X	
02	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	158.84									X	
03	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	794.19									X	
07	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	953.02	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	256.57										X	
07	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	307.88	00	15								X	
02	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	89.92											
03	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	449.62											
07	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	539.55	00	15									
03	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	156.71										X	
07	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	188.04	00	15								X	
03	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	182.24										X	
07	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	218.69	00	15								X	
03	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	266.52										X	
07	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	319.82	00	15								X	
03	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	286.83											
07	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	344.19	00	15									
03	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	333.28										X	
07	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	399.94	00	15								X	
03	26641	TREAT THUMB DISLOCATION W/MANIPU	209.95										X	
07	26641	TREAT THUMB DISLOCATION W/MANIPU	251.94	00	15								X	
03	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	241.24										X	
07	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	289.51	00	15								X	
03	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	286.77										X	
07	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	344.14	00	15								X	
02	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	73.98										X	
03	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	369.89										X	
07	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	443.87	00	15								X	
03	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	190.25											
07	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	228.29	00	15									
03	26675	TREAT HAND DISLOCATION W/ANESTHESIA	257.72											
07	26675	TREAT HAND DISLOCATION W/ANESTHESIA	309.27	00	15									
03	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	300.32											
07	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	360.39	00	15									
03	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	343.13											
07	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	411.76	00	15									
02	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	76.36											
03	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	381.80											
07	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	458.15	00	15									
03	26700	TREAT KNUCKLE DISLOCATION	181.83											
07	26700	TREAT KNUCKLE DISLOCATION	218.19	00	15									
03	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	235.83											
07	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	282.98	00	15									
03	26706	PERC.PINNING,CLOSED METACARPOPHALANG	261.52											
07	26706	PERC.PINNING,CLOSED METACARPOPHALANG	313.82	00	15									
03	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	334.09											
07	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	400.91	00	15									
03	26720	TREAT CLSD FX;W/O MANIP, EACH	108.79										X	
07	26720	TREAT CLSD FX;W/O MANIP, EACH	130.55	00	15								X	
03	26725	TREAT CLSD FX;W/ MANIP, EACH	196.47										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	26725	TREAT CLSD FX;W/ MANIP, EACH	235.75	00 15								X	
03	26727	TREAT FX,MANIP,TRACT/FIX, EACH	281.65									X	
07	26727	TREAT FX,MANIP,TRACT/FIX, EACH	337.96	00 15								X	
03	26735	OPEN TREAT....W/W/O FIX, EACH	348.28									X	
07	26735	OPEN TREAT....W/W/O FIX, EACH	417.93	00 15								X	
03	26740	TREAT CLSD ART FX...W/O MANIP,EACH	127.00									X	
07	26740	TREAT CLSD ART FX...W/O MANIP,EACH	152.39	00 15								X	
03	26742	TREAT CLSD ART FX....W/ MANIP, EACH	215.80									X	
07	26742	TREAT CLSD ART FX....W/ MANIP, EACH	258.95	00 15								X	
02	26746	OPEN TRMT OF CLOSED OR OPEN ARTICULA	85.30									X	
03	26746	OPEN TX,CLSD/OPEN FX...EACH	426.48									X	
07	26746	OPEN TX,CLSD/OPEN FX...EACH	511.78	00 15								X	
03	26750	TREAT CLSD FX...W/O MANIP, EACH	102.10									X	
07	26750	TREAT CLSD FX...W/O MANIP, EACH	122.52	00 15								X	
03	26755	TREAT CLSD FX...W/ MANIP, EACH	179.99									X	
07	26755	TREAT CLSD FX...W/ MANIP, EACH	215.99	00 15								X	
03	26756	TREAT CLSD FX..;W/PERC PIN, EACH	247.37									X	
07	26756	TREAT CLSD FX..;W/PERC PIN, EACH	296.84	00 15								X	
03	26765	OPEN TX,CLSD/OPEN FX..;EACH	281.69									X	
07	26765	OPEN TX,CLSD/OPEN FX..;EACH	338.05	00 15								X	
03	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	153.79										
07	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	184.55	00 15									
03	26775	TRMT OF SAME W/ ANESTION	218.81										
07	26775	TRMT OF SAME W/ ANESTION	262.57	00 15									
03	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	263.69										
07	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	316.41	00 15									
03	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	307.66										
07	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	369.19	00 15									
02	26820	THUMB FUSION WITH GRAFT	95.11										
03	26820	THUMB FUSION WITH GRAFT	475.57										
07	26820	THUMB FUSION WITH GRAFT	570.69	00 15									
03	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	438.61										
07	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	526.32	00 15									
02	26842	ARTHRODESIS OF THUMB W/ GRAFT	95.69									X	
03	26842	ARTHRODESIS OF THUMB W/ GRAFT	478.43									X	
07	26842	ARTHRODESIS OF THUMB W/ GRAFT	574.12	00 15								X	
02	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	88.42										
03	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	442.08										
07	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	530.50	00 15									
02	26844	ARTHRODESIS OF DIGITS W/ GRAFT	98.90										
03	26844	ARTHRODESIS OF DIGITS W/ GRAFT	494.51										
07	26844	ARTHRODESIS OF DIGITS W/ GRAFT	593.42	00 15									
03	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	418.01										
07	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	501.60	00 15									
02	26852	ARTHRODESIS KNUCKLE W/ GRAFT	96.18										
03	26852	ARTHRODESIS KNUCKLE W/ GRAFT	480.90										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	26852	ARTHRODESIS KNUCKLE W/ GRAFT	577.08	00 15									
03	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	331.68										
07	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	398.02	00 15									
03	26861	ARTHRODESIS...EACH ADD JOINT	69.19									X	
07	26861	ARTHRODESIS...EACH ADD JOINT	83.02	00 15								X	
02	26862	FUSION/GRAFT OF FINGER JOINT	87.22										
03	26862	FUSION/GRAFT OF FINGER JOINT	436.11										
07	26862	FUSION/GRAFT OF FINGER JOINT	523.34	00 15									
02	26863	EACH ADDITIONAL JOINT	30.80									X	
03	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	153.98									X	
07	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	184.77	00 15								X	
03	26910	AMPUTATE METACARPAL BONE	430.97									X	
07	26910	AMPUTATE METACARPAL BONE	517.16	00 15								X	
03	26951	AMPUTATION OF FINGER/THUMB	367.81									X	
07	26951	AMPUTATION OF FINGER/THUMB	441.38	00 15								X	
03	26952	WITH LOCAL ADVANCEMENT FLAPS	387.94									X	
07	26952	WITH LOCAL ADVANCEMENT FLAPS	465.53	00 15								X	
03	26989	MISC PROCEDURE HAND S OR FINGERS	MP		X								
07	26989	MISC PROCEDURE HAND S OR FINGERS	MP	00 15	X								
03	26990	DRAINAGE OF PELVIS LESION	380.43										
07	26990	DRAINAGE OF PELVIS LESION	456.50	00 15									
03	26991	DRAINAGE OF PELVIS BURSA	417.84										
07	26991	DRAINAGE OF PELVIS BURSA	501.40	00 15									
03	26992	DRAINAGE OF BONE LESION	604.67										
07	26992	DRAINAGE OF BONE LESION	725.61	00 15									
03	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	276.91										
07	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	332.30	00 15									
02	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	67.36										
03	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	336.82										
07	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	404.18	00 15									
02	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	72.08										
03	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	360.41										
07	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	432.48	00 15									
02	27005	TENOTOMY, ILIOPSOAS, OPEN	91.68										
03	27005	TENOTOMY, ILIOPSOAS, OPEN	458.38										
07	27005	TENOTOMY, ILIOPSOAS, OPEN	550.05	00 15									
02	27006	TENOTOMY, ABDUCTORS, OPEN	92.51										
03	27006	TENOTOMY, ABDUCTORS, OPEN	462.56										
07	27006	TENOTOMY, ABDUCTORS, OPEN	555.07	00 15									
02	27025	OBER-YOUNT FASCIOTOMY, UNILATE	112.06										
03	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	560.30										
07	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	672.36	00 15									
03	27027	INCISION OF TISSUE OF MUSCLE COMPART	549.26										
07	27027	INCISION OF TISSUE OF MUSCLE COMPART	659.11	00 15									
02	27030	ARTHROTOMY OF HIP FOR DRAINAGE	120.05										
03	27030	ARTHROTOMY OF HIP FOR DRAINAGE	600.25										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27030	ARTHROTOMY OF HIP FOR DRAINAGE	720.29	00 15									
02	27033	HIP ARTHROTOMY FOR EXPLORATION	124.24										
03	27033	HIP ARTHROTOMY FOR EXPLORATION	621.22										
07	27033	HIP ARTHROTOMY FOR EXPLORATION	745.47	00 15									
02	27035	DENERVATION OF HIP JOINT	139.27										
03	27035	DENERVATION OF HIP JOINT	696.35										
07	27035	DENERVATION OF HIP JOINT	835.62	00 15									
02	27036	EXCISION OF HIP JOINT/MUSCLE	126.77										
03	27036	EXCISION OF HIP JOINT/MUSCLE	633.85										
07	27036	EXCISION OF HIP JOINT/MUSCLE	760.61	00 15									
03	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	200.24										
07	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	240.28	00 15									
03	27041	DEEP BIOPSY OF SOFT TISSUES	432.70										
07	27041	DEEP BIOPSY OF SOFT TISSUES	519.24	00 15									
03	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	318.68										
07	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	382.42	00 15									
02	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	101.38										
03	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	506.89										
07	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	608.26	00 15									
03	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	378.18										
07	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	453.82	00 15									
02	27048	DEEP TUMOR EXCISION,HIP-PELVI	59.05										
03	27048	DEEP TUMOR EXCISION, HIP-PELVIS	295.26										
07	27048	DEEP TUMOR EXCISION, HIP-PELVIS	354.31	00 15									
02	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	126.35										
03	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	631.77										
07	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	758.12	00 15									
03	27050	BIOPSY OF SACROILLIAC JOINT	215.23										
07	27050	BIOPSY OF SACROILLIAC JOINT	258.26	00 15									
02	27052	BIOPSY OF HIP JOINT	68.81										
03	27052	BIOPSY OF HIP JOINT	344.04										
07	27052	BIOPSY OF HIP JOINT	412.84	00 15									
02	27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOIN	84.84										
03	27054	REMOVAL OF HIP JOINT LINING	424.21										
07	27054	REMOVAL OF HIP JOINT LINING	509.04	00 15									
03	27057	INCISION OF TISSUE ON ONE SIDE OF PE	606.13										
07	27057	INCISION OF TISSUE ON ONE SIDE OF PE	727.35	00 15									
02	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	249.23										
03	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,246.17										
07	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,495.40	00 15									
03	27060	REMOVAL OF ISCHIAL BURSA	266.10										
07	27060	REMOVAL OF ISCHIAL BURSA	319.32	00 15									
03	27062	EXCISION TROCHANTERIC BURSA	277.59										
07	27062	EXCISION TROCHANTERIC BURSA	333.11	00 15									
02	27065	EXCISION OF BONE CYST OR BENIGN TUMO	61.97										
03	27065	EXCISION OF BONE CYST OR BENIGN TUMO	309.83										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27065	EXCISION OF BONE CYST OR BENIGN TUMO	371.78	00 15									
02	27066	EXCISION OF BONE CYST OR BENIGN TUMO	101.37										
03	27066	EXCISION OF BONE CYST OR BENIGN TUMO	506.85										
07	27066	EXCISION OF BONE CYST OR BENIGN TUMO	608.23	00 15									
02	27067	EXCISION OF BONE CYST OR BENIGN TUMO	128.25										
03	27067	EXCISION OF BONE CYST OR BENIGN TUMO	641.27										
07	27067	EXCISION OF BONE CYST OR BENIGN TUMO	769.53	00 15									
02	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	105.88										
03	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	529.38										
07	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	635.26	00 15									
02	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	113.72										
03	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	568.58										
07	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	682.28	00 15									
02	27075	RADICAL RESECTION FOR TUMOR-WING OF	297.27										
03	27075	RADICAL RESECTION FOR TUMOR-WING OF	1,486.33										
07	27075	RADICAL RESECTION FOR TUMOR-WING OF	1,783.59	00 15									
02	27076	RADICAL RESECTION FOR TUMOR-ILIUM	204.09										
03	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,020.47										
07	27076	RADICAL RESECTION FOR TUMOR-ILIUM	1,224.56	00 15									
02	27077	INNOMINATE BONE-TOTAL	342.96										
03	27077	INNOMINATE BONE-TOTAL	1,714.80										
07	27077	INNOMINATE BONE-TOTAL	2,057.75	00 15									
02	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	128.31										
03	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	641.55										
07	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	769.86	00 15									
02	27080	COCCYGECTOMY	61.28										
03	27080	COCCYGECTOMY	306.40										
07	27080	COCCYGECTOMY	367.67	00 15									
03	27086	REMOVE HIP FOREIGN BODY	143.47										
07	27086	REMOVE HIP FOREIGN BODY	172.16	00 15									
02	27087	DEEP ODY	79.10										
03	27087	DEEP ODY	395.51										
07	27087	DEEP ODY	474.61	00 15									
02	27090	REMOVAL OF HIP PROSTHESIS	105.02										
03	27090	REMOVAL OF HIP PROSTHESIS	525.10										
07	27090	REMOVAL OF HIP PROSTHESIS	630.12	00 15									
02	27091	XOMPLICATED HESIS	204.68										
03	27091	COMPLICATED HESIS	1,023.38										
07	27091	COMPLICATED HESIS	1,228.06	00 15									
03	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	115.44										
07	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	138.53	00 15									
03	27095	WITH ANES RAY	139.03										
07	27095	WITH ANES RAY	166.82	00 15									
03	27096	INJECTION PROCEDURE FOR SACROILIAC J	106.20										
07	27096	INJECTION PROCEDURE FOR SACROILIAC J	127.44	00 15									
02	27097	HAMSTRING RECESSION PROXIMAL	83.71										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	27097	HAMSTRING RECESSION PROXIMAL	418.55											
07	27097	HAMSTRING RECESSION PROXIMAL	502.26	00	15									
02	27098	ADDUCTOR TRANSFER TO ISCHIUM	77.70											
03	27098	ADDUCTOR TRANSFER TO ISCHIUM	388.48											
07	27098	ADDUCTOR TRANSFER TO ISCHIUM	466.17	00	15									
02	27100	TRAN EXTERNAL OBLIQUE MUSCLE T	103.06											
03	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	515.30											
07	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	618.36	00	15									
02	27105	TRANSFER PARASPINAL MUSCLE TO	107.66											
03	27105	TRANSFER PARASPINAL MUSCLE TO HIP	538.32											
07	27105	TRANSFER PARASPINAL MUSCLE TO HIP	645.98	00	15									
02	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	120.87											
03	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	604.37											
07	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	725.24	00	15									
02	27111	TO FEMORAL NECK S MUSCLE	107.99											
03	27111	TO FEMORAL NECK S MUSCLE	539.94											
07	27111	TO FEMORAL NECK S MUSCLE	647.93	00	15									
02	27120	ACETABULOPLASTY P SOCKET	164.50											
03	27120	ACETABULOPLASTY P SOCKET	822.51											
07	27120	ACETABULOPLASTY P SOCKET	987.02	00	15									
02	27122	RESECTION FEMORAL HEAD	140.59											
03	27122	RESECTION FEMORAL HEAD	702.93											
07	27122	RESECTION FEMORAL HEAD	843.51	00	15									
02	27125	HEMIARTHROPLASTY; PROSTHESIS	143.08											
03	27125	HEMIARTHROPLASTY; PROSTHESIS	715.41											
07	27125	HEMIARTHROPLASTY; PROSTHESIS	858.49	00	15									
02	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	185.15											
03	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	925.76											
07	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,110.90	00	15									
02	27132	CONVERT PREV.HIP SURG TO TOT.HIP REP	216.44											
03	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,082.20											
07	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,298.63	00	15									
02	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	251.87											
03	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,259.34											
07	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,511.20	00	15									
02	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	191.52											
03	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	957.62											
07	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,149.15	00	15									
02	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	199.44											
03	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	997.19											
07	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,196.62	00	15									
02	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	113.90											
03	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	569.48											
07	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	683.37	00	15									
02	27146	OSTEOTOMY, ILIAC	161.16											
03	27146	OSTEOTOMY, ILIAC	805.82											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27146	OSTEOTOMY, ILIAC	966.98	00 15									
02	27147	WITH OPEN REDUCTION OF HIP	188.04										
03	27147	WITH OPEN REDUCTION OF HIP	940.22										
07	27147	WITH OPEN REDUCTION OF HIP	1,128.26	00 15									
02	27151	WITH FEMORAL OSTEOTOMY	196.91										
03	27151	WITH FEMORAL OSTEOTOMY	984.53										
07	27151	WITH FEMORAL OSTEOTOMY	1,181.43	00 15									
02	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	219.79										
03	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,098.95										
07	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,318.74	00 15									
02	27158	OSTEOTOMY, PELVIS, BILATERAL	176.27										
03	27158	OSTEOTOMY, PELVIS, BILATERAL	881.34										
07	27158	OSTEOTOMY, PELVIS, BILATERAL	1,057.60	00 15									
02	27161	INCISION OF NECK OF FEMUR	155.77										
03	27161	INCISION OF NECK OF FEMUR	778.87										
07	27161	INCISION OF NECK OF FEMUR	934.65	00 15									
02	27165	INCISION/FIXATION OF FEMUR	173.88										
03	27165	INCISION/FIXATION OF FEMUR	869.39										
07	27165	INCISION/FIXATION OF FEMUR	1,043.26	00 15									
02	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	150.86										
03	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	754.32										
07	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	905.19	00 15									
03	27175	TREAT SLIPPED EPIPHYSIS	417.11										
07	27175	TREAT SLIPPED EPIPHYSIS	500.53	00 15									
02	27176	BY SINGLE/MULTI PINNING,IN SIT	115.62										
03	27176	BY SINGLE OR MULITPLE PINNING, IN SI	578.08										
07	27176	BY SINGLE OR MULITPLE PINNING, IN SI	693.69	00 15									
02	27177	REPAIR SLIPPED EPIPHYSIS	141.12										
03	27177	REPAIR SLIPPED EPIPHYSIS	705.61										
07	27177	REPAIR SLIPPED EPIPHYSIS	846.74	00 15									
02	27178	CLOSED MANIPULATION YSIS	114.29										
03	27178	CLOSED MANIPULATION YSIS	571.44										
07	27178	CLOSED MANIPULATION YSIS	685.72	00 15									
02	27179	OSTEOPLASTY OF FEMORAL NECK	123.18										
03	27179	OSTEOPLASTY OF FEMORAL NECK	615.92										
07	27179	OSTEOPLASTY OF FEMORAL NECK	739.10	00 15									
02	27181	OSTEOTOMY & INTERNAL FIXATION	136.03										
03	27181	OSTEOTOMY & INTERNAL FIXATION	680.15										
07	27181	OSTEOTOMY & INTERNAL FIXATION	816.18	00 15									
03	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	441.36										
07	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	529.63	00 15									
02	27187	PROPHYLACTIC TREATMENT (NAILING, PIN	126.36										
03	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	631.78										
07	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	758.14	00 15									
03	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	86.42										
07	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	103.70	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	224.62											
07	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	269.54	00	15									
03	27200	TRMT OF CLOSED COCCYGEAL FX	102.52											
07	27200	TRMT OF CLOSED COCCYGEAL FX	123.05	00	15									
02	27202	OPEN TRMT OF CLOSED OR OPEN CO	78.43											
03	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	392.13											
07	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	470.55	00	15									
02	27215	OPEN TREATMENT OF ILIAC SPINE(S),	134.96											
03	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	674.79											
07	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	706.93	00	15									
02	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	168.96											
03	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	844.82											
07	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	1,056.03	00	15									
02	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	156.58											
03	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	782.88											
07	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	931.70	00	15									
02	27218	OPEN TREATMENT OF POSTERIOR RING FRA	209.60											
03	27218	OPEN TREATMENT OF POSTERIOR RING FRA	1,047.99											
07	27218	OPEN TREATMENT OF POSTERIOR RING FRA	1.91	00	15									
03	27220	TREAT HIP SOCKET FRACTURE	322.77											
07	27220	TREAT HIP SOCKET FRACTURE	387.33	00	15									
03	27222	WITH MANIPULATION CTURE	618.62											
07	27222	WITH MANIPULATION CTURE	742.34	00	15									
02	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	132.27											
03	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	661.33											
07	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	793.59	00	15									
02	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	214.45											
03	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,072.23											
07	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,286.67	00	15									
02	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	245.81											
03	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,229.05											
07	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,474.86	00	15									
03	27230	TRMT OF CLOSED FEMORAL FX	286.32											
07	27230	TRMT OF CLOSED FEMORAL FX	343.58	00	15									
03	27232	WITH MANIPULATION MUR	494.01										X	
07	27232	WITH MANIPULATION MUR	592.80	00	15								X	
03	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	577.22											
07	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	692.65	00	15									
02	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	151.34											
03	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	756.70											
07	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	908.03	00	15									
03	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	277.05											
07	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	332.45	00	15									
03	27240	WITH MANIPULATION RACTURE	604.01											
07	27240	WITH MANIPULATION RACTURE	724.80	00	15									
02	27244	OPEN TRMT OFCLOSED OR OPEN INTER/PE	155.70											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	778.50										
07	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	934.19	00 15									
02	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	162.02										
03	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	810.12										
07	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	972.13	00 15									
03	27246	TRMT OF CLOSED GREATER TROCHANTERIC	234.92										
07	27246	TRMT OF CLOSED GREATER TROCHANTERIC	281.90	00 15									
02	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	95.47										
03	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	477.37										
07	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	572.84	00 15									
03	27250	TREAT HIP DISLOCATION	152.19										
07	27250	TREAT HIP DISLOCATION	182.64	00 15									
03	27252	REQUIRING ANES N	477.06										
07	27252	REQUIRING ANES N	572.48	00 15									
02	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	120.09										
03	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	600.44										
07	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	720.53	00 15									
02	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	162.96										
03	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	814.78										
07	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	977.73	00 15									
03	27256	TRMT OF CONGENITAL HIP DISLOCATION	181.88										
07	27256	TRMT OF CONGENITAL HIP DISLOCATION	218.26	00 15									
03	27257	WITH MANIPULATION REQUIRING ANES	213.83										
07	27257	WITH MANIPULATION REQUIRING ANES	256.60	00 15									
02	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	141.01										
03	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	705.03										
07	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	846.03	00 15									
02	27259	W/ FEMORAL SHAFT SHORTENING	198.19										
03	27259	W/ FEMORAL SHAFT SHORTENING	990.96										
07	27259	W/ FEMORAL SHAFT SHORTENING	1,189.15	00 15									
03	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	239.66										
07	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	287.60	00 15									
03	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	360.83										
07	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	432.99	00 15									
03	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	256.92										
07	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	308.31	00 15									
02	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	63.97										
03	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	319.83										
07	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	383.79	00 15									
02	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	155.46										
03	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	777.29										
07	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	932.74	00 15									
03	27275	MANIPULATION OF HIP JOINT	111.62										
07	27275	MANIPULATION OF HIP JOINT	133.95	00 15									
02	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	83.77										
03	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	418.85										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	502.61	00	15									
02	27280	FUSION OF SACROILIAC JOINT	130.39											
03	27280	FUSION OF SACROILIAC JOINT	651.94											
07	27280	FUSION OF SACROILIAC JOINT	782.35	00	15									
02	27282	FUSION OF PUBIC BONES	102.19											
03	27282	FUSION OF PUBIC BONES	510.97											
07	27282	FUSION OF PUBIC BONES	613.17	00	15									
02	27284	FUSION OF HIP JOINT	200.30											
03	27284	FUSION OF HIP JOINT	1,001.50											
07	27284	FUSION OF HIP JOINT	1,201.80	00	15									
02	27286	WITH SUBTROCHANTERIC OSTEOTOMY	209.19											
03	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,045.93											
07	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,255.11	00	15									
02	27290	AMPUTATION OF LEG AT HIP	200.80											
03	27290	AMPUTATION OF LEG AT HIP	1,003.98											
07	27290	AMPUTATION OF LEG AT HIP	1,204.77	00	15									
02	27295	DISARTICULATION OF HIP	162.36											
03	27295	DISARTICULATION OF HIP	811.81											
07	27295	DISARTICULATION OF HIP	974.18	00	15									
03	27299	PELVIS/HIP JOINT SURGERY	MP			X								
07	27299	PELVIS/HIP JOINT SURGERY	MP	00	15	X								
03	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	394.59											
07	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	473.53	00	15									
02	27303	INCISION, DEEP WI OPENING OF BONE CO	79.71											
03	27303	INCISION, DEEP W/ OPENING OF BONE CO	398.53											
07	27303	INCISION, DEEP W/ OPENING OF BONE CO	478.25	00	15									
02	27305	FASCIOTOMY & FASCIA	57.97											
03	27305	FASCIOTOMY & FASCIA	289.87											
07	27305	FASCIOTOMY & FASCIA	347.85	00	15									
02	27306	TENOTOMY, SINGLE NDON	46.79											
03	27306	TENOTOMY, SINGLE NDON	233.97											
07	27306	TENOTOMY, SINGLE NDON	280.76	00	15									
03	27307	MULTIPLE NDONS	288.81											
07	27307	MULTIPLE NDONS	346.58	00	15									
02	27310	ARTHROTOMY, KNEE JOINT	90.98											
03	27310	ARTHROTOMY, KNEE JOINT	454.91											
07	27310	ARTHROTOMY, KNEE JOINT	545.89	00	15									
03	27323	BIOPSY THIGH SOFT TISSUES	156.12											
07	27323	BIOPSY THIGH SOFT TISSUES	187.34	00	15									
03	27324	BIOPSY THIGH SOFT TISSUES	235.53											
07	27324	BIOPSY THIGH SOFT TISSUES	282.63	00	15									
02	27325	NEURECTOMY, HAMSTRING MUSCLE	65.51											
03	27325	NEURECTOMY, HAMSTRING MUSCLE	327.57											
07	27325	NEURECTOMY, HAMSTRING MUSCLE	393.09	00	15									
02	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	60.42											
03	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	302.10											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	362.51	00 15									
03	27327	REMOVAL OF THIGH LESION	268.43										
07	27327	REMOVAL OF THIGH LESION	322.12	00 15									
03	27328	REMOVAL OF THIGH LESION	260.38										
07	27328	REMOVAL OF THIGH LESION	312.46	00 15									
02	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	131.20										
03	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	656.02										
07	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	787.22	00 15									
03	27330	BIOPSY KNEE JOINT LINING	246.92										
07	27330	BIOPSY KNEE JOINT LINING	296.31	00 15									
02	27331	EXPLORE/TREAT KNEE JOINT	58.37										
03	27331	EXPLORE/TREAT KNEE JOINT	291.86										
07	27331	EXPLORE/TREAT KNEE JOINT	350.24	00 15									
02	27332	REMOVAL OF KNEE CARTILAGE	79.50										
03	27332	REMOVAL OF KNEE CARTILAGE	397.52										
07	27332	REMOVAL OF KNEE CARTILAGE	477.02	00 15									
02	27333	REMOVAL OF KNEE CARTILAGE	71.87										
03	27333	REMOVAL OF KNEE CARTILAGE	359.37										
07	27333	REMOVAL OF KNEE CARTILAGE	431.25	00 15									
02	27334	REMOVE KNEE JOINT LINING	84.74										
03	27334	REMOVE KNEE JOINT LINING	423.70										
07	27334	REMOVE KNEE JOINT LINING	508.43	00 15									
02	27335	REMOVE KNEE JOINT LINING	96.06										
03	27335	REMOVE KNEE JOINT LINING	480.32										
07	27335	REMOVE KNEE JOINT LINING	576.38	00 15									
02	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	56.81										
03	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	284.05										
07	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	340.86	00 15									
02	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	102.40										
03	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	511.99										
07	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	614.38	00 15									
03	27340	REMOVAL OF KNEECAP BURSA	221.89										
07	27340	REMOVAL OF KNEECAP BURSA	266.26	00 15									
02	27345	REMOVAL OF CYST OF MEMBRANE COVERING	59.04										
03	27345	REMOVAL OF CYST OF MEMBRANE COVERING	295.20										
07	27345	REMOVAL OF CYST OF MEMBRANE COVERING	354.24	00 15									
02	27347	EXCISION OF LESION OF MENISCUS OR	63.28										
03	27347	REMOVE KNEE CYST	316.38										
07	27347	REMOVE KNEE CYST	379.67	00 15									
02	27350	REMOVAL OF KNEECAP	80.86										
03	27350	REMOVAL OF KNEECAP	404.28										
07	27350	REMOVAL OF KNEECAP	485.13	00 15									
02	27355	REMOVE FEMUR LESION	74.94										
03	27355	REMOVE FEMUR LESION	374.71										
07	27355	REMOVE FEMUR LESION	449.64	00 15									
02	27356	REMOVE FEMUR LESION/GRAFT	92.18										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	27356	REMOVE FEMUR LESION/GRAFT	460.88											
07	27356	REMOVE FEMUR LESION/GRAFT	553.06	00	15									
02	27357	REMOVE FEMUR LESION/GRAFT	102.40											
03	27357	REMOVE FEMUR LESION/GRAFT	512.01											
07	27357	REMOVE FEMUR LESION/GRAFT	614.41	00	15									
02	27358	WITH INTERNAL/FIXATION	37.98											
03	27358	WITH INTERNAL FIXATION	189.89											
07	27358	WITH INTERNAL FIXATION	227.87	00	15									
02	27360	PARTIAL REMOVAL LEG BONE(S)	106.18											
03	27360	PARTIAL REMOVAL LEG BONE(S)	530.92											
07	27360	PARTIAL REMOVAL LEG BONE(S)	637.10	00	15									
02	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	214.41											
03	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,072.05											
07	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,286.46	00	15									
02	27365	EXTENSIVE LEG SURGERY	155.88											
03	27365	EXTENSIVE LEG SURGERY	779.42											
07	27365	EXTENSIVE LEG SURGERY	935.30	00	15									
03	27369	INJECTION PROCEDURE FOR CONTRAST KNE	100.45											
07	27369	INJECTION PROCEDURE FOR CONTRAST KNE	120.54	00	15									
03	27372	REMOVAL OF FOREIGN BODY	351.02											
07	27372	REMOVAL OF FOREIGN BODY	421.23	00	15									
02	27380	REPAIR OF KNEECAP TENDON	73.04											
03	27380	REPAIR OF KNEECAP TENDON	365.22											
07	27380	REPAIR OF KNEECAP TENDON	438.26	00	15									
02	27381	REPAIR/GRAFT KNEECAP TENDON	100.24											
03	27381	REPAIR/GRAFT KNEECAP TENDON	501.21											
07	27381	REPAIR/GRAFT KNEECAP TENDON	601.45	00	15									
02	27385	REPAIR OF THIGH MUSCLE	78.37											
03	27385	REPAIR OF THIGH MUSCLE	391.87											
07	27385	REPAIR OF THIGH MUSCLE	470.25	00	15									
02	27386	REPAIR/GRAFT OF THIGH MUSCLE	103.92											
03	27386	REPAIR/GRAFT OF THIGH MUSCLE	519.60											
07	27386	REPAIR/GRAFT OF THIGH MUSCLE	623.52	00	15									
02	27390	INCISION OF THIGH TENDON	54.15											
03	27390	INCISION OF THIGH TENDON	270.75											
07	27390	INCISION OF THIGH TENDON	324.90	00	15									
03	27391	INCISION OF THIGH TENDONS	354.21											
07	27391	INCISION OF THIGH TENDONS	425.06	00	15									
02	27392	INCISION OF THIGH TENDONS	87.70											
03	27392	INCISION OF THIGH TENDONS	438.51											
07	27392	INCISION OF THIGH TENDONS	526.20	00	15									
02	27393	LENGTHENING OF THIGH TENDON	62.78											
03	27393	LENGTHENING OF THIGH TENDON	313.91											
07	27393	LENGTHENING OF THIGH TENDON	376.70	00	15									
02	27394	LENGTHENING OF THIGH TENDONS	81.45											
03	27394	LENGTHENING OF THIGH TENDONS	407.24											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27394	LENGTHENING OF THIGH TENDONS	488.68	00 15									
02	27395	LENGTHENING OF THIGH TENDONS	110.68										
03	27395	LENGTHENING OF THIGH TENDONS	553.38										
07	27395	LENGTHENING OF THIGH TENDONS	664.05	00 15									
02	27396	TRANSPLANT OF THIGH TENDON	76.40										
03	27396	TRANSPLANT OF THIGH TENDON	382.00										
07	27396	TRANSPLANT OF THIGH TENDON	458.39	00 15									
02	27397	TRANSPLANTS OF THIGH TENDONS	112.75										
03	27397	TRANSPLANTS OF THIGH TENDONS	563.76										
07	27397	TRANSPLANTS OF THIGH TENDONS	676.50	00 15									
02	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	85.00										
03	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	424.98										
07	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	509.97	00 15									
02	27403	ARTHROTOMY WITH OPN MENISCUS REPAIR	80.11										
03	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	400.55										
07	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	480.66	00 15									
02	27405	REPAIR OF KNEE LIGAMENT	84.40										
03	27405	REPAIR OF KNEE LIGAMENT	421.99										
07	27405	REPAIR OF KNEE LIGAMENT	506.39	00 15									
02	27407	REPAIR OF KNEE LIGAMENT	96.83										
03	27407	REPAIR OF KNEE LIGAMENT	484.17										
07	27407	REPAIR OF KNEE LIGAMENT	581.00	00 15									
02	27409	REPAIR OF KNEE LIGAMENTS	121.88										
03	27409	REPAIR OF KNEE LIGAMENTS	609.42										
07	27409	REPAIR OF KNEE LIGAMENTS	731.30	00 15									
02	27412	AUTOCHONDROCYTE IMPLANT KNEE	212.58										
03	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,062.92										
07	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,275.51	00 15									
02	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	178.61		X								
03	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	893.06		X								
07	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,071.68	00 15	X								
03	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	612.62		X								
07	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	735.14	00 15	X								
02	27418	PLASTY FOR CHONDROMALACIA PATELLAE	104.90										
03	27418	PLASTY FOR CHONDROMALACIA PATELLAE	524.50										
07	27418	PLASTY FOR CHONDROMALACIA PATELLAE	629.39	00 15									
02	27420	REVISION OF UNSTABLE KNEECAP	93.88										
03	27420	REVISION OF UNSTABLE KNEECAP	469.39										
07	27420	REVISION OF UNSTABLE KNEECAP	563.27	00 15									
02	27422	REVISION OF UNSTABLE KNEECAP	93.48										
03	27422	REVISION OF UNSTABLE KNEECAP	467.41										
07	27422	REVISION OF UNSTABLE KNEECAP	560.89	00 15									
02	27424	REVISION/REMOVAL OF KNEECAP	93.73										
03	27424	REVISION/REMOVAL OF KNEECAP	468.65										
07	27424	REVISION/REMOVAL OF KNEECAP	562.38	00 15									
03	27425	LATERAL RETINACULAR RELEASE ANY METH	270.24										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	27425	LATERAL RETINACULAR RELEASE ANY METH	324.28	00	15									
02	27427	RECONSTRUCT(AUGMENT)KNEE;ESTRA-ARTIC	89.94											
03	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	449.71											
07	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	539.65	00	15									
02	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	138.73											
03	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	693.63											
07	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	832.35	00	15									
02	27429	RECONSTRUCT KNEE;INTRA&EXTRA ARTIC	155.40											
03	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	776.98											
07	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	932.37	00	15									
02	27430	REVISION OF THIGH MUSCLES	92.91											
03	27430	REVISION OF THIGH MUSCLES	464.53											
07	27430	REVISION OF THIGH MUSCLES	557.44	00	15									
02	27435	INCISION OF KNEE JOINT	99.40											
03	27435	INCISION OF KNEE JOINT	496.99											
07	27435	INCISION OF KNEE JOINT	596.39	00	15									
03	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	412.45											
07	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	494.94	00	15									
02	27438	REVISE KNEECAP WITH IMPLANT	106.15											
03	27438	REVISE KNEECAP WITH IMPLANT	530.73											
07	27438	REVISE KNEECAP WITH IMPLANT	636.88	00	15									
02	27440	REVISION OF KNEE JOINT	97.13											
03	27440	REVISION OF KNEE JOINT	485.67											
07	27440	REVISION OF KNEE JOINT	582.81	00	15									
02	27441	REVISION OF KNEE JOINT	100.38											
03	27441	REVISION OF KNEE JOINT	501.89											
07	27441	REVISION OF KNEE JOINT	602.27	00	15									
02	27442	REVISION OF KNEE JOINT	110.09											
03	27442	REVISION OF KNEE JOINT	550.47											
07	27442	REVISION OF KNEE JOINT	660.56	00	15									
02	27443	REVISION OF KNEE JOINT	102.89											
03	27443	REVISION OF KNEE JOINT	514.43											
07	27443	REVISION OF KNEE JOINT	617.31	00	15									
02	27445	REVISE KNEE JOINT, IMPLANT	161.18											
03	27445	REVISE KNEE JOINT, IMPLANT	805.92											
07	27445	REVISE KNEE JOINT, IMPLANT	967.10	00	15									
02	27446	TOTAL KNEE REPLACEMENT	142.93											
03	27446	TOTAL KNEE REPLACEMENT	714.64											
07	27446	TOTAL KNEE REPLACEMENT	857.57	00	15									
02	27447	TOTAL KNEE REPLACEMENT	198.25											
03	27447	TOTAL KNEE REPLACEMENT	991.24											
07	27447	TOTAL KNEE REPLACEMENT	1,189.49	00	15									
02	27448	INCISION OF FEMUR	103.74											
03	27448	INCISION OF FEMUR	518.68											
07	27448	INCISION OF FEMUR	622.41	00	15									
02	27450	INCISION OF FEMUR	129.41											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	27450	INCISION OF FEMUR	647.07										
07	27450	INCISION OF FEMUR	776.49	00 15									
02	27454	REALIGNMENT OF FEMUR	163.88										
03	27454	REALIGNMENT OF FEMUR	819.38										
07	27454	REALIGNMENT OF FEMUR	983.26	00 15									
02	27455	REALIGNMENT OF KNEE	119.50										
03	27455	REALIGNMENT OF KNEE	597.48										
07	27455	REALIGNMENT OF KNEE	716.98	00 15									
02	27457	REALIGNMENT OF KNEE	123.34										
03	27457	REALIGNMENT OF KNEE	616.70										
07	27457	REALIGNMENT OF KNEE	740.03	00 15									
02	27465	SHORTENING OF FEMUR	155.18										
03	27465	SHORTENING OF FEMUR	775.91										
07	27465	SHORTENING OF FEMUR	931.10	00 15									
02	27466	LENGTHENING OF FEMUR	150.65										
03	27466	LENGTHENING OF FEMUR	753.27										
07	27466	LENGTHENING OF FEMUR	903.92	00 15									
02	27468	REVISION OF FEMURS	171.20										
03	27468	REVISION OF FEMURS	855.98										
07	27468	REVISION OF FEMURS	1,027.17	00 15									
02	27470	REPAIR OF FEMUR	150.19										
03	27470	REPAIR OF FEMUR	750.95										
07	27470	REPAIR OF FEMUR	901.14	00 15									
02	27472	REPAIR/GRAFT OF FEMUR	162.62										
03	27472	REPAIR/GRAFT OF FEMUR	813.11										
07	27472	REPAIR/GRAFT OF FEMUR	975.73	00 15									
03	27475	REPAIR OF FEMUR EPIPHYSIS	409.45										
07	27475	REPAIR OF FEMUR EPIPHYSIS	491.34	00 15									
03	27477	REPAIR LOWER LEG EPIPHYSES	461.33										
07	27477	REPAIR LOWER LEG EPIPHYSES	553.60	00 15									
02	27479	REPAIR OF LEG EPIPHYSES	119.82										
03	27479	REPAIR OF LEG EPIPHYSES	599.09										
07	27479	REPAIR OF LEG EPIPHYSES	718.91	00 15									
03	27485	REPAIR OF LEG EPIPHYSIS	420.14										
07	27485	REPAIR OF LEG EPIPHYSIS	504.17	00 15									
02	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	180.62										
03	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	903.08										
07	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,083.69	00 15									
02	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	228.49										
03	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,142.44										
07	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,370.93	00 15									
02	27488	REMOVAL OF KNEE PROSTHESIS	152.41										
03	27488	REMOVAL OF KNEE PROSTHESIS	762.06										
07	27488	REMOVAL OF KNEE PROSTHESIS	914.46	00 15									
02	27495	PROPHYLACTIC TREATMENT (NAILING, PIN	144.51										
03	27495	PROPHYLACTIC TREAT. FEMUR	722.55										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27495	PROPHYLACTIC TREAT. FEMUR	867.05	00 15									
03	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	311.65										
07	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	373.97	00 15									
03	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	340.66										
07	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	408.79	00 15									
02	27498	DECOMPRESSION FASCIOTOMY, THIGH AND	74.35										
03	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	371.73										
07	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	446.07	00 15									
02	27499	DECOMPRESSION FASIOTOMY, THIGH AND	82.53										
03	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	412.63										
07	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	495.16	00 15									
03	27500	TREATMENT OF FEMUR FRACTURE	312.51										
07	27500	TREATMENT OF FEMUR FRACTURE	375.01	00 15									
03	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	308.15										
07	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	369.78	00 15									
03	27502	TREATMENT OF FEMUR FRACTURE	496.96										
07	27502	TREATMENT OF FEMUR FRACTURE	596.36	00 15									
03	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	505.05										
07	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	606.06	00 15									
02	27506	REPAIR OF FEMUR FRACTURE	169.42										
03	27506	REPAIR OF FEMUR FRACTURE	847.12										
07	27506	REPAIR OF FEMUR FRACTURE	1,016.54	00 15									
02	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	125.82										
03	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	629.11										
07	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	754.93	00 15									
03	27508	TREATMENT OF FEMUR FRACTURE	314.13										
07	27508	TREATMENT OF FEMUR FRACTURE	376.95	00 15									
03	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	397.84										
07	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	477.40	00 15									
03	27510	TREATMENT OF FEMUR FRACTURE	437.89										
07	27510	TREATMENT OF FEMUR FRACTURE	525.47	00 15									
02	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	130.14										
03	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	650.69										
07	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	780.81	00 15									
02	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	164.10										
03	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	820.51										
07	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	984.60	00 15									
02	27514	REPAIR OF FEMUR FRACTURE	132.09										
03	27514	REPAIR OF FEMUR FRACTURE	660.43										
07	27514	REPAIR OF FEMUR FRACTURE	792.50	00 15									
03	27516	TREATMENT OF FEMUR EPIPHYSIS	292.32										
07	27516	TREATMENT OF FEMUR EPIPHYSIS	350.79	00 15									
03	27517	TREATMENT OF FEMUR EPIPHYSIS	417.18										
07	27517	TREATMENT OF FEMUR EPIPHYSIS	500.61	00 15									
02	27519	REPAIR OF FEMUR EPIPHYSIS	119.21										
03	27519	REPAIR OF FEMUR EPIPHYSIS	596.05										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27519	REPAIR OF FEMUR EPIPHYSIS	715.26	00 15									
03	27520	TREAT KNEECAP FRACTURE	182.26										
07	27520	TREAT KNEECAP FRACTURE	218.71	00 15									
02	27524	REPAIR OF KNEECAP FRACTURE	94.86										
03	27524	REPAIR OF KNEECAP FRACTURE	474.30										
07	27524	REPAIR OF KNEECAP FRACTURE	569.15	00 15									
03	27530	TREATMENT OF KNEE FRACTURE	230.35										
07	27530	TREATMENT OF KNEE FRACTURE	276.42	00 15									
03	27532	TREATMENT OF KNEE FRACTURE	374.14										
07	27532	TREATMENT OF KNEE FRACTURE	448.97	00 15									
02	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	115.91										
03	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	579.55										
07	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	695.46	00 15									
02	27536	REPAIR OF KNEE FRACTURE	150.96										
03	27536	REPAIR OF KNEE FRACTURE	754.81										
07	27536	REPAIR OF KNEE FRACTURE	905.77	00 15									
03	27538	TREAT KNEE FRACTURE(S)	276.90										
07	27538	TREAT KNEE FRACTURE(S)	332.28	00 15									
02	27540	REPAIR OF KNEE FRACTURE	105.33										
03	27540	REPAIR OF KNEE FRACTURE	526.65										
07	27540	REPAIR OF KNEE FRACTURE	631.98	00 15									
03	27550	TREAT KNEE DISLOCATION	293.76										
07	27550	TREAT KNEE DISLOCATION	352.51	00 15									
03	27552	TREAT KNEE DISLOCATION	385.19										
07	27552	TREAT KNEE DISLOCATION	462.23	00 15									
02	27556	REPAIR OF KNEE DISLOCATION	117.19										
03	27556	REPAIR OF KNEE DISLOCATION	585.93										
07	27556	REPAIR OF KNEE DISLOCATION	703.11	00 15									
02	27557	REPAIR OF KNEE DISLOCATION	140.45										
03	27557	REPAIR OF KNEE DISLOCATION	702.23										
07	27557	REPAIR OF KNEE DISLOCATION	842.68	00 15									
02	27558	OPEN TREATMENT OF KNEE DISLOCATION,	157.56										
03	27558	OPEN TREATMENT OF KNEE DISLOCATION,	787.80										
07	27558	OPEN TREATMENT OF KNEE DISLOCATION,	945.36	00 15									
03	27560	TREAT KNEECAP DISLOCATION	212.50										
07	27560	TREAT KNEECAP DISLOCATION	254.98	00 15									
03	27562	TREAT KNEECAP DISLOCATION	283.44										
07	27562	TREAT KNEECAP DISLOCATION	340.12	00 15									
02	27566	REPAIR KNEECAP DISLOCATION	113.31										
03	27566	REPAIR KNEECAP DISLOCATION	566.54										
07	27566	REPAIR KNEECAP DISLOCATION	679.84	00 15									
03	27570	FIXATION OF KNEE JOINT	90.61										
07	27570	FIXATION OF KNEE JOINT	108.73	00 15									
02	27580	FUSION OF KNEE	183.92										
03	27580	FUSION OF KNEE	919.60										
07	27580	FUSION OF KNEE	1,103.52	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	27590	AMPUTATE LEG AT THIGH	105.85											
03	27590	AMPUTATE LEG AT THIGH	529.27											
07	27590	AMPUTATE LEG AT THIGH	635.13	00	15									
02	27591	AMPUTATE LEG AT THIGH	116.80											
03	27591	AMPUTATE LEG AT THIGH	584.01											
07	27591	AMPUTATE LEG AT THIGH	700.81	00	15									
02	27592	AMPUTATE LEG AT THIGH	89.45											
03	27592	AMPUTATE LEG AT THIGH	447.27											
07	27592	AMPUTATE LEG AT THIGH	536.72	00	15									
03	27594	AMPUTATION FOLLOW-UP SURGERY	321.00											
07	27594	AMPUTATION FOLLOW-UP SURGERY	385.20	00	15									
03	27596	AMPUTATION FOLLOW-UP SURGERY	468.21											
07	27596	AMPUTATION FOLLOW-UP SURGERY	561.85	00	15									
02	27598	AMPUTATE LOWER LEG AT KNEE	95.10											
03	27598	AMPUTATE LOWER LEG AT KNEE	475.52											
07	27598	AMPUTATE LOWER LEG AT KNEE	570.62	00	15									
02	27599	LEG SURGERY PROCEDURE	MP			X								
03	27599	LEG SURGERY PROCEDURE	MP			X								
07	27599	LEG SURGERY PROCEDURE	MP	00	15	X								
03	27600	DECOMPRESSION OF LOWER LEG	266.64											
07	27600	DECOMPRESSION OF LOWER LEG	319.96	00	15									
03	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	275.01											
07	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	330.02	00	15									
02	27602	DECOMPRESSION OF LOWER LEG	65.73											
03	27602	DECOMPRESSION OF LOWER LEG	328.64											
07	27602	DECOMPRESSION OF LOWER LEG	394.36	00	15									
03	27603	DRAIN LOWER LEG LESION	311.47											
07	27603	DRAIN LOWER LEG LESION	373.76	00	15									
03	27604	DRAIN LOWER LEG BURSA	273.64											
07	27604	DRAIN LOWER LEG BURSA	328.37	00	15									
03	27605	INCISION OF ACHILLES TENDON	214.82											
07	27605	INCISION OF ACHILLES TENDON	257.79	00	15									
03	27606	INCISION OF ACHILLES TENDON	188.01											
07	27606	INCISION OF ACHILLES TENDON	225.61	00	15									
03	27607	TREAT LOWER LEG BONE LESION	386.20											
07	27607	TREAT LOWER LEG BONE LESION	463.44	00	15									
03	27610	EXPLORE/TREAT ANKLE JOINT	412.12											
07	27610	EXPLORE/TREAT ANKLE JOINT	494.53	00	15									
02	27612	EXPLORATION OF ANKLE JOINT	71.87											
03	27612	EXPLORATION OF ANKLE JOINT	359.34											
07	27612	EXPLORATION OF ANKLE JOINT	431.21	00	15									
03	27613	BIOPSY LOWER LEG SOFT TISSUE	146.44											
07	27613	BIOPSY LOWER LEG SOFT TISSUE	175.73	00	15									
03	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	335.14											
07	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	402.18	00	15									
03	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	557.06											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	668.47	00 15									
02	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	174.82										
03	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	874.08										
07	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,048.91	00 15									
03	27618	REMOVE LOWER LEGLES ION	293.35										
07	27618	REMOVE LOWER LEGLES ION	352.01	00 15									
03	27619	REMOVE LOWER LEG LESION DEEP	469.63										
07	27619	REMOVE LOWER LEG LESION DEEP	563.55	00 15									
02	27620	BIOPSY OF ANKLE JOINT	57.76										
03	27620	BIOPSY OF ANKLE JOINT	288.78										
07	27620	BIOPSY OF ANKLE JOINT	346.55	00 15									
02	27625	REMOVE ANKLE JOINT LINING	75.15										
03	27625	REMOVE ANKLE JOINT LINING	375.74										
07	27625	REMOVE ANKLE JOINT LINING	450.90	00 15									
02	27626	REMOVE ANKLE JOINT LINING	81.27										
03	27626	REMOVE ANKLE JOINT LINING	406.37										
07	27626	REMOVE ANKLE JOINT LINING	487.63	00 15									
03	27630	REMOVAL OF TENDON LESION	318.33										
07	27630	REMOVAL OF TENDON LESION	382.01	00 15									
02	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	56.14										
03	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	280.71										
07	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	336.85	00 15									
02	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	91.62										
03	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	458.08										
07	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	549.71	00 15									
03	27635	REMOVE LOWER LEG BONE LESION	372.50										
07	27635	REMOVE LOWER LEG BONE LESION	446.99	00 15									
02	27637	REMOVE/GRAFT LEG BONE LESION	94.57										
03	27637	REMOVE/GRAFT LEG BONE LESION	472.87										
07	27637	REMOVE/GRAFT LEG BONE LESION	567.45	00 15									
02	27638	REMOVE/GRAFT LEG BONE LESION	98.94										
03	27638	REMOVE/GRAFT LEG BONE LESION	494.68										
07	27638	REMOVE/GRAFT LEG BONE LESION	593.62	00 15									
03	27640	PARTIAL REMOVAL OF TIBIA	546.96										
07	27640	PARTIAL REMOVAL OF TIBIA	656.35	00 15									
03	27641	PARTIAL REMOVAL OF FIBULA	438.04										
07	27641	PARTIAL REMOVAL OF FIBULA	525.63	00 15									
02	27645	EXTENSIVE LOWER LEG SURGERY	132.97										
03	27645	EXTENSIVE LOWER LEG SURGERY	664.85										
07	27645	EXTENSIVE LOWER LEG SURGERY	797.84	00 15									
02	27646	EXTENSIVE LOWER LEG SURGERY	117.55										
03	27646	EXTENSIVE LOWER LEG SURGERY	587.77										
07	27646	EXTENSIVE LOWER LEG SURGERY	705.33	00 15									
02	27647	EXTENSIVE ANKLE/HEEL SURGERY	104.63										
03	27647	EXTENSIVE ANKLE/HEEL SURGERY	523.16										
07	27647	EXTENSIVE ANKLE/HEEL SURGERY	627.79	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	27648	INJECTION FOR ANKLE X-RAY	94.59										
07	27648	INJECTION FOR ANKLE X-RAY	113.50	00 15									
02	27650	REPAIR ACHILLES TENDON	85.25										
03	27650	REPAIR ACHILLES TENDON	426.23										
07	27650	REPAIR ACHILLES TENDON	511.48	00 15									
03	27652	REPAIR/GRAFT ACHILLES TENDON	471.43										
07	27652	REPAIR/GRAFT ACHILLES TENDON	565.72	00 15									
02	27654	REPAIR OF ACHILLES TENDON	91.85										
03	27654	REPAIR OF ACHILLES TENDON	459.23										
07	27654	REPAIR OF ACHILLES TENDON	551.08	00 15									
02	27656	REPAIR FASCIAL DEFECT OF LEG	63.79										
03	27656	REPAIR FASCIAL DEFECT OF LEG	318.96										
07	27656	REPAIR FASCIAL DEFECT OF LEG	382.74	00 15									
02	27658	REPAIR OF LEG TENDON, EACH	48.11									X	
03	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	240.57									X	
07	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	288.68	00 15								X	
02	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	63.54									X	
03	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	317.72									X	
07	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	381.27	00 15								X	
03	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	228.88									X	
07	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	274.66	00 15								X	
02	27665	REPAIR OF LEG TENDON, EACH	52.57									X	
03	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	262.85									X	
07	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	315.42	00 15								X	
02	27675	REPAIR LOWER LEG TENDONS	64.84										
03	27675	REPAIR LOWER LEG TENDONS	324.20										
07	27675	REPAIR LOWER LEG TENDONS	389.04	00 15									
02	27676	REPAIR LOWER LEG TENDONS	78.62										
03	27676	REPAIR LOWER LEG TENDONS	393.12										
07	27676	REPAIR LOWER LEG TENDONS	471.74	00 15									
03	27680	RELEASE OF LOWER LEG TENDON	273.23										
07	27680	RELEASE OF LOWER LEG TENDON	327.87	00 15									
03	27681	TENOLYSIS....MULTIPLE, EACHS	326.00									X	
07	27681	TENOLYSIS....MULTIPLE, EACHS	391.19	00 15								X	
02	27685	REVISION OF LOWER LEG TENDON	76.22										
03	27685	REVISION OF LOWER LEG TENDON	381.08										
07	27685	REVISION OF LOWER LEG TENDON	457.30	00 15									
03	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	355.95									X	
07	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	427.13	00 15								X	
02	27687	REVISION OF CALF TENDON	58.56										
03	27687	REVISION OF CALF TENDON	292.80										
07	27687	REVISION OF CALF TENDON	351.36	00 15									
02	27690	REVISE LOWER LEG TENDON	80.75										
03	27690	REVISE LOWER LEG TENDON	403.75										
07	27690	REVISE LOWER LEG TENDON	484.50	00 15									
02	27691	REVISE LOWER LEG TENDON	94.73										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	27691	REVISE LOWER LEG TENDON	473.67										
07	27691	REVISE LOWER LEG TENDON	568.40	00 15									
02	27692	EACH ADDITIONAL TENDON	14.74									X	
03	27692	EACH ADDITIONAL TENDON	73.71									X	
07	27692	EACH ADDITION TENDON	88.45	00 15								X	
03	27695	REPAIR OF ANKLE LIGAMENT	311.20										
07	27695	REPAIR OF ANKLE LIGAMENT	373.42	00 15									
03	27696	REPAIR OF ANKLE LIGAMENTS	373.76										
07	27696	REPAIR OF ANKLE LIGAMENTS	448.51	00 15									
02	27698	REPAIR OF ANKLE LIGAMENT	84.00										
03	27698	REPAIR OF ANKLE LIGAMENT	420.02										
07	27698	REPAIR OF ANKLE LIGAMENT	504.01	00 15									
02	27700	REVISION OF ANKLE JOINT	79.66										
03	27700	REVISION OF ANKLE JOINT	398.30										
07	27700	REVISION OF ANKLE JOINT	477.96	00 15									
02	27702	RECONSTRUCT ANKLE JOINT	127.16										
03	27702	RECONSTRUCT ANKLE JOINT	635.79										
07	27702	RECONSTRUCT ANKLE JOINT	762.94	00 15									
02	27703	ARTHROPLASTY,SECONDARY RECON.T	147.35										
03	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	736.75										
07	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	884.09	00 15									
03	27704	REMOVAL OF ANKLE IMPLANT	358.16										
07	27704	REMOVAL OF ANKLE IMPLANT	429.79	00 15									
02	27705	INCISION OF TIBIA	97.40										
03	27705	INCISION OF TIBIA	487.00										
07	27705	INCISION OF TIBIA	584.39	00 15									
03	27707	INCISION OF FIBULA	243.51										
07	27707	INCISION OF FIBULA	292.21	00 15									
02	27709	INCISION OF TIBIA & FIBULA	141.79										
03	27709	INCISION OF TIBIA & FIBULA	708.97										
07	27709	INCISION OF TIBIA & FIBULA	850.77	00 15									
02	27712	REALIGNMENT OF LOWER LEG	138.94										
03	27712	REALIGNMENT OF LOWER LEG	694.72										
07	27712	REALIGNMENT OF LOWER LEG	833.66	00 15									
02	27715	REVISION OF LOWER LEG	135.84										
03	27715	REVISION OF LOWER LEG	679.21										
07	27715	REVISION OF LOWER LEG	815.05	00 15									
02	27720	REPAIR OF TIBIA	111.39										
03	27720	REPAIR OF TIBIA	556.93										
07	27720	REPAIR OF TIBIA	668.32	00 15									
02	27722	REPAIR/GRAFT OF TIBIA	111.22										
03	27722	REPAIR/GRAFT OF TIBIA	556.09										
07	27722	REPAIR/GRAFT OF TIBIA	667.31	00 15									
02	27724	REPAIR/GRAFT OF TIBIA	164.69										
03	27724	REPAIR/GRAFT OF TIBIA	823.47										
07	27724	REPAIR/GRAFT OF TIBIA	988.17	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	27725	REPAIR OF LOWER LEG	152.39										
03	27725	REPAIR OF LOWER LEG	761.94										
07	27725	REPAIR OF LOWER LEG	914.32	00 15									
02	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	115.82										
03	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	579.09										
07	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	694.90	00 15									
02	27727	REPAIR OF LOWER LEG	124.56										
03	27727	REPAIR OF LOWER LEG	622.80										
07	27727	REPAIR OF LOWER LEG	747.35	00 15									
03	27730	REPAIR OF TIBIA EPIPHYSIS	371.86										
07	27730	REPAIR OF TIBIA EPIPHYSIS	446.24	00 15									
03	27732	REPAIR OF FIBULA EPIPHYSIS	250.03										
07	27732	REPAIR OF FIBULA EPIPHYSIS	300.04	00 15									
03	27734	REPAIR LOWER LEG EPIPHYSES	378.70										
07	27734	REPAIR LOWER LEG EPIPHYSES	454.43	00 15									
02	27740	REPAIR OF LEG EPIPHYSES	84.15										
03	27740	REPAIR OF LEG EPIPHYSES	420.75										
07	27740	REPAIR OF LEG EPIPHYSES	504.90	00 15									
02	27742	REPAIR OF LEG EPIPHYSES	89.06										
03	27742	REPAIR OF LEG EPIPHYSES	445.32										
07	27742	REPAIR OF LEG EPIPHYSES	534.37	00 15									
03	27750	TREATMENT OF TIBIA FRACTURE	197.63										
07	27750	TREATMENT OF TIBIA FRACTURE	237.17	00 15									
03	27752	TREATMENT OF TIBIA FRACTURE	322.53										
07	27752	TREATMENT OF TIBIA FRACTURE	387.04	00 15									
02	27756	REPAIR OF TIBIA FRACTURE	70.53										
03	27756	REPAIR OF TIBIA FRACTURE	352.67										
07	27756	REPAIR OF TIBIA FRACTURE	423.20	00 15									
02	27758	REPAIR OF TIBIA FRACTURE	112.27										
03	27758	REPAIR OF TIBIA FRACTURE	561.36										
07	27758	REPAIR OF TIBIA FRACTURE	673.64	00 15									
02	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	127.54										
03	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	637.70										
07	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	765.23	00 15									
03	27760	CLTX MEDIAL ANKLE FX	189.81										
07	27760	CLTX MEDIAL ANKLE FX	227.78	00 15									
03	27762	CLTX MED ANKLE FX W/MNPJ	287.63										
07	27762	CLTX MED ANKLE FX W/MNPJ	345.17	00 15									
03	27766	REPAIR OF ANKLE FRACTURE	380.61										
07	27766	REPAIR OF ANKLE FRACTURE	456.73	00 15									
03	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	150.18										
07	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	180.21	00 15									
03	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	247.74										
07	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	297.29	00 15									
02	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	87.23										
03	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	436.14										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	523.37	00 15									
03	27780	TREATMENT OF FIBULA FRACTURE	169.54										
07	27780	TREATMENT OF FIBULA FRACTURE	203.45	00 15									
03	27781	TREATMENT OF FIBULA FRACTURE	248.54										
07	27781	TREATMENT OF FIBULA FRACTURE	298.26	00 15									
02	27784	REPAIR OF FIBULA FRACTURE	86.18										
03	27784	REPAIR OF FIBULA FRACTURE	430.89										
07	27784	REPAIR OF FIBULA FRACTURE	517.08	00 15									
03	27786	TREATMENT OF ANKLE FRACTURE	179.92										
07	27786	TREATMENT OF ANKLE FRACTURE	215.91	00 15									
03	27788	TREATMENT OF ANKLE FRACTURE	250.75										
07	27788	TREATMENT OF ANKLE FRACTURE	300.89	00 15									
03	27792	REPAIR OF ANKLE FRACTURE	436.05										
07	27792	REPAIR OF ANKLE FRACTURE	523.25	00 15									
03	27808	TREATMENT OF ANKLE FRACTURE	187.65										
07	27808	TREATMENT OF ANKLE FRACTURE	225.18	00 15									
03	27810	TREATMENT OF ANKLE FRACTURE	281.32										
07	27810	TREATMENT OF ANKLE FRACTURE	337.58	00 15									
02	27814	REPAIR OF ANKLE FRACTURE	97.86										
03	27814	REPAIR OF ANKLE FRACTURE	489.30										
07	27814	REPAIR OF ANKLE FRACTURE	587.17	00 15									
03	27816	TREATMENT OF ANKLE FRACTURE	178.25										
07	27816	TREATMENT OF ANKLE FRACTURE	213.91	00 15									
03	27818	TREATMENT OF ANKLE FRACTURE	290.43										
07	27818	TREATMENT OF ANKLE FRACTURE	348.52	00 15									
02	27822	REPAIR OF ANKLE FRACTURE	106.72										
03	27822	REPAIR OF ANKLE FRACTURE	533.60										
07	27822	REPAIR OF ANKLE FRACTURE	640.32	00 15									
02	27823	REPAIR OF ANKLE FRACTURE	121.97										
03	27823	REPAIR OF ANKLE FRACTURE	609.83										
07	27823	REPAIR OF ANKLE FRACTURE	731.80	00 15									
03	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	179.93										
07	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	215.91	00 15									
03	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	332.36										
07	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	398.84	00 15									
02	27826	OPEN TREATMENT OF FRACTURE OF LOWER	101.99										
03	27826	OPEN TREATMENT OF FRACTURE OF LOWER	509.93										
07	27826	OPEN TREATMENT OF FRACTURE OF LOWER	611.92	00 15									
02	27827	OPEN TREATMENT OF FRACTURE OF LOWER	136.79										
03	27827	OPEN TREATMENT OF FRACTURE OF LOWER	683.93										
07	27827	OPEN TREATMENT OF FRACTURE OF LOWER	820.72	00 15									
02	27828	OPEN TREATMENT OF FRACTURE OF LOWER	163.91										
03	27828	OPEN TREATMENT OF FRACTURE OF LOWER	819.57										
07	27828	OPEN TREATMENT OF FRACTURE OF LOWER	983.49	00 15									
02	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	81.07										
03	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	405.33										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	486.40	00	15									
03	27830	TREAT LOWER LEG DISLOCATION	209.71											
07	27830	TREAT LOWER LEG DISLOCATION	251.66	00	15									
03	27831	TREAT LOWER LEG DISLOCATION	231.53											
07	27831	TREAT LOWER LEG DISLOCATION	277.83	00	15									
02	27832	REPAIR LOWER LEG DISLOCATION	87.71											
03	27832	REPAIR LOWER LEG DISLOCATION	438.53											
07	27832	REPAIR LOWER LEG DISLOCATION	526.23	00	15									
03	27840	TREAT ANKLE DISLOCATION	212.90											
07	27840	TREAT ANKLE DISLOCATION	255.48	00	15									
03	27842	TREAT ANKLE DISLOCATION	300.43											
07	27842	TREAT ANKLE DISLOCATION	360.51	00	15									
02	27846	REPAIR ANKLE DISLOCATION	93.39											
03	27846	REPAIR ANKLE DISLOCATION	466.95											
07	27846	REPAIR ANKLE DISLOCATION	560.35	00	15									
02	27848	REPAIR ANKLE DISLOCATION	105.79											
03	27848	REPAIR ANKLE DISLOCATION	528.93											
07	27848	REPAIR ANKLE DISLOCATION	634.71	00	15									
03	27860	FIXATION OF ANKLE JOINT	112.30											
07	27860	FIXATION OF ANKLE JOINT	134.75	00	15									
02	27870	FUSION OF ANKLE JOINT	133.65											
03	27870	FUSION OF ANKLE JOINT	668.24											
07	27870	FUSION OF ANKLE JOINT	801.89	00	15									
02	27871	FUSION OF TIBIOFIBULAR JOINT	87.46											
03	27871	FUSION OF TIBIOFIBULAR JOINT	437.32											
07	27871	FUSION OF TIBIOFIBULAR JOINT	524.79	00	15									
02	27880	AMPUTATION OF LOWER LEG	118.68											
03	27880	AMPUTATION OF LOWER LEG	593.39											
07	27880	AMPUTATION OF LOWER LEG	712.07	00	15									
02	27881	AMPUTATION OF LOWER LEG	114.08											
03	27881	AMPUTATION OF LOWER LEG	570.38											
07	27881	AMPUTATION OF LOWER LEG	684.47	00	15									
03	27882	AMPUTATION OF LOWER LEG	401.88											
07	27882	AMPUTATION OF LOWER LEG	482.26	00	15									
03	27884	AMPUTATION FOLLOW-UP SURGERY	372.73											
07	27884	AMPUTATION FOLLOW-UP SURGERY	447.27	00	15									
03	27886	AMPUTATION FOLLOW-UP SURGERY	425.30											
07	27886	AMPUTATION FOLLOW-UP SURGERY	510.36	00	15									
02	27888	AMPUTATION OF FOOT AT ANKLE	89.88											
03	27888	AMPUTATION OF FOOT AT ANKLE	449.39											
07	27888	AMPUTATION OF FOOT AT ANKLE	539.27	00	15									
03	27889	AMPUTATION OF FOOT AT ANKLE	440.93											
07	27889	AMPUTATION OF FOOT AT ANKLE	529.12	00	15									
03	27892	DECOMPRESSION FASCIOTOMY, LEG;	344.19											
07	27892	DECOMPRESSION FASCIOTOMY, LEG;	413.04	00	15									
03	27893	DECOMPRESSION FASCIOTOMY, LEG;	347.94											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	27893	DECOMPRESSION FASCIOTOMY, LEG;	417.52	00 15									
02	27894	DECOMPRESSION FASCIOTOMY,LEG;	107.08										
03	27894	DECOMPRESSION FASCIOTOMY, LEG;	535.40										
07	27894	DECOMPRESSION FASCIOTOMY, LEG;	642.48	00 15									
02	27899	LEG/ANKLE SURGERY PROCEDURE	MP		X								
03	27899	LEG/ANKLE SURGERY PROCEDURE	MP		X								
07	27899	LEG/ANKLE SURGERY PROCEDURE	MP	00 15	X								
03	28001	DRAINAGE OF BURSA OF FOOT	161.88										
07	28001	DRAINAGE OF BURSA OF FOOT	194.26	00 15									
03	28002	TREATMENT OF FOOT INFECTION	303.73										
07	28002	TREATMENT OF FOOT INFECTION	364.48	00 15									
03	28003	TREATMENT OF FOOT INFECTION	423.86										
07	28003	TREATMENT OF FOOT INFECTION	508.63	00 15									
03	28005	TREAT FOOT BONE LESION	396.14										
07	28005	TREAT FOOT BONE LESION	475.36	00 15									
03	28008	INCISION OF FOOT FASCIA	256.53										
07	28008	INCISION OF FOOT FASCIA	307.84	00 15									
03	28010	INCISION OF TOE TENDON	144.16										
07	28010	INCISION OF TOE TENDON	173.00	00 15									
03	28011	INCISION OF TOE TENDONS	205.14										
07	28011	INCISION OF TOE TENDONS	246.16	00 15									
03	28020	EXPLORATION OF A FOOT JOINT	304.00										
07	28020	EXPLORATION OF A FOOT JOINT	364.81	00 15									
03	28022	EXPLORATION OF A FOOT JOINT	280.41										
07	28022	EXPLORATION OF A FOOT JOINT	336.50	00 15									
03	28024	EXPLORATION OF A TOE JOINT	266.30										
07	28024	EXPLORATION OF A TOE JOINT	319.56	00 15									
03	28035	DECOMPRESSION OF TIBIA NERVE	305.84										
07	28035	DECOMPRESSION OF TIBIA NERVE	367.00	00 15									
02	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	63.97										
03	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	319.83										
07	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	383.80	00 15									
03	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	304.62										
07	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	365.54	00 15									
03	28043	EXCISION OF FOOT LESION	204.30										
07	28043	EXCISION OF FOOT LESION	245.15	00 15									
03	28045	EXCISION OF FOOT LESION	285.58										
07	28045	EXCISION OF FOOT LESION	342.69	00 15									
03	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	527.34										
07	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	632.81	00 15									
02	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	129.20										
03	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	645.98										
07	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	775.19	00 15									
03	28050	BIOPSY OF FOOT JOINT LINING	267.94										
07	28050	BIOPSY OF FOOT JOINT LINING	321.53	00 15									
03	28052	BIOPSY OF FOOT JOINT LINING	246.93										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	28052	BIOPSY OF FOOT JOINT LINING	296.31	00 15									
03	28054	BIOPSY OF TOE JOINT LINING	230.81										
07	28054	BIOPSY OF TOE JOINT LINING	276.97	00 15									
03	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	257.64										
07	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	309.17	00 15									
03	28060	PARTIAL REMOVAL FOOT FASCIA	302.23										
07	28060	PARTIAL REMOVAL FOOT FASCIA	362.67	00 15									
03	28062	REMOVAL OF FOOT FASCIA	356.77										
07	28062	REMOVAL OF FOOT FASCIA	428.12	00 15									
03	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	299.74									X	
07	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	359.70	00 15								X	
03	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	293.78									X	
07	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	352.53	00 15								X	
03	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	286.95									X	
07	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	344.33	00 15								X	
02	28086	EXCISE FOOT TENDON SHEATH	63.02										
03	28086	EXCISE FOOT TENDON SHEATH	315.11										
07	28086	EXCISE FOOT TENDON SHEATH	378.13	00 15									
03	28088	EXCISE FOOT TENDON SHEATH	266.47										
07	28088	EXCISE FOOT TENDON SHEATH	319.75	00 15									
03	28090	REMOVAL OF FOOT LESION	270.49										
07	28090	REMOVAL OF FOOT LESION	324.59	00 15									
03	28092	REMOVAL OF TOE LESIONS	242.82										
07	28092	REMOVAL OF TOE LESIONS	291.38	00 15									
02	28100	REMOVAL OF ANKLE/HEEL LESION	69.85										
03	28100	REMOVAL OF ANKLE/HEEL LESION	349.27										
07	28100	REMOVAL OF ANKLE/HEEL LESION	419.13	00 15									
02	28102	REMOVE/GRAFT FOOT LESION	71.74										
03	28102	REMOVE/GRAFT FOOT LESION	358.69										
07	28102	REMOVE/GRAFT FOOT LESION	430.42	00 15									
02	28103	REMOVE/GRAFT FOOT LESION	58.08										
03	28103	REMOVE/GRAFT FOOT LESION	290.42										
07	28103	REMOVE/GRAFT FOOT LESION	348.49	00 15									
02	28104	REMOVAL OF FOOT LESION	60.10										
03	28104	REMOVAL OF FOOT LESION	300.48										
07	28104	REMOVAL OF FOOT LESION	360.58	00 15									
02	28106	REMOVE/GRAFT FOOT LESION	61.55										
03	28106	REMOVE/GRAFT FOOT LESION	307.76										
07	28106	REMOVE/GRAFT FOOT LESION	369.31	00 15									
02	28107	REMOVE/GRAFT FOOT LESION	66.56										
03	28107	REMOVE/GRAFT FOOT LESION	332.81										
07	28107	REMOVE/GRAFT FOOT LESION	399.37	00 15									
03	28108	REMOVAL OF TOE LESIONS	251.96										
07	28108	REMOVAL OF TOE LESIONS	302.36	00 15									
03	28110	PART REMOVAL OF METATARSAL	263.53										
07	28110	PART REMOVAL OF METATARSAL	316.24	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	28111	PART REMOVAL OF METATARSAL	301.48										
07	28111	PART REMOVAL OF METATARSAL	361.79	00 15									
03	28112	PART REMOVAL OF METATARSAL	284.38										
07	28112	PART REMOVAL OF METATARSAL	341.25	00 15									
03	28113	PART REMOVAL OF METATARSAL	340.63										
07	28113	PART REMOVAL OF METATARSAL	408.75	00 15									
02	28114	REMOVAL OF METATARSAL HEADS	124.86										
03	28114	REMOVAL OF METATARSAL HEADS	624.29										
07	28114	REMOVAL OF METATARSAL HEADS	749.14	00 15									
02	28116	REVISION OF FOOT	89.66										
03	28116	REVISION OF FOOT	448.32										
07	28116	REVISION OF FOOT	537.99	00 15									
02	28118	PARTIAL REMOVAL OF HEEL	69.00										
03	28118	PARTIAL REMOVAL OF HEEL	345.01										
07	28118	PARTIAL REMOVAL OF HEEL	414.01	00 15									
03	28119	REMOVAL OF HEEL SPUR	307.28										
07	28119	REMOVAL OF HEEL SPUR	368.73	00 15									
03	28120	PART REMOVAL OF ANKLE/HEEL	339.69										
07	28120	PART REMOVAL OF ANKLE/HEEL	407.63	00 15									
02	28122	PARTIAL REMOVAL OF FOOT BONE	79.75										
03	28122	PARTIAL REMOVAL OF FOOT BONE	398.75										
07	28122	PARTIAL REMOVAL OF FOOT BONE	478.51	00 15									
03	28124	PARTIAL REMOVAL OF TOE	280.67										
07	28124	PARTIAL REMOVAL OF TOE	336.82	00 15									
03	28126	CONDYLECTOMY...SING. TOE, EACH	225.35									X	
07	28126	CONDYLECTOMY...SING. TOE, EACH	270.43	00 15								X	
02	28130	REMOVAL OF ANKLE BONE	81.87										
03	28130	REMOVAL OF ANKLE BONE	409.35										
07	28130	REMOVAL OF ANKLE BONE	491.21	00 15									
03	28140	REMOVAL OF METATARSAL	375.03										
07	28140	REMOVAL OF METATARSAL	450.02	00 15									
03	28150	PHALANGECTOMY,TOE, SINGLE, EACH	251.97									X	
07	28150	PHALANGECTOMY,TOE, SINGLE, EACH	302.37	00 15								X	
03	28153	PARTIAL REMOVAL OF TOE	234.24										
07	28153	PARTIAL REMOVAL OF TOE	281.09	00 15									
03	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	240.40									X	
07	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	288.48	00 15								X	
02	28171	RADICAL RESECTION FOR TUMOR,TA	80.81										
03	28171	RADICAL RESECTION FOR TUMOR,TARSAL	404.06										
07	28171	RADICAL RESECTION FOR TUMOR,TARSAL	484.87	00 15									
02	28173	RADICAL RESECTION FOR TUMOR,METATARS	89.83										
03	28173	RADICAL RESECTION FOR TUMOR,METATARS	449.16										
07	28173	RADICAL RESECTION FOR TUMOR,METATARS	539.00	00 15									
02	28175	RADICAL RESECTION FOR TUMOR PHALANX	65.45										
03	28175	RADICAL RESECTION FOR TUMOR PHALANX	327.26										
07	28175	RADICAL RESECTION FOR TUMOR PHALANX	392.72	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	28190	REMOVAL OF FOOT FOREIGN BODY	142.15										
07	28190	REMOVAL OF FOOT FOREIGN BODY	170.59	00 15									
03	28192	REMOVAL OF FOOT FOREIGN BODY	277.36										
07	28192	REMOVAL OF FOOT FOREIGN BODY	332.83	00 15									
03	28193	REMOVAL OF FOOT FOREIGN BODY	319.71										
07	28193	REMOVAL OF FOOT FOREIGN BODY	383.65	00 15									
03	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	277.23									X	
07	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	332.68	00 15								X	
02	28202	REP SUT TEND,SECOND,W/GRFT,EA	74.37										
03	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	371.84									X	
07	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	446.22	00 15								X	
03	28208	REP/SUT TEND....EACH TENDON	266.73									X	
07	28208	REP/SUT TEND....EACH TENDON	320.07	00 15								X	
02	28210	REP/SUT TEND..W/GRAFT,EACH TE	69.20										
03	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	346.00									X	
07	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	415.20	00 15								X	
03	28220	RELEASE OF FOOT TENDON	264.05										
07	28220	RELEASE OF FOOT TENDON	316.86	00 15									
03	28222	RELEASE OF FOOT TENDONS	306.60										
07	28222	RELEASE OF FOOT TENDONS	367.91	00 15									
03	28225	RELEASE OF FOOT TENDON	228.29										
07	28225	RELEASE OF FOOT TENDON	273.95	00 15									
03	28226	RELEASE OF FOOT TENDONS	274.95										
07	28226	RELEASE OF FOOT TENDONS	329.95	00 15									
03	28230	INCISION OF FOOT TENDON(S)	253.32										
07	28230	INCISION OF FOOT TENDON(S)	303.99	00 15									
03	28232	INCISION OF TOE TENDON	223.13										
07	28232	INCISION OF TOE TENDON	267.75	00 15									
03	28234	INCISION OF FOOT TENDON	230.85										
07	28234	INCISION OF FOOT TENDON	277.02	00 15									
02	28238	REVISION OF FOOT TENDON	81.80										
03	28238	REVISION OF FOOT TENDON	409.01										
07	28238	REVISION OF FOOT TENDON	490.81	00 15									
03	28240	RELEASE OF BIG TOE	260.76										
07	28240	RELEASE OF BIG TOE	312.92	00 15									
02	28250	REVISION OF FOOT FASCIA	66.70										
03	28250	REVISION OF FOOT FASCIA	333.48										
07	28250	REVISION OF FOOT FASCIA	400.19	00 15									
02	28260	RELEASE OF MIDFOOT JOINT	82.22										
03	28260	RELEASE OF MIDFOOT JOINT	411.12										
07	28260	RELEASE OF MIDFOOT JOINT	493.35	00 15									
02	28261	REVISION OF FOOT TENDON	119.83										
03	28261	REVISION OF FOOT TENDON	599.15										
07	28261	REVISION OF FOOT TENDON	718.98	00 15									
02	28262	REVISION OF FOOT AND ANKLE	167.56										
03	28262	REVISION OF FOOT AND ANKLE	837.78										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	28262	REVISION OF FOOT AND ANKLE	1,005.33	00	15									
02	28264	RELEASE OF MIDFOOT JOINT	106.79											
03	28264	RELEASE OF MIDFOOT JOINT	533.94											
07	28264	RELEASE OF MIDFOOT JOINT	640.72	00	15									
03	28270	CAPSULOTOMY...EACH JOINT	282.09										X	
07	28270	CAPSULOTOMY...EACH JOINT	338.51	00	15								X	
03	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	229.88										X	
07	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	275.84	00	15								X	
03	28280	FUSION OF TOES	309.80											
07	28280	FUSION OF TOES	371.75	00	15									
03	28285	REVISION OF HAMMERTOE	273.14										X	
07	28285	REVISION OF HAMMERTOE	327.77	00	15								X	
03	28286	REVISION OF HAMMERTOE	267.09											
07	28286	REVISION OF HAMMERTOE	320.51	00	15									
03	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	341.32										X	
07	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	409.58	00	15								X	
02	28289	REPAIR HALLUX RIGIDUS	87.10											
03	28289	REPAIR HALLUX RIGIDUS	435.48											
07	28289	REPAIR HALLUX RIGIDUS	522.58	00	15									
02	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	107.12											
03	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	535.61											
07	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	642.73	00	15									
02	28292	CORRECTION OF BUNION	92.34											
03	28292	CORRECTION OF BUNION	461.68											
07	28292	CORRECTION OF BUNION	553.99	00	15									
02	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	135.85											
03	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	679.27											
07	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	815.12	00	15									
02	28296	CORRECTION OF BUNION	88.00											
03	28296	CORRECTION OF BUNION	440.02											
07	28296	CORRECTION OF BUNION	528.02	00	15									
02	28297	BUNION CORREDTION-LAPIDUS TYPE	99.41											
03	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	497.07											
07	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	596.48	00	15									
02	28298	CORRECTION OF BUNION	85.67											
03	28298	CORRECTION OF BUNION	428.36											
07	28298	CORRECTION OF BUNION	514.04	00	15									
02	28299	CORRECTION OF BUNION	110.77											
03	28299	CORRECTION OF BUNION	553.85											
07	28299	CORRECTION OF BUNION	664.61	00	15									
02	28300	INCISION OF HEEL BONE	85.81											
03	28300	INCISION OF HEEL BONE	429.06											
07	28300	INCISION OF HEEL BONE	514.86	00	15									
02	28302	INCISION OF ANKLE BONE	84.90											
03	28302	INCISION OF ANKLE BONE	424.49											
07	28302	INCISION OF ANKLE BONE	509.39	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	28304	INCISION OF MIDFOOT BONES	95.58										
03	28304	INCISION OF MIDFOOT BONES	477.91										
07	28304	INCISION OF MIDFOOT BONES	573.49	00 15									
02	28305	INCISE/GRAFT MIDFOOT BONES	97.61										
03	28305	INCISE/GRAFT MIDFOOT BONES	448.06										
07	28305	INCISE/GRAFT MIDFOOT BONES	537.67	00 15									
02	28306	INCISION OF METATARSAL	70.79										
03	28306	INCISION OF METATARSAL	353.97										
07	28306	INCISION OF METATARSAL	424.77	00 15									
03	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	414.79										
07	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	497.74	00 15									
02	28308	INCISION OF METATARSAL	64.03									X	
03	28308	INCISION OF METATARSAL	320.17									X	
07	28308	INCISION OF METATARSAL	384.19	00 15								X	
03	28309	INCISION OF METATARSALS	581.74										
07	28309	INCISION OF METATARSALS	698.08	00 15									
03	28310	REVISION OF BIG TOE	316.00										
07	28310	REVISION OF BIG TOE	379.19	00 15									
03	28312	REVISION OF TOE	287.98										
07	28312	REVISION OF TOE	345.58	00 15									
03	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	303.78									X	
07	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	364.54	00 15								X	
03	28315	SESAMOIDECTOMY FIRST TOE	279.43										
07	28315	SESAMOIDECTOMY FIRST TOE	335.30	00 15									
02	28320	REPAIR OF FOOT BONES	81.21										
03	28320	REPAIR OF FOOT BONES	406.07										
07	28320	REPAIR OF FOOT BONES	487.29	00 15									
02	28322	REPAIR OF METATARSALS	92.57										
03	28322	REPAIR OF METATARSALS	462.86										
07	28322	REPAIR OF METATARSALS	555.44	00 15									
02	28340	RECONSTRUCT TOE,MACRODAC;SFT T	73.69										
03	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	368.44									X	
07	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	442.12	00 15								X	
02	28341	SEE 28340;REQUIRING BONE RESEC	85.27										
03	28341	SEE 28340;REQUIRING BONE RESECTION	426.34									X	
07	28341	SEE 28340;REQUIRING BONE RESECTION	511.61	00 15								X	
03	28344	RECONSTRUCT TOE;POLYDATYLY	278.40									X	
07	28344	RECONSTRUCT TOE;POLYDATYLY	334.08	00 15								X	
03	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	339.88									X	
07	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	407.85	00 15								X	
02	28360	RECONSTRUCTION, CLEFT FOOT	125.40										
03	28360	RECONSTRUCT CLEFT FOOT	626.99										
07	28360	RECONSTRUCT CLEFT FOOT	752.39	00 15									
03	28400	TREAT CLSD CALC FX;W/O MANIP	142.50										
07	28400	TREAT CLSD CALC FX;W/O MANIP	171.00	00 15									
03	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	237.24										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	284.68	00	15									
03	28406	TREAT CLSD CALC FX,MANIP/FIXATION	326.90											
07	28406	TREAT CLSD CALC FX,MANIP/FIXATION	392.27	00	15									
02	28415	REPAIR OF HEEL FRACTURE	145.27											
03	28415	REPAIR OF HEEL FRACTURE	726.37											
07	28415	REPAIR OF HEEL FRACTURE	871.64	00	15									
02	28420	REPAIR/GRAFT HEEL FRACTURE	153.26											
03	28420	REPAIR/GRAFT HEEL FRACTURE	766.28											
07	28420	REPAIR/GRAFT HEEL FRACTURE	919.53	00	15									
03	28430	TREAT CLSD TALUS FX,W/O MANIP	133.38											
07	28430	TREAT CLSD TALUS FX,W/O MANIP	160.05	00	15									
03	28435	TREAT CLSD TALUS FX,W/ MANIP	190.75											
07	28435	TREAT CLSD TALUS FX,W/ MANIP	228.90	00	15									
03	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	260.23											
07	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	312.28	00	15									
02	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIX	137.41											
03	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	687.05											
07	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	824.46	00	15									
02	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	150.23			X								
03	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	751.13			X								
07	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	901.36	00	15	X								
03	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	123.23										X	
07	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	147.87	00	15								X	
03	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	172.95										X	
07	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	207.54	00	15								X	
03	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	165.33										X	
07	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	198.40	00	15								X	
02	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX	77.44											
03	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	387.21										X	
07	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	464.66	00	15								X	
03	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	123.35										X	
07	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	148.03	00	15								X	
03	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	158.53										X	
07	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	190.24	00	15								X	
03	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	204.86										X	
07	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	245.83	00	15								X	
03	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	332.62										X	
07	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	399.16	00	15								X	
03	28490	TREAT BIG TOE FRACTURE	78.55											
07	28490	TREAT BIG TOE FRACTURE	94.25	00	15									
03	28495	TREAT BIG TOE FRACTURE	100.13											
07	28495	TREAT BIG TOE FRACTURE	120.16	00	15									
03	28496	TREAT CLSD FX GREAT TOE...PINNING	237.30										X	
07	28496	TREAT CLSD FX GREAT TOE...PINNING	284.77	00	15								X	
03	28505	REPAIR BIG TOE FRACTURE	389.32											
07	28505	REPAIR BIG TOE FRACTURE	467.17	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	28510	TREAT CLSD FX....W/O MANIP,EACH	68.78									X	
07	28510	TREAT CLSD FX....W/O MANIP,EACH	82.53	00 15								X	
03	28515	TREAT CLSD FX...W/ MANIP., EACH	90.65									X	
07	28515	TREAT CLSD FX...W/ MANIP., EACH	108.78	00 15								X	
03	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	325.86									X	
07	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	391.02	00 15								X	
03	28530	TREAT CLOSED SESAMOID FRACTURE	66.38									X	
07	28530	TREAT CLOSED SESAMOID FRACTURE	79.66	00 15								X	
03	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	211.10										
07	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	253.31	00 15									
03	28540	TREAT FOOT DISLOCATION	118.47										
07	28540	TREAT FOOT DISLOCATION	142.16	00 15									
03	28545	TREAT FOOT DISLOCATION	145.93										
07	28545	TREAT FOOT DISLOCATION	175.11	00 15									
03	28546	TREAT FOOT DISLOCATION	269.25										
07	28546	TREAT FOOT DISLOCATION	323.09	00 15									
02	28555	REPAIR FOOT DISLOCATION	102.32										
03	28555	REPAIR FOOT DISLOCATION	511.61										
07	28555	REPAIR FOOT DISLOCATION	613.93	00 15									
03	28570	TREAT FOOT DISLOCATION	101.98										
07	28570	TREAT FOOT DISLOCATION	122.37	00 15									
03	28575	TREAT FOOT DISLOCATION	196.66										
07	28575	TREAT FOOT DISLOCATION	236.00	00 15									
03	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	219.04										
07	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	262.85	00 15									
02	28585	REPAIR FOOT DISLOCATION	109.87										
03	28585	REPAIR FOOT DISLOCATION	549.37										
07	28585	REPAIR FOOT DISLOCATION	659.24	00 15									
03	28600	TREAT FOOT DISLOCATION	122.74										
07	28600	TREAT FOOT DISLOCATION	147.28	00 15									
03	28605	TREAT FOOT DISLOCATION	159.96										
07	28605	TREAT FOOT DISLOCATION	191.96	00 15									
03	28606	TREAT FOOT DISLOCATION	242.89										
07	28606	TREAT FOOT DISLOCATION	291.47	00 15									
02	28615	REPAIR FOOT DISLOCATION	97.09										
03	28615	REPAIR FOOT DISLOCATION	485.47										
07	28615	REPAIR FOOT DISLOCATION	582.57	00 15									
03	28630	TREAT TOE DISLOCATION	88.63										
07	28630	TREAT TOE DISLOCATION	106.36	00 15									
03	28635	TREAT TOE DISLOCATION	105.66										
07	28635	TREAT TOE DISLOCATION	126.80	00 15									
03	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	172.88										
07	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	207.46	00 15									
03	28645	REPAIR TOE DISLOCATION	370.01										
07	28645	REPAIR TOE DISLOCATION	444.01	00 15									
03	28660	TREAT TOE DISLOCATION	64.41										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	28660	TREAT TOE DISLOCATION	77.29	00 15									
03	28665	TREAT TOE DISLOCATION	95.02										
07	28665	TREAT TOE DISLOCATION	114.03	00 15									
03	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	124.17										
07	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	148.99	00 15									
03	28675	REPAIR OF TOE DISLOCATION	332.65										
07	28675	REPAIR OF TOE DISLOCATION	399.18	00 15									
02	28705	FUSION OF FOOT BONES	169.87										
03	28705	FUSION OF FOOT BONES	849.35										
07	28705	FUSION OF FOOT BONES	1,019.21	00 15									
02	28715	FUSION OF FOOT BONES	125.26										
03	28715	FUSION OF FOOT BONES	626.32										
07	28715	FUSION OF FOOT BONES	751.59	00 15									
02	28725	FUSION OF FOOT BONES	103.31										
03	28725	FUSION OF FOOT BONES	516.56										
07	28725	FUSION OF FOOT BONES	619.87	00 15									
02	28730	FUSION OF FOOT BONES	107.49										
03	28730	FUSION OF FOOT BONES	537.47										
07	28730	FUSION OF FOOT BONES	644.98	00 15									
02	28735	FUSION OF FOOT BONES	103.11										
03	28735	FUSION OF FOOT BONES	515.55										
07	28735	FUSION OF FOOT BONES	618.66	00 15									
02	28737	REVISION OF FOOT BONES	91.48										
03	28737	REVISION OF FOOT BONES	457.40										
07	28737	REVISION OF FOOT BONES	548.89	00 15									
02	28740	FUSION OF FOOT BONES	101.45										
03	28740	FUSION OF FOOT BONES	507.24										
07	28740	FUSION OF FOOT BONES	608.68	00 15									
02	28750	FUSION OF BIG TOE JOINT	98.40										
03	28750	FUSION OF BIG TOE JOINT	491.99										
07	28750	FUSION OF BIG TOE JOINT	590.39	00 15									
03	28755	FUSION OF BIG TOE JOINT	295.19										
07	28755	FUSION OF BIG TOE JOINT	354.22	00 15									
02	28760	FUSION OF BIG TOE JOINT	93.66										
03	28760	FUSION OF BIG TOE JOINT	468.32										
07	28760	FUSION OF BIG TOE JOINT	561.98	00 15									
02	28800	AMPUTATION OF MIDFOOT	73.77										
03	28800	AMPUTATION OF MIDFOOT	368.86										
07	28800	AMPUTATION OF MIDFOOT	442.63	00 15									
03	28805	AMPUTATION THRU METATARSAL	486.35										
07	28805	AMPUTATION THRU METATARSAL	583.61	00 15									
03	28810	AMPUTATION TOE & METATARSAL	283.45									X	
07	28810	AMPUTATION TOE & METATARSAL	340.14	00 15								X	
03	28820	AMPUTATION OF TOE	311.16									X	
07	28820	AMPUTATION OF TOE	373.39	00 15								X	
03	28825	PARTIAL AMPUTATION OF TOE	337.53									X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	28825	PARTIAL AMPUTATION OF TOE	405.04	00	15								X	
03	28890	HIGH ENERGY ESWT, PLANTAR F	205.19											
07	28890	HIGH ENERGY ESWT, PLANTAR F	246.21	00	15									
03	28899	FOOT/TOES SURGERY PROCEDURE	MP			X								
07	28899	FOOT/TOES SURGERY PROCEDURE	MP	00	15	X								
03	29000	APPLICATION OF BODY CAST	158.06											
07	29000	APPLICATION OF BODY CAST	189.67	00	15									
03	29010	APPLICATION OF BODY CAST	144.76											
07	29010	APPLICATION OF BODY CAST	173.71	00	15									
03	29015	APPLICATION OF BODY CAST	140.57											
07	29015	APPLICATION OF BODY CAST	168.69	00	15									
03	29035	APPLICATION OF BODY CAST	139.24											
07	29035	APPLICATION OF BODY CAST	167.09	00	15									
03	29040	APPLICATION OF BODY CAST	136.84											
07	29040	APPLICATION OF BODY CAST	164.19	00	15									
03	29044	APPLICATION OF BODY CAST	151.96											
07	29044	APPLICATION OF BODY CAST	182.35	00	15									
03	29046	APPLICATION OF BODY CAST	166.53											
07	29046	APPLICATION OF BODY CAST	199.83	00	15									
03	29049	APPLICATION OF SHOULDER CAST	51.00											
07	29049	APPLICATION OF SHOULDER CAST	61.20	00	15									
03	29055	APPLICATION OF SHOULDER CAST	120.88										X	
07	29055	APPLICATION OF SHOULDER CAST	145.05	00	15								X	
03	29058	APPLICATION OF SHOULDER CAST	66.44										X	
07	29058	APPLICATION OF SHOULDER CAST	79.72	00	15								X	
03	29065	APPLICATION OF LONG ARM CAST	55.27										X	
07	29065	APPLICATION OF LONG ARM CAST	66.32	00	15								X	
03	29075	APPLICATION OF FOREARM CAST	51.08										X	
07	29075	APPLICATION OF FOREARM CAST	61.30	00	15								X	
03	29085	APPLY HAND/WRIST CAST	54.59										X	
07	29085	APPLY HAND/WRIST CAST	65.50	00	15								X	
03	29086	APPLY FINGER CAST	41.27										X	
07	29086	APPLY FINGER CAST	49.54	00	15								X	
03	29105	APPLY LONG ARM SPLINT	50.72										X	
07	29105	APPLY LONG ARM SPLINT	60.86	00	15								X	
03	29125	APPLY FOREARM SPLINT	38.92										X	
07	29125	APPLY FOREARM SPLINT	46.70	00	15								X	
03	29126	APPLY FOREARM SPLINT	44.93										X	
07	29126	APPLY FOREARM SPLINT	53.92	00	15								X	
03	29130	APPLICATION OF FINGER SPLINT	24.32										X	
07	29130	APPLICATION OF FINGER SPLINT	29.18	00	15								X	
03	29131	APPLICATION OF FINGER SPLINT	29.45										X	
07	29131	APPLICATION OF FINGER SPLINT	35.34	00	15								X	
03	29200	STRAPPING OF CHEST	31.82											
07	29200	STRAPPING OF CHEST	38.17	00	15									
03	29240	STRAPPING OF SHOULDER	35.65										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	29240	STRAPPING OF SHOULDER	42.78	00 15								X	
03	29260	STRAPPING OF ELBOW OR WRIST	30.60									X	
07	29260	STRAPPING OF ELBOW OR WRIST	36.71	00 15								X	
03	29280	STRAPPING OF HAND OR FINGER	29.33									X	
07	29280	STRAPPING OF HAND OR FINGER	35.19	00 15								X	
03	29305	APPLICATION OF HIP CAST	136.68										
07	29305	APPLICATION OF HIP CAST	164.01	00 15									
03	29325	APPLICATION OF HIP CASTS	152.37										
07	29325	APPLICATION OF HIP CASTS	182.85	00 15									
03	29345	APPLICATION OF LONG LEG CAST	80.14									X	
07	29345	APPLICATION OF LONG LEG CAST	96.17	00 15								X	
03	29355	APPLICATION OF LONG LEG CAST	83.28									X	
07	29355	APPLICATION OF LONG LEG CAST	99.94	00 15								X	
03	29358	APPLY LONG LEG CAST BRACE	89.56									X	
07	29358	APPLY LONG LEG CAST BRACE	107.46	00 15								X	
03	29365	APPLICATION OF LONG LEG CAST	71.49									X	
07	29365	APPLICATION OF LONG LEG CAST	85.77	00 15								X	
03	29405	APPLY SHORT LEG CAST	52.50									X	
07	29405	APPLY SHORT LEG CAST	63.00	00 15								X	
03	29425	APPLY SHORT LEG CAST	57.07									X	
07	29425	APPLY SHORT LEG CAST	68.49	00 15								X	
03	29435	APPLY SHORT LEG CAST	69.89									X	
07	29435	APPLY SHORT LEG CAST	83.87	00 15								X	
03	29440	ADDITION OF WALKER TO CAST	31.35									X	
07	29440	ADDITION OF WALKER TO CAST	37.62	00 15								X	
03	29445	APPLY RIGID LEG CAST	88.84										
07	29445	APPLY RIGID LEG CAST	106.61	00 15									
03	29450	APPLICATION OF LEG CAST	94.34										
07	29450	APPLICATION OF LEG CAST	113.21	00 15									
03	29505	APPLICATION LONG LEG SPLINT	44.23									X	
07	29505	APPLICATION LONG LEG SPLINT	53.06	00 15								X	
03	29515	APPLICATION LOWER LEG SPLINT	41.86									X	
07	29515	APPLICATION LOWER LEG SPLINT	50.22	00 15								X	
03	29520	STRAPPING OF HIP	29.66									X	
07	29520	STRAPPING OF HIP	35.58	00 15								X	
03	29530	STRAPPING OF KNEE	31.12									X	
07	29530	STRAPPING OF KNEE	37.33	00 15								X	
03	29540	STRAPPING OF ANKLE	25.94									X	
07	29540	STRAPPING OF ANKLE	31.12	00 15								X	
03	29550	STRAPPING OF TOES	25.13									X	
07	29550	STRAPPING OF TOES	30.16	00 15								X	
03	29580	APPLICATION OF PASTE BOOT	31.52									X	
07	29580	APPLICATION OF PASTE BOOT	37.83	00 15								X	
03	29581	APPLICATION OF MULTI-LAYER COMPRESSI	58.95									X	
07	29581	APPLICATION OF MULTI-LAYER COMPRESSI	70.75	00 15								X	
03	29584	APPLICATION OF MULTI-LAYER COMPRESSI	44.91										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	29584	APPLICATION OF MULTI-LAYER COMPRESSI	53.89	00 15									
03	29700	REMOVAL/REVISION OF CAST	37.72										
07	29700	REMOVAL/REVISION OF CAST	45.25	00 15									
03	29705	REMOVAL/REVISION OF CAST	40.61										
07	29705	REMOVAL/REVISION OF CAST	48.73	00 15									
03	29710	REMOVAL/REVISION OF CAST	70.85										
07	29710	REMOVAL/REVISION OF CAST	85.02	00 15									
03	29720	REPAIR OF BODY CAST	46.71										
07	29720	REPAIR OF BODY CAST	56.05	00 15									
03	29730	WINDOWING OF CAST	39.44										
07	29730	WINDOWING OF CAST	47.32	00 15									
03	29740	WEDGING OF CAST	56.75										
07	29740	WEDGING OF CAST	68.10	00 15									
03	29750	WEDGING OF CLUBFOOT CAST	62.20										
07	29750	WEDGING OF CLUBFOOT CAST	74.65	00 15									
03	29799	CASTING/STRAPPING PROCEDURE	MP		X								
07	29799	CASTING/STRAPPING PROCEDURE	MP	00 15	X								
03	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	321.64										
07	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	385.97	00 15									
02	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	80.32										
03	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	401.62										
07	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	481.95	00 15									
03	29805	SHOULDER ARTHROSCOPY, DX	291.67										
07	29805	SHOULDER ARTHROSCOPY, DX	350.01	00 15									
02	29806	SHOULDER ARTHROSCOPY/SURGERY	134.72										
03	29806	SHOULDER ARTHROSCOPY/SURGERY	673.61										
07	29806	SHOULDER ARTHROSCOPY/SURGERY	808.33	00 15									
02	29807	SHOULDER ARTHROSCOPY/SURGERY	131.15										
03	29807	SHOULDER ARTHROSCOPY/SURGERY	655.74										
07	29807	SHOULDER ARTHROSCOPY/SURGERY	786.88	00 15									
03	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	366.78										
07	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	440.12	00 15									
02	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYN	67.72										
03	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	338.62										
07	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	406.35	00 15									
02	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYN	73.96										
03	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	369.81										
07	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	443.78	00 15									
02	29822	ARTHROSCOPY,SHOULDER,SURGICA	71.78										
03	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	358.89										
07	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	430.67	00 15									
02	29823	ARTHROSCOPY-EXT DEBRIDEMENT	78.57										
03	29823	ARTHROSCOPY-EXT DEBRIDEMENT	392.87										
07	29823	ARTHROSCOPY-EXT DEBRIDEMENT	471.46	00 15									
02	29824	ARTHROSCOPY, SHOULDER, SURGICAL; DIS	83.62										
03	29824	SHOULDER ARTHROSCOPY/SURGERY	418.11										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	29824	SHOULDER ARTHROSCOPY/SURGERY	501.72	00	15									
02	29825	ARTHROSCOPY-W/LYSIS & RESECTIO	73.26											
03	29825	ARTHROSCOPY-W/LYSIS & RESECTION	366.32											
07	29825	ARTHROSCOPY-W/LYSIS & RESECTION	439.58	00	15									
02	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	84.27											
03	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	421.37											
07	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	505.64	00	15									
02	29827	ARTHROSCOP ROTATOR CUFF REPR	138.36											
03	29827	ARTHROSCOP ROTATOR CUFF REPR	691.80											
07	29827	ARTHROSCOP ROTATOR CUFF REPR	830.15	00	15									
02	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	115.71											
03	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	578.53											
07	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	694.23	00	15									
03	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	281.68											
07	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	338.02	00	15									
02	29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH	61.40											
03	29834	ARTHROSCOPY, ELBOW, SURGICAL;	307.01											
07	29834	ARTHROSCOPY, ELBOW, SURGICAL;	368.41	00	15									
02	29835	ARTHROSCOPY,SYNOVECTOMY-PARTI	63.08											
03	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	315.38											
07	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	378.46	00	15									
02	29836	ARTHROSCOPY SYNOVECTOMY COMPLE	72.44											
03	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	362.20											
07	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	434.64	00	15									
02	29837	ARTHROSCOPY LIMITED DEBRIDEMEN	66.19											
03	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	330.94											
07	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	397.13	00	15									
03	29838	ARTHROSCOPY EXT DEBRIDEMENT	369.77											
07	29838	ARTHROSCOPY EXT DEBRIDEMENT	443.73	00	15									
03	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	274.83											
07	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	329.80	00	15									
02	29843	ARTHROSCOPY, WRIST, SURGICAL FOR INF	59.13											
03	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	295.64											
07	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	354.78	00	15									
02	29844	ARTHROSCOPY,WRIST,PARTIAL SYNO	61.64											
03	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	308.18											
07	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	369.81	00	15									
02	29845	ARTHROSCOPY,WRIST,COMPLETE SYN	70.22											
03	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	351.12											
07	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	421.34	00	15									
02	29846	ARTHROSCOPY,WRIST,SURGICAL;EXCISION	64.83											
03	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	324.17											
07	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	388.99	00	15									
02	29847	ARTHROSCOPY,WRIST,INT FIX-FX I	67.31											
03	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	336.55											
07	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	403.87	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	29848	ARTHROSCOPY, WRIST, SURGICAL;	304.82										
07	29848	ARTHROSCOPY, WRIST, SURGICAL;	365.80	00 15									
03	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	359.47										
07	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	431.35	00 15									
02	29851	ARTHROSCOPICALLY AIDED TREATME	118.72										
03	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	593.60										
07	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	712.32	00 15									
02	29855	ARTHROSCOPICALLY AIDED TREATME	98.99										
03	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	494.97										
07	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	593.96	00 15									
02	29856	ARTHROSCOPICALLY AIDED TREATME	127.10										
03	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	635.52										
07	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	762.63	00 15									
02	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR	81.32										
03	29860	HIP ARTHROSCOPY, DX	406.58										
07	29860	HIP ARTHROSCOPY, DX	487.90	00 15									
02	29861	ARTHROSCOPY, HIP, SURGICAL; WITH REM	90.43										
03	29861	HIP ARTHROSCOPY/SURGERY	452.16										
07	29861	HIP ARTHROSCOPY/SURGERY	542.60	00 15									
02	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEB	100.67										
03	29862	HIP ARTHROSCOPY/SURGERY	503.33										
07	29862	HIP ARTHROSCOPY/SURGERY	603.99	00 15									
02	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYN	99.38										
03	29863	HIP ARTHROSCOPY/SURGERY	496.89										
07	29863	HIP ARTHROSCOPY/SURGERY	596.27	00 15									
02	29866	AUTGRFT IMPLNT,KNEE W/SCOPE	131.87										
03	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	659.37										
07	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	791.24	00 15									
02	29867	ALLGRFT IMPLNT,KNEE W/SCOPE	160.04										
03	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	800.19		X								
07	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	960.23	00 15	X								
02	29868	MENISCAL TRNSPL, KNEE W/SCPE	215.45										
03	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,077.23		X								
07	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,292.67	00 15	X								
03	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	252.66										
07	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	303.19	00 15									
03	29871	ARTHROSCOPY, KNEE, SURGICAL;	318.79										
07	29871	ARTHROSCOPY, KNEE, SURGICAL;	382.55	00 15									
03	29873	KNEE ARTHROSCOPY/SURGERY	316.01										
07	29873	KNEE ARTHROSCOPY/SURGERY	379.20	00 15									
03	29874	ARTHROSCOPY, KNEE, SURGICAL;	334.20										
07	29874	ARTHROSCOPY, KNEE, SURGICAL;	401.05	00 15									
03	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	308.24										
07	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	369.89	00 15									
03	29876	ARTHROSCOPY, KNEE, SURGICAL;	405.73										
07	29876	ARTHROSCOPY, KNEE, SURGICAL;	486.87	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	29877	ARTHROSCOPY-DEBRIDEMENT	383.47										
07	29877	ARTHROSCOPY-DEBRIDEMENT	460.15	00 15									
03	29879	ARTHROSCOPY-ABRASION ARTHROPLA	410.89										
07	29879	ARTHROSCOPY-ABRASION ARTHROPLA	493.06	00 15									
03	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	429.40										
07	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	515.29	00 15									
03	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	399.54										
07	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	479.45	00 15									
02	29882	ARTHROSCOPY W/MENISCUS REPAIR	86.75										
03	29882	ARTHROSCOPY W/ MENISCUS REPAIR	433.76										
07	29882	ARTHROSCOPY W/ MENISCUS REPAIR	520.50	00 15									
02	29883	ARTHROSCOPY,KNEE,MENISCUS REPA	106.13										
03	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	530.67										
07	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	636.80	00 15									
02	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LY	76.45										
03	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	382.26										
07	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	458.71	00 15									
02	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCH	92.94										
03	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	464.69										
07	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	557.62	00 15									
03	29886	ARTHROSCOPY-OSTEOCHONDRITIS	391.11										
07	29886	ARTHROSCOPY-OSTEOCHONDRITIS	469.32	00 15									
02	29887	ARTHROSCOPY-INTERNAL FIXATION	92.40										
03	29887	ARTHROSCOPY-INTERNAL FIXATION	462.01										
07	29887	ARTHROSCOPY-INTERNAL FIXATION	554.43	00 15									
02	29888	ARTHROSCOPY-AIDED REP/AUGMENT/	126.25										
03	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	631.27										
07	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	757.53	00 15									
02	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	153.89										
03	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	769.46										
07	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	923.34	00 15									
02	29891	ARTHROSCOPY, ANKLE, SURGICAL, EXCIS	87.03										
03	29891	ANKLE ARTHROSCOPY/SURGERY	435.13										
07	29891	ANKLE ARTHROSCOPY/SURGERY	522.17	00 15									
02	29892	ARTHROSCOPICALLY AIDED REPAIR OF LAR	89.18										
03	29892	ANKLE ARTHROSCOPY/SURGERY	445.90										
07	29892	ANKLE ARTHROSCOPY/SURGERY	535.08	00 15									
03	29893	SCOPE, PLANTAR FASCIOTOMY	353.07										
07	29893	SCOPE, PLANTAR FASCIOTOMY	423.69	00 15									
02	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND	65.58										
03	29894	ARTHROSCOPY, ANKLE, SURGICAL;	327.91										
07	29894	ARTHROSCOPY, ANKLE, SURGICAL;	393.49	00 15									
02	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND	63.44										
03	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	317.21										
07	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	380.66	00 15									
02	29897	ARTHROSCOPY-LIMITED DEBRIDEMEN	66.38										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	331.91										
07	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	398.30	00 15									
02	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND	74.34										
03	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	371.71										
07	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	446.03	00 15									
02	29899	ANKLE ARTHROSCOPY/SURGERY	133.97										
03	29899	ANKLE ARTHROSCOPY/SURGERY	669.85										
07	29899	ANKLE ARTHROSCOPY/SURGERY	803.81	00 15									
03	29900	MCP JOINT ARTHROSCOPY, DX	283.07									X	
07	29900	MCP JOINT ARTHROSCOPY, DX	339.68	00 15								X	
03	29901	MCP JOINT ARTHROSCOPY, SURG	311.01									X	
07	29901	MCP JOINT ARTHROSCOPY, SURG	373.21	00 15								X	
03	29902	MCP JOINT ARTHROSCOPY, SURG	332.83									X	
07	29902	MCP JOINT ARTHROSCOPY, SURG	399.39	00 15								X	
02	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	77.36										
03	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	386.82										
07	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	464.19	00 15									
02	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	83.14										
03	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	415.68										
07	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	498.83	00 15									
02	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	87.57										
03	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	437.86										
07	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	525.43	00 15									
02	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	107.88										
03	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	539.38										
07	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	647.26	00 15									
02	29914	ARTHROSCOPY,HIP,SURGICAL;WITH FEMORO	104.57									X	
03	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	522.83									X	
07	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	627.39	00 15								X	
02	29915	ARTHROSCOPY,HIP,SURGICAL;WITH ACETAB	106.54									X	
03	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	532.71									X	
07	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	639.24	00 15								X	
02	29916	ARTHROSCOPY,HIP,SURGICAL;WITH LABRAL	106.54									X	
03	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	532.71									X	
07	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	639.24	00 15								X	
03	29999	ARTHROSCOPY OF JOINT	MP		X								
07	29999	ARTHROSCOPY OF JOINT	MP	00 15	X								
03	30000	DRAINAGE OF NOSE LESION	132.05										
07	30000	DRAINAGE OF NOSE LESION	158.45	00 15									
03	30020	DRAINAGE OF NOSE LESION	127.95										
07	30020	DRAINAGE OF NOSE LESION	153.54	00 15									
03	30100	INTRANASAL BIOPSY	80.44										
07	30100	INTRANASAL BIOPSY	96.53	00 15									
03	30110	REMOVAL OF NOSE POLYP(S)	130.19										
07	30110	REMOVAL OF NOSE POLYP(S)	156.22	00 15									
03	30115	REMOVAL OF NOSE POLYP(S)	257.46										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	30115	REMOVAL OF NOSE POLYP(S)	308.95	00 15									
03	30117	REMOVAL OF INTRANASAL LESION	467.18										
07	30117	REMOVAL OF INTRANASAL LESION	560.62	00 15									
03	30118	REMOVAL OF INTRANASAL LESION	471.20										
07	30118	REMOVAL OF INTRANASAL LESION	565.44	00 15									
03	30120	REVISION OF NOSE	309.94										
07	30120	REVISION OF NOSE	371.93	00 15									
03	30124	REMOVAL OF NOSE LESION	163.99										
07	30124	REMOVAL OF NOSE LESION	196.79	00 15									
02	30125	REMOVAL OF NOSE LESION	74.78										
03	30125	REMOVAL OF NOSE LESION	373.90										
07	30125	REMOVAL OF NOSE LESION	448.68	00 15									
03	30130	REMOVAL OF TURBINATE BONES	223.02										
07	30130	REMOVAL OF TURBINATE BONES	267.63	00 15									
03	30140	REMOVAL OF TURBINATE BONES	253.46										
07	30140	REMOVAL OF TURBINATE BONES	304.15	00 15									
03	30150	PARTIAL REMOVAL OF NOSE	481.67										
07	30150	PARTIAL REMOVAL OF NOSE	578.00	00 15									
02	30160	REMOVAL OF NOSE	96.97										
03	30160	REMOVAL OF NOSE	484.85										
07	30160	REMOVAL OF NOSE	581.82	00 15									
03	30200	INJECTION TREATMENT OF NOSE	64.49										
07	30200	INJECTION TREATMENT OF NOSE	77.39	00 15									
03	30210	NASAL SINUS THERAPY	85.05										
07	30210	NASAL SINUS THERAPY	102.05	00 15									
03	30220	INSERTION,NASAL SEPTAL PROSTHESIS	165.09										
07	30220	INSERTION,NASAL SEPTAL PROSTHESIS	198.11	00 15									
03	30300	REMOVE NASAL FOREIGN BODY	127.61										
07	30300	REMOVE NASAL FOREIGN BODY	153.14	00 15									
03	30310	REMOVE NASAL FOREIGN BODY	121.93										
07	30310	REMOVE NASAL FOREIGN BODY	146.30	00 15									
03	30320	REMOVE NASAL FOREIGN BODY	269.82										
07	30320	REMOVE NASAL FOREIGN BODY	323.79	00 15									
03	30400	RECONSTRUCTION OF NOSE	622.94										
07	30400	RECONSTRUCTION OF NOSE	747.53	00 15									
02	30410	RECONSTRUCTION OF NOSE	148.72										
03	30410	RECONSTRUCTION OF NOSE	743.60										
07	30410	RECONSTRUCTION OF NOSE	892.33	00 15									
03	30420	RECONSTRUCTION OF NOSE	838.39										
07	30420	RECONSTRUCTION OF NOSE	1,006.07	00 15									
02	30430	REVISION OF NOSE	107.93										
03	30430	REVISION OF NOSE	539.63										
07	30430	REVISION OF NOSE	647.55	00 15									
02	30435	REVISION WORK WITH OSTEOTOMIES	144.00										
03	30435	REVISION WORK WITH OSTEOTOMIES	719.99										
07	30435	REVISION WORK WITH OSTEOTOMIES	863.98	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	30450	REVISION OF NOSE	193.58										
03	30450	REVISION OF NOSE	967.89										
07	30450	REVISION OF NOSE	1,161.48	00 15									
02	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	94.35										
03	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	471.74										
07	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	566.07	00 15									
02	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	190.23										
03	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	951.13										
07	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,141.35	00 15									
03	30465	REPAIR NASAL STENOSIS	599.22			X							
07	30465	REPAIR NASAL STENOSIS	719.07	00 15		X							
03	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	1,899.86										
07	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,279.84	00 15									
03	30469	REPAIR OF NASAL VALVE COLLAPSE WITH	1,691.89										
07	30469	REPAIR OF NASAL VALVE COLLAPSE WITH	2,030.27	00 15									
03	30520	REPAIR OF NASAL SEPTUM	363.16										
07	30520	REPAIR OF NASAL SEPTUM	435.80	00 15									
03	30540	REPAIR NASAL DEFECT	407.15										
07	30540	REPAIR NASAL DEFECT	488.58	00 15									
02	30545	REPAIR NASAL DEFECT	119.09										
03	30545	REPAIR NASAL DEFECT	595.43										
07	30545	REPAIR NASAL DEFECT	714.51	00 15									
03	30560	RELEASE OF NASAL ADHESIONS	151.25										
07	30560	RELEASE OF NASAL ADHESIONS	181.51	00 15									
03	30580	REPAIR UPPER JAW FISTULA	380.30										
07	30580	REPAIR UPPER JAW FISTULA	456.36	00 15									
03	30600	REPAIR MOUTH/NOSE FISTULA	348.52										
07	30600	REPAIR MOUTH/NOSE FISTULA	418.23	00 15									
03	30620	RECONSTRUCTION INNER NOSE	368.37										
07	30620	RECONSTRUCTION INNER NOSE	442.04	00 15									
03	30630	REPAIR NASAL SEPTUM DEFECT	377.66										
07	30630	REPAIR NASAL SEPTUM DEFECT	453.19	00 15									
03	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	127.31										
07	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	152.79	00 15									
03	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	166.88										
07	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	200.26	00 15									
03	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	63.14										
07	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	75.77	00 15									
03	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	113.02										
07	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	135.62	00 15									
03	30905	CONTROL OF NOSEBLEED	140.98										
07	30905	CONTROL OF NOSEBLEED	169.17	00 15									
03	30906	REPEAT CONTROL OF NOSEBLEED	162.72									X	
07	30906	REPEAT CONTROL OF NOSEBLEED	195.26	00 15								X	
03	30915	LIGATION NASAL SINUS ARTERY	353.00										
07	30915	LIGATION NASAL SINUS ARTERY	423.60	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	30920	LIGATION UPPER JAW ARTERY	509.35										
07	30920	LIGATION UPPER JAW ARTERY	611.22	00 15									
03	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	73.13										
07	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	87.75	00 15									
02	30999	NASAL SURGERY PROCEDURE	MP		X								
03	30999	NASAL SURGERY PROCEDURE	MP		X								
07	30999	NASAL SURGERY PROCEDURE	MP	00 15	X								
03	31000	IRRIGATION MAXILLARY SINUS	102.52										
07	31000	IRRIGATION MAXILLARY SINUS	123.04	00 15									
03	31002	IRRIGATION SPHENOID SINUS	119.71										
07	31002	IRRIGATION SPHENOID SINUS	143.65	00 15									
03	31020	EXPLORATION MAXILLARY SINUS	277.56										
07	31020	EXPLORATION MAXILLARY SINUS	333.07	00 15									
03	31030	EXPLORATION MAXILLARY SINUS	410.80										
07	31030	EXPLORATION MAXILLARY SINUS	492.95	00 15									
03	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	346.10										
07	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	415.31	00 15									
03	31040	EXPLORATION BEHIND UPPER JAW	459.63										
07	31040	EXPLORATION BEHIND UPPER JAW	551.55	00 15									
03	31050	EXPLORATION SPHENOID SINUS	297.45										
07	31050	EXPLORATION SPHENOID SINUS	356.92	00 15									
03	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	389.18										
07	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	467.02	00 15									
03	31070	EXPLORATION OF FRONTAL SINUS	259.76										
07	31070	EXPLORATION OF FRONTAL SINUS	311.71	00 15									
02	31075	EXPLORATION OF FRONTAL SINUS	95.43										
03	31075	EXPLORATION OF FRONTAL SINUS	477.16										
07	31075	EXPLORATION OF FRONTAL SINUS	572.59	00 15									
02	31080	REMOVAL OF FRONTAL SINUS	123.93										
03	31080	REMOVAL OF FRONTAL SINUS	619.66										
07	31080	REMOVAL OF FRONTAL SINUS	743.59	00 15									
02	31081	REMOVAL OF FRONTAL SINUS	152.15										
03	31081	REMOVAL OF FRONTAL SINUS	760.74										
07	31081	REMOVAL OF FRONTAL SINUS	912.88	00 15									
02	31084	REMOVAL OF FRONTAL SINUS	144.40										
03	31084	REMOVAL OF FRONTAL SINUS	722.01										
07	31084	REMOVAL OF FRONTAL SINUS	866.42	00 15									
02	31085	REMOVAL OF FRONTAL SINUS	153.37										
03	31085	REMOVAL OF FRONTAL SINUS	766.86										
07	31085	REMOVAL OF FRONTAL SINUS	920.22	00 15									
02	31086	REMOVAL OF FRONTAL SINUS	136.71										
03	31086	REMOVAL OF FRONTAL SINUS	683.54										
07	31086	REMOVAL OF FRONTAL SINUS	820.24	00 15									
02	31087	REMOVAL OF FRONTAL SINUS	136.29										
03	31087	REMOVAL OF FRONTAL SINUS	681.44										
07	31087	REMOVAL OF FRONTAL SINUS	817.73	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	31090	EXPLORATION OF SINUSES	603.19											
07	31090	EXPLORATION OF SINUSES	723.82	00	15									
03	31200	REMOVAL OF ETHMOID SINUS	317.16											
07	31200	REMOVAL OF ETHMOID SINUS	380.59	00	15									
03	31201	REMOVAL OF ETHMOID SINUS	444.79											
07	31201	REMOVAL OF ETHMOID SINUS	533.74	00	15									
02	31205	REMOVAL OF ETHMOID SINUS	104.19											
03	31205	REMOVAL OF ETHMOID SINUS	520.94											
07	31205	REMOVAL OF ETHMOID SINUS	625.13	00	15									
02	31225	REMOVAL OF UPPER JAW	227.13											
03	31225	REMOVAL OF UPPER JAW	1,135.64											
07	31225	REMOVAL OF UPPER JAW	1,362.75	00	15									
02	31230	REMOVAL OF UPPER JAW	255.18											
03	31230	REMOVAL OF UPPER JAW	1,275.90											
07	31230	REMOVAL OF UPPER JAW	1,531.07	00	15									
03	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	110.03											
07	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	132.04	00	15									
03	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	157.54											
07	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	189.05	00	15									
03	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	181.72											
07	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	218.07	00	15									
03	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	196.20											
07	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	235.45	00	15									
03	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	202.54											
07	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	243.05	00	15									
03	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	412.07											
07	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	494.49	00	15									
03	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	105.54											
07	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	126.65	00	15									
03	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	336.98											
07	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	404.38	00	15									
03	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	377.21											
07	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	452.65	00	15									
03	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	181.53											
07	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	217.83	00	15									
03	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	268.86											
07	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	322.64	00	15									
03	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	131.33											
07	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	157.61	00	15									
03	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	335.59											
07	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	402.71	00	15									
03	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	355.87											
07	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	427.04	00	15									
03	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	212.05											
07	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	254.46	00	15									
03	31276	SINUS SURGICAL ENDOSCOPY	339.17											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	31276	SINUS SURGICAL ENDOSCOPY	407.01	00	15									
03	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	154.44											
07	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	185.33	00	15									
03	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	179.26											
07	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	215.11	00	15									
03	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	740.74											
07	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	888.89	00	15									
03	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	782.23											
07	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	938.67	00	15									
03	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	640.35											
07	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	768.42	00	15									
03	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	697.80											
07	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	837.36	00	15									
03	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	802.48											
07	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	962.97	00	15									
03	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,030.97										X	
07	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,237.15	00	15								X	
03	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,927.10										X	
07	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	2,312.51	00	15								X	
03	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,908.72										X	
07	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	2,290.47	00	15								X	
03	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	2,646.86											
07	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,176.23	00	15									
02	31299	SINUS SURGERY PROCEDURE	MP			X								
03	31299	SINUS SURGERY PROCEDURE	MP			X								
07	31299	SINUS SURGERY PROCEDURE	MP	00	15	X								
02	31300	REMOVAL OF LARYNX LESION	154.32											
03	31300	REMOVAL OF LARYNX LESION	771.60											
07	31300	REMOVAL OF LARYNX LESION	925.91	00	15									
02	31360	REMOVAL OF LARYNX	248.39											
03	31360	REMOVAL OF LARYNX	1,241.96											
07	31360	REMOVAL OF LARYNX	1,490.36	00	15									
02	31365	REMOVAL OF LARYNX	312.20											
03	31365	REMOVAL OF LARYNX	1,560.99											
07	31365	REMOVAL OF LARYNX	1,873.19	00	15									
02	31367	PARTIAL REMOVAL OF LARYNX	267.87											
03	31367	PARTIAL REMOVAL OF LARYNX	1,339.36											
07	31367	PARTIAL REMOVAL OF LARYNX	1,607.24	00	15									
02	31368	PARTIAL REMOVAL OF LARYNX	299.67											
03	31368	PARTIAL REMOVAL OF LARYNX	1,498.35											
07	31368	PARTIAL REMOVAL OF LARYNX	1,798.02	00	15									
02	31370	PARTIAL REMOVAL OF LARYNX	251.35											
03	31370	PARTIAL REMOVAL OF LARYNX	1,256.75											
07	31370	PARTIAL REMOVAL OF LARYNX	1,508.09	00	15									
02	31375	PARTIAL REMOVAL OF LARYNX	237.67											
03	31375	PARTIAL REMOVAL OF LARYNX	1,188.37											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	31375	PARTIAL REMOVAL OF LARYNX	1,426.05	00 15									
02	31380	PARTIAL REMOVAL OF LARYNX	234.32										
03	31380	PARTIAL REMOVAL OF LARYNX	1,171.61										
07	31380	PARTIAL REMOVAL OF LARYNX	1,405.93	00 15									
02	31382	PARTIAL REMOVAL OF LARYNX	256.70										
03	31382	PARTIAL REMOVAL OF LARYNX	1,283.50										
07	31382	PARTIAL REMOVAL OF LARYNX	1,540.19	00 15									
02	31390	REMOVAL OF LARYNX & PHARYNX	347.49										
03	31390	REMOVAL OF LARYNX & PHARYNX	1,737.44										
07	31390	REMOVAL OF LARYNX & PHARYNX	2,084.93	00 15									
02	31395	RECONSTRUCT LARYNX & PHARYNX	368.08										
03	31395	RECONSTRUCT LARYNX & PHARYNX	1,840.40										
07	31395	RECONSTRUCT LARYNX & PHARYNX	2,208.47	00 15									
02	31400	REVISION OF LARYNX	121.92										
03	31400	REVISION OF LARYNX	609.58										
07	31400	REVISION OF LARYNX	731.49	00 15									
02	31420	REMOVAL OF EPIGLOTTIS	103.51										
03	31420	REMOVAL OF EPIGLOTTIS	517.54										
07	31420	REMOVAL OF EPIGLOTTIS	621.05	00 15									
03	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	74.65									X	
07	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	89.58	00 15								X	
03	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	23.42										
07	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	28.11	00 15									
03	31505	DIAGNOSTIC LARYNGOSCOPY	49.19										
07	31505	DIAGNOSTIC LARYNGOSCOPY	59.02	00 15									
03	31510	LARYNGOSCOPY WITH BIOPSY	126.95										
07	31510	LARYNGOSCOPY WITH BIOPSY	152.33	00 15									
03	31511	REMOVE FOREIGN BODY LARYNX	128.18										
07	31511	REMOVE FOREIGN BODY LARYNX	153.81	00 15									
03	31512	REMOVAL OF LARYNX LESION	126.29										
07	31512	REMOVAL OF LARYNX LESION	151.55	00 15									
03	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	85.95										
07	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	103.15	00 15									
03	31515	LARYNGOSCOPY FOR ASPIRATION	124.98										
07	31515	LARYNGOSCOPY FOR ASPIRATION	149.98	00 15									
03	31520	DIAGNOSTIC LARYNGOSCOPY	100.37										
07	31520	DIAGNOSTIC LARYNGOSCOPY	120.44	00 15									
03	31525	DIAGNOSTIC LARYNGOSCOPY	152.15										
07	31525	DIAGNOSTIC LARYNGOSCOPY	182.59	00 15									
03	31526	DIAGNOSTIC LARYNGOSCOPY	103.37										
07	31526	DIAGNOSTIC LARYNGOSCOPY	124.03	00 15									
03	31527	LARYNGOSCOPY, INSERT OBTURATOR	126.71										
07	31527	LARYNGOSCOPY, INSERT OBTURATOR	152.04	00 15									
03	31528	LARYNGOSCOPY,W DILATATION INITIAL	94.32										
07	31528	LARYNGOSCOPY,W DILATATION INITIAL	113.18	00 15									
03	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	106.43										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	127.72	00	15									
03	31530	OPERATIVE LARYNGOSCOPY	130.70											
07	31530	OPERATIVE LARYNGOSCOPY	156.84	00	15									
03	31531	OPERATIVE LARYNGOSCOPY	140.41											
07	31531	OPERATIVE LARYNGOSCOPY	168.49	00	15									
03	31535	OPERATIVE LARYNGOSCOPY	124.76											
07	31535	OPERATIVE LARYNGOSCOPY	149.73	00	15									
03	31536	OPERATIVE LARYNGOSCOPY	139.41											
07	31536	OPERATIVE LARYNGOSCOPY	167.29	00	15									
03	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	160.30											
07	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	192.36	00	15									
03	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	175.43											
07	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	210.52	00	15									
03	31545	REMOVE VC LESION W/SCOPE	236.93											
07	31545	REMOVE VC LESION W/SCOPE	284.31	00	15									
03	31546	REMOVE VC LESION SCOPE/GRAFT	363.05											
07	31546	REMOVE VC LESION SCOPE/GRAFT	435.66	00	15									
02	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	212.51	00	11									
03	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,062.56	00	11									
07	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,275.08	00	11									
02	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	213.82	12	99									
03	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,069.08	12	99									
07	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,282.90	12	15									
02	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	232.85	00	11									
03	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,164.23	00	11									
07	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,397.08	00	11									
02	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	244.21	12	99									
03	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,221.06	12	99									
07	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,465.27	12	15									
03	31560	OPERATIVE LARYNGOSCOPY	207.92											
07	31560	OPERATIVE LARYNGOSCOPY	249.50	00	15									
03	31561	OPERATIVE LARYNGOSCOPY	228.05											
07	31561	OPERATIVE LARYNGOSCOPY	273.66	00	15									
03	31570	LARYNGOSCOPY WITH INJECTION	212.62											
07	31570	LARYNGOSCOPY WITH INJECTION	255.15	00	15									
03	31571	LARYNGOSCOPY WITH INJECTION	165.53											
07	31571	LARYNGOSCOPY WITH INJECTION	198.62	00	15									
03	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	350.63											
07	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	420.76	00	15									
03	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	190.14											
07	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	228.17	00	15									
03	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	706.55											
07	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	847.86	00	15									
03	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	70.05											
07	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	84.06	00	15									
03	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	135.27											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	162.33	00	15									
03	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	147.55											
07	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	177.06	00	15									
03	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	171.21											
07	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	205.46	00	15									
03	31579	SEE 31575;WITH STROBOSCOPY	133.03											
07	31579	SEE 31575;WITH STROBOSCOPY	159.63	00	15									
02	31580	REVISION OF LARYNX	146.80											
03	31580	REVISION OF LARYNX	733.98											
07	31580	REVISION OF LARYNX	880.77	00	15									
02	31584	REPAIR OF LARYNX FRACTURE	188.68											
03	31584	REPAIR OF LARYNX FRACTURE	943.38											
07	31584	REPAIR OF LARYNX FRACTURE	1,132.06	00	15									
02	31587	LARYNGOPLASTY,CRICOID SPLIT	124.13											
03	31587	LARYNGOPLASTY, CRICOID SPLIT	620.66											
07	31587	LARYNGOPLASTY, CRICOID SPLIT	744.80	00	15									
02	31590	LARYNGEAL REINNERVATION REPAIR	106.63											
03	31590	LARYNGEAL REINNERVATION REPAIR	533.16											
07	31590	LARYNGEAL REINNERVATION REPAIR	639.79	00	15									
03	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	769.60											
07	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	923.52	00	15									
02	31592	CRICOTRACHEAL RESECTION	251.54											
03	31592	CRICOTRACHEAL RESECTION	1,257.69											
07	31592	CRICOTRACHEAL RESECTION	1,509.23	00	15									
02	31599	LARYNX SURGERY PROCEDURE	MP			X								
03	31599	LARYNX SURGERY PROCEDURE	MP			X								
07	31599	LARYNX SURGERY PROCEDURE	MP	00	15	X								
03	31600	TRACHEOSTOMY, PLANNED	263.45	02	99									
07	31600	TRACHEOSTOMY, PLANNED	316.14	02	15									
02	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	34.45	00	01									
03	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	172.25	00	01									
07	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	206.69	00	01									
03	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	148.83											
07	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	178.59	00	15									
03	31605	INCISION OF NECK CARTILAGES	123.38											
07	31605	INCISION OF NECK CARTILAGES	148.07	00	15									
03	31610	INCISION OF WINDPIPE	438.90											
07	31610	INCISION OF WINDPIPE	526.68	00	15									
02	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL	64.96											
03	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	324.79											
07	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	389.75	00	15									
03	31612	PUNCTURE/CLEAR WINDPIPE	49.69											
07	31612	PUNCTURE/CLEAR WINDPIPE	59.63	00	15									
03	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	268.24											
07	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	321.89	00	15									
03	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	446.45											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	535.74	00 15									
03	31615	VISUALIZATION OF WINDPIPE	112.95										
07	31615	VISUALIZATION OF WINDPIPE	135.54	00 15									
03	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	195.32										
07	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	234.37	00 15									
03	31623	DX BRONCHOSCOPE/BRUSH	212.87										
07	31623	DX BRONCHOSCOPE/BRUSH	255.45	00 15									
03	31624	DX BRONCHOSCOPE/LAVAGE	198.56										
07	31624	DX BRONCHOSCOPE/LAVAGE	238.28	00 15									
03	31625	BRONCHOSCOPY WITH BIOPSY	215.08										
07	31625	BRONCHOSCOPY WITH BIOPSY	258.09	00 15									
03	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	290.11									X	
07	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	348.11	00 15								X	
03	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	782.08										
07	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	938.48	00 15									
03	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	257.36										
07	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	308.83	00 15									
03	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	387.96										
07	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	465.55	00 15									
03	31630	BRONCHOSCOPY WITH REPAIR	138.19										
07	31630	BRONCHOSCOPY WITH REPAIR	165.83	00 15									
03	31631	BRONCHOSCOPY-PLACE TRACH STENT	155.84										
07	31631	BRONCHOSCOPY-PLACE TRACH STENT	187.00	00 15									
03	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	49.65									X	
07	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	59.58	00 15								X	
03	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	59.65									X	
07	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	71.58	00 15								X	
03	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	915.11									X	
07	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,098.13	00 15								X	
03	31635	REMOVE FOREIGN BODY, AIRWAY	222.00										
07	31635	REMOVE FOREIGN BODY, AIRWAY	266.39	00 15									
03	31636	BRONCHOSCOPY, BRONCH STENTS	152.23										
07	31636	BRONCHOSCOPY, BRONCH STENTS	182.68	00 15									
03	31637	BRONCHOSCOPY, STENT ADD-ON	54.32										
07	31637	BRONCHOSCOPY, STENT ADD-ON	65.18	00 15									
03	31638	BRONCHOSCOPY, REVISE STENT	169.93										
07	31638	BRONCHOSCOPY, REVISE STENT	203.92	00 15									
03	31640	BRONCHOSCOPY & REMOVE LESION	177.44										
07	31640	BRONCHOSCOPY & REMOVE LESION	212.93	00 15									
03	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	174.96										
07	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	209.96	00 15									
03	31643	DX BRONCHOSCOPE/CATHETER	119.89										
07	31643	DX BRONCHOSCOPE/CATHETER	143.87	00 15									
03	31645	BRONCHOSCOPY, CLEAR AIRWAYS	193.10										
07	31645	BRONCHOSCOPY, CLEAR AIRWAYS	231.72	00 15									
03	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	174.89										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	209.88	00 15									
03	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	153.46										
07	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	184.15	00 15									
03	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	159.32										
07	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	191.18	00 15									
03	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	50.66									X	
07	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	60.79	00 15								X	
03	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	54.37									X	
07	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	64.59	00 15								X	
03	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	630.35										
07	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	756.41	00 15									
03	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	670.88										
07	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	805.05	00 15									
03	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	103.01										
07	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	123.62	00 15									
03	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	153.51										
07	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	184.21	00 15									
03	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	162.01										
07	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	194.42	00 15									
03	31717	BRONCHIAL BRUSH BIOPSY	185.27										
07	31717	BRONCHIAL BRUSH BIOPSY	222.32	00 15									
03	31720	CLEARANCE OF AIRWAYS	35.62									X	
07	31720	CLEARANCE OF AIRWAYS	42.75	00 15								X	
03	31725	CLEARANCE OF AIRWAYS	64.38									X	
07	31725	CLEARANCE OF AIRWAYS	77.25	00 15								X	
03	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	516.02										
07	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	619.24	00 15									
02	31750	REPAIR OF WINDPIPE	163.20										
03	31750	REPAIR OF WINDPIPE	816.02										
07	31750	REPAIR OF WINDPIPE	979.22	00 15									
02	31755	REPAIR OF WINDPIPE	205.55										
03	31755	REPAIR OF WINDPIPE	1,027.74										
07	31755	REPAIR OF WINDPIPE	1,233.28	00 15									
02	31760	REPAIR OF WINDPIPE	183.35										
03	31760	REPAIR OF WINDPIPE	916.76										
07	31760	REPAIR OF WINDPIPE	1,100.12	00 15									
02	31766	CARINAL RECONSTRUCTION	241.08										
03	31766	CARINAL RECONSTRUCTION	1,205.38										
07	31766	CARINAL RECONSTRUCTION	1,446.47	00 15									
02	31770	REPAIR/GRAFT OF BRONCHUS	177.83										
03	31770	REPAIR/GRAFT OF BRONCHUS	889.17										
07	31770	REPAIR/GRAFT OF BRONCHUS	1,067.00	00 15									
02	31775	RECONSTRUCT BRONCHUS	184.13										
03	31775	RECONSTRUCT BRONCHUS	920.64										
07	31775	RECONSTRUCT BRONCHUS	1,104.76	00 15									
02	31780	RECONSTRUCT WINDPIPE	153.65										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	31780	RECONSTRUCT WINDPIPE	768.24										
07	31780	RECONSTRUCT WINDPIPE	921.89	00 15									
02	31781	RECONSTRUCT WINDPIPE	187.19										
03	31781	RECONSTRUCT WINDPIPE	935.95										
07	31781	RECONSTRUCT WINDPIPE	1,123.14	00 15									
02	31785	REMOVE WINDPIPE LESION	140.94										
03	31785	REMOVE WINDPIPE LESION	704.71										
07	31785	REMOVE WINDPIPE LESION	845.66	00 15									
02	31786	REMOVE WINDPIPE LESION	197.76										
03	31786	REMOVE WINDPIPE LESION	988.78										
07	31786	REMOVE WINDPIPE LESION	1,186.53	00 15									
03	31800	REPAIR OF WINDPIPE INJURY	429.68										
07	31800	REPAIR OF WINDPIPE INJURY	515.62	00 15									
02	31805	REPAIR OF WINDPIPE INJURY	108.62										
03	31805	REPAIR OF WINDPIPE INJURY	543.12										
07	31805	REPAIR OF WINDPIPE INJURY	651.76	00 15									
03	31820	CLOSURE OF WINDPIPE LESION	259.44										
07	31820	CLOSURE OF WINDPIPE LESION	311.33	00 15									
03	31825	REPAIR OF WINDPIPE DEFECT	364.73										
07	31825	REPAIR OF WINDPIPE DEFECT	437.68	00 15									
03	31830	REVISE WINDPIPE SCAR	261.61										
07	31830	REVISE WINDPIPE SCAR	313.93	00 15									
02	31899	AIRWAYS SURGICAL PROCEDURE	MP		X								
03	31899	AIRWAYS SURGICAL PROCEDURE	MP		X								
07	31899	AIRWAYS SURGICAL PROCEDURE	MP	00 15	X								
02	32035	EXPLORATION OF CHEST	91.93										
03	32035	EXPLORATION OF CHEST	459.63										
07	32035	EXPLORATION OF CHEST	551.55	00 15									
02	32036	EXPLORATION OF CHEST	99.84										
03	32036	EXPLORATION OF CHEST	499.22										
07	32036	EXPLORATION OF CHEST	599.06	00 15									
02	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	110.01										
03	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	550.04										
07	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	660.05	00 15									
02	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	110.01										
03	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	550.04										
07	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	660.05	00 15									
02	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	103.39										
03	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	516.95										
07	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	620.34	00 15									
02	32100	THORACOTOMY; WITH EXPLORATION	127.65										
03	32100	THORACOTOMY; WITH EXPLORATION	638.23										
07	32100	THORACOTOMY; WITH EXPLORATION	765.88	00 15									
02	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	192.63										
03	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	963.17										
07	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,155.81	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	113.74										
03	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	568.71										
07	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	682.45	00 15									
02	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	121.29										
03	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	606.44										
07	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	727.74	00 15									
02	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	129.74										
03	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	648.68										
07	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	778.41	00 15									
02	32141	THORACOTOMY; WITH RESECTION-PLICATIO	195.64										
03	32141	THORACOTOMY; WITH RESECTION-PLICATIO	978.19										
07	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,173.83	00 15									
02	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	130.79										
03	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	653.96										
07	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	784.75	00 15									
02	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	133.60										
03	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	667.98										
07	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	801.57	00 15									
02	32160	THORACOTOMY; WITH CARDIAC MASSAGE	100.16										
03	32160	THORACOTOMY; WITH CARDIAC MASSAGE	500.82										
07	32160	THORACOTOMY; WITH CARDIAC MASSAGE	600.99	00 15									
02	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	146.46										
03	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	732.30										
07	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	878.77	00 15									
02	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	105.13										
03	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	525.66										
07	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	630.79	00 15									
02	32220	RELEASE OF LUNG	210.76										
03	32220	RELEASE OF LUNG	1,053.81										
07	32220	RELEASE OF LUNG	1,264.57	00 15									
02	32225	PARTIAL RELEASE OF LUNG	130.98										
03	32225	PARTIAL RELEASE OF LUNG	654.90										
07	32225	PARTIAL RELEASE OF LUNG	785.87	00 15									
02	32310	REMOVAL OF CHEST LINING	120.87										
03	32310	REMOVAL OF CHEST LINING	604.35										
07	32310	REMOVAL OF CHEST LINING	725.22	00 15									
02	32320	FREE/REMOVE CHEST LINING	211.43										
03	32320	FREE/REMOVE CHEST LINING	1,057.14										
07	32320	FREE/REMOVE CHEST LINING	1,268.57	00 15									
03	32400	NEEDLE BIOPSY CHEST LINING	97.13									X	
07	32400	NEEDLE BIOPSY CHEST LINING	116.55	00 15								X	
03	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	609.39									X	
07	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	731.27	00 15								X	
02	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	211.75										
03	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,058.75										
07	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,270.50	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	392.04											
03	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	1,960.22											
07	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	2,352.27	00	15									
02	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	444.21											
03	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	2,221.03											
07	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	2,665.23	00	15									
02	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	199.91											
03	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	999.55											
07	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,199.47	00	15									
02	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	213.04											
03	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,065.22											
07	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,278.26	00	15									
02	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	192.58											
03	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	962.89											
07	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,155.47	00	15									
02	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	306.50											
03	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,532.52											
07	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,839.02	00	15									
02	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	310.63											
03	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,553.16											
07	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,863.79	00	15									
02	32501	REPAIR BRONCHUS (ADD-ON)	34.03											
03	32501	REPAIR BRONCHUS (ADD-ON)	170.13											
07	32501	REPAIR BRONCHUS (ADD-ON)	204.16	00	15									
02	32503	RESECT APICAL LUNG TUMOR	244.31											
03	32503	RESECT APICAL LUNG TUMOR	1,221.55											
07	32503	RESECT APICAL LUNG TUMOR	1,465.86	00	15									
02	32504	RESECT APICAL LUNG TUM/CHEST	280.78											
03	32504	RESECT APICAL LUNG TUM/CHEST	1,403.90											
07	32504	RESECT APICAL LUNG TUM/CHEST	1,684.68	00	15									
02	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	126.89											
03	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	634.43											
07	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	761.32	00	15									
02	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	21.55										X	
03	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	107.76										X	
07	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	129.31	00	15								X	
02	32540	REMOVAL OF LUNG LESION	219.87											
03	32540	REMOVAL OF LUNG LESION	1,099.37											
07	32540	REMOVAL OF LUNG LESION	1,319.23	00	15									
03	32550	INSERTION OF INDWELLING TUNNELED PLE	484.16											
07	32550	INSERTION OF INDWELLING TUNNELED PLE	580.98	00	15									
03	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	120.70											
07	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	144.84	00	15									
03	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	125.44											
07	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	150.53	00	15									
03	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	395.46											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	474.56	00 15									
03	32554	THORACENTESIS, NEEDLE OR CATHETER, A	361.25										
07	32554	THORACENTESIS, NEEDLE OR CATHETER, A	433.50	00 15									
03	32555	THORACENTESIS, NEEDLE OR CATHETER, A	416.98										
07	32555	THORACENTESIS, NEEDLE OR CATHETER, A	500.38	00 15									
03	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	382.29										
07	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	458.75	00 15									
03	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	616.86										
07	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	740.22	00 15									
03	32560	INSTILLATION VIA CHEST TUBE/CATHETER	183.70										
07	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	220.44	00 15									
03	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	65.15										
07	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	78.19	00 15									
03	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	58.37										
07	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	70.04	00 15									
02	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	42.11										
03	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	210.54										
07	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	252.67	00 15									
02	32604	THORACOSCOPY,DIAGNOSTIC (SEPA	66.54										
03	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	332.71										
07	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	399.26	00 15									
02	32606	THORACOSCOPY,DIAGNOSTIC (SEPA	63.62										
03	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	318.11										
07	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	381.72	00 15									
02	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	42.25										
03	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	211.27										
07	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	253.53	00 15									
02	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	51.93										
03	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	259.64										
07	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	311.56	00 15									
02	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	35.81										
03	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	179.07										
07	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	214.89	00 15									
02	32650	THORACOSCOPY, SURGICAL;	89.41										
03	32650	THORACOSCOPY, SURGICAL;	447.03										
07	32650	THORACOSCOPY, SURGICAL;	536.44	00 15									
02	32651	THORACOSCOPY, SURGICAL;	141.13										
03	32651	THORACOSCOPY, SURGICAL;	705.65										
07	32651	THORACOSCOPY, SURGICAL;	846.79	00 15									
02	32652	THORACOSCOPY, SURGICAL;	214.47										
03	32652	THORACOSCOPY, SURGICAL;	1,072.35										
07	32652	THORACOSCOPY, SURGICAL;	1,286.81	00 15									
02	32653	THORACOSCOPY, SURGICAL;	136.89										
03	32653	THORACOSCOPY, SURGICAL;	684.43										
07	32653	THORACOSCOPY, SURGICAL;	821.31	00 15									
02	32654	THORACOSCOPY, SURGICAL;	150.80										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	32654	THORACOSCOPY, SURGICAL;	753.98										
07	32654	THORACOSCOPY, SURGICAL;	904.78	00 15									
02	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	125.00										
03	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	624.98										
07	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	749.97	00 15									
02	32656	THORACOSCOPY, SURGICAL;	107.21										
03	32656	THORACOSCOPY, SURGICAL;	536.07										
07	32656	THORACOSCOPY, SURGICAL;	643.27	00 15									
02	32658	THORACOSCOPY, SURGICAL;	96.51										
03	32658	THORACOSCOPY, SURGICAL;	482.56										
07	32658	THORACOSCOPY, SURGICAL;	579.06	00 15									
02	32659	THORACOSCOPY, SURGICAL;	97.91										
03	32659	THORACOSCOPY, SURGICAL;	489.56										
07	32659	THORACOSCOPY, SURGICAL;	587.46	00 15									
02	32661	THORACOSCOPY, SURGICAL;	108.00										
03	32661	THORACOSCOPY, SURGICAL;	540.00										
07	32661	THORACOSCOPY, SURGICAL;	647.98	00 15									
02	32662	THORACOSCOPY, SURGICAL;	120.95										
03	32662	THORACOSCOPY, SURGICAL;	604.77										
07	32662	THORACOSCOPY, SURGICAL;	725.72	00 15									
02	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	186.14										
03	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	930.69										
07	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,116.82	00 15									
02	32664	THORACOSCOPY, SURGICAL;	115.35										
03	32664	THORACOSCOPY, SURGICAL;	576.75										
07	32664	THORACOSCOPY, SURGICAL;	692.10	00 15									
02	32665	THORACOSCOPY, SURGICAL;	160.92										
03	32665	THORACOSCOPY, SURGICAL;	804.60										
07	32665	THORACOSCOPY, SURGICAL;	965.52	00 15									
02	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	118.53										
03	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	592.64										
07	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	711.17	00 15									
02	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	21.55									X	
03	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	107.76									X	
07	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	129.31	00 15								X	
02	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	21.67										
03	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	108.35										
07	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	130.02	00 15									
02	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	183.14										
03	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	915.72										
07	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,098.86	00 15									
02	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	218.78										
03	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,093.92										
07	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,312.71	00 15									
02	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	242.90										
03	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,214.49										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,457.40	00 15									
02	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	207.65										
03	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,038.26										
07	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,245.92	00 15									
02	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	163.88										
03	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	819.38										
07	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	983.25	00 15									
02	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	29.56										
03	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	147.79										
07	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	177.35	00 15									
03	32701	THORACIC TARGET(S) DELINEATION FOR S	149.32										
07	32701	THORACIC TARGET(S) DELINEATION FOR S	179.18	00 15									
02	32800	REPAIR LUNG HERNIA	123.37										
03	32800	REPAIR LUNG HERNIA	616.84										
07	32800	REPAIR LUNG HERNIA	740.20	00 15									
02	32810	CLOSE CHEST AFTER DRAINAGE	119.25										
03	32810	CLOSE CHEST AFTER DRAINAGE	596.26										
07	32810	CLOSE CHEST AFTER DRAINAGE	715.50	00 15									
02	32815	CLOSE BRONCHIAL FISTULA	352.33										
03	32815	CLOSE BRONCHIAL FISTULA	1,761.63										
07	32815	CLOSE BRONCHIAL FISTULA	2,113.95	00 15									
02	32820	RECONSTRUCT INJURED CHEST	177.22										
03	32820	RECONSTRUCT INJURED CHEST	886.11										
07	32820	RECONSTRUCT INJURED CHEST	1,063.33	00 15									
02	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP		X								
03	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP		X								
07	32850	DONOR PNEUMONECTOMY(IES) WITH PREPAR	MP	00 15	X								
02	32851	LUNG TRANSPLANT SINGLE WITHOUT CARDI	MP		X								
03	32851	LUNG TRANSPLANT, SINGLE;	MP		X								
07	32851	LUNG TRANSPLANT, SINGLE;	2,171.93	00 15	X								
02	32852	LUNG TRANSPLANT SINGLE WITH CARDIOPU	MP		X								
03	32852	LUNG TRANSPLANT, SINGLE;	MP		X								
07	32852	LUNG TRANSPLANT, SINGLE;	2,339.48	00 15	X								
02	32853	LUNG TRANSPLANT DOUBLE (BILATERAL SE	MP		X								
03	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP		X								
07	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,653.18	00 15	X								
02	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL	MP		X								
03	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	MP		X								
07	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	2,802.22	00 15	X								
02	32900	REMOVAL OF RIB(S)	181.88										
03	32900	REMOVAL OF RIB(S)	909.39										
07	32900	REMOVAL OF RIB(S)	1,091.27	00 15									
02	32905	REVISE & REPAIR CHEST WALL	179.70										
03	32905	REVISE & REPAIR CHEST WALL	898.52										
07	32905	REVISE & REPAIR CHEST WALL	1,078.23	00 15									
02	32906	REVISE & REPAIR CHEST WALL	223.49										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	32906	REVISE & REPAIR CHEST WALL	1,117.43											
07	32906	REVISE & REPAIR CHEST WALL	1,340.93	00	15									
02	32940	REVISION OF LUNG	164.64											
03	32940	REVISION OF LUNG	823.22											
07	32940	REVISION OF LUNG	987.87	00	15									
03	32960	THERAPEUTIC PNEUMOTHORAX	89.90											
07	32960	THERAPEUTIC PNEUMOTHORAX	107.88	00	15									
02	32994	ABLATION THERAPY FOR REDUCTION OR	845.46											
03	32994	ABLATION THERAPY FOR REDUCTION OR ER	4,227.32											
07	32994	ABLATION THERAPY FOR REDUCTION OR ER	5,072.79	00	15									
03	32997	TOTAL LUNG LAVAGE	244.04											
07	32997	TOTAL LUNG LAVAGE	292.85	00	15									
03	32998	ABLATION THERAPY FOR REDUCTION OR ER	1,704.49											
07	32998	ABLATION THERAPY FOR REDUCTION OR ER	2,045.39	00	15									
02	32999	CHEST SURGERY PROCEDURE	MP			X								
03	32999	CHEST SURGERY PROCEDURE	MP				X							
07	32999	CHEST SURGERY PROCEDURE	MP	00	15		X							
03	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	184.44											
07	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	221.33	00	15									
03	33017	PERICARDIAL DRAINAGE WITH INSERTION	190.79	06	99									
07	33017	PERICARDIAL DRAINAGE WITH INSERTION	228.95	06	15									
07	33018	PERICARDIAL DRAINAGE WITH INSERTION	260.04	00	05									
03	33019	PERICARDIAL DRAINAGE WITH INSERTION	176.36											
07	33019	PERICARDIAL DRAINAGE WITH INSERTION	211.63	00	15									
02	33020	INCISION OF HEART SAC	116.08											
03	33020	INCISION OF HEART SAC	580.42											
07	33020	INCISION OF HEART SAC	696.51	00	15									
02	33025	INCISION OF HEART SAC	107.37											
03	33025	INCISION OF HEART SAC	536.83											
07	33025	INCISION OF HEART SAC	644.20	00	15									
02	33030	PARTIAL REMOVAL OF HEART SAC	171.98											
03	33030	PARTIAL REMOVAL OF HEART SAC	859.90											
07	33030	PARTIAL REMOVAL OF HEART SAC	1,031.88	00	15									
02	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	192.22											
03	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	961.11											
07	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	1,153.33	00	15									
02	33050	RESECTION OF PERICARDIAL CYST OR TUM	132.67											
03	33050	RESECTION OF PERICARDIAL CYST OR TUM	663.35											
07	33050	RESECTION OF PERICARDIAL CYST OR TUM	796.02	00	15									
02	33120	REMOVAL OF HEART LESION	210.44											
03	33120	REMOVAL OF HEART LESION	1,052.21											
07	33120	REMOVAL OF HEART LESION	1,262.66	00	15									
02	33130	REMOVAL OF HEART LESION	184.93											
03	33130	REMOVAL OF HEART LESION	924.65											
07	33130	REMOVAL OF HEART LESION	1,109.57	00	15									
02	33140	HEART REVASCULARIZE (TMR)	210.56											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	33140	HEART REVASCULARIZE (TMR)	1,052.81			X								
07	33140	HEART REVASCULARIZE (TMR)	1,263.36	00	15	X								
02	33141	HEART TMR W/OTHER PROCEDURE	21.01											
03	33141	HEART TMR W/OTHER PROCEDURE	105.03			X								
07	33141	HEART TMR W/OTHER PROCEDURE	126.03	00	15	X								
02	33202	INSERTION OF EPICARDIAL ELECTR	104.59											
03	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	522.96											
07	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	627.54	00	15									
02	33203	INSERTION OF EPICARDIAL ELECTR	109.64											
03	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	548.20											
07	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	657.85	00	15									
03	33206	INSERTION OF NEW OR REPLACEMENT OF P	313.99											
07	33206	INSERTION OF NEW OR REPLACEMENT OF P	376.77	00	15									
03	33207	INSERTION OF NEW OR REPLACEMENT OF P	336.86											
07	33207	INSERTION OF NEW OR REPLACEMENT OF P	404.24	00	15									
03	33208	INSERTION OF NEW OR REPLACEMENT OF P	362.74											
07	33208	INSERTION OF NEW OR REPLACEMENT OF P	435.28	00	15									
03	33210	INSERTION OF HEART ELECTRODE	125.40											
07	33210	INSERTION OF HEART ELECTRODE	150.49	00	15									
03	33211	INSERTION OR REPLACEMENT OF TEMPORAR	126.38											
07	33211	INSERTION OR REPLACEMENT OF TEMPORAR	151.66	00	15									
03	33212	INSERTION OF PACEMAKER PULSE GENERAT	235.13											
07	33212	INSERTION OF PACEMAKER PULSE GENERAT	282.17	00	15									
03	33213	INSERTION OF PACEMAKER PULSE GENERAT	268.26											
07	33213	INSERTION OF PACEMAKER PULSE GENERAT	321.92	00	15									
03	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	332.53											
07	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	399.03	00	15									
03	33215	REPOSITION PACING-DEFIB LEAD	212.27											
07	33215	REPOSITION PACING-DEFIB LEAD	254.72	00	15									
03	33216	REVISION IMPLANTED ELECTRODE	260.13											
07	33216	REVISION IMPLANTED ELECTRODE	312.16	00	15									
03	33217	INSERTION, REPLACEMENT OR REPOSITION	258.23											
07	33217	INSERTION, REPLACEMENT OR REPOSITION	309.88	00	15									
03	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	268.81											
07	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	322.58	00	15									
03	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	271.34											
07	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	325.61	00	15									
03	33221	INSERTION OF PACEMAKER PULSE GENERAT	238.46											
07	33221	INSERTION OF PACEMAKER PULSE GENERAT	286.16	00	15									
03	33222	RELOCATION OF PACEMAKER GENERATOR SK	236.73											
07	33222	RELOCATION OF PACEMAKER GENERATOR SK	284.08	00	15									
03	33223	RELOCATION OF PACING DEFIBRILLATOR D	287.30											
07	33223	RELOCATION OF PACING DEFIBRILLATOR D	344.76	00	15									
03	33224	INSERTION OF PACING ELECTRODE, CARDI	353.75											
07	33224	INSERTION OF PACING ELECTRODE, CARDI	424.50	00	15									
03	33225	INSERTION OF PACING ELECTRODE, CARDI	319.23											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	33225	INSERTION OF PACING ELECTRODE, CARDI	383.06	00 15									
03	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	342.17										
07	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	410.61	00 15									
03	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	227.48										
07	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	272.98	00 15									
03	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	237.31										
07	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	284.77	00 15									
03	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	247.12										
07	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	296.56	00 15									
03	33230	INSERTION OF PACING CARDIOVERTER-DEF	256.77										
07	33230	INSERTION OF PACING CARDIOVERTER-DEF	308.13	00 15									
03	33231	INSERTION OF PACING CARDIOVERTER-DEF	266.59										
07	33231	INSERTION OF PACING CARDIOVERTER-DEF	319.91	00 15									
03	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	164.59										
07	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	197.50	00 15									
03	33234	REMOVAL OF PERMANENT PACEMAKER;	337.28										
07	33234	REMOVAL OF PERMANENT PACEMAKER;	404.74	00 15									
03	33235	REMOVAL OF PERMANENT PACEMAKER;	435.44										
07	33235	REMOVAL OF PERMANENT PACEMAKER;	522.52	00 15									
02	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	104.59										
03	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	522.93										
07	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	627.51	00 15									
02	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	115.00										
03	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	575.00										
07	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	690.00	00 15									
02	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	124.81										
03	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	624.05										
07	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	748.87	00 15									
03	33240	INSERTION OF PACING CARDIOVERTER-DEF	321.70										
07	33240	INSERTION OF PACING CARDIOVERTER-DEF	386.05	00 15									
03	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	155.72										
07	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	186.86	00 15									
02	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	182.74										
03	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	913.69										
07	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,096.43	00 15									
03	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	592.79										
07	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	711.33	00 15									
02	33249	INSERTION OR REPLACEMENT OF PERMANEN	125.24										
03	33249	INSERTION OR REPLACEMENT OF PERMANEN	626.18										
07	33249	INSERTION OR REPLACEMENT OF PERMANEN	751.42	00 15									
02	33250	OPERATIVE ABLATION O SUPRAVENTRICUL	197.57										
03	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	987.85										
07	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,185.43	00 15									
02	33251	OPERATIVE ABLATION W CARDIO BYPASS	219.18										
03	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,095.88										
07	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,315.06	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	33254	OPERATIVE TISSUE ABLATION AND RECONS	184.61										
03	33254	OPERATIVE TISSUE ABLATION AND RECONS	923.05										
07	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,107.66	00 15									
02	33255	OPERATIVE TISSUE ABLATION AND RECONS	225.63										
03	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,128.14										
07	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,353.78	00 15									
02	33256	OPERATIVE TISSUE ABLATION AND RECONS	269.65										
03	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,348.25										
07	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,617.90	00 15									
02	33257	OPERATIVE TISSUE ABLATION AND RECONS	76.87										
03	33257	OPERATIVE TISSUE ABLATION AND RECONS	384.36										
07	33257	OPERATIVE TISSUE ABLATION AND RECONS	461.22	00 15									
02	33258	OPERATIVE TISSUE ABLATION AND RECONS	87.02										
03	33258	OPERATIVE TISSUE ABLATION AND RECONS	435.09										
07	33258	OPERATIVE TISSUE ABLATION AND RECONS	522.11	00 15									
02	33259	OPERATIVE TISSUE ABLATION AND RECONS	113.99										
03	33259	OPERATIVE TISSUE ABLATION AND RECONS	569.94										
07	33259	OPERATIVE TISSUE ABLATION AND RECONS	683.92	00 15									
02	33261	OPER ABLATION O ARRHYTH FOCUS; W CAR	217.99										
03	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,089.93										
07	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,307.91	00 15									
03	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	247.40										
07	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	296.89	00 15									
03	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	257.23										
07	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	308.68	00 15									
03	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	267.05										
07	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	320.46	00 15									
02	33265	ABLATE ATRIA, LMTD, ENDO	184.25										
03	33265	ABLATE ATRIA, LMTD, ENDO	921.23										
07	33265	ABLATE ATRIA, LMTD, ENDO	1,105.48	00 15									
02	33266	ABLATE ATRIA, X10SV, ENDO	253.47										
03	33266	ABLATE ATRIA, X10SV, ENDO	1,267.37										
07	33266	ABLATE ATRIA, X10SV, ENDO	1,520.84	00 15									
02	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	161.19										
03	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	805.96										
07	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	967.15	00 15									
02	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	20.33										
03	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	101.65										
07	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	121.98	00 15									
02	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	127.16										
03	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	635.78										
07	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	762.94	00 15									
03	33270	INSERTION OR REPLACEMENT OF PERMANEN	451.10										
07	33270	INSERTION OR REPLACEMENT OF PERMANEN	541.31	00 15									
03	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	378.64										
07	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	454.37	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	278.27											
07	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	333.92	00	15									
03	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	308.79											
07	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	370.55	00	15									
03	33274	TRANSCATHETER INSERTION OR REPLACEME	379.77											
07	33274	TRANSCATHETER INSERTION OR REPLACEME	455.72	00	15									
03	33275	TRANSCATHETER REMOVAL OF PERMANENT	405.38											
07	33275	TRANSCATHETER REMOVAL OF PERMANENT	486.45	00	15									
03	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	3,509.74											
07	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,211.69	00	15									
03	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	98.64											
07	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	118.37	00	15									
03	33289	TRANSCATHETER IMPLANTATION OF WIRELE	257.12											
07	33289	TRANSCATHETER IMPLANTATION OF WIRELE	308.55	00	15									
02	33300	REPAIR OF HEART WOUND	310.80											
03	33300	REPAIR OF HEART WOUND	1,554.02											
07	33300	REPAIR OF HEART WOUND	1,864.82	00	15									
02	33305	REPAIR OF HEART WOUND	517.67											
03	33305	REPAIR OF HEART WOUND	2,588.34											
07	33305	REPAIR OF HEART WOUND	3,106.00	00	15									
02	33310	EXPLORATORY HEART SURGERY	157.45											
03	33310	EXPLORATORY HEART SURGERY	787.25											
07	33310	EXPLORATORY HEART SURGERY	944.70	00	15									
02	33315	EXPLORATORY HEART SURGERY	200.38											
03	33315	EXPLORATORY HEART SURGERY	1,001.91											
07	33315	EXPLORATORY HEART SURGERY	1,202.30	00	15									
02	33320	REPAIR MAJOR BLOOD VESSEL(S)	142.40											
03	33320	REPAIR MAJOR BLOOD VESSEL(S)	712.02											
07	33320	REPAIR MAJOR BLOOD VESSEL(S)	854.41	00	15									
02	33321	REPAIR MAJOR VESSEL	161.42											
03	33321	REPAIR MAJOR VESSEL	807.09											
07	33321	REPAIR MAJOR VESSEL	968.51	00	15									
02	33322	REPAIR MAJOR BLOOD VESSEL(S)	186.76											
03	33322	REPAIR MAJOR BLOOD VESSEL(S)	933.78											
07	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,120.53	00	15									
02	33330	INSERT MAJOR VESSEL GRAFT	188.76											
03	33330	INSERT MAJOR VESSEL GRAFT	943.79											
07	33330	INSERT MAJOR VESSEL GRAFT	1,132.54	00	15									
02	33335	INSERT MAJOR VESSEL GRAFT	255.31											
03	33335	INSERT MAJOR VESSEL GRAFT	1,276.55											
07	33335	INSERT MAJOR VESSEL GRAFT	1,531.85	00	15									
03	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	623.07											
07	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	747.68	00	15									
02	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	181.59											
03	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	907.94											
07	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,089.52	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	33362	TRANSCATHETER AORTIC VALVE REPLACEME	198.69											
03	33362	TRANSCATHETER AORTIC VALVE REPLACEME	993.43											
07	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,192.12	00	15									
02	33363	TRANSCATHETER AORTIC VALVE REPLACEME	205.72											
03	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,028.62											
07	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,234.34	00	15									
02	33364	TRANSCATHETER AORTIC VALVE REPLACEME	218.73											
03	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,093.65											
07	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,312.37	00	15									
02	33365	TRANSCATHETER AORTIC VALVE REPLACEME	239.62											
03	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,198.12											
07	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,437.75	00	15									
02	33366	TRANSCATHETER AORTIC VALVE REPLACEME	278.09											
03	33366	Transcatheter aortic valve replaceme	1,390.46											
07	33366	Transcatheter aortic valve replaceme	1,668.55	00	15									
02	33367	TRANSCATHETER AORTIC VALVE REPLACEME	84.26											
03	33367	TRANSCATHETER AORTIC VALVE REPLACEME	421.30											
07	33367	TRANSCATHETER AORTIC VALVE REPLACEME	505.56	00	15									
02	33368	TRANSCATHETER AORTIC VALVE REPLACEME	102.11											
03	33368	TRANSCATHETER AORTIC VALVE REPLACEME	510.53											
07	33368	TRANSCATHETER AORTIC VALVE REPLACEME	612.64	00	15									
02	33369	TRANSCATHETER AORTIC VALVE REPLACEME	134.81											
03	33369	TRANSCATHETER AORTIC VALVE REPLACEME	674.04											
07	33369	TRANSCATHETER AORTIC VALVE REPLACEME	808.85	00	15									
02	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	20.44											
03	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	102.22											
07	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	122.66	00	15									
02	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	298.08											
03	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	1,490.39											
07	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	1,788.47	00	15									
02	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	353.22											
03	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	1,766.09											
07	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,119.30	00	15									
02	33404	CONSTRUCT APICAL-AORTIC CONDUIT	242.13											
03	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,210.63											
07	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,452.75	00	15									
02	33405	REPLACEMENT OF AORTIC VALVE	313.79											
03	33405	REPLACEMENT OF AORTIC VALVE	1,568.97											
07	33405	REPLACEMENT OF AORTIC VALVE	1,882.76	00	15									
02	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	386.43											
03	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	1,932.16											
07	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,318.60	00	15									
02	33410	REPLACEMENT OF AORTIC VALVE	340.77											
03	33410	REPLACEMENT OF AORTIC VALVE	1,703.83											
07	33410	REPLACEMENT OF AORTIC VALVE	2,044.59	00	15									
02	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	444.83											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	2,224.14										
07	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	2,668.97	00 15									
02	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	339.30										
03	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	1,696.52										
07	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	2,035.82	00 15									
02	33413	REPLACEMENT, AORTIC VALVE;	439.52										
03	33413	REPLACEMENT, AORTIC VALVE;	2,197.59										
07	33413	REPLACEMENT, AORTIC VALVE;	2,637.11	00 15									
02	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	293.73										
03	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,468.67										
07	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	1,762.41	00 15									
02	33415	REVISION OF AORTIC VALVE	272.53										
03	33415	REVISION OF AORTIC VALVE	1,362.64										
07	33415	REVISION OF AORTIC VALVE	1,635.16	00 15									
02	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	273.90										
03	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,369.48										
07	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	1,643.37	00 15									
02	33417	REPAIR OF AORTIC VALVE	228.17										
03	33417	REPAIR OF AORTIC VALVE	1,140.84										
07	33417	REPAIR OF AORTIC VALVE	1,369.00	00 15									
02	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	288.49										
03	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,442.45										
07	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,730.93	00 15									
02	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	68.13										
03	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	340.63										
07	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	408.75	00 15									
02	33420	REVISION OF MITRAL VALVE	183.91										
03	33420	REVISION OF MITRAL VALVE	919.56										
07	33420	REVISION OF MITRAL VALVE	1,103.47	00 15									
02	33422	REVISION OF MITRAL VALVE	228.98										
03	33422	REVISION OF MITRAL VALVE	1,144.91										
07	33422	REVISION OF MITRAL VALVE	1,373.88	00 15									
02	33425	REPAIR OF MITRAL VALVE	355.73										
03	33425	REPAIR OF MITRAL VALVE	1,778.63										
07	33425	REPAIR OF MITRAL VALVE	2,134.35	00 15									
02	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	323.73										
03	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,618.66										
07	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,942.39	00 15									
02	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	338.96										
03	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	1,694.81										
07	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,033.77	00 15									
02	33430	REPLACEMENT OF MITRAL VALVE	373.82										
03	33430	REPLACEMENT OF MITRAL VALVE	1,869.12										
07	33430	REPLACEMENT OF MITRAL VALVE	2,242.94	00 15									
02	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	533.23										
03	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	2,666.16										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,199.39	00 15									
02	33460	REVISION OF TRICUSPID VALVE	316.41										
03	33460	REVISION OF TRICUSPID VALVE	1,582.07										
07	33460	REVISION OF TRICUSPID VALVE	1,898.48	00 15									
02	33463	VALVULOPLASTY, TRICUSPID VALVE;	399.36										
03	33463	VALVULOPLASTY, TRICUSPID VALVE;	1,996.81										
07	33463	VALVULOPLASTY, TRICUSPID VALVE;	2,396.17	00 15									
02	33464	VALVULOPLASTY, TRICUSPID VALVE;	322.56										
03	33464	VALVULOPLASTY, TRICUSPID VALVE;	1,612.81										
07	33464	VALVULOPLASTY, TRICUSPID VALVE;	1,935.36	00 15									
02	33465	REPLACE TRICUSPID VALVE	361.09										
03	33465	REPLACE TRICUSPID VALVE	1,805.44										
07	33465	REPLACE TRICUSPID VALVE	2,166.54	00 15									
02	33468	REVISION OF TRICUSPID VALVE	254.54										
03	33468	REVISION OF TRICUSPID VALVE	1,272.72										
07	33468	REVISION OF TRICUSPID VALVE	1,527.27	00 15									
02	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	179.96										
03	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	899.80										
07	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,079.76	00 15									
02	33474	REVISION OF PULMONARY VALVE	277.91										
03	33474	REVISION OF PULMONARY VALVE	1,389.53										
07	33474	REVISION OF PULMONARY VALVE	1,667.44	00 15									
02	33475	REPLACEMENT, PULMONARY VALVE	313.95										
03	33475	REPLACEMENT, PULMONARY VALVE	1,569.74										
07	33475	REPLACEMENT, PULMONARY VALVE	1,883.69	00 15									
02	33476	REVISION OF HEART CHAMBER	197.41										
03	33476	REVISION OF HEART CHAMBER	987.07										
07	33476	REVISION OF HEART CHAMBER	1,184.48	00 15									
03	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,002.84										
07	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,203.41	00 15									
02	33478	REVISION OF HEART CHAMBER	213.76										
03	33478	REVISION OF HEART CHAMBER	1,068.78										
07	33478	REVISION OF HEART CHAMBER	1,282.55	00 15									
02	33496	REPAIR, PROSTH VALVE CLOT	228.83										
03	33496	REPAIR, PROSTH VALVE CLOT	1,144.14										
07	33496	REPAIR, PROSTH VALVE CLOT	1,372.97	00 15									
02	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	214.67										
03	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,073.35										
07	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,288.02	00 15									
02	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	147.82										
03	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	739.08										
07	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	886.91	00 15									
02	33502	CORONARY ARTERY CORRECTION	171.63										
03	33502	CORONARY ARTERY CORRECTION	858.13										
07	33502	CORONARY ARTERY CORRECTION	1,029.76	00 15									
02	33503	CORONARY ARTERY GRAFT	181.14										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	33503	CORONARY ARTERY GRAFT	905.69										
07	33503	CORONARY ARTERY GRAFT	1,086.83	00 15									
02	33504	CORONARY ARTERY GRAFT	196.14										
03	33504	CORONARY ARTERY GRAFT	980.72										
07	33504	CORONARY ARTERY GRAFT	1,176.87	00 15									
02	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	267.89										
03	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,339.47										
07	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,607.35	00 15									
02	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	280.40										
03	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,402.00										
07	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	1,682.40	00 15									
02	33507	REPAIR ART, INTRAMURAL	237.04										
03	33507	REPAIR ART, INTRAMURAL	1,185.18										
07	33507	REPAIR ART, INTRAMURAL	1,422.21	00 15									
02	33508	ENDOSCOPIC VEIN HARVEST	2.24										
03	33508	ENDOSCOPIC VEIN HARVEST	11.21										
07	33508	ENDOSCOPIC VEIN HARVEST	13.45	00 15									
02	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	26.93										
03	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	134.65										
07	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	161.58	00 15									
02	33510	CORONARY ARTERY BYPASS	266.59										
03	33510	CORONARY ARTERY BYPASS	1,332.93										
07	33510	CORONARY ARTERY BYPASS	1,599.50	00 15									
02	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	290.73										
03	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	1,453.64										
07	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	1,744.35	00 15									
02	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	327.07										
03	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	1,635.34										
07	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	1,962.41	00 15									
02	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	334.50										
03	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	1,672.52										
07	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,007.02	00 15									
02	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	353.87										
03	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	1,769.37										
07	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,123.24	00 15									
02	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	368.09										
03	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	1,840.45										
07	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,208.53	00 15									
02	33517	CORONARY ARTERY BYPASS, USING VENOUS	25.47										
03	33517	CORONARY ARTERY BYPASS, USING VENOUS	127.37										
07	33517	CORONARY ARTERY BYPASS, USING VENOUS	152.85	00 15									
02	33518	CORONARY ARTERY BYPASS, USING VENOUS	55.03										
03	33518	CORONARY ARTERY BYPASS, USING VENOUS	275.13										
07	33518	CORONARY ARTERY BYPASS, USING VENOUS	330.16	00 15									
02	33519	CORONARY ARTERY BYPASS, USING VENOUS	73.47										
03	33519	CORONARY ARTERY BYPASS, USING VENOUS	367.37										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	33519	CORONARY ARTERY BYPASS, USING VENOUS	440.84	00 15									
02	33521	CORONARY ARTERY BYPASS, USING VENOUS	89.04										
03	33521	CORONARY ARTERY BYPASS, USING VENOUS	445.20										
07	33521	CORONARY ARTERY BYPASS, USING VENOUS	534.24	00 15									
02	33522	CORONARY ARTERY BYPASS, USING VENOUS	101.54										
03	33522	CORONARY ARTERY BYPASS, USING VENOUS	507.71										
07	33522	CORONARY ARTERY BYPASS, USING VENOUS	609.26	00 15									
02	33523	CORONARY ARTERY BYPASS, USING VENOUS	116.01										
03	33523	CORONARY ARTERY BYPASS, USING VENOUS	580.05										
07	33523	CORONARY ARTERY BYPASS, USING VENOUS	696.06	00 15									
02	33530	REOPERATION,CORON ART BYPASS >1MONTH	69.92										
03	33530	REOPERATION,CORON ART BYPASS >1MONTH	349.59										
07	33530	REOPERATION,CORON ART BYPASS >1MONTH	419.51	00 15									
02	33533	CORONARY ARTERY BYPASS, USING ARTERI	259.87										
03	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,299.35										
07	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,559.22	00 15									
02	33534	CORONARY ARTERY BYPASS, USING ARTERI	301.54										
03	33534	CORONARY ARTERY BYPASS, USING ARTERI	1,507.71										
07	33534	CORONARY ARTERY BYPASS, USING ARTERI	1,809.25	00 15									
02	33535	CORONARY ARTERY BYPASS, USING ARTERI	334.76										
03	33535	CORONARY ARTERY BYPASS, USING ARTERI	1,673.78										
07	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,008.54	00 15									
02	33536	CORONARY ARTERY BYPASS, USING ARTERI	359.00										
03	33536	CORONARY ARTERY BYPASS, USING ARTERI	1,795.02										
07	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,154.03	00 15									
02	33542	REMOVAL OF HEART LESION	345.38										
03	33542	REMOVAL OF HEART LESION	1,726.89										
07	33542	REMOVAL OF HEART LESION	2,072.26	00 15									
02	33545	REPAIR OF HEART DAMAGE	407.67										
03	33545	REPAIR OF HEART DAMAGE	2,038.34										
07	33545	REPAIR OF HEART DAMAGE	2,446.00	00 15									
02	33548	RESTORE/REMODEL, VENTRICLE	399.68										
03	33548	RESTORE/REMODEL, VENTRICLE	1,998.42										
07	33548	RESTORE/REMODEL, VENTRICLE	2,398.11	00 15									
02	33572	OPEN CORONARY ENDARTERECTOMY	32.51										
03	33572	OPEN CORONARY ENDARTERECTOMY	162.57										
07	33572	OPEN CORONARY ENDARTERECTOMY	195.08	00 15									
02	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	233.17										
03	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,165.85										
07	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,399.03	00 15									
02	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	221.75										
03	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,108.75										
07	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,330.50	00 15									
02	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	241.75										
03	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,208.77										
07	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,450.52	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	248.31										
03	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,241.56										
07	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,489.87	00 15									
02	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	242.32										
03	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,211.59										
07	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,453.90	00 15									
02	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	265.93										
03	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,329.64										
07	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,595.56	00 15									
02	33612	REPAIR OF DOUBLE OUTLET RIGH VENTRI	275.76										
03	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,378.78										
07	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	1,654.55	00 15									
02	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	273.04										
03	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,365.22										
07	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,638.27	00 15									
02	33617	REPAIR OF COMPLEX ANOMALIES	294.83										
03	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,474.16										
07	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,768.99	00 15									
02	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	360.94										
03	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	1,804.68										
07	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,165.62	00 15									
02	33620	APPLICATION OF RIGHT AND LEFT PULMON	174.87										
03	33620	APPLICATION OF RIGHT AND LEFT PULMON	874.33										
07	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,049.19	00 15									
02	33621	TRANSTHORACIC INSERTION OF CATHETER	94.03										
03	33621	TRANSTHORACIC INSERTION OF CATHETER	470.15										
07	33621	TRANSTHORACIC INSERTION OF CATHETER	564.18	00 15									
02	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	368.73										
03	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	1,843.64										
07	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	2,212.37	00 15									
02	33641	REPAIR HEART SEPTUM DEFECT	218.18										
03	33641	REPAIR HEART SEPTUM DEFECT	1,090.92										
07	33641	REPAIR HEART SEPTUM DEFECT	1,309.10	00 15									
02	33645	REVISION OF HEART VEINS	215.31										
03	33645	REVISION OF HEART VEINS	1,076.57										
07	33645	REVISION OF HEART VEINS	1,291.87	00 15									
02	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	227.74										
03	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,138.70										
07	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,366.43	00 15									
02	33660	REPAIR OF HEART DEFECTS	240.64										
03	33660	REPAIR OF HEART DEFECTS	1,203.18										
07	33660	REPAIR OF HEART DEFECTS	1,443.82	00 15									
02	33665	REPAIR OF HEART DEFECTS	259.27										
03	33665	REPAIR OF HEART DEFECTS	1,296.35										
07	33665	REPAIR OF HEART DEFECTS	1,555.61	00 15									
02	33670	REPAIR OF HEART CHAMBERS	270.59										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	33670	REPAIR OF HEART CHAMBERS	1,352.94										
07	33670	REPAIR OF HEART CHAMBERS	1,623.53	00 15									
02	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	270.21										
03	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,351.04										
07	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,621.24	00 15									
02	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	281.46										
03	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,407.29										
07	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,688.75	00 15									
02	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	292.60										
03	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,462.99										
07	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	1,755.59	00 15									
02	33681	REPAIR HEART SEPTUM DEFECT	249.20										
03	33681	REPAIR HEART SEPTUM DEFECT	1,246.02										
07	33681	REPAIR HEART SEPTUM DEFECT	1,495.23	00 15									
02	33684	REPAIR HEART SEPTUM DEFECT	253.29										
03	33684	REPAIR HEART SEPTUM DEFECT	1,266.45										
07	33684	REPAIR HEART SEPTUM DEFECT	1,519.73	00 15									
02	33688	REPAIR HEART SEPTUM DEFECT	256.53										
03	33688	REPAIR HEART SEPTUM DEFECT	1,282.67										
07	33688	REPAIR HEART SEPTUM DEFECT	1,539.20	00 15									
02	33690	REINFORCE PULMONARY ARTERY	155.67										
03	33690	REINFORCE PULMONARY ARTERY	778.33										
07	33690	REINFORCE PULMONARY ARTERY	934.00	00 15									
02	33692	REPAIR OF HEART DEFECTS	241.09										
03	33692	REPAIR OF HEART DEFECTS	1,205.45										
07	33692	REPAIR OF HEART DEFECTS	1,446.55	00 15									
02	33694	REPAIR OF HEART DEFECTS	271.81										
03	33694	REPAIR OF HEART DEFECTS	1,359.04										
07	33694	REPAIR OF HEART DEFECTS	1,630.85	00 15									
02	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	289.93										
03	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	1,449.65										
07	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	1,739.57	00 15									
02	33702	REPAIR OF HEART DEFECTS	208.62										
03	33702	REPAIR OF HEART DEFECTS	1,043.11										
07	33702	REPAIR OF HEART DEFECTS	1,251.73	00 15									
02	33710	REPAIR OF HEART DEFECTS	251.29										
03	33710	REPAIR OF HEART DEFECTS	1,256.44										
07	33710	REPAIR OF HEART DEFECTS	1,507.73	00 15									
02	33720	REPAIR OF HEART DEFECT	211.42										
03	33720	REPAIR OF HEART DEFECT	1,057.08										
07	33720	REPAIR OF HEART DEFECT	1,268.50	00 15									
02	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	214.74										
03	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,073.68										
07	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,288.42	00 15									
02	33726	REPAIR OF PULMONARY VENOUS STENOSIS	280.72										
03	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,403.59										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	33726	REPAIR OF PULMONARY VENOUS STENOSIS	1,684.31	00 15									
02	33730	REPAIR HEART-VEIN DEFECT(S)	268.21										
03	33730	REPAIR HEART-VEIN DEFECT(S)	1,341.05										
07	33730	REPAIR HEART-VEIN DEFECT(S)	1,609.27	00 15									
02	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	222.50										
03	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,112.49										
07	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,335.00	00 15									
02	33735	REVISION OF HEART CHAMBER	168.14										
03	33735	REVISION OF HEART CHAMBER	840.68										
07	33735	REVISION OF HEART CHAMBER	1,008.81	00 15									
02	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	188.77										
03	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	943.87										
07	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,132.64	00 15									
02	33737	REVISION OF HEART CHAMBER	176.55										
03	33737	REVISION OF HEART CHAMBER	882.76										
07	33737	REVISION OF HEART CHAMBER	1,059.32	00 15									
02	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	108.30										
03	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	541.48										
07	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	649.77	00 15									
02	33745	TRANSCATHETER INTRACARDIAC SHUNT	151.34										
03	33745	TRANSCATHETER INTRACARDIAC SHUNT	756.72										
07	33745	TRANSCATHETER INTRACARDIAC SHUNT	908.06	00 15									
02	33746	TRANSCATHETER INTRACARDIAC SHUNT	59.36										
03	33746	TRANSCATHETER INTRACARDIAC SHUNT	296.80										
07	33746	TRANSCATHETER INTRACARDIAC SHUNT	356.16	00 15									
02	33750	MAJOR VESSEL SHUNT	174.32										
03	33750	MAJOR VESSEL SHUNT	871.58										
07	33750	MAJOR VESSEL SHUNT	1,045.90	00 15									
02	33755	MAJOR VESSEL SHUNT	175.66										
03	33755	MAJOR VESSEL SHUNT	878.31										
07	33755	MAJOR VESSEL SHUNT	1,053.97	00 15									
02	33762	MAJOR VESSEL SHUNT	175.20										
03	33762	MAJOR VESSEL SHUNT	876.00										
07	33762	MAJOR VESSEL SHUNT	1,051.20	00 15									
02	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	172.65										
03	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	863.23										
07	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,035.88	00 15									
02	33766	MAJOR VESSEL SHUNT	190.12										
03	33766	MAJOR VESSEL SHUNT	950.58										
07	33766	MAJOR VESSEL SHUNT	1,140.70	00 15									
02	33767	SHUNT;	193.08										
03	33767	SHUNT;	965.40										
07	33767	SHUNT;	1,158.47	00 15									
02	33768	CAVOPULMONARY SHUNTING	59.06										
03	33768	CAVOPULMONARY SHUNTING	295.28										
07	33768	CAVOPULMONARY SHUNTING	354.33	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	33770	REPAIR OF TRANSPOSITION OF THE GREAT	293.83											
03	33770	REPAIR OF TRANSPOSITION OF THE GREAT	1,469.16											
07	33770	REPAIR OF TRANSPOSITION OF THE GREAT	1,762.98	00	15									
02	33771	REPAIR OF TRANSPOSITION OF THE GREAT	301.12											
03	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,505.62											
07	33771	REPAIR OF TRANSPOSITION OF THE GREAT	1,806.76	00	15									
02	33774	REPAIR TRANS GREAT ARTERIES W CARDIO	247.07											
03	33774	REPAIR TRANSPO GREAT ARTERIES	1,235.34											
07	33774	REPAIR TRANSPO GREAT ARTERIES	1,482.42	00	15									
02	33775	REPAIR W REMOVAL PULMONARY BAND	257.03											
03	33775	REAPAIR W REMOVAL PULMONARY BAND	1,285.13											
07	33775	REAPAIR W REMOVAL PULMONARY BAND	1,542.15	00	15									
02	33776	REPAIR W CLOSURE VENTRI SEPTAL CEFEC	270.19											
03	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,350.95											
07	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,621.13	00	15									
02	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	265.49											
03	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,327.46											
07	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,592.96	00	15									
02	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	325.75											
03	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	1,628.76											
07	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	1,954.52	00	15									
02	33779	REPAIR W REMOVAL O PULMONARY BAND	308.86											
03	33779	REPAIR W REMOVAL O PULMONARY BAND	1,544.31											
07	33779	REPAIR W REMOVAL O PULMONARY BAND	1,853.17	00	15									
02	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	321.62											
03	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,608.12											
07	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	1,929.74	00	15									
02	33781	REPAIR W REPAIR O SUBPULMONIC	319.85											
03	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	1,599.27											
07	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	1,919.12	00	15									
02	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	459.24											
03	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	2,296.19											
07	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	2,755.42	00	15									
02	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	496.42											
03	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	2,482.12											
07	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	2,978.53	00	15									
02	33786	REPAIR ARTERIAL TRUNK	313.94											
03	33786	REPAIR ARTERIAL TRUNK	1,569.71											
07	33786	REPAIR ARTERIAL TRUNK	1,883.65	00	15									
02	33788	REVISION OF PULMONARY ARTERY	211.78											
03	33788	REVISION OF PULMONARY ARTERY	1,058.92											
07	33788	REVISION OF PULMONARY ARTERY	1,270.70	00	15									
02	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	132.79											
03	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	663.97											
07	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	796.77	00	15									
02	33802	REPAIR VESSEL DEFECT	142.09											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	33802	REPAIR VESSEL DEFECT	710.47										
07	33802	REPAIR VESSEL DEFECT	852.58	00 15									
02	33803	REPAIR VESSEL DEFECT	155.88										
03	33803	REPAIR VESSEL DEFECT	779.40										
07	33803	REPAIR VESSEL DEFECT	935.28	00 15									
02	33813	OBLITERATION O AORTOPULMON SEPTAL DE	175.25										
03	33813	OBLITERATION O AORTOPULMON SEPTAL DE	876.27										
07	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,051.52	00 15									
02	33814	OBLITERATION W CARDIOPULMONARY BYPAS	207.42										
03	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,037.10										
07	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,244.52	00 15									
02	33820	REVISE MAJOR VESSEL	132.49										
03	33820	REVISE MAJOR VESSEL	662.44										
07	33820	REVISE MAJOR VESSEL	794.92	00 15									
02	33822	REPAIR POTENT DUCTUS ARTERIOSUS;	140.97	00 17									
03	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	704.84	00 17									
07	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	845.81	00 15									
02	33824	REPAIR PATENT DUCTUS ARTERIOSUS	159.26	18 99									
03	33824	REPAIR PATENT DUCTUS ARTERIOSUS	796.30	18 99									
02	33840	REMOVE AORTA CONSTRICTION	160.23										
03	33840	REMOVE AORTA CONSTRICTION	801.13										
07	33840	REMOVE AORTA CONSTRICTION	961.35	00 15									
02	33845	REMOVE AORTA CONSTRICTION	185.23										
03	33845	REMOVE AORTA CONSTRICTION	926.13										
07	33845	REMOVE AORTA CONSTRICTION	1,111.35	00 15									
02	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	171.06										
03	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	855.30										
07	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,026.35	00 15									
02	33852	EXCISION O COARCTATION W REPAI	184.06										
03	33852	EXCISION O COARCTATION W REPAIR ARCH	920.28										
07	33852	EXCISION O COARCTATION W REPAIR ARCH	1,104.35	00 15									
02	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	255.69										
03	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,278.44										
07	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,534.12	00 15									
02	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	533.22										
03	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	2,666.09										
07	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,199.31	00 15									
02	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	382.30										
03	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	1,911.51										
07	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,293.81	00 15									
02	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	427.52										
03	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,137.58										
07	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,565.10	00 15									
02	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	439.15										
03	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,195.77										
07	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	2,634.91	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	162.04											
03	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	810.19											
07	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	972.23	00	15									
02	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	512.87											
03	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	2,564.37											
07	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,077.24	00	15									
02	33875	THORACIC AORTA GRAFT	270.45											
03	33875	THORACIC AORTA GRAFT	1,352.24											
07	33875	THORACIC AORTA GRAFT	1,622.68	00	15									
02	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	479.39											
03	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	2,396.93											
07	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	2,876.32	00	15									
02	33880	ENDOVASC TAA REPR INCL SUBCL	247.05											
03	33880	ENDOVASC TAA REPR INCL SUBCL	1,235.24											
07	33880	ENDOVASC TAA REPR INCL SUBCL	1,482.29	00	15									
02	33881	ENDOVASC TAA REPR W/O SUBCL	211.97											
03	33881	ENDOVASC TAA REPR W/O SUBCL	1,059.86											
07	33881	ENDOVASC TAA REPR W/O SUBCL	1,271.83	00	15									
02	33883	INSERT ENDOVASC PROSTH, TAA	155.18											
03	33883	INSERT ENDOVASC PROSTH, TAA	775.88											
07	33883	INSERT ENDOVASC PROSTH, TAA	931.06	00	15									
02	33884	ENDOVASC PROSTH, TAA, ADD-ON	57.16										X	
03	33884	ENDOVASC PROSTH, TAA, ADD-ON	285.80										X	
07	33884	ENDOVASC PROSTH, TAA, ADD-ON	342.96	00	15								X	
02	33886	ENDOVASC PROSTH, DELAYED	133.27											
03	33886	ENDOVASC PROSTH, DELAYED	666.37											
07	33886	ENDOVASC PROSTH, DELAYED	799.64	00	15									
02	33889	ARTERY TRANSPOSE/ENDOVAS TAA	112.92											
03	33889	ARTERY TRANSPOSE/ENDOVAS TAA	564.58											
07	33889	ARTERY TRANSPOSE/ENDOVAS TAA	677.49	00	15									
02	33891	CAR-CAR BP GRFT/ENDOVAS TAA	141.28											
03	33891	CAR-CAR BP GRFT/ENDOVAS TAA	706.42											
07	33891	CAR-CAR BP GRFT/ENDOVAS TAA	847.72	00	15									
02	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	149.25											
03	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	746.25											
07	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	895.50	00	15									
02	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	118.76											
03	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	593.78											
07	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	712.54	00	15									
03	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	442.22											
07	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	530.67	00	15									
03	33900	PERCUTANEOUS PULMONARY ARTERY REVASC	430.84											
07	33900	PERCUTANEOUS PULMONARY ARTERY REVASC	517.01	00	15									
03	33901	PERCUTANEOUS PULMONARY ARTERY REVASC	566.18											
07	33901	PERCUTANEOUS PULMONARY ARTERY REVASC	679.42	00	15									
03	33902	PERCUTANEOUS PULMONARY ARTERY REVASC	547.14											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	33902	PERCUTANEOUS PULMONARY ARTERY REVASC	656.57	00	15									
03	33903	PERCUTANEOUS PULMONARY ARTERY REVASC	644.75											
07	33903	PERCUTANEOUS PULMONARY ARTERY REVASC	773.69	00	15									
03	33904	PERCUTANEOUS PULMONARY ARTERY REVASC	216.46											
07	33904	PERCUTANEOUS PULMONARY ARTERY REVASC	259.75	00	15									
02	33910	REMOVE LUNG ARTERY EMBOLI	225.59											
03	33910	REMOVE LUNG ARTERY EMBOLI	1,127.95											
07	33910	REMOVE LUNG ARTERY EMBOLI	1,353.53	00	15									
02	33915	REMOVE LUNG ARTERY EMBOLI	178.58											
03	33915	REMOVE LUNG ARTERY EMBOLI	892.91											
07	33915	REMOVE LUNG ARTERY EMBOLI	1,071.51	00	15									
02	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	225.18											
03	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,125.90											
07	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	1,351.08	00	15									
02	33917	REPAIR OF PULMONARY ARTERY STENOSIS	204.15											
03	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,020.77											
07	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,224.92	00	15									
02	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	247.51											
03	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,237.56											
07	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,485.07	00	15									
02	33922	TRANSECTION OF PULMONARY ARTERY WITH	186.60											
03	33922	TRANSECTION OF PULMONARY ARTERY WITH	932.98											
07	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,119.57	00	15									
02	33924	REMOVE PULMONARY SHUNT	39.91											
03	33924	REMOVE PULMONARY SHUNT	199.56											
07	33924	REMOVE PULMONARY SHUNT	239.47	00	15									
02	33925	RPR PUL ART UNIFOCAL W/O CPB	241.19											
03	33925	RPR PUL ART UNIFOCAL W/O CPB	1,205.97											
07	33925	RPR PUL ART UNIFOCAL W/O CPB	1,447.15	00	15									
02	33926	REPR PUL ART, UNIFOCAL W/CPB	322.65											
03	33926	REPR PUL ART, UNIFOCAL W/CPB	1,613.24											
07	33926	REPR PUL ART, UNIFOCAL W/CPB	1,935.89	00	15									
02	33927	IMPLANTATION OF A TOTAL REPLACEMENT	396.61				X							
03	33927	IMPLANTATION OF A TOTAL REPLACEMENT	1,983.07				X							
07	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,379.68	00	15		X							
02	33928	REMOVAL AND REPLACEMENT OF TOTAL REP	MP			X	X							
03	33928	REMOVAL AND REPLACEMENT OF TOTAL REP	MP			X	X							
07	33928	REMOVAL AND REPLACEMENT OF TOTAL REP	MP	00	15	X	X							
02	33929	REMOVAL OF A TOTAL REPLACEMENT HEART	MP			X	X							
03	33929	REMOVAL OF A TOTAL REPLACEMENT HEART	MP			X	X							
07	33929	REMOVAL OF A TOTAL REPLACEMENT HEART	MP	00	15	X	X							
02	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP			X	X							
03	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP			X								
07	33930	DONOR HEART-LUNG,PREP/MAINTAIN HOMOG	MP	00	15	X								
02	33935	HEART-LUNG TRANSPLANT,W/ ORG REMOVAL	MP			X	X							
03	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	MP			X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	3,332.26	00 15	X								
02	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP		X	X							
03	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP		X								
07	33940	DONOR CARDIECTOMY,PREP/MAINTAIN HOMO	MP	00 15	X								
02	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP		X								
03	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP		X								
07	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	MP	00 15	X								
03	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	241.65										
07	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	289.98	00 15									
03	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	266.94										
07	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	320.33	00 15									
03	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	190.37										
07	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	228.45	00 15									
03	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	185.30										
07	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	222.35	00 15									
03	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	348.25	00 05									
07	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	417.90	00 05									
03	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	339.09	06 99									
07	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	406.91	06 15									
03	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	388.39	00 05									
07	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	466.07	00 05									
03	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	378.92	06 99									
07	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	454.71	06 15									
02	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	139.77	00 05									
03	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	698.84	00 05									
07	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	838.61	00 05									
02	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	133.11	06 99									
03	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	665.54	06 99									
07	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	798.65	06 15									
03	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	154.96	00 05									
07	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	185.95	00 05									
03	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	150.44	06 99									
07	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	180.52	06 15									
03	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	196.94	00 05									
07	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	236.32	00 05									
03	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	186.23	06 99									
07	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	223.48	06 15									
02	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	78.73	00 05									
03	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	393.66	00 05									
07	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	472.39	00 05									
02	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	80.94	06 99									
03	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	404.69	06 99									
07	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	485.63	06 15									
03	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	154.96	00 05									
07	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	185.95	00 05									
03	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	187.60	06 99									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	225.12	06 15									
03	33967	INSERT IA PERCUT DEVICE	185.75										
07	33967	INSERT IA PERCUT DEVICE	222.90	00 15									
03	33968	REMOVE AORTIC ASSIST DEVICE	24.08										
07	33968	REMOVE AORTIC ASSIST DEVICE	28.89	00 15									
03	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	228.14	00 05									
07	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	273.77	00 05									
02	33970	INTERNAL CIRCULATION ASSIST	50.56										
03	33970	INTERNAL CIRCULATION ASSIST	252.79										
07	33970	INTERNAL CIRCULATION ASSIST	303.36	00 15									
02	33971	REMOVE INTRA-AORTIC BALOON,W/REPAIR	96.05										
03	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	480.27										
07	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	576.31	00 15									
02	33973	INSERTION OF INTRA-AORTIC BALLOON AS	73.75										
03	33973	INSERTION OF INTRA-AORTIC BALLOON AS	368.75										
07	33973	INSERTION OF INTRA-AORTIC BALLOON AS	442.49	00 15									
02	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	122.48										
03	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	612.39										
07	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	734.87	00 15									
02	33975	IMPLANTATION OF VENTRICULAR ASSIST D	153.73										
03	33975	IMPLANTATION OF VENTRICULAR ASSIST D	768.67										
07	33975	IMPLANTATION OF VENTRICULAR ASSIST D	922.40	00 15									
02	33976	IMPLANTATION OF VENTRICULAR ASSIST D	170.41										
03	33976	IMPLANTATION OF VENTRICULAR ASSIST D	852.05										
07	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,022.46	00 15									
02	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	163.19										
03	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	815.93										
07	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	979.11	00 15									
02	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	180.25										
03	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	901.27										
07	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,081.52	00 15									
02	33979	INSERT INTRACORPOREAL DEVICE	337.48										
03	33979	INSERT INTRACORPOREAL DEVICE	1,687.42										
07	33979	INSERT INTRACORPOREAL DEVICE	2,024.90	00 15									
02	33980	REMOVE INTRACORPOREAL DEVICE	491.96								X		
03	33980	REMOVE INTRACORPOREAL DEVICE	2,459.80								X		
07	33980	REMOVE INTRACORPOREAL DEVICE	2,951.75	00 15							X		
02	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	117.07								X		
03	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	585.34								X		
07	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	585.34	00 15							X		
02	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	199.33								X		
03	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	996.63								X		
07	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	996.63	00 15							X		
02	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	239.19								X		
03	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	1,195.95								X		
07	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	1,195.95	00 15							X		

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	225.58	06	99									
07	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	270.69	06	15									
02	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	86.04	00	05									
03	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	430.22	00	05									
07	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	516.27	00	05									
02	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	82.36	06	99									
03	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	411.78	06	99									
07	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	494.14	06	15									
02	33987	ARTERIAL EXPOSURE WITH CREATION OF G	33.05											
03	33987	ARTERIAL EXPOSURE WITH CREATION OF G	165.26											
07	33987	ARTERIAL EXPOSURE WITH CREATION OF G	198.32	00	15									
02	33988	INSERTION OF LEFT HEART VENT BY THOR	122.80											
03	33988	INSERTION OF LEFT HEART VENT BY THOR	614.00											
07	33988	INSERTION OF LEFT HEART VENT BY THOR	736.79	00	15									
02	33989	REMOVAL OF LEFT HEART VENT BY THORAC	78.04											
03	33989	REMOVAL OF LEFT HEART VENT BY THORAC	390.20											
07	33989	REMOVAL OF LEFT HEART VENT BY THORAC	468.23	00	15									
02	33990	INSERTION OF VENTRICULAR ASSIST DEVI	59.06											
03	33990	INSERTION OF VENTRICULAR ASSIST DEVI	295.28											
07	33990	INSERTION OF VENTRICULAR ASSIST DEVI	354.33	00	15									
02	33991	INSERTION OF VENTRICULAR ASSIST DEVI	86.05											
03	33991	INSERTION OF VENTRICULAR ASSIST DEVI	430.26											
07	33991	INSERTION OF VENTRICULAR ASSIST DEVI	516.31	00	15									
02	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	28.15											
03	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	140.75											
07	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	168.89	00	15									
02	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	24.72											
03	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	123.58											
07	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	148.29	00	15									
02	33995	INSERTION OF VENTRICULAR ASSIST DEVI	51.52											
03	33995	INSERTION OF VENTRICULAR ASSIST DEVI	257.58											
07	33995	INSERTION OF VENTRICULAR ASSIST DEVI	309.10	00	15									
02	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	22.88											
03	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	114.40											
07	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	137.28	00	15									
02	33999	CARDIAC SURGERY PROCEDURE	MP			X								
03	33999	CARDIAC SURGERY PROCEDURE	MP			X								
07	33999	CARDIAC SURGERY PROCEDURE	MP	00	15	X								
02	34001	REMOVAL OF ARTERY CLOT	131.60											
03	34001	REMOVAL OF ARTERY CLOT	658.00											
07	34001	REMOVAL OF ARTERY CLOT	789.59	00	15									
02	34051	REMOVAL OF ARTERY CLOT	132.03											
03	34051	REMOVAL OF ARTERY CLOT	660.15											
07	34051	REMOVAL OF ARTERY CLOT	792.18	00	15									
02	34101	REMOVAL OF ARTERY CLOT	83.90											
03	34101	REMOVAL OF ARTERY CLOT	419.51											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	34101	REMOVAL OF ARTERY CLOT	503.41	00 15									
02	34111	EMBOLECTOMY/THROMBECTOMY,RADIAL/ULNA	83.85										
03	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	419.27										
07	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	503.13	00 15									
02	34151	REMOVAL OF ARTERY CLOT	195.41										
03	34151	REMOVAL OF ARTERY CLOT	977.03										
07	34151	REMOVAL OF ARTERY CLOT	1,172.44	00 15									
02	34201	REMOVAL OF ARTERY CLOT	136.44										
03	34201	REMOVAL OF ARTERY CLOT	682.21										
07	34201	REMOVAL OF ARTERY CLOT	818.65	00 15									
02	34203	EMBOL-THROMBECTOMY,POPLITEAL-TIBIO	134.56										
03	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	672.78										
07	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	807.35	00 15									
02	34401	REMOVAL OF VEIN CLOT	200.14										
03	34401	REMOVAL OF VEIN CLOT	1,000.71										
07	34401	REMOVAL OF VEIN CLOT	1,200.86	00 15									
02	34421	REMOVAL OF VEIN CLOT	101.49										
03	34421	REMOVAL OF VEIN CLOT	507.43										
07	34421	REMOVAL OF VEIN CLOT	608.92	00 15									
02	34451	REMOVAL OF VEIN CLOT	210.95										
03	34451	REMOVAL OF VEIN CLOT	1,054.77										
07	34451	REMOVAL OF VEIN CLOT	1,265.72	00 15									
02	34471	REMOVAL OF VEIN CLOT	145.94										
03	34471	REMOVAL OF VEIN CLOT	729.70										
07	34471	REMOVAL OF VEIN CLOT	875.64	00 15									
03	34490	REMOVAL OF VEIN CLOT	421.49										
07	34490	REMOVAL OF VEIN CLOT	505.80	00 15									
02	34501	EXCISION O COARCTATION W REPAI	130.93										
03	34501	VALVULOPLASTY, FEMORAL VEIN	654.67										
07	34501	VALVULOPLASTY, FEMORAL VEIN	785.60	00 15									
02	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	212.09										
03	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,060.45										
07	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,272.54	00 15									
02	34510	TRANSPOSE VENOUS VALVE,ANY VEI	148.58										
03	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	742.91										
07	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	891.49	00 15									
02	34520	CROSS-OVER VEIN GRAFT TO VENOU	142.79										
03	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	713.95										
07	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	856.74	00 15									
02	34530	SEPHENOPOPLITEAL VEIN ANASTOMO	133.49										
03	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	667.47										
07	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	800.95	00 15									
02	34701	ENDOVASCULAR REPAIR OF INFRARENAL	190.89										
03	34701	ENDOVASCULAR REPAIR OF INFRARENAL	954.43										
07	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,145.31	00 15									
02	34702	ENDOVASCULAR REPAIR OF INFRARENAL	285.29										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
03	34702	ENDOVASCULAR REPAIR OF INFRARENAL	1,426.46											
07	34702	ENDOVASCULAR REPAIR OF INFRARENAL	1,711.75	00	15									
02	34703	ENDOVASCULAR REPAIR OF INFRARENAL	215.70											
03	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,078.50											
07	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,294.20	00	15									
02	34704	ENDOVASCULAR REPAIR OF INFRARENAL	358.92											
03	34704	ENDOVASCULAR REPAIR OF INFRARENAL	1,794.60											
07	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,153.52	00	15									
02	34705	ENDOVASCULAR REPAIR OF INFRARENAL	237.20											
03	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,185.99											
07	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,423.19	00	15									
02	34706	ENDOVASCULAR REPAIR OF INFRARENAL	357.38											
03	34706	ENDOVASCULAR REPAIR OF INFRARENAL	1,786.88											
07	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,144.25	00	15									
02	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	178.14											
03	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	890.71											
07	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,068.85	00	15									
02	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	287.02											
03	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,435.09											
07	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,722.11	00	15									
02	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	50.43										X	
03	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	252.14										X	
07	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	302.57	00	15								X	
02	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	123.99											
03	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	619.97											
07	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	743.96	00	15									
02	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	46.57										X	
03	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	232.85										X	
07	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	279.41	00	15								X	
02	34712	TRANSCATHETER DELIVERY OF ENHANCED	105.01											
03	34712	TRANSCATHETER DELIVERY OF ENHANCED	525.07											
07	34712	TRANSCATHETER DELIVERY OF ENHANCED	630.08	00	15									
02	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	19.99										X	
03	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	99.94										X	
07	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	119.93	00	15								X	
02	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	41.89										X	
03	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	209.43										X	
07	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	251.32	00	15								X	
02	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	46.81										X	
03	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	234.05										X	
07	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	280.85	00	15								X	
02	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	58.01										X	
03	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	290.07										X	
07	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	348.08	00	15								X	
02	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	70.76										X	
03	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	353.78										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	424.53	00	15								X	
02	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	196.21										X	
03	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	981.07										X	
07	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,177.28	00	15								X	
02	34808	ENDOVASC ABDO OCCLUD DEVICE	29.45											
03	34808	ENDOVASC ABDO OCCLUD DEVICE	147.23											
07	34808	ENDOVASC ABDO OCCLUD DEVICE	176.67	00	15									
02	34812	XPOSE FOR ENDOPROSTH, AORTIC	48.99											
03	34812	XPOSE FOR ENDOPROSTH, AORTIC	244.97											
07	34812	XPOSE FOR ENDOPROSTH, AORTIC	293.96	00	15									
02	34813	XPOSE FOR ENDOPROSTH, FEMORL	33.87											
03	34813	XPOSE FOR ENDOPROSTH, FEMORL	169.35											
07	34813	XPOSE FOR ENDOPROSTH, FEMORL	203.23	00	15									
02	34820	XPOSE FOR ENDOPROSTH, ILIAC	70.08											
03	34820	XPOSE FOR ENDOPROSTH, ILIAC	350.40											
07	34820	XPOSE FOR ENDOPROSTH, ILIAC	420.48	00	15									
02	34830	OPEN AORTIC TUBE PROSTH REPR	256.52											
03	34830	OPEN AORTIC TUBE PROSTH REPR	1,282.59											
07	34830	OPEN AORTIC TUBE PROSTH REPR	1,539.11	00	15									
02	34831	OPEN AORTOILIAC PROSTH REPR	272.27											
03	34831	OPEN AORTOILIAC PROSTH REPR	1,361.35											
07	34831	OPEN AORTOILIAC PROSTH REPR	1,633.62	00	15									
02	34832	OPEN AORTOFEMOR PROSTH REPR	275.63											
03	34832	OPEN AORTOFEMOR PROSTH REPR	1,378.15											
07	34832	OPEN AORTOFEMOR PROSTH REPR	1,653.78	00	15									
02	34833	XPOSE FOR ENDOPROSTH, ILIAC	86.86											
03	34833	XPOSE FOR ENDOPROSTH, ILIAC	434.31											
07	34833	XPOSE FOR ENDOPROSTH, ILIAC	521.18	00	15									
02	34834	XPOSE, ENDOPROSTH, BRACHIAL	39.31											
03	34834	XPOSE, ENDOPROSTH, BRACHIAL	196.56											
07	34834	XPOSE, ENDOPROSTH, BRACHIAL	235.88	00	15									
02	34841	PLACEMENT OF GRAFT FOR REPAIR OF AOR	287.91											
03	34841	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,439.53											
07	34841	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,727.43	00	15									
02	34842	PLACEMENT OF GRAFT FOR REPAIR OF AOR	320.18											
03	34842	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,600.88											
07	34842	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,921.06	00	15									
02	34843	PLACEMENT OF GRAFT FOR REPAIR OF AOR	352.45											
03	34843	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,762.23											
07	34843	PLACEMENT OF GRAFT FOR REPAIR OF AOR	2,114.68	00	15									
02	34844	PLACEMENT OF GRAFT FOR REPAIR OF AOR	384.72											
03	34844	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,923.59											
07	34844	PLACEMENT OF GRAFT FOR REPAIR OF AOR	2,308.30	00	15									
02	34845	PLACEMENT OF GRAFT FOR REPAIR OF AOR	287.91											
03	34845	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,439.53											
07	34845	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,727.43	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	34846	PLACEMENT OF GRAFT FOR REPAIR OF AOR	320.18											
03	34846	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,600.88											
07	34846	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,921.06	00	15									
02	34847	PLACEMENT OF GRAFT FOR REPAIR OF AOR	352.45											
03	34847	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,762.23											
07	34847	PLACEMENT OF GRAFT FOR REPAIR OF AOR	2,114.68	00	15									
02	34848	PLACEMENT OF GRAFT FOR REPAIR OF AOR	384.72											
03	34848	PLACEMENT OF GRAFT FOR REPAIR OF AOR	1,923.59											
07	34848	PLACEMENT OF GRAFT FOR REPAIR OF AOR	2,308.30	00	15									
02	35001	REPAIR DEFECT OF ARTERY	158.41											
03	35001	REPAIR DEFECT OF ARTERY	792.03											
07	35001	REPAIR DEFECT OF ARTERY	950.44	00	15									
02	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	167.44											
03	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	837.22											
07	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,004.67	00	15									
02	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	144.33											
03	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	721.66											
07	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	866.00	00	15									
02	35011	REPAIR DEFECT OF ARTERY	139.33											
03	35011	REPAIR DEFECT OF ARTERY	696.63											
07	35011	REPAIR DEFECT OF ARTERY	835.97	00	15									
02	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	172.84											
03	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	864.21											
07	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,037.04	00	15									
02	35021	REPAIR DEFECT OF ARTERY	168.96											
03	35021	REPAIR DEFECT OF ARTERY	844.82											
07	35021	REPAIR DEFECT OF ARTERY	1,013.78	00	15									
02	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	191.24											
03	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	956.22											
07	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,147.47	00	15									
02	35045	REPAIR ANEURYSM,OCCLU DIS/ULNAR	135.42											
03	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	677.12											
07	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	812.54	00	15									
02	35081	REPAIR DEFECT OF ARTERY	242.76											
03	35081	REPAIR DEFECT OF ARTERY	1,213.80											
07	35081	REPAIR DEFECT OF ARTERY	1,456.56	00	15									
02	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	305.55											
03	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,527.75											
07	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	1,833.28	00	15									
02	35091	REPAIR DEFECT OF ARTERY	258.26											
03	35091	REPAIR DEFECT OF ARTERY	1,291.32											
07	35091	REPAIR DEFECT OF ARTERY	1,549.58	00	15									
02	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	365.19											
03	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	1,825.95											
07	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,191.14	00	15									
02	35102	REPAIR DEFECT OF ARTERY	263.67											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	35102	REPAIR DEFECT OF ARTERY	1,318.37										
07	35102	REPAIR DEFECT OF ARTERY	1,582.04	00 15									
02	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	316.05										
03	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	1,580.25										
07	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	1,896.30	00 15									
02	35111	REPAIR DEFECT OF ARTERY	194.25										
03	35111	REPAIR DEFECT OF ARTERY	971.24										
07	35111	REPAIR DEFECT OF ARTERY	1,165.49	00 15									
02	35112	REP.RUPTURED ANCURYSM,SPLENIC ARTERY	237.95										
03	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,189.76										
07	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,427.71	00 15									
02	35121	REPAIR DEFECT OF ARTERY	231.10										
03	35121	REPAIR DEFECT OF ARTERY	1,155.48										
07	35121	REPAIR DEFECT OF ARTERY	1,386.56	00 15									
02	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	276.11										
03	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,380.56										
07	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,656.66	00 15									
02	35131	REPAIR DEFECT OF ARTERY	197.03										
03	35131	REPAIR DEFECT OF ARTERY	985.15										
07	35131	REPAIR DEFECT OF ARTERY	1,182.17	00 15									
02	35132	REPAIR RUPTURED ANEURYSM,ILIAC ARTER	238.01									X	
03	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,190.07										
07	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,428.08	00 15									
02	35141	REPAIR DEFECT OF ARTERY	156.09										
03	35141	REPAIR DEFECT OF ARTERY	780.43										
07	35141	REPAIR DEFECT OF ARTERY	936.51	00 15									
02	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	186.62										
03	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	933.08										
07	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,119.70	00 15									
02	35151	REPAIR DEFECT OF ARTERY	176.04										
03	35151	REPAIR DEFECT OF ARTERY	880.18										
07	35151	REPAIR DEFECT OF ARTERY	1,056.22	00 15									
02	35152	REP.RUPTURED ANEURYSM/POPLITIAL ART	204.25										
03	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,021.24										
07	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,225.49	00 15									
02	35180	REPAIR CONGENITAL FISTULA-HEAD	114.85										
03	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	574.23										
07	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	689.06	00 15									
02	35182	REP.CONGENITAL FIST-THORAX/ABD	239.88										
03	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,199.41										
07	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,439.30	00 15									
02	35184	REP.CONGENITAL FISTULA,EXTREMI	141.33										
03	35184	REP.CONGENITAL FISTULA,EXTREMITIES	706.63										
07	35184	REP.CONGENITAL FISTULA,EXTREMITIES	847.95	00 15									
02	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD	118.22										
03	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	591.12										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	709.34	00 15									
02	35189	REP.ACQUIRED/TRAUMA FIST.THORA	221.69										
03	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,108.43										
07	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,330.11	00 15									
02	35190	REP.ACQUIRED/TRAUMA FISTULA-EX	103.21										
03	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	516.06										
07	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	619.26	00 15									
02	35201	REPAIR BLOOD VESSEL LESION	129.68										
03	35201	REPAIR BLOOD VESSEL LESION	648.39										
07	35201	REPAIR BLOOD VESSEL LESION	778.07	00 15									
02	35206	REPAIR BLOOD VESSEL LESION	105.90										
03	35206	REPAIR BLOOD VESSEL LESION	529.48										
07	35206	REPAIR BLOOD VESSEL LESION	635.37	00 15									
02	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	94.58									X	
03	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	472.91									X	
07	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	567.49	00 15								X	
02	35211	REPAIR BLOOD VESSEL LESION	188.00										
03	35211	REPAIR BLOOD VESSEL LESION	939.99										
07	35211	REPAIR BLOOD VESSEL LESION	1,127.99	00 15									
02	35216	REPAIR BLOOD VESSEL LESION	260.11										
03	35216	REPAIR BLOOD VESSEL LESION	1,300.54										
07	35216	REPAIR BLOOD VESSEL LESION	1,560.66	00 15									
02	35221	REPAIR BLOOD VESSEL LESION	194.43										
03	35221	REPAIR BLOOD VESSEL LESION	972.15										
07	35221	REPAIR BLOOD VESSEL LESION	1,166.58	00 15									
02	35226	REPAIR BLOOD VESSEL LESION	116.87										
03	35226	REPAIR BLOOD VESSEL LESION	584.35										
07	35226	REPAIR BLOOD VESSEL LESION	701.21	00 15									
02	35231	REPAIR BLOOD VESSEL LESION	162.51										
03	35231	REPAIR BLOOD VESSEL LESION	812.55										
07	35231	REPAIR BLOOD VESSEL LESION	975.06	00 15									
02	35236	REPAIR BLOOD VESSEL LESION	135.74										
03	35236	REPAIR BLOOD VESSEL LESION	678.69										
07	35236	REPAIR BLOOD VESSEL LESION	814.43	00 15									
02	35241	REPAIR BLOOD VESSEL LESION	196.60										
03	35241	REPAIR BLOOD VESSEL LESION	983.00										
07	35241	REPAIR BLOOD VESSEL LESION	1,179.60	00 15									
02	35246	REPAIR BLOOD VESSEL LESION	214.02										
03	35246	REPAIR BLOOD VESSEL LESION	1,070.08										
07	35246	REPAIR BLOOD VESSEL LESION	1,284.09	00 15									
02	35251	REPAIR BLOOD VESSEL LESION	231.53										
03	35251	REPAIR BLOOD VESSEL LESION	1,157.65										
07	35251	REPAIR BLOOD VESSEL LESION	1,389.18	00 15									
02	35256	REPAIR BLOOD VESSEL LESION	142.91										
03	35256	REPAIR BLOOD VESSEL LESION	714.53										
07	35256	REPAIR BLOOD VESSEL LESION	857.44	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	35261	REPAIR BLOOD VESSEL LESION	144.21											
03	35261	REPAIR BLOOD VESSEL LESION	721.03											
07	35261	REPAIR BLOOD VESSEL LESION	865.23	00	15									
02	35266	REPAIR BLOOD VESSEL LESION	119.48											
03	35266	REPAIR BLOOD VESSEL LESION	597.40											
07	35266	REPAIR BLOOD VESSEL LESION	716.87	00	15									
02	35271	REPAIR BLOOD VESSEL LESION	187.68											
03	35271	REPAIR BLOOD VESSEL LESION	938.38											
07	35271	REPAIR BLOOD VESSEL LESION	1,126.06	00	15									
02	35276	REPAIR BLOOD VESSEL LESION	197.28											
03	35276	REPAIR BLOOD VESSEL LESION	986.42											
07	35276	REPAIR BLOOD VESSEL LESION	1,183.69	00	15									
02	35281	REPAIR BLOOD VESSEL LESION	221.01											
03	35281	REPAIR BLOOD VESSEL LESION	1,105.03											
07	35281	REPAIR BLOOD VESSEL LESION	1,326.05	00	15									
02	35286	REPAIR BLOOD VESSEL LESION	130.82											
03	35286	REPAIR BLOOD VESSEL LESION	654.09											
07	35286	REPAIR BLOOD VESSEL LESION	784.90	00	15									
02	35301	RECHANNELING OF ARTERY	147.03											
03	35301	RECHANNELING OF ARTERY	735.13											
07	35301	RECHANNELING OF ARTERY	882.17	00	15									
02	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	156.87											
03	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	784.35											
07	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	941.22	00	15									
02	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	172.67											
03	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	863.33											
07	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,036.00	00	15									
02	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	179.62											
03	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	898.11											
07	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,077.72	00	15									
02	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	172.48											
03	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	862.42											
07	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,034.90	00	15									
02	35306	THROMBOENDARTERECTOMY, INCLUDING P +	64.99										X	
03	35306	THROMBOENDARTERECTOMY, INCLUDING P +	324.95										X	
07	35306	THROMBOENDARTERECTOMY, INCLUDING P +	389.94	00	15								X	
02	35311	RECHANNELING OF ARTERY	210.40											
03	35311	RECHANNELING OF ARTERY	1,052.00											
07	35311	RECHANNELING OF ARTERY	1,262.41	00	15									
02	35321	RECHANNELING OF ARTERY	124.92											
03	35321	RECHANNELING OF ARTERY	624.60											
07	35321	RECHANNELING OF ARTERY	749.53	00	15									
02	35331	RECHANNELING OF ARTERY	206.63											
03	35331	RECHANNELING OF ARTERY	1,033.15											
07	35331	RECHANNELING OF ARTERY	1,239.79	00	15									
02	35341	RECHANNELING OF ARTERY	194.82											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	35341	RECHANNELING OF ARTERY	974.09											
07	35341	RECHANNELING OF ARTERY	1,168.90	00	15									
02	35351	RECHANNELING OF ARTERY	180.99											
03	35351	RECHANNELING OF ARTERY	904.93											
07	35351	RECHANNELING OF ARTERY	1,085.91	00	15									
02	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	146.82											
03	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	734.10											
07	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	880.92	00	15									
02	35361	RECHANNELING OF ARTERY	222.77											
03	35361	RECHANNELING OF ARTERY	1,113.84											
07	35361	RECHANNELING OF ARTERY	1,336.61	00	15									
02	35363	THROMBOENDARECTOMY/COMB.AORTOILIO	241.97											
03	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,209.83											
07	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,451.81	00	15									
02	35371	RECHANNELING OF ARTERY	115.57											
03	35371	RECHANNELING OF ARTERY	577.83											
07	35371	RECHANNELING OF ARTERY	693.40	00	15									
02	35372	SEE 35301; DEEP (PRODUNDA) FEMORAL	138.92											
03	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	694.61											
07	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	833.55	00	15									
02	35390	REOPERATION, CAROTID, THROMBOENDARTE	22.85											
03	35390	REOPERATION, CAROTID, THROMBOENDARTE	114.27											
07	35390	REOPERATION, CAROTID, THROMBOENDARTE	137.12	00	15									
03	35400	ANGIOSCOPY	107.97											
07	35400	ANGIOSCOPY	129.56	00	15									
02	35500	HARVEST VEIN FOR BYPASS	45.79											
03	35500	HARVEST VEIN FOR BYPASS	228.94											
07	35500	HARVEST VEIN FOR BYPASS	274.73	00	15									
02	35501	ARTERY BYPASS GRAFT	219.15											
03	35501	ARTERY BYPASS GRAFT	1,095.75											
07	35501	ARTERY BYPASS GRAFT	1,314.90	00	15									
02	35506	ARTERY BYPASS GRAFT	185.80											
03	35506	ARTERY BYPASS GRAFT	929.00											
07	35506	ARTERY BYPASS GRAFT	1,114.80	00	15									
02	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	191.63											
03	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	958.16											
07	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,149.79	00	15									
02	35509	ARTERY BYPASS GRAFT	210.69											
03	35509	ARTERY BYPASS GRAFT	1,053.47											
07	35509	ARTERY BYPASS GRAFT	1,264.17	00	15									
02	35510	ARTERY BYPASS GRAFT	175.38											
03	35510	ARTERY BYPASS GRAFT	876.92											
07	35510	ARTERY BYPASS GRAFT	1,052.31	00	15									
02	35511	ARTERY BYPASS GRAFT	166.03											
03	35511	ARTERY BYPASS GRAFT	830.16											
07	35511	ARTERY BYPASS GRAFT	996.19	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	35512	ARTERY BYPASS GRAFT	171.12										
03	35512	ARTERY BYPASS GRAFT	855.59										
07	35512	ARTERY BYPASS GRAFT	1,026.70	00 15									
02	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	185.63										
03	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	928.17										
07	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,113.81	00 15									
02	35516	ARTERY BYPASS GRAFT	169.84										
03	35516	ARTERY BYPASS GRAFT	849.18										
07	35516	ARTERY BYPASS GRAFT	1,019.02	00 15									
02	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	169.14										
03	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	845.70										
07	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,014.84	00 15									
02	35521	ARTERY BYPASS GRAFT	178.00										
03	35521	ARTERY BYPASS GRAFT	890.00										
07	35521	ARTERY BYPASS GRAFT	1,068.00	00 15									
02	35522	ARTERY BYPASS GRAFT	167.15										
03	35522	ARTERY BYPASS GRAFT	835.77										
07	35522	ARTERY BYPASS GRAFT	1,002.91	00 15									
02	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	176.61										
03	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	883.06										
07	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,059.67	00 15									
02	35525	ARTERY BYPASS GRAFT	157.05										
03	35525	ARTERY BYPASS GRAFT	785.27										
07	35525	ARTERY BYPASS GRAFT	942.33	00 15									
02	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	232.36										
03	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,161.78										
07	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,394.14	00 15									
02	35531	ARTERY BYPASS GRAFT	284.86										
03	35531	ARTERY BYPASS GRAFT	1,424.30										
07	35531	ARTERY BYPASS GRAFT	1,709.17	00 15									
02	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	220.09										
03	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,100.46										
07	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,320.55	00 15									
02	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	282.43										
03	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,412.15										
07	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,694.57	00 15									
02	35536	ARTERY BYPASS GRAFT	245.86										
03	35536	ARTERY BYPASS GRAFT	1,229.28										
07	35536	ARTERY BYPASS GRAFT	1,475.14	00 15									
02	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	304.96										
03	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,524.78										
07	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	1,829.74	00 15									
02	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	342.23										
03	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	1,711.15										
07	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,053.37	00 15									
02	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	317.79										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,588.93											
07	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	1,906.71	00	15									
02	35540	BYPASS GRAFT,WITH VEIN;AORTOBIFEMO	355.98											
03	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	1,779.88											
07	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,135.87	00	15									
02	35556	ARTERY BYPASS GRAFT	193.96											
03	35556	ARTERY BYPASS GRAFT	969.80											
07	35556	ARTERY BYPASS GRAFT	1,163.77	00	15									
02	35558	ARTERY BYPASS GRAFT	171.86											
03	35558	ARTERY BYPASS GRAFT	859.32											
07	35558	ARTERY BYPASS GRAFT	1,031.17	00	15									
02	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	250.87											
03	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,254.35											
07	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,505.23	00	15									
02	35563	ARTERY BYPASS GRAFT	192.10											
03	35563	ARTERY BYPASS GRAFT	960.48											
07	35563	ARTERY BYPASS GRAFT	1,152.57	00	15									
02	35565	ARTERY BYPASS GRAFT	185.82											
03	35565	ARTERY BYPASS GRAFT	929.11											
07	35565	ARTERY BYPASS GRAFT	1,114.92	00	15									
02	35566	ARTERY BYPASS GRAFT	233.07											
03	35566	ARTERY BYPASS GRAFT	1,165.36											
07	35566	ARTERY BYPASS GRAFT	1,398.43	00	15									
02	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	217.83											
03	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,089.13											
07	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,306.95	00	15									
02	35571	ARTERY BYPASS GRAFT	188.66											
03	35571	ARTERY BYPASS GRAFT	943.32											
07	35571	ARTERY BYPASS GRAFT	1,132.00	00	15									
02	35572	HARVEST FEMOROPOPLITEAL VEIN	49.48											
03	35572	HARVEST FEMOROPOPLITEAL VEIN	247.38											
07	35572	HARVEST FEMOROPOPLITEAL VEIN	296.87	00	15									
02	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	200.32											
03	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,001.60											
07	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,201.93	00	15									
02	35585	IN-SITU BYPASS;FEM.-ANTER,POST,PERON	234.99											
03	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,174.97											
07	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,409.96	00	15									
02	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	194.47											
03	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	972.34											
07	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,166.81	00	15									
02	35600	HARVEST ARTERY FOR CABG	36.38											
03	35600	HARVEST ARTERY FOR CABG	181.88											
07	35600	HARVEST ARTERY FOR CABG	218.27	00	15									
02	35601	ARTERY BYPASS GRAFT	202.55											
03	35601	ARTERY BYPASS GRAFT	1,012.76											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	35601	ARTERY BYPASS GRAFT	1,215.31	00	15									
02	35606	ARTERY BYPASS GRAFT	164.58											
03	35606	ARTERY BYPASS GRAFT	822.89											
07	35606	ARTERY BYPASS GRAFT	987.47	00	15									
02	35612	ARTERY BYPASS GRAFT	128.35											
03	35612	ARTERY BYPASS GRAFT	641.76											
07	35612	ARTERY BYPASS GRAFT	770.11	00	15									
02	35616	ARTERY BYPASS GRAFT	157.11											
03	35616	ARTERY BYPASS GRAFT	785.55											
07	35616	ARTERY BYPASS GRAFT	942.66	00	15									
02	35621	ARTERY BYPASS GRAFT	155.98											
03	35621	ARTERY BYPASS GRAFT	779.90											
07	35621	ARTERY BYPASS GRAFT	935.90	00	15									
02	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	191.28											
03	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	956.42											
07	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,147.71	00	15									
02	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	219.51											
03	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,097.56											
07	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,317.08	00	15									
02	35631	ARTERY BYPASS GRAFT	262.41											
03	35631	ARTERY BYPASS GRAFT	1,312.07											
07	35631	ARTERY BYPASS GRAFT	1,574.48	00	15									
02	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	268.11											
03	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,340.55											
07	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,608.66	00	15									
02	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	289.60											
03	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,448.00											
07	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,737.60	00	15									
02	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	262.37											
03	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,311.87											
07	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,574.24	00	15									
02	35636	ARTERY BYPASS GRAFT	232.35											
03	35636	ARTERY BYPASS GRAFT	1,161.75											
07	35636	ARTERY BYPASS GRAFT	1,394.10	00	15									
02	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	240.78											
03	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,203.90											
07	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,444.68	00	15									
02	35638	BYPASS GRAFT WITH OTHER THAN VIEN;	245.90											
03	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,229.52											
07	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,475.43	00	15									
02	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	144.57											
03	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	722.85											
07	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	867.42	00	15									
02	35645	BYPASS GRAFT;NOT1VEIN;SUBCLAV-VERTEB	137.81											
03	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	689.07											
07	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	826.89	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	35646	ARTERY BYPASS GRAFT	242.68										
03	35646	ARTERY BYPASS GRAFT	1,213.41										
07	35646	ARTERY BYPASS GRAFT	1,456.10	00 15									
02	35647	ARTERY BYPASS GRAFT	219.59										
03	35647	ARTERY BYPASS GRAFT	1,097.94										
07	35647	ARTERY BYPASS GRAFT	1,317.52	00 15									
02	35650	BYPASS GRAFT,NOT VEIN;AXILLARY-AXILL	150.06										
03	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	750.30										
07	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	900.35	00 15									
02	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEM	193.84										
03	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	969.22										
07	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,163.06	00 15									
02	35656	ARTERY BYPASS GRAFT	152.67										
03	35656	ARTERY BYPASS GRAFT	763.33										
07	35656	ARTERY BYPASS GRAFT	916.00	00 15									
02	35661	ARTERY BYPASS GRAFT	152.60										
03	35661	ARTERY BYPASS GRAFT	762.99										
07	35661	ARTERY BYPASS GRAFT	915.59	00 15									
02	35663	ARTERY BYPASS GRAFT	177.06										
03	35663	ARTERY BYPASS GRAFT	885.28										
07	35663	ARTERY BYPASS GRAFT	1,062.33	00 15									
02	35665	ARTERY BYPASS GRAFT	165.97										
03	35665	ARTERY BYPASS GRAFT	829.83										
07	35665	ARTERY BYPASS GRAFT	995.80	00 15									
02	35666	ARTERY BYPASS GRAFT	178.61										
03	35666	ARTERY BYPASS GRAFT	893.07										
07	35666	ARTERY BYPASS GRAFT	1,071.68	00 15									
02	35671	ARTERY BYPASS GRAFT	157.32										
03	35671	ARTERY BYPASS GRAFT	786.59										
07	35671	ARTERY BYPASS GRAFT	943.92	00 15									
02	35681	BYPASS GRAFT, COMPOSITE, PROSTH/VEIN	11.43										
03	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	57.14										
07	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	68.57	00 15									
02	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2	51.04										
03	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	255.19										
07	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	306.23	00 15									
02	35683	AUTOG COMPO >/=3 VENSGMTS/./=2	60.18										
03	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	300.92										
07	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	361.10	00 15									
02	35685	BYPASS GRAFT PATENCY/PATCH	28.66										
03	35685	BYPASS GRAFT PATENCY/PATCH	143.32										
07	35685	BYPASS GRAFT PATENCY/PATCH	172.00	00 15									
02	35686	BYPASS GRAFT/AV FIST PATENCY	23.95										
03	35686	BYPASS GRAFT/AV FIST PATENCY	119.73										
07	35686	BYPASS GRAFT/AV FIST PATENCY	143.68	00 15									
02	35691	TRANSPOSITION AND/OR REIMPLANTATION;	138.94										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	35691	TRANSPOSITION AND/OR REIMPLANTATION;	694.72											
07	35691	TRANSPOSITION AND/OR REIMPLANTATION;	833.66	00	15									
02	35693	TRANSPOSITION AND/OR REIMPLANTATION;	122.78											
03	35693	TRANSPOSITION AND/OR REIMPLANTATION;	613.90											
07	35693	TRANSPOSITION AND/OR REIMPLANTATION;	736.68	00	15									
02	35694	TRANSPOSITION AND/OR REIMPLANTATION;	143.82											
03	35694	TRANSPOSITION AND/OR REIMPLANTATION;	719.09											
07	35694	TRANSPOSITION AND/OR REIMPLANTATION;	862.90	00	15									
02	35695	TRANSPOSITION AND/OR REIMPLANTATION;	149.67											
03	35695	TRANSPOSITION AND/OR REIMPLANTATION;	748.35											
07	35695	TRANSPOSITION AND/OR REIMPLANTATION;	898.02	00	15									
02	35697	REIMPLANT ARTERY EACH	21.32											
03	35697	REIMPLANT ARTERY EACH	106.60											
07	35697	REIMPLANT ARTERY EACH	127.92	00	15									
02	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	21.96											
03	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	109.82											
07	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	131.78	00	15									
02	35701	EXPLORATION, CAROTID ARTERY	73.65											
03	35701	EXPLORATION, CAROTID ARTERY	368.26											
07	35701	EXPLORATION, CAROTID ARTERY	441.92	00	15									
02	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	63.69											
03	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	318.47											
07	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	382.17	00	15									
02	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	65.07											
03	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	325.33											
07	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	390.39	00	15									
02	35800	EXPLORE NECK VESSELS	64.98											
03	35800	EXPLORE NECK VESSELS	324.92											
07	35800	EXPLORE NECK VESSELS	389.90	00	15									
02	35820	EXPLORE CHEST VESSELS	254.87											
03	35820	EXPLORE CHEST VESSELS	1,274.33											
07	35820	EXPLORE CHEST VESSELS	1,529.19	00	15									
02	35840	EXPLORE ABDOMINAL VESSELS	85.32											
03	35840	EXPLORE ABDOMINAL VESSELS	426.58											
07	35840	EXPLORE ABDOMINAL VESSELS	511.91	00	15									
02	35860	EXPLORE LIMB VESSELS	54.86											
03	35860	EXPLORE LIMB VESSELS	274.29											
07	35860	EXPLORE LIMB VESSELS	329.15	00	15									
02	35870	REPAIR OF GRAFT-ENTERIC FISTULA	179.74											
03	35870	REPAIR OF GRAFT-ENTERIC FISTULA	898.68											
07	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,078.43	00	15									
02	35875	THROMBECTOMY OF ARTERIAL GRAFT	82.54											
03	35875	THROMBECTOMY OF ARTERIAL GRAFT	412.72											
07	35875	THROMBECTOMY OF ARTERIAL GRAFT	495.26	00	15									
02	35876	THROMBECTOMY OF ARTERIAL OR VE	132.79											
03	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	663.96											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	796.76	00 15									
02	35879	REVISE GRAFT W/VEIN	129.81										
03	35879	REVISE GRAFT W/VEIN	649.07										
07	35879	REVISE GRAFT W/VEIN	778.90	00 15									
02	35881	REVISE GRAFT W/VEIN	144.37										
03	35881	REVISE GRAFT W/VEIN	721.86										
07	35881	REVISE GRAFT W/VEIN	866.22	00 15									
02	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	169.01										
03	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	845.07										
07	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,014.09	00 15									
02	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	178.47										
03	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	892.36										
07	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,070.83	00 15									
02	35901	EXCISION OF INFECTED GRAFT;	68.85										
03	35901	EXCISION OF INFECTED GRAFT;	344.24										
07	35901	EXCISION OF INFECTED GRAFT;	413.09	00 15									
02	35903	EXCISION OF INFECTED GRAFT;	77.92										
03	35903	EXCISION OF INFECTED GRAFT;	389.58										
07	35903	EXCISION OF INFECTED GRAFT;	467.50	00 15									
02	35905	EXCISION OF INFECTED GRAFT;	245.17										
03	35905	EXCISION OF INFECTED GRAFT;	1,225.83										
07	35905	EXCISION OF INFECTED GRAFT;	1,470.99	00 15									
02	35907	EXCISION OF INFECTED GRAFT;	270.33										
03	35907	EXCISION OF INFECTED GRAFT;	1,351.63										
07	35907	EXCISION OF INFECTED GRAFT;	1,621.96	00 15									
03	36000	ESTABLISH ACCESS TO VEIN	15.79		X							X	
07	36000	ESTABLISH ACCESS TO VEIN	18.95	00 15	X							X	
03	36002	PSEUDOANEURYSM INJECTION TRT	109.82										
07	36002	PSEUDOANEURYSM INJECTION TRT	131.78	00 15									
03	36005	INJECTION PROCEDURE FOR CONTRAST VEN	208.80										
07	36005	INJECTION PROCEDURE FOR CONTRAST VEN	250.55	00 15									
03	36010	ESTABLISH ACCESS TO VEIN	363.87										
07	36010	ESTABLISH ACCESS TO VEIN	436.66	00 15									
03	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	573.52										
07	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	688.22	00 15									
03	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	540.83										
07	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	648.99	00 15									
03	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	497.73										
07	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	597.29	00 15									
03	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	519.96										
07	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	623.96	00 15									
03	36015	SELECTIVE CATHETER PLACEMENT, EACH S	570.80										
07	36015	SELECTIVE CATHETER PLACEMENT, EACH S	684.96	00 15									
03	36100	ESTABLISH ACCESS TO ARTERY	335.11									X	
07	36100	ESTABLISH ACCESS TO ARTERY	402.12	00 15								X	
03	36140	ESTABLISH ACCESS TO ARTERY	303.27									X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	36140	ESTABLISH ACCESS TO ARTERY	363.91	00 15								X	
03	36160	ESTABLISH ACCESS TO AORTA	335.34										
07	36160	ESTABLISH ACCESS TO AORTA	402.41	00 15									
03	36200	INTRODUCTION OF CATHETER, AORTA	406.64										
07	36200	INTRODUCTION OF CATHETER, AORTA	487.97	00 15									
03	36215	INTRODUCE CATHETER; EACH ADD....	713.03									X	
07	36215	INTRODUCE CATHETER; EACH ADD....	855.64	00 15								X	
03	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	779.90										
07	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	935.89	00 15									
03	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,263.09										
07	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,515.71	00 15									
03	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	120.41										
07	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	144.49	00 15									
03	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	743.26										
07	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	891.91	00 15									
03	36222	SELECTIVE CATHETER PLACEMENT, COMMON	921.70									X	
07	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,106.05	00 15								X	
03	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,008.25									X	
07	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,209.90	00 15								X	
03	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,095.22									X	
07	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,314.26	00 15								X	
03	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,001.00									X	
07	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,201.20	00 15								X	
03	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,116.20									X	
07	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,339.43	00 15								X	
03	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	163.58									X	
07	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	196.29	00 15								X	
03	36228	SELECTIVE CATHETER PLACEMENT, EACH I	765.84									X	
07	36228	SELECTIVE CATHETER PLACEMENT, EACH I	919.02	00 15								X	
03	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	785.05									X	
07	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	942.06	00 15								X	
03	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	774.02										
07	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	928.83	00 15									
03	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,208.14										
07	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,449.77	00 15									
03	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	104.06										
07	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	124.87	00 15									
03	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	937.76										
07	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,125.31	00 15									
03	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,032.07										
07	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,238.48	00 15									
03	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	1,433.13										
07	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	1,719.76	00 15									
03	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	1,491.74										
07	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	1,790.09	00 15									
03	36260	INSERT IMPLANTABLE FUSION PUMP	392.37										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	36260	INSERT IMPLANTABLE FUSION PUMP	470.84	00	15									
02	36261	REVISION OF IMPLANTED INFUSION	47.43											
03	36261	REVISION OF IMPLANTED INFUSION PUMP	237.17											
07	36261	REVISION OF IMPLANTED INFUSION PUMP	284.61	00	15									
03	36262	REMOVAL OF IMPLANTED INFUSION PUMP	180.15											
07	36262	REMOVAL OF IMPLANTED INFUSION PUMP	216.17	00	15									
03	36299	UNLISTED VASCULAR INJECTION	261.00			X								
07	36299	UNLISTED VASCULAR INJECTION	261.00	00	15	X								
03	36400	ESTABLISH ACCESS TO VEIN	16.89	00	02				X				X	
07	36400	ESTABLISH ACCESS TO VEIN	20.27	00	02				X				X	
03	36405	ESTABLISH ACCESS TO VEIN	15.31	00	02				X				X	
07	36405	ESTABLISH ACCESS TO VEIN	18.36	00	02				X				X	
03	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	10.80	00	02				X				X	
07	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	12.96	00	02				X				X	
03	36410	ESTABLISH ACCESS TO VEIN	11.93	03	99				X					
07	36410	ESTABLISH ACCESS TO VEIN	14.32	03	15				X					
03	36415	COLLECTION OF VENOUS BLOOD BY VENIPU	2.15						X				X	
07	36415	COLLECTION OF VENOUS BLOOD BY VENIPU	2.58	00	15				X				X	
03	36416	CAPILLARY BLOOD DRAW	2.53						X					
07	36416	CAPILLARY BLOOD DRAW	2.53	00	15				X					
03	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	33.42	00	00								X	
07	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	40.10	00	00								X	
03	36425	ESTABLISH ACCESS TO VEIN	26.27	01	99								X	
07	36425	ESTABLISH ACCESS TO VEIN	31.52	01	15								X	
03	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	22.74										X	
07	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	27.28	00	15								X	
03	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	35.30	00	01								X	
07	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	42.37	00	01								X	
03	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	80.70	00	00									
07	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	96.85	00	00									
03	36455	EXCHANGE TRANSFUSION SERVICE	87.45										X	
07	36455	EXCHANGE TRANSFUSION SERVICE	104.94	00	15								X	
03	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	82.06	00	00									
07	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	98.47	00	00									
02	36460	TRANSFUSION SERVICE, FETAL	46.41											
03	36460	TRANSFUSION SERVICE, FETAL	232.06										X	
07	36460	TRANSFUSION SERVICE, FETAL	278.47	00	15								X	
03	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,090.32											
07	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,308.38	00	15									
03	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,141.29											
07	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,369.55	00	15									
03	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	8.60										X	
07	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	8.60	00	15								X	
03	36470	INJECTION THERAPY OF VEIN	86.16											
07	36470	INJECTION THERAPY OF VEIN	103.39	00	15									
03	36471	INJECTION THERAPY OF VEINS	107.33											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	36471	INJECTION THERAPY OF VEINS	128.80	00 15									
03	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,028.17										
07	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,233.80	00 15									
03	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	193.21									X	
07	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	231.85	00 15								X	
03	36475	ENDOVENOUS RF, 1ST VEIN	1,091.13										
07	36475	ENDOVENOUS RF, 1ST VEIN	1,309.35	00 15									
03	36476	ENDOVENOUS RF, VEIN ADD-ON	240.82										
07	36476	ENDOVENOUS RF, VEIN ADD-ON	288.98	00 15									
03	36478	ENDOVENOUS LASER, 1ST VEIN	903.29										
07	36478	ENDOVENOUS LASER, 1ST VEIN	1,083.93	00 15									
03	36479	ENDOVENOUS LASER VEIN ADDON	252.63										
07	36479	ENDOVENOUS LASER VEIN ADDON	303.15	00 15									
03	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	280.25										
07	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	336.29	00 15									
03	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,452.77										
07	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,743.32	00 15									
03	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	104.83									X	
07	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	125.79	00 15								X	
03	36500	VEIN CATH/SELECT. ORGAN SAMPLE	125.39										
07	36500	VEIN CATH/SELECT. ORGAN SAMPLE	150.48	00 15									
03	36510	UMBILICAL CATH-DX/THER/NEWBORN	69.80	00 01									
07	36510	UMBILICAL CATH-DX/THER/NEWBORN	83.75	00 01									
03	36511	APHERESIS WBC	60.93										
07	36511	APHERESIS WBC	73.12	00 15									
03	36512	APHERESIS RBC	61.85										
07	36512	APHERESIS RBC	74.22	00 15									
03	36513	APHERESIS PLATELETS	64.38										
07	36513	APHERESIS PLATELETS	77.25	00 15									
03	36514	APHERESIS PLASMA	317.37										
07	36514	APHERESIS PLASMA	380.84	00 15									
03	36516	APHERESIS, SELECTIVE	1,319.64										
07	36516	APHERESIS, SELECTIVE	1,583.57	00 15									
03	36522	PHOTOPHERESIS,EXTRACORPOREAL	826.39										
07	36522	PHOTOPHERESIS,EXTRACORPOREAL	991.66	00 15									
03	36555	INSERT NON-TUNNEL CV CATH	173.85	00 04									
07	36555	INSERT NON-TUNNEL CV CATH	208.61	00 04									
03	36556	INSERT NON-TUNNEL CV CATH	149.70	05 99									
07	36556	INSERT NON-TUNNEL CV CATH	179.63	05 15									
03	36557	INSERT TUNNELED CV CATH	526.23	00 04									
07	36557	INSERT TUNNELED CV CATH	631.48	00 04									
03	36558	INSERT TUNNELED CV CATH	508.94	05 99									
07	36558	INSERT TUNNELED CV CATH	610.72	05 15									
03	36560	INSERT TUNNELED CV CATH	718.61	00 04									
07	36560	INSERT TUNNELED CV CATH	862.33	00 04									
03	36561	INSERT TUNNELED CV CATH	710.56	05 99									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	36561	INSERT TUNNELED CV CATH	852.67	05	15									
03	36563	INSERT TUNNELED CV CATH	720.83											
07	36563	INSERT TUNNELED CV CATH	864.99	00	15									
03	36565	INSERT TUNNELED CV CATH	604.49											
07	36565	INSERT TUNNELED CV CATH	725.38	00	15									
03	36566	INSERT TUNNELED CV CATH	2,195.29											
07	36566	INSERT TUNNELED CV CATH	2,634.34	00	15									
03	36568	INSERT TUNNELED CV CATH	193.94	00	04									
07	36568	INSERT TUNNELED CV CATH	232.73	00	04									
03	36569	INSERT TUNNELED CV CATH	169.80	05	99									
07	36569	INSERT TUNNELED CV CATH	203.77	05	15									
03	36570	INSERT TUNNELED CV CATH	727.49	00	04									
07	36570	INSERT TUNNELED CV CATH	872.98	00	04									
03	36571	INSERT TUNNELED CV CATH	753.77	05	99									
07	36571	INSERT TUNNELED CV CATH	904.52	05	15									
03	36572	INSERTION OF PERIPHERALLY INSERTED	292.21	00	04									
07	36572	INSERTION OF PERIPHERALLY INSERTED	350.65	00	04									
03	36573	INSERTION OF PERIPHERALLY INSERTED	275.23	05	99									
07	36573	INSERTION OF PERIPHERALLY INSERTED	330.27	05	15									
03	36575	REPAIR TUNNELED CV CATH	100.53											
07	36575	REPAIR TUNNELED CV CATH	120.63	00	15									
03	36576	REPAIR TUNNELED CV CATH	227.12											
07	36576	REPAIR TUNNELED CV CATH	272.54	00	15									
03	36578	REPLACE TUNNELED CV CATH	314.14											
07	36578	REPLACE TUNNELED CV CATH	376.96	00	15									
03	36580	REPLACE TUNNELED CV CATH	145.25											
07	36580	REPLACE TUNNELED CV CATH	174.30	00	15									
03	36581	REPLACE TUNNELED CV CATH	467.94											
07	36581	REPLACE TUNNELED CV CATH	561.54	00	15									
03	36582	REPLACE TUNNELED CV CATH	653.38											
07	36582	REPLACE TUNNELED CV CATH	784.06	00	15									
03	36583	REPLACE TUNNELED CV CATH	653.78											
07	36583	REPLACE TUNNELED CV CATH	784.53	00	15									
03	36584	REPLACE TUNNELED CV CATH	142.86											
07	36584	REPLACE TUNNELED CV CATH	171.43	00	15									
03	36585	REPLACE TUNNELED CV CATH	669.39											
07	36585	REPLACE TUNNELED CV CATH	803.26	00	15									
03	36589	REMOVAL TUNNELED CV CATH	109.46											
07	36589	REMOVAL TUNNELED CV CATH	131.35	00	15									
03	36590	REMOVAL TUNNELED CV CATH	177.35											
07	36590	REMOVAL TUNNELED CV CATH	212.81	00	15									
03	36591	COLLECTION OF BLOOD SPECIMEN FROM A	13.86											
07	36591	COLLECTION OF BLOOD SPECIMEN FROM A	16.63	00	15									
03	36592	COLLECTION OF BLOOD SPECIMEN USING E	15.23											
07	36592	COLLECTION OF BLOOD SPECIMEN USING E	18.27	00	15									
03	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	24.66											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	29.60	00 15									
03	36595	MECH REMOV TUNNELED CV CATH	380.49										
07	36595	MECH REMOV TUNNELED CV CATH	456.59	00 15									
03	36596	MECH REMOV TUNNELED CV CATH	85.29										
07	36596	MECH REMOV TUNNELED CV CATH	102.35	00 15									
03	36597	REPOSITION VENOUS CATHETER	81.75										
07	36597	REPOSITION VENOUS CATHETER	98.10	00 15									
03	36598	INJ W/FLUOR, EVAL CV DEVICE	72.31									X	
07	36598	INJ W/FLUOR, EVAL CV DEVICE	86.77	00 15								X	
03	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	19.64									X	
07	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	23.56	00 15								X	
03	36620	ARTERIAL CATHETERIZATION OR CANNULAT	35.22									X	
07	36620	ARTERIAL CATHETERIZATION OR CANNULAT	42.27	00 15								X	
03	36625	ESTABLISH ACCESS TO ARTERY	73.30										
07	36625	ESTABLISH ACCESS TO ARTERY	87.96	00 15									
03	36640	INSERTION CATHETER, ARTERY	80.98										
07	36640	INSERTION CATHETER, ARTERY	97.18	00 15									
03	36660	INSERTION CATHETER, ARTERY	46.49										
07	36660	INSERTION CATHETER, ARTERY	55.79	00 15									
03	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	40.85										
07	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	49.02	00 15									
03	36800	INSERTION OF CANNULA	105.43										
07	36800	INSERTION OF CANNULA	126.50	00 15									
03	36810	INSERTION OF CANNULA	143.94										
07	36810	INSERTION OF CANNULA	172.73	00 15									
03	36815	INSERTION OF CANNULA	101.52										
07	36815	INSERTION OF CANNULA	121.83	00 15									
02	36818	AV FUSE, UPPR ARM, CEPHALIC	92.76										
03	36818	AV FUSE, UPPR ARM, CEPHALIC	463.82										
07	36818	AV FUSE, UPPR ARM, CEPHALIC	556.59	00 15									
02	36819	AV FUSION BY BASILIC VEIN	109.07										
03	36819	AV FUSION BY BASILIC VEIN	545.36										
07	36819	AV FUSION BY BASILIC VEIN	654.43	00 15									
02	36820	INSERTION OF CANNULA	109.39										
03	36820	INSERTION OF CANNULA	546.95										
07	36820	INSERTION FO CANNULA	656.34	00 15									
02	36821	ARTERY-VEIN FUSION	90.29										
03	36821	ARTERY-VEIN FUSION	451.47										
07	36821	ARTERY-VEIN FUSION	541.77	00 15									
03	36823	INSERTION CANNULA(S)	868.47								X		
07	36823	INSERTION CANNULA(S)	1,042.17	00 15							X		
02	36825	ARTERY-VEIN GRAFT	78.68										
03	36825	ARTERY-VEIN GRAFT	393.42										
07	36825	ARTERY-VEIN GRAFT	472.10	00 15									
02	36830	ARTERY-VEIN GRAFT	90.46										
03	36830	ARTERY-VEIN GRAFT	452.30										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	36830	ARTERY-VEIN GRAFT	542.76	00	15									
02	36831	AV FISTULA EXCISION	62.24											
03	36831	AV FISTULA EXCISION	311.18											
07	36831	AV FISTULA EXCISION	373.41	00	15									
02	36832	REVISION O ARTERIO FISTULA WW THROMB	79.69											
03	36832	REVISION O ARTERIO FISTULA WW THROMB	398.43											
07	36832	REVISION O ARTERIO FISTULA WW THROMB	478.11	00	15									
02	36833	AV FISTULA REVISION	90.11											
03	36833	AV FISTULA REVISION	450.55											
07	36833	AV FISTULA REVISION	540.66	00	15									
02	36835	ARTERY TO VEIN SHUNT	61.82											
03	36835	ARTERY TO VEIN SHUNT	309.08											
07	36835	ARTERY TO VEIN SHUNT	370.89	00	15									
02	36836	PERCUTANEOUS ARTERIOVENOUS FISTULA	941.66											
03	36836	PERCUTANEOUS ARTERIOVENOUS FISTULA	4,708.28											
07	36836	PERCUTANEOUS ARTERIOVENOUS FISTULA	5,649.93	00	15									
02	36837	PERCUTANEOUS ARTERIOVENOUS FISTULA	1,339.65											
03	36837	PERCUTANEOUS ARTERIOVENOUS FISTULA	6,698.25											
07	36837	PERCUTANEOUS ARTERIOVENOUS FISTULA	8,037.90	00	15									
02	36838	DIST REVAS LIGATION, HEMO	161.26											
03	36838	DIST REVAS LIGATION, HEMO	806.28											
07	36838	DIST REVAS LIGATION, HEMO	967.52	00	15									
03	36860	CANNULA DECLOTTING	121.99											
07	36860	CANNULA DECLOTTING	146.39	00	15									
03	36861	CANNULA DECLOTTING	101.63											
07	36861	CANNULA DECLOTTING	121.95	00	15									
03	36901	INTRODUCTION OF NEEDLE(S) AND/OR	398.86											
07	36901	INTRODUCTION OF NEEDLE(S) AND/OR	478.63	00	15									
03	36902	INTRODUCTION OF NEEDLE(S) AND/OR	840.37											
07	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,008.44	00	15									
03	36903	INTRODUCTION OF NEEDLE(S) AND/OR	3,793.40											
07	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,552.08	00	15									
03	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,227.69											
07	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,473.23	00	15									
03	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,570.37											
07	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,884.45	00	15									
03	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	4,612.43											
07	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,534.92	00	15									
03	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	502.61											
07	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	603.13	00	15									
03	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,827.28											
07	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	2,192.73	00	15									
03	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,336.27											
07	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,603.52	00	15									
02	37140	REVISION OF CIRCULATION	182.35											
03	37140	REVISION OF CIRCULATION	911.76											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	37140	REVISION OF CIRCULATION	1,094.11	00	15									
02	37145	REVISION OF CIRCULATION	197.98											
03	37145	REVISION OF CIRCULATION	989.89											
07	37145	REVISION OF CIRCULATION	1,187.87	00	15									
02	37160	REVISION OF CIRCULATION	172.34											
03	37160	REVISION OF CIRCULATION	861.70											
07	37160	REVISION OF CIRCULATION	1,034.05	00	15									
02	37180	REVISION OF CIRCULATION	193.49											
03	37180	REVISION OF CIRCULATION	967.45											
07	37180	REVISION OF CIRCULATION	1,160.93	00	15									
02	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	208.83											
03	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	1,044.14											
07	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	1,252.96	00	15									
03	37182	INSERT HEPATIC SHUNT (TIP'S)	616.74											
07	37182	INSERT HEPATIC SHUNT (TIPS)	740.09	00	15									
03	37183	REMOVE HEPATIC SHUNT (TIPS)	292.95											
07	37183	REMOVE HEPATIC SHUNT (TIP'S)	351.54	00	15									
03	37184	PRIM ART MECH THROMBECTOMY	1,494.79											
07	37184	PRIM ART MECH THROMBECTOMY	1,793.75	00	15									
03	37185	PRIM ART M-THROMBECT ADD-ON	495.57										X	
07	37185	PRIM ART M-THROMBECT ADD-ON	594.69	00	15								X	
03	37186	SEC ART M-THROMBECT ADD-ON	1,004.57											
07	37186	SEC ART M-THROMBECT ADD-ON	1,205.47	00	15									
03	37187	VENOUS MECH THROMBECTOMY	1,431.46											
07	37187	VENOUS MECH THROMBECTOMY	1,717.76	00	15									
03	37188	VENOUS M-THROMBECTOMY ADD-ON	1,212.86											
07	37188	VENOUS M-THROMBECTOMY ADD-ON	1,455.43	00	15									
03	37191	INSERTION OF INTRAVASCULAR VENA CAVA	1,693.29				X							
07	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,031.95	00	15		X							
03	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,146.27				X							
07	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,375.53	00	15		X							
03	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,094.88				X							
07	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,313.86	00	15		X							
03	37195	THROMBOLYTIC THERAPY, STROKE	254.46											
07	37195	THROMBOLYTIC THERAPY, STROKE	254.46	00	15									
03	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,013.70											
07	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,216.44	00	15									
03	37200	TRANSCATHETER BIOPSY	163.90											
07	37200	TRANSCATHETER BIOPSY	196.69	00	15									
03	37209	EXCHANGE ARTERIAL CATHETER	80.59											
03	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	275.24										X	
07	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	330.30	00	15								X	
03	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	242.99										X	
07	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	291.57	00	15								X	
03	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	169.91										X	
07	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	203.89	00	15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	99.34									X	
07	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	119.20	00 15								X	
02	37215	TRANSCATHETER PLACEMENT OF INTRAVASC	151.17										
03	37215	TRANSCATH STENT, CCA W/EPS	755.85										
07	37215	TRANSCATH STENT, CCA W/EPS	907.01	00 15									
02	37216	TRANSCATHETER PLACEMENT OF INTRAVASC	154.48										
03	37216	TRANSCATH STENT, CCA W/O EPS	772.39										
07	37216	TRANSCATH STENT, CCA W/O EPS	7.98	00 15									
02	37217	INSERTION OF INTRAVASCULAR STENTS IN	161.65									X	
03	37217	INSERTION OF INTRAVASCULAR STENTS IN	808.23									X	
07	37217	INSERTION OF INTRAVASCULAR STENTS IN	969.87	00 15								X	
02	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	128.87										
03	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	644.35										
07	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	773.22	00 15									
03	37220	REVASCULARIZATION ENDOVASCULAR OPEN	1,606.71									X	
07	37220	REVASCULARIZATION ENDOVASCULAR OPEN	1,928.04	00 15								X	
03	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	2,374.10									X	
07	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	2,848.91	00 15								X	
03	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	463.38									X	
07	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	556.05	00 15								X	
03	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	2,356.31									X	
07	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	2,827.56	00 15								X	
03	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	1,930.24									X	
07	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	2,316.28	00 15								X	
03	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	5,447.78									X	
07	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	6,537.34	00 15								X	
03	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	4,562.18									X	
07	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	5,474.62	00 15								X	
03	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	7,365.09									X	
07	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	8,838.11	00 15								X	
03	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	2,747.09									X	
07	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	3,296.50	00 15								X	
03	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	5,401.58									X	
07	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	6,481.89	00 15								X	
03	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	4,244.82									X	
07	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	5,093.78	00 15								X	
03	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	6,810.16									X	
07	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	8,172.19	00 15								X	
03	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	617.12									X	
07	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	740.54	00 15								X	
03	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	754.48									X	
07	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	905.36	00 15								X	
03	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	1,964.66									X	
07	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	2,357.59	00 15								X	
03	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	2,099.36									X	
07	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	2,519.25	00 15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	37236	Insertion of intravascular stents in	1,842.09											
07	37236	Insertion of intravascular stents in	2,210.51	00	15									
03	37237	INSERTION OF INTRAVASCULAR STENTS IN	801.41										X	
07	37237	INSERTION OF INTRAVASCULAR STENTS IN	961.69	00	15								X	
03	37238	INSERTION OF INTRAVASCULAR STENTS IN	2,669.84											
07	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,203.82	00	15									
03	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,326.57										X	
07	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,591.88	00	15								X	
03	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	2,961.38											
07	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	3,553.64	00	15									
03	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	4,971.15											
07	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	5,965.38	00	15									
03	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	6,273.18											
07	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	7,527.82	00	15									
03	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	4,410.88											
07	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	5,293.04	00	15									
03	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	1,478.29											
07	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	1,773.95	00	15									
03	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	601.15										X	
07	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	721.38	00	15								X	
03	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,029.26											
07	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,235.11	00	15									
03	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	442.87										X	
07	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	531.44	00	15								X	
03	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	957.35											
07	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	1,148.81	00	15									
03	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	154.63											
07	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	185.55	00	15									
03	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	467.16											
07	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	560.60	00	15									
02	37501	VASCULAR ENDOSCOPY PROCEDURE	MP			X								
03	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP			X								
07	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP	00	15	X								
03	37565	LIGATION OF NECK VEIN	463.90											
07	37565	LIGATION OF NECK VEIN	556.68	00	15									
02	37600	LIGATION OF NECK ARTERY	95.02											
03	37600	LIGATION OF NECK ARTERY	475.09											
07	37600	LIGATION OF NECK ARTERY	570.10	00	15									
02	37605	LIGATION OF NECK ARTERY	109.36											
03	37605	LIGATION OF NECK ARTERY	546.82											
07	37605	LIGATION OF NECK ARTERY	656.17	00	15									
02	37606	LIGATION OF NECK ARTERY	70.91											
03	37606	LIGATION OF NECK ARTERY	354.57											
07	37606	LIGATION OF NECK ARTERY	425.49	00	15									
03	37607	LIGATION OR BANDING OF ANGIOACCESS A	252.88											
07	37607	LIGATION OR BANDING OF ANGIOACCESS A	303.44	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	37609	TEMPORAL ARTERY PROCEDURE	183.42										
07	37609	TEMPORAL ARTERY PROCEDURE	220.10	00 15									
02	37615	LIGATION OF NECK ARTERY	62.11										
03	37615	LIGATION OF NECK ARTERY	310.56										
07	37615	LIGATION OF NECK ARTERY	372.68	00 15									
02	37616	LIGATE MAJOR ARTERY;CHEST	146.14										
03	37616	LIGATE MAJOR ARTERY,CHEST	730.72										
07	37616	LIGATE MAJOR ARTERY,CHEST	876.86	00 15									
02	37617	LIGATION OF ABDOMEN ARTERY	174.94										
03	37617	LIGATION OF ABDOMEN ARTERY	874.72										
07	37617	LIGATION OF ABDOMEN ARTERY	1,049.67	00 15									
02	37618	LIGATION OF EXTREMITY ARTERY	49.73										
03	37618	LIGATION OF EXTREMITY ARTERY	248.65										
07	37618	LIGATION OF EXTREMITY ARTERY	298.38	00 15									
02	37619	LIGATION OF INFERIOR VENA CAVA	222.47										
03	37619	LIGATION OF INFERIOR VENA CAVA	1,112.34										
07	37619	LIGATION OF INFERIOR VENA CAVA	1,334.82	00 15									
02	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	68.21										
03	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	341.04										
07	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	409.23	00 15									
02	37660	REVISION OF MAJOR VEIN	163.33										
03	37660	REVISION OF MAJOR VEIN	816.63										
07	37660	REVISION OF MAJOR VEIN	979.96	00 15									
03	37700	REVISE LEG VEIN	166.74										
07	37700	REVISE LEG VEIN	200.08	00 15									
03	37718	LIGATE/STRIP SHORT LEG VEIN	271.01										
07	37718	LIGATE/STRIP SHORT LEG VEIN	325.22	00 15									
03	37722	LIGATE/STRIP LONG LEG VEIN	318.81										
07	37722	LIGATE/STRIP LONG LEG VEIN	382.57	00 15									
03	37735	REMOVAL OF LEG VEINS/LESION	426.90										
07	37735	REMOVAL OF LEG VEINS/LESION	512.29	00 15									
03	37760	REVISION OF LEG VEINS	420.37										
07	37760	REVISION OF LEG VEINS	504.45	00 15									
02	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	80.00										
03	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	399.99										
07	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	479.99	00 15									
03	37765	PHLEB VEINS - EXTREM - TO 20	297.72										
07	37765	PHLEB VEINS - EXTREM - TO 20	357.26	00 15									
03	37766	PHLEB VEINS - EXTREM 20+	362.02										
07	37766	PHLEB VEINS - EXTREM 20+	434.43	00 15									
03	37780	REVISION OF LEG VEIN	171.84										
07	37780	REVISION OF LEG VEIN	206.22	00 15									
03	37785	REVISION OF LEG VEIN	225.23										
07	37785	REVISION OF LEG VEIN	270.28	00 15									
02	37788	PENILE REVASCULARIZATION, ARTERY WIT	184.62				M						
03	37788	PENILE REVASCULARIZATION, ARTERY, WI	923.08				M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,107.69	00	15			M						
02	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	66.56					M						
03	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	332.80					M						
07	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	399.36	00	15			M						
02	37799	VASCULAR SURGERY PROCEDURE	MP			X								
03	37799	VASCULAR SURGERY PROCEDURE	MP			X								
07	37799	VASCULAR SURGERY PROCEDURE	MP	00	15	X								
02	38100	REMOVAL OF SPLEEN	141.07											
03	38100	REMOVAL OF SPLEEN	705.37											
07	38100	REMOVAL OF SPLEEN	846.45	00	15									
02	38101	SPLENECTOMY;PARTIAL	141.95											
03	38101	SPLENECTOMY;PARTIAL	709.74											
07	38101	SPLENECTOMY;PARTIAL	851.69	00	15									
02	38102	SPLENECTOMY;	34.10											
03	38102	SPLENECTOMY;	170.48											
07	38102	SPLENECTOMY;	204.57	00	15									
02	38115	REP.RUP.SPLEEN-W/ORW/OUT SPLENECTOMY	156.91											
03	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	784.57											
07	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	941.48	00	15									
02	38120	LAPAROSCOPY SPLENECTOMY	130.93										X	
03	38120	LAPAROSCOPY, SPLENECTOMY	654.67											
07	38120	LAPAROSCOPY, SPLENECTOMY	785.61	00	15									
03	38129	LAPAROSCOPE PROC, SPLEEN	MP			X								
07	38129	LAPAROSCOPE PROC, SPLEEN	MP	00	15	X								
03	38200	INJECTION FOR SPLEEN X-RAY	93.78											
07	38200	INJECTION FOR SPLEEN X-RAY	112.54	00	15									
03	38204	BL DONOR SEARCH MANAGEMENT	68.36									X		
07	38204	BL DONOR SEARCH MANAGEMENT	82.03	00	15							X		
03	38205	HARVEST ALLOGENIC STEM CELLS	54.04											
07	38205	HARVEST ALLOGENIC STEM CELLS	64.85	00	15									
03	38206	HARVEST AUTO STEM CELLS	54.04											
07	38206	HARVEST AUTO STEM CELLS	64.85	00	15									
03	38207	CRYOPRESERVE STEM CELLS	39.38							X				
07	38207	CRYOPRESERVE STEM CELLS	45.29	00	15									
03	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	MP			X				X				
07	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	MP	00	15	X								
03	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	24.97							X				
07	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	28.72	00	15									
03	38210	T-CELL DEPLETION OF HARVEST	MP			X				X				
07	38210	T-CELL DEPLETION OF HARVEST	MP	00	15	X								
03	38211	TUMOR CELL DEPLETE OF HARVST	MP			X				X				
07	38211	TUMOR CELL DEPLETE OF HARVST	MP	00	15	X								
03	38212	RBC DEPLETION OF HARVEST	36.05							X				
07	38212	RBC DEPLETION OF HARVEST	41.46	00	15									
03	38213	PLATELET DEPLETE OF HARVEST	MP			X				X				
07	38213	PLATELET DEPLETE OF HARVEST	MP	00	15	X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	38214	VOLUME DEPLETE OF HARVEST	30.04							X				
07	38214	VOLUME DEPLETE OF HARVEST	34.55	00	15									
03	38215	HARVEST STEM CELL CONCENTRTE	MP			X				X				
07	38215	HARVEST STEM CELL CONCENTRTE	MP	00	15	X								
03	38220	BONE MARROW ASPIRATION	96.10											
07	38220	BONE MARROW ASPIRATION	115.32	00	15									
03	38221	BONE MARROW BIOPSY	107.24											
07	38221	BONE MARROW BIOPSY	128.68	00	15									
03	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	120.26											
07	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	144.31	00	15									
03	38230	BONE MARROW HARVESTING FOR TRANSPLAN	MP			X								
07	38230	BONE MARROW HARVESTING FOR TRANSPLAN	245.95	00	15	X								
03	38232	BONE MARROW HARVESTING FOR TRANSPLAN	123.70											
07	38232	BONE MARROW HARVESTING FOR TRANSPLAN	148.43	00	15									
03	38240	BONE MARROW TRANSPLANTATION	83.42											
07	38240	BONE MARROW TRANSPLANTATION	100.11	00	15									
03	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	83.88											
07	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	108.68	00	15	X								
03	38242	LYMPHOCYTE INFUSE TRANSPLANT	63.57											
07	38242	LYMPHOCYTE INFUSE TRANSPLANT	76.29	00	15									
03	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	79.20											
07	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	95.04	00	15									
03	38300	DRAINAGE LYMPH NODE LESION	161.29											
07	38300	DRAINAGE LYMPH NODE LESION	193.54	00	15									
03	38305	DRAINAGE LYMPH NODE LESION	286.96											
07	38305	DRAINAGE LYMPH NODE LESION	344.35	00	15									
02	38308	INCISION OF LYMPH CHANNELS	55.33											
03	38308	INCISION OF LYMPH CHANNELS	276.63											
07	38308	INCISION OF LYMPH CHANNELS	331.94	00	15									
02	38380	THORACIC DUCT PROCEDURE	70.55											
03	38380	THORACIC DUCT PROCEDURE	352.75											
07	38380	THORACIC DUCT PROCEDURE	423.29	00	15									
02	38381	THORACIC DUCT PROCEDURE	106.80											
03	38381	THORACIC DUCT PROCEDURE	534.00											
07	38381	THORACIC DUCT PROCEDURE	640.79	00	15									
02	38382	SUTURE/LIGATE THOR.DUCT;ABDOMEN APPR	85.96											
03	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	429.78											
07	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	515.73	00	15									
03	38500	BIOPSY/REMOVAL OF LYMPH NODE	193.53											
07	38500	BIOPSY/REMOVAL OF LYMPH NODE	232.22	00	15									
03	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	79.26											
07	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	95.12	00	15									
03	38510	BIOPSY/REMOVAL OF LYMPH NODE	314.15											
07	38510	BIOPSY/REMOVAL OF LYMPH NODE	376.97	00	15									
03	38520	BIOPSY/REMOVAL OF LYMPH NODE	288.45											
07	38520	BIOPSY/REMOVAL OF LYMPH NODE	346.12	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	38525	BX,EXCISE-DEEP AXILLARY NODES	261.77											
07	38525	BX,EXCISE-DEEP AXILLARY NODES	314.12	00	15									
02	38530	BIOPSY/REMOVAL OF LYMPH NODE	67.53											
03	38530	BIOPSY/REMOVAL OF LYMPH NODE	337.65											
07	38530	BIOPSY/REMOVAL OF LYMPH NODE	405.18	00	15									
03	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	333.30											
07	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	399.96	00	15									
02	38542	DISSECTION: DEEP JUGULAR NODE	63.78											
03	38542	DISSECTION: DEEP JUGULAR NODE	318.90											
07	38542	DISSECTION: DEEP JUGULAR NODE	382.67	00	15									
03	38550	REMOVAL NECK/ARMPIT LESION	297.21											
07	38550	REMOVAL NECK/ARMPIT LESION	356.65	00	15									
02	38555	REMOVAL NECK/ARMPIT LESION	124.02											
03	38555	REMOVAL NECK/ARMPIT LESION	620.08											
07	38555	REMOVAL NECK/ARMPIT LESION	744.10	00	15									
02	38562	LIM.LYMPHADECTOMY/STAGING;PELVIC	88.93											
03	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	444.64											
07	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	533.57	00	15									
02	38564	LIM.LYMPHADECTOMY/STAGE;RETROPERIT	88.67											
03	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	443.35											
07	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	532.03	00	15									
02	38570	LAPAROSCOPY LYMPH NODE BIOP	72.44											
03	38570	LAPAROSCOPY, LYMPH NODE BIOP	362.21											
07	38570	LAPAROSCOPY, LYMPH NODE BIOP	434.66	00	15									
02	38571	LAPAROSCOPY LYMPHADENECTOMY	113.02										X	
03	38571	LAPAROSCOPY, LYMPHADENECTOMY	565.12											
07	38571	LAPAROSCOPY, LYMPHADENECTOMY	678.14	00	15									
02	38572	LAPAROSCOPY LYMPHADENECTOMY	125.53										X	
03	38572	LAPAROSCOPY, LYMPHADENECTOMY	627.64											
07	38572	LAPAROSCOPY, LYMPHADENECTOMY	753.16	00	15									
02	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	176.45											
03	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	882.27											
07	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,058.72	00	15									
03	38589	LAPAROSCOPE PROC, LYMPHATIC	MP			X								
07	38589	LAPAROSCOPE PROC, LYMPHATIC	MP	00	15	X								
02	38700	REMOVAL OF LYMPH NODES, NECK	99.04											
03	38700	REMOVAL OF LYMPH NODES, NECK	495.22											
07	38700	REMOVAL OF LYMPH NODES, NECK	594.27	00	15									
02	38720	REMOVAL OF LYMPH NODES, NECK	164.84											
03	38720	REMOVAL OF LYMPH NODES, NECK	824.19											
07	38720	REMOVAL OF LYMPH NODES, NECK	989.03	00	15									
02	38724	CERVICAL LYMPHADENECTOMY	178.82											
03	38724	CERVICAL LYMPHADENECTOMY	894.12											
07	38724	CERVICAL LYMPHADENECTOMY	1,072.94	00	15									
02	38740	REMOVE ARMPIT LYMPH NODES	84.04											
03	38740	REMOVE ARMPIT LYMPH NODES	420.19											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	38740	REMOVE ARMPIT LYMPH NODES	504.22	00 15									
02	38745	REMOVE ARMPITS LYMPH NODES	107.17										
03	38745	REMOVE ARMPITS LYMPH NODES	535.87										
07	38745	REMOVE ARMPITS LYMPH NODES	643.03	00 15									
02	38746	THORACIC LYMPHADENECTOMY BY THORACOT	35.70										
03	38746	THORACIC LYMPHADENECTOMY BY THORACOT	178.51										
07	38746	THORACIC LYMPHADENECTOMY BY THORACOT	214.21	00 15									
02	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	34.74										
03	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	173.71										
07	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	208.45	00 15									
02	38760	REMOVE GROIN LYMPH NODES	105.72										
03	38760	REMOVE GROIN LYMPH NODES	528.58										
07	38760	REMOVE GROIN LYMPH NODES	634.29	00 15									
02	38765	REMOVE GROIN LYMPH NODES	164.47										
03	38765	REMOVE GROIN LYMPH NODES	822.33										
07	38765	REMOVE GROIN LYMPH NODES	986.81	00 15									
02	38770	REMOVE PELVIS LYMPH NODES	109.59										
03	38770	REMOVE PELVIS LYMPH NODES	547.95										
07	38770	REMOVE PELVIS LYMPH NODES	657.54	00 15									
02	38780	REMOVE ABDOMEN LYMPH NODES	138.19										
03	38780	REMOVE ABDOMEN LYMPH NODES	690.94										
07	38780	REMOVE ABDOMEN LYMPH NODES	829.12	00 15									
03	38790	INJECTION FOR LYMPHATIC XRAY	53.63										
07	38790	INJECTION FOR LYMPHATIC XRAY	64.35	00 15									
03	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	25.74										
07	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	30.88	00 15									
03	38794	ACCESS THORACIC LYMPH DUCT	201.28										
07	38794	ACCESS THORACIC LYMPH DUCT	241.53	00 15									
02	38900	INTRAOPERATIVE IDENTIFICATION (EG,	13.95										
03	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	69.74										
07	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	83.68	00 15									
02	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X								
03	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X								
07	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP	00 15	X								
02	39000	EXPLORATION OF MEDIASTINUM	63.53										
03	39000	EXPLORATION OF MEDIASTINUM	317.64										
07	39000	EXPLORATION OF MEDIASTINUM	381.17	00 15									
02	39010	EXPLORATION OF MEDIASTINUM	106.11										
03	39010	EXPLORATION OF MEDIASTINUM	530.57										
07	39010	EXPLORATION OF MEDIASTINUM	636.68	00 15									
02	39200	RESECTION OF MEDIASTINAL CYST	117.98										
03	39200	RESECTION OF MEDIASTINAL CYST	589.91										
07	39200	RESECTION OF MEDIASTINAL CYST	707.89	00 15									
02	39220	RESECTION OF MEDIASTINAL TUMOR	151.75										
03	39220	RESECTION OF MEDIASTINAL TUMOR	758.73										
07	39220	RESECTION OF MEDIASTINAL TUMOR	910.46	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	39401	MEDIASTINOSCOPY;INCLUDES BIOPSY(IES)	48.62											
03	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	243.08											
07	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	291.70	00	15									
02	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	63.65											
03	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	318.23											
07	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	381.87	00	15									
02	39499	MEDIASTINAL PROCEDURE	MP			X								
03	39499	MEDIASTINAL PROCEDURE	MP			X								
07	39499	MEDIASTINAL PROCEDURE	MP	00	15	X								
02	39501	REPAIR,LACERAYION OF DIAPHRAGM	108.06											
03	39501	REPAIR, LACERATION OF DIAPHRAGM	540.31											
07	39501	REPAIR, LACERATION OF DIAPHRAGM	648.37	00	15									
02	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	759.27	00	00									
03	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	3,796.35	00	00									
07	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	4,555.62	00	00									
02	39540	REPAIR OF DIAPHRAGM HERNIA	110.54											
03	39540	REPAIR OF DIAPHRAGM HERNIA	552.72											
07	39540	REPAIR OF DIAPHRAGM HERNIA	663.26	00	15									
02	39541	REPAIR OF DIAPHRAGM HERNIA	119.23											
03	39541	REPAIR OF DIAPHRAGM HERNIA	596.17											
07	39541	REPAIR OF DIAPHRAGM HERNIA	715.41	00	15									
02	39545	REVISION OF DIAPHRAGM	116.95											
03	39545	REVISION OF DIAPHRAGM	584.75											
07	39545	REVISION OF DIAPHRAGM	701.69	00	15									
02	39560	RESECT DIAPHRAGM SIMPLE	101.20										X	
03	39560	RESECT DIAPHRAGM, SIMPLE	505.99											
07	39560	RESECT DIAPHRAGM, SIMPLE	607.19	00	15									
02	39561	RESECT DIAPHRAGM COMPLEX	157.14											
03	39561	RESECT DIAPHRAGM, COMPLEX	785.72											
07	39561	RESECT DIAPHRAGM, COMPLEX	942.87	00	15									
02	39599	DIAPHRAGM SURGERY PROCEDURE	MP			X								
03	39599	DIAPHRAGM SURGERY PROCEDURE	MP			X								
07	39599	DIAPHRAGM SURGERY PROCEDURE	MP	00	15	X								
03	40490	BIOPSY OF LIP	77.46											
07	40490	BIOPSY OF LIP	92.95	00	15									
03	40500	VERMILIONECTOMY (LIP SHAVE)	293.47											
07	40500	VERMILIONECTOMY (LIP SHAVE)	352.16	00	15									
03	40510	PARTIAL EXCISION OF LIP	286.78											
07	40510	PARTIAL EXCISION OF LIP	344.14	00	15									
03	40520	PARTIAL EXCISION OF LIP	294.42											
07	40520	PARTIAL EXCISION OF LIP	353.30	00	15									
03	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	347.07											
07	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	416.48	00	15									
03	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	410.29											
07	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	492.35	00	15									
03	40530	PARTIAL REMOVAL OF LIP	325.39											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	40530	PARTIAL REMOVAL OF LIP	390.47	00	15									
02	40650	REPAIR LIP	48.69											
03	40650	REPAIR LIP	243.45											
07	40650	REPAIR LIP	292.15	00	15									
03	40652	REPAIR LIP	287.06											
07	40652	REPAIR LIP	344.47	00	15									
03	40654	REPAIR LIP	339.23											
07	40654	REPAIR LIP	407.08	00	15									
03	40700	REPAIR CLEFT LIP	580.68											
07	40700	REPAIR CLEFT LIP	696.82	00	15									
02	40701	REPAIR CLEFT LIP	144.74											
03	40701	REPAIR CLEFT LIP	723.70											
07	40701	REPAIR CLEFT LIP	868.44	00	15									
02	40702	REPAIR CLEFT LIP	112.69											
03	40702	REPAIR CLEFT LIP	563.45											
07	40702	REPAIR CLEFT LIP	676.13	00	15									
03	40720	REPAIR CLEFT LIP	622.31											
07	40720	REPAIR CLEFT LIP	746.78	00	15									
02	40761	REPAIR CLEFT LIP	134.74											
03	40761	REPAIR CLEFT LIP	673.70											
07	40761	REPAIR CLEFT LIP	808.42	00	15									
03	40799	LIP SURGERY PROCEDURE	MP			X								
07	40799	LIP SURGERY PROCEDURE	MP	00	15	X								
03	40800	DRAINAGE OF MOUTH LESION	115.55											
07	40800	DRAINAGE OF MOUTH LESION	138.66	00	15									
03	40801	DRAINAGE OF MOUTH LESION	180.40											
07	40801	DRAINAGE OF MOUTH LESION	216.46	00	15									
03	40804	REMOVAL FOREIGN BODY, MOUTH	117.81											
07	40804	REMOVAL FOREIGN BODY, MOUTH	141.37	00	15									
03	40805	REMOVAL FOREIGN BODY, MOUTH	189.08											
07	40805	REMOVAL FOREIGN BODY, MOUTH	226.89	00	15									
03	40806	INCISION OF LIP FOLD	60.05											
07	40806	INCISION OF LIP FOLD	72.06	00	15									
03	40808	BIOPSY OF MOUTH LESION	103.52											
07	40808	BIOPSY OF MOUTH LESION	124.23	00	15									
03	40810	EXCISION OF MOUTH LESION	116.00											
07	40810	EXCISION OF MOUTH LESION	139.19	00	15									
03	40812	EXCISE/REPAIR MOUTH LESION	165.31											
07	40812	EXCISE/REPAIR MOUTH LESION	198.38	00	15									
03	40814	EXCISE/REPAIR MOUTH LESION	223.63											
07	40814	EXCISE/REPAIR MOUTH LESION	268.36	00	15									
03	40816	EXCISION OF MOUTH LESION	235.55											
07	40816	EXCISION OF MOUTH LESION	282.65	00	15									
03	40818	EXCISE ORAL MUCOSA FOR GRAFT	204.44											
07	40818	EXCISE ORAL MUCOSA FOR GRAFT	245.34	00	15									
03	40819	EXCISE LIP OR CHEEK FOLD	176.82											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	40819	EXCISE LIP OR CHEEK FOLD	212.20	00 15									
03	40820	TREATMENT OF MOUTH LESION	149.50										
07	40820	TREATMENT OF MOUTH LESION	179.41	00 15									
03	40830	REPAIR MOUTH LACERATION	140.14										
07	40830	REPAIR MOUTH LACERATION	168.17	00 15									
03	40831	REPAIR MOUTH LACERATION	186.75										
07	40831	REPAIR MOUTH LACERATION	224.10	00 15									
02	40840	VESTIBULOPLASTY; ANTERIOR	97.72										
03	40840	RECONSTRUCTION OF MOUTH	488.60										
07	40840	RECONSTRUCTION OF MOUTH	586.32	00 15									
03	40842	RECONSTRUCTION OF MOUTH	481.56										
07	40842	RECONSTRUCTION OF MOUTH	577.87	00 15									
02	40843	RECONSTRUCTION OF MOUTH	126.13										
03	40843	RECONSTRUCTION OF MOUTH	630.64										
07	40843	RECONSTRUCTION OF MOUTH	756.78	00 15									
02	40844	RECONSTRUCTION OF MOUTH	167.46										
03	40844	RECONSTRUCTION OF MOUTH	837.29										
07	40844	RECONSTRUCTION OF MOUTH	1,004.75	00 15									
03	40845	RECONSTRUCTION OF MOUTH	912.84										
07	40845	RECONSTRUCTION OF MOUTH	1,095.41	00 15									
03	40899	MOUTH SURGERY PROCEDURE	MP		X								
07	40899	MOUTH SURGERY PROCEDURE	MP	00 15	X								
03	41000	DRAINAGE OF MOUTH LESION	93.25										
07	41000	DRAINAGE OF MOUTH LESION	111.89	00 15									
03	41005	DRAINAGE OF MOUTH LESION	128.78										
07	41005	DRAINAGE OF MOUTH LESION	154.54	00 15									
03	41006	DRAINAGE OF MOUTH LESION	211.71										
07	41006	DRAINAGE OF MOUTH LESION	254.05	00 15									
03	41007	DRAINAGE OF MOUTH LESION	211.48										
07	41007	DRAINAGE OF MOUTH LESION	253.79	00 15									
03	41008	DRAINAGE OF MOUTH LESION	218.94										
07	41008	DRAINAGE OF MOUTH LESION	262.73	00 15									
03	41009	DRAINAGE OF MOUTH LESION	232.85										
07	41009	DRAINAGE OF MOUTH LESION	279.43	00 15									
03	41010	INCISION OF TONGUE FOLD	115.19										
07	41010	INCISION OF TONGUE FOLD	138.22	00 15									
03	41015	DRAINAGE OF MOUTH LESION	250.37										
07	41015	DRAINAGE OF MOUTH LESION	300.44	00 15									
03	41016	DRAINAGE OF MOUTH LESION	257.55										
07	41016	DRAINAGE OF MOUTH LESION	309.06	00 15									
03	41017	DRAINAGE OF MOUTH LESION	259.38										
07	41017	DRAINAGE OF MOUTH LESION	311.25	00 15									
03	41018	DRAINAGE OF MOUTH LESION	299.02										
07	41018	DRAINAGE OF MOUTH LESION	358.82	00 15									
03	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	322.47										
07	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	386.96	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	41100	BIOPSY OF TONGUE	98.70											
07	41100	BIOPSY OF TONGUE	118.44	00	15									
03	41105	BIOPSY OF TONGUE	98.86											
07	41105	BIOPSY OF TONGUE	118.62	00	15									
03	41108	BIOPSY OF FLOOR OF MOUTH	84.27											
07	41108	BIOPSY OF FLOOR OF MOUTH	101.12	00	15									
03	41110	EXCISION OF TONGUE LESION	121.17											
07	41110	EXCISION OF TONGUE LESION	145.40	00	15									
03	41112	EXCISION OF TONGUE LESION	192.81											
07	41112	EXCISION OF TONGUE LESION	231.38	00	15									
03	41113	EXCISION OF TONGUE LESION	212.24											
07	41113	EXCISION OF TONGUE LESION	254.69	00	15									
03	41114	EXCISE TONGUE LESION/LOCAL FLP	396.19											
07	41114	EXCISE TONGUE LESION/LOCAL FLP	475.43	00	15									
03	41115	EXCISION OF TONGUE FOLD	141.21											
07	41115	EXCISION OF TONGUE FOLD	169.46	00	15									
03	41116	EXCISION OF MOUTH LESION	187.76											
07	41116	EXCISION OF MOUTH LESION	225.31	00	15									
02	41120	PARTIAL REMOVAL OF TONGUE	126.69											
03	41120	PARTIAL REMOVAL OF TONGUE	633.43											
07	41120	PARTIAL REMOVAL OF TONGUE	760.12	00	15									
02	41130	PARTIAL REMOVAL OF TONGUE	157.49											
03	41130	PARTIAL REMOVAL OF TONGUE	787.46											
07	41130	PARTIAL REMOVAL OF TONGUE	944.95	00	15									
02	41135	TONGUE AND NECK SURGERY	265.49											
03	41135	TONGUE AND NECK SURGERY	1,327.46											
07	41135	TONGUE AND NECK SURGERY	1,592.96	00	15									
02	41140	REMOVAL OF TONGUE	272.46											
03	41140	REMOVAL OF TONGUE	1,362.32											
07	41140	REMOVAL OF TONGUE	1,634.78	00	15									
02	41145	TONGUE REMOVAL; NECK SURGERY	341.62											
03	41145	TONGUE REMOVAL; NECK SURGERY	1,708.10											
07	41145	TONGUE REMOVAL; NECK SURGERY	2,049.73	00	15									
02	41150	TONGUE, MOUTH, JAW SURGERY	269.94											
03	41150	TONGUE, MOUTH, JAW SURGERY	1,349.68											
07	41150	TONGUE, MOUTH, JAW SURGERY	1,619.61	00	15									
02	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	293.30											
03	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	1,466.49											
07	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	1,759.79	00	15									
02	41155	TONGUE, JAW, & NECK SURGERY	365.93											
03	41155	TONGUE, JAW, & NECK SURGERY	1,829.65											
07	41155	TONGUE, JAW, & NECK SURGERY	2,195.58	00	15									
03	41250	REPAIR TONGUE LACERATION	132.90											
07	41250	REPAIR TONGUE LACERATION	159.47	00	15									
03	41251	REPAIR TONGUE LACERATION	138.59											
07	41251	REPAIR TONGUE LACERATION	166.31	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	41252	REPAIR TONGUE LACERATION	181.70										
07	41252	REPAIR TONGUE LACERATION	218.05	00 15									
03	41510	TONGUE TO LIP SURGERY	243.08										
07	41510	TONGUE TO LIP SURGERY	291.70	00 15									
03	41512	TONGUE BASE SUSPENSION, PERMANENT SU	377.15										
07	41512	TONGUE BASE SUSPENSION, PERMANENT SU	452.59	00 15									
03	41520	RECONSTRUCTION, TONGUE FOLD	201.23										
07	41520	RECONSTRUCTION, TONGUE FOLD	241.47	00 15									
03	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	1,781.23										
07	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	2,137.48	00 15									
03	41599	TONGUE AND MOUTH SURGERY	MP		X								
07	41599	TONGUE AND MOUTH SURGERY	MP	00 15	X								
03	41800	DRAINAGE OF GUM LESION	129.47										
07	41800	DRAINAGE OF GUM LESION	155.36	00 15									
03	41805	REMOVAL FOREIGN BODY, GUM	133.77										
07	41805	REMOVAL FOREIGN BODY, GUM	160.53	00 15									
03	41806	REMOVAL FOREIGN BODY,JAWBONE	199.54										
07	41806	REMOVAL FOREIGN BODY,JAWBONE	239.45	00 15									
03	41820	GINGIVECTOMY,EXC.GING, EACH QUADRANT	35.42									X	
07	41820	GINGIVECTOMY,EXC.GING, EACH QUADRANT	35.42	00 15								X	
03	41821	EXCISION OF GUM FLAP	141.66										
07	41821	EXCISION OF GUM FLAP	141.66	00 15									
03	41822	EXCISION OF GUM LESION	167.66										
07	41822	EXCISION OF GUM LESION	201.20	00 15									
03	41823	EXCISION OF GUM LESION	250.11										
07	41823	EXCISION OF GUM LESION	300.14	00 15									
03	41825	EXCISION OF GUM LESION	118.33										
07	41825	EXCISION OF GUM LESION	142.00	00 15									
03	41826	EXCISION OF GUM LESION	168.34										
07	41826	EXCISION OF GUM LESION	202.00	00 15									
03	41827	EXCISION OF GUM LESION	249.67										
07	41827	EXCISION OF GUM LESION	299.60	00 15									
03	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	181.46									X	
07	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	217.75	00 15								X	
03	41830	REMOVAL OF GUM TISSUE	226.60										
07	41830	REMOVAL OF GUM TISSUE	271.92	00 15									
03	41850	TREATMENT OF GUM LESION	17.07										
07	41850	TREATMENT OF GUM LESION	17.07	00 15									
03	41870	GUM GRAFT	226.78										
07	41870	GUM GRAFT	226.78	00 15									
03	41872	REPAIR GUM	210.95										
07	41872	REPAIR GUM	253.14	00 15									
03	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	215.83									X	
07	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	258.98	00 15								X	
03	41899	GUM SURGERY PROCEDURE	MP		X								
07	41899	GUM SURGERY PROCEDURE	MP	00 15	X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	42000	DRAINAGE MOUTH ROOF LESION	91.88											
07	42000	DRAINAGE MOUTH ROOF LESION	110.27	00	15									
03	42100	BIOPSY ROOF OF MOUTH	87.83											
07	42100	BIOPSY ROOF OF MOUTH	105.40	00	15									
03	42104	EXCISION LESION, MOUTH ROOF	121.59											
07	42104	EXCISION LESION, MOUTH ROOF	145.91	00	15									
03	42106	EXCISION LESION, MOUTH ROOF	154.64											
07	42106	EXCISION LESION, MOUTH ROOF	185.57	00	15									
03	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	270.96											
07	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	325.15	00	15									
02	42120	REMOVE PALATE/LESION	118.35											
03	42120	REMOVE PALATE/LESION	591.76											
07	42120	REMOVE PALATE/LESION	710.12	00	15									
03	42140	EXCISION OF UVULA	143.81											
07	42140	EXCISION OF UVULA	172.57	00	15									
03	42145	PALATOPHARYNGOPLASTY	435.59											
07	42145	PALATOPHARYNGOPLASTY	522.72	00	15									
03	42160	TREATMENT MOUTH ROOF LESION	140.04											
07	42160	TREATMENT MOUTH ROOF LESION	168.05	00	15									
03	42180	REPAIR PALATE	144.53											
07	42180	REPAIR PALATE	173.44	00	15									
03	42182	REPAIR PALATE	199.87											
07	42182	REPAIR PALATE	239.84	00	15									
02	42200	RECONSTRUCT CLEFT PALATE	111.27											
03	42200	RECONSTRUCT CLEFT PALATE	556.35											
07	42200	RECONSTRUCT CLEFT PALATE	667.61	00	15									
02	42205	RECONSTRUCT CLEFT PALATE	119.16											
03	42205	RECONSTRUCT CLEFT PALATE	595.78											
07	42205	RECONSTRUCT CLEFT PALATE	714.94	00	15									
02	42210	RECONSTRUCT CLEFT PALATE	134.85											
03	42210	RECONSTRUCT CLEFT PALATE	674.27											
07	42210	RECONSTRUCT CLEFT PALATE	809.11	00	15									
02	42215	RECONSTRUCT CLEFT PALATE	87.79											
03	42215	RECONSTRUCT CLEFT PALATE	438.93											
07	42215	RECONSTRUCT CLEFT PALATE	526.71	00	15									
02	42220	RECONSTRUCT CLEFT PALATE	67.84											
03	42220	RECONSTRUCT CLEFT PALATE	339.19											
07	42220	RECONSTRUCT CLEFT PALATE	407.04	00	15									
02	42225	RECONSTRUCT CLEFT PALATE	114.59											
03	42225	RECONSTRUCT CLEFT PALATE	572.96											
07	42225	RECONSTRUCT CLEFT PALATE	687.56	00	15									
02	42226	LENGTHENING OF PALATE, AND PHA	114.42											
03	42226	LENGTHENING OF PALATE, AND PHARYNGEA	572.12											
07	42226	LENGTHENING OF PALATE, AND PHARYNGEA	686.55	00	15									
02	42227	LENGTHEN PALATE, WITH ISLAND F	111.15											
03	42227	LENGTHEN PALATE, WITH ISLAND FLAP	555.76											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	42227	LENGTHEN PALATE, WITH ISLAND FLAP	666.91	00 15									
02	42235	REPAIR PALATE	90.59										
03	42235	REPAIR PALATE	452.94										
07	42235	REPAIR PALATE	543.53	00 15									
02	42260	REPAIR NOSE TO LIP FISTULA	102.45										
03	42260	REPAIR NOSE TO LIP FISTULA	512.26										
07	42260	REPAIR NOSE TO LIP FISTULA	614.71	00 15									
03	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	93.80										
07	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	112.56	00 15									
03	42281	INSERT PIN-RETAINED PALATAL PROSTH.	120.46										
07	42281	INSERT PIN-RETAINED PALATAL PROSTH.	144.56	00 15									
03	42299	PALATE/UVULA SURGERY	MP		X								
07	42299	PALATE/UVULA SURGERY	MP	00 15	X								
03	42300	DRAINAGE OF SALIVARY GLAND	122.96										
07	42300	DRAINAGE OF SALIVARY GLAND	147.55	00 15									
03	42305	DRAINAGE OF SALIVARY GLAND	270.82										
07	42305	DRAINAGE OF SALIVARY GLAND	324.99	00 15									
03	42310	DRAINAGE OF SALIVARY GLAND	95.88										
07	42310	DRAINAGE OF SALIVARY GLAND	115.06	00 15									
03	42320	DRAINAGE OF SALIVARY GLAND	148.14										
07	42320	DRAINAGE OF SALIVARY GLAND	177.78	00 15									
03	42330	REMOVAL OF SALIVARY STONE	137.94										
07	42330	REMOVAL OF SALIVARY STONE	165.53	00 15									
03	42335	REMOVAL OF SALIVARY STONE	219.19										
07	42335	REMOVAL OF SALIVARY STONE	263.02	00 15									
03	42340	REMOVAL OF SALIVARY STONE	277.14										
07	42340	REMOVAL OF SALIVARY STONE	332.56	00 15									
03	42400	BIOPSY OF SALIVARY GLAND	64.27									X	
07	42400	BIOPSY OF SALIVARY GLAND	77.12	00 15								X	
03	42405	BIOPSY OF SALIVARY GLAND	182.94										
07	42405	BIOPSY OF SALIVARY GLAND	219.53	00 15									
03	42408	EXCISION OF SALIVARY CYST	271.73										
07	42408	EXCISION OF SALIVARY CYST	326.08	00 15									
02	42409	DRAINAGE OF SALIVARY CYST	38.98										
03	42409	DRAINAGE OF SALIVARY CYST	194.88										
07	42409	DRAINAGE OF SALIVARY CYST	233.87	00 15									
02	42410	EXCISE PAROTID GLAND/LESION	79.04										
03	42410	EXCISE PAROTID GLAND/LESION	395.18										
07	42410	EXCISE PAROTID GLAND/LESION	474.21	00 15									
02	42415	EXCISE PAROTID GLAND/LESION	142.83										
03	42415	EXCISE PAROTID GLAND/LESION	714.15										
07	42415	EXCISE PAROTID GLAND/LESION	856.97	00 15									
02	42420	EXCISE PAROTID GLAND/LESION	163.88										
03	42420	EXCISE PAROTID GLAND/LESION	819.40										
07	42420	EXCISE PAROTID GLAND/LESION	983.28	00 15									
02	42425	EXCISE PAROTID GLAND/LESION	107.60										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
03	42425	EXCISE PAROTID GLAND/LESION	537.99											
07	42425	EXCISE PAROTID GLAND/LESION	645.58	00	15									
02	42426	EXCISE PAROTID GLAND/LESION	175.53											
03	42426	EXCISE PAROTID GLAND/LESION	877.65											
07	42426	EXCISE PAROTID GLAND/LESION	1,053.18	00	15									
02	42440	EXCISION SUBMAXILLARY GLAND	59.28											
03	42440	EXCISION SUBMAXILLARY GLAND	296.39											
07	42440	EXCISION SUBMAXILLARY GLAND	355.67	00	15									
03	42450	EXCISION SUBLINGUAL GLAND	271.52											
07	42450	EXCISION SUBLINGUAL GLAND	325.83	00	15									
03	42500	REPAIR SALIVARY DUCT	258.69											
07	42500	REPAIR SALIVARY DUCT	310.42	00	15									
03	42505	REPAIR SALIVARY DUCT	337.62											
07	42505	REPAIR SALIVARY DUCT	405.14	00	15									
02	42507	PAROTID DUCT DIVERSION	63.48											
03	42507	PAROTID DUCT DIVERSION	317.39											
07	42507	PAROTID DUCT DIVERSION	380.86	00	15									
03	42509	PAROTID DUCT DIVERSION	522.71											
07	42509	PAROTID DUCT DIVERSION	627.24	00	15									
02	42510	CREATION OF NEW DRAINAGE TRACTS OF M	78.67											
03	42510	CREATION OF NEW DRAINAGE TRACTS OF M	393.36											
07	42510	CREATION OF NEW DRAINAGE TRACTS OF M	472.02	00	15									
03	42550	INJECTION FOR SALIVARY X-RAY	91.19										X	
07	42550	INJECTION FOR SALIVARY X-RAY	109.42	00	15								X	
03	42600	CLOSURE OF SALIVARY FISTULA	290.55											
07	42600	CLOSURE OF SALIVARY FISTULA	348.65	00	15									
03	42650	DILATION OF SALIVARY DUCT	49.47											
07	42650	DILATION OF SALIVARY DUCT	59.36	00	15									
03	42660	DILATION OF SALIVARY DUCT	64.01											
07	42660	DILATION OF SALIVARY DUCT	76.82	00	15									
03	42665	LIGATION OF SALIVARY DUCT	181.94											
07	42665	LIGATION OF SALIVARY DUCT	218.33	00	15									
03	42699	SALIVARY SURGERY PROCEDURE	MP			X								
07	42699	SALIVARY SURGERY PROCEDURE	MP	00	15	X								
03	42700	DRAINAGE OF TONSIL ABSCESS	110.84											
07	42700	DRAINAGE OF TONSIL ABSCESS	133.01	00	15									
03	42720	DRAINAGE OF THROAT ABSCESS	283.55											
07	42720	DRAINAGE OF THROAT ABSCESS	340.25	00	15									
02	42725	DRAINAGE OF THROAT ABSCESS	102.58											
03	42725	DRAINAGE OF THROAT ABSCESS	512.89											
07	42725	DRAINAGE OF THROAT ABSCESS	615.45	00	15									
03	42800	BIOPSY OF THROAT	93.07											
07	42800	BIOPSY OF THROAT	111.68	00	15									
03	42804	BIOPSY OF UPPER NOSE/THROAT	116.67											
07	42804	BIOPSY OF UPPER NOSE/THROAT	140.00	00	15									
03	42806	BIOPSY OF UPPER NOSE/THROAT	132.29											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	42806	BIOPSY OF UPPER NOSE/THROAT	158.76	00 15									
03	42808	EXCISE PHARYNX LESION	136.85										
07	42808	EXCISE PHARYNX LESION	164.22	00 15									
03	42809	REMOVE PHARYNX FOREIGN BODY	102.37										
07	42809	REMOVE PHARYNX FOREIGN BODY	122.84	00 15									
02	42810	EXCISION OF NECK CYST	45.67										
03	42810	EXCISION OF NECK CYST	228.33										
07	42810	EXCISION OF NECK CYST	274.01	00 15									
02	42815	EXCISION OF NECK CYST	69.11										
03	42815	EXCISION OF NECK CYST	345.56										
07	42815	EXCISION OF NECK CYST	414.67	00 15									
03	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	183.40	00 11									
07	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	220.08	00 11									
03	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	191.57	12 99									
07	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	229.89	12 15									
03	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	163.15	00 11									
07	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	195.78	00 11									
03	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	158.01	12 99									
07	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	189.61	12 15									
03	42830	ADENOIDECTOMY,PRIMARY;<12	128.21	00 11									
07	42830	ADENOIDECTOMY,PRIMARY;<12	153.85	00 11									
03	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	138.22	12 99									
07	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	165.86	12 15									
03	42835	ADENOIDECTOMY,SECONDARY;<12	115.77	00 11									
07	42835	ADENOIDECTOMY,SECONDARY;<12	138.93	00 11									
03	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	151.50	12 99									
07	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	181.80	12 15									
03	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	596.71										
07	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	716.05	00 15									
02	42844	RAD..RESECT.TONSIL,ETC.W/LOCAL FLAP	168.39										
03	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	841.97										
07	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,010.35	00 15									
02	42845	RAD,RESECT.TONSIL,ETC.W/OTHER FLAP	277.63										
03	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	1,388.14										
07	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	1,665.77	00 15									
03	42860	EXCISION OF TONSIL TAGS	115.74										
07	42860	EXCISION OF TONSIL TAGS	138.88	00 15									
03	42870	EXCISION OF LINGUAL TONSIL	347.80										
07	42870	EXCISION OF LINGUAL TONSIL	417.36	00 15									
02	42890	PARTIAL REMOVAL OF PHARYNX	171.69										
03	42890	PARTIAL REMOVAL OF PHARYNX	858.46										
07	42890	PARTIAL REMOVAL OF PHARYNX	1,030.14	00 15									
02	42892	RESECTION OF LATERAL PHARYNGEAL WALL	225.59										
03	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,127.96										
07	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,353.55	00 15									
02	42894	REMOVAL OF THROAT TISSUE	289.73										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	42894	REMOVAL OF THROAT TISSUE	1,448.64										
07	42894	REMOVAL OF THROAT TISSUE	1,738.36	00 15									
03	42900	REPAIR THROAT WOUND	220.29										
07	42900	REPAIR THROAT WOUND	264.35	00 15									
02	42950	RECONSTRUCTION OF THROAT	96.78										
03	42950	RECONSTRUCTION OF THROAT	483.91										
07	42950	RECONSTRUCTION OF THROAT	580.68	00 15									
02	42953	PHARYNGOESOPHAGEAL REPAIR	118.66										
03	42953	PHARYNGOESOPHAGEAL REPAIR	593.28										
07	42953	PHARYNGOESOPHAGEAL REPAIR	711.93	00 15									
02	42955	SURGICAL OPENING OF THROAT	91.46										
03	42955	SURGICAL OPENING OF THROAT	457.28										
07	42955	SURGICAL OPENING OF THROAT	548.75	00 15									
03	42960	CONTROL THROAT BLEEDING	106.29									X	
07	42960	CONTROL THROAT BLEEDING	127.55	00 15								X	
03	42961	CONTROL THROAT BLEEDING	263.19									X	
07	42961	CONTROL THROAT BLEEDING	315.84	00 15								X	
03	42962	CONTROL THROAT BLEEDING	326.96									X	
07	42962	CONTROL THROAT BLEEDING	392.35	00 15								X	
03	42970	CONTROL NOSE/THROAT BLEEDING	245.00										
07	42970	CONTROL NOSE/THROAT BLEEDING	293.99	00 15									
03	42971	CONTROL NOSE/THROAT BLEEDING	288.39										
07	42971	CONTROL NOSE/THROAT BLEEDING	346.06	00 15									
03	42972	CONTROL NOSE/THROAT BLEEDING	324.94										
07	42972	CONTROL NOSE/THROAT BLEEDING	389.93	00 15									
03	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	84.28										
07	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	101.13	00 15									
02	42999	THROAT SURGERY PROCEDURE	MP		X								
03	42999	THROAT SURGERY PROCEDURE	MP		X								
07	42999	THROAT SURGERY PROCEDURE	MP	00 15	X								
02	43020	INCISION OF ESOPHAGUS	67.39										
03	43020	INCISION OF ESOPHAGUS	336.95										
07	43020	INCISION OF ESOPHAGUS	404.34	00 15									
02	43030	CRICOPHARYNGEAL MYOTOMY	66.41										
03	43030	THROAT MUSCLE SURGERY	332.07										
07	43030	THROAT MUSCLE SURGERY	398.48	00 15									
02	43045	INCISION OF ESOPHAGUS	170.74										
03	43045	INCISION OF ESOPHAGUS	853.70										
07	43045	INCISION OF ESOPHAGUS	1,024.44	00 15									
02	43100	EXCISION OF ESOPHAGUS LESION	79.59										
03	43100	EXCISION OF ESOPHAGUS LESION	397.97										
07	43100	EXCISION OF ESOPHAGUS LESION	477.57	00 15									
02	43101	EXCISION OF ESOPHAGUS LESION	133.86										
03	43101	EXCISION OF ESOPHAGUS LESION	669.30										
07	43101	EXCISION OF ESOPHAGUS LESION	803.17	00 15									
02	43107	REMOVAL OF ESOPHAGUS	331.35										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	43107	REMOVAL OF ESOPHAGUS	1,656.77										
07	43107	REMOVAL OF ESOPHAGUS	1,988.11	00 15									
02	43108	REMOVAL OF ESOPHAGUS	555.29										
03	43108	REMOVAL OF ESOPHAGUS	2,776.46										
07	43108	REMOVAL OF ESOPHAGUS	3,331.75	00 15									
02	43112	REMOVAL OF ESOPHAGUS	354.64										
03	43112	REMOVAL OF ESOPHAGUS	1,773.22										
07	43112	REMOVAL OF ESOPHAGUS	2,127.87	00 15									
02	43113	REMOVAL OF ESOPHAGUS	553.91										
03	43113	REMOVAL OF ESOPHAGUS	2,769.53										
07	43113	REMOVAL OF ESOPHAGUS	3,323.42	00 15									
02	43116	PARTIAL REMOVAL OF ESOPHAGUS	628.01										
03	43116	PARTIAL REMOVAL OF ESOPHAGUS	3,140.07										
07	43116	PARTIAL REMOVAL OF ESOPHAGUS	3,768.10	00 15									
02	43117	PARTIAL REMOVAL OF ESOPHAGUS	324.34										
03	43117	PARTIAL REMOVAL OF ESOPHAGUS	1,621.70										
07	43117	PARTIAL REMOVAL OF ESOPHAGUS	1,946.03	00 15									
02	43118	PARTIAL REMOVAL OF ESOPHAGUS	457.65										
03	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,288.24										
07	43118	PARTIAL REMOVAL OF ESOPHAGUS	2,745.88	00 15									
02	43121	PARTIAL REMOVAL OF ESOPHAGUS	363.54										
03	43121	PARTIAL REMOVAL OF ESOPHAGUS	1,817.71										
07	43121	PARTIAL REMOVAL OF ESOPHAGUS	2,181.25	00 15									
02	43122	PARTIAL REMOVAL OF ESOPHAGUS	328.23										
03	43122	PARTIAL REMOVAL OF ESOPHAGUS	1,641.15										
07	43122	PARTIAL REMOVAL OF ESOPHAGUS	1,969.38	00 15									
02	43123	PARTIAL REMOVAL OF ESOPHAGUS	558.22										
03	43123	PARTIAL REMOVAL OF ESOPHAGUS	2,791.12										
07	43123	PARTIAL REMOVAL OF ESOPHAGUS	3,349.34	00 15									
02	43124	REMOVAL OF ESOPHAGUS	476.31										
03	43124	REMOVAL OF ESOPHAGUS	2,381.53										
07	43124	REMOVAL OF ESOPHAGUS	2,857.85	00 15									
02	43130	REMOVAL OF ESOPHAGUS POUCH	100.95										
03	43130	REMOVAL OF ESOPHAGUS POUCH	504.75										
07	43130	REMOVAL OF ESOPHAGUS POUCH	605.70	00 15									
02	43135	REMOVAL OF ESOPHAGUS POUCH	190.62										
03	43135	REMOVAL OF ESOPHAGUS POUCH	953.10										
07	43135	REMOVAL OF ESOPHAGUS POUCH	1,143.72	00 15									
03	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	425.52										
07	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	510.62	00 15									
03	43191	Diagnostic examination of esophagus	89.05										
07	43191	Diagnostic examination of esophagus	106.86	00 15									
03	43192	Injections of substance in tissue li	106.41										
07	43192	Injections of substance in tissue li	127.69	00 15									
03	43193	Biopsy of esophagus using an endosco	127.03										
07	43193	Biopsy of esophagus using an endosco	152.43	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	43194	Removal of foreign body of esophagus	116.15										
07	43194	Removal of foreign body of esophagus	139.37	00 15									
03	43195	Balloon dilation of esophagus using	127.25										
07	43195	Balloon dilation of esophagus using	152.70	00 15									
03	43196	Insertion of wire and dilation of es	139.73										
07	43196	Insertion of wire and dilation of es	167.68	00 15									
03	43197	Diagnostic examination of esophagus	123.60										
07	43197	Diagnostic examination of esophagus	148.32	00 15									
03	43198	Biopsy of esophagus using an endosco	138.40										
07	43198	Biopsy of esophagus using an endosco	166.08	00 15									
03	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	129.76										
07	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	155.71	00 15									
03	43201	INJECTIONS INTO ESOPHAGUS USING AN E	177.90										
07	43201	INJECTIONS INTO ESOPHAGUS USING AN E	213.49	00 15									
03	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	169.78										
07	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	203.74	00 15									
03	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	148.03										
07	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	177.63	00 15									
03	43205	TYING OF ESOPHAGEAL VEINS USING AN E	148.31										
07	43205	TYING OF ESOPHAGEAL VEINS USING AN E	177.96	00 15									
03	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	264.89										
07	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	317.88	00 15									
03	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	327.32										
07	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	392.79	00 15									
03	43211	Removal of tissue lining of esophagu	174.12										
07	43211	Removal of tissue lining of esophagu	208.94	00 15									
03	43212	Placement of stent on esophagus usin	137.79										
07	43212	Placement of stent on esophagus usin	165.35	00 15									
03	43213	Dilation of esophagus using an endos	808.44										
07	43213	Dilation of esophagus using an endos	970.13	00 15									
03	43214	Balloon dilation of esophagus using	140.11										
07	43214	Balloon dilation of esophagus using	168.14	00 15									
03	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	101.64										
07	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	121.96	00 15									
03	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	124.17										
07	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	149.00	00 15									
03	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	228.88										
07	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	274.67	00 15									
03	43220	BALLOON DILATION OF ESOPHAGUS USING	83.46										
07	43220	BALLOON DILATION OF ESOPHAGUS USING	100.15	00 15									
03	43226	INSERTION OF GUIDE WIRE FOR DILATION	93.08										
07	43226	INSERTION OF GUIDE WIRE FOR DILATION	111.69	00 15									
03	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	138.85										
07	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	166.63	00 15									
03	43229	Destruction of growths of esophagus	479.32										
07	43229	Destruction of growths of esophagus	575.18	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	125.76										
07	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	150.91	00 15									
03	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	173.69										
07	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	208.41	00 15									
03	43233	Balloon dilation of esophagus, stoma	166.38										
07	43233	Balloon dilation of esophagus, stoma	199.65	00 15									
03	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	183.41										
07	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	220.10	00 15									
03	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	228.02										
07	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	273.62	00 15									
03	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	159.45										
07	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	191.34	00 15									
03	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	197.03										
07	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	236.42	00 15									
03	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	212.64										
07	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	255.17	00 15									
03	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	264.63										
07	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	317.55	00 15									
03	43241	INSERTION OF CATHETER OR TUBE IN ESO	102.96										
07	43241	INSERTION OF CATHETER OR TUBE IN ESO	123.56	00 15									
03	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	281.69										
07	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	338.05	00 15									
03	43243	INJECTION OF DILATED VEINS OF STOMAC	177.36										
07	43243	INJECTION OF DILATED VIENS OF STOMAC	212.83	00 15									
03	43244	TYING OF DILATED VEINS OF STOMACH AN	196.60										
07	43244	TYING OF DILATED VEINS OF STOMACH AN	235.93	00 15									
03	43245	DILATION OF STOMACH OUTLET USING AN	124.16										
07	43245	DILATION OF STOMACH OUTLET USING AN	148.98	00 15									
03	43246	INSERTION OF STOMACH TUBE USING AN E	166.39										
07	43246	INSERTION OF STOMACH TUBE USING AN E	199.66	00 15									
03	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	132.74										
07	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	159.28	00 15									
03	43248	INSERTION OF GUIDE WIRE WITH DILATIO	125.19										
07	43248	INSERTION OF GUIDE WIRE WITH DILATIO	150.22	00 15									
03	43249	BALLOON DILATION OF ESOPHAGUS USING	115.30										
07	43249	BALLOON DILATION OF ESOPHAGUS USING	138.36	00 15									
03	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	124.22										
07	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	149.05	00 15									
03	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	144.40										
07	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	173.28	00 15									
03	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	372.37										
07	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	446.84	00 15									
03	43253	Injection of diagnostic or therapeut	192.99										
07	43253	Injection of diagnostic or therapeut	231.58	00 15									
03	43254	Removal of tissue lining of esophagu	200.50										
07	43254	Removal of tissue lining of esophagu	240.62	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	187.70										
07	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	225.23	00 15									
03	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	207.37										
07	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	248.84	00 15									
03	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	201.40										
07	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	241.67	00 15									
03	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	230.85										
07	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	277.02	00 15									
03	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	242.74										
07	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	291.29	00 15									
03	43262	OPERATIVE UPPER GI ENDOSCOPY	285.14										
07	43262	OPERATIVE UPPER GI ENDOSCOPY	342.17	00 15									
03	43263	PRESSURE MEASUREMENT OF PANCREATIC O	282.10										
07	43263	PRESSURE MEASUREMENT OF PANCREATIC O	338.52	00 15									
03	43264	REMOVAL OF STONE FROM BILE OR PANCRE	342.41										
07	43264	REMOVAL OF STONE FROM BILE OR PANCRE	410.89	00 15									
03	43265	DESTRUCTION OF STONE IN BILE OR PANC	384.33										
07	43265	DESTRUCTION OF STONE IN BILE OR PANC	461.19	00 15									
03	43266	Placement of stent in esophagus, sto	166.00										
07	43266	Placement of stent in esophagus, sto	199.21	00 15									
03	43270	Destruction of growths on esophagus,	480.13										
07	43270	Destruction of growths on esophagus,	576.16	00 15									
03	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	86.18										
07	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	103.41	00 15									
03	43274	Placement of stent pancreatic or bil	343.82										
07	43274	Placement of stent pancreatic or bil	412.57	00 15									
03	43275	Removal of foreign body or stent fro	283.40										
07	43275	Removal of foreign body or stent fro	340.08	00 15									
03	43276	Replacement of stent pancreatic or b	357.69										
07	43276	Replacement of stent pancreatic or b	429.22	00 15									
03	43277	Balloon dilation of pancreatic or bi	285.11										
07	43277	Balloon dilation of pancreatic or bi	342.13	00 15									
03	43278	Destruction of mass on gallbladder,	324.24										
07	43278	Destruction of mass on gallbladder,	389.10	00 15									
02	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	162.57										
03	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	812.87										
07	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	975.44	00 15									
02	43280	LAPAROSCOPY FUNDOPLASTY	135.63									X	
03	43280	LAPAROSCOPY, FUNDOPLASTY	678.15										
07	43280	LAPAROSCOPY, FUNDOPLASTY	813.78	00 15									
02	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	215.49										
03	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,077.43										
07	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,292.91	00 15									
02	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	242.32										
03	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,211.58										
07	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,453.89	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	16.68											
03	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	83.40											
07	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	100.07	00	15									
02	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	99.95											
03	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	499.77											
07	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	599.72	00	15									
02	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	101.35											
03	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	506.74											
07	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	608.09	00	15									
02	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	480.98											
03	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	2,404.89											
07	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	2,885.87	00	15									
02	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	550.40											
03	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	2,752.01											
07	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,302.41	00	15									
02	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	573.46											
03	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	2,867.31											
07	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,440.77	00	15									
03	43289	LAPAROSCOPE PROC, ESOPH	MP			X								
07	43289	LAPAROSCOPE PROC, ESOPH	MP	00	15	X								
02	43300	REPAIR OF ESOPHAGUS	79.21											
03	43300	REPAIR OF ESOPHAGUS	396.06											
07	43300	REPAIR OF ESOPHAGUS	475.27	00	15									
02	43305	REPAIR ESOPHAGUS AND FISTULA	141.92											
03	43305	REPAIR ESOPHAGUS AND FISTULA	709.61											
07	43305	REPAIR ESOPHAGUS AND FISTULA	851.55	00	15									
02	43310	REPAIR OF ESOPHAGUS	200.85											
03	43310	REPAIR OF ESOPHAGUS	1,004.27											
07	43310	REPAIR OF ESOPHAGUS	1,205.12	00	15									
02	43312	REPAIR ESOPHAGUS AND FISTULA	221.98											
03	43312	REPAIR ESOPHAGUS AND FISTULA	1,109.88											
07	43312	REPAIR ESOPHAGUS AND FISTULA	1,331.86	00	15									
02	43313	ESOPHAGOPLASTY CONGENTIAL	352.69											
03	43313	ESOPHAGOPLASTY CONGENTIAL	1,763.45											
07	43313	ESOPHAGOPLASTY CONGENTIAL	2,116.13	00	15									
02	43314	TRACHEO-ESOPHAGOPLASTY CONG	403.89											
03	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,019.43											
07	43314	TRACHEO-ESOPHAGOPLASTY CONG	2,423.33	00	15									
02	43320	FUSE ESOPHAGUS & STOMACH	175.86											
03	43320	FUSE ESOPHAGUS & STOMACH	879.32											
07	43320	FUSE ESOPHAGUS & STOMACH	1,055.19	00	15									
02	43325	REVISE ESOPHAGUS & STOMACH	168.00											
03	43325	REVISE ESOPHAGUS & STOMACH	840.02											
07	43325	REVISE ESOPHAGUS & STOMACH	1,008.01	00	15									
02	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	83.81											
03	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	419.04											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	502.85	00	15									
02	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	122.73											
03	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	613.64											
07	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	736.38	00	15									
02	43330	REPAIR OF ESOPHAGUS	164.93											
03	43330	REPAIR OF ESOPHAGUS	824.64											
07	43330	REPAIR OF ESOPHAGUS	989.57	00	15									
02	43331	REPAIR OF ESOPHAGUS	178.45											
03	43331	REPAIR OF ESOPHAGUS	892.24											
07	43331	REPAIR OF ESOPHAGUS	1,070.68	00	15									
02	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	120.00											
03	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	599.99											
07	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	719.98	00	15									
02	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	130.30											
03	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	651.52											
07	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	781.81	00	15									
02	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	131.72											
03	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	658.59											
07	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	790.30	00	15									
02	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	141.92											
03	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	709.61											
07	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	851.54	00	15									
02	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	155.34											
03	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	776.71											
07	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	932.05	00	15									
02	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	169.57											
03	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	847.84											
07	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,017.40	00	15									
02	43338	ESOPHAGEAL LENGTHENING PROCEDURE	13.79											
03	43338	ESOPHAGEAL LENGTHENING PROCEDURE	68.94											
07	43338	ESOPHAGEAL LENGTHENING PROCEDURE	82.73	00	15									
02	43340	FUSE ESOPHAGUS & INTESTINE	170.78											
03	43340	FUSE ESOPHAGUS & INTESTINE	853.90											
07	43340	FUSE ESOPHAGUS & INTESTINE	1,024.69	00	15									
02	43341	FUSE ESOPHAGUS & INTESTINE	187.86											
03	43341	FUSE ESOPHAGUS & INTESTINE	939.31											
07	43341	FUSE ESOPHAGUS & INTESTINE	1,127.16	00	15									
02	43351	SURGICAL OPENING, ESOPHAGUS	170.61											
03	43351	SURGICAL OPENING, ESOPHAGUS	853.06											
07	43351	SURGICAL OPENING, ESOPHAGUS	1,023.68	00	15									
02	43352	SURGICAL OPENING, ESOPHAGUS	139.50											
03	43352	SURGICAL OPENING, ESOPHAGUS	697.50											
07	43352	SURGICAL OPENING, ESOPHAGUS	837.00	00	15									
02	43360	GASTROINTESTINAL REPAIR	300.60											
03	43360	GASTROINTESTINAL REPAIR	1,503.00											
07	43360	GASTROINTESTINAL REPAIR	1,803.59	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	43361	GASTROINTESTINAL REPAIR	334.58										
03	43361	GASTROINTESTINAL REPAIR	1,672.89										
07	43361	GASTROINTESTINAL REPAIR	2,007.47	00 15									
02	43400	LIGATE ESOPHAGUS VEINS	203.56										
03	43400	LIGATE ESOPHAGUS VEINS	1,017.78										
07	43400	LIGATE ESOPHAGUS VEINS	1,221.33	00 15									
02	43405	LIGATE/STAPLE ESOPHAGUS	188.77										
03	43405	LIGATE/STAPLE ESOPHAGUS	943.87										
07	43405	LIGATE/STAPLE ESOPHAGUS	1,132.65	00 15									
02	43410	REPAIR ESOPHAGUS WOUND	128.60										
03	43410	REPAIR ESOPHAGUS WOUND	643.00										
07	43410	REPAIR ESOPHAGUS WOUND	771.59	00 15									
02	43415	REPAIR ESOPHAGUS WOUND	220.43										
03	43415	REPAIR ESOPHAGUS WOUND	1,102.13										
07	43415	REPAIR ESOPHAGUS WOUND	1,322.55	00 15									
02	43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA:	128.40										
03	43420	REPAIR ESOPHAGUS OPENING	642.02										
07	43420	REPAIR ESOPHAGUS OPENING	770.42	00 15									
02	43425	REPAIR ESOPHAGUS OPENING	193.42										
03	43425	REPAIR ESOPHAGUS OPENING	967.11										
07	43425	REPAIR ESOPHAGUS OPENING	1,160.54	00 15									
03	43450	DILATE ESOPHAGUS	97.74										
07	43450	DILATE ESOPHAGUS	117.30	00 15									
03	43453	DILATE ESOPHAGUS	179.69										
07	43453	DILATE ESOPHAGUS	215.63	00 15									
03	43460	PRESSURE TREATMENT ESOPHAGUS	145.85										
07	43460	PRESSURE TREATMENT ESOPHAGUS	175.03	00 15									
02	43496	FREE JEJUNUM FLAP, MICROVASC	527.14										
03	43496	FREE JEJUNUM FLAP, MICROVASC	2,635.69										
07	43496	FREE JEJUNUM FLAP, MICROVASC	2,635.69	00 15									
03	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	595.66										
07	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	714.79	00 15									
02	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X								
03	43499	ESOPHAGUS SURGERY PROCEDURE	419.04		X								
07	43499	ESOPHAGUS SURGERY PROCEDURE	MP	00 15	X								
02	43500	SURGICAL OPENING OF STOMACH	96.62										
03	43500	SURGICAL OPENING OF STOMACH	483.09										
07	43500	SURGICAL OPENING OF STOMACH	579.70	00 15									
02	43501	GASTROTOMY;WITH SUTURE REPAIR	166.73										
03	43501	GASTROTOMY WITH SUTURE REPAIR	833.67										
07	43501	GASTROTOMY WITH SUTURE REPAIR	1,000.40	00 15									
02	43502	SURGICAL REPAIR OF STOMACH	189.02										
03	43502	SURGICAL REPAIR OF STOMACH	945.11										
07	43502	SURGICAL REPAIR OF STOMACH	1,134.13	00 15									
02	43510	SURGICAL OPENING OF STOMACH	118.60										
03	43510	SURGICAL OPENING OF STOMACH	593.02										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	43510	SURGICAL OPENING OF STOMACH	711.62	00	15									
02	43520	INCISION OF PYLORIC MUSCLE	87.35											
03	43520	INCISION OF PYLORIC MUSCLE	436.76											
07	43520	INCISION OF PYLORIC MUSCLE	524.12	00	15									
02	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	102.71											
03	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	513.54											
07	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	616.26	00	15									
02	43610	EXCISION OF STOMACH LESION	121.52											
03	43610	EXCISION OF STOMACH LESION	607.58											
07	43610	EXCISION OF STOMACH LESION	729.10	00	15									
02	43611	EXCISION, LOCAL;	151.14											
03	43611	EXCISION, LOCAL;	755.69											
07	43611	EXCISION, LOCAL;	906.83	00	15									
02	43620	REMOVAL OF STOMACH	246.96											
03	43620	REMOVAL OF STOMACH	1,234.79											
07	43620	REMOVAL OF STOMACH	1,481.75	00	15									
02	43621	GASTRECTOMY, TOTAL;	280.82											
03	43621	GASTRECTOMY, TOTAL;	1,404.09											
07	43621	GASTRECTOMY, TOTAL;	1,684.91	00	15									
02	43622	GASTRECTOMY, TOTAL;	285.24											
03	43622	GASTRECTOMY, TOTAL;	1,426.21											
07	43622	GASTRECTOMY, TOTAL;	1,711.45	00	15									
02	43631	GASTRECTOMY, PARTIAL, DISTAL;	181.00											
03	43631	GASTRECTOMY, PARTIAL, DISTAL;	905.01											
07	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,086.00	00	15									
02	43632	GASTRECTOMY, PARTIAL, DISTAL;	245.76											
03	43632	GASTRECTOMY, PARTIAL, DISTAL;	1,228.82											
07	43632	GASTRECTOMY, PARTIAL, DISTAL;	1,474.60	00	15									
02	43633	GASTRECTOMY, PARTIAL, DISTAL;	234.06											
03	43633	GASTRECTOMY, PARTIAL, DISTAL;	1,170.29											
07	43633	GASTRECTOMY, PARTIAL, DISTAL;	1,404.35	00	15									
02	43634	GASTRECTOMY, PARTIAL, DISTAL;	258.46											
03	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,292.29											
07	43634	GASTRECTOMY, PARTIAL, DISTAL;	1,550.74	00	15									
02	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	14.58											
03	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	72.92											
07	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	87.51	00	15									
02	43640	VAGOTOMY & PYLORUS REPAIR	145.21											
03	43640	VAGOTOMY & PYLORUS REPAIR	726.05											
07	43640	VAGOTOMY & PYLORUS REPAIR	871.25	00	15									
02	43641	VAGOTOMY W/PYLOROPLASTY;PARIETAL CEL	146.46											
03	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	732.28											
07	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	878.73	00	15									
02	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	214.88	16	99	X								
03	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,074.40	16	99		X							
02	43645	LAP GASTR BYPASS INCL SMLL I	230.20	16	99	X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	43645	LAP GASTR BYPASS INCL SMLL I	1,150.98	16	99		X							
02	43651	LAPAROSCOPY,VAGUS NERVE	80.45											
03	43651	LAPAROSCOPY, VAGUS NERVE	402.23											
07	43651	LAPAROSCOPY, VAGUS NERVE	482.66	00	15									
02	43652	LAPAROSCOPY, VAGUS NERVE	94.31											
03	43652	LAPAROSCOPY, VAGUS NERVE	471.53											
07	43652	LAPAROSCOPY, VAGUS NERVE	565.82	00	15									
02	43653	LAPAROSCOPY GASTROSTOMY	68.32											
03	43653	LAPAROSCOPY, GASTROSTOMY	341.61											
07	43653	LAPAROSCOPY, GASTROSTOMY	409.94	00	15									
02	43659	LAPAROSCOPE PROC, STOM	MP			X								
03	43659	LAPAROSCOPE PROC, STOM	MP			X								
07	43659	LAPAROSCOPE PROC, STOM	MP	00	15	X								
03	43752	INSERTION OF NASAL OR ORAL STOMACH T	27.77											
07	43752	INSERTION OF NASAL OR ORAL STOMACH T	33.33	00	15									
03	43753	INSERTION OF STOMACH TUBE AND ASPIRA	10.66											
07	43753	INSERTION OF STOMACH TUBE AND ASPIRA	12.79	00	15									
03	43754	GASTRIC INTUBATION AND ASPIRATION DI	40.10											
07	43754	GASTRIC INTUBATION AND ASPIRATION DI	48.13	00	15									
03	43755	GASTRIC INTUBATION AND ASPIRATION DI	61.21											
07	43755	GASTRIC INTUBATION AND ASPIRATION DI	73.47	00	15									
03	43756	DUODENAL INTUBATION AND ASPIRATION	110.70											
07	43756	DUODENAL INTUBATION AND ASPIRATION	132.85	00	15									
03	43757	DUODENAL INTUBATION AND ASPIRATION	142.63											
07	43757	DUODENAL INTUBATION AND ASPIRATION	171.16	00	15									
03	43761	REPOSITIONING OF A NASO- OR ORO-GAST	80.67											
07	43761	REPOSITIONING OF THE GASTRIC FEEDING	96.79	00	15									
03	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	154.50											
07	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	185.40	00	15									
03	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	230.64											
07	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	276.77	00	15									
02	43770	LAP, PLACE GASTR ADJUST BAND	137.53	16	99	X								
03	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	687.63	16	99		X							
07	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	825.16	13	15		X							
02	43771	LAP, REVISE ADJUST GAST BAND	157.08	16	99	X								
03	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	785.39	16	99		X							
07	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	942.47	13	15		X							
02	43772	LAP, REMOVE ADJUST GAST BAND	118.79	16	99	X								
03	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	593.97	16	99		X							
07	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	712.76	13	15		X							
02	43773	LAP, CHANGE ADJUST GAST BAND	157.21	16	99	X								
03	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	786.07	16	99		X							
07	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	943.28	13	15		X							
02	43774	LAP REMOV ADJ GAST BAND/PORT	118.81	16	99	X								
03	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	594.07	16	99		X							
07	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	712.88	13	15		X							

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	184.85	16	99	X								
03	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	924.27	16	99		X							
07	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,109.12	13	15		X							
02	43800	RECONSTRUCTION OF PYLORUS	115.25											
03	43800	RECONSTRUCTION OF PYLORUS	576.27											
07	43800	RECONSTRUCTION OF PYLORUS	691.52	00	15									
02	43810	FUSION OF STOMACH AND BOWEL	124.95											
03	43810	FUSION OF STOMACH AND BOWEL	624.73											
07	43810	FUSION OF STOMACH AND BOWEL	749.68	00	15									
02	43820	FUSION OF STOMACH AND BOWEL	161.42											
03	43820	FUSION OF STOMACH AND BOWEL	807.11											
07	43820	FUSION OF STOMACH AND BOWEL	968.53	00	15									
02	43825	FUSION OF STOMACH AND BOWEL	160.84											
03	43825	FUSION OF STOMACH AND BOWEL	804.18											
07	43825	FUSION OF STOMACH AND BOWEL	965.00	00	15									
02	43830	SURGICAL OPENING OF STOMACH	85.05											
03	43830	SURGICAL OPENING OF STOMACH	425.26											
07	43830	SURGICAL OPENING OF STOMACH	510.33	00	15									
02	43831	GASTROSTOMY, OPEN, NEONATAL	70.78	00	00									
03	43831	GASTROSTOMY, OPEN, NEONATAL	353.89	00	00									
07	43831	GASTROSTOMY, OPEN, NEONATAL	424.66	00	00									
02	43832	SURGICAL OPENING OF STOMACH	131.37											
03	43832	SURGICAL OPENING OF STOMACH	656.86											
07	43832	SURGICAL OPENING OF STOMACH	788.23	00	15									
02	43840	REPAIR OF STOMACH LESION	163.70											
03	43840	REPAIR OF STOMACH LESION	818.51											
07	43840	REPAIR OF STOMACH LESION	982.21	00	15									
02	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	156.76	16	99	X								
03	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	783.78	16	99		X							
07	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	940.54	13	15		X							
02	43845	GASTROPLASTY DUODENAL SWITCH	305.29	16	99		X							
03	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,526.44	16	99		X							
07	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,831.73	13	15		X							
02	43846	ROUX-EN-Y/GASTRIC BYPASS	202.21	16	99	X								
03	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,011.06	16	99		X							
07	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,213.27	13	15		X							
02	43847	GASTRIC BYPASS FOR OBESITY	221.22	16	99	X								
03	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,106.11	16	99		X							
07	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,327.33	13	15		X							
02	43848	REVISION GASTROPLASTY	240.07	16	99	X								
03	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	1,200.34	16	99		X							
07	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	1,440.41	13	15		X							
02	43860	REVISE STOMACH-BOWEL FUSION	204.19											
03	43860	REVISE STOMACH-BOWEL FUSION	1,020.95											
07	43860	REVISE STOMACH-BOWEL FUSION	1,225.13	00	15									
02	43865	REVISE STOMACH-BOWEL FUSION	212.52											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	43865	REVISE STOMACH-BOWEL FUSION	1,062.62											
07	43865	REVISE STOMACH-BOWEL FUSION	1,275.14	00	15									
02	43870	REPAIR STOMACH OPENING	86.99											
03	43870	REPAIR STOMACH OPENING	434.93											
07	43870	REPAIR STOMACH OPENING	521.91	00	15									
02	43880	REPAIR STOMACH-BOWEL FISTULA	199.51											
03	43880	REPAIR STOMACH-BOWEL FISTULA	997.57											
07	43880	REPAIR STOMACH-BOWEL FISTULA	1,197.09	00	15									
02	43886	REVISE GASTRIC PORT, OPEN	40.09	16	99	X								
03	43886	REVISE GASTRIC PORT, OPEN	200.44	16	99		X							
02	43887	REMOVE GASTRIC PORT, OPEN	38.06	16	99	X								
03	43887	REMOVE GASTRIC PORT, OPEN	190.28	16	99		X							
02	43888	CHANGE GASTRIC PORT, OPEN	53.88	16	99	X								
03	43888	CHANGE GASTRIC PORT, OPEN	269.42	16	99		X							
02	43999	STOMACH SURGERY PROCEDURE	MP			X								
03	43999	STOMACH SURGERY PROCEDURE	MP			X								
07	43999	STOMACH SURGERY PROCEDURE	MP	00	15	X								
02	44005	FREEING OF BOWEL ADHESION	136.13											
03	44005	FREEING OF BOWEL ADHESION	680.66											
07	44005	FREEING OF BOWEL ADHESION	816.80	00	15									
02	44010	INCISION OF SMALL BOWEL	106.82											
03	44010	INCISION OF SMALL BOWEL	534.12											
07	44010	INCISION OF SMALL BOWEL	640.95	00	15									
02	44015	NEEDLE CATHETER JEJUNOSTOMY	18.71											
03	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	93.56											
07	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	112.29	00	15									
02	44020	EXPLORATION OF SMALL BOWEL	120.21											
03	44020	EXPLORATION OF SMALL BOWEL	601.04											
07	44020	EXPLORATION OF SMALL BOWEL	721.24	00	15									
02	44021	ENTEROTOMY...;FOR DECOMPRESSION	121.54											
03	44021	ENTEROTOMY...;FOR DECOMPRESSION	607.69											
07	44021	ENTEROTOMY...;FOR DECOMPRESSION	729.22	00	15									
02	44025	EXPLORATION OF LARGE BOWEL	122.39											
03	44025	EXPLORATION OF LARGE BOWEL	611.96											
07	44025	EXPLORATION OF LARGE BOWEL	734.35	00	15									
02	44050	REDUCE BOWEL OBSTRUCTION	115.91											
03	44050	REDUCE BOWEL OBSTRUCTION	579.53											
07	44050	REDUCE BOWEL OBSTRUCTION	695.43	00	15									
02	44055	CORRECT MALROTATION-CG, LADD PROC	185.95											
03	44055	CORRECT MALROTATION-CG, LADD PROC.	929.73											
07	44055	CORRECT MALROTATION-CG, LADD PROC.	1,115.68	00	15									
03	44100	BIOPSY OF BOWEL	76.37											
07	44100	BIOPSY OF BOWEL	91.62	00	15									
02	44110	EXCISION OF BOWEL LESION(S)	104.68											
03	44110	EXCISION OF BOWEL LESION(S)	523.41											
07	44110	EXCISION OF BOWEL LESION(S)	628.10	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	44111	EXCISION OF BOWEL LESION(S)	122.08											
03	44111	EXCISION OF BOWEL LESION(S)	610.39											
07	44111	EXCISION OF BOWEL LESION(S)	732.47	00	15									
02	44120	REMOVAL OF SMALL INTESTINE	151.30											
03	44120	REMOVAL OF SMALL INTESTINE	756.52											
07	44120	REMOVAL OF SMALL INTESTINE	907.82	00	15									
02	44121	REMOVAL OF SMALL INTESTINE	31.46											
03	44121	REMOVAL OF SMALL INTESTINE	157.32											
07	44121	REMOVAL OF SMALL INTESTINE	188.78	00	15									
02	44125	REMOVAL OF SMALL INTESTINE	146.93											
03	44125	REMOVAL OF SMALL INTESTINE	734.66											
07	44125	REMOVAL OF SMALL INTESTINE	881.60	00	15									
02	44126	ENTERECTOMY W/TAPER, CONG	303.87											
03	44126	ENTERECTOMY W/TAPER, CONG	1,519.34											
07	44126	ENTERECTOMY W/TAPER, CONG	1,823.21	00	15									
02	44127	ENTERECTOMY W/O TAPER, CONG	354.38											
03	44127	ENTERECTOMY W/O TAPER, CONG	1,771.90											
07	44127	ENTERECTOMY W/O TAPER, CONG	2,126.29	00	15									
02	44128	ENTERECTOMY CONG, ADD-ON	31.65											
03	44128	ENTERECTOMY CONG, ADD-ON	158.23											
07	44128	ENTERECTOMY CONG, ADD-ON	189.88	00	15									
02	44130	BOWEL TO BOWEL FUSION	157.83											
03	44130	BOWEL TO BOWEL FUSION	789.14											
07	44130	BOWEL TO BOWEL FUSION	946.96	00	15									
02	44132	ENTERECTOMY, CADAVER DONOR	234.28			X								
03	44132	ENTERECTOMY, CADAVER DONOR	1,171.41			X								
07	44132	ENTERECTOMY, CADAVER DONOR	1,171.41	00	15	X								
02	44133	ENTERETOMY, LIVECADAVER DONOR	234.28			X								
03	44133	ENTERECTOMY, LIVE DONOR	1,171.41			X								
07	44133	ENTERECTOMY, LIVE DONOR	1,171.41	00	15	X								
02	44135	INTESTINE TRANSPLANT,CADAVER	585.71			X								
03	44135	INTESTINE TRANSPLNT, CADAVER	2,928.53			X								
07	44135	INTESTINE TRANSPLNT, CADAVER	2,928.53	00	15	X								
02	44136	INTESTINE TRANSPLANT, LIVE	585.71			X								
03	44136	INTESTINE TRANSPLANT, LIVE	2,928.53			X								
07	44136	INTESTINE TRANSPLANT, LIVE	2,928.53	00	15	X								
02	44137	REMOVE INTESTINAL ALLOGRAFT	MP			X								
03	44137	REMOVE INTESTINAL ALLOGRAFT	MP			X								
07	44137	REMOVE INTESTINAL ALLOGRAFT	MP	00	15	X								
02	44139	MOBILIZATION OF COLON	15.74											
03	44139	MOBILIZATION OF COLON	78.69											
07	44139	MOBILIZATION OF COLON	94.42	00	15									
02	44140	PARTIAL REMOVAL OF COLON	167.32											
03	44140	PARTIAL REMOVAL OF COLON	836.62											
07	44140	PARTIAL REMOVAL OF COLON	1,003.94	00	15									
02	44141	PARTIAL REMOVAL OF COLON	218.84											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	44141	PARTIAL REMOVAL OF COLON	1,094.18											
07	44141	PARTIAL REMOVAL OF COLON	1,313.02	00	15									
02	44143	PARTIAL REMOVAL OF COLON	205.72											
03	44143	PARTIAL REMOVAL OF COLON	1,028.62											
07	44143	PARTIAL REMOVAL OF COLON	1,234.35	00	15									
02	44144	PARTIAL REMOVAL OF COLON	215.91											
03	44144	PARTIAL REMOVAL OF COLON	1,079.54											
07	44144	PARTIAL REMOVAL OF COLON	1,295.43	00	15									
02	44145	PARTIAL REMOVAL OF COLON	208.62											
03	44145	PARTIAL REMOVAL OF COLON	1,043.11											
07	44145	PARTIAL REMOVAL OF COLON	1,251.73	00	15									
02	44146	PARTIAL REMOVAL OF COLON	259.55											
03	44146	PARTIAL REMOVAL OF COLON	1,297.75											
07	44146	PARTIAL REMOVAL OF COLON	1,557.30	00	15									
02	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	234.10											
03	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,170.50											
07	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,404.58	00	15									
02	44150	REMOVAL OF COLON	227.25											
03	44150	REMOVAL OF COLON	1,136.23											
07	44150	REMOVAL OF COLON	1,363.49	00	15									
02	44151	COLECTOMY; W/ CONTINENT ILEOSTOMY	260.07											
03	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,300.35											
07	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	1,560.42	00	15									
02	44155	REMOVAL OF COLON	254.70											
03	44155	REMOVAL OF COLON	1,273.49											
07	44155	REMOVAL OF COLON	1,528.18	00	15									
02	44156	COLECTOMY....;W/ CONTINENT ILEOSTOMY	280.26											
03	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,401.31											
07	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	1,681.56	00	15									
02	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	266.53											
03	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,332.66											
07	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,599.20	00	15									
02	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	273.31											
03	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,366.54											
07	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	1,639.84	00	15									
02	44160	REMOVAL OF COLON	154.02											
03	44160	REMOVAL OF COLON	770.09											
07	44160	REMOVAL OF COLON	924.11	00	15									
02	44186	LAP, JEJUNOSTOMY	80.73											
03	44186	LAP, JEJUNOSTOMY	403.64											
07	44186	LAP, JEJUNOSTOMY	484.37	00	15									
02	44187	LAP, ILEO/JEJUNO-STOMY	135.74											
03	44187	LAP, ILEO/JEJUNO-STOMY	678.68											
07	44187	LAP, ILEO/JEJUNO-STOMY	814.42	00	15									
02	44188	LAP, COLOSTOMY	150.33											
03	44188	LAP, COLOSTOMY	751.66											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	44188	LAP, COLOSTOMY	901.98	00 15									
02	44202	LAPARO RESECT INTESTINE	173.24										
03	44202	LAPARO, RESECT INTESTINE	866.21										
07	44202	LAPARO, RESECT INTESTINE	1,039.46	00 15									
02	44203	LAP RESECT S/INTESTINE, ADDL	31.33										
03	44203	LAP RESECT S/INTESTINE, ADDL	156.63										
07	44203	LAP RESECT S/INTESTINE, ADDL	187.95	00 15									
02	44204	LAPARO PARTIAL COLECTOMY	193.48										
03	44204	LAPARO PARTIAL COLECTOMY	967.41										
07	44204	LAPARO PARTIAL COLECTOMY	1,160.88	00 15									
02	44205	LAP COLECTOMY PART W/ILEUM	168.94										
03	44205	LAP COLECTOMY PART W/ILEUM	844.71										
07	44205	LAP COLECTOMY PART W/ILEUM	1,013.64	00 15									
02	44206	LAP PART COLECTOMY W/STOMA	219.33										
03	44206	LAP PART COLECTOMY W/STOMA	1,096.63										
07	44206	LAP PART COLECTOMY W/STOMA	1,315.96	00 15									
02	44207	L COLECTOMY/COLOPROCTOSTOMY	230.79										
03	44207	L COLECTOMY/COLOPROCTOSTOMY	1,153.94										
07	44207	L COLECTOMY/COLOPROCTOSTOMY	1,384.74	00 15									
02	44208	L COLECTOMY/COLOPROCTOSTOMY	250.42										
03	44208	L COLECTOMY/COLOPROCTOSTOMY	1,252.09										
07	44208	L COLECTOMY/COLOPROCTOSTOMY	1,502.50	00 15									
02	44210	LAPARO TOTAL PROCTOCOLECTOMY	223.57										
03	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,117.85										
07	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,341.42	00 15									
02	44211	LAPARO TOTAL PROCTOCOLECTOMY	274.51										
03	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,372.53										
07	44211	LAPARO TOTAL PROCTOCOLECTOMY	1,647.03	00 15									
02	44212	LAPARO TOTAL PROCTOCOLECTOMY	257.18										
03	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,285.91										
07	44212	LAPARO TOTAL PROCTOCOLECTOMY	1,543.10	00 15									
02	44213	LAP, MOBIL SPLENIC FL ADD-ON	24.68										
03	44213	LAP, MOBIL SPLENIC FL ADD-ON	123.40										
07	44213	LAP, MOBIL SPLENIC FL ADD-ON	148.09	00 15									
02	44227	LAP, CLOSE ENTEROSTOMY	209.52										
03	44227	LAP, CLOSE ENTEROSTOMY	1,047.59										
07	44227	LAP, CLOSE ENTEROSTOMY	1,257.10	00 15									
02	44238	LAPAROSCOPE PROC, INTESTINE	MP		X								
03	44238	LAPAROSCOPE PROC, INTESTINE	MP		X								
07	44238	LAPAROSCOPE PROC, INTESTINE	MP	00 15	X								
02	44300	OPEN BOWEL TO SKIN	103.90										
03	44300	OPEN BOWEL TO SKIN	519.49										
07	44300	OPEN BOWEL TO SKIN	623.39	00 15									
02	44310	ILEOSTOMY	130.11										
03	44310	ILEOSTOMY	650.54										
07	44310	ILEOSTOMY	780.65	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	44312	REVISION OF ILEOSTOMY	366.84										
07	44312	REVISION OF ILEOSTOMY	440.21	00 15									
02	44314	REVISION OF ILEOSTOMY	125.54										
03	44314	REVISION OF ILEOSTOMY	627.69										
07	44314	REVISION OF ILEOSTOMY	753.23	00 15									
02	44316	DEVISE BOWEL POUCH	172.20										
03	44316	DEVISE BOWEL POUCH	861.00										
07	44316	DEVISE BOWEL POUCH	1,033.20	00 15									
02	44320	COLOSTOMY	148.27										
03	44320	COLOSTOMY	741.35										
07	44320	COLOSTOMY	889.62	00 15									
02	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX'S	116.16										
03	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	580.81										
07	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	696.97	00 15									
03	44340	REVISION OF COLOSTOMY	368.92										
07	44340	REVISION OF COLOSTOMY	442.71	00 15									
02	44345	REVISION OF COLOSTOMY	129.65										
03	44345	REVISION OF COLOSTOMY	648.27										
07	44345	REVISION OF COLOSTOMY	777.92	00 15									
02	44346	REVISE COLOSTOMY; REPAIR HERNIA	145.59										
03	44346	REVISE COLOSTOMY;REPAIR HERNIA	727.94										
07	44346	REVISE COLOSTOMY;REPAIR HERNIA	873.52	00 15									
03	44360	SMALL BOWEL ENDOSCOPY	104.09										
07	44360	SMALL BOWEL ENDOSCOPY	124.91	00 15									
03	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	114.75										
07	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	137.69	00 15									
03	44363	SMALL BOWEL ENDOSCOPY	136.27										
07	44363	SMALL BOWEL ENDOSCOPY	163.52	00 15									
03	44364	SMALL BOWEL ENDOSCOPY	146.56										
07	44364	SMALL BOWEL ENDOSCOPY	175.87	00 15									
03	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	130.45										
07	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	156.54	00 15									
03	44366	SMALL BOWEL ENDOSCOPY	172.76										
07	44366	SMALL BOWEL ENDOSCOPY	207.32	00 15									
03	44369	SMALL BOWEL ENDOSCOPY	176.52										
07	44369	SMALL BOWEL ENDOSCOPY	211.83	00 15									
03	44370	SMALL BOWEL ENDOSCOPY/STENT	190.15										
07	44370	SMALL BOWEL ENDOSCOPY/STENT	228.18	00 15									
03	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	168.69										
07	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	202.43	00 15									
03	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	136.27										
07	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	163.52	00 15									
03	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	201.82										
07	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	242.19	00 15									
03	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	213.58										
07	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	256.29	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	274.10											
07	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	328.92	00	15									
03	44379	S BOWEL ENDOSCOPE W/STENT	290.88											
07	44379	S BOWEL ENDOSCOPE W/STENT	349.05	00	15									
03	44380	SMALL BOWEL ENDOSCOPY	45.14											
07	44380	SMALL BOWEL ENDOSCOPY	54.16	00	15									
03	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	36.35											
07	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	36.35	00	15									
03	44382	SMALL BOWEL ENDOSCOPY	54.47											
07	44382	SMALL BOWEL ENDOSCOPY	65.38	00	15									
03	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	118.34											
07	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	142.01	00	15									
03	44385	ENDOSCOPY OF BOWEL POUCH	150.48											
07	44385	ENDOSCOPY OF BOWEL POUCH	180.58	00	15									
03	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	208.00											
07	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	249.60	00	15									
03	44388	COLON ENDOSCOPY	209.77											
07	44388	COLON ENDOSCOPY	251.73	00	15									
03	44389	COLON ENDOSCOPY	243.02											
07	44389	COLON ENDOSCOPY	291.61	00	15									
03	44390	COLON ENDOSCOPY	281.33											
07	44390	COLON ENDOSCOPY	337.59	00	15									
03	44391	COLON ENDOSCOPY	315.13											
07	44391	COLON ENDOSCOPY	378.16	00	15									
03	44392	COLON ENDOSCOPY	264.94											
07	44392	COLON ENDOSCOPY	317.93	00	15									
03	44394	COLONOSCOPY THROUGH STOMA;	309.82											
07	44394	COLONOSCOPY THROUGH STOMA;	371.77	00	15									
03	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	358.84											
07	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	430.61	00	15									
03	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	194.98											
07	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	233.97	00	15									
03	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	196.24											
07	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	196.24	00	15									
03	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	163.21											
07	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	163.21	00	15									
03	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	196.24											
07	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	196.24	00	15									
03	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	196.24											
07	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	196.24	00	15									
03	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	196.24											
07	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	196.24	00	15									
03	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	196.24											
07	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	196.24	00	15									
03	44500	INTRODUCTION OF LONG GASTROINTESTINA	17.46											
07	44500	INTRODUCTION OF LONG GASTROINTESTINA	20.96	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	171.61										
03	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	858.03										
07	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,029.64	00 15									
02	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	196.57										
03	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	982.87										
07	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,179.45	00 15									
02	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	132.25										
03	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	661.24										
07	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	793.49	00 15									
02	44605	REPAIR OF BOWEL LESION	162.79										
03	44605	REPAIR OF BOWEL LESION	813.97										
07	44605	REPAIR OF BOWEL LESION	976.76	00 15									
02	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	134.08										
03	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	670.38										
07	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	804.45	00 15									
02	44620	REPAIR BOWEL OPENING	106.79										
03	44620	REPAIR BOWEL OPENING	533.95										
07	44620	REPAIR BOWEL OPENING	640.73	00 15									
02	44625	REPAIR BOWEL OPENING	126.69										
03	44625	REPAIR BOWEL OPENING	633.46										
07	44625	REPAIR BOWEL OPENING	760.15	00 15									
02	44626	REPAIR BOWEL OPENING	202.18										
03	44626	REPAIR BOWEL OPENING	1,010.90										
07	44626	REPAIR BOWEL OPENING	1,213.08	00 15									
02	44640	REPAIR BOWEL-SKIN FISTULA	176.19										
03	44640	REPAIR BOWEL-SKIN FISTULA	880.94										
07	44640	REPAIR BOWEL-SKIN FISTULA	1,057.13	00 15									
02	44650	REPAIR BOWEL FISTULA	183.28										
03	44650	REPAIR BOWEL FISTULA	916.38										
07	44650	REPAIR BOWEL FISTULA	1,099.65	00 15									
02	44660	REPAIR BOWEL-BLADDER FISTULA	176.41										
03	44660	REPAIR BOWEL-BLADDER FISTULA	882.07										
07	44660	REPAIR BOWEL-BLADDER FISTULA	1,058.48	00 15									
02	44661	REPAIR BOWEL-BLADDER FISTULA	198.67										
03	44661	REPAIR BOWEL-BLADDER FISTULA	993.33										
07	44661	REPAIR BOWEL-BLADDER FISTULA	1,191.99	00 15									
02	44680	SURGICAL REVISION, INTESTINE	132.36										
03	44680	SURGICAL REVISION, INTESTINE	661.78										
07	44680	SURGICAL REVISION, INTESTINE	794.14	00 15									
02	44700	SUSPEND BOWEL W/PROSTHESIS	128.04										
03	44700	SUSPEND BOWEL W/PROSTHESIS	640.21										
07	44700	SUSPEND BOWEL W/PROSTHESIS	768.26	00 15									
02	44701	INTRAOP COLON LAVAGE ADD-ON	21.74										
03	44701	INTRAOP COLON LAVAGE ADD-ON	108.72										
07	44701	INTRAOP COLON LAVAGE ADD-ON	130.46	00 15									
02	44715	PREPARE DONOR INTESTINE	MP		X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	44715	PREPARE DONOR INTESTINE	MP			X								
07	44715	PREPARE DONOR INTESTINE	MP	00	15	X								
02	44720	PREP DONOR INTESTINE/VENOUS	35.25			X								
03	44720	PREP DONOR INTESTINE/VENOUS	176.26			X								
07	44720	PREP DONOR INTESTINE/VENOUS	211.52	00	15	X								
02	44721	PREP DONOR INTESTINE/ARTERY	50.14			X								
03	44721	PREP DONOR INTESTINE/ARTERY	250.72			X								
07	44721	PREP DONOR INTESTINE/ARTERY	300.85	00	15	X								
02	44799	INTESTINE SURGERY PROCEDURE	MP			X								
03	44799	INTESTINE SURGERY PROCEDURE	MP			X								
07	44799	INTESTINE SURGERY PROCEDURE	MP	00	15	X								
02	44800	REPAIR OF CONGENITAL BOWEL DEFECT	93.91											
03	44800	REPAIR OF CONGENITAL BOWEL DEFECT	469.54											
07	44800	REPAIR OF CONGENITAL BOWEL DEFECT	563.45	00	15									
02	44820	EXCISION OF MESENTERY LESION	103.88											
03	44820	EXCISION OF MESENTERY LESION	519.42											
07	44820	EXCISION OF MESENTERY LESION	623.31	00	15									
02	44850	REPAIR OF MESENTERY	91.64											
03	44850	REPAIR OF MESENTERY	458.20											
07	44850	REPAIR OF MESENTERY	549.85	00	15									
02	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP			X								
03	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP			X								
07	44899	PROCEDURE FOR CONGENITAL BOWEL DEFEC	MP	00	15	X								
02	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	93.80											
03	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	469.02											
07	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	562.82	00	15									
02	44950	APPENDECTOMY	79.73			X								
03	44950	APPENDECTOMY	398.67			X								
07	44950	APPENDECTOMY	478.41	00	15	X								
02	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	10.93											
03	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	54.65											
07	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	65.57	00	15									
02	44960	APPENDECTOMY	107.28			X								
03	44960	APPENDECTOMY	536.38			X								
07	44960	APPENDECTOMY	643.66	00	15	X								
02	44970	LAPAROSCOPY APPENDECTOMY	73.03			X								
03	44970	LAPAROSCOPY, APPENDECTOMY	365.16			X								
07	44970	LAPAROSCOPY, APPENDECTOMY	438.19	00	15	X								
03	44979	LAPAROSCOPE PROC, APP	MP			X								
07	44979	LAPAROSCOPE PROC, APP	MP	00	15	X								
03	45000	DRAINAGE OF PELVIC ABSCESS	252.11											
07	45000	DRAINAGE OF PELVIC ABSCESS	302.52	00	15									
03	45005	DRAINAGE OF RECTAL ABSCESS	147.00											
07	45005	DRAINAGE OF RECTAL ABSCESS	176.40	00	15									
03	45020	DRAINAGE OF RECTAL ABSCESS	328.89											
07	45020	DRAINAGE OF RECTAL ABSCESS	394.66	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	45100	BIOPSY OF RECTUM	174.82										
07	45100	BIOPSY OF RECTUM	209.80	00 15									
03	45108	REMOVAL OF ANORECTAL LESION	213.72										
07	45108	REMOVAL OF ANORECTAL LESION	256.46	00 15									
02	45110	REMOVAL OF RECTUM	229.73										
03	45110	REMOVAL OF RECTUM	1,148.63										
07	45110	REMOVAL OF RECTUM	1,378.36	00 15									
02	45111	PARTIAL REMOVAL OF RECTUM	135.05										
03	45111	PARTIAL REMOVAL OF RECTUM	675.23										
07	45111	PARTIAL REMOVAL OF RECTUM	810.28	00 15									
02	45112	REMOVAL OF RECTUM	237.56										
03	45112	REMOVAL OF RECTUM	1,187.82										
07	45112	REMOVAL OF RECTUM	1,425.37	00 15									
02	45113	PARTIAL PROCTECTOMY	243.14										
03	45113	PARTIAL PROCTECTOMY	1,215.68										
07	45113	PARTIAL PROCTECTOMY	1,458.81	00 15									
02	45114	PARTIAL REMOVAL OF RECTUM	222.54										
03	45114	PARTIAL REMOVAL OF RECTUM	1,112.70										
07	45114	PARTIAL REMOVAL OF RECTUM	1,335.24	00 15									
02	45116	PARTIAL REMOVAL OF RECTUM	199.76										
03	45116	PARTIAL REMOVAL OF RECTUM	998.81										
07	45116	PARTIAL REMOVAL OF RECTUM	1,198.58	00 15									
02	45119	REMOVE, RECTUM W/RESERVOIR	243.38										
03	45119	REMOVE, RECTUM W/RESERVOIR	1,216.91										
07	45119	REMOVE, RECTUM W/RESERVOIR	1,460.28	00 15									
02	45120	REMOVAL OF RECTUM	194.62										
03	45120	REMOVAL OF RECTUM	973.10										
07	45120	REMOVAL OF RECTUM	1,167.72	00 15									
02	45121	PROCTECTOMY;W/COLECTOMY,W/MULTI BX	213.19										
03	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,065.95										
07	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,279.14	00 15									
02	45123	PARTIAL PROCTECTOMY	137.77										
03	45123	PARTIAL PROCTECTOMY	688.84										
07	45123	PARTIAL PROCTECTOMY	826.60	00 15									
02	45126	PELVIC EXENTERATION	358.47		X								
03	45126	PELVIC EXENTERATION	1,792.34		X								
07	45126	PELVIC EXENTERATION	2,150.79	00 15	X								
02	45130	EXCISION OF RECTAL PROLAPSE	134.74										
03	45130	EXCISION OF RECTAL PROLAPSE	673.70										
07	45130	EXCISION OF RECTAL PROLAPSE	808.43	00 15									
02	45135	EXCISION OF RECTAL PROLAPSE	165.06										
03	45135	EXCISION OF RECTAL PROLAPSE	825.28										
07	45135	EXCISION OF RECTAL PROLAPSE	990.34	00 15									
02	45136	EXCISE ILEOANAL RESERVOIR	227.81										
03	45136	EXCISE ILEOANAL RESERVOIR	1,139.07										
07	45136	EXCISE ILEOANAL RESERVOIR	1,366.89	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	45150	EXCISION OF RECTAL STRICTURE	242.84											
07	45150	EXCISION OF RECTAL STRICTURE	291.40	00	15									
02	45160	EXCISION OF RECTAL LESION	122.39											
03	45160	EXCISION OF RECTAL LESION	611.97											
07	45160	EXCISION OF RECTAL LESION	734.36	00	15									
02	45171	EXCISION OF RECTAL TUMOR TRANSANAL	80.69											
03	45171	EXCISION OF RECTAL TUMOR TRANSANAL	403.43											
07	45171	EXCISION OF RECTAL TUMOR TRANSANAL	484.12	00	15									
02	45172	EXCISION OF RECTAL TUMOR TRANSANAL	110.98											
03	45172	EXCISION OF RECTAL TUMOR TRANSANAL	554.90											
07	45172	EXCISION OF RECTAL TUMOR TRANSANAL	665.88	00	15									
03	45190	DESTRUCTION RECTAL TUMOR	414.24											
07	45190	DESTRUCTION RECTAL TUMOR	497.09	00	15									
03	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	63.42											
07	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	76.09	00	15									
03	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	476.51											
07	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	571.80	00	15									
03	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	103.46											
07	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	124.17	00	15									
03	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	116.02											
07	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	139.22	00	15									
03	45308	PROCTOSIGMOIDOSCOPY, RIGID;	105.75											
07	45308	PROCTOSIGMOIDOSCOPY, RIGID;	126.91	00	15									
03	45309	PROCTOSIGMOIDOSCOPY, RIGID;	119.74											
07	45309	PROCTOSIGMOIDOSCOPY, RIGID;	143.69	00	15									
03	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	128.84											
07	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	154.61	00	15									
03	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	125.38											
07	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	150.46	00	15									
03	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	125.59											
07	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	150.72	00	15									
03	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	66.22											
07	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	79.46	00	15									
03	45327	PROCTOSIGMOIDOSCOPY W/STENT	77.23											
07	45327	PROCTOSIGMOIDOSCOPY W/STENT	92.68	00	15									
03	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	81.87											
07	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	98.26	00	15									
03	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	103.82											
07	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	124.59	00	15									
03	45332	SIGMOIDOSCOPY; DIAGNOSTIC	170.38											
07	45332	SIGMOIDOSCOPY; DIAGNOSTIC	204.45	00	15									
03	45333	SIGMOIDOSCOPY; DIAGNOSTIC	171.28											
07	45333	SIGMOIDOSCOPY; DIAGNOSTIC	205.53	00	15									
03	45334	SIGMOIDOSCOPY; DIAGNOSTIC	108.41											
07	45334	SIGMOIDOSCOPY; DIAGNOSTIC	130.09	00	15									
03	45335	SIGMOIDOSCOPY W/SUBMUC INJ	146.14											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	45335	SIGMOIDOSCOPY W/SUBMUC INJ	175.38	00 15									
03	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	93.15										
07	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	111.78	00 15									
03	45338	SIGMOIDOSCOPY, FLEXIBLE;	192.34										
07	45338	SIGMOIDOSCOPY, FLEXIBLE;	230.80	00 15									
03	45340	SIG W/BALLOON DILATION	258.13										
07	45340	SIG W/BALLOON DILATION	309.76	00 15									
03	45341	SIGMOIDOSCOPY W/ULTRASOUND	103.45			X							
07	45341	SIGMOIDOSCOPY W/ULTRASOUND	124.14	00 15		X							
03	45342	SIGMOIDOSCOPY W/US GUIDE BX	158.48										
07	45342	SIGMOIDOSCOPY W/US GUIDE BX	190.18	00 15									
03	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	238.91										
07	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	286.69	00 15									
03	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	125.24										
07	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	150.28	00 15									
03	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	76.45										
07	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	76.45	00 15									
03	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	76.45										
07	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	76.45	00 15									
03	45378	DIAGNOSTIC COLONOSCOPY	244.11										
07	45378	DIAGNOSTIC COLONOSCOPY	292.94	00 15									
03	45379	COLONOSCOPY	309.96										
07	45379	COLONOSCOPY	371.95	00 15									
03	45380	COLONOSCOPY AND BIOPSY	293.02										
07	45380	COLONOSCOPY AND BIOPSY	351.63	00 15									
03	45381	COLONOSCOPY, SUBMUCOUS INJ	284.53										
07	45381	COLONOSCOPY, SUBMUCOUS INJ	341.43	00 15									
03	45382	COLONOSCOPY,CONTROL BLEEDING	385.35										
07	45382	COLONOSCOPY,CONTROL BLEEDING	462.42	00 15									
03	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	289.08										
07	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	346.91	00 15									
03	45385	COLONOSCOPY, LESION REMOVAL	331.45										
07	45385	COLONOSCOPY, LESION REMOVAL	397.74	00 15									
03	45386	COLONOSCOPY DILATE STRICTURE	402.28										
07	45386	COLONOSCOPY DILATE STRICTURE	482.73	00 15									
03	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	397.10										
07	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	476.51	00 15									
03	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	248.67										
07	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	298.40	00 15									
03	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	216.10										
07	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	216.10	00 15									
03	45391	COLONOSCOPY W/ENDOSCOPE US	197.69										
07	45391	COLONOSCOPY W/ENDOSCOPE US	237.23	00 15									
03	45392	COLONOSCOPY W/ENDOSCOPIC FNB	249.51										
07	45392	COLONOSCOPY W/ENDOSCOPIC FNB	299.42	00 15									
03	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	216.10										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	216.10	00 15									
02	45395	LAP, REMOVAL OF RECTUM	248.18										
03	45395	LAP, REMOVAL OF RECTUM	1,240.90										
07	45395	LAP, REMOVAL OF RECTUM	1,489.08	00 15									
02	45397	LAP, REMOVE RECTUM W/POUCH	268.84										
03	45397	LAP, REMOVE RECTUM W/POUCH	1,344.18										
07	45397	LAP, REMOVE RECTUM W/POUCH	1,613.01	00 15									
03	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	216.10										
07	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	216.10	00 15									
03	45399	UNLISTED PROCEDURE, COLON	MP		X								
07	45399	UNLISTED PROCEDURE, COLON	MP	00 15	X								
02	45400	LAPAROSCOPIC PROCTOPEXY	143.34										
03	45400	LAPAROSCOPIC PROCTOPEXY	716.72										
07	45400	LAPAROSCOPIC PROCTOPEXY	860.06	00 15									
02	45402	LAP PROCTOPEXY W/SIG RESECT	192.20										
03	45402	LAP PROCTOPEXY W/SIG RESECT	960.99										
07	45402	LAP PROCTOPEXY W/SIG RESECT	1,153.20	00 15									
03	45499	LAPAROSCOPE PROC, RECTUM	MP		X								
07	45499	LAPAROSCOPE PROC, RECTUM	MP	00 15	X								
03	45500	REPAIR OF RECTUM	311.93										
07	45500	REPAIR OF RECTUM	374.31	00 15									
03	45505	REPAIR OF RECTUM	341.90										
07	45505	REPAIR OF RECTUM	410.28	00 15									
03	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	72.62										
07	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	87.14	00 15									
02	45540	CORRECT RECTAL PROLAPSE	132.34										
03	45540	CORRECT RECTAL PROLAPSE	661.71										
07	45540	CORRECT RECTAL PROLAPSE	794.05	00 15									
02	45541	CORRECT RECTAL PROLAPSE	113.25										
03	45541	CORRECT RECTAL PROLAPSE	566.24										
07	45541	CORRECT RECTAL PROLAPSE	679.49	00 15									
02	45550	REPAIR RECTUM;REMOVE SIGMOID	182.07										
03	45550	REPAIR RECTUM;REMOVE SIGMOID	910.33										
07	45550	REPAIR RECTUM;REMOVE SIGMOID	1,092.39	00 15									
02	45560	REPAIR OF RECTOCELE	89.37										
03	45560	REPAIR OF RECTOCELE	446.87										
07	45560	REPAIR OF RECTOCELE	536.25	00 15									
02	45562	EXPLORATION/REPAIR OF RECTUM	137.35										
03	45562	EXPLORATION/REPAIR OF RECTUM	686.73										
07	45562	EXPLORATION/REPAIR OF RECTUM	824.09	00 15									
02	45563	EXPLORATION/REPAIR OF RECTUM	199.84										
03	45563	EXPLORATION/REPAIR OF RECTUM	999.22										
07	45563	EXPLORATION/REPAIR OF RECTUM	1,199.05	00 15									
02	45800	REPAIR RECTUMBLADDER FISTULA	154.01										
03	45800	REPAIR RECTUMBLADDER FISTULA	770.05										
07	45800	REPAIR RECTUMBLADDER FISTULA	924.07	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	45805	REPAIR FISTULA; COLOSTOMY	174.09											
03	45805	REPAIR FISTULA; COLOSTOMY	870.47											
07	45805	REPAIR FISTULA; COLOSTOMY	1,044.56	00	15									
02	45820	REPAIR RECTOURETHRAL FISTULA	152.62											
03	45820	REPAIR RECTOURETHRAL FISTULA	763.10											
07	45820	REPAIR RECTOURETHRAL FISTULA	915.72	00	15									
02	45825	REPAIR FISTULA; COLOSTOMY	184.17											
03	45825	REPAIR FISTULA; COLOSTOMY	920.86											
07	45825	REPAIR FISTULA; COLOSTOMY	1,105.02	00	15									
03	45900	REDUCTION OF RECTAL PROLAPSE	120.75											
07	45900	REDUCTION OF RECTAL PROLAPSE	144.90	00	15									
03	45905	DILATION OF ANAL SPHINCTER	102.13											
07	45905	DILATION OF ANAL SPHINCTER	122.55	00	15									
03	45910	DILATION OF RECTAL NARROWING	120.99											
07	45910	DILATION OF RECTAL NARROWING	145.18	00	15									
03	45915	REMOVE RECTAL OBSTRUCTION	184.07											
07	45915	REMOVE RECTAL OBSTRUCTION	220.88	00	15									
03	45990	SURG DX EXAM, ANORECTAL	67.97			X								
07	45990	SURG DX EXAM, ANORECTAL	81.57	00	15	X								
02	45999	RECTUM SURGERY PROCEDURE	MP			X								
03	45999	RECTUM SURGERY PROCEDURE	MP			X								
07	45999	RECTUM SURGERY PROCEDURE	MP	00	15	X								
03	46020	PLACEMENT OF SETON	150.44											
07	46020	PLACEMENT OF SETON	180.53	00	15									
03	46030	REMOVAL OF RECTAL MARKER	74.83											
07	46030	REMOVAL OF RECTAL MARKER	89.80	00	15									
03	46040	INCISION OF RECTAL ABSCESS	292.34											
07	46040	INCISION OF RECTAL ABSCESS	350.80	00	15									
03	46045	INCISION OF RECTAL ABSCESS	246.51											
07	46045	INCISION OF RECTAL ABSCESS	295.80	00	15									
03	46050	INCISION OF ANAL ABSCESS	102.22											
07	46050	INCISION OF ANAL ABSCESS	122.66	00	15									
03	46060	INCISION OF RECTAL ABSCESS	271.60											
07	46060	INCISION OF RECTAL ABSCESS	325.91	00	15									
03	46070	INCISION OF ANAL SEPTUM	137.56											
07	46070	INCISION OF ANAL SEPTUM	165.07	00	15									
03	46080	INCISION OF ANAL SPHINCTER	137.02											
07	46080	INCISION OF ANAL SPHINCTER	164.41	00	15									
03	46083	EXC EXT.THROMBOSED HEMORRHOID	101.75										X	
07	46083	EXC EXT.THROMBOSED HEMORRHOID	122.10	00	15								X	
03	46200	REMOVAL OF ANAL FISSURE	226.90											
07	46200	REMOVAL OF ANAL FISSURE	272.28	00	15									
03	46220	REMOVAL OF ANAL TAB	108.84											
07	46220	REMOVAL OF ANAL TAB	130.62	00	15									
03	46221	LIGATION OF HEMORRHOID(S)	143.20											
07	46221	LIGATION OF HEMORRHOID(S)	171.84	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	46230	REMOVAL OF ANAL TABS	150.92											
07	46230	REMOVAL OF ANAL TABS	181.10	00	15									
03	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	250.69											
07	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	300.82	00	15									
03	46255	HEMORRHOIDECTOMY	280.67											
07	46255	HEMORRHOIDECTOMY	336.81	00	15									
03	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	243.93											
07	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	292.70	00	15									
03	46258	REMOVE HEMORRHOIDS & FISTULA	266.73											
07	46258	REMOVE HEMORRHOIDS & FISTULA	320.07	00	15									
03	46260	HEMORRHOIDECTOMY	277.92											
07	46260	HEMORRHOIDECTOMY	333.50	00	15									
03	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	310.78											
07	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	372.93	00	15									
03	46262	REMOVE HEMORRHOIDS & FISTULA	324.05											
07	46262	REMOVE HEMORRHOIDS & FISTULA	388.86	00	15									
03	46270	SURGICAL TREATMENT OF ANAL FISTULA	271.32											
07	46270	SURGICAL TREATMENT OF ANAL FISTULA	325.58	00	15									
03	46275	REMOVAL OF ANAL FISTULA	288.14											
07	46275	REMOVAL OF ANAL FISTULA	345.77	00	15									
03	46280	REMOVAL OF ANAL FISTULA	269.68											
07	46280	REMOVAL OF ANAL FISTULA	323.61	00	15									
03	46285	SURGICAL TREATMENT OF ANAL FISTULA	279.93											
07	46285	SURGICAL TREATMENT OF ANAL FISTULA	335.92	00	15									
03	46288	REPAIR ANAL FISTULA	319.57											
07	46288	REPAIR ANAL FISTULA	383.49	00	15									
03	46320	REMOVAL OF HEMORRHOID CLOT	98.98											
07	46320	REMOVAL OF HEMORRHOID CLOT	118.78	00	15									
03	46500	INJECTION TREATMENT OF ANUS	119.03											
07	46500	INJECTION TREATMENT OF ANUS	142.84	00	15									
03	46505	CHEMODENERVATION ANAL MUSC	157.57											
07	46505	CHEMODENERVATION ANAL MUSC	189.08	00	15									
03	46600	ANOSCOPY; DIAGNOSTIC	47.40											
07	46600	ANOSCOPY; DIAGNOSTIC	56.89	00	15									
03	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	39.44											
07	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	39.44	00	15									
03	46604	ANOSCOPY WITH DIRECT DILATION	286.75											
07	46604	ANOSCOPY WITH DIRECT DILATION	344.10	00	15									
03	46606	ANOSCOPY WITH BIOPSY	120.33											
07	46606	ANOSCOPY WITH BIOPSY	144.40	00	15									
03	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	189.84											
07	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	227.81	00	15									
03	46608	ANOSCOPY;REMOVE FOREIGN BODY	125.00											
07	46608	ANOSCOPY;REMOVE FOREIGN BODY	149.99	00	15									
03	46610	ANOSCOPY; REMOVE POLYP	123.56											
07	46610	ANOSCOPY; REMOVE POLYP	148.27	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	46611	ANOSCOPY;	98.88										
07	46611	ANOSCOPY;	118.66	00 15									
03	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	148.84										
07	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	178.61	00 15									
03	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	76.37										
07	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	91.63	00 15									
03	46615	ANOSCOPY;	89.80										
07	46615	ANOSCOPY;	107.76	00 15									
03	46700	REPAIR OF ANAL STRICTURE	385.89										
07	46700	REPAIR OF ANAL STRICTURE	463.07	00 15									
02	46705	ANOPLASTY, PLASTIC OPERATION FOR STR	63.51	00 00									
03	46705	REPAIR OF ANAL STRICTURE	317.56	00 00									
07	46705	REPAIR OF ANAL STRICTURE	381.08	00 00									
03	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	101.96									X	
07	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	122.35	00 15								X	
03	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	308.41										
07	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	370.09	00 15									
02	46710	REPR PER/VAG POUCH SNGL PROC	131.35										
03	46710	REPR PER/VAG POUCH SNGL PROC	656.76										
07	46710	REPR PER/VAG POUCH SNGL PROC	788.11	00 15									
02	46712	REPR PER/VAG POUCH DBL PROC	270.26										
03	46712	REPR PER/VAG POUCH DBL PROC	1,351.32										
07	46712	REPR PER/VAG POUCH DBL PROC	1,621.58	00 15									
02	46715	REPAIR OF ANOVAGINAL FISTULA	62.97										
03	46715	REPAIR OF ANOVAGINAL FISTULA	314.86										
07	46715	REPAIR OF ANOVAGINAL FISTULA	377.82	00 15									
02	46716	REPAIR OF ANOVAGINAL FISTULA	152.30										
03	46716	REPAIR OF ANOVAGINAL FISTULA	761.50										
07	46716	REPAIR OF ANOVAGINAL FISTULA	913.79	00 15									
02	46730	CONSTRUCTION OF ABSENT ANUS	233.00										
03	46730	CONSTRUCTION OF ABSENT ANUS	1,164.98										
07	46730	CONSTRUCTION OF ABSENT ANUS	1,397.98	00 15									
02	46735	CONSTRUCTION OF ABSENT ANUS	272.86										
03	46735	CONSTRUCTION OF ABSENT ANUS	1,364.29										
07	46735	CONSTRUCTION OF ABSENT ANUS	1,637.14	00 15									
02	46740	CONSTRUCTION OF ABSENT ANUS	250.22										
03	46740	CONSTRUCTION OF ABSENT ANUS	1,251.08										
07	46740	CONSTRUCTION OF ABSENT ANUS	1,501.30	00 15									
02	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	296.37										
03	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,481.84										
07	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	1,778.20	00 15									
02	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	426.71				F						
03	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,133.55				F						
07	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,560.26	00 15			F						
02	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	492.08				F						
03	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,460.38				F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,952.45	00	15			F						
02	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	508.17					F						
03	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	2,540.83					F						
07	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,048.99	00	15			F						
02	46750	REPAIR OF ANAL SPHINCTER	93.43											
03	46750	REPAIR OF ANAL SPHINCTER	467.15											
07	46750	REPAIR OF ANAL SPHINCTER	560.59	00	15									
02	46751	REPAIR OF ANAL SPHINCTER	77.23											
03	46751	REPAIR OF ANAL SPHINCTER	386.16											
07	46751	REPAIR OF ANAL SPHINCTER	463.40	00	15									
03	46753	RECONSTRUCTION OF ANUS	352.94											
07	46753	RECONSTRUCTION OF ANUS	423.52	00	15									
03	46754	REMOVAL OF SUTURE FROM ANUS	162.70											
07	46754	REMOVAL OF SUTURE FROM ANUS	195.24	00	15									
02	46760	REPAIR OF ANAL SPHINCTER	132.36											
03	46760	REPAIR OF ANAL SPHINCTER	661.79											
07	46760	REPAIR OF ANAL SPHINCTER	794.14	00	15									
02	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	114.70											
03	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	573.49											
07	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	688.18	00	15									
03	46900	REMOVAL OF ANAL LESION	130.56											
07	46900	REMOVAL OF ANAL LESION	156.67	00	15									
03	46910	REMOVAL OF ANAL LESION	135.93											
07	46910	REMOVAL OF ANAL LESION	163.10	00	15									
03	46916	CRYSOSURGERY-ANAL LESIONS ,	134.08										X	
07	46916	CRYSOSURGERY-ANAL LESIONS ,	160.89	00	15								X	
03	46917	DESTROY ANAL LESION(S); LASER SURG	253.12											
07	46917	DESTROY ANAL LESION(S); LASER SURG	303.75	00	15									
03	46922	DESTROY ANAL LESION(S)-SURG EXCISION	141.61											
07	46922	DESTROY ANAL LESION(S)-SURG EXCISION	169.93	00	15									
03	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	288.92											
07	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	346.70	00	15									
03	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	124.45											
07	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	149.34	00	15									
03	46940	TREATMENT OF ANAL FISSURE	125.09											
07	46940	TREATMENT OF ANAL FISSURE	150.10	00	15									
03	46942	TREATMENT OF ANAL FISSURE	115.34											
07	46942	TREATMENT OF ANAL FISSURE	138.40	00	15									
03	46945	LIGATION OF HEMORRHOIDS	158.06											
07	46945	LIGATION OF HEMORRHOIDS	189.67	00	15									
03	46946	LIGATION OF HEMORRHOIDS	172.53											
07	46946	LIGATION OF HEMORRHOIDS	207.03	00	15									
03	46947	HEMORRHOIDOPEXY BY STAPLING	228.82											
07	46947	HEMORRHOIDOPEXY BY STAPLING	274.60	00	15									
03	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	328.81											
07	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	394.57	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	46999	ANUS SURGERY PROCEDURE	MP			X								
03	46999	ANUS SURGERY PROCEDURE	MP			X								
07	46999	ANUS SURGERY PROCEDURE	MP	00	15	X								
03	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	199.10											
07	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	238.93	00	15									
03	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	67.41											
07	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	80.89	00	15									
02	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	146.85											
03	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	734.23											
07	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	881.08	00	15									
02	47015	INJECT/ASPIRATE LIVER CYST	139.56											
03	47015	INJECT/ASPIRATE LIVER CYST	697.78											
07	47015	INJECT/ASPIRATE LIVER CYST	837.34	00	15									
02	47100	WEDGE BIOPSY OF LIVER	102.16											
03	47100	WEDGE BIOPSY OF LIVER	510.82											
07	47100	WEDGE BIOPSY OF LIVER	612.99	00	15									
02	47120	PARTIAL REMOVAL OF LIVER	289.67											
03	47120	PARTIAL REMOVAL OF LIVER	1,448.37											
07	47120	PARTIAL REMOVAL OF LIVER	1,738.04	00	15									
02	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	432.37											
03	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	2,161.85											
07	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	2,594.23	00	15									
02	47125	PARTIAL REMOVAL OF LIVER	387.14											
03	47125	PARTIAL REMOVAL OF LIVER	1,935.72											
07	47125	PARTIAL REMOVAL OF LIVER	2,322.86	00	15									
02	47130	PARTIAL REMOVAL OF LIVER	416.37											
03	47130	PARTIAL REMOVAL OF LIVER	2,081.87											
07	47130	PARTIAL REMOVAL OF LIVER	2,498.24	00	15									
02	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	171.87			X								
03	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	859.37			X								
07	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	859.37	00	15	X								
02	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC	551.20			X								
03	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	2,756.01			X								
07	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	4,535.34	00	15	X								
02	47140	PARTIAL REMOVAL, DONOR LIVER	476.84			X								
03	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23			X								
07	47140	PARTIAL REMOVAL, DONOR LIVER	2,384.23	00	15	X								
02	47141	PARTIAL REMOVAL, DONOR LIVER	575.57			X								
03	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85			X								
07	47141	PARTIAL REMOVAL, DONOR LIVER	2,877.85	00	15	X								
02	47142	PARTIAL REMOVAL, DONOR LIVER	633.72			X								
03	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62			X								
07	47142	PARTIAL REMOVAL, DONOR LIVER	3,168.62	00	15	X								
02	47146	PREP DONOR LIVER/VENOUS	42.78			X								
03	47146	PREP DONOR LIVER/VENOUS	213.89			X								
07	47146	PREP DONOR LIVER/VENOUS	256.67	00	15	X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	47147	PREP DONOR LIVER/ARTERIAL	49.92			X								
03	47147	PREP DONOR LIVER/ARTERIAL	249.58			X								
07	47147	PREP DONOR LIVER/ARTERIAL	299.48	00	15	X								
02	47300	SURGERY FOR LIVER LESION	137.57											
03	47300	SURGERY FOR LIVER LESION	687.85											
07	47300	SURGERY FOR LIVER LESION	825.41	00	15									
02	47350	REPAIR LIVER WOUND	169.20											
03	47350	REPAIR LIVER WOUND	846.01											
07	47350	REPAIR LIVER WOUND	1,015.23	00	15									
02	47360	REPAIR LIVER WOUND	230.43											
03	47360	REPAIR LIVER WOUND	1,152.15											
07	47360	REPAIR LIVER WOUND	1,382.58	00	15									
02	47361	REPAIR LIVER WOUND	379.96											
03	47361	REPAIR LIVER WOUND	1,899.81											
07	47361	REPAIR LIVER WOUND	2,279.77	00	15									
02	47362	REPAIR LIVER WOUND	175.40											
03	47362	REPAIR LIVER WOUND	877.01											
07	47362	REPAIR LIVER WOUND	1,052.41	00	15									
02	47370	LAPARO ABLATE LIVER TUMOR RF	155.14											
03	47370	LAPARO ABLATE LIVER TUMOR RF	775.71											
07	47370	LAPARO ABLATE LIVER TUMOR RF	930.86	00	15									
02	47371	LAPARO ABLATE LIVER CRYOSUG	157.83											
03	47371	LAPARO ABLATE LIVER CRYOSUG	789.13											
07	47371	LAPARO ABLATE LIVER CRYOSUG	946.95	00	15									
03	47379	LAPAROSCOPE PROCEDURE, LIVER	MP			X								
07	47379	LAPAROSCOPE PROCEDURE, LIVER	MP	00	15	X								
02	47380	OPEN ABLATE LIVER TUMOR RF	181.34											
03	47380	OPEN ABLATE LIVER TUMOR RF	906.71											
07	47380	OPEN ABLATE LIVER TUMOR RF	1,088.06	00	15									
02	47381	OPEN ABLATE LIVER TUMOR CRYO	184.66											
03	47381	OPEN ABLATE LIVER TUMOR CRYO	923.29											
07	47381	OPEN ABLATE LIVER TUMOR CRYO	1,107.95	00	15									
02	47382	PERCUT ABLATE LIVER RF	113.18											
03	47382	PERCUT ABLATE LIVER RF	565.91											
07	47382	PERCUT ABLATE LIVER RF	679.10	00	15									
03	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	5,161.59											
07	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,193.91	00	15									
02	47399	LIVER SURGERY PROCEDURE	MP			X								
03	47399	LIVER SURGERY PROCEDURE	MP			X								
07	47399	LIVER SURGERY PROCEDURE	MP	00	15	X								
02	47400	INCISION OF LIVER DUCT	262.03											
03	47400	INCISION OF LIVER DUCT	1,310.16											
07	47400	INCISION OF LIVER DUCT	1,572.20	00	15									
02	47420	INCISION OF BILE DUCT	165.84											
03	47420	INCISION OF BILE DUCT	829.19											
07	47420	INCISION OF BILE DUCT	995.03	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	47425	INCISION OF BILE DUCT	167.47										
03	47425	INCISION OF BILE DUCT	837.34										
07	47425	INCISION OF BILE DUCT	1,004.82	00 15									
02	47460	INCISE BILE DUCT SPHINCTER	157.41										
03	47460	INCISE BILE DUCT SPHINCTER	787.03										
07	47460	INCISE BILE DUCT SPHINCTER	944.43	00 15									
02	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	104.46										
03	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	522.29										
07	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	626.76	00 15									
03	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	345.13										
07	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	414.17	00 15									
03	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	259.16										
07	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	310.99	00 15									
03	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	571.87										
07	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	686.24	00 15									
03	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	930.10										
07	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,116.12	00 15									
03	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,148.78										
07	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,378.54	00 15									
03	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	767.47										
07	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	920.96	00 15									
03	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	563.56										
07	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	676.27	00 15									
03	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	280.81										
07	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	336.97	00 15									
03	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,074.51										
07	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,689.41	00 15									
03	47539	PLACEMENT OF STENT(S) INTO A BILE DU	3,366.55										
07	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,039.86	00 15									
03	47540	PLACEMENT OF STENT(S) INTO A BILE DU	3,505.33										
07	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,206.39	00 15									
03	47541	PLACEMENT OF ACCESS THROUGH THE BILI	821.81										
07	47541	PLACEMENT OF ACCESS THROUGH THE BILI	986.18	00 15									
03	47542	BALLOON DILATION OF BILIARY DUCT(S)	362.76										
07	47542	BALLOON DILATION OF BILIARY DUCT(S)	435.31	00 15									
03	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	913.52										
07	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	1,096.22	00 15									
03	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	570.55										
07	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	684.66	00 15									
02	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE	21.56										
03	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	107.80										
07	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	129.35	00 15									
03	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	226.32										
07	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	271.59	00 15									
03	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	226.84										
07	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	272.20	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	47554	BILIARY ENDOSCOPY...; REMOVE STONES	334.86										
07	47554	BILIARY ENDOSCOPY...; REMOVE STONES	401.82	00 15									
03	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	272.02										
07	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	326.42	00 15									
03	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	307.66										
07	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	369.20	00 15									
02	47562	LAPAROSCOPIC CHOLECYSTECTOMY	91.08										
03	47562	LAPAROSCOPIC CHOLECYSTECTOMY	455.38										
07	47562	LAPAROSCOPIC CHOLECYSTECTOMY	546.45	00 15									
02	47563	LAPARO CHOLECYSTECTOMY/GRAPH	93.43										
03	47563	LAPARO CHOLECYSTECTOMY/GRAPH	467.13										
07	47563	LAPARO CHOLECYSTECTOMY/GRAPH	560.56	00 15									
02	47564	LAPARO CHOLECYSTECTOMY/EXPLR	108.22										
03	47564	LAPARO CHOLECYSTECTOMY/EXPLR	541.12										
07	47564	LAPARO CHOLECYSTECTOMY/EXPLR	649.35	00 15									
02	47570	LAPARO CHOLECYSTOENTERSTOMY	96.49										
03	47570	LAPARO CHOLECYSTOENTEROSTOMY	482.46										
07	47570	LAPARO CHOLECYSTOENTEROSTOMY	578.95	00 15									
03	47579	LAPAROSCOPE PROC, BILIARY	MP		X								
07	47579	LAPAROSCOPE PROC, BILIARY	MP	00 15	X								
02	47600	REMOVAL OF GALLBLADDER	130.51										
03	47600	REMOVAL OF GALLBLADDER	652.53										
07	47600	REMOVAL OF GALLBLADDER	783.03	00 15									
02	47605	REMOVAL OF GALLBLADDER	121.15										
03	47605	REMOVAL OF GALLBLADDER	605.76										
07	47605	REMOVAL OF GALLBLADDER	726.92	00 15									
02	47610	REMOVAL OF GALLBLADDER	155.56										
03	47610	REMOVAL OF GALLBLADDER	777.81										
07	47610	REMOVAL OF GALLBLADDER	933.38	00 15									
02	47612	CHOLECYSTECTOMY;W/CHOLEDOCHOENTEROST	157.15										
03	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	785.76										
07	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	942.93	00 15									
02	47620	REMOVAL OF GALLBLADDER	170.70										
03	47620	REMOVAL OF GALLBLADDER	853.52										
07	47620	REMOVAL OF GALLBLADDER	1,024.21	00 15									
02	47700	EXPLORATION OF BILE DUCTS	128.97										
03	47700	EXPLORATION OF BILE DUCTS	644.83										
07	47700	EXPLORATION OF BILE DUCTS	773.79	00 15									
02	47701	PORTOENTEROSTOMY	222.29										
03	47701	PORTENTEROSTOMY	1,111.46										
07	47701	PORTENTEROSTOMY	1,333.76	00 15									
02	47711	EXCISION OF BILE DUCT TUMOR	193.01										
03	47711	EXCISION OF BILE DUCT TUMOR	965.06										
07	47711	EXCISION OF BILE DUCT TUMOR	1,158.07	00 15									
02	47712	EXCISION OF BILE DUCT TUMOR	247.53										
03	47712	EXCISION OF BILE DUCT TUMOR	1,237.63										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	47712	EXCISION OF BILE DUCT TUMOR	1,485.16	00	15									
02	47715	EXCISE CHOLEDOCHAL CYST	161.97											
03	47715	EXCISE CHOLEDOCHAL CYST	809.86											
07	47715	EXCISE CHOLEDOCHAL CYST	971.82	00	15									
02	47720	FUSE GALLBLADDER & BOWEL	139.70											
03	47720	FUSE GALLBLADDER & BOWEL	698.51											
07	47720	FUSE GALLBLADDER & BOWEL	838.21	00	15									
02	47721	FUSE UPPER GI STRUCTURES	165.11											
03	47721	FUSE UPPER GI STRUCTURES	825.57											
07	47721	FUSE UPPER GI STRUCTURES	990.68	00	15									
02	47740	FUSE GALLBLADDER & BOWEL	159.49											
03	47740	FUSE GALLBLADDER & BOWEL	797.46											
07	47740	FUSE GALLBLADDER & BOWEL	956.96	00	15									
02	47741	FUSE GALLBLADDER & BOWEL	180.94											
03	47741	FUSE GALLBLADDER & BOWEL	904.68											
07	47741	FUSE GALLBLADDER & BOWEL	1,085.61	00	15									
02	47760	FUSE BILE DUCTS AND BOWEL	272.12											
03	47760	FUSE BILE DUCTS AND BOWEL	1,360.60											
07	47760	FUSE BILE DUCTS AND BOWEL	1,632.72	00	15									
02	47765	FUSE LIVER DUCTS & BOWEL	358.14											
03	47765	FUSE LIVER DUCTS & BOWEL	1,790.68											
07	47765	FUSE LIVER DUCTS & BOWEL	2,148.81	00	15									
02	47780	FUSE BILE DUCTS AND BOWEL	297.41											
03	47780	FUSE BILE DUCTS AND BOWEL	1,487.04											
07	47780	FUSE BILE DUCTS AND BOWEL	1,784.46	00	15									
02	47785	FUSE BILE DUCTS AND BOWEL	387.57											
03	47785	FUSE BILE DUCTS AND BOWEL	1,937.83											
07	47785	FUSE BILE DUCTS AND BOWEL	2,325.39	00	15									
02	47800	RECONSTRUCTION OF BILE DUCTS	194.91											
03	47800	RECONSTRUCTION OF BILE DUCTS	974.56											
07	47800	RECONSTRUCTION OF BILE DUCTS	1,169.47	00	15									
02	47801	PLACEMENT OF CHOLEDOCHAL STENT	135.72											
03	47801	PLACEMENT OF CHOLEDOCHAL STENT	678.58											
07	47801	PLACEMENT OF CHOLEDOCHAL STENT	814.28	00	15									
02	47802	U-TUBE HEPATICOENTEROSTOMY	186.84											
03	47802	U-TUBE HEPATICOENTEROSTOMY	934.22											
07	47802	U-TUBE HEPATICOENTEROSTOMY	1,121.06	00	15									
02	47900	SUTURE BILE DUCT INJURY	168.50											
03	47900	SUTURE BILE DUCT INJURY	842.48											
07	47900	SUTURE BILE DUCT INJURY	1,010.97	00	15									
02	47999	BILE TRACT SURGERY PROCEDURE	MP			X								
03	47999	BILE TRACT SURGERY PROCEDURE	MP			X								
07	47999	BILE TRACT SURGERY PROCEDURE	MP	00	15	X								
02	48000	DRAINAGE OF ABDOMEN	233.75											
03	48000	DRAINAGE OF ABDOMEN	1,168.74											
07	48000	DRAINAGE OF ABDOMEN	1,402.48	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	288.23											
03	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	1,441.17											
07	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	1,729.41	00	15									
02	48020	REMOVAL OF PANCREATIC STONE	143.77											
03	48020	REMOVAL OF PANCREATIC STONE	718.83											
07	48020	REMOVAL OF PANCREATIC STONE	862.60	00	15									
02	48100	BIOPSY OF PANCREAS	109.13											
03	48100	BIOPSY OF PANCREAS	545.65											
07	48100	BIOPSY OF PANCREAS	654.79	00	15									
03	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	338.30											
07	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	405.96	00	15									
02	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	355.07											
03	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	1,775.34											
07	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	2,130.41	00	15									
02	48120	REMOVAL OF PANCREAS LESION	136.64											
03	48120	REMOVAL OF PANCREAS LESION	683.22											
07	48120	REMOVAL OF PANCREAS LESION	819.86	00	15									
02	48140	PARTIAL REMOVAL OF PANCREAS	193.69											
03	48140	PARTIAL REMOVAL OF PANCREAS	968.43											
07	48140	PARTIAL REMOVAL OF PANCREAS	1,162.10	00	15									
02	48145	PARTIAL REMOVAL OF PANCREAS	201.23											
03	48145	PARTIAL REMOVAL OF PANCREAS	1,006.16											
07	48145	PARTIAL REMOVAL OF PANCREAS	1,207.38	00	15									
02	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	229.05											
03	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,145.24											
07	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,374.30	00	15									
02	48148	REMOVAL OF PANCREATIC DUCT	152.09											
03	48148	REMOVAL OF PANCREATIC DUCT	760.47											
07	48148	REMOVAL OF PANCREATIC DUCT	912.57	00	15									
02	48150	PARTIAL REMOVAL OF PANCREAS	388.04											
03	48150	PARTIAL REMOVAL OF PANCREAS	1,940.22											
07	48150	PARTIAL REMOVAL OF PANCREAS	2,328.26	00	15									
02	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	358.63											
03	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,793.13											
07	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,151.76	00	15									
02	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	387.53											
03	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,937.67											
07	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,325.19	00	15									
02	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	359.64											
03	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	1,798.19											
07	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	2,157.82	00	15									
02	48155	REMOVAL OF PANCREAS	221.86											
03	48155	REMOVAL OF PANCREAS	1,109.29											
07	48155	REMOVAL OF PANCREAS	1,331.14	00	15									
02	48160	PANCREATECTOMY,WITH TRANSPLANTATION	355.60			X	X							
03	48160	PANCREATECTOMY;WITH TRANSPLANTATION	1,778.01			X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	48160	PANCREATECTOMY;WITH TRANSPLANTATION	1,778.01	00	15	X								
02	48500	SURGERY OF PANCREAS CYST	138.81											
03	48500	SURGERY OF PANCREAS CYST	694.05											
07	48500	SURGERY OF PANCREAS CYST	832.87	00	15									
02	48510	INSERTION OF DRAIN FROM PANCREATIC C	131.64											
03	48510	INSERTION OF DRAIN FROM PANCREATIC C	658.22											
07	48510	INSERTION OF DRAIN FROM PANCREATIC C	789.86	00	15									
02	48520	FUSE PANCREAS CYST AND BOWEL	135.02											
03	48520	FUSE PANCREAS CYST AND BOWEL	675.12											
07	48520	FUSE PANCREAS CYST AND BOWEL	810.15	00	15									
02	48540	FUSE PANCREAS CYST AND BOWEL	161.76											
03	48540	FUSE PANCREAS CYST AND BOWEL	808.80											
07	48540	FUSE PANCREAS CYST AND BOWEL	970.55	00	15									
02	48545	PANCREATORRHAPHY FOR TRAUMA	163.35											
03	48545	PANCREATORRHAPHY FOR TRAUMA	816.73											
07	48545	PANCREATORRHAPHY FOR TRAUMA	980.08	00	15									
02	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	220.89											
03	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,104.47											
07	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,325.37	00	15									
02	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	206.81											
03	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,034.06											
07	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,240.87	00	15									
02	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP			X								
03	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP			X								
07	48550	DONOR PANCREATECTOMY, WITH PREPARATI	MP	00	15	X								
02	48552	PREP DONOR PANCREAS/VENOUS	29.54			X								
03	48552	PREP DONOR PANCREAS/VENOUS	147.69			X								
07	48552	PREP DONOR PANCREAS/VENOUS	177.23	00	15	X								
02	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP			X								
03	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	MP			X								
07	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	1,711.95	00	15	X								
02	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP			X							X	
03	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	MP			X								
07	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	883.84	00	15	X								
02	48999	PANCREAS SURGERY PROCEDURE	MP			X								
03	48999	PANCREAS SURGERY PROCEDURE	MP			X								
07	48999	PANCREAS SURGERY PROCEDURE	MP	00	15	X								
02	49000	EXPLORATION OF ABDOMEN	95.95			X								
03	49000	EXPLORATION OF ABDOMEN	479.75			X								
07	49000	EXPLORATION OF ABDOMEN	575.70	00	15	X								
02	49002	REEXPLORATION OF ABDOMEN	125.56											
03	49002	REEXPLORATION OF ABDOMEN	627.80											
07	49002	REEXPLORATION OF ABDOMEN	753.36	00	15									
02	49010	EXPLORE,RETROPERITONEAL AREA	118.63											
03	49010	EXPLORE,RETROPERITONEAL AREA	593.14											
07	49010	EXPLORE,RETROPERITONEAL AREA	711.77	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	49013	PREPERITONEAL PELVIC PACKING FOR HE	67.99										
03	49013	PREPERITONEAL PELVIC PACKING FOR HEM	339.93										
07	49013	PREPERITONEAL PELVIC PACKING FOR HE	407.92	00 15									
02	49014	RE-EXPLORATION OF PELVIC WOUND WITH	56.08										
03	49014	RE-EXPLORATION OF PELVIC WOUND WITH	280.38										
07	49014	RE-EXPLORATION OF PELVIC WOUND WITH	336.46	00 15									
02	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	196.84										
03	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	984.21										
07	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,181.04	00 15									
02	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	123.14										
03	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	615.68										
07	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	738.82	00 15									
02	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	137.63										
03	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	688.14										
07	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	825.77	00 15									
02	49062	DRAIN TO PERITONEAL CAVITY	93.65										
03	49062	DRAIN TO PERITONEAL CAVITY	468.25										
07	49062	DRAIN TO PERITONEAL CAVITY	561.90	00 15									
03	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	106.57										
07	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	127.88	00 15									
03	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	200.05										
07	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	240.06	00 15									
03	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	67.30										
07	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	80.76	00 15									
03	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	107.70										
07	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	129.24	00 15									
03	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	682.54										
07	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	819.05	00 15									
02	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	150.43										
03	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	752.14										
07	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	902.57	00 15									
02	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	192.42										
03	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	962.11										
07	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,154.53	00 15									
02	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	220.51										
03	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,102.55										
07	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,323.06	00 15									
02	49215	EXCISE PRESACRAL/SACROCOCCYGEAL CYST	276.70										
03	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	1,383.51										
07	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	1,660.21	00 15									
03	49250	EXCISION OF UMBILICUS	356.79										
07	49250	EXCISION OF UMBILICUS	428.14	00 15									
02	49255	OMENTECTOMY,...RESECT OMENTUM	96.97										
03	49255	OMENTECTOMY,...RESECT OMENTUM	484.85		X								
07	49255	OMENTECTOMY,...RESECT OMENTUM	581.82	00 15	X								
02	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM	40.92										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	49320	DIAG LAPARO SEPARATE PROC	204.59			X								
07	49320	DIAG LAPARO SEPARATE PROC	245.51	00	15	X								
02	49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY	43.11											
03	49321	LAPAROSCOPY, BIOPSY	215.55			X								
07	49321	LAPAROSCOPY, BIOPSY	258.66	00	15	X								
02	49322	LAPAROSCOPY, SURGICAL; WITH ASPIR	46.83											
03	49322	LAPAROSCOPY, ASPIRATION	234.16			X								
07	49322	LAPAROSCOPY, ASPIRATION	280.98	00	15	X								
02	49323	LAPARO DRAIN LYMPHOCELE	79.53											
03	49323	LAPARO DRAIN LYMPHOCELE	397.63			X								
07	49323	LAPARO DRAIN LYMPHOCELE	477.16	00	15	X								
02	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	48.75											
03	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	243.77											
07	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	292.53	00	15									
02	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	52.49											
03	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	262.44											
07	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	314.92	00	15									
02	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	24.45											
03	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	122.27											
07	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	146.72	00	15									
02	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	13.44											
03	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	67.21											
07	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	80.65	00	15									
03	49329	LAPARO PROC, ABDM/PER/OMENT	MP			X								
07	49329	LAPARO PROC, ABDM/PER/OMENT	MP	00	15	X								
03	49400	AIR INJECTION INTO ABDOMEN	112.74											
07	49400	AIR INJECTION INTO ABDOMEN	135.28	00	15									
02	49402	REMOVAL OF PERITONEAL FOREIGN	105.95											
03	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	529.73											
07	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	635.67	00	15									
03	49405	Fluid collection drainage by cathete	574.44											
07	49405	Fluid collection drainage by cathete	689.32	00	15									
03	49406	Fluid collection drainage by cathete	574.21											
07	49406	Fluid collection drainage by cathete	689.04	00	15									
03	49407	Fluid collection drainage by cathete	488.24											
07	49407	Fluid collection drainage by cathete	585.88	00	15									
03	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	344.70											
07	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	413.62	00	15									
03	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	41.88											
07	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	50.25	00	15									
03	49418	INSERTION OF TUNNELED INTRAPERITONEA	769.81											
07	49418	INSERTION OF TUNNELED INTRAPERITONEA	923.78	00	15									
02	49419	INSERTION OF TUNNELED INTRAPERITONEA	56.37											
03	49419	INSERTION OF TUNNELED INTRAPERITONEA	281.86											
07	49419	INSERTION OF TUNNELED INTRAPERITONEA	338.23	00	15									
03	49421	INSERTION OF TUNNELED INTRAPERITONEA	241.61											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	49421	INSERTION OF TUNNELED INTRAPERITONEA	289.93	00 15									
03	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	244.01										
07	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	292.81	00 15									
03	49423	EXCHANGE DRAINAGE CATH	343.06										
07	49423	EXCHANGE DRAINAGE CATH	411.67	00 15									
03	49424	ASSESS CYST, CONTRAST INJ	94.40										
07	49424	ASSESS CYST, CONTRAST INJ	113.28	00 15									
02	49425	PERITONEAL-VENOUS SHUNT	95.12										
03	49425	PERITONEAL-VENOUS SHUNT	475.62										
07	49425	PERITONEAL-VENOUS SHUNT	570.74	00 15									
03	49426	REVISION OF PERITONEAL-VENOUS SHUNT	404.88										
07	49426	REVISION OF PERITONEAL-VENOUS SHUNT	485.85	00 15									
03	49427	INJECTION PROCEDURE (EG, CONTRAST ME	32.36										
07	49427	INJECTION PROCEDURE (EG, CONTRAST ME	38.84	00 15									
03	49428	LIGATION OF SHUNT	271.57										
07	49428	LIGATION OF SHUNT	325.87	00 15									
03	49429	REMOVAL OF SHUNT	288.81										
07	49429	REMOVAL OF SHUNT	346.58	00 15									
02	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	15.66										
03	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	78.30										
07	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	93.95	00 15									
02	49436	DELAYED CREATION OF EXIT SITE FROM E	22.52										
03	49436	DELAYED CREATION OF EXIT SITE FROM E	112.62										
07	49436	DELAYED CREATION OF EXIT SITE FROM E	135.14	00 15									
03	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	674.09										
07	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	808.91	00 15									
03	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	730.62										
07	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	876.74	00 15									
03	49442	INSERTION OF CECOSTOMY OR OTHER COLO	653.90										
07	49442	INSERTION OF CECOSTOMY OR OTHER COLO	784.67	00 15									
03	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	609.23										
07	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	731.07	00 15									
03	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	451.99										
07	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	542.39	00 15									
03	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	432.17										
07	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	518.60	00 15									
03	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	546.25										
07	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	655.51	00 15									
03	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	493.65										
07	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	592.39	00 15									
03	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	104.63										
07	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	125.56	00 15									
02	49491	REPAIRING HERN PREMIE REDUC	95.52										
03	49491	REPAIRING HERN PREMIE REDUC	477.62										
07	49491	REPAIRING HERN PREMIE REDUC	573.13	00 15									
02	49492	RPR ING HERN PREMIE, BLOCKED	116.92										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
03	49492	RPR ING HERN PREMIE, BLOCKED	584.59											
07	49492	RPR ING HERN PREMIE, BLOCKED	701.49	00	15									
02	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	48.54											
03	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	242.72											
07	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	291.26	00	15									
02	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	73.55											
03	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	367.77											
07	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	441.33	00	15									
02	49500	REPAIR INITIAL INGUINAL HERNIA..	48.07	00	04									
03	49500	REPAIR INITIAL INGUINAL HERNIA..	240.34	00	04					X				
07	49500	REPAIR INITIAL INGUINAL HERNIA..	288.41	00	04					X				
02	49501	REPAIR INITIAL INGUINAL HERNIA..	73.12	00	04									
03	49501	REPAIR INITIAL INGUINAL HERNIA..	365.62	00	04									
07	49501	REPAIR INITIAL INGUINAL HERNIA..	438.75	00	04									
02	49505	REPAIR INGUINAL HERNIA	63.37	05	99									
03	49505	REPAIR INGUINAL HERNIA	316.87	05	99									
07	49505	REPAIR INGUINAL HERNIA	380.25	05	15									
02	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	78.16	05	99									
03	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	390.79	05	99									
07	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	468.95	05	15									
02	49520	REREPAIR INGUINAL HERNIA	77.62											
03	49520	REREPAIR INGUINAL HERNIA	388.11											
07	49520	REREPAIR INGUINAL HERNIA	465.73	00	15									
02	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	94.86											
03	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	474.31											
07	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	569.16	00	15									
02	49525	REPAIR INGUINAL HERNIA	70.08											
03	49525	REPAIR INGUINAL HERNIA	350.41											
07	49525	REPAIR INGUINAL HERNIA	420.49	00	15									
02	49540	REPAIR LUMBAR HERNIA	83.05											
03	49540	REPAIR LUMBAR HERNIA	415.27											
07	49540	REPAIR LUMBAR HERNIA	498.31	00	15									
02	49550	REPAIR FEMORAL HERNIA	70.44											
03	49550	REPAIR FEMORAL HERNIA	352.19											
07	49550	REPAIR FEMORAL HERNIA	422.63	00	15									
02	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	77.12											
03	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	385.60											
07	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	462.72	00	15									
02	49555	REPAIR FEMORAL HERNIA	73.38											
03	49555	REPAIR FEMORAL HERNIA	366.88											
07	49555	REPAIR FEMORAL HERNIA	440.25	00	15									
02	49557	REPAIR RECURRENT FEMORAL HERNIA;	89.25											
03	49557	REPAIR RECURRENT FEMORAL HERNIA;	446.24											
07	49557	REPAIR RECURRENT FEMORAL HERNIA;	535.49	00	15									
02	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA	51.15											
03	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA	255.75											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA	306.90	00	15									
02	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA	71.35											
03	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA	356.75											
07	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA	428.10	00	15									
02	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA	85.94											
03	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA	429.72											
07	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA	515.66	00	15									
02	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA	112.04											
03	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA	560.20											
07	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA	672.24	00	15									
02	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA	115.60											
03	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA	578.02											
07	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA	693.62	00	15									
02	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA	153.59											
03	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA	767.93											
07	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA	921.51	00	15									
02	49600	REPAIR UMBILICAL LESION	89.97											
03	49600	REPAIR UMBILICAL LESION	449.83											
07	49600	REPAIR UMBILICAL LESION	539.80	00	15									
02	49605	REPAIR UMBILICAL LESION	625.91											
03	49605	REPAIR UMBILICAL LESION	3,129.57											
07	49605	REPAIR UMBILICAL LESION	3,755.48	00	15									
02	49606	REPAIR UMBILICAL LESION	141.86											
03	49606	REPAIR UMBILICAL LESION	709.29											
07	49606	REPAIR UMBILICAL LESION	851.14	00	15									
02	49610	REPAIR UMBILICAL LESION	83.50											
03	49610	REPAIR UMBILICAL LESION	417.51											
07	49610	REPAIR UMBILICAL LESION	501.01	00	15									
02	49611	REPAIR UMBILICAL LESION	74.68											
03	49611	REPAIR UMBILICAL LESION	373.39											
07	49611	REPAIR UMBILICAL LESION	448.05	00	15									
02	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA	63.06											
03	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA	315.30											
07	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA	378.36	00	15									
02	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA	85.76											
03	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA	428.80											
07	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA	514.56	00	15									
02	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA	95.91											
03	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA	479.56											
07	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA	575.47	00	15									
02	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA	128.99											
03	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA	644.93											
07	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA	773.92	00	15									
02	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA	132.72											
03	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA	663.59											
07	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA	796.30	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA	186.21											
03	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA	931.03											
07	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,117.23	00	15									
02	49621	REPAIR OF PARASTOMAL HERNIA, ANY APP	111.08											
03	49621	REPAIR OF PARASTOMAL HERNIA, ANY APP	555.39											
07	49621	REPAIR OF PARASTOMAL HERNIA, ANY APP	666.47	00	15									
02	49622	REPAIR OF PARASTOMAL HERNIA, ANY APP	137.14											
03	49622	REPAIR OF PARASTOMAL HERNIA, ANY APP	685.71											
07	49622	REPAIR OF PARASTOMAL HERNIA, ANY APP	822.85	00	15									
02	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-I	29.62											
03	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-I	148.11											
07	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-I	177.73	00	15									
02	49650	LAP ING HERNIA REPAIR INIT	52.20											
03	49650	LAP ING HERNIA REPAIR INIT	260.98											
07	49650	LAP ING HERNIA REPAIR INIT	313.18	00	15									
02	49651	LAP ING HERNIA REPAIR RECUR	67.46											
03	49651	LAP ING HERNIA REPAIR RECUR	337.29											
07	49651	LAP ING HERNIA REPAIR RECUR	404.75	00	15									
03	49659	LAPARO PROC, HERNIA REPAIR	MP			X								
07	49659	LAPARO PROC, HERNIA REPAIR	MP	00	15	X								
02	49900	REPAIR OF ABDOMINAL WALL	100.03											
03	49900	REPAIR OF ABDOMINAL WALL	500.13											
07	49900	REPAIR OF ABDOMINAL WALL	600.15	00	15									
02	49904	OMENTAL FLAP, EXTRA-ABDOM	185.58											
03	49904	OMENTAL FLAP, EXTRA-ABDOM	927.88											
07	49904	OMENTAL FLAP, EXTRA-ABDOM	1,113.45	00	15									
02	49905	OMENTAL FLAP (EG, FOR RECONSTR	46.11											
03	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	230.55											
07	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	276.67	00	15									
02	49906	FREE OMENTAL FLAP, MICROVASC	56.60											
03	49906	FREE OMENTAL FLAP, MICROVASC	282.98											
07	49906	FREE OMENTAL FLAP, MICROVASC	282.98	00	15									
02	49999	ABDOMEN SURGERY PROCEDURE	MP			X								
03	49999	ABDOMEN SURGERY PROCEDURE	MP			X								
07	49999	ABDOMEN SURGERY PROCEDURE	MP	00	15	X								
02	50010	EXPLORATION OF KIDNEY	96.99											
03	50010	EXPLORATION OF KIDNEY	484.93											
07	50010	EXPLORATION OF KIDNEY	581.91	00	15									
02	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	138.67											
03	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	693.34											
07	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	832.01	00	15									
02	50040	DRAINAGE OF KIDNEY	130.13											
03	50040	DRAINAGE OF KIDNEY	650.65											
07	50040	DRAINAGE OF KIDNEY	780.77	00	15									
02	50045	EXPLORATION OF KIDNEY	131.72											
03	50045	EXPLORATION OF KIDNEY	658.59											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	50045	EXPLORATION OF KIDNEY	790.30	00 15									
02	50060	REMOVAL OF KIDNEY STONE	162.09										
03	50060	REMOVAL OF KIDNEY STONE	810.44										
07	50060	REMOVAL OF KIDNEY STONE	972.53	00 15									
02	50065	INCISION OF KIDNEY	170.78										
03	50065	INCISION OF KIDNEY	853.91										
07	50065	INCISION OF KIDNEY	1,024.70	00 15									
02	50070	INCISION OF KIDNEY	169.39										
03	50070	INCISION OF KIDNEY	846.93										
07	50070	INCISION OF KIDNEY	1,016.31	00 15									
02	50075	REMOVAL OF KIDNEY STONE	208.40										
03	50075	REMOVAL OF KIDNEY STONE	1,042.02										
07	50075	REMOVAL OF KIDNEY STONE	1,250.43	00 15									
03	50080	PERCUT NEPHRO/PYELO,W/OR W/O	618.38										
07	50080	PERCUT NEPHRO/PYELO,W/OR W/O	742.05	00 15									
02	50081	PERCUT NEPHRO/PYELO, W OR W/O	181.86										
03	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	909.31										
07	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,091.17	00 15									
02	50100	REVISE KIDNEY BLOOD VESSELS	134.13										
03	50100	REVISE KIDNEY BLOOD VESSELS	670.65										
07	50100	REVISE KIDNEY BLOOD VESSELS	804.77	00 15									
02	50120	EXPLORATION OF KIDNEY	134.23										
03	50120	EXPLORATION OF KIDNEY	671.17										
07	50120	EXPLORATION OF KIDNEY	805.40	00 15									
02	50125	EXPLORE AND DRAIN KIDNEY	139.09										
03	50125	EXPLORE AND DRAIN KIDNEY	695.44										
07	50125	EXPLORE AND DRAIN KIDNEY	834.51	00 15									
02	50130	REMOVAL OF KIDNEY STONE	146.74										
03	50130	REMOVAL OF KIDNEY STONE	733.71										
07	50130	REMOVAL OF KIDNEY STONE	880.46	00 15									
02	50135	EXPLORATION OF KIDNEY	159.04										
03	50135	EXPLORATION OF KIDNEY	795.22										
07	50135	EXPLORATION OF KIDNEY	954.25	00 15									
03	50200	BIOPSY OF KIDNEY	100.57										
07	50200	BIOPSY OF KIDNEY	120.69	00 15									
02	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	94.23										
03	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	471.17										
07	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	565.41	00 15									
02	50220	REMOVAL OF KIDNEY	144.76										
03	50220	REMOVAL OF KIDNEY	723.78										
07	50220	REMOVAL OF KIDNEY	868.53	00 15									
02	50225	REMOVAL OF KIDNEY	167.73										
03	50225	REMOVAL OF KIDNEY	838.63										
07	50225	REMOVAL OF KIDNEY	1,006.36	00 15									
02	50230	REMOVAL OF KIDNEY	181.82										
03	50230	REMOVAL OF KIDNEY	909.09										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	50230	REMOVAL OF KIDNEY	1,090.91	00 15									
02	50234	REMOVAL OF KIDNEY & URETER	184.55										
03	50234	REMOVAL OF KIDNEY & URETER	922.74										
07	50234	REMOVAL OF KIDNEY & URETER	1,107.29	00 15									
02	50236	REMOVAL OF KIDNEY & URETER	208.66										
03	50236	REMOVAL OF KIDNEY & URETER	1,043.29										
07	50236	REMOVAL OF KIDNEY & URETER	1,251.94	00 15									
02	50240	PARTIAL REMOVAL OF KIDNEY	187.34										
03	50240	PARTIAL REMOVAL OF KIDNEY	936.71										
07	50240	PARTIAL REMOVAL OF KIDNEY	1,124.05	00 15									
02	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	173.65										
03	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	868.26										
07	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,041.92	00 15									
02	50280	REMOVAL OF KIDNEY LESION	133.61										
03	50280	REMOVAL OF KIDNEY LESION	668.05										
07	50280	REMOVAL OF KIDNEY LESION	801.66	00 15									
02	50290	REMOVAL OF KIDNEY LESION	123.95										
03	50290	REMOVAL OF KIDNEY LESION	619.74										
07	50290	REMOVAL OF KIDNEY LESION	743.69	00 15									
02	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	73.49		X								
03	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	367.42		X								
07	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	367.42	00 15	X								
02	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	165.95		X								
03	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	829.76		X								
07	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,193.19	00 15	X								
02	50327	PREP RENAL GRAFT/VENOUS	27.62		X								
03	50327	PREP RENAL GRAFT/VENOUS	138.11		X								
07	50327	PREP RENAL GRAFT/VENOUS	165.74	00 15	X								
02	50328	PREP RENAL GRAFT/ARTERIAL	24.26		X								
03	50328	PREP RENAL GRAFT/ARTERIAL	121.29		X								
07	50328	PREP RENAL GRAFT/ARTERIAL	145.56	00 15	X								
02	50329	PREP RENAL GRAFT/URETERAL	23.88		X								
03	50329	PREP RENAL GRAFT/URETERAL	119.42		X								
07	50329	PREP RENAL GRAFT/URETERAL	143.31	00 15	X								
02	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	136.31		X	X							
03	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	681.53		X								
07	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	763.62	00 15	X								
02	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	331.90		X								
03	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,659.51		X								
07	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	1,782.98	00 15	X								
02	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	379.64		X	X							
03	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	1,898.22		X								
07	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,096.68	00 15	X								
02	50370	REMOVE TRANSPLANTED KIDNEY	144.74										
03	50370	REMOVE TRANSPLANTED KIDNEY	723.69										
07	50370	REMOVE TRANSPLANTED KIDNEY	868.43	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	207.43			X	X							
03	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,037.20			X								
07	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	1,223.15	00	15	X								
03	50382	CHANGE URETER STENT, PERCUT	810.39											
07	50382	CHANGE URETER STENT, PERCUT	972.48	00	15									
03	50384	REMOVE URETER STENT, PERCUT	697.97											
07	50384	REMOVE URETER STENT, PERCUT	837.55	00	15									
03	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	789.75											
07	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	947.71	00	15									
03	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	513.35											
07	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	616.03	00	15									
03	50387	CHANGE EXT/INT URETER STENT	373.16											
07	50387	CHANGE EXT/INT URETER STENT	447.80	00	15									
03	50389	REMOVE RENAL TUBE W/FLUORO	216.32											
07	50389	REMOVE RENAL TUBE W/FLUORO	259.58	00	15									
03	50390	DRAINAGE OF KIDNEY LESION	70.51											
07	50390	DRAINAGE OF KIDNEY LESION	84.61	00	15									
03	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	88.91											
07	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	106.69	00	15									
03	50396	MEASURE KIDNEY PRESSURE	83.41											
07	50396	MEASURE KIDNEY PRESSURE	100.09	00	15									
02	50400	REVISION OF KIDNEY/URETER	163.74											
03	50400	REVISION OF KIDNEY/URETER	818.72											
07	50400	REVISION OF KIDNEY/URETER	982.47	00	15									
02	50405	REVISION OF KIDNEY/URETER	198.86											
03	50405	REVISION OF KIDNEY/URETER	994.31											
07	50405	REVISION OF KIDNEY/URETER	1,193.16	00	15									
03	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	364.94											
07	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	437.93	00	15									
03	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	114.00											
07	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	136.80	00	15									
03	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	588.42											
07	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	706.10	00	15									
03	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	790.40											
07	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	948.47	00	15									
03	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	624.74											
07	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	749.68	00	15									
03	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	326.78											
07	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	392.13	00	15									
03	50436	DILATION OF EXISTING TRACT, PERCUTAN	115.54											
07	50436	DILATION OF EXISTING TRACT, PERCUTAN	138.65	00	15									
03	50437	DILATION OF EXISTING TRACT, PERCUTAN	193.39											
07	50437	DILATION OF EXISTING TRACT, PERCUTAN	232.07	00	15									
02	50500	REPAIR OF KIDNEY WOUND	159.94											
03	50500	REPAIR OF KIDNEY WOUND	799.72											
07	50500	REPAIR OF KIDNEY WOUND	959.66	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	50520	CLOSE KIDNEY-SKIN FISTULA	147.12										
03	50520	CLOSE KIDNEY-SKIN FISTULA	735.59										
07	50520	CLOSE KIDNEY-SKIN FISTULA	882.70	00 15									
02	50525	REPAIR RENAL-ABDOMEN FISTULA	184.26										
03	50525	REPAIR RENAL-ABDOMEN FISTULA	921.32										
07	50525	REPAIR RENAL-ABDOMEN FISTULA	1,105.57	00 15									
02	50526	REPAIR RENAL-ABDOMEN FISTULA	193.39										
03	50526	REPAIR RENAL-ABDOMEN FISTULA	966.93										
07	50526	REPAIR RENAL-ABDOMEN FISTULA	1,160.33	00 15									
02	50540	REVISION OF HORSESHOE KIDNEY	160.55										
03	50540	REVISION OF HORSESHOE KIDNEY	802.74										
07	50540	REVISION OF HORSESHOE KIDNEY	963.28	00 15									
02	50541	LAPARO ABLATE RENAL CYST	130.72										
03	50541	LAPARO ABLATE RENAL CYST	653.61										
07	50541	LAPARO ABLATE RENAL CYST	784.33	00 15									
02	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	165.74										
03	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	828.69										
07	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	994.43	00 15									
02	50543	LAPARO PARTIAL NEPHRECTOMY	211.62										
03	50543	LAPARO PARTIAL NEPHRECTOMY	1,058.09										
07	50543	LAPARO PARTIAL NEPHRECTOMY	1,269.71	00 15									
02	50544	LAPAROSCOPY PYELOPLASTY	178.65										
03	50544	LAPAROSCOPY, PYELOPLASTY	893.27										
07	50544	LAPAROSCOPY, PYELOPLASTY	1,071.92	00 15									
02	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	191.75										
03	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	958.74										
07	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,150.49	00 15									
02	50546	LAPAROSCOPIC NEPHRECTOMY	169.89										
03	50546	LAPAROSCOPIC NEPHRECTOMY	849.44										
07	50546	LAPAROSCOPIC NEPHRECTOMY	1,019.32	00 15									
02	50547	LAPARO REMOVAL DONOR KIDNEY	205.46										
03	50547	LAPARO REMOVAL DONOR KIDNEY	1,027.31										
07	50547	LAPARO REMOVAL DONOR KIDNEY	1,232.77	00 15									
02	50548	LAPARO-ASSIST REMOVE K/URETER	193.41										
03	50548	LAPARO-ASST REMOVE K/URETER	967.06										
07	50548	LAPARO-ASST REMOVE K/URETER	1,160.47	00 15									
03	50549	LAPAROSCOPE PROC, RENAL	MP		X								
07	50549	LAPAROSCOPE PROC, RENAL	MP	00 15	X								
03	50551	KIDNEY ENDOSCOPY	258.08										
07	50551	KIDNEY ENDOSCOPY	309.71	00 15									
03	50553	KIDNEY ENDOSCOPY	269.54										
07	50553	KIDNEY ENDOSCOPY	323.44	00 15									
03	50555	KIDNEY ENDOSCOPY & BIOPSY	294.21										
07	50555	KIDNEY ENDOSCOPY & BIOPSY	353.04	00 15									
03	50557	KIDNEY ENDOSCOPY & TREATMENT	300.18										
07	50557	KIDNEY ENDOSCOPY & TREATMENT	360.20	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	50561	KIDNEY ENDOSCOPY & TREATMENT	340.75											
07	50561	KIDNEY ENDOSCOPY & TREATMENT	408.88	00	15									
03	50562	RENAL SCOPE W/TUMOR RESECT	420.56											
07	50562	RENAL SCOPE W/TUMOR RESECT	504.67	00	15									
03	50570	KIDNEY ENDOSCOPY	357.85											
07	50570	KIDNEY ENDOSCOPY	429.41	00	15									
03	50572	KIDNEY ENDOSCOPY	390.19											
07	50572	KIDNEY ENDOSCOPY	468.22	00	15									
03	50574	KIDNEY ENDOSCOPY & BIOPSY	411.35											
07	50574	KIDNEY ENDOSCOPY & BIOPSY	493.61	00	15									
03	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	520.48											
07	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	624.57	00	15									
03	50576	KIDNEY ENDOSCOPY & TREATMENT	410.80											
07	50576	KIDNEY ENDOSCOPY & TREATMENT	492.96	00	15									
03	50580	KIDNEY ENDOSCOPY & TREATMENT	440.14											
07	50580	KIDNEY ENDOSCOPY & TREATMENT	528.17	00	15									
03	50590	LITHOTRIPSY,ESW	627.33											
07	50590	LITHOTRIPSY,ESW	752.80	00	15									
03	50592	PERC RF ABLATE RENAL TUMOR	2,270.57											
07	50592	PERC RF ABLATE RENAL TUMOR	2,724.67	00	15									
02	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	586.36											
03	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	2,931.82											
07	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,518.17	00	15									
02	50600	EXPLORATION OF URETER	132.67											
03	50600	EXPLORATION OF URETER	663.35											
07	50600	EXPLORATION OF URETER	796.02	00	15									
02	50605	URETOROTOMY-INSERT STENT	128.50											
03	50605	URETEROTOMY-INSERT STEAT	642.51											
07	50605	URETEROTOMY-INSERT STEAT	771.00	00	15									
03	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	370.34											
07	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	444.40	00	15									
02	50610	REMOVAL OF URETER STONE	135.70											
03	50610	REMOVAL OF URETER STONE	678.48											
07	50610	REMOVAL OF URETER STONE	814.17	00	15									
02	50620	REMOVAL OF URETER STONE	128.29											
03	50620	REMOVAL OF URETER STONE	641.45											
07	50620	REMOVAL OF URETER STONE	769.74	00	15									
02	50630	REMOVAL OF URETER STONE	125.25											
03	50630	REMOVAL OF URETER STONE	626.24											
07	50630	REMOVAL OF URETER STONE	751.48	00	15									
02	50650	REMOVAL OF URETER	146.34											
03	50650	REMOVAL OF URETER	731.68											
07	50650	REMOVAL OF URETER	878.00	00	15									
02	50660	REMOVAL OF URETER	161.95											
03	50660	REMOVAL OF URETER	809.76											
07	50660	REMOVAL OF URETER	971.70	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	50684	INJECTION FOR URETER X-RAY	115.99											
07	50684	INJECTION FOR URETER X-RAY	139.17	00	15									
03	50686	MEASURE URETER PRESSURE	63.86											
07	50686	MEASURE URETER PRESSURE	76.64	00	15									
03	50688	CHANGE OF URETER TUBE	55.07											
07	50688	CHANGE OF URETER TUBE	66.09	00	15									
03	50690	INJECTION OF BLADDER AND URINARY DUC	67.51											
07	50690	INJECTION OF BLADDER AND URINARY DUC	81.01	00	15									
03	50693	PLACEMENT OF URETERAL STENT, PERCUTA	732.88											
07	50693	PLACEMENT OF URETERAL STENT, PERCUTA	879.45	00	15									
03	50694	PLACEMENT OF URETERAL STENT, PERCUTA	810.47											
07	50694	PLACEMENT OF URETERAL STENT, PERCUTA	972.56	00	15									
03	50695	PLACEMENT OF URETERAL STENT, PERCUTA	989.45											
07	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,187.33	00	15									
02	50700	REVISION OF URETER	131.23											
03	50700	REVISION OF URETER	656.14											
07	50700	REVISION OF URETER	787.38	00	15									
03	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,170.50											
07	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,404.60	00	15									
03	50706	BALLOON DILATION, URETERAL STRICTURE	532.43											
07	50706	BALLOON DILATION, URETERAL STRICTURE	638.91	00	15									
02	50715	RELEASE OF URETER	156.50											
03	50715	RELEASE OF URETER	782.49											
07	50715	RELEASE OF URETER	939.00	00	15									
02	50722	RELEASE OF URETER	136.20					F						
03	50722	RELEASE OF URETER	681.02					F						
07	50722	RELEASE OF URETER	817.23	00	15			F						
02	50725	RELEASE/REVISE URETER	154.63											
03	50725	RELEASE/REVISE URETER	773.15											
07	50725	RELEASE/REVISE URETER	927.79	00	15									
02	50727	REVISION OF URINARY-CUTANEOUS ANASTO	70.30											
03	50727	REVISION OF URINARY-CUTANEOUS ANASTO	351.48											
07	50727	REVISION OF URINARY-CUTANEOUS ANASTO	421.78	00	15									
02	50728	REVISION OF URINARY-CUTANEOUS ANASTO	97.45											
03	50728	REVISION OF URINARY-CUTANEOUS ANASTO	487.27											
07	50728	REVISION OF URINARY-CUTANEOUS ANASTO	584.72	00	15									
02	50740	FUSION OF URETER & KIDNEY	152.99											
03	50740	FUSION OF URETER & KIDNEY	764.95											
07	50740	FUSION OF URETER & KIDNEY	917.95	00	15									
02	50750	FUSION OF URETER & KIDNEY	164.67											
03	50750	FUSION OF URETER & KIDNEY	823.34											
07	50750	FUSION OF URETER & KIDNEY	988.00	00	15									
02	50760	FUSION OF URETERS	154.14											
03	50760	FUSION OF URETERS	770.72											
07	50760	FUSION OF URETERS	924.86	00	15									
02	50770	SPLICING OF URETERS	159.95											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	50770	SPLICING OF URETERS	799.74											
07	50770	SPLICING OF URETERS	959.69	00	15									
02	50780	REIMPLANT URETER IN BLADDER	154.43											
03	50780	REIMPLANT URETER IN BLADDER	772.13											
07	50780	REIMPLANT URETER IN BLADDER	926.56	00	15									
02	50782	URETERONEOCYSTOSTOMY;	151.84											
03	50782	URETERONEOCYSTOSTOMY;	759.22											
07	50782	URETERONEOCYSTOSTOMY;	911.06	00	15									
02	50783	URETERONEOCYSTOSTOMY;	158.14											
03	50783	URETERONEOCYSTOSTOMY;	790.71											
07	50783	URETERONEOCYSTOSTOMY;	948.86	00	15									
02	50785	REIMPLANT URETER IN BLADDER	171.08											
03	50785	REIMPLANT URETER IN BLADDER	855.40											
07	50785	REIMPLANT URETER IN BLADDER	1,026.48	00	15									
02	50800	IMPLANT URETER IN BOWEL	129.80											
03	50800	IMPLANT URETER IN BOWEL	649.00											
07	50800	IMPLANT URETER IN BOWEL	778.80	00	15									
02	50810	FUSION OF URETER & BOWEL	172.42											
03	50810	FUSION OF URETER & BOWEL	862.11											
07	50810	FUSION OF URETER & BOWEL	1,034.53	00	15									
02	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	173.25											
03	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	866.26											
07	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,039.52	00	15									
02	50820	CONSTRUCT BOWEL BLADDER	185.11											
03	50820	CONSTRUCT BOWEL BLADDER	925.54											
07	50820	CONSTRUCT BOWEL BLADDER	1,110.65	00	15									
02	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	234.48											
03	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,172.41											
07	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,406.88	00	15									
02	50830	URINARY UNDIVERSION	254.99											
03	50830	URINARY UNDIVERSION	1,274.93											
07	50830	URINARY UNDIVERSION	1,529.93	00	15									
02	50840	REPLACE URETER BY BOWEL	174.24											
03	50840	REPLACE URETER BY BOWEL	871.20											
07	50840	REPLACE URETER BY BOWEL	1,045.43	00	15									
02	50845	CUTANEOUS APPENDICO-VESICOSTOMY	176.71											
03	50845	CUTANEOUS APPENDICO-VESICOSTOMY	883.57											
07	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,060.27	00	15									
02	50860	TRANSPLANT URETER TO SKIN	134.07											
03	50860	TRANSPLANT URETER TO SKIN	670.33											
07	50860	TRANSPLANT URETER TO SKIN	804.38	00	15									
02	50900	REPAIR OF URETER	117.96											
03	50900	REPAIR OF URETER	589.79											
07	50900	REPAIR OF URETER	707.75	00	15									
02	50920	CLOSURE URETER/SKIN FISTULA	124.39											
03	50920	CLOSURE URETER/SKIN FISTULA	621.93											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	50920	CLOSURE URETER/SKIN FISTULA	746.31	00 15									
02	50930	CLOSURE URETER/BOWEL FISTULA	151.20										
03	50930	CLOSURE URETER/BOWEL FISTULA	756.00										
07	50930	CLOSURE URETER/BOWEL FISTULA	907.21	00 15									
02	50940	RELEASE OF URETER	125.52										
03	50940	RELEASE OF URETER	627.62										
07	50940	RELEASE OF URETER	753.14	00 15									
02	50945	LAPAROSCOPY URETEROLITHOTOMY	139.43										
03	50945	LAPAROSCOPY URETEROLITHOTOMY	697.16										
07	50945	LAPAROSCOPY URETEROLITHOTOMY	836.60	00 15									
02	50947	LAPARO NEW URETER/BLADDER	198.22										
03	50947	LAPARO NEW URETER/BLADDER	991.10										
07	50947	LAPARO NEW URETER/BLADDER	1,189.33	00 15									
02	50948	LAPRAO NEW URETER/BLADDER	183.47										
03	50948	LAPARO NEW URETER/BLADDER	917.36										
07	50948	LAPARO NEW URETER/BLADDER	1,100.82	00 15									
03	50949	LAPAROSCOPE PROC, URETER	MP		X								
07	50949	LAPAROSCOPE PROC, URETER	MP	00 15	X								
03	50951	ENDOSCOPY OF URETER	269.53										
07	50951	ENDOSCOPY OF URETER	323.42	00 15									
03	50953	ENDOSCOPY OF URETER	284.65										
07	50953	ENDOSCOPY OF URETER	341.58	00 15									
03	50955	URETER ENDOSCOPY & BIOPSY	314.44										
07	50955	URETER ENDOSCOPY & BIOPSY	377.33	00 15									
03	50957	URETER ENDOSCOPY & TREATMENT	306.62										
07	50957	URETER ENDOSCOPY & TREATMENT	367.94	00 15									
03	50961	URETER ENDOSCOPY & TREATMENT	276.33										
07	50961	URETER ENDOSCOPY & TREATMENT	331.59	00 15									
03	50970	URETER ENDOSCOPY	269.81										
07	50970	URETER ENDOSCOPY	323.77	00 15									
03	50972	URETER ENDOSCOPY & CATHETER	259.70										
07	50972	URETER ENDOSCOPY & CATHETER	311.63	00 15									
03	50974	URETER ENDOSCOPY & BIOPSY	343.95										
07	50974	URETER ENDOSCOPY & BIOPSY	412.74	00 15									
03	50976	URETER ENDOSCOPY & TREATMENT	339.00										
07	50976	URETER ENDOSCOPY & TREATMENT	406.80	00 15									
03	50980	URETER ENDOSCOPY & TREATMENT	258.89										
07	50980	URETER ENDOSCOPY & TREATMENT	310.67	00 15									
02	51020	INCISE & TREAT BLADDER	65.00										
03	51020	INCISE & TREAT BLADDER	324.98										
07	51020	INCISE & TREAT BLADDER	389.97	00 15									
03	51030	INCISE & TREAT BLADDER	323.35										
07	51030	INCISE & TREAT BLADDER	388.02	00 15									
02	51040	INCISE & DRAIN BLADDER	40.48										
03	51040	INCISE & DRAIN BLADDER	202.38										
07	51040	INCISE & DRAIN BLADDER	242.86	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	51045	INCISE BLADDER, DRAIN URETER	64.94											
03	51045	INCISE BLADDER, DRAIN URETER	324.70											
07	51045	INCISE BLADDER, DRAIN URETER	389.63	00	15									
02	51050	REMOVAL OF BLADDER STONE	66.10											
03	51050	REMOVAL OF BLADDER STONE	330.50											
07	51050	REMOVAL OF BLADDER STONE	396.60	00	15									
02	51060	REMOVAL OF URETER STONE	81.51											
03	51060	REMOVAL OF URETER STONE	407.57											
07	51060	REMOVAL OF URETER STONE	489.09	00	15									
03	51065	REMOVAL OF URETER STONE	405.08											
07	51065	REMOVAL OF URETER STONE	486.09	00	15									
02	51080	DRAINAGE OF BLADDER ABSCESS	56.58											
03	51080	DRAINAGE OF BLADDER ABSCESS	282.90											
07	51080	DRAINAGE OF BLADDER ABSCESS	339.48	00	15									
03	51100	ASPIRATION OF BLADDER; BY NEEDLE	41.54											
07	51100	ASPIRATION OF BLADDER; BY NEEDLE	49.86	00	15									
03	51101	ASPIRATION OF BLADDER; BY TROCAR OR	83.43											
07	51101	ASPIRATION OF BLADDER; BY TROCAR OR	100.12	00	15									
03	51102	ASPIRATION OF BLADDER; WITH INSERTIO	160.80											
07	51102	ASPIRATION OF BLADDER; WITH INSERTIO	192.96	00	15									
02	51500	REMOVAL OF BLADDER CYST	87.96											
03	51500	REMOVAL OF BLADDER CYST	439.81											
07	51500	REMOVAL OF BLADDER CYST	527.77	00	15									
02	51520	REMOVAL OF BLADDER LESION	82.32											
03	51520	REMOVAL OF BLADDER LESION	411.60											
07	51520	REMOVAL OF BLADDER LESION	493.92	00	15									
02	51525	REMOVAL OF BLADDER LESION	121.29											
03	51525	REMOVAL OF BLADDER LESION	606.44											
07	51525	REMOVAL OF BLADDER LESION	727.74	00	15									
02	51530	REMOVAL OF BLADDER LESION	108.31											
03	51530	REMOVAL OF BLADDER LESION	541.57											
07	51530	REMOVAL OF BLADDER LESION	649.89	00	15									
02	51535	REPAIR OF URETER LESION	110.26											
03	51535	REPAIR OF URETER LESION	551.31											
07	51535	REPAIR OF URETER LESION	661.58	00	15									
02	51550	PARTIAL REMOVAL OF BLADDER	133.86											
03	51550	PARTIAL REMOVAL OF BLADDER	669.29											
07	51550	PARTIAL REMOVAL OF BLADDER	803.15	00	15									
02	51555	PARTIAL REMOVAL OF BLADDER	178.10											
03	51555	PARTIAL REMOVAL OF BLADDER	890.51											
07	51555	PARTIAL REMOVAL OF BLADDER	1,068.62	00	15									
02	51565	REVISE BLADDER & URETER(S)	181.89											
03	51565	REVISE BLADDER & URETER(S)	909.46											
07	51565	REVISE BLADDER & URETER(S)	1,091.35	00	15									
02	51570	REMOVAL OF BLADDER	207.74											
03	51570	REMOVAL OF BLADDER	1,038.72											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	51570	REMOVAL OF BLADDER	1,246.46	00 15									
02	51575	REMOVAL OF BLADDER & NODES	259.70										
03	51575	REMOVAL OF BLADDER & NODES	1,298.48										
07	51575	REMOVAL OF BLADDER & NODES	1,558.17	00 15									
02	51580	REMOVE BLADDER; REVISE TRACT	270.46										
03	51580	REMOVE BLADDER; REVISE TRACT	1,352.30										
07	51580	REMOVE BLADDER; REVISE TRACT	1,622.76	00 15									
02	51585	REMOVAL OF BLADDER & NODES	301.38										
03	51585	REMOVAL OF BLADDER & NODES	1,506.92										
07	51585	REMOVAL OF BLADDER & NODES	1,808.29	00 15									
02	51590	REMOVE BLADDER; REVISE TRACT	274.69										
03	51590	REMOVE BLADDER; REVISE TRACT	1,373.45										
07	51590	REMOVE BLADDER; REVISE TRACT	1,648.13	00 15									
02	51595	REMOVE BLADDER; REVISE TRACT	312.24										
03	51595	REMOVE BLADDER; REVISE TRACT	1,561.18										
07	51595	REMOVE BLADDER; REVISE TRACT	1,873.42	00 15									
02	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	335.51										
03	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	1,677.56										
07	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,013.08	00 15									
02	51597	PELVIC EXENTER.W/W/O HYSTERECTOMY	323.87		X								
03	51597	PELVIC EXENTERATION	1,619.33		X								
07	51597	PELVIC EXENTERATION	1,943.20	00 15	X								
03	51600	INJECTION FOR BLADDER X-RAY	125.00										
07	51600	INJECTION FOR BLADDER X-RAY	149.99	00 15									
03	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	27.02										
07	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	32.42	00 15									
03	51610	INJECTION FOR BLADDER X-RAY	74.43										
07	51610	INJECTION FOR BLADDER X-RAY	89.31	00 15									
03	51700	IRRIGATION OF BLADDER	58.67									X	
07	51700	IRRIGATION OF BLADDER	70.41	00 15								X	
03	51701	INSERTION NON-INDWELLNG BLADDR CATH	40.43										
07	51701	INSERTION NON-INDWELLNG BLADDR CATH	48.52	00 15									
03	51702	INSERT TEMP INDWELL BLADDER CATHETER	51.57										
07	51702	INSERT TEMP INDWELL BLADDER CATHETER	61.88	00 15									
03	51703	INSERT INDWELL BLADDER CATH;COMPLICA	94.84										
07	51703	INSERT INDWELL BLADDER CATH;COMPLICA	113.81	00 15									
03	51705	CHANGE OF BLADDER TUBE	75.74										
07	51705	CHANGE OF BLADDER TUBE	90.87	00 15									
03	51710	CHANGE OF BLADDER TUBE	106.98										
07	51710	CHANGE OF BLADDER TUBE	128.38	00 15									
03	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	201.53										
07	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	241.83	00 15									
03	51720	TREATMENT OF BLADDER LESION	80.19										
07	51720	TREATMENT OF BLADDER LESION	96.23	00 15									
03	51725	SIMPLE CYSTOMETROGRAM	145.87										
05	51725	SIMPLE CYSTOMETROGRAM	58.35										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE	6 MED	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	51725	SIMPLE CYSTOMETROGRAM	175.04	00 15									
03	51726	COMPLEX CYSTOMETROGRAM	210.34										
05	51726	COMPLEX CYSTOMETROGRAM	84.14										
07	51726	COMPLEX CYSTOMETROGRAM	252.41	00 15									
03	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	198.98										
05	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	79.59										
07	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	238.77	00 15									
03	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	198.04										
05	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	79.22										
07	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	237.65	00 15									
03	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	217.08										
05	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	86.83										
07	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	260.50	00 15									
03	51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-	36.47										
05	51736	SIMPLE UROFLOWMETRY	14.59										
07	51736	SIMPLE UROFLOWMETRY	43.77	00 15									
03	51741	COMPLEX UROFLOWMETRY	58.37										
05	51741	COMPLEX UROFLOWMETRY	23.35										
07	51741	COMPLEX UROFLOWMETRY	70.05	00 15									
03	51784	ANAL/URINARY MUSCLE STUDY	134.34										
05	51784	ANAL/URINARY MUSCLE STUDY	53.74										
07	51784	ANAL/URINARY MUSCLE STUDY	161.22	00 15									
03	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	145.25										
05	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	58.10										
07	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	174.30	00 15									
03	51797	51797 VOIDING PRESSURE STUDIES, INTR	98.66										
05	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	39.46										
07	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	118.39	00 15									
03	51798	MEASURE POST-VOIDING RESIDUAL URINE	13.65										
07	51798	MEASURE POST-VOIDING RESIDUAL URINE	16.39	00 15									
02	51800	REVISION OF BLADDER/URETHRA	147.66										
03	51800	REVISION OF BLADDER/URETHRA	738.28										
07	51800	REVISION OF BLADDER/URETHRA	885.94	00 15									
02	51820	REVISION OF URINARY TRACT	151.24										
03	51820	REVISION OF URINARY TRACT	756.22										
07	51820	REVISION OF URINARY TRACT	907.47	00 15									
02	51840	ATTACH BLADDER/URETHRA	90.19										
03	51840	ATTACH BLADDER/URETHRA	450.95										
07	51840	ATTACH BLADDER/URETHRA	541.14	00 15									
02	51841	ATTACH BLADDER/URETHRA	107.11										
03	51841	ATTACH BLADDER/URETHRA	535.56										
07	51841	ATTACH BLADDER/URETHRA	642.67	00 15									
02	51845	ABCOMINO-VAGINAL VESICAL NECK SUSPEN	81.82				F						
03	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	409.11				F						
07	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	490.92	00 15			F						
02	51860	REPAIR OF BLADDER WOUND	100.41										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	51860	REPAIR OF BLADDER WOUND	502.05											
07	51860	REPAIR OF BLADDER WOUND	602.45	00	15									
02	51865	REPAIR OF BLADDER WOUND	124.19											
03	51865	REPAIR OF BLADDER WOUND	620.96											
07	51865	REPAIR OF BLADDER WOUND	745.16	00	15									
02	51880	REPAIR OF BLADDER OPENING	64.95											
03	51880	REPAIR OF BLADDER OPENING	324.73											
07	51880	REPAIR OF BLADDER OPENING	389.67	00	15									
02	51900	REPAIR BLADDER/VAGINA LESION	115.25					F						
03	51900	REPAIR BLADDER/VAGINA LESION	576.26					F						
07	51900	REPAIR BLADDER/VAGINA LESION	691.52	00	15			F						
02	51920	CLOSE BLADDER-UTERUS FISTULA	106.58					F						
03	51920	CLOSE BLADDER-UTERUS FISTULA	532.88					F						
07	51920	CLOSE BLADDER-UTERUS FISTULA	639.46	00	15			F						
02	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	139.75			X		F		X				
03	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	698.73			X		F		X				
07	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	838.47	00	15	X		F		X				
02	51940	CORRECTION OF BLADDER DEFECT	228.36											
03	51940	CORRECTION OF BLADDER DEFECT	1,141.78											
07	51940	CORRECTION OF BLADDER DEFECT	1,370.12	00	15									
02	51960	REVISION OF BLADDER & BOWEL	196.23											
03	51960	REVISION OF BLADDER & BOWEL	981.15											
07	51960	REVISION OF BLADDER & BOWEL	1,177.38	00	15									
02	51980	CONSTRUCT BLADDER OPENING	100.31											
03	51980	CONSTRUCT BLADDER OPENING	501.55											
07	51980	CONSTRUCT BLADDER OPENING	601.86	00	15									
02	51990	LAPARO URETHRAL SUSPENSION	104.14											
03	51990	LAPARO URETHRAL SUSPENSION	520.69											
07	51990	LAPARO URETHRAL SUSPENSION	624.83	00	15									
02	51992	LAPARO SLING OPERATION	113.59					F						
03	51992	LAPARO SLING OPERATION	567.93					F						
07	51992	LAPARO SLING OPERATION	681.52	00	15			F						
03	51999	LAPAROSCOPE PROC, BLADDER	MP			X								
07	51999	LAPAROSCOPE PROC, BLADDER	MP	00	15	X								
03	52000	CYSTOSCOPY	142.47											
07	52000	CYSTOSCOPY	170.95	00	15									
03	52001	CYSTOSCOPY, REMOVAL OF CLOTS	267.15											
07	52001	CYSTOSCOPY, REMOVAL OF CLOTS	320.57	00	15									
03	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	194.24											
07	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	233.09	00	15									
03	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	358.49											
07	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	430.18	00	15									
03	52010	CYSTOSCOPY & DUCT CATHETER	269.68					M						
07	52010	CYSTOSCOPY & DUCT CATHETER	323.61	00	15			M						
03	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	293.97											
07	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	352.77	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	52214	CYSTOURETHROSCOPY WITH FULGURATION;	387.46										
07	52214	CYSTOURETHROSCOPY WITH FULGURATION;	464.93	00 15									
03	52224	CYSTOURETHROSCOPY WITH FULGURATION;	545.56										
07	52224	CYSTOURETHROSCOPY WITH FULGURATION;	654.67	00 15									
03	52234	CYSTOURETHROSCOPY WITH FULGURATION;	178.01										
07	52234	CYSTOURETHROSCOPY WITH FULGURATION;	213.61	00 15									
03	52235	CYSTOURETHROSCOPY WITH FULGURATION;	208.78										
07	52235	CYSTOURETHROSCOPY WITH FULGURATION;	250.53	00 15									
03	52240	CYSTOURETHROSCOPY WITH FULGURATION;	365.69										
07	52240	CYSTOURETHROSCOPY WITH FULGURATION;	438.83	00 15									
03	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	174.64										
07	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	209.56	00 15									
03	52260	CYSTOSCOPY & TREATMENT	150.76										
07	52260	CYSTOSCOPY & TREATMENT	180.91	00 15									
03	52265	CYSTOSCOPY & TREATMENT	283.05										
07	52265	CYSTOSCOPY & TREATMENT	339.66	00 15									
03	52270	CYSTOSCOPY & REVISE URETHRA	274.84										
07	52270	CYSTOSCOPY & REVISE URETHRA	329.81	00 15									
03	52275	CYSTOSCOPY & REVISE URETHRA	376.29										
07	52275	CYSTOSCOPY & REVISE URETHRA	451.55	00 15									
03	52276	CYSTOURETHROSCOPY W/DIRECT VISION	191.90										
07	52276	CYSTOURETHROSCOPY W/DIRECT VISION	230.28	00 15									
03	52277	CYSTOSCOPY AND TREATMENT	234.70										
07	52277	CYSTOSCOPY AND TREATMENT	281.64	00 15									
03	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	207.65										
07	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	249.17	00 15									
03	52282	CYSTOSCOPY, IMPLANT STENT	242.24										
07	52282	CYSTOSCOPY, IMPLANT STENT	290.69	00 15									
03	52283	CYSTOURETHROSCOPY, STEROID INJECTION	195.62										
07	52283	CYSTOURETHROSCOPY, STEROID INJECTION	234.74	00 15									
03	52285	CYSTOSCOPY AND TREATMENT	196.56				F						
07	52285	CYSTOSCOPY AND TREATMENT	235.88	00 15			F						
03	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	203.08										
07	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	243.70	00 15									
03	52290	CYSTOSCOPY AND TREATMENT	176.52										
07	52290	CYSTOSCOPY AND TREATMENT	211.82	00 15									
03	52300	CYSTOSCOPY AND TREATMENT	202.89										
07	52300	CYSTOSCOPY AND TREATMENT	243.45	00 15									
03	52301	CYSTOSCOPY AND TREATMENT	213.53										
07	52301	CYSTOSCOPY AND TREATMENT	256.24	00 15									
03	52305	CYSTOSCOPY AND TREATMENT	201.75										
07	52305	CYSTOSCOPY AND TREATMENT	242.09	00 15									
03	52310	CYSTOSCOPY AND TREATMENT	172.93										
07	52310	CYSTOSCOPY AND TREATMENT	207.51	00 15									
03	52315	CYSTOSCOPY AND TREATMENT	306.82										
07	52315	CYSTOSCOPY AND TREATMENT	368.18	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	52317	LITHOLAPAXY,SIMPLE;SMALL	639.37										
07	52317	LITHOLAPAXY,SIMPLE;SMALL	767.24	00 15									
03	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	344.24										
07	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	413.09	00 15									
03	52320	CYSTOSCOPY AND TREATMENT	178.46										
07	52320	CYSTOSCOPY AND TREATMENT	214.15	00 15									
03	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	232.39										
07	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	278.87	00 15									
03	52327	CYSTOSCOPY, INJECT MATERIAL	361.49										
07	52327	CYSTOSCOPY, INJECT MATERIAL	433.79	00 15									
03	52330	CYSTOSCOPY AND TREATMENT	518.64										
07	52330	CYSTOSCOPY AND TREATMENT	622.36	00 15									
03	52332	CYSTOURETHROSCOPY/INSERT STENT	319.95										
07	52332	CYSTOURETHROSCOPY/INSERT STENT	383.93	00 15									
03	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	185.47										
07	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	222.55	00 15									
03	52341	CYSTO W/URETER STRICTURE TX	210.78										
07	52341	CYSTO W/URETER STRICTURE TX	252.94	00 15									
03	52342	CYSTO W/UP STRICTURE TX	229.18										
07	52342	CYSTO W/UP STRICTURE TX	275.01	00 15									
03	52343	CYSTO W/RENAL STRICTURE TX	255.02										
07	52343	CYSTO W/RENAL STRICTURE TX	306.03	00 15									
03	52344	CYSTO/URETERO, STONE REMOVE	276.38										
07	52344	CYSTO/URETERO, STONE REMOVE	331.66	00 15									
03	52345	CYSTO/URETERO W/UP STRICTURE	294.78										
07	52345	CYSTO/URETERO W/UP STRICTURE	353.73	00 15									
03	52346	CYSTOURETERO W/RENAL STRICT	332.81										
07	52346	CYSTOURETERO W/RENAL STRICT	399.37	00 15									
03	52351	CYSTOURETRO & OR PYELOSCOPE	226.66										
07	52351	CYSTOURETRO & OR PYELOSCOPE	271.99	00 15									
03	52352	CYSTOURETRO W/STONE REMOVE	266.25										
07	52352	CYSTOURETRO W/STONE REMOVE	319.50	00 15									
03	52353	CYSTOURETERO W/LITHOTRIPSY	306.51										
07	52353	CYSTOURETERO W/LITHOTRIPSY	367.81	00 15									
03	52354	CYSTOURETERO W/BIOPSY	283.16										
07	52354	CYSTOURETERO W/BIOPSY	339.79	00 15									
03	52355	CYSTOURETERO W/EXCISE TUMOR	337.84										
07	52355	CYSTOURETERO W/EXCISE TUMOR	405.41	00 15									
03	52356	CRUSHING OF STONE IN URINARY DUCT (U	294.12									X	
07	52356	CRUSHING OF STONE IN URINARY DUCT (U	352.94	00 15								X	
03	52400	CYSTOURETERO W/CONGEN REPR	346.24			X							
07	52400	CYSTOURETERO W/CONGEN REPR	415.49	00 15		X							
03	52402	CYSTOURETHRO CUT EJACUL DUCT	195.31				M						
07	52402	CYSTOURETHRO CUT EJACUL DUCT	234.36	00 15			M						
03	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	848.20				M						
07	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,017.84	00 15			M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	639.68					M						
07	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	767.61	00	15			M						
03	52450	TRANSURETHRAL INCISION OF PROSTATE	327.72					M						
07	52450	TRANSURETHRAL INCISION OF PROSTATE	393.27	00	15			M						
03	52500	REVISION OF BLADDER NECK	342.74					M						
07	52500	REVISION OF BLADDER NECK	411.29	00	15			M						
03	52601	PROSTATECTOMY (TUR)	584.77					M						
07	52601	PROSTATECTOMY (TUR)	701.72	00	15			M						
03	52630	REMOVE PROSTATE REGROWTH	312.34					M						
07	52630	REMOVE PROSTATE REGROWTH	374.80	00	15			M						
03	52640	RELIEVE BLADDER CONTRACTURE	212.93					M						
07	52640	RELIEVE BLADDER CONTRACTURE	255.51	00	15			M						
03	52647	LASER SURGERY OF PROSTATE	1,434.57					M						
07	52647	LASER SURGERY OF PROSTATE	1,721.48	00	15			M						
03	52648	LASER SURGERY OF PROSTATE	1,467.26					M						
07	52648	LASER SURGERY OF PROSTATE	1,760.71	00	15			M						
03	52649	PROSTATE LASER ENUCLEATION	693.70				X	M						
07	52649	PROSTATE LASER ENUCLEATION	832.44	00	15		X	M						
03	52700	DRAINAGE OF PROSTATE ABSCESS	304.68					M						
07	52700	DRAINAGE OF PROSTATE ABSCESS	365.62	00	15			M						
03	53000	INCISION OF URETHRA	103.62											
07	53000	INCISION OF URETHRA	124.34	00	15									
03	53010	INCISION OF URETHRA	202.11											
07	53010	INCISION OF URETHRA	242.53	00	15									
03	53020	INCISION OF URETHRA	69.68	01	99									
07	53020	INCISION OF URETHRA	83.63	01	15									
03	53025	INCISION OF URETHRA	45.62	00	00									
07	53025	INCISION OF URETHRA	54.74	00	00									
03	53040	DRAINAGE OF URETHRA ABSCESS	275.03											
07	53040	DRAINAGE OF URETHRA ABSCESS	330.05	00	15									
03	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	121.12					F						
07	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	145.34	00	15			F						
03	53080	DRAINAGE OF URINARY LEAKAGE	304.04											
07	53080	DRAINAGE OF URINARY LEAKAGE	364.84	00	15									
02	53085	DRAINAGE OF URINARY LEAKAGE	87.17											
03	53085	DRAINAGE OF URINARY LEAKAGE	435.86											
07	53085	DRAINAGE OF URINARY LEAKAGE	523.04	00	15									
03	53200	BIOPSY OF URETHRA	109.32											
07	53200	BIOPSY OF URETHRA	131.18	00	15									
02	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	108.62					F						
03	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	543.12					F						
07	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	651.76	00	15			F						
02	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;	132.10					M						
03	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	660.52					M						
07	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	792.61	00	15			M						
03	53220	TREATMENT OF URETHRA LESION	315.80											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	53220	TREATMENT OF URETHRA LESION	378.96	00 15									
02	53230	EXCISE URETHRAL DIVERTICULUM;F	84.47				F						
03	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	422.33				F						
07	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	506.79	00 15			F						
02	53235	EXCISE URETHRAL DIVERTICULUM;M	89.72				M						
03	53235	EXCISE URETHRAL DIVERTICULUM;MALE	448.59				M						
07	53235	EXCISE URETHRAL DIVERTICULUM;MALE	538.31	00 15			M						
03	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	300.68										
07	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	360.82	00 15									
03	53250	REMOVAL OF SEMINAL FLUID GLAND	278.91										
07	53250	REMOVAL OF SEMINAL FLUID GLAND	334.69	00 15									
03	53260	TREATMENT OF URETHRA LESION	138.34										
07	53260	TREATMENT OF URETHRA LESION	166.01	00 15									
03	53265	TREATMENT OF URETHRA LESION	152.87										
07	53265	TREATMENT OF URETHRA LESION	183.44	00 15									
03	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	141.43				F						
07	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	169.72	00 15			F						
03	53275	REPAIR OF URETHRA DEFECT	187.06										
07	53275	REPAIR OF URETHRA DEFECT	224.47	00 15									
02	53400	REVISE URETHRA, 1ST STAGE	112.97										
03	53400	REVISE URETHRA, 1ST STAGE	564.83										
07	53400	REVISE URETHRA, 1ST STAGE	677.79	00 15									
02	53405	REVISE URETHRA, 2ND STAGE	124.52										
03	53405	REVISE URETHRA, 2ND STAGE	622.62										
07	53405	REVISE URETHRA, 2ND STAGE	747.14	00 15									
02	53410	RECONSTRUCTION OF URETHRA	138.98				M						
03	53410	URETHROPLASTY...MALE ANTERIOR URETH.	694.89				M						
07	53410	URETHROPLASTY...MALE ANTERIOR URETH.	833.86	00 15			M						
02	53415	URETHROOPLASTY,TRANSPUBIC, ONE STAGE	160.52				M						
03	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	802.62				M						
07	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	963.14	00 15			M						
02	53420	RECONSTRUCT URETHRA, STAGE 1	114.27				M						
03	53420	RECONSTRUCT URETHRA, STAGE 1	571.35				M						
07	53420	RECONSTRUCT URETHRA, STAGE 1	685.61	00 15			M						
02	53425	RECONSTRUCT URETHRA, STAGE 2	133.92				M						
03	53425	RECONSTRUCT URETHRA, STAGE 2	669.62				M						
07	53425	RECONSTRUCT URETHRA, STAGE 2	803.54	00 15			M						
02	53430	URETHROPLASTY,RECON FEMALE URETHRA	133.83				F						
03	53430	URETHROPLASTY,RECON FEMALE URETHRA	669.17				F						
07	53430	URETHROPLASTY,RECON FEMALE URETHRA	803.00	00 15			F						
02	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	164.10										
03	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	820.50										
07	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	984.60	00 15									
02	53440	CORRECT MALE URIN.INCONT,W/W/O PROST	123.73				M						
03	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	618.63				M						
07	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	742.35	00 15			M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	53442	PERINEAL PROSTHESIS REMOVAL	108.79					M						
03	53442	PERINEAL PROSTHESIS REMOVAL	543.97					M						
07	53442	PERINEAL PROSTHESIS REMOVAL	652.76	00	15			M						
02	53444	INSERT TANDEM CUFF	112.70											
03	53444	INSERT TANDEM CUFF	563.48											
07	53444	INSERT TANDEM CUFF	676.17	00	15									
02	53445	PLMT INFLAT.URETH/BLADDER SPHI	252.00			X								
03	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00			X								
07	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	1,260.00	00	15	X								
02	53446	REMOVE URO SPHINCTER	90.65				X							
03	53446	REMOVE URO SPHINCTER	453.23				X							
07	53446	REMOVE URO SPHINCTER	543.87	00	15		X							
02	53447	INFLATABLE SPHINCTER REMOVAL	122.00				X							
03	53447	INFLATABLE SPHINCTER REMOVAL	609.98				X							
07	53447	INFLATABLE SPHINCTER REMOVAL	731.98	00	15		X							
02	53448	REMOV/REPLC UR SPHINCTR COMP	182.14				X							
03	53448	REMOV/REPLC UR SPHINCTR COMP	910.70				X							
07	53448	REMOV/REPLC UR SPHINCTR COMP	1,092.84	00	15		X							
02	53449	CORRECTION OF ABDOMINAL SPHINCTER	180.00			X								
03	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00			X								
07	53449	CORRECTION OF ABNORMAL SPHINCTER	900.00	00	15	X								
02	53450	REVISION OF URETHRA	57.16											
03	53450	REVISION OF URETHRA	285.81											
07	53450	REVISION OF URETHRA	342.98	00	15									
02	53460	REVISION OF URETHRA	64.33											
03	53460	REVISION OF URETHRA	321.64											
07	53460	REVISION OF URETHRA	385.97	00	15									
02	53500	URETHRLYS, TRANSVAG W/ SCOPE	103.90					F						
03	53500	URETHRLYS, TRANSVAG W/ SCOPE	519.51					F						
07	53500	URETHRLYS, TRANSVAG W/ SCOPE	623.41	00	15			F						
02	53502	URETHRORRHAPHY,SUTURE OF WOUND OR IN	68.20					F						
03	53502	URETHRORRHAPHY...SUTURE...,FEMALE	341.01					F						
07	53502	URETHRORRHAPHY...SUTURE...,FEMALE	409.21	00	15			F						
02	53505	URETHRORRHAPHY...SUTURE...;PEN	68.38					M						
03	53505	URETHRORRHAPHY...SUTURE...;PENILE	341.90					M						
07	53505	URETHRORRHAPHY...SUTURE...;PENILE	410.26	00	15			M						
02	53510	REPAIR OF URETHRA INJURY	89.16											
03	53510	REPAIR OF URETHRA INJURY	445.78											
07	53510	REPAIR OF URETHRA INJURY	534.94	00	15									
02	53515	REPAIR OF URETHRA INJURY	112.86					M						
03	53515	REPAIR OF URETHRA INJURY	564.30					M						
07	53515	REPAIR OF URETHRA INJURY	677.16	00	15			M						
02	53520	CLOSE URETHROSTOMY...FISTULE,	78.08					M						
03	53520	CLOSE URETHROSTOMY....FISTULE,MALE	390.41					M						
07	53520	CLOSE URETHROSTOMY....FISTULE,MALE	468.49	00	15			M						
03	53600	DILATE URETHRAL STRICTURE,MALE;INIT	59.95					M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	53600	DILATE URETHRAL STRICTURE,MALE;INIT	71.94	00	15			M						
03	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	57.63					M						
07	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	69.16	00	15			M						
03	53605	DILATE URETH STRICT...MALE	46.78					M						
07	53605	DILATE URETH STRICT...MALE	56.12	00	15			M						
03	53620	DILATE URETH STRICT.,MALE;INITIAL	85.34					M						
07	53620	DILATE URETH STRICT.,MALE;INITIAL	102.40	00	15			M						
03	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	80.16					M						
07	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	96.19	00	15			M						
03	53660	DILATE FEMALE URETHRA...;INITIAL	49.51					F						
07	53660	DILATE FEMALE URETHRA...;INITIAL	59.41	00	15			F						
03	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	49.31					F						
07	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	59.17	00	15			F						
03	53665	DILATE FEMALE URETHRA...	27.41					F						
07	53665	DILATE FEMALE URETHRA...	32.89	00	15			F						
03	53850	PROSTATIC MICROWAVE THERMOTX	1,638.00					M						
07	53850	PROSTATIC MICROWAVE THERMOTX	1,965.60	00	15			M						
03	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,271.83					M						
07	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,526.19	00	15			M						
03	53855	INSERTION OF A TEMPORARY PROSTATIC U	439.35					M						
07	53855	INSERTION OF A TEMPORARY PROSTATIC U	527.22	00	15			M						
02	53899	UROLOGY SURGERY PROCEDURE	MP			X								
03	53899	UROLOGY SURGERY PROCEDURE	MP			X								
07	53899	UROLOGY SURGERY PROCEDURE	MP	00	15	X								
03	54000	SLITTING OF PREPUCE	106.04	00	00			M						
07	54000	SLITTING OF PREPUCE	127.25	00	00			M						
03	54001	SLITTING OF PREPUCE	131.27					M						
07	54001	SLITTING OF PREPUCE	157.53	00	15			M						
03	54015	DRAIN PENIS LESION	218.65					M						
07	54015	DRAIN PENIS LESION	262.38	00	15			M						
03	54050	TREATMENT OF PENIS LESION	80.09					M						
07	54050	TREATMENT OF PENIS LESION	96.11	00	15			M						
03	54055	TREATMENT OF PENIS LESION	76.60					M						
07	54055	TREATMENT OF PENIS LESION	91.91	00	15			M						
03	54056	DESTROY PENILE LESION;CRYOSURGERY	83.27					M						
07	54056	DESTROY PENILE LESION;CRYOSURGERY	99.92	00	15			M						
03	54057	DESTROY PENILE LESION; LASER SURGERY	91.46					M						
07	54057	DESTROY PENILE LESION; LASER SURGERY	109.75	00	15			M						
03	54060	TREATMENT OF PENIS LESION	124.30					M						
07	54060	TREATMENT OF PENIS LESION	149.17	00	15			M						
03	54065	TREATMENT OF PENIS LESION	136.99					M						
07	54065	TREATMENT OF PENIS LESION	164.38	00	15			M						
03	54100	BIOPSY OF PENIS	124.59					M						
07	54100	BIOPSY OF PENIS	149.51	00	15			M						
03	54105	BIOPSY OF PENIS	190.15					M						
07	54105	BIOPSY OF PENIS	228.18	00	15			M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	54110	TREATMENT OF PENIS LESION	87.90				M						
03	54110	TREATMENT OF PENIS LESION	439.51				M						
07	54110	TREATMENT OF PENIS LESION	527.41	00 15			M						
02	54111	EXCISION OF PENILE PLAQUE/,5CM	113.84				M						
03	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	569.20				M						
07	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	683.05	00 15			M						
02	54112	EXCISION OF PENILE PLAQUE/>5CM	133.63				M						
03	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	668.13				M						
07	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	801.76	00 15			M						
02	54115	TREATMENT OF PENIS LESION	62.62				M						
03	54115	TREATMENT OF PENIS LESION	313.09				M						
07	54115	TREATMENT OF PENIS LESION	375.71	00 15			M						
02	54120	PARTIAL REMOVAL OF PENIS	88.82				M						
03	54120	PARTIAL REMOVAL OF PENIS	444.09				M						
07	54120	PARTIAL REMOVAL OF PENIS	532.91	00 15			M						
02	54125	REMOVAL OF PENIS	114.84				M						
03	54125	REMOVAL OF PENIS	574.20				M						
07	54125	REMOVAL OF PENIS	689.03	00 15			M						
02	54130	REMOVE PENIS & NODES	170.32				M						
03	54130	REMOVE PENIS & NODES	851.60				M						
07	54130	REMOVE PENIS & NODES	1,021.92	00 15			M						
02	54135	REMOVE PENIS & NODES	216.41				M						
03	54135	REMOVE PENIS & NODES	1,082.03				M						
07	54135	REMOVE PENIS & NODES	1,298.43	00 15			M						
03	54150	CIRCUMCISION USING CLAMP OR OTHER DE	114.85				M		X				
07	54150	CIRCUMCISION USING CLAMP OR OTHER DE	137.82	00 15			M		X				
03	54160	CIRCUMCISION	158.54	00 01			M		X				
07	54160	CIRCUMCISION	190.26	00 15			M		X				
03	54161	CIRCUMCISION	138.56				M		X				
07	54161	CIRCUMCISION	166.28	00 15			M		X				
03	54162	LYSIS PENIL CIRCUMCIS LESION	184.83				M						
07	54162	LYSIS PENIL CIRCUMCIS LESION	221.79	00 15			M						
03	54163	REPAIR OF CIRCUMCISION	151.21				M						
07	54163	REPAIR OF CIRCUMCISION	181.47	00 15			M						
03	54164	FRENULOTOMY OF PENIS	132.83				M						
07	54164	FRENULOTOMY OF PENIS	159.38	00 15			M						
03	54200	TREATMENT OF PENIS LESION	74.53				M						
07	54200	TREATMENT OF PENIS LESION	89.44	00 15			M						
02	54205	TREATMENT OF PENIS LESION	75.21				M						
03	54205	TREATMENT OF PENIS LESION	376.06				M						
07	54205	TREATMENT OF PENIS LESION	451.28	00 15			M						
03	54220	TREATMENT OF PENIS LESION	145.33				M						
07	54220	TREATMENT OF PENIS LESION	174.41	00 15			M						
03	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	67.64				M						
07	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	81.15	00 15			M						
03	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	98.49				M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	118.19	00 15			M						
03	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	62.39				M						
07	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	74.86	00 15			M						
02	54300	REVISION OF PENIS	91.54				M						
03	54300	REVISION OF PENIS	457.68				M						
07	54300	REVISION OF PENIS	549.20	00 15			M						
02	54304	REVISE PENIS/CORRECT CHORDER	107.30				M						
03	54304	PLASTIC OPERATION ON PENIS FOR CORRE	536.51				M						
07	54304	PLASTIC OPERATION ON PENIS FOR CORRE	643.81	00 15			M						
02	54308	URETHROPLASTY...; LESS THAN 3 CM	102.16				M						
03	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	510.79				M						
07	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	612.95	00 15			M						
02	54312	URETHROPLASTY...; MORE THAN 3 CM	118.45				M						
03	54312	URETHROPLASTY...; MORE THAN 3 CM	592.24				M						
07	54312	URETHROPLASTY...; MORE THAN 3 CM	710.69	00 15			M						
02	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	143.12				M						
03	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	715.61				M						
07	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	858.73	00 15			M						
02	54318	URETHROPLASTY/RELEASE FROM SCROTUM	103.65				M						
03	54318	URETHROPLASTY/RELEASE FROM SCROTUM	518.27				M						
07	54318	URETHROPLASTY/RELEASE FROM SCROTUM	621.93	00 15			M						
02	54322	ONE STAGE REP, W/SIMP. MEATAL ADVANC	111.83				M						
03	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	559.17				M						
07	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	671.00	00 15			M						
02	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	139.08				M						
03	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	695.39				M						
07	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	834.45	00 15			M						
02	54326	1 STAGE REP,URETHROPLASTY-MOB	131.02				M						
03	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	655.08				M						
07	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	786.10	00 15			M						
02	54328	1 STAGE REP.CORRECT CHORDEE&UR	132.47				M						
03	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	662.35				M						
07	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	794.82	00 15			M						
02	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	145.00				M						
03	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	725.02				M						
07	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	870.03	00 15			M						
02	54336	1STAGE PERINEAL HYPOSPADIAS REPAIR	166.23				M						
03	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	831.16				M						
07	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	997.40	00 15			M						
02	54340	REP.HYPOSPADIAS COMPLICATIONS.	79.41				M						
03	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	397.05				M						
07	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	476.46	00 15			M						
02	54344	REP.HYPOSPADIAS COMPLICATION/F	137.80				M						
03	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	688.99				M						
07	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	826.78	00 15			M						
02	54348	REP HYPOSPADIAS COMPLICATION/EST DIS	145.75				M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	728.73					M						
07	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	874.48	00	15			M						
02	54352	REP HYPOSPADIAS CRIPPLE..EXTENSIVE	206.47					M						
03	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,032.34					M						
07	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,238.81	00	15			M						
02	54360	PLASTIC PENILE REPAIR/ANGULATION	102.99					M						
03	54360	PLASTIC PENILE REPAIR/ANGULATION	514.93					M						
07	54360	PLASTIC PENILE REPAIR/ANGULATION	617.92	00	15			M						
02	54380	REPAIR PENIS	114.13					M						
03	54380	REPAIR PENIS	570.65					M						
07	54380	REPAIR PENIS	684.77	00	15			M						
02	54385	REPAIR PENIS	137.23					M						
03	54385	REPAIR PENIS	686.16					M						
07	54385	REPAIR PENIS	823.39	00	15			M						
02	54390	REPAIR PENIS AND BLADDER	168.82					M						
03	54390	REPAIR PENIS AND BLADDER	844.09					M						
07	54390	REPAIR PENIS AND BLADDER	1,012.92	00	15			M						
02	54406	REMOVE MULTI-COMP PENIS PROS	103.42					M				X		
03	54406	REMOVE MULTI-COMP PENIS PROS	517.11					M				X		
07	54406	REMOVE MULTI-COMP PENIS PROS	620.52	00	15			M				X		
02	54408	REPAIR MULTI-COMP PENIS PROS	111.30					M				X		
03	54408	REPAIR MULTI-COMP PENIS PROS	556.52					M				X		
07	54408	REPAIR MULTI-COMP PENIS PROS	667.82	00	15			M				X		
02	54410	REMOVE/REPLACE PENIS PROSTH	122.29					M				X		
03	54410	REMOVE/REPLACE PENIS PROSTH	611.47					M				X		
07	54410	REMOVE/REPLACE PENIS PROSTH	733.77	00	15			M				X		
02	54411	REMV/REPLC PENIS PROS,COMP	144.63					M				X		
03	54411	REMV/REPLC PENIS PROS, COMP	723.16					M				X		
07	54411	REMV/REPLC PENIS PROS, COMP	867.78	00	15			M				X		
02	54415	REMOVE SELF -CONTD PENIS PROS	74.02					M				X		
03	54415	REMOVE SELF-CONTD PENIS PROS	370.11					M				X		
07	54415	REMOVE SELF-CONTD PENIS PROS	444.13	00	15			M				X		
02	54416	REMV/REPL PENIS CONTAIN PROS	99.26					M				X		
03	54416	REMV/REPL PENIS CONTAIN PROS	496.32					M				X		
07	54416	REMV/REPL PENIS CONTAIN PROS	595.57	00	15			M				X		
02	54417	REMV/REPLC PENIS PROS, COMPL	126.92					M				X		
03	54417	REMV/REPLC PENIS PROS, COMPL	634.62					M				X		
07	54417	REMV/REPLC PENIS PROS, COMPL	761.55	00	15			M				X		
02	54420	REVISION OF PENIS	100.15					M						
03	54420	REVISION OF PENIS	500.74					M						
07	54420	REVISION OF PENIS	600.89	00	15			M						
02	54430	REVISION OF PENIS	90.62					M						
03	54430	REVISION OF PENIS	453.12					M						
07	54430	REVISION OF PENIS	543.76	00	15			M						
03	54435	PENILE FISTULATION FOR PRIAPISM	292.08					M						
07	54435	PENILE FISTULATION FOR PRIAPISM	350.49	00	15			M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	102.70					M						
03	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	513.48					M						
07	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	616.18	00	15			M						
02	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	208.62					M						
03	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,043.08					M						
07	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,251.69	00	15			M						
02	54440	PLASTIC REPAIR-PENIS,FOR INJURY	63.48			X		M						
03	54440	PLASTIC REPAIR-PENIS,FOR INJURY	317.41			X		M						
07	54440	PLASTIC REPAIR-PENIS,FOR INJURY	317.41	00	15	X		M						
03	54450	PREPUTIAL STRETCHING	51.26					M						
07	54450	PREPUTIAL STRETCHING	61.51	00	15			M						
07	54500	BIOPSY OF TESTIS	64.43	00	15			M					X	
03	54505	BIOPSY OF TESTIS	150.05					M						
07	54505	BIOPSY OF TESTIS	180.06	00	15			M						
03	54512	EXCISE LESION TESTIS	378.01					M						
07	54512	EXCISE LESION TESTIS	453.62	00	15			M						
03	54520	REMOVAL OF TESTIS	228.89					M						
07	54520	REMOVAL OF TESTIS	274.67	00	15			M						
02	54522	ORCHIECTOMY, PARTIAL	82.38					M						
03	54522	ORCHIECTOMY, PARTIAL	411.90					M						
07	54522	ORCHIECTOMY, PARTIAL	494.27	00	15			M						
02	54530	REMOVAL OF TESTIS	71.32					M						
03	54530	REMOVAL OF TESTIS	356.61					M						
07	54530	REMOVAL OF TESTIS	427.94	00	15			M						
02	54535	EXTENSIVE TESTIS SURGERY	104.03					M						
03	54535	EXTENSIVE TESTIS SURGERY	520.13					M						
07	54535	EXTENSIVE TESTIS SURGERY	624.15	00	15			M						
02	54550	PREPUTIAL STRETCHING	68.84					M						
03	54550	EXPLORATION FOR TESTIS	344.19					M						
07	54550	EXPLORATION FOR TESTIS	413.04	00	15			M						
02	54560	EXPLORATION FOR TESTIS	94.34					M						
03	54560	EXPLORATION FOR TESTIS	471.70					M						
07	54560	EXPLORATION FOR TESTIS	566.04	00	15			M						
03	54600	REDUCE TESTIS TORSION	317.66					M						
07	54600	REDUCE TESTIS TORSION	381.19	00	15			M						
03	54620	SUSPENSION OF TESTIS	213.79					M						
07	54620	SUSPENSION OF TESTIS	256.55	00	15			M						
03	54640	SUSPENSION OF TESTIS	326.66					M						
07	54640	SUSPENSION OF TESTIS	391.98	00	15			M						
02	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	100.71					M						
03	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	503.53					M						
07	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	604.24	00	15			M						
03	54660	REVISION OF TESTIS	248.73					M						
07	54660	REVISION OF TESTIS	298.47	00	15			M						
03	54670	REPAIR TESTIS INJURY	283.47					M						
07	54670	REPAIR TESTIS INJURY	340.16	00	15			M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	54680	RELOCATION OF TESTIS(ES)	111.21				M						
03	54680	RELOCATION OF TESTIS(ES)	556.04				M						
07	54680	RELOCATION OF TESTIS(ES)	667.26	00 15			M						
02	54690	LAPAROSCOPY, ORCHIECTOMY	90.12				M						
03	54690	LAPAROSCOPY, ORCHIECTOMY	450.58				M						
07	54690	LAPAROSCOPY, ORCHIECTOMY	540.70	00 15			M						
02	54692	LAPAROSCOPY, ORCHIOPEXY	110.05				M						
03	54692	LAPAROSCOPY, ORCHIOPEXY	550.24				M						
07	54692	LAPAROSCOPY, ORCHIOPEXY	660.30	00 15			M						
03	54699	LAPAROSCOPE PROC, TESTIS	MP		X		M						
07	54699	LAPAROSCOPE PROC, TESTIS	MP	00 15	X		M						
03	54700	DRAINAGE OF SCROTUM	148.14				M						
07	54700	DRAINAGE OF SCROTUM	177.77	00 15			M						
03	54800	BIOPSY OF EPIDIDYMIS	94.43				M					X	
07	54800	BIOPSY OF EPIDIDYMIS	113.32	00 15			M					X	
03	54830	REMOVE EPIDIDYMIS LESION	257.75				M						
07	54830	REMOVE EPIDIDYMIS LESION	309.29	00 15			M						
03	54840	REMOVE EPIDIDYMIS LESION	226.47				M						
07	54840	REMOVE EPIDIDYMIS LESION	271.77	00 15			M						
03	54860	REMOVAL OF EPIDIDYMIS	292.52				M						
07	54860	REMOVAL OF EPIDIDYMIS	351.02	00 15			M						
03	54861	REMOVAL OF EPIDIDYMES	396.56				M						
07	54861	REMOVAL OF EPIDIDYMES	475.87	00 15			M						
03	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	248.80				M						
07	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	298.56	00 15			M						
03	55000	DRAINAGE OF HYDROCELE	83.13				M					X	
07	55000	DRAINAGE OF HYDROCELE	99.76	00 15			M					X	
03	55040	REMOVAL OF HYDROCELE	235.67				M						
07	55040	REMOVAL OF HYDROCELE	282.80	00 15			M						
03	55041	REMOVAL OF HYDROCELES	354.96				M						
07	55041	REMOVAL OF HYDROCELES	425.96	00 15			M						
03	55060	REPAIR OF HYDROCELE	263.42				M						
07	55060	REPAIR OF HYDROCELE	316.11	00 15			M						
03	55100	DRAINAGE OF SCROTUM ABSCESS	146.41				M						
07	55100	DRAINAGE OF SCROTUM ABSCESS	175.70	00 15			M						
03	55110	SCROTAL EXPLORATION	267.84				M						
07	55110	SCROTAL EXPLORATION	321.41	00 15			M						
03	55120	REMOVAL OF SCROTUM LESION	245.46				M						
07	55120	REMOVAL OF SCROTUM LESION	294.55	00 15			M						
02	55150	REMOVAL OF SCROTUM	67.97				M						
03	55150	REMOVAL OF SCROTUM	339.83				M						
07	55150	REMOVAL OF SCROTUM	407.79	00 15			M						
03	55175	SCROTOPLASTY;	251.60				M						
07	55175	SCROTOPLASTY;	301.93	00 15			M						
02	55180	SCROTOPLASTY; COMPLICATED	96.35				M						
03	55180	SCROTOPLASTY;COMPLICATED	481.75				M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	55180	SCROTOPLASTY;	578.10	00 15			M						
03	55250	VASECTOMY, UNILATERAL OR BILATERAL	292.18	21 99	X		M						
03	55500	REMOVAL OF HYDROCELE	262.31				M						
07	55500	REMOVAL OF HYDROCELE	314.78	00 15			M						
02	55520	REMOVAL OF SPERM CORD LESION	54.39				M						
03	55520	REMOVAL OF SPERM CORD LESION	271.95				M						
07	55520	REMOVAL OF SPERM CORD LESION	326.34	00 15			M						
03	55530	REVISE SPERMATIC CORD VEINS	247.30				M						
07	55530	REVISE SPERMATIC CORD VEINS	296.75	00 15			M						
02	55535	REVISE SPERMATIC CORD VEINS	59.79				M						
03	55535	REVISE SPERMATIC CORD VEINS	298.97				M						
07	55535	REVISE SPERMATIC CORD VEINS	358.77	00 15			M						
03	55540	REVISE HERNIA & SPERM VEINS	330.58				M						
07	55540	REVISE HERNIA & SPERM VEINS	396.69	00 15			M						
02	55550	LAPARO LIGATE SPERMATIC VEIN	59.40				M					X	
03	55550	LAPARO LIGATE SPERMATIC VEIN	296.99				M						
07	55550	LAPARO LIGATE SPERMATIC VEIN	356.38	00 15			M						
03	55559	LAPARO PROC, SPERMATIC CORD	MP		X		M						
07	55559	LAPARO PROC, SPERMATIC CORD	MP	00 15	X		M						
02	55600	INCISE SPERM DUCT POUCH	59.83				M						
03	55600	INCISE SPERM DUCT POUCH	299.14				M						
07	55600	INCISE SPERM DUCT POUCH	358.96	00 15			M						
02	55605	INCISE SPERM DUCT POUCH	70.77				M						
03	55605	INCISE SPERM DUCT POUCH	353.86				M						
07	55605	INCISE SPERM DUCT POUCH	424.62	00 15			M						
02	55650	REMOVE SPERM DUCT POUCH	100.87				M						
03	55650	REMOVE SPERM DUCT POUCH	504.33				M						
07	55650	REMOVE SPERM DUCT POUCH	605.19	00 15			M						
02	55680	REMOVE SPERM POUCH LESION	47.62				M						
03	55680	REMOVE SPERM POUCH LESION	238.12				M						
07	55680	REMOVE SPERM POUCH LESION	285.75	00 15			M						
03	55700	BIOPSY OF PROSTATE	156.95				M						
07	55700	BIOPSY OF PROSTATE	188.34	00 15			M						
02	55705	BIOPSY OF PROSTATE	38.03				M						
03	55705	BIOPSY OF PROSTATE	190.15				M						
07	55705	BIOPSY OF PROSTATE	228.18	00 15			M						
03	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	267.80				M						
07	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	321.35	00 15			M						
02	55720	DRAINAGE OF PROSTATE ABSCESS	65.64				M						
03	55720	DRAINAGE OF PROSTATE ABSCESS	328.22				M						
07	55720	DRAINAGE OF PROSTATE ABSCESS	393.87	00 15			M						
02	55725	DRAINAGE OF PROSTATE ABSCESS	82.61				M						
03	55725	DRAINAGE OF PROSTATE ABSCESS	413.07				M						
07	55725	DRAINAGE OF PROSTATE ABSCESS	495.69	00 15			M						
02	55801	REMOVAL OF PROSTATE	154.26				M						
03	55801	REMOVAL OF PROSTATE	771.28				M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	55801	REMOVAL OF PROSTATE	925.54	00 15			M						
02	55810	EXTENSIVE PROSTATE SURGERY	186.79				M						
03	55810	EXTENSIVE PROSTATE SURGERY	933.96				M						
07	55810	EXTENSIVE PROSTATE SURGERY	1,120.75	00 15			M						
02	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	229.71				M						
03	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,148.56				M						
07	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,378.27	00 15			M						
02	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	251.96				M						
03	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,259.78				M						
07	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,511.73	00 15			M						
02	55821	REMOVAL OF PROSTATE	123.91				M						
03	55821	REMOVAL OF PROSTATE	619.56				M						
07	55821	REMOVAL OF PROSTATE	743.48	00 15			M						
02	55831	REMOVAL OF PROSTATE	134.36				M						
03	55831	REMOVAL OF PROSTATE	671.80				M						
07	55831	REMOVAL OF PROSTATE	806.17	00 15			M						
02	55840	EXTENSIVE PROSTATE SURGERY	190.48				M						
03	55840	EXTENSIVE PROSTATE SURGERY	952.42				M						
07	55840	EXTENSIVE PROSTATE SURGERY	1,142.91	00 15			M						
02	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	204.21				M						
03	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,021.03				M						
07	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,225.23	00 15			M						
02	55845	EXTENSIVE PROSTATE SURGERY	233.91				M						
03	55845	EXTENSIVE PROSTATE SURGERY	1,169.57				M						
07	55845	EXTENSIVE PROSTATE SURGERY	1,403.47	00 15			M						
02	55860	EXPOSE PROSTATE-INSERT RADIOAC	124.33				M						
03	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	621.64				M						
07	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	745.97	00 15			M						
02	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	157.43				M						
03	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	787.17				M						
07	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	944.61	00 15			M						
02	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	190.63				M						
03	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	953.14				M						
07	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,143.78	00 15			M						
02	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	248.46				M						
03	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,242.30				M						
07	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,490.76	00 15			M						
02	55867	LAPAROSCOPY, SURGICAL PROSTATECTOMY	153.03			X	M						
03	55867	LAPAROSCOPY, SURGICAL PROSTATECTOMY	765.15			X	M						
07	55867	LAPAROSCOPY, SURGICAL PROSTATECTOMY	918.18	00 15		X	M						
03	55870	ELECTROEJACULATION	122.22				M						
07	55870	ELECTROEJACULATION	146.67	00 15			M						
03	55873	CRYOABLATE PROSTATE	810.08				M						
07	55873	CRYOABLATE PROSTATE	972.09	00 15			M						
03	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,536.76				M						
07	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	3,044.12	00 15			M						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	538.61					M						
07	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	646.33	00	15			M						
03	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	98.68					M						
07	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	118.42	00	15			M						
03	55880	ABLATION OF MALIGNANT PROSTATE TISSU	678.94					M						
07	55880	ABLATION OF MALIGNANT PROSTATE TISSU	814.73	00	15			M						
02	55899	GENITAL SURGERY PROCEDURE	MP			X		M						
03	55899	GENITAL SURGERY PROCEDURE	MP			X		M						
07	55899	GENITAL SURGERY PROCEDURE	MP	00	15	X		M						
03	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	306.03											
07	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	367.23	00	15									
02	55970	INTERSEX SURGERY;MALE TO FEMALE	MP				X							
03	55970	INTERSEX SURGERY;MALE TO FEMALE	MP				X							
07	55970	INTERSEX SURGERY;MALE TO FEMALE	MP	00	15		X							
02	55980	INTERSEX SURGERY; FEMALE TO MALE	MP				X							
03	55980	INTERSEX SURGERY; FEMALE TO MALE	MP				X							
07	55980	INTERSEX SURGERY; FEMALE TO MALE	MP	00	15		X							
03	56405	INCISION AND DRAINAGE OF VULVA OR PE	69.40					F						
07	56405	INCISION AND DRAINAGE OF VULVA OR PE	83.28	00	15			F						
03	56420	INCISION AND DRAINAGE OF FEMALE GENI	79.00					F					X	
07	56420	INCISION AND DRAINAGE OF FEMALE GENI	94.81	00	15			F					X	
03	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	118.85					F						
07	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	142.63	00	15			F						
03	56441	LYSIS OF LABIAL ADHESIONS	95.84					F						
07	56441	LYSIS OF LABIAL ADHESIONS	115.01	00	15			F						
03	56442	HYMENOTOMY, SIMPLE INCISION	31.47					F						
07	56442	HYMENOTOMY, SIMPLE INCISION	37.77	00	15			F						
03	56501	DESTROY VULVA LESION(S);SIMPLE	82.41					F						
07	56501	DESTROY VULVA LESION(S);SIMPLE	98.88	00	15			F						
03	56515	TREATMENT OF VULVA LESIONS	141.88					F						
07	56515	TREATMENT OF VULVA LESIONS	170.25	00	15			F						
03	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	53.49					F						
07	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	64.18	00	15			F						
03	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	24.93					F						
07	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	29.92	00	15			F						
02	56620	PARTIAL REMOVAL OF VULVA	63.71					F						
03	56620	PARTIAL REMOVAL OF VULVA	318.56					F						
07	56620	PARTIAL REMOVAL OF VULVA	382.28	00	15			F						
02	56625	REMOVAL OF VULVA	76.97					F						
03	56625	REMOVAL OF VULVA	384.83					F						
07	56625	REMOVAL OF VULVA	461.80	00	15			F						
02	56630	EXTENSIVE VULVA SURGERY	112.94					F						
03	56630	EXTENSIVE VULVA SURGERY	564.70					F						
07	56630	EXTENSIVE VULVA SURGERY	677.64	00	15			F						
02	56631	VULVECTOMY, RADICAL, PARTIAL;	143.88					F						
03	56631	VULVECTOMY, RADICAL, PARTIAL;	719.42					F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	56631	VULVECTOMY, RADICAL, PARTIAL;	863.32	00 15			F						
02	56632	VULVECTOMY, RADICAL, PARTIAL;	166.72				F						
03	56632	VULVECTOMY, RADICAL, PARTIAL;	833.58				F						
07	56632	VULVECTOMY, RADICAL, PARTIAL;	1,000.31	00 15			F						
02	56633	VULVECTOMY, RADICAL, COMPLETE;	147.58				F						
03	56633	VULVECTOMY, RADICAL, COMPLETE;	737.88				F						
07	56633	VULVECTOMY, RADICAL, COMPLETE;	885.46	00 15			F						
02	56634	VULVECTOMY, RADICAL, COMPLETE;	155.99				F						
03	56634	VULVECTOMY, RADICAL, COMPLETE;	779.97				F						
07	56634	VULVECTOMY, RADICAL, COMPLETE;	935.97	00 15			F						
02	56637	VULVECTOMY, RADICAL, COMPLETE;	184.64				F						
03	56637	VULVECTOMY, RADICAL, COMPLETE;	923.18				F						
07	56637	VULVECTOMY, RADICAL, COMPLETE;	1,107.82	00 15			F						
02	56640	EXTENSIVE VULVA SURGERY	184.66				F						
03	56640	EXTENSIVE VULVA SURGERY	923.30				F						
07	56640	EXTENSIVE VULVA SURGERY	1,107.97	00 15			F						
02	56700	PARTIAL REMOVAL OF HYMEN	23.95				F						
03	56700	PARTIAL REMOVAL OF HYMEN	119.75				F						
07	56700	PARTIAL REMOVAL OF HYMEN	143.70	00 15			F						
03	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	193.07				F						
07	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	231.67	00 15			F						
02	56800	REPAIR OF VAGINA	31.70				F						
03	56800	REPAIR OF VAGINA	158.51				F						
07	56800	REPAIR OF VAGINA	190.22	00 15			F						
02	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	150.22				F					X	
03	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	751.09				F						
07	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	901.31	00 15			F						
02	56810	PERINEOPLASTY, REPAIR OF PERIN	34.12				F						
03	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	170.58				F						
07	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	204.68	00 15			F						
03	56820	EXAM OF VULVA W/SCOPE	71.12				F						
07	56820	EXAM OF VULVA W/SCOPE	85.35	00 15			F						
03	56821	EXAM/BIOPSY OF VULVA W/SCOPE	95.37				F						
07	56821	EXAM/BIOPSY OF VULVA W/SCOPE	114.43	00 15			F						
03	57000	EXPLORATION OF VAGINA	123.57				F						
07	57000	EXPLORATION OF VAGINA	148.28	00 15			F						
03	57010	DRAINAGE OF PELVIC ABSCESS	277.96				F						
07	57010	DRAINAGE OF PELVIC ABSCESS	333.55	00 15			F						
03	57020	DRAINAGE OF PELVIC FLUID	61.59				F						
07	57020	DRAINAGE OF PELVIC FLUID	73.89	00 15			F						
03	57022	I &D VAGINAL HEMATOMA, OB	107.87				F						
07	57022	I &D VAGINAL HEMATOMA, OB	129.44	00 15			F						
03	57023	I &D VAG HEMATOMA, TRAUMA	203.10				F						
07	57023	I &D VAG HEMATOMA, TRAUMA	243.72	00 15			F						
03	57061	DESTROY VAGINAL LESIONS;SIMPLE	71.52				F						
07	57061	DESTROY VAGINAL LESIONS;SIMPLE	85.82	00 15			F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	123.11					F						
07	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	147.74	00	15			F						
03	57100	BIOPSY OF VAGINA	56.76					F						
07	57100	BIOPSY OF VAGINA	68.11	00	15			F						
03	57105	BIOPSY OF VAGINA	86.33					F						
07	57105	BIOPSY OF VAGINA	103.59	00	15			F						
02	57106	REMOVE VAGINA WALL, PARTIAL	61.16					F						
03	57106	REMOVE VAGINA WALL, PARTIAL	305.78					F						
07	57106	REMOVE VAGINA WALL, PARTIAL	366.93	00	15			F						
02	57107	REMOVE VAGINA TISSUE/PARTIAL	183.47					F						
03	57107	REMOVE VAGINA TISSUE/PARTIAL	917.33					F						
07	57107	REMOVE VAGINA TISSUE/PARTIAL	1,100.79	00	15			F						
02	57109	VAGINECTOMY PARTIAL W/NODES	210.08					F						
03	57109	VAGINECTOMY PARTIAL W/NODES	1,050.40					F						
07	57109	VAGINECTOMY PARTIAL W/NODES	1,260.48	00	15			F						
02	57110	REMOVAL OF VAGINA	117.90					F						
03	57110	REMOVAL OF VAGINA	589.52					F						
07	57110	REMOVAL OF VAGINA	707.41	00	15			F						
02	57111	REMOVE VAGINA TISSUE/COMPL	212.03					F						
03	57111	REMOVE VAGINA TISSUE/COMPL	1,060.15					F						
07	57111	REMOVE VAGINA TISSUE/COMPL	1,272.18	00	15			F						
02	57120	CLOSURE OF VAGINA	66.42					F						
03	57120	CLOSURE OF VAGINA	332.08					F						
07	57120	CLOSURE OF VAGINA	398.49	00	15			F						
02	57130	REMOVE VAGINA LESION	23.19					F						
03	57130	REMOVE VAGINA LESION	115.93					F						
07	57130	REMOVE VAGINA LESION	139.10	00	15			F						
03	57135	REMOVE VAGINA LESION	124.41					F						
07	57135	REMOVE VAGINA LESION	149.29	00	15			F						
03	57150	TREAT VAGINA INFECTION	32.20					F					X	
07	57150	TREAT VAGINA INFECTION	38.64	00	15			F					X	
03	57155	INSERTION OF UTERINE TANDEM AND/OR V	272.79					F						
07	57155	INSERTION OF UTERINE TANDEM AND/OR V	327.35	00	15			F						
03	57156	INSERTION OF A VAGINAL RADIATION AFT	76.85					F						
07	57156	INSERTION OF A VAGINAL RADIATION AFT	92.23	00	15			F						
03	57160	INSERTION OF PESSARY	48.96					F						
07	57160	INSERTION OF PESSARY	58.75	00	15			F						
03	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	44.93	10	60			F						
07	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	44.93	10	15			F						
03	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	89.84					F						
07	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	107.81	00	15			F						
02	57200	REPAIR OF VAGINA	38.11					F						
03	57200	REPAIR OF VAGINA	190.57					F						
07	57200	REPAIR OF VAGINA	228.68	00	15			F						
02	57210	REPAIR VAGINA/PERINEUM	47.48					F						
03	57210	REPAIR VAGINA/PERINEUM	237.40					F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	57210	REPAIR VAGINA/PERINEUM	284.87	00 15			F						
02	57220	REVISION OF URETHRA	41.16				F						
03	57220	REVISION OF URETHRA	205.80				F						
07	57220	REVISION OF URETHRA	246.97	00 15			F						
02	57230	REPAIR OF URETHRAL LESION	51.48				F						
03	57230	REPAIR OF URETHRAL LESION	257.40				F						
07	57230	REPAIR OF URETHRAL LESION	308.88	00 15			F						
02	57240	REPAIR BLADDER & VAGINA	85.80				F						
03	57240	REPAIR BLADDER & VAGINA	428.98				F						
07	57240	REPAIR BLADDER & VAGINA	514.77	00 15			F						
02	57250	REPAIR RECTUM & VAGINA	84.12				F						
03	57250	REPAIR RECTUM & VAGINA	420.58				F						
07	57250	REPAIR RECTUM & VAGINA	504.69	00 15			F						
02	57260	REPAIR OF VAGINA	105.17				F						
03	57260	REPAIR OF VAGINA	525.83				F						
07	57260	REPAIR OF VAGINA	630.99	00 15			F						
02	57265	EXTENSIVE REPAIR OF VAGINA	117.77				F						
03	57265	EXTENSIVE REPAIR OF VAGINA	588.83				F						
07	57265	EXTENSIVE REPAIR OF VAGINA	706.60	00 15			F						
02	57267	INSERT MESH/PELVIC FLR ADDON	35.97				F						
03	57267	INSERT MESH/PELVIC FLR ADDON	179.85				F						
07	57267	INSERT MESH/PELVIC FLR ADDON	215.82	00 15			F						
02	57268	REPAIR ENTEROCELE,VAGINAL APPR	62.24				F						
03	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	311.19				F						
07	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	373.42	00 15			F						
02	57270	REPAIR OF BOWEL POUCH	104.20				F						
03	57270	REPAIR OF BOWEL POUCH	521.00				F						
07	57270	REPAIR OF BOWEL POUCH	625.19	00 15			F						
02	57280	SUSPENSION OF VAGINA	126.72				F						
03	57280	SUSPENSION OF VAGINA	633.60				F						
07	57280	SUSPENSION OF VAGINA	760.32	00 15			F						
02	57282	FIXATION FOR VAGINAL PROLAPSE	66.26				F						
03	57282	FIXATION FOR VAGINAL PROLAPSE	331.28				F						
07	57282	FIXATION FOR VAGINAL PROLAPSE	397.54	00 15			F						
02	57283	COLPOPEXY, INTRAPERITONEAL	89.47				F						
03	57283	COLPOPEXY, INTRAPERITONEAL	447.34				F						
07	57283	COLPOPEXY, INTRAPERITONEAL	536.81	00 15			F						
02	57284	REPAIR PARAVAGINAL DEFECT	109.67				F						
03	57284	REPAIR PARAVAGINAL DEFECT	548.35				F						
07	57284	REPAIR PARAVAGINAL DEFECT	658.02	00 15			F						
02	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	86.86				F						
03	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	434.29				F						
07	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	521.15	00 15			F						
02	57287	REVISE/REMOVE SLING REPAIR	91.16				F						
03	57287	REVISE/REMOVE SLING REPAIR	455.82				F						
07	57287	REVISE/REMOVE SLING REPAIR	546.98	00 15			F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	57288	REPAIR BLADDER DEFECT	96.37					F						
03	57288	REPAIR BLADDER DEFECT	481.86					F						
07	57288	REPAIR BLADDER DEFECT	578.23	00	15			F						
02	57289	REPAIR BLADDER & VAGINA	101.36					F						
03	57289	REPAIR BLADDER & VAGINA	506.78					F						
07	57289	REPAIR BLADDER & VAGINA	608.14	00	15			F						
02	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP				X	F						
03	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	MP				X	F						
07	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	495.63	00	15		X	F						
02	57292	CONSTRUCT ARTIFICIAL VAG W/GRAFT	MP					F						
03	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	MP				X	F						
02	57295	CHANGE VAGINAL GRAFT	64.14					F						
03	57295	CHANGE VAGINAL GRAFT	320.71					F						
07	57295	CHANGE VAGINAL GRAFT	384.85	00	15			F						
02	57296	REVISION (INCLUDING REMOVAL) OF PROS	124.17					F						
03	57296	REVISION (INCLUDING REMOVAL) OF PROS	620.84					F						
07	57296	REVISION (INCLUDING REMOVAL) OF PROS	744.99	00	15			F						
02	57300	REPAIR RECTUM-VAGINA FISTULA	68.89					F						
03	57300	REPAIR RECTUM-VAGINA FISTULA	344.47					F						
07	57300	REPAIR RECTUM-VAGINA FISTULA	413.35	00	15			F						
02	57305	REPAIR RECTUM-VAGINA FISTULA	116.04					F						
03	57305	REPAIR RECTUM-VAGINA FISTULA	580.21					F						
07	57305	REPAIR RECTUM-VAGINA FISTULA	696.26	00	15			F						
02	57307	FISTULA REPAIR & COLOSTOMY	129.95					F						
03	57307	FISTULA REPAIR & COLOSTOMY	649.76					F						
07	57307	FISTULA REPAIR & COLOSTOMY	779.70	00	15			F						
02	57308	FISTULA REPAIR, TRANSPERINE	82.51					F						
03	57308	FISTULA REPAIR, TRANSPERINE	412.56					F						
07	57308	FISTULA REPAIR, TRANSPERINE	495.08	00	15			F						
02	57310	REPAIR URETHRA-VAGINA LESION	63.63					F						
03	57310	REPAIR URETHRA-VAGINA LESION	318.16					F						
07	57310	REPAIR URETHRA-VAGINA LESION	381.78	00	15			F						
02	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	72.79					F						
03	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	363.96					F						
07	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	436.76	00	15			F						
02	57320	REPAIR BLADDER-VAGINA LESION	72.60			X		F						
03	57320	REPAIR BLADDER-VAGINA LESION	362.98					F						
07	57320	REPAIR BLADDER-VAGINA LESION	435.56	00	15			F						
02	57330	REPAIR BLADDER-VAGINA LESION	103.56					F						
03	57330	REPAIR BLADDER-VAGINA LESION	517.82					F						
07	57330	REPAIR BLADDER-VAGINA LESION	621.39	00	15			F						
02	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	152.00					F						
03	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	760.01					F						
07	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	912.02	00	15			F						
03	57400	DILATE VAGINA UNDER ANESTHESIA	89.02			X		F						
07	57400	DILATE VAGINA UNDER ANESTHESIA	106.83	00	15	X		F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	57410	PELVIC EXAM UNDER ANESTHESIA	69.64			X		F						
07	57410	PELVIC EXAM UNDER ANESTHESIA	83.57	00	15	X		F						
03	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	103.19					F						
07	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	123.82	00	15			F						
03	57420	EXAM OF VAGINA W/SCOPE	74.84					F						
07	57420	EXAM OF VAGINA W/SCOPE	89.82	00	15			F						
03	57421	EXAM/BIOPSY OF VAG W/SCOPE	101.08					F						
07	57421	EXAM/BIOPSY OF VAG W/SCOPE	121.29	00	15			F						
02	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	121.33					F						
03	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	606.65					F						
07	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	727.99	00	15			F						
02	57425	LAPAROSCOPY, SURG, COLPOPEXY	128.01					F						
03	57425	LAPAROSCOPY, SURG, COLPOPEXY	640.06					F						
07	57425	LAPAROSCOPY, SURG, COLPOPEXY	768.07	00	15			F						
02	57426	REVISION (INCLUDING REMOVAL) OF PROS	119.31					F						
03	57426	REVISION (INCLUDING REMOVAL) OF PROS	596.55					F						
07	57426	REVISION (INCLUDING REMOVAL) OF PROS	715.87	00	15			F						
03	57452	EXAMINATION OF VAGINA	70.45					F						
07	57452	EXAMINATION OF VAGINA	84.53	00	15			F						
03	57454	VAGINA EXAMINATION & BIOPSY	100.35					F						
07	57454	VAGINA EXAMINATION & BIOPSY	120.42	00	15			F						
03	57455	BIOPSY OF CERVIX W/SCOPE	92.68					F						
07	57455	BIOPSY OF CERVIX W/SCOPE	111.22	00	15			F						
03	57456	ENDOCERV CURETTAGE W/SCOPE	87.46					F						
07	57456	ENDOCERV CURETTAGE W/SCOPE	104.95	00	15			F						
03	57460	COLPOSCOPY (VAGINOSCOPY);	187.13					F						
07	57460	COLPOSCOPY (VAGINOSCOPY);	224.55	00	15			F						
03	57461	CONZ OF CERVIX W/SCOPE, LEEP	210.84					F						
07	57461	CONZ OF CERVIX W/SCOPE, LEEP	253.00	00	15			F						
03	57465	COMPUTER-AIDED MAPPING OF CERVIX	38.67					F						
07	57465	COMPUTER-AIDED MAPPING OF CERVIX	46.40	00	15			F						
03	57500	BIOPSY OF CERVIX	82.42					F						
07	57500	BIOPSY OF CERVIX	98.90	00	15			F						
03	57505	ENDOCERVICAL CURETTAGE	64.13					F						
07	57505	ENDOCERVICAL CURETTAGE	76.95	00	15			F						
03	57510	CAUTERIZATION OF CERVIX	85.80					F						
07	57510	CAUTERIZATION OF CERVIX	102.97	00	15			F						
03	57511	CRYOCAUTERY OF CERVIX	92.91					F						
07	57511	CRYOCAUTERY OF CERVIX	111.49	00	15			F						
03	57513	LASER SURGERY	91.77					F						
07	57513	LASER SURGERY	110.13	00	15			F						
03	57520	BIOPSY OF CERVIX 10800	196.74					F						
07	57520	BIOPSY OF CERVIX 10800	236.09	00	15			F						
03	57522	CONIZATION OF CERVIX	168.75					F						
07	57522	CONIZATION OF CERVIX	202.49	00	15			F						
02	57530	REMOVAL OF CERVIX	44.34					F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	57530	REMOVAL OF CERVIX	221.69					F						
07	57530	REMOVAL OF CERVIX	266.02	00	15			F						
02	57531	REMOVAL OF CERVIX, RADICAL	222.86					F						
03	57531	REMOVAL OF CERVIX, RADICAL	1,114.29					F						
07	57531	REMOVAL OF CERVIX, RADICAL	1,337.15	00	15			F						
02	57540	REMOVAL OF RESIDUAL CERVIX	101.74					F						
03	57540	REMOVAL OF RESIDUAL CERVIX	508.69					F						
07	57540	REMOVAL OF RESIDUAL CERVIX	610.43	00	15			F						
02	57545	REMOVE CERVIX, REPAIR PELVIS	107.29					F						
03	57545	REMOVE CERVIX, REPAIR PELVIS	536.47					F						
07	57545	REMOVE CERVIX, REPAIR PELVIS	643.77	00	15			F						
02	57550	REMOVAL OF RESIDUAL CERVIX	52.46					F						
03	57550	REMOVAL OF RESIDUAL CERVIX	262.29					F						
07	57550	REMOVAL OF RESIDUAL CERVIX	314.74	00	15			F						
02	57555	REMOVE CERVIX, REPAIR VAGINA	77.97					F						
03	57555	REMOVE CERVIX, REPAIR VAGINA	389.86					F						
07	57555	REMOVE CERVIX, REPAIR VAGINA	467.83	00	15			F						
02	57556	REMOVE CERVIX, REPAIR BOWEL	74.19					F						
03	57556	REMOVE CERVIX, REPAIR BOWEL	370.93					F						
07	57556	REMOVE CERVIX, REPAIR BOWEL	445.12	00	15			F						
03	57558	DILATION AND CURETTAGE OF CERVICAL S	80.13					F						
07	57558	DILATION AND CURETTAGE OF CERVICAL S	96.16	00	15			F						
03	57700	REVISION OF CERVIX	195.17					F						
07	57700	REVISION OF CERVIX	234.20	00	15			F						
02	57720	REVISION OF CERVIX	39.37					F						
03	57720	REVISION OF CERVIX	196.86					F						
07	57720	REVISION OF CERVIX	236.22	00	15			F						
03	57800	DILATION OF CERVICAL CANAL	38.58					F						
07	57800	DILATION OF CERVICAL CANAL	46.28	00	15			F						
03	58100	BIOPSY OF UTERUS LINING	70.99					F						
07	58100	BIOPSY OF UTERUS LINING	85.18	00	15			F						
03	58110	BX DONE W/COLPOSCOPY ADD-ON	31.99					F						
07	58110	BX DONE W/COLPOSCOPY ADD-ON	38.39	00	15			F						
03	58120	DILATION AND CURETTAGE	160.31	12	99			F						
07	58120	DILATION AND CURETTAGE,NONOBSTETRICA	192.38	12	15			F						
02	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	119.51					F						
03	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	597.56					F						
07	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	717.08	00	15			F						
02	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	70.41					F						
03	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	352.04					F						
07	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	422.45	00	15			F						
02	58146	MYOMECTOMY ABDOM COMPLEX	152.40					F						
03	58146	MYOMECTOMY ABDOM COMPLEX	762.01					F						
07	58146	MYOMECTOMY ABDOM COMPLEX	914.41	00	15			F						
02	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	129.42			X		F		X				
03	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	647.11			X		F		X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	776.54	00 15	X		F		X				
02	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	163.62		X		F		X				
03	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	818.10		X		F		X				
07	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	981.71	00 15	X		F		X				
02	58180	SUPRACERVICAL HYSTERECTOMY-SUBTOTAL	124.05		X		F		X				
03	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	620.27		X		F		X				
07	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	744.32	00 15	X		F		X				
02	58200	TAH,W/PART.VAGINECTOMY,...BX	171.42		X		F		X				
03	58200	TAH,W/PART.VAGINECTOMY,...BX	857.11		X		F		X				
07	58200	TAH,W/PART.VAGINECTOMY,...BX	1,028.52	00 15	X		F		X				
02	58210	RAD HYSTERECTOMY,BILAT PELVIC,LYMPH	228.39		X		F		X				
03	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,141.97		X		F		X				
07	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,370.36	00 15	X		F		X				
02	58240	PELVIC EXENTERATION/MALIG,W/TAH.....	357.68		X		F		X				
03	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	1,788.40		X		F		X				
07	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,146.06	00 15	X		F		X				
02	58260	VAGINAL HYSTERECTOMY	107.95		X		F		X				
03	58260	VAGINAL HYSTERECTOMY	539.73		X		F		X				
07	58260	VAGINAL HYSTERECTOMY	647.67	00 15	X		F		X				
02	58262	VAGINAL HYST WITH REMOVAL OF TUBES	120.77		X		F		X				
03	58262	VAGINAL HYST WITH REMOVAL OF TUBES	603.83		X		F		X				
07	58262	VAGINAL HYST WITH REMOVAL OF TUBES	724.60	00 15	X		F		X				
02	58263	VAGN HYST W REM OF TUB A OVARY WITH	130.18		X		F		X				
03	58263	VAGN HYST W REM OF TUB A OVARY WITH	650.89		X		F		X				
07	58263	VAGN HYST W REM OF TUB A OVARY WITH	781.06	00 15	X		F		X				
02	58267	VAG HYSTERECT.W/COLPO-URETHROCYSTOPE	138.35		X		F		X				
03	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	691.75		X		F		X				
07	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	830.11	00 15	X		F		X				
02	58270	VAG HYSTERECT;REPAIR ENTEROCELE	115.84		X		F		X				
03	58270	VAG HYSTERECT;REPAIR ENTEROCELE	579.18		X		F		X				
07	58270	VAG HYSTERECT;REPAIR ENTEROCELE	695.01	00 15	X		F		X				
02	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	128.87		X		F		X				
03	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	644.34		X		F		X				
07	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	773.21	00 15	X		F		X				
02	58280	VAG HYSTERECT; REPAIR ENTEROCELE	137.97		X		F		X				
03	58280	VAG HYSTERECT;REPAIR ENTEROCELE	689.83		X		F		X				
07	58280	VAG HYSTERECT;REPAIR ENTEROCELE	827.80	00 15	X		F		X				
02	58285	VAGINAL HYSTERECTOMY; RADICAL	173.53		X		F		X				
03	58285	VAGINAL HYSTERECTOMY;RADICAL	867.65		X		F		X				
07	58285	VAGINAL HYSTERECTOMY;RADICAL	1,041.17	00 15	X		F		X				
02	58290	VAG HYST COMPLEX	151.67		X		F		X				
03	58290	VAG HYST COMPLEX	758.37		X		F		X				
07	58290	VAG HYST COMPLEX	910.05	00 15	X		F		X				
02	58291	VAG HYST INCL T/O, COMPLEX	164.90		X		F		X				
03	58291	VAG HYST INCL T/O, COMPLEX	824.52		X		F		X				
07	58291	VAG HYST INCL T/O, COMPLEX	989.43	00 15	X		F		X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	58292	VAG HYST T/O & REPAIR, COMPL	173.86			X		F		X				
03	58292	VAG HYST T/O & REPAIR, COMPL	869.30			X		F		X				
07	58292	VAG HYST T/O & REPAIR, COMPL	1,043.15	00	15	X		F		X				
02	58294	VAG HYST W/ENTEROCELE, COMPL	160.26			X		F		X				
03	58294	VAG HYST W/ENTEROCELE, COMPL	801.29			X		F		X				
07	58294	VAG HYST W/ENTEROCELE, COMPL	961.55	00	15	X		F		X				
03	58300	INSERT INTRAUTERINE DEVICE	50.77	10	60			F						
07	58300	INSERT INTRAUTERINE DEVICE	68.74	10	15			F						
03	58301	REMOVE INTRAUTERINE DEVICE	62.38	10	60			F						
07	58301	REMOVE INTRAUTERINE DEVICE	62.38	10	15			F						
03	58340	INJECT FOR UTERUS/TUBE X-RAY	79.93	21	59	X		F		X				
03	58346	INSERT HEYMAN UTERI CAPSULE	294.55					F						
07	58346	INSERT HEYMAN UTERI CAPSULE	353.45	00	15			F						
03	58353	ENDOMETR ABLATE, THERMAL	687.13			X		F						
07	58353	ENDOMETR ABLATE, THERMAL	824.56	00	15	X		F						
03	58356	ENDOMETRIAL CRYOABLATION	1,258.90			X		F						
07	58356	ENDOMETRIAL CRYOABLATION	1,510.68	00	15	X		F						
02	58400	UTERINE SUSPENSION	58.02					F						
03	58400	UTERINE SUSPENSION	290.11					F						
07	58400	UTERINE SUSPENSION	348.12	00	15			F						
02	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	104.65					F						
03	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	523.23					F						
07	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	627.88	00	15			F						
02	58520	REPAIR OF RUPTURED UTERUS	102.27					F						
03	58520	REPAIR OF RUPTURED UTERUS	511.34					F						
07	58520	REPAIR OF RUPTURED UTERUS	613.60	00	15			F						
02	58540	REVISION OF UTERUS	118.91					F						
03	58540	REVISION OF UTERUS	594.56					F						
07	58540	REVISION OF UTERUS	713.48	00	15			F						
02	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	112.07			X		F		X				
03	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	560.36			X		F		X				
07	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	672.43	00	15	X		F		X				
02	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	124.33			X		F		X				
03	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	621.65			X		F		X				
07	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	745.98	00	15	X		F		X				
02	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	126.43			X		F		X				
03	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	632.17			X		F		X				
07	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	758.62	00	15	X		F		X				
02	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	136.75			X		F		X				
03	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	683.76			X		F		X				
07	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	820.52	00	15	X		F		X				
02	58545	LAPAROSCOPIC MYOMECTOMY	117.18					F						
03	58545	LAPAROSCOPIC MYOMECTOMY	585.88					F						
07	58545	LAPAROSCOPIC MYOMECTOMY	703.06	00	15			F						
02	58546	LAPARO-MYOMECTOMY, COMPLEX	148.74					F						
03	58546	LAPARO-MYOMECTOMY, COMPLEX	743.71					F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	58546	LAPARO-MYOMECTOMY, COMPLEX	892.45	00 15			F						
02	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	232.11		X		F		X				
03	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,160.55		X		F		X				
07	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,392.66	00 15	X		F		X				
02	58550	LAPARO-ASST VAG HYSTERECTOMY	115.51		X		F						
03	58550	LAPARO-ASST VAG HYSTERECTOMY	577.55		X		F						
07	58550	LAPARO-ASST VAG HYSTERECTOMY	693.05	00 15	X		F						
02	58552	LAPARO-VAG HYST INCL T/O	127.33		X		F		X				
03	58552	LAPARO-VAG HYST INCL T/O	636.63		X		F		X				
07	58552	LAPARO-VAG HYST INCL T/O	763.95	00 15	X		F		X				
02	58553	LAPARO-VAG HYST, COMPLEX	149.50		X		F		X				
03	58553	LAPARO-VAG HYST, COMPLEX	747.49		X		F		X				
07	58553	LAPARO-VAG HYST, COMPLEX	896.99	00 15	X		F		X				
02	58554	LAPARO-VAG HYST W/T/O, COMPL	170.80		X		F		X				
03	58554	LAPARO-VAG HYST W/T/O, COMPL	853.99		X		F		X				
07	58554	LAPARO-VAG HYST W/T/O, COMPL	1,024.80	00 15	X		F		X				
03	58555	HYSTEROSCOPY, DX, SEP PROC	155.11		X		F						
07	58555	HYSTEROSCOPY, DX, SEP PROC	186.13	00 15	X		F						
03	58558	HYSTEROSCOPY, BIOPSY	210.50		X		F						
07	58558	HYSTEROSCOPY, BIOPSY	252.60	00 15	X		F						
03	58559	HYSTEROSCOPY, LYSIS	228.90		X		F						
07	58559	HYSTEROSCOPY, LYSIS	274.68	00 15	X		F						
02	58560	HYSTEROSCOPY, RESECT SEPTUM	51.76				F						
03	58560	HYSTEROSCOPY, RESECT SEPTUM	258.81		X		F						
07	58560	HYSTEROSCOPY, RESECT SEPTUM	310.57	00 15	X		F						
03	58561	HYSTEROSCOPY, REMOVE MYOMA	366.76		X		F						
07	58561	HYSTEROSCOPY, REMOVE MYOMA	440.10	00 15	X		F						
03	58562	HYSTEROSCOPY, REMOVE FB	223.32		X		F						
07	58562	HYSTEROSCOPY, REMOVE FB	267.98	00 15	X		F						
03	58563	HYSTEROSCOPY, ABLATION	1,119.92		X		F						
07	58563	HYSTEROSCOPY, ABLATION	1,343.91	00 15	X		F						
02	58565	HYSTEROSCOPY, STERILIZATION	241.54	21 59	X		F		X				
03	58565	HYSTEROSCOPY, STERILIZATION	1,207.68	21 59	X		F		X				
02	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	120.41		X		F		X				
03	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	602.07		X		F		X				
07	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	722.47	00 15	X		F		X				
02	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	132.14		X		F		X				
03	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	660.70		X		F		X				
07	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	792.83	00 15	X		F		X				
02	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	150.00		X		F		X				
03	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	749.99		X		F		X				
07	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	899.99	00 15	X		F		X				
02	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	169.48		X		F		X				
03	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	847.41		X		F		X				
07	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,016.89	00 15	X		F		X				
02	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	281.13		X		F		X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,405.64			X		F		X				
07	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,686.76	00	15	X		F		X				
03	58578	LAPARO PROC, UTERUS	MP			X		F						
07	58578	LAPARO PROC, UTERUS	MP	00	15	X		F						
03	58579	HYSTEROSCOPE PROCEDURE	MP			X		F						
07	58579	HYSTEROSCOPE PROCEDURE	MP	00	15	X		F						
02	58600	DIVISION OF FALLOPIAN TUBES	47.65	21	55	X		F						
03	58600	DIVISION OF FALLOPIAN TUBE	238.25	21	55	X		F						
02	58605	DIVISION OF FALLOPIAN TUBE	43.27	21	55	X		F						
03	58605	DIVISION OF FALLOPIAN TUBE	216.33	21	55	X		F						
02	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	10.53	21	55	X		F		X				
03	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	52.64	21	55	X		F		X				
02	58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DE	32.72	21	55	X		F						
03	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	163.60	21	55	X		F						
02	58660	LAPAROSCOPY,LYSIS	88.15			X		F						
03	58660	LAPAROSCOPY, LYSIS	440.76			X		F						
07	58660	LAPAROSCOPY, LYSIS	528.92	00	15	X		F						
02	58661	LAPAROSCOPY,REMOVE ADNEXA	84.82			X		F						
03	58661	LAPAROSCOPY, REMOVE ADNEXA	424.09			X		F						
07	58661	LAPAROSCOPY, REMOVE ADNEXA	508.90	00	15	X		F						
02	58662	LAPAROSCOPY,EXCISE LESIONS	92.58			X		F						
03	58662	LAPAROSCOPY, EXCISE LESIONS	462.92			X		F						
07	58662	LAPAROSCOPY, EXCISE LESIONS	555.51	00	15	X		F						
03	58670	LAPAROSCOPY, TUBAL CAUTERY	239.86	10	59	X		F						
07	58670	LAPAROSCOPY, TUBAL CAUTERY	239.86	10	15	X		F						
03	58671	LAPAROSCOPY, TUBAL BLOCK	239.87			X		F						
07	58671	LAPAROSCOPY, TUBAL BLOCK	239.87	00	15	X		F						
02	58673	LAPAROSCOPY,SALPINGOSTOMY	106.17			X		F				X		
03	58673	LAPAROSCOPY, SALPINGOSTOMY	530.83			X		F				X		
07	58673	LAPAROSCOPY, SALPINGOSTOMY	636.99	00	15	X		F				X		
02	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	122.27					F						
03	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	611.35			X		F						
07	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	733.62	00	15	X		F						
03	58679	LAPARO PROC, OVIDUCT-OVARY	MP			X		F						
07	58679	LAPARO PROC, OVIDUCT-OVARY	MP	00	15	X		F						
02	58700	REMOVAL OF FALLOPIAN	99.56			X		F						
03	58700	REMOVAL OF FALLOPIAN TUBE	497.82			X		F						
07	58700	REMOVAL OF FALLOPIAN TUBE	597.39	00	15	X		F						
02	58720	REMOVAL OF OVARY/TUBE(S)	93.54			X		F						
03	58720	REMOVAL OF OVARY/TUBE(S)	467.68			X		F						
07	58720	REMOVAL OF OVARY/TUBE(S)	561.22	00	15	X		F						
03	58800	DRAINAGE OF OVARIAN CYST(S)	204.59					F						
07	58800	DRAINAGE OF OVARIAN CYST(S)	245.51	00	15			F						
02	58805	DRAINAGE OF OVARIAN CYST(S)	52.34					F						
03	58805	DRAINAGE OF OVARIAN CYST(S)	261.71					F						
07	58805	DRAINAGE OF OVARIAN CYST(S)	314.04	00	15			F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	58820	DRAINAGE OF OVARIAN ABSCESS	40.25					F						
03	58820	DRAINAGE OF OVARIAN ABSCESS	201.25					F						
07	58820	DRAINAGE OF OVARIAN ABSCESS	241.48	00	15			F						
02	58822	DRAINAGE OF OVARIAN ABSCESS	91.56					F						
03	58822	DRAINAGE OF OVARIAN ABSCESS	457.80					F						
07	58822	DRAINAGE OF OVARIAN ABSCESS	549.35	00	15			F						
02	58825	TRANSPOSITION, OVARY(S)	90.84					F						
03	58825	TRANSPOSITION, OVARY(S)	454.18			X		F						
07	58825	TRANSPOSITION, OVARY(S)	545.02	00	15	X		F						
02	58900	BIOPSY OF OVARY(S)	53.40					F						
03	58900	BIOPSY OF OVARY(S)	267.01					F						
07	58900	BIOPSY OF OVARY(S)	320.40	00	15			F						
02	58920	PARTIAL REMOVAL OF OVARY(S)	91.68					F						
03	58920	PARTIAL REMOVAL OF OVARY(S)	458.40					F						
07	58920	PARTIAL REMOVAL OF OVARY(S)	550.07	00	15			F						
02	58925	REMOVAL OF OVARIAN CYST(S)	95.42					F						
03	58925	REMOVAL OF OVARIAN CYST(S)	477.11					F						
07	58925	REMOVAL OF OVARIAN CYST(S)	572.53	00	15			F						
02	58940	REMOVAL OF OVARY(S)	65.06			X		F						
03	58940	REMOVAL OF OVARY(S)	325.30			X		F						
07	58940	REMOVAL OF OVARY(S)	390.38	00	15	X		F						
02	58943	OOPHORECTOMY,OVAR MALIG,W/W/OUT SALP	146.29			X		F						
03	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	731.45			X		F						
07	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	877.73	00	15	X		F						
02	58950	RES OVAR MALIG,BILAT SALP/OOPH/OMENT	139.22					F						
03	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	696.09					F						
07	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	835.30	00	15			F						
02	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	179.92			X		F		X				
03	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	899.61			X		F		X				
07	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,079.54	00	15	X		F		X				
02	58952	SEE 58950.W/RAD DISSECT FOR DEBULK	202.97					F						
03	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,014.84					F						
07	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,217.80	00	15			F						
02	58953	TAH, RAD DISSECT FOR DEBULK	252.08			X		F						
03	58953	TAH, RAD DISSECT FOR DEBULK	1,260.38			X		F						
07	58953	TAH, RAD DISSECT FOR DEBULK	1,512.45	00	15	X		F						
02	58954	TAH RAD DEBULK/LYMPH REMOVE	273.71			X		F						
03	58954	TAH RAD DEBULK/LYMPH REMOVE	1,368.55			X		F						
07	58954	TAH RAD DEBULK/LYMPH REMOVE	1,642.24	00	15	X		F						
02	58956	BSO, OMENTECTOMY W/TAH	178.12			X		F		X				
03	58956	BSO, OMENTECTOMY W/TAH	890.60			X		F		X				
07	58956	BSO, OMENTECTOMY W/TAH	1,068.71	00	15	X		F		X				
02	58957	RESECTION (TUMOR DEBULKING) OF RECUR	193.96					F						
03	58957	RESECTION (TUMOR DEBULKING) OF RECUR	969.80					F						
07	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,163.76	00	15			F						
02	58958	RESECTION (TUMOR DEBULKING) OF RECUR	215.64					F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,078.20					F						
07	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,293.83	00	15			F						
02	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	120.32					F						
03	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	601.60					F						
07	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	721.92	00	15			F						
02	58999	GENITAL SURGERY PROCEDURE	MP			X		F						
03	58999	GENITAL SURGERY PROCEDURE	MP			X		F						
07	58999	GENITAL SURGERY PROCEDURE	MP	00	15	X		F						
03	59000	AMNIOCENTESIS	82.35	16	60			F					X	
07	59000	AMNIOCENTESIS	98.82	10	15			F					X	
03	59001	AMNIOCENTESIS, THERAPEUTIC	123.97	16	60			F						
07	59001	AMNIOCENTESIS, THERAPEUTIC	148.77	10	15			F						
03	59012	CORDOCENTESIS,ANY METHOD	137.21	16	60			F						
07	59012	CORDECENTESIS, ANY METHOD	164.66	10	15			F						
03	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	102.52	16	60			F	X					
07	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	123.04	10	15			F	X					
03	59020	FETAL OXYTOCIN STRESS TEST	45.56	16	60	X		F	X					
05	59020	FETAL OXYTOCIN STRESS TEST	18.22	10	60	X		F	X					
07	59020	FETAL OXYTOCIN STRESS TEST	54.68	10	15	X		F	X					
03	59025	FETAL NON-STRESS TEST	30.34	16	60	X		F						
05	59025	FETAL NON-STRESS TEST	12.14	10	60	X		F						
07	59025	FETAL NON-STRESS TEST	36.42	10	15	X		F						
03	59030	FETAL SCALP BLOOD SAMPLE	76.64	16	60			F						
07	59030	FETAL SCALP BLOOD SAMPLE	91.96	10	15			F						
03	59050	INTERNAL FETAL MONITORING/CONSULTAN	34.22	16	60	X		F						
07	59050	INTERNAL FETAL MONITORING/CONSULTANT	41.08	10	15	X		F						
03	59051	FETAL MONITOR/INTERPRET ONL	28.28	16	60			F						
07	59051	FETAL MONITOR/INTERPRET ONL	33.95	10	15			F						
02	59070	TRANSABDOMINAL AMNIOINFUSION, INCLUD	50.21	10	60			F						
03	59070	TRANSABDOM AMNIOINFUS W/ US	251.04	16	60			F						
07	59070	TRANSABDOM AMNIOINFUS W/ US	301.25	10	15			F						
02	59074	FETAL FLUID DRAINAGE W/US	47.76	10	60			F						
03	59074	FETAL FLUID DRAINAGE W/ US	238.78	16	60			F						
07	59074	FETAL FLUID DRAINAGE W/ US	286.53	10	15			F						
02	59076	FETAL SHUNT PLACEMENT, W/US	61.02	10	60			F						
03	59076	FETAL SHUNT PLACEMENT, W/ US	305.08	16	60			F						
07	59076	FETAL SHUNT PLACEMENT, W/ US	366.09	10	15			F						
02	59100	REMOVE UTERUS LESION	108.93	00	60	X		F						
03	59100	REMOVE UTERUS LESION	544.65	16	60	X		F						
07	59100	REMOVE UTERUS LESION	653.58	10	15	X		F						
02	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	103.88	10	60	X		F						
03	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	519.41	16	60	X		F						
07	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	623.29	10	15	X		F						
02	59121	SURG TX ECTOPIC PG;TUBAL W/O SALP-OO	104.44	10	60	X		F						
03	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	522.19	16	60	X		F						
07	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	626.63	10	15	X		F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	59130	SURG TX ECTOPIC PG; ABDOMINAL	122.22	10	60	X		F						
03	59130	SURG TX ECTOPIC PG; ABDOMINAL	611.10	16	60	X		F						
07	59130	SURG TX ECTOPIC PG; ABDOMINAL	733.32	10	15	X		F						
02	59136	INTERSTITIAL,UTERINE PREGNANCY	115.50	10	60			F						
03	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	577.51	16	60	X		F						
07	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	693.00	10	15	X		F						
02	59140	SURG TX ECTOPIC PG, CERVICAL	51.35	10	60			F						
03	59140	SURG TX ECTOPIC PG, CERVICAL	256.77	16	60	X		F						
07	59140	SURG TX ECTOPIC PG, CERVICAL	308.12	10	15	X		F						
02	59150	LAPAROSCOPIC TREATMENT O ECTOP	101.20	10	60			F						
03	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	506.01	16	60	X		F						
07	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	607.21	10	15	X		F						
02	59151	LAPAROSCOPIC TREAT O ECTOPIC P	98.95	10	60			F						
03	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	494.75	16	60	X		F						
07	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	593.69	10	15	X		F						
03	59160	D&C AFTER DELIVERY	138.53	16	60			F						
07	59160	D&C AFTER DELIVERY	166.25	10	15			F						
03	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	124.56	16	60	X		F						
07	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	149.47	10	15	X		F						
03	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	102.52	16	60			F						
07	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	123.04	10	15			F						
02	59325	CERCLAGE OF CERVIC;ABDOMINAL	32.34	10	60			F						
03	59325	CERCLAGE OF CERVIX;ABDOMINAL	161.68	16	60			F						
07	59325	CERCLAGE OF CERVIX;ABDOMINAL	194.01	10	15			F						
02	59350	REPAIR OF UTERUS	37.59	10	60			F						
03	59350	REPAIR OF UTERUS	187.95	16	60			F						
07	59350	REPAIR OF UTERUS	225.54	10	15			F						
03	59400	OBSTETRICAL CARE	1,394.41	10	60			F						M
07	59400	OBSTRETRICAL CARE	1,394.41	10	60			F						M
03	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	624.55	16	60			F						
07	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	624.55	10	15			F						
03	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	721.75	16	60			F						M
07	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	721.75	10	15			F						M
03	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	73.99	16	60			F						
07	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	83.24	10	15			F						
03	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	66.13	16	60			F						
07	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	74.40	10	15			F						
03	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	98.70	16	60			F						
07	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	111.04	10	15			F						
03	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,394.41	16	60			F						M
07	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	1,568.70	10	15			F						M
02	59514	CESAREAN DELIVERY ONLY;	124.91	10	60			F						
03	59514	CESAREAN DELIVERY ONLY;	624.55	16	60			F						
07	59514	CESAREAN DELIVERY ONLY	624.55	10	15			F						
03	59515	CESAREAN DELIVERY W POSTPARTUM CARE	721.75	16	60			F						M
07	59515	CESAREAN DELIVERY W POSTPARTUM CARE	721.75	10	15			F						M

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	69.85	10	60	X		F		X				
03	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	349.27	16	60	X		F		X				
07	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	392.93	10	15	X		F		X				
03	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	1,459.36	16	60			F						M
07	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	1,459.36	10	15			F						M
03	59612	VBAC DELIVERY ONLY	699.30	16	60			F						
07	59612	VBAC DELIVERY ONLY	699.30	10	15			F						
03	59614	VBAC DELIVERY INCL POSTPARTUM	781.34	16	60			F						M
07	59614	VBAC DELIVERY INCL POSTPARTUM	781.34	10	15			F						M
03	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	1,641.92	16	60			F						M
07	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	1,641.92	10	15			F						M
02	59620	ATTEMPTED VBAC DELIVERY ONLY	162.32	10	60			F						
03	59620	ATTEMPTED VBAC DELIVERY ONLY	811.62	16	60			F						
07	59620	ATTEMPTED VBAC DELIVERY ONLY	811.62	10	15			F						
03	59622	ATTEMPTED VBAC-INCL POSTPARTUM	940.56	16	60			F						M
07	59622	ATTEMPTED VBAC INCL POSTPARTUM	940.56	10	15			F						M
03	59812	TREAT SPONTANEOUS ABORTION	203.62	16	60	X		F						
07	59812	TREAT SPONTANEOUS ABORTION	244.34	10	15	X		F						
03	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	238.15	16	60	X		F						
07	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	285.79	10	15	X		F						
03	59821	TREAT MISSED ABORTION; SECOND TRIMES	243.66	16	60	X		F						
07	59821	TREAT MISSED ABORTION; SECOND TRIMES	292.39	10	15	X		F						
03	59830	TREATMENT OF SEPTIC ABORTION	284.54	16	60	X		F						
07	59830	TREATMENT OF SEPTIC ABORTION	341.44	10	15	X		F						
03	59840	THERAPUTIC ABORTION	141.49	16	60	X		F						
07	59840	THERAPUTIC ABORTION	169.79	10	15	X		F						
03	59841	ABORTION BY DILATION & EVACUATION	246.98	16	60	X		F						
07	59841	ABORTION BY DILATION & EVACUATION	296.37	10	15	X		F						
03	59850	SALINE ABORTION	254.85	16	60	X		F						
07	59850	SALINE ABORTION	305.82	10	15	X		F						
03	59851	SALINE ABORTION WITH D&C	261.04	16	60	X		F						
07	59851	SALINE ABORTION WITH D&C	313.25	10	15	X		F						
03	59852	SALINE ABORTION WITH HYSTEROTOMY	366.42	16	60	X		F						
07	59852	SALINE ABORTION WITH HYSTEROTOMY	439.70	10	15	X		F						
03	59855	ABORTION	272.77	16	60	X		F						
07	59855	ABORTION	327.32	10	15	X		F						
03	59856	ABORTION	323.30	16	60	X		F						
07	59856	ABORTION	387.96	10	15	X		F						
02	59857	ABORTION	77.20	10	60			F						
03	59857	ABORTION	385.99	16	60	X		F						
07	59857	ABORTION	463.19	10	15	X		F						
02	59870	UTERINE EVACUATION & CURETTAGE	60.70	10	60			F						
03	59870	UTERINE EVACUATION & CURETTAGE HYDAT	303.49	16	60	X		F						
07	59870	UTERINE EVACUATION & CURETTAGE HYDAT	364.19	10	15	X		F						
03	59871	REMOVE CERCLAGE SUTURE	89.35	16	60			F						
07	59871	REMOVE CERCLAGE SUTURE	107.22	10	15			F						

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	59897	UNLISTED FETAL INVASIVE PROCEDURE, I	MP	10	60	X		F						
03	59897	FETAL INVAS PX W/ US	MP	16	60	X		F						
07	59897	FETAL INVAS PX W/ US	MP	10	15	X		F						
03	59898	LAPARO PROC, OB CARE/DELIVER	MP	16	60	X		F						
07	59898	LAPARO PROC, OB CARE/DELIVER	MP	10	15	X		F						
02	59899	MATERNITY CARE PROCEDURE	MP	10	60	X		F						
03	59899	MATERNITY CARE PROCEDURE	MP	16	60	X		F						
07	59899	MATERNITY CARE PROCEDURE	MP	10	15	X		F						
03	60000	DRAIN THYROID/TONGUE CYST	97.88											
07	60000	DRAIN THYROID/TONGUE CYST	117.45	00	15									
03	60100	BIOPSY OF THYROID	73.78										X	
07	60100	BIOPSY OF THYROID	88.53	00	15								X	
02	60200	REMOVE THYROID LESION	82.05											
03	60200	REMOVE THYROID LESION	410.27											
07	60200	REMOVE THYROID LESION	492.33	00	15									
02	60210	PARTIAL EXCISION THYROID	88.30											
03	60210	PARTIAL EXCISION THYROID	441.51											
07	60210	PARTIAL EXCISION THYROID	529.81	00	15									
02	60212	PARTIAL THYROID EXCISION	127.28											
03	60212	PARTIAL THYROID EXCISION	636.39											
07	60212	PARTIAL THYROID EXCISION	763.67	00	15									
02	60220	PARTIAL REMOVAL OF THYROID	96.80											
03	60220	PARTIAL REMOVAL OF THYROID	483.98											
07	60220	PARTIAL REMOVAL OF THYROID	580.77	00	15									
02	60225	PARTIAL REMOVAL OF THYROID	116.36											
03	60225	PARTIAL REMOVAL OF THYROID	581.78											
07	60225	PARTIAL REMOVAL OF THYROID	698.14	00	15									
02	60240	REMOVAL OF THYROID	123.78											
03	60240	REMOVAL OF THYROID	618.89											
07	60240	REMOVAL OF THYROID	742.67	00	15									
02	60252	REMOVAL OF THYROID	166.83											
03	60252	REMOVAL OF THYROID	834.17											
07	60252	REMOVAL OF THYROID	1,001.01	00	15									
02	60254	EXTENSIVE THYROID SURGERY	214.51											
03	60254	EXTENSIVE THYROID SURGERY	1,072.57											
07	60254	EXTENSIVE THYROID SURGERY	1,287.07	00	15									
02	60260	REPEAT THYROID SURGERY	139.31											
03	60260	REPEAT THYROID SURGERY	696.54											
07	60260	REPEAT THYROID SURGERY	835.85	00	15									
02	60270	REMOVAL OF THYROID	175.45											
03	60270	REMOVAL OF THYROID	877.24											
07	60270	REMOVAL OF THYROID	1,052.69	00	15									
02	60271	REMOVAL OF THYROID	134.39											
03	60271	REMOVAL OF THYROID	671.97											
07	60271	REMOVAL OF THYROID	806.36	00	15									
02	60280	REMOVE THYROID DUCT LESION	54.64											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	60280	REMOVE THYROID DUCT LESION	273.22										
07	60280	REMOVE THYROID DUCT LESION	327.86	00 15									
02	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	73.33										
03	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	366.64										
07	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	439.96	00 15									
03	60300	ASPIRATION AND/OR INJECTION, THYROID	67.60										
07	60300	ASPIRATION AND/OR INJECTION, THYROID	81.12	00 15									
02	60500	EXPLORE PARATHYROID GLANDS	128.42										
03	60500	EXPLORE PARATHYROID GLANDS	642.12										
07	60500	EXPLORE PARATHYROID GLANDS	770.56	00 15									
02	60502	RE-EXPLORE PARATHYROID(S)	161.26					X				X	
03	60502	RE-EXPLORE PARATHYROID(S)	806.31										
07	60502	RE-EXPLORE PARATHYROID(S)	967.57	00 15									
02	60505	EXPLORE PARATHYROID GLANDS	176.82										
03	60505	EXPLORE PARATHYROID GLANDS	884.12										
07	60505	EXPLORE PARATHYROID GLANDS	1,060.94	00 15									
02	60512	AUTOTRANSPLANT, PARATHYROID	31.69										
03	60512	AUTOTRANSPLANT, PARATHYROID	158.44										
07	60512	AUTOTRANSPLANT, PARATHYROID	190.12	00 15									
02	60520	REMOVAL OF THYMUS GLAND	132.45										
03	60520	REMOVAL OF THYMUS GLAND	662.25										
07	60520	REMOVAL OF THYMUS GLAND	794.69	00 15									
02	60521	REMOVAL THYMUS GLAND	152.27										
03	60521	REMOVAL THYMUS GLAND	761.34										
07	60521	REMOVAL THYMUS GLAND	913.61	00 15									
02	60522	REMOVAL OF THYMUS GLAND	183.61										
03	60522	REMOVAL OF THYMUS GLAND	918.05										
07	60522	REMOVAL OF THYMUS GLAND	1,101.65	00 15									
02	60540	EXPLORE ADRENAL GLAND	138.76										
03	60540	EXPLORE ADRENAL GLAND	693.80										
07	60540	EXPLORE ADRENAL GLAND	832.56	00 15									
02	60545	EXPLORE ADRENAL GLAND	158.25										
03	60545	EXPLORE ADRENAL GLAND	791.24										
07	60545	EXPLORE ADRENAL GLAND	949.48	00 15									
02	60600	REMOVE CAROTID BODY LESION	183.96										
03	60600	REMOVE CAROTID BODY LESION	919.82										
07	60600	REMOVE CAROTID BODY LESION	1,103.78	00 15									
02	60605	REMOVE CAROTID BODY LESION	231.20										
03	60605	REMOVE CAROTID BODY LESION	1,156.01										
07	60605	REMOVE CAROTID BODY LESION	1,387.22	00 15									
02	60650	LAPAROSCOPY ADRENALECTOMY	155.46										
03	60650	LAPAROSCOPY ADRENALECTOMY	777.31										
07	60650	LAPAROSCOPY ADRENALECTOMY	932.77	00 15									
03	60659	LAPARO PROC, ENDOCRINE	MP		X								
07	60659	LAPARO PROC, ENDOCRINE	MP	00 15	X								
02	60699	ENDOCRINE SURGERY PROCEDURE	MP		X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	60699	ENDOCRINE SURGERY PROCEDURE	MP			X								
07	60699	ENDOCRINE SURGERY PROCEDURE	MP	00	15	X								
03	61000	REMOVE CRANIAL CAVITY FLUID	69.54											
07	61000	REMOVE CRANIAL CAVITY FLUID	83.45	00	15									
03	61001	SUBDURAL TAP....SUBSEQUENT TAPS	68.13										X	
07	61001	SUBDURAL TAP....SUBSEQUENT TAPS	81.75	00	15								X	
03	61020	REMOVE BRAIN CAVITY FLUID	81.67										X	
07	61020	REMOVE BRAIN CAVITY FLUID	98.00	00	15								X	
03	61026	PUNCTURE BURR HOLE FOR INJECT	81.99											
07	61026	PUNCTURE BURR HOLE FOR INJECT	98.40	00	15									
03	61050	REMOVE BRAIN CANAL FLUID	68.85											
07	61050	REMOVE BRAIN CANAL FLUID	82.63	00	15									
03	61055	CERVICAL PUNTURE FOR INJECTION	89.36											
07	61055	CERVICAL PUNTURE FOR INJECTION	107.24	00	15									
03	61070	BRAIN CANAL SHUNT PROCEDURE	51.48											
07	61070	BRAIN CANAL SHUNT PROCEDURE	61.77	00	15									
03	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	271.23											
07	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	325.47	00	15									
03	61107	TWIST DRILL HOLE/VENTRICULAR CATH	206.33											
07	61107	TWIST DRILL HOLE/VENTRICULAR CATH	247.59	00	15									
03	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	541.05											
07	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	649.27	00	15									
03	61120	PIERCE SKULL FOR EXAMINATION	443.27											
07	61120	PIERCE SKULL FOR EXAMINATION	531.93	00	15									
02	61140	PIERCE SKULL FOR BIOPSY	154.87											
03	61140	PIERCE SKULL FOR BIOPSY	774.33											
07	61140	PIERCE SKULL FOR BIOPSY	929.19	00	15									
03	61150	PIERCE SKULL FOR DRAINAGE	829.28											
07	61150	PIERCE SKULL FOR DRAINAGE	995.13	00	15									
03	61151	PIERCE SKULL FOR DRAINAGE	598.98										X	
07	61151	PIERCE SKULL FOR DRAINAGE	718.77	00	15								X	
02	61154	PIERCE SKULL FOR DRAINAGE	155.17											
03	61154	PIERCE SKULL FOR DRAINAGE	775.83										X	
07	61154	PIERCE SKULL FOR DRAINAGE	931.00	00	15								X	
02	61156	PIERCE SKULL FOR DRAINAGE	155.00											
03	61156	PIERCE SKULL FOR DRAINAGE	774.99											
07	61156	PIERCE SKULL FOR DRAINAGE	929.99	00	15									
03	61210	PIERCE SKULL; IMPLANT DEVICE	240.85											
07	61210	PIERCE SKULL; IMPLANT DEVICE	289.01	00	15									
03	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	293.26											
07	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	351.92	00	15									
02	61250	PIERCE SKULL & EXPLORE	104.39											
03	61250	PIERCE SKULL & EXPLORE	521.93											
07	61250	PIERCE SKULL & EXPLORE	626.31	00	15									
02	61253	PIERCE SKULL & EXPLORE	114.77											
03	61253	PIERCE SKULL & EXPLORE	573.85											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	61253	PIERCE SKULL & EXPLORE	688.61	00 15									
02	61304	INCISE SKULL FOR EXPLORATION	204.86										
03	61304	INCISE SKULL FOR EXPLORATION	1,024.32										
07	61304	INCISE SKULL FOR EXPLORATION	1,229.19	00 15									
02	61305	INCISE SKULL FOR EXPLORATION	246.16										
03	61305	INCISE SKULL FOR EXPLORATION	1,230.78										
07	61305	INCISE SKULL FOR EXPLORATION	1,476.93	00 15									
02	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	255.70										
03	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,278.52										
07	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,534.21	00 15									
02	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	244.55										
03	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,222.76										
07	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,467.30	00 15									
02	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	226.77										
03	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,133.86										
07	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,360.63	00 15									
02	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	258.27										
03	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,291.37										
07	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	1,549.65	00 15									
03	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	56.76										
07	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	68.11	00 15									
02	61320	INCISE SKULL FOR DRAINAGE	238.86										
03	61320	INCISE SKULL FOR DRAINAGE	1,194.29										
07	61320	INCISE SKULL FOR DRAINAGE	1,433.14	00 15									
02	61321	INCISE SKULL FOR DRAINAGE	261.87										
03	61321	INCISE SKULL FOR DRAINAGE	1,309.35										
07	61321	INCISE SKULL FOR DRAINAGE	1,571.23	00 15									
02	61322	DECOMPRESSIVE CRANIOTOMY	290.44										
03	61322	DECOMPRESSIVE CRANIOTOMY	1,452.20										
07	61322	DECOMPRESSIVE CRANIOTOMY	1,742.64	00 15									
02	61323	DECOMPRESSIVE LOBECTOMY	296.05										
03	61323	DECOMPRESSIVE LOBECTOMY	1,480.24										
07	61323	DECOMPRESSIVE LOBECTOMY	1,776.29	00 15									
02	61330	EXPLORATION OF EYE SOCKET	198.71										
03	61330	EXPLORATION OF EYE SOCKET	993.56										
07	61330	EXPLORATION OF EYE SOCKET	1,192.28	00 15									
02	61333	EXPLORE ORBIT; REMOVE LESION	234.33										
03	61333	EXPLORE ORBIT; REMOVE LESION	1,171.67										
07	61333	EXPLORE ORBIT; REMOVE LESION	1,406.00	00 15									
02	61340	RELIEVE CRANIAL PRESSURE	177.56										
03	61340	RELIEVE CRANIAL PRESSURE	887.80										
07	61340	RELIEVE CRANIAL PRESSURE	1,065.35	00 15									
02	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	275.06										
03	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,375.29										
07	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	1,650.35	00 15									
02	61345	RELIEVE CRANIAL PRESSURE	254.36										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	61345	RELIEVE CRANIAL PRESSURE	1,271.82										
07	61345	RELIEVE CRANIAL PRESSURE	1,526.19	00 15									
02	61450	INCISE SKULL FOR SURGERY	235.06										
03	61450	INCISE SKULL FOR SURGERY	1,175.31										
07	61450	INCISE SKULL FOR SURGERY	1,410.36	00 15									
02	61458	INCISE SKULL FOR SURGERY	251.57										
03	61458	INCISE SKULL FOR SURGERY	1,257.87										
07	61458	INCISE SKULL FOR SURGERY	1,509.45	00 15									
02	61460	INCISE SKULL FOR SURGERY	253.89										
03	61460	INCISE SKULL FOR SURGERY	1,269.43										
07	61460	INCISE SKULL FOR SURGERY	1,523.31	00 15									
02	61500	REMOVAL OF SKULL LESION	167.32										
03	61500	REMOVAL OF SKULL LESION	836.58										
07	61500	REMOVAL OF SKULL LESION	1,003.89	00 15									
02	61501	CRANIECTOMY FOR OSTEOMYELITIS	142.89										
03	61501	CRANIECTOMY FOR OSTEOMYELITIS	714.43										
07	61501	CRANIECTOMY FOR OSTEOMYELITIS	857.32	00 15									
02	61510	REMOVAL OF BRAIN LESION	270.80										
03	61510	REMOVAL OF BRAIN LESION	1,353.99										
07	61510	REMOVAL OF BRAIN LESION	1,624.80	00 15									
02	61512	REMOVE BRAIN LINING LESION	320.77										
03	61512	REMOVE BRAIN LINING LESION	1,603.87										
07	61512	REMOVE BRAIN LINING LESION	1,924.64	00 15									
02	61514	REMOVAL OF BRAIN ABSCESS	237.58										
03	61514	REMOVAL OF BRAIN ABSCESS	1,187.88										
07	61514	REMOVAL OF BRAIN ABSCESS	1,425.46	00 15									
02	61516	REMOVAL OF BRAIN LESION	231.75										
03	61516	REMOVAL OF BRAIN LESION	1,158.73										
07	61516	REMOVAL OF BRAIN LESION	1,390.48	00 15									
03	61517	IMPLT BRAIN CHEMOTX AGENT	56.72										
07	61517	IMPLT BRAIN CHEMOTX AGENT	68.06	00 15									
02	61518	REMOVAL OF BRAIN LESION	344.91										
03	61518	REMOVAL OF BRAIN LESION	1,724.57										
07	61518	REMOVAL OF BRAIN LESION	2,069.49	00 15									
02	61519	REMOVE BRAIN LINING LESION	372.10										
03	61519	REMOVE BRAIN LINING LESION	1,860.50										
07	61519	REMOVE BRAIN LINING LESION	2,232.60	00 15									
02	61520	REMOVAL OF BRAIN LESION	472.85										
03	61520	REMOVAL OF BRAIN LESION	2,364.27										
07	61520	REMOVAL OF BRAIN LESION	2,837.12	00 15									
02	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	399.98										
03	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	1,999.88										
07	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	2,399.86	00 15									
02	61522	REMOVAL OF BRAIN ABSCESS	273.67										
03	61522	REMOVAL OF BRAIN ABSCESS	1,368.37										
07	61522	REMOVAL OF BRAIN ABSCESS	1,642.03	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6 MED	7	8	9	10	11 BASE	12 X-	13 UVS	14 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	61524	REMOVAL OF BRAIN LESION	258.38											
03	61524	REMOVAL OF BRAIN LESION	1,291.90											
07	61524	REMOVAL OF BRAIN LESION	1,550.27	00	15									
02	61526	REMOVAL OF BRAIN LESION	425.79											
03	61526	REMOVAL OF BRAIN LESION	2,128.94											
07	61526	REMOVAL OF BRAIN LESION	2,554.71	00	15									
02	61530	REMOVAL OF BRAIN LESION	361.68											
03	61530	REMOVAL OF BRAIN LESION	1,808.42											
07	61530	REMOVAL OF BRAIN LESION	2,170.11	00	15									
02	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	148.65											
03	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	743.23											
07	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	891.87	00	15									
02	61533	CRANIECTOMY	188.65											
03	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	943.26											
07	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,131.92	00	15									
02	61534	REMOVAL OF BRAIN LESION	203.04											
03	61534	REMOVAL OF BRAIN LESION	1,015.18											
07	61534	REMOVAL OF BRAIN LESION	1,218.20	00	15									
02	61535	CRANIECTOMY	120.80											
03	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	603.98											
07	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	724.76	00	15									
02	61536	REMOVAL OF BRAIN LESION	325.16											
03	61536	REMOVAL OF BRAIN LESION	1,625.80											
07	61536	REMOVAL OF BRAIN LESION	1,950.95	00	15									
02	61537	REMOVAL OF BRAIN TISSUE	298.05											
03	61537	REMOVAL OF BRAIN TISSUE	1,490.24											
07	61537	REMOVAL OF BRAIN TISSUE	1,788.28	00	15									
02	61538	REMOVAL OF BRAIN TISSUE	318.97											
03	61538	REMOVAL OF BRAIN TISSUE	1,594.87											
07	61538	REMOVAL OF BRAIN TISSUE	1,913.84	00	15									
02	61539	REMOVAL OF BRAIN TISSUE	294.40											
03	61539	REMOVAL OF BRAIN TISSUE	1,471.98											
07	61539	REMOVAL OF BRAIN TISSUE	1,766.38	00	15									
02	61540	REMOVAL OF BRAIN TISSUE	276.56											
03	61540	REMOVAL OF BRAIN TISSUE	1,382.80											
07	61540	REMOVAL OF BRAIN TISSUE	1,659.37	00	15									
02	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	263.77											
03	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,318.86											
07	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	1,582.62	00	15									
02	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	268.66											
03	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,343.31											
07	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	1,611.98	00	15									
02	61544	REMOVE & TREAT BRAIN LESION	222.15											
03	61544	REMOVE & TREAT BRAIN LESION	1,110.73											
07	61544	REMOVE & TREAT BRAIN LESION	1,332.88	00	15									
02	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	395.17											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	1,975.87										
07	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	2,371.04	00 15									
02	61546	REMOVAL OF PITUITARY GLAND	286.23										
03	61546	REMOVAL OF PITUITARY GLAND	1,431.16										
07	61546	REMOVAL OF PITUITARY GLAND	1,717.39	00 15									
02	61548	REMOVAL OF PITUITARY GLAND	191.83										
03	61548	REMOVAL OF PITUITARY GLAND	959.13										
07	61548	REMOVAL OF PITUITARY GLAND	1,150.95	00 15									
02	61550	RELEASE OF SKULL SEAMS	123.88										
03	61550	RELEASE OF SKULL SEAMS	619.41										
07	61550	RELEASE OF SKULL SEAMS	743.28	00 15									
02	61552	RELEASE OF SKULL SEAMS	162.37										
03	61552	RELEASE OF SKULL SEAMS	811.84										
07	61552	RELEASE OF SKULL SEAMS	974.20	00 15									
02	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR	203.00										
03	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,015.02										
07	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,218.03	00 15									
02	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL	209.60									X	
03	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,047.98										
07	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,257.59	00 15									
02	61558	EXT CRAMIECT-MULT CRAN SUT CRA	210.11										
03	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,050.54										
07	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	1,260.65	00 15									
02	61559	EXT CRANIECT-W/MULT OSTEOT BONE AUTO	300.61										
03	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	1,503.03										
07	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	1,803.64	00 15									
02	61563	EXCIS GEN TUM CRAN BN W/O OPT NERVE	239.72										
03	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,198.60										
07	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	1,438.31	00 15									
02	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	303.25										
03	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	1,516.23										
07	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	1,819.48	00 15									
02	61566	REMOVAL OF BRAIN TISSUE	278.29										
03	61566	REMOVAL OF BRAIN TISSUE	1,391.44										
07	61566	REMOVAL OF BRAIN TISSUE	1,669.72	00 15									
02	61567	INCISION OF BRAIN TISSUE	311.36										
03	61567	INCISION OF BRAIN TISSUE	1,556.81										
07	61567	INCISION OF BRAIN TISSUE	1,868.18	00 15									
02	61570	REMOVE BRAIN FOREIGN BODY	227.94										
03	61570	REMOVE BRAIN FOREIGN BODY	1,139.72										
07	61570	REMOVE BRAIN FOREIGN BODY	1,367.67	00 15									
02	61571	SURGERY FOR PENETRATING BRAIN WOUND	248.02										
03	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,240.10										
07	61571	SURGERY FOR PENETRATING BRAIN WOUND	1,488.12	00 15									
02	61575	TRANSORAL..;TO BX,DECOMPRESS,EXCISE	292.80										
03	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	1,464.01										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	1,756.81	00 15									
02	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	461.74										
03	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	2,308.69										
07	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	2,770.44	00 15									
02	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	301.92										
03	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,509.62										
07	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,811.55	00 15									
02	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	339.35										
03	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,696.77										
07	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,036.12	00 15									
02	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	350.14										
03	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,750.69										
07	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,100.82	00 15									
02	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	358.93										
03	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	1,794.65										
07	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,153.58	00 15									
02	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	348.45										
03	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	1,742.23										
07	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,090.67	00 15									
02	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	368.28										
03	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	1,841.38										
07	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	2,209.65	00 15									
02	61586	RESECT NASOPHARYNX, SKULL	262.29										
03	61586	RESECT NASOPHARYNX, SKULL	1,311.45										
07	61586	RESECT NASOPHARYNX, SKULL	1,573.74	00 15									
02	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	387.79										
03	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	1,938.94										
07	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	2,326.73	00 15									
02	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	390.81										
03	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	1,954.06										
07	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	2,344.86	00 15									
02	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	393.94										
03	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	1,969.72										
07	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	2,363.67	00 15									
02	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	292.22										
03	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,461.08										
07	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	1,753.30	00 15									
02	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	321.14										
03	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	1,605.72										
07	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	1,926.88	00 15									
02	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	357.78										
03	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	1,788.88										
07	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	2,146.66	00 15									
02	61598	TRANSPETROSAL APPROACH TO POSTERIOR	314.21										
03	61598	TRANSPETROSAL APPROACH TO POSTERIOR	1,571.06										
07	61598	TRANSPETROSAL APPROACH TO POSTERIOR	1,885.26	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	61600	RESECTION OR EXCISION OF NEOPLASTIC,	263.23											
03	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,316.15											
07	61600	RESECTION OR EXCISION OF NEOPLASTIC,	1,579.37	00	15									
02	61601	RESECTION OR EXCISION OF NEOPLASTIC,	290.45											
03	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,452.24											
07	61601	RESECTION OR EXCISION OF NEOPLASTIC,	1,742.69	00	15									
02	61605	RESECTION OR EXCISION OF NEOPLASTIC,	274.59											
03	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,372.94											
07	61605	RESECTION OR EXCISION OF NEOPLASTIC,	1,647.53	00	15									
02	61606	RESECTION OR EXCISION OF NEOPLASTIC,	374.54											
03	61606	RESECTION OR EXCISION OF NEOPLASTIC,	1,872.69											
07	61606	RESECTION OR EXCISION OF NEOPLASTIC,	2,247.24	00	15									
02	61607	RESECTION OR EXCISION OF NEOPLASTIC,	346.29											
03	61607	RESECTION OR EXCISION OF NEOPLASTIC,	1,731.45											
07	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,077.74	00	15									
02	61608	RESECTION OR EXCISION OF NEOPLASTIC,	405.78											
03	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,028.88											
07	61608	RESECTION OR EXCISION OF NEOPLASTIC,	2,434.64	00	15									
02	61611	TRANSECTION OR LIGATION, CAROTID ART	61.41											
03	61611	TRANSECTION OR LIGATION, CAROTID ART	307.07											
07	61611	TRANSECTION OR LIGATION, CAROTID ART	368.49	00	15									
02	61613	OBLITERATION OR CAROTID ANEURYSM, AR	391.79											
03	61613	OBLITERATION OF CAROTID ANEURYSM, AR	1,958.97											
07	61613	OBLITERATION OF CAROTID ANEURYSM, AR	2,350.76	00	15									
02	61615	RESECTION OR EXCISION OF NEOPLASTIC,	306.93											
03	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,534.63											
07	61615	RESECTION OR EXCISION OF NEOPLASTIC,	1,841.56	00	15									
02	61616	RESECTION OR EXCISION OF NEOPLASTIC,	406.00											
03	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,030.01											
07	61616	RESECTION OR EXCISION OF NEOPLASTIC,	2,436.01	00	15									
02	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	161.22											
03	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	806.11											
07	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	967.33	00	15									
02	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	185.71											
03	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	928.54											
07	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,114.25	00	15									
02	61623	ENDOVASC TEMPORY VESSEL OCCL	74.50											
03	61623	ENDOVASC TEMPORY VESSEL OCCL	372.48											
07	61623	ENDOVASC TEMPORY VESSEL OCCL	446.98	00	15									
03	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	741.29											
07	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	889.53	00	15									
03	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	601.81											
07	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	722.18	00	15									
02	61630	INTRACRANIAL ANGIOPLASTY	MP			X								
03	61630	INTRACRANIAL ANGIOPLASTY	MP			X								
07	61630	INTRACRANIAL ANGIOPLASTY	MP	00	15	X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	61635	INTRACRANIAL ANGIOPLASTY W/STENT	MP			X								
03	61635	INTRACRAN ANGIOPLSTY W/STENT	MP			X								
07	61635	INTRACRAN ANGIOPLSTY W/STENT	MP	00	15	X								
02	61640	DILATE IC VASOSPASM, INIT	MP			X								
03	61640	DILATE IC VASOSPASM, INIT	MP			X								
07	61640	DILATE IC VASOSPASM, INIT	MP	00	15	X								
02	61641	DILATE IC VASOSPASM, ADD-ON	MP			X								
03	61641	DILATE IC VASOSPASM ADD-ON	MP			X								
07	61641	DILATE IC VASOSPASM ADD-ON	MP	00	15	X								
02	61642	DILATE IC VASOSPASM, ADD-ON	MP			X								
03	61642	DILATE IC VASOSPASM ADD-ON	MP			X								
07	61642	DILATE IC VASOSPASM ADD-ON	MP	00	15	X								
03	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	609.54										X	
07	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	731.45	00	15								X	
03	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	404.75											
07	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	485.70	00	15									
03	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	171.92										X	
07	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	206.30	00	15								X	
02	61680	SURG..MALFORM;SUPRATENTORIAL;SIMPLE	283.50											
03	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	1,417.49											
07	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	1,700.99	00	15									
02	61682	SURG..MALFORM;SUPRATENTORIAL;COMPLEX	535.67											
03	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	2,678.33											
07	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	3,214.00	00	15									
02	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	355.77											
03	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	1,778.87											
07	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	2,134.64	00	15									
02	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	572.73											
03	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	2,863.66											
07	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	3,436.40	00	15									
02	61690	SURG..MALFORM;DURAL,SIMPLE	268.98											
03	61690	SURG..MALFORM;DURAL,SIMPLE	1,344.91											
07	61690	SURG..MALFORM;DURAL,SIMPLE	1,613.88	00	15									
02	61692	SURG..MALFORM;DURAL,COMPLEX	462.51											
03	61692	SURG..MALFORM;DURAL,COMPLEX	2,312.57											
07	61692	SURG..MALFORM;DURAL,COMPLEX	2,775.09	00	15									
02	61697	BRAIN ANEURYSM REPR, COMPLX	520.40											
03	61697	BRAIN ANEURYSM REPR, COMPLX	2,601.98											
07	61697	BRAIN ANEURYSM REPR, COMPLX	3,122.37	00	15									
02	61698	BRAIN ANEURYSM REPR, COMPLX	558.87											
03	61698	BRAIN ANEURYSM REPR, COMPLX	2,794.37											
07	61698	BRAIN ANEURYSM REPR, COMPLX	3,353.25	00	15									
02	61700	INNER SKULL VESSEL SURGERY	437.12											
03	61700	INNER SKULL VESSEL SURGERY	2,185.58											
07	61700	INNER SKULL VESSEL SURGERY	2,622.71	00	15									
02	61702	INNER SKULL VESSEL SURGERY	485.83											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	61702	INNER SKULL VESSEL SURGERY	2,429.14											
07	61702	INNER SKULL VESSEL SURGERY	2,914.98	00	15									
02	61703	CLAMP NECK ARTERY	165.96											
03	61703	CLAMP NECK ARTERY	829.78											
07	61703	CLAMP NECK ARTERY	995.73	00	15									
02	61705	REVISE CIRCULATION TO HEAD	321.24											
03	61705	REVISE CIRCULATION TO HEAD	1,606.21											
07	61705	REVISE CIRCULATION TO HEAD	1,927.44	00	15									
02	61708	REVISE CIRCULATION TO HEAD	272.47											
03	61708	REVISE CIRCULATION TO HEAD	1,362.35											
07	61708	REVISE CIRCULATION TO HEAD	1,634.82	00	15									
02	61710	REVISE CIRCULATION TO HEAD	249.74											
03	61710	REVISE CIRCULATION TO HEAD	1,248.68											
07	61710	REVISE CIRCULATION TO HEAD	1,498.40	00	15									
02	61711	FUSION OF SKULL ARTERIES	327.59											
03	61711	FUSION OF SKULL ARTERIES	1,637.94											
07	61711	FUSION OF SKULL ARTERIES	1,965.52	00	15									
03	61720	INCISE SKULL/BRAIN SURGERY	721.80											
07	61720	INCISE SKULL/BRAIN SURGERY	866.16	00	15									
03	61735	INCISE SKULL/BRAIN SURGERY	883.10											
07	61735	INCISE SKULL/BRAIN SURGERY	1,059.73	00	15									
03	61736	LASER INTERSTITIAL THERMAL THERAPY	692.56											
07	61736	LASER INTERSTITIAL THERMAL THERAPY	831.07	00	15									
03	61737	LASER INTERSTITIAL THERMAL THERAPY	826.31											
07	61737	LASER INTERSTITIAL THERMAL THERAPY	991.57	00	15									
03	61750	STEREOTACTIC PROC/INTRACRAN. LESION	871.87											
07	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,046.24	00	15									
03	61751	STEREOTACTIC BIOPSY W/CAT SCAN	847.71											
07	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,017.24	00	15									
03	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	962.73											
07	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,155.28	00	15									
03	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	939.75											
07	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,127.70	00	15									
03	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	121.86											
07	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	146.22	00	15									
03	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	100.42											
07	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	120.50	00	15									
03	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	105.43											
07	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	126.50	00	15									
03	61790	TREAT TRIGEMINAL NERVE	526.32											
07	61790	TREAT TRIGEMINAL NERVE	631.59	00	15									
03	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	680.74											
07	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	816.89	00	15									
03	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	495.63											
07	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	594.76	00	15									
03	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	137.08										X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	164.49	00	15								X	
03	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	495.63											
07	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	594.76	00	15									
03	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	189.52										X	
07	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	227.42	00	15								X	
03	61800	APPLICATION OF STEREOTACTIC HEADFRAM	96.57											
07	61800	APPLICATION OF STEREOTACTIC HEADFRAM	115.89	00	15									
02	61850	IMPLANT NEUROELECTRODES	120.99											
03	61850	IMPLANT NEUROELECTRODES	604.93											
07	61850	IMPLANT NEUROELECTRODES	725.92	00	15									
02	61860	IMPLANT NEUROELECTRODES	193.10											
03	61860	IMPLANT NEUROELECTRODES	965.48											
07	61860	IMPLANT NEUROELECTRODES	1,158.58	00	15									
02	61863	IMPLANT NEUROELECTRODE	187.81											
03	61863	IMPLANT NEUROELECTRODE	939.03											
07	61863	IMPLANT NEUROELECTRODE	1,126.84	00	15									
02	61864	IMPLANT NEUROELECTRDE, ADDñL	56.92											
03	61864	IMPLANT NEUROELECTRDE, ADDñL	284.61											
07	61864	IMPLANT NEUROELECTRDE, ADDñL	341.53	00	15									
02	61867	IMPLANT NEUROELECTRODE	274.35											
03	61867	IMPLANT NEUROELECTRODE	1,371.75											
07	61867	IMPLANT NEUROELECTRODE	1,646.11	00	15									
02	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	81.16											
03	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	405.78											
07	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	486.94	00	15									
02	61880	REVISE/REMOVE NEUROELECTRODE	67.01											
03	61880	REVISE/REMOVE NEUROELECTRODE	335.04											
07	61880	REVISE/REMOVE NEUROELECTRODE	402.05	00	15									
03	61885	IMPLANT NEURORECEIVER	383.38				X							
07	61885	IMPLANT NEURORECEIVER	460.05	00	15		X							
03	61886	IMPLANT NEUROSTIM ARRAYS	484.54											
07	61886	IMPLANT NEUROSTIM ARRAYS	581.46	00	15									
03	61888	REVISE/REMOVE NEURORECEIVER	246.29				X							
07	61888	REVISE/REMOVE NEURORECEIVER	295.54	00	15		X							
03	62000	REPAIR OF SKULL FRACTURE	535.77											
07	62000	REPAIR OF SKULL FRACTURE	642.92	00	15									
02	62005	REPAIR OF SKULL FRACTURE	153.57											
03	62005	REPAIR OF SKULL FRACTURE	767.87											
07	62005	REPAIR OF SKULL FRACTURE	921.44	00	15									
02	62010	TREATMENT OF HEAD INJURY	188.16											
03	62010	TREATMENT OF HEAD INJURY	940.81											
07	62010	TREATMENT OF HEAD INJURY	1,128.97	00	15									
02	62100	REPAIR BRAIN FLUID LEAKAGE	199.78											
03	62100	REPAIR BRAIN FLUID LEAKAGE	998.89											
07	62100	REPAIR BRAIN FLUID LEAKAGE	1,198.66	00	15									
02	62120	REPAIR SKULL CAVITY LESION	220.94											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	62120	REPAIR SKULL CAVITY LESION	1,104.69											
07	62120	REPAIR SKULL CAVITY LESION	1,325.62	00	15									
02	62121	CRANIOTOMY W/REP ENCEPH. SKULL	204.29											
03	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,021.46											
07	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,225.76	00	15									
02	62140	REPAIR OF SKULL DEFECT	129.93											
03	62140	REPAIR OF SKULL DEFECT	649.66											
07	62140	REPAIR OF SKULL DEFECT	779.59	00	15									
02	62141	REPAIR OF SKULL DEFECT	142.68											
03	62141	REPAIR OF SKULL DEFECT	713.39											
07	62141	REPAIR OF SKULL DEFECT	856.06	00	15									
02	62142	REMOVE BONE FLAP/PROSTH.PLATE-	108.26											
03	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	541.32											
07	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	649.60	00	15									
02	62143	REPLACE BONE FLAP/PROSTH PLATE=SKULL	127.27											
03	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	636.33											
07	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	763.59	00	15									
02	62145	REPAIR OF SKULL & BRAIN	174.66											
03	62145	REPAIR OF SKULL & BRAIN	873.30											
07	62145	REPAIR OF SKULL & BRAIN	1,047.95	00	15									
02	62146	CRANIOPLASTY W/AUTOGRAFT TO 5CM	149.52											
03	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	747.60											
07	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	897.12	00	15									
02	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	177.69											
03	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	888.47											
07	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,066.16	00	15									
03	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	80.98											
07	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	97.18	00	15									
02	62160	INTRACRAN, V-CATH SHUNT/EXT DR	24.84											
03	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	124.22											
07	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	149.06	00	15									
02	62161	DISSECT BRAIN W/SCOPE	188.18											
03	62161	DISSECT BRAIN W/SCOPE	940.88											
07	62161	DISSECT BRAIN W/SCOPE	1,129.05	00	15									
02	62162	REMOVE COLLOID CYST W/SCOPE	233.40											
03	62162	REMOVE COLLOID CYST W/SCOPE	1,166.99											
07	62162	REMOVE COLLOID CYST W/SCOPE	1,400.39	00	15									
02	62164	REMOVE BRAIN TUMOR W/SCOPE	247.90											
03	62164	REMOVE BRAIN TUMOR W/SCOPE	1,239.51											
07	62164	REMOVE BRAIN TUMOR W/SCOPE	1,487.42	00	15									
02	62165	REMOVE PITUIT TUMOR W/SCOPE	190.78											
03	62165	REMOVE PITUIT TUMOR W/SCOPE	953.89											
07	62165	REMOVE PITUIT TUMOR W/SCOPE	1,144.67	00	15									
02	62180	ESTABLISH BRAIN CAVITY SHUNT	196.64											
03	62180	ESTABLISH BRAIN CAVITY SHUNT	983.22											
07	62180	ESTABLISH BRAIN CAVITY SHUNT	1,179.86	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	62190	ESTABLISH BRAIN CAVITY SHUNT	111.44											
03	62190	ESTABLISH BRAIN CAVITY SHUNT	557.19											
07	62190	ESTABLISH BRAIN CAVITY SHUNT	668.64	00	15									
02	62192	ESTABLISH BRAIN CAVITY SHUNT	119.06											
03	62192	ESTABLISH BRAIN CAVITY SHUNT	595.30											
07	62192	ESTABLISH BRAIN CAVITY SHUNT	714.34	00	15									
03	62194	REPLACE/IRRIGATE CATHETER	241.30											
07	62194	REPLACE/IRRIGATE CATHETER	289.57	00	15									
02	62200	ESTABLISH BRAIN CAVITY SHUNT	170.49											
03	62200	ESTABLISH BRAIN CAVITY SHUNT	852.43											
07	62200	ESTABLISH BRAIN CAVITY SHUNT	1,022.91	00	15									
03	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	727.65											
07	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	873.18	00	15									
02	62220	ESTABLISH BRAIN CAVITY SHUNT	125.42											
03	62220	ESTABLISH BRAIN CAVITY SHUNT	627.08											
07	62220	ESTABLISH BRAIN CAVITY SHUNT	752.49	00	15									
02	62223	ESTABLISH BRAIN CAVITY SHUNT	128.02											
03	62223	ESTABLISH BRAIN CAVITY SHUNT	640.08											
07	62223	ESTABLISH BRAIN CAVITY SHUNT	768.10	00	15									
03	62225	REPLACE/IRRIGATE CATHETER	303.02											
07	62225	REPLACE/IRRIGATE CATHETER	363.62	00	15									
02	62230	REPLACE/REVISE BRAIN SHUNT	103.44											
03	62230	REPLACE/REVISE BRAIN SHUNT	517.19											
07	62230	REPLACE/REVISE BRAIN SHUNT	620.62	00	15									
03	62252	CSF SHUNT REPROGRAM	61.46											
05	62252	CSF SHUNT REPROGRAM	24.58											
07	62252	CSF SHUNT REPROGRAM	73.76	00	15									
02	62256	REMOVE BRAIN CAVITY SHUNT	71.24											
03	62256	REMOVE BRAIN CAVITY SHUNT	356.18											
07	62256	REMOVE BRAIN CAVITY SHUNT	427.41	00	15									
02	62258	REPLACE BRAIN CAVITY SHUNT	139.41											
03	62258	REPLACE BRAIN CAVITY SHUNT	697.04											
07	62258	REPLACE BRAIN CAVITY SHUNT	836.44	00	15									
03	62263	LYSIS EPIDURAL ADHESIONS	396.50											
07	62263	LYSIS EPIDURAL ADHESIONS	475.80	00	15									
03	62264	EPIDURAL LYSIS ON SINGLE DAY	244.35											
07	62264	EPIDURAL LYSIS ON SINGLE DAY	293.23	00	15									
03	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	159.68											
07	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	191.62	00	15									
03	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	289.01											
07	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	346.81	00	15									
03	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	312.35											
07	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	374.81	00	15									
03	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	94.75											
07	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	113.70	00	15									
03	62272	SPINAL PUNCTURE, THERAPEUTIC	111.53											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	62272	SPINAL PUNCTURE, THERAPEUTIC	133.84										
03	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	103.13										
07	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	123.76	00 15									
03	62280	TREAT SPINAL CORD LESION	187.17									X	
07	62280	TREAT SPINAL CORD LESION	224.60	00 15								X	
03	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	173.37										
07	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	208.03	00 15									
03	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	178.21									X	
07	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	213.86	00 15								X	
03	62284	INJECTION FOR MYELOGRAM	135.28										
07	62284	INJECTION FOR MYELOGRAM	162.34	00 15									
03	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	349.85										
07	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	419.81	00 15									
03	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	199.88										
07	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	239.86	00 15									
03	62291	INJECT FOR SPINE DISK X-RAY	187.79										
07	62291	INJECT FOR SPINE DISK X-RAY	225.36	00 15									
03	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	320.54										
07	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	384.65	00 15									
03	62294	INJECTION INTO SPINAL ARTERY	508.64										
07	62294	INJECTION INTO SPINAL ARTERY	610.37	00 15									
03	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	174.56										
07	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	209.47	00 15									
03	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	180.98										
07	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	217.17	00 15									
03	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	172.29										
07	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	206.75	00 15									
03	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	187.67										
07	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	225.20	00 15									
03	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	120.74										
07	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	144.89	00 15									
03	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	176.52										
07	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	211.82	00 15									
03	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	112.01										
07	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	134.41	00 15									
03	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	172.63										
07	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	207.15	00 15									
03	62324	INJECTION(S), INCLUDING INDWELLING C	106.87										
07	62324	INJECTION(S), INCLUDING INDWELLING C	128.24	00 15									
03	62325	INJECTION(S), INCLUDING INDWELLING C	158.52										
07	62325	INJECTION(S), INCLUDING INDWELLING C	190.22	00 15									
03	62326	INJECTION(S), INCLUDING INDWELLING C	111.29										
07	62326	INJECTION(S), INCLUDING INDWELLING C	133.55	00 15									
03	62327	INJECTION(S), INCLUDING INDWELLING C	160.05										
07	62327	INJECTION(S), INCLUDING INDWELLING C	192.06	00 15									
03	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	183.27									X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	219.92	00	15								X	
03	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	228.61											
07	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	274.33	00	15									
03	62350	IMPLANT SPINAL CATHETER	248.94				X		X					
07	62350	IMPLANT SPINAL CATHETER	298.71	00	15		X		X					
02	62351	IMPLANT SPINAL CATHETER	104.43			X			X					
03	62351	IMPLANT SPINAL CATHETER	522.16				X		X					
07	62351	IMPLANT SPINAL CATHETER	626.58	00	15		X		X					
03	62355	REMOVE SPINAL CANAL CATHETER	185.76				X		X					
07	62355	REMOVE SPINAL CANAL CATHETER	222.91	00	15		X		X					
03	62360	INSERT SPINE INFUSION DEVICE	176.49				X		X					
07	62360	INSERT SPINE INFUSION DEVICE	211.78	00	15		X		X					
03	62361	IMPLANT SPINE INFUSION PUMP	245.09				X		X					
07	62361	IMPLANT SPINE INFUSION PUMP	294.11	00	15		X		X					
03	62362	IMPLANT SPINE INFUSION PUMP	261.65				X		X					
07	62362	IMPLANT SPINE INFUSION PUMP	313.97	00	15		X		X					
03	62365	REMOVE SPINE INFUSION DEVICE	205.61				X		X					
07	62365	REMOVE SPINE INFUSION DEVICE	246.74	00	15		X		X					
03	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	24.02						X					
07	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	28.82	00	15				X					
03	62368	ANALYZE SPINE INFUSION PUMP	34.65						X					
07	62368	ANALYZE SPINE INFUSION PUMP	41.57	00	15				X					
03	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	80.25						X					
07	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	96.30	00	15				X					
03	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	84.52						X					
07	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	101.42	00	15				X					
02	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL	MP			X								
03	62380	DECOMPRESSION OF SPINAL CORD AND/OR	MP			X								
07	62380	DECOMPRESSION OF SPINAL CORD AND/OR	MP	00	15	X								
02	63001	RELIEVE SPINAL CORD PRESSURE	153.05											
03	63001	RELIEVE SPINAL CORD PRESSURE	765.27											
07	63001	RELIEVE SPINAL CORD PRESSURE	918.32	00	15									
02	63003	RELIEVE SPINAL CORD PRESSURE	153.91											
03	63003	RELIEVE SPINAL CORD PRESSURE	769.53											
07	63003	RELIEVE SPINAL CORD PRESSURE	923.43	00	15									
02	63005	RELIEVE SPINAL CORD PRESSURE	145.57											
03	63005	RELIEVE SPINAL CORD PRESSURE	727.85											
07	63005	RELIEVE SPINAL CORD PRESSURE	873.42	00	15									
02	63011	RELIEVE SPINAL CORD PRESSURE	138.12											
03	63011	RELIEVE PSINAL CORD PRESSURE	690.62											
07	63011	RELIEVE PSINAL CORD PRESSURE	828.75	00	15									
02	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	148.31											
03	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	741.56											
07	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	889.86	00	15									
02	63015	RELIEVE SPINAL CORD PRESSURE	184.03											
03	63015	RELIEVE SPINAL CORD PRESSURE	920.16											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	63015	RELIEVE SPINAL CORD PRESSURE	1,104.18	00 15									
02	63016	RELIEVE SPINAL CORD PRESSURE	189.14										
03	63016	RELIEVE SPINAL CORD PRESSURE	945.68										
07	63016	RELIEVE SPINAL CORD PRESSURE	1,134.81	00 15									
02	63017	RELIEVE SPINAL CORD PRESSURE	153.70										
03	63017	RELIEVE SPINAL CORD PRESSURE	768.50										
07	63017	RELIEVE SPINAL CORD PRESSURE	922.19	00 15									
02	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	145.72										
03	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	728.62										
07	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	874.35	00 15									
02	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	120.78										
03	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	603.91										
07	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	724.69	00 15									
02	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	26.12									X	
03	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	130.61									X	
07	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	156.73	00 15								X	
02	63040	NECK SPINE DISK SURGERY	177.65										
03	63040	NECK SPINE DISK SURGERY	888.27										
07	63040	NECK SPINE DISK SURGERY	1,065.92	00 15									
02	63042	LOW BACK DISK SURGERY	166.00										
03	63042	LOW BACK DISK SURGERY	830.02										
07	63042	LOW BACK DISK SURGERY	996.02	00 15									
02	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	46.76									X	
03	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	233.80									X	
07	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	233.80	00 15								X	
02	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	46.76									X	
03	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	233.80									X	
07	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	233.80	00 15								X	
02	63045	LAMINECTOMY....SING.SEG.;CERVICAL	158.44										
03	63045	LAMINECTOMY....SING.SEG.;CERVICAL	792.22										
07	63045	LAMINECTOMY....SING.SEG.;CERVICAL	950.67	00 15									
02	63046	LAMINECTOMY....SING.SEG.;THORACIC	151.11										
03	63046	LAMINECTOMY....SING.SEG.;THORACIC	755.57										
07	63046	LAMINECTOMY....SING.SEG.;THORACIC	906.68	00 15									
02	63047	LAMINECTOMY....SING.SEG.;LUMBAR	137.67										
03	63047	LAMINECTOMY....SING.SEG.;LUMBAR	688.36										
07	63047	LAMINECTOMY....SING.SEG.;LUMBAR	826.02	00 15									
02	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	27.95									X	
03	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	139.77									X	
07	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	167.72	00 15								X	
02	63050	CERVICAL LAMINOPLASTY	190.49										
03	63050	CERVICAL LAMINOPLASTY	952.47										
07	63050	CERVICAL LAMINOPLASTY	1,142.96	00 15									
02	63051	C-LAMINOPLASTY W/GRAFT/PLATE	214.60										
03	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,072.98										
07	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,287.57	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	40.23										
03	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	201.14										
07	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	241.37	00 15									
02	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	30.07									X	
03	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	150.33									X	
07	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	180.40	00 15								X	
02	63055	DECOMPRESS SP CRD EQUINA/NRV RT;THOR	204.41										
03	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,022.05										
07	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,226.47	00 15									
02	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	188.63										
03	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	943.16										
07	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,131.79	00 15									
02	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	42.97									X	
03	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	214.84									X	
07	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	257.81	00 15								X	
02	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	223.71										
03	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,118.53										
07	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,342.23	00 15									
02	63066	DECOMPRESS...THORACIC;EACH ADD SEG	26.41									X	
03	63066	DECOMPRESS...THORACIC;EACH ADD SEG	132.06									X	
07	63066	DECOMPRESS...THORACIC;EACH ADD SEG	158.47	00 15								X	
02	63075	REMOVAL OF UPPER SPINE DISC AND RELE	174.39										
03	63075	REMOVAL OF UPPER SPINE DISC AND RELE	871.93										
07	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,046.32	00 15									
02	63076	REMOVAL OF UPPER SPINE DISC AND RELE	33.19									X	
03	63076	REMOVAL OF UPPER SPINE DISC AND RELE	165.96									X	
07	63076	REMOVAL OF UPPER SPINE DISC AND RELE	199.15	00 15								X	
02	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	190.36										
03	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	951.79										
07	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,142.13	00 15									
02	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	26.28									X	
03	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	131.42									X	
07	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	157.71	00 15								X	
02	63081	VERT CORPECTOMY..,CERVICAL,SING SEG	223.94										
03	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,119.68										
07	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,343.62	00 15									
02	63082	VERT CORPECTOMY;CERVICAL,EACH ADD	35.81									X	
03	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	179.03									X	
07	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	214.83	00 15								X	
02	63085	VERT CORPECTOMY..;THORACIC,SING SEG	238.07										
03	63085	VERT CORPECTOMY..,THORACIC,SING SEG	1,190.35										
07	63085	VERT CORPECTOMY..,THORACIC,SING SEG	1,428.42	00 15									
02	63086	VERT CORPECT..;THOR.,EACH ADD SEG	25.27									X	
03	63086	VERT CORPECT..,THOR.,EACH ADD SEG	126.34									X	
07	63086	VERT CORPECT..,THOR.,EACH ADD SEG	151.62	00 15								X	
02	63087	VERT.CORP.LOW THOR,LUMB;SING SEGMENT	304.69										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
03	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	1,523.43											
07	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	1,828.11	00	15									
02	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	34.58										X	
03	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	172.92										X	
07	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	207.50	00	15								X	
02	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	248.14											
03	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	1,240.68											
07	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	1,488.81	00	15									
02	63091	VERT CORPECTOMY;EACH ADD SEGMENT	23.66										X	
03	63091	VERT CORPECTOMY;EACH ADD SEGMENT	118.31										X	
07	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	141.97	00	15								X	
02	63101	REMOVAL OF VERTEBRAL BODY	284.75											
03	63101	REMOVAL OF VERTEBRAL BODY	1,423.74											
07	63101	REMOVAL OF VERTEBRAL BODY	1,708.49	00	15									
02	63102	REMOVAL OF VERTEBRAL BODY	283.66											
03	63102	REMOVAL OF VERTEBRAL BODY	1,418.29											
07	63102	REMOVAL OF VERTEBRAL BODY	1,701.95	00	15									
02	63103	REMOVE VERTEBRAL BODY ADD-ON	37.66										X	
03	63103	REMOVE VERTEBRAL BODY ADD-ON	188.32										X	
07	63103	REMOVE VERTEBRAL BODY ADD-ON	225.98	00	15								X	
02	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLY	192.00											
03	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	959.98											
07	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,151.97	00	15									
02	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	172.91											
03	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	864.53											
07	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,037.44	00	15									
02	63173	LAMINECTOMY...;TO PERITONEAL SPACE	213.37											
03	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,066.84											
07	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,280.22	00	15									
02	63185	INCISE SPINAL COLUMN/NERVES	140.22											
03	63185	INCISE SPINAL COLUMN/NERVES	701.10											
07	63185	INCISE SPINAL COLUMN/NERVES	841.32	00	15									
02	63190	INCISE SPINAL COLUMN/NERVES	161.21											
03	63190	INCISE SPINAL COLUMN/NERVES	806.05											
07	63190	INCISE SPINAL COLUMN/NERVES	967.26	00	15									
02	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE UNIL	159.28											
03	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	796.38											
07	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	955.64	00	15									
02	63197	INCISE SPINAL COLUMN & CORD	209.70											
03	63197	INCISE SPINAL COLUMN & CORD	1,048.51											
07	63197	INCISE SPINAL COLUMN & CORD	1,258.22	00	15									
02	63200	LAMINECTOMY,RELEASE TETHER...L	187.75											
03	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	938.74											
07	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,126.48	00	15									
02	63250	REVISE SPINAL CORD VESSELS	364.59											
03	63250	REVISE SPINAL CORD VESSELS	1,822.96											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	63250	REVISE SPINAL CORD VESSELS	2,187.54	00 15									
02	63251	REVISE SPINAL CORD VESSELS	379.53										
03	63251	REVISE SPINAL CORD VESSELS	1,897.63										
07	63251	REVISE SPINAL CORD VESSELS	2,277.15	00 15									
02	63252	LAMINECTOMY,MALFORM.SP.CRD;THORACOL	380.13										
03	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	1,900.63										
07	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	2,280.75	00 15									
02	63265	LAMINECTOMY,LESION...;CERVICAL	207.86										
03	63265	LAMINECTOMY,LESION...;CERVICAL	1,039.32										
07	63265	LAMINECTOMY,LESION...;CERVICAL	1,247.18	00 15									
02	63266	LAMINECTOMY,LESION...;THORACIC	213.73										
03	63266	LAMINECTOMY,LESION...;THORACIC	1,068.65										
07	63266	LAMINECTOMY,LESION...;THORACIC	1,282.38	00 15									
02	63267	LAMINECTOMY,LESION...;LUMBAR	171.77										
03	63267	LAMINECTOMY,LESION...;LUMBAR	858.87										
07	63267	LAMINECTOMY,LESION...;LUMBAR	1,030.66	00 15									
02	63268	LAMINECTOMY.LESION...;SACRAL	171.63										
03	63268	LAMINECTOMY,LESION....;SACRAL	858.16										
07	63268	LAMINECTOMY,LESION....;SACRAL	1,029.80	00 15									
02	63270	LAMINECTOMY,LESION...;CERVICAL	256.30										
03	63270	LAMINECTOMY,LESION....;CERVICAL	1,281.51										
07	63270	LAMINECTOMY,LESION....;CERVICAL	1,537.81	00 15									
02	63271	LAMINECTOMY,LESION....;THORACIC	257.88										
03	63271	LAMINECTOMY,LESION...;THORACIC	1,289.42										
07	63271	LAMINECTOMY,LESION...;THORACIC	1,547.29	00 15									
02	63272	LAMINECTOMY,LESION...;LUMBAR	237.27										
03	63272	LAMINECTOMY,LESION...;LUMBAR	1,186.34										
07	63272	LAMINECTOMY,LESION...;LUMBAR	1,423.61	00 15									
02	63273	LAMINECTOMY,LESION...;SACRAL	224.19										
03	63273	LAMINECTOMY,LESION...;SACRAL	1,120.93										
07	63273	LAMINECTOMY,LESION...;SACRAL	1,345.11	00 15									
02	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	223.35										
03	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,116.76										
07	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,340.10	00 15									
02	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	222.57										
03	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,112.83										
07	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,335.38	00 15									
02	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	195.12										
03	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	975.61										
07	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,170.71	00 15									
02	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	190.55										
03	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	952.77										
07	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,143.32	00 15									
02	63280	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	264.58										
03	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,322.90										
07	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	1,587.47	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	63281	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	261.57											
03	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,307.83											
07	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	1,569.40	00	15									
02	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	246.75											
03	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,233.74											
07	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	1,480.49	00	15									
02	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	233.61											
03	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,168.07											
07	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	1,401.69	00	15									
02	63285	LAMINECTOMY;BX/EXC..;CERVICAL-INTRA	325.63											
03	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	1,628.13											
07	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	1,953.77	00	15									
02	63286	LAMINECTOMY,BX/EXC..;THORACIC-INTRA	324.45											
03	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	1,622.25											
07	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	1,946.70	00	15									
02	63287	LAMINECTOMY,BX/FXC..;THORACOLUMBAR..	342.00											
03	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	1,710.02											
07	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,052.03	00	15									
02	63290	LAMINECTOMY...,COMBINATION,ANY LEVEL	345.44											
03	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	1,727.21											
07	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,072.65	00	15									
02	63295	REPAIR OF LAMINECTOMY DEFECT	41.27											
03	63295	REPAIR OF LAMINECTOMY DEFECT	206.37											
07	63295	REPAIR OF LAMINECTOMY DEFECT	247.65	00	15									
02	63300	VERT CORP,SING SEG;CERVICAL-EXTRACUR	230.36											
03	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,151.81											
07	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,382.17	00	15									
02	63301	SEE 63300;EXTRADUR,THOR-TRANSTHO APP	257.12											
03	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,285.59											
07	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	1,542.72	00	15									
02	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	255.69											
03	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,278.43											
07	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	1,534.10	00	15									
02	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	266.10											
03	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,330.50											
07	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	1,596.59	00	15									
02	63304	SEE 63300;INTRADURAL,CERVICAL	283.80											
03	63304	SEE 63300;INTRADURAL,CERVICAL	1,419.00											
07	63304	SEE 63300;INTRADURAL,CERVICAL	1,702.79	00	15									
02	63305	SEE 63300;INTRA,THOR-TRANSTHOR APP	289.25											
03	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,446.27											
07	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	1,735.53	00	15									
02	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	305.95											
03	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,529.76											
07	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	1,835.72	00	15									
02	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	279.54											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,397.72											
07	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	1,677.26	00	15									
02	63308	VERT CORPECTOMY, EA ADD SEGMEN	43.15											
03	63308	VERT CORPECTOMY, EA ADD SEGMENT	215.74										X	
07	63308	VERT CORPECTOMY; EA ADD SEGMENT	258.89	00	15								X	
03	63600	REMOVE SPINAL CORD LESION	531.97											
07	63600	REMOVE SPINAL CORD LESION	638.36	00	15									
03	63610	STIMULATION OF SPINAL CORD	805.99										X	
07	63610	STIMULATION OF SPINAL CORD	967.17	00	15								X	
02	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	99.13											
03	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	495.63											
07	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	594.76	00	15									
02	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	31.52										X	
03	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	157.62										X	
07	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	189.14	00	15								X	
03	63650	IMPLANT NEUROELECTRODES	261.47											
07	63650	IMPLANT NEUROELECTRODES	313.76	00	15									
02	63655	IMPLANT NEUROELECTRODES	104.83											
03	63655	IMPLANT NEUROELECTRODES	524.16											
07	63655	IMPLANT NEUROELECTRODES	628.98	00	15									
02	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	75.69											
03	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	378.45											
07	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	454.12	00	15									
02	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	95.83											
03	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	479.13											
07	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	574.95	00	15									
02	63663	REVISION INCLUDING REPLACEMENT WHEN	108.64											
03	63663	REVISION INCLUDING REPLACEMENT WHEN	543.18											
07	63663	REVISION INCLUDING REPLACEMENT WHEN	651.82	00	15									
02	63664	REVISION INCLUDING REPLACEMENT WHEN	99.72											
03	63664	REVISION INCLUDING REPLACEMENT WHEN	498.60											
07	63664	REVISION INCLUDING REPLACEMENT WHEN	598.33	00	15									
02	63685	IMPLANT NEURORECEIVER	50.52											
03	63685	IMPLANT NEURORECEIVER	252.58											
07	63685	IMPLANT NEURORECEIVER	303.10	00	15									
03	63688	REVISE/REMOVE NEURORECEIVER	225.62											
07	63688	REVISE/REMOVE NEURORECEIVER	270.74	00	15									
02	63700	REPAIR OF SPINAL HERNIATION	152.65											
03	63700	REPAIR OF SPINAL HERNIATION	763.23											
07	63700	REPAIR OF SPINAL HERNIATION	915.87	00	15									
02	63702	REPAIR OF SPINAL HERNIATION	171.81											
03	63702	REPAIR OF SPINAL HERNIATION	859.05											
07	63702	REPAIR OF SPINAL HERNIATION	1,030.86	00	15									
02	63704	REPAIR OF SPINAL HERNIATION	191.80											
03	63704	REPAIR OF SPINAL HERNIATION	958.99											
07	63704	REPAIR OF SPINAL HERNIATION	1,150.79	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
02	63706	REPAIR OF SPINAL HERNIATION	224.47											
03	63706	REPAIR OF SPINAL HERNIATION	1,122.35											
07	63706	REPAIR OF SPINAL HERNIATION	1,346.82	00	15									
02	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	112.48											
03	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	562.38											
07	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	674.84	00	15									
02	63709	REP DURAL/CSF LEAK...W/LAMINECTOMY	136.90											
03	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	684.49											
07	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	821.37	00	15									
02	63710	GRAFT REPAIR OF SPINE DEFECT	137.12											
03	63710	GRAFT REPAIR OF SPINE DEFECT	685.61											
07	63710	GRAFT REPAIR OF SPINE DEFECT	822.74	00	15									
02	63740	INSTALL SPINAL SHUNT	116.17											
03	63740	INSTALL SPINAL SHUNT	580.85											
07	63740	INSTALL SPINAL SHUNT	697.03	00	15									
02	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	75.59											
03	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	377.93											
07	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	453.53	00	15									
02	63744	REVISION OF SPINAL SHUNT	79.28											
03	63744	REVISION OF SPINAL SHUNT	396.38											
07	63744	REVISION OF SPINAL SHUNT	475.65	00	15									
03	63746	REMOVAL OF SPINAL SHUNT	343.69											
07	63746	REMOVAL OF SPINAL SHUNT	412.42	00	15									
03	64400	INJECTION FOR NERVE BLOCK	65.31							X			X	
07	64400	INJECTION FOR NERVE BLOCK	78.37	00	15					X			X	
03	64405	INJECTION FOR NERVE BLOCK	63.93							X			X	
07	64405	INJECTION FOR NERVE BLOCK	76.72	00	15					X			X	
03	64408	INJECTION FOR NERVE BLOCK	73.54							X			X	
07	64408	INJECTION FOR NERVE BLOCK	88.24	00	15					X			X	
03	64415	INJECTION FOR NERVE BLOCK	80.11							X			X	
07	64415	INJECTION FOR NERVE BLOCK	96.13	00	15					X			X	
03	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	62.15							X				
07	64416	N BLOCK CONT INFUSE, B PLEX	74.59	00	15									
03	64417	INJECTION FOR NERVE BLOCK	80.89							X			X	
07	64417	INJECTION FOR NERVE BLOCK	97.08	00	15					X			X	
03	64418	INJECTION FOR NERVE BLOCK	81.65							X			X	
07	64418	INJECTION FOR NERVE BLOCK	97.98	00	15					X			X	
03	64420	INJECTION FOR NERVE BLOCK	95.97							X			X	
07	64420	INJECTION FOR NERVE BLOCK	115.17	00	15					X			X	
03	64421	INJECTION FOR NERVE BLOCK	141.39							X			X	
07	64421	INJECTION FOR NERVE BLOCK	169.68	00	15					X			X	
03	64425	INJECTION FOR NERVE BLOCK	80.06							X			X	
07	64425	INJECTION FOR NERVE BLOCK	96.08	00	15					X			X	
03	64430	INJECTION FOR NERVE BLOCK	95.27							X			X	
07	64430	INJECTION FOR NERVE BLOCK	114.33	00	15					X			X	
03	64435	INJECTION FOR NERVE BLOCK	89.13							X			X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	64435	INJECTION FOR NERVE BLOCK	106.95	00	15					X			X	
03	64445	INJECTION FOR NERVE BLOCK	83.07							X			X	
07	64445	INJECTION FOR NERVE BLOCK	99.68	00	15					X			X	
03	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	61.20							X				
07	64446	N BLK INJ, SCIATIC, CONT INF	73.45	00	15									
03	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	46.33							X				
07	64447	N BLOCK INJ FEM, SINGLE	55.60	00	15									
03	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	54.27							X				
07	64448	N BLOCK INJ FEM, CONT INF	65.11	00	15									
03	64449	N BLOCK INJ, LUMBAR PLEXUS	60.28											
07	64449	N BLOCK INJ, LUMBAR PLEXUS	72.34	00	15									
03	64450	INJECTION FOR NERVE BLOCK	64.25							X			X	
07	64450	INJECTION FOR NERVE BLOCK	77.09	00	15					X			X	
03	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	148.23										X	
07	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	177.88	00	15								X	
03	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	149.66										X	
07	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	179.59	00	15								X	
03	64455	INJECTIONS OF ANESTHETIC AND/OR STER	33.29											
07	64455	INJECTIONS OF ANESTHETIC AND/OR STER	39.95	00	15									
03	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	107.19											
07	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	128.63	00	15									
03	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	61.12											
07	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	73.34	00	15									
03	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	116.02											
07	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	139.22	00	15									
03	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	88.67											
07	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	106.40	00	15									
03	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	107.94											
07	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	129.53	00	15									
03	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	109.10											
07	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	130.92	00	15									
03	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	150.17											
07	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	180.20	00	15									
03	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	125.17											
07	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	150.19	00	15									
03	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	63.21											
07	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	75.85	00	15									
03	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	63.94										X	
07	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	76.73	00	15								X	
03	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	111.38											
07	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	133.66	00	15									
03	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	57.40											
07	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	68.87											
03	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	58.12										X	
07	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	69.76	00	15								X	
03	64505	INJECTION FOR NERVE BLOCK	63.39							X				

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	64505	INJECTION FOR NERVE BLOCK	76.06	00	15									
03	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	85.42							X				
07	64510	INJECTION FOR NERVE BLOCK	102.50	00	15									
03	64517	N BLOCK INJ, HYPOGAS PLXS	105.10											
07	64517	N BLOCK INJ, HYPOGAS PLXS	126.13	00	15									
03	64520	INJECTION FOR NERVE BLOCK	111.04							X				
07	64520	INJECTION FOR NERVE BLOCK	133.24	00	15									
03	64530	INJECTION FOR NERVE BLOCK	115.41							X				
07	64530	INJECTION FOR NERVE BLOCK	138.49	00	15									
03	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	695.26									X		
07	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	834.31	00	15							X		
03	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	65.71											
07	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	78.85	00	15									
03	64568	INCISION FOR IMPLANTATION OF CRANIAL	326.87				X							
07	64568	INCISION FOR IMPLANTATION OF CRANIAL	392.24	00	15		X							
03	64569	REVISION OR REPLACEMENT OF CRANIAL	319.28				X							
07	64569	REVISION OR REPLACMENT OF CRANIAL	383.13	00	15		X							
03	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	279.68				X							
07	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	335.62	00	15		X							
03	64581	INCISION FOR IMPLANTATION OF NEUROST	539.95									X		
07	64581	INCISION FOR IMPLANTATION OF NEUROST	647.94	00	15							X		
02	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	131.84											
03	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	659.21											
07	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	791.06	00	15									
03	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	589.73											
07	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	707.68	00	15									
03	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	496.00											
07	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	595.20	00	15									
03	64590	INSERTION OR REPLACEMENT OF PERIPHER	195.32											
07	64590	INSERTION OR REPLACEMENT OF PERIPHER	234.39	00	15									
03	64600	INJECTION TREATMENT OF NERVE	243.63											
07	64600	INJECTION TREATMENT OF NERVE	292.35	00	15									
03	64605	INJECTION TREATMENT OF NERVE	347.59											
07	64605	INJECTION TREATMENT OF NERVE	417.11	00	15									
03	64610	INJECTION TREATMENT OF NERVE	428.62											
07	64610	INJECTION TREATMENT OF NERVE	514.34	00	15									
03	64611	CHEMODENERVATION OF PAROTID AND SUBM	50.71											
07	64611	CHEMODENERVATION OF PAROTID AND SUBM	60.85	00	15									
03	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	95.33											
07	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	114.38	00	15									
03	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	94.13			X								
07	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	112.96	00	15	X								
03	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	84.53										X	
07	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	101.44	00	15								X	
03	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	128.68										X	
07	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	154.42	00	15								X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
03	64620	INJECTION TREATMENT OF NERVE	165.36											
07	64620	INJECTION TREATMENT OF NERVE	198.45	00	15									
03	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	284.60										X	
07	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	341.52	00	15								X	
03	64625	RADIOFREQUENCY ABLATION, NERVES INNE	349.02										X	
07	64625	RADIOFREQUENCY ABLATION, NERVES INNE	418.82	00	15								X	
03	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	349.62											
07	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	419.54	00	15									
03	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	166.52										X	
07	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	199.82	00	15								X	
03	64630	INJECTION TREATMENT OF NERVE	145.21											
07	64630	INJECTION TREATMENT OF NERVE	174.25	00	15									
03	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	53.78											
07	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	64.53	00	15									
03	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	295.01											
07	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	354.00	00	15									
03	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	134.01											
07	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	160.80	00	15									
03	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	289.93											
07	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	347.93	00	15									
03	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	120.52											
07	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	144.63	00	15									
03	64640	INJECTION TREATMENT OF NERVE	142.89										X	
07	64640	INJECTION TREATMENT OF NERVE	171.46	00	15								X	
03	64642	Injection of chemical for destructio	95.26											
07	64642	Injection of chemical for destructio	114.32	00	15									
03	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	63.14										X	
07	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	75.78	00	15								X	
03	64644	Injection of chemical for destructio	108.51											
07	64644	Injection of chemical for destructio	130.21	00	15									
03	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	76.91										X	
07	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	92.29	00	15								X	
03	64646	Injection of chemical for destructio	102.55											
07	64646	Injection of chemical for destructio	123.07	00	15									
03	64647	Injection of chemical for destructio	118.81											
07	64647	Injection of chemical for destructio	142.57	00	15									
03	64680	INJECTION TREATMENT OF NERVE	185.10											
07	64680	INJECTION TREATMENT OF NERVE	222.12	00	15									
03	64681	INJECTION TREATMENT OF NERVE	240.53											
07	64681	INJECTION TREATMENT OF NERVE	288.63	00	15									
03	64702	REVISE FINGER/TOE NERVE	283.39											
07	64702	REVISE FINGER/TOE NERVE	340.07	00	15									
02	64704	REVISE HAND/FOOT NERVE	42.02											
03	64704	REVISE HAND/FOOT NERVE	210.10											
07	64704	REVISE HAND/FOOT NERVE	252.12	00	15									
02	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	59.32											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	296.61										
07	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	355.95	00 15									
02	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	68.43										
03	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	342.15										
07	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	410.57	00 15									
02	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	96.56										
03	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	482.82										
07	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	579.39	00 15									
02	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	82.36										
03	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	411.78										
07	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	494.13	00 15									
02	64716	REVISION OF CRANIAL NERVE	64.25										
03	64716	REVISION OF CRANIAL NERVE	321.24										
07	64716	REVISION OF CRANIAL NERVE	385.49	00 15									
03	64718	REVISE ULNAR NERVE AT ELBOW	348.36										
07	64718	REVISE ULNAR NERVE AT ELBOW	418.04	00 15									
03	64719	REVISE ULNAR NERVE AT WRIST	241.94										
07	64719	REVISE ULNAR NERVE AT WRIST	290.32	00 15									
03	64721	REVISE MEDIAN NERVE AT WRIST	253.81										
07	64721	REVISE MEDIAN NERVE AT WRIST	304.56	00 15									
02	64722	RELIEVE PRESSURE ON NERVE(S)	41.46										
03	64722	RELIEVE PRESSURE ON NERVE(S)	207.29										
07	64722	RELIEVE PRESSURE ON NERVE(S)	248.75	00 15									
03	64726	RELEASE FOOT/TOE NERVE	183.61										
07	64726	RELEASE FOOT/TOE NERVE	220.32	00 15									
03	64727	INTERNAL NEUROLYSIS,MICROSCOPE	121.70										
07	64727	INTERNAL NEUROLYSIS, MICROSCOPE	146.04	00 15									
02	64732	INCISION OF BROW NERVE	47.72										
03	64732	INCISION OF BROW NERVE	238.58										
07	64732	INCISION OF BROW NERVE	286.29	00 15									
03	64734	INCISION OF CHEEK NERVE	257.14										
07	64734	INCISION OF CHEEK NERVE	308.57	00 15									
02	64736	INCISION OF CHIN NERVE	48.07										
03	64736	INCISION OF CHIN NERVE	240.33										
07	64736	INCISION OF CHIN NERVE	288.40	00 15									
02	64738	INCISION OF JAW NERVE	57.63										
03	64738	INCISION OF JAW NERVE	288.16										
07	64738	INCISION OF JAW NERVE	345.80	00 15									
02	64740	INCISION OF TONGUE NERVE	56.83										
03	64740	INCISION OF TONGUE NERVE	284.17										
07	64740	INCISION OF TONGUE NERVE	341.01	00 15									
02	64742	INCISION OF FACIAL NERVE	58.46										
03	64742	INCISION OF FACIAL NERVE	292.31										
07	64742	INCISION OF FACIAL NERVE	350.77	00 15									
03	64744	INCISE NERVE, BACK OF HEAD	259.88										
07	64744	INCISE NERVE, BACK OF HEAD	311.86	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	64746	INCISE DIAPHRAGM NERVE	55.61										
03	64746	INCISE DIAPHRAGM NERVE	278.03										
07	64746	INCISE DIAPHRAGM NERVE	333.63	00 15									
02	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	113.34										
03	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	566.68										
07	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	680.00	00 15									
02	64760	INCISION OF VAGUS NERVE	59.66										
03	64760	INCISION OF VAGUS NERVE	298.31										
07	64760	INCISION OF VAGUS NERVE	357.96	00 15									
02	64763	INCISE HIP/THIGH NERVE	67.78										
03	64763	INCISE HIP/THIGH NERVE	338.91										
07	64763	INCISE HIP/THIGH NERVE	406.69	00 15									
02	64766	INCISE HIP/THIGH NERVE	78.47										
03	64766	INCISE HIP/THIGH NERVE	392.36										
07	64766	INCISE HIP/THIGH NERVE	470.83	00 15									
02	64771	INCISE CRANIAL NERVE, EXTRADUR	73.61										
03	64771	INCISE CRANIAL NERVE, EXTRADURAL	368.04										
07	64771	INCISE CRANIAL NERVE, EXTRADURAL	441.65	00 15									
02	64772	INCISION OF SPINAL NERVE	71.13										
03	64772	INCISION OF SPINAL NERVE	355.64										
07	64772	INCISION OF SPINAL NERVE	426.77	00 15									
03	64774	REMOVE SKIN NERVE LESION	254.93										
07	64774	REMOVE SKIN NERVE LESION	305.91	00 15									
03	64776	REMOVE DIGIT NERVE LESION	245.51										
07	64776	REMOVE DIGIT NERVE LESION	294.61	00 15									
03	64778	EXCISE NEUROMA;EACH ADD DIGIT	120.82									X	
07	64778	EXCISE NEUROMA;EACH ADD DIGIT	145.00	00 15								X	
03	64782	REMOVE LIMB NERVE LESION	289.65										
07	64782	REMOVE LIMB NERVE LESION	347.59	00 15									
03	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	144.08									X	
07	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	172.89	00 15								X	
03	64784	REMOVE NERVE LESION	451.06										
07	64784	REMOVE NERVE LESION	541.28	00 15									
02	64786	REMOVE SCIATIC NERVE LESION	136.47										
03	64786	REMOVE SCIATIC NERVE LESION	682.33										
07	64786	REMOVE SCIATIC NERVE LESION	818.80	00 15									
03	64787	INSERT CAP ON NERVE END	165.48										
07	64787	INSERT CAP ON NERVE END	198.56	00 15									
03	64788	REMOVE SKIN NERVE LESION	239.08										
07	64788	REMOVE SKIN NERVE LESION	286.89	00 15									
03	64790	REMOVAL OF NERVE LESION	520.06										
07	64790	REMOVAL OF NERVE LESION	624.06	00 15									
02	64792	REMOVAL OF NERVE LESION	134.61										
03	64792	REMOVAL OF NERVE LESION	673.04										
07	64792	REMOVAL OF NERVE LESION	807.65	00 15									
03	64795	BIOPSY OF NERVE	123.93										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	64795	BIOPSY OF NERVE	148.72	00 15									
02	64802	REMOVE SYMPATHETIC NERVES	76.92										
03	64802	REMOVE SYMPATHETIC NERVES	384.62										
07	64802	REMOVE SYMPATHETIC NERVES	461.53	00 15									
02	64804	REMOVE SYMPATHETIC NERVES	117.59										
03	64804	REMOVE SYMPATHETIC NERVES	587.97										
07	64804	REMOVE SYMPATHETIC NERVES	705.57	00 15									
02	64809	REMOVE SYMPATHETIC NERVES	109.50										
03	64809	REMOVE SYMPATHETIC NERVES	547.48										
07	64809	REMOVE SYMPATHETIC NERVES	656.96	00 15									
02	64818	REMOVE SYMPATHETIC NERVES	85.19										
03	64818	REMOVE SYMPATHETIC NERVES	425.94										
07	64818	REMOVE SYMPATHETIC NERVES	511.13	00 15									
03	64820	REMOVE SYMPATHETIC NERVES	471.80										
07	64820	REMOVE SYMPATHETIC NERVES	566.15	00 15									
02	64821	REMOVE SYMPATHETIC NERVES	84.75										
03	64821	REMOVE SYMPATHETIC NERVES	423.74										
07	64821	REMOVE SYMPATHETIC NERVES	508.49	00 15									
02	64822	REMOVE SYMPATHETIC NERVES	83.89										
03	64822	REMOVE SYMPATHETIC NERVES	419.46										
07	64822	REMOVE SYMPATHETIC NERVES	503.35	00 15									
02	64823	REMOVE SYMPATHETIC NERVES	95.65										
03	64823	REMOVE SYMPATHETIC NERVES	478.24										
07	64823	REMOVE SYMPATHETIC NERVES	573.88	00 15									
03	64831	REPAIR OF DIGIT NERVE	421.17										
07	64831	REPAIR OF DIGIT NERVE	505.40	00 15									
03	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	224.15									X	
07	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	268.97	00 15								X	
03	64834	REPAIR OF HAND OR FOOT NERVE	467.73										
07	64834	REPAIR OF HAND OR FOOT NERVE	561.27	00 15									
02	64835	REPAIR OF HAND OR FOOT NERVE	101.52										
03	64835	REPAIR OF HAND OR FOOT NERVE	507.62										
07	64835	REPAIR OF HAND OR FOOT NERVE	609.15	00 15									
02	64836	REPAIR OF HAND OR FOOT NERVE	101.38										
03	64836	REPAIR OF HAND OR FOOT NERVE	506.92										
07	64836	REPAIR OF HAND OR FOOT NERVE	608.31	00 15									
02	64837	SUTURE EACH ADD NERVE,HAND OR	49.80										
03	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	249.02									X	
07	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	298.83	00 15								X	
02	64840	REPAIR OF LEG NERVE	114.88										
03	64840	REPAIR OF LEG NERVE	574.40										
07	64840	REPAIR OF LEG NERVE	689.27	00 15									
02	64856	REPAIR/TRANSPOSE NERVE	127.78										
03	64856	REPAIR/TRANSPOSE NERVE	638.92										
07	64856	REPAIR/TRANSPOSE NERVE	766.70	00 15									
02	64857	REPAIR ARM/LEG NERVE	133.62										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	64857	REPAIR ARM/LEG NERVE	668.12										
07	64857	REPAIR ARM/LEG NERVE	801.74	00 15									
02	64858	REPAIR SCIATIC NERVE	155.09										
03	64858	REPAIR SCIATIC NERVE	775.46										
07	64858	REPAIR SCIATIC NERVE	930.55	00 15									
02	64859	SUTRUE @ ADD MAJOR PERIPHERIAL	33.80										
03	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	169.01									X	
07	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	202.82	00 15								X	
02	64861	REPAIR OF ARM NERVES	175.88										
03	64861	REPAIR OF ARM NERVES	879.38										
07	64861	REPAIR OF ARM NERVES	1,055.25	00 15									
02	64862	REPAIR OF LOW BACK NERVES	173.11										
03	64862	REPAIR OF LOW BACK NERVES	865.56										
07	64862	REPAIR OF LOW BACK NERVES	1,038.66	00 15									
02	64864	REPAIR OF FACIAL NERVE	110.02										
03	64864	REPAIR OF FACIAL NERVE	550.09										
07	64864	REPAIR OF FACIAL NERVE	660.12	00 15									
02	64865	REPAIR OF FACIAL NERVE	144.37										
03	64865	REPAIR OF FACIAL NERVE	721.86										
07	64865	REPAIR OF FACIAL NERVE	866.22	00 15									
02	64866	FUSION OF FACIAL/OTHER NERVE	150.92										
03	64866	FUSION OF FACIAL/OTHER NERVE	754.60										
07	64866	FUSION OF FACIAL/OTHER NERVE	905.51	00 15									
02	64868	FUSION OF FACIAL/OTHER NERVE	131.55										
03	64868	FUSION OF FACIAL/OTHER NERVE	657.76										
07	64868	FUSION OF FACIAL/OTHER NERVE	789.31	00 15									
02	64872	SUTURE OF NERVE;REQ. DELAYED SUTURE	15.81										
03	64872	SUBSEQUENT REPAIR OF NERVE	79.07										
07	64872	SUBSEQUENT REPAIR OF NERVE	94.89	00 15									
02	64874	REPAIR & REVISE NERVE	23.26										
03	64874	REPAIR & REVISE NERVE	116.31										
07	64874	REPAIR & REVISE NERVE	139.57	00 15									
02	64876	REPAIR NERVE; SHORTEN BONE	25.46										
03	64876	REPAIR NERVE; SHORTEN BONE	127.31										
07	64876	REPAIR NERVE; SHORTEN BONE	152.79	00 15									
02	64885	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	143.35									X	
03	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	716.77										
07	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	860.12	00 15									
02	64886	NERVE GRAFT (INCLUDES OBTAIN GRAFT)	170.31									X	
03	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	851.57										
07	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,021.88	00 15									
02	64890	NERVE GRAFT, HAND OR FOOT	137.67										
03	64890	NERVE GRAFT, HAND OR FOOT	688.33										
07	64890	NERVE GRAFT, HAND OR FOOT	825.98	00 15									
02	64891	NERVE GRAFT, HAND OR FOOT	141.22										
03	64891	NERVE GRAFT, HAND OR FOOT	706.12										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	64891	NERVE GRAFT, HAND OR FOOT	847.34	00 15									
02	64892	NERVE GRAFT, ARM OR LEG	134.27										
03	64892	NERVE GRAFT, ARM OR LEG	671.37										
07	64892	NERVE GRAFT, ARM OR LEG	805.64	00 15									
02	64893	NERVE GRAFT, ARM OR LEG	141.54										
03	64893	NERVE GRAFT, ARM OR LEG	707.69										
07	64893	NERVE GRAFT, ARM OR LEG	849.22	00 15									
02	64895	NERVE GRAFT, HAND OR FOOT	165.56										
03	64895	NERVE GRAFT, HAND OR FOOT	827.81										
07	64895	NERVE GRAFT, HAND OR FOOT	993.37	00 15									
02	64896	NERVE GRAFT, HAND OR FOOT	182.89										
03	64896	NERVE GRAFT, HAND OR FOOT	914.45										
07	64896	NERVE GRAFT, HAND OR FOOT	1,097.35	00 15									
02	64897	NERVE GRAFT, ARM OR LEG	160.15										
03	64897	NERVE GRAFT, ARM OR LEG	800.76										
07	64897	NERVE GRAFT, ARM OR LEG	960.91	00 15									
02	64898	NERVE GRAFT, ARM OR LEG	174.56										
03	64898	NERVE GRAFT, ARM OR LEG	872.80										
07	64898	NERVE GRAFT, ARM OR LEG	1,047.35	00 15									
02	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	79.08									X	
03	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	395.42									X	
07	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	474.50	00 15								X	
02	64902	NERVE GRAFT,@ ADD NERVE;MULTI	90.88										
03	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	454.39									X	
07	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	545.26	00 15								X	
02	64905	NERVE PEDICLE TRANSFER	127.84										
03	64905	NERVE PEDICLE TRANSFER	639.22										
07	64905	NERVE PEDICLE TRANSFER	767.07	00 15									
02	64907	NERVE PEDICLE TRANSFER	168.97										
03	64907	NERVE PEDICLE TRANSFER	844.83										
07	64907	NERVE PEDICLE TRANSFER	1,013.79	00 15									
02	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	102.55										
03	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	512.75										
07	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	615.29	00 15									
02	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	123.81										
03	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	619.04										
07	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	742.85	00 15									
02	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	116.04									X	
03	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	580.20									X	
07	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	696.24	00 15								X	
02	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	23.98									X	
03	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	119.90									X	
07	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	143.87	00 15								X	
02	64999	NERVOUS SYSTEM SURGERY	MP		X								
03	64999	NERVOUS SYSTEM SURGERY	MP		X								
07	64999	NERVOUS SYSTEM SURGERY	MP	00 15	X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	65091	EVISCERATION EYE	356.73											
07	65091	EVISCERATION EYE	428.08	00	15									
03	65093	EVISCERATION EYE WITH IMPLANT	355.66											
07	65093	EVISCERATION EYE WITH IMPLANT	426.79	00	15									
03	65101	REMOVAL OF EYE	410.67											
07	65101	REMOVAL OF EYE	492.80	00	15									
03	65103	REMOVE EYE/INSERT IMPLANT	429.42											
07	65103	REMOVE EYE/INSERT IMPLANT	515.30	00	15									
02	65105	REMOVE EYE/ATTACH IMPLANT	94.87											
03	65105	REMOVE EYE/ATTACH IMPLANT	474.36											
07	65105	REMOVE EYE/ATTACH IMPLANT	569.22	00	15									
02	65110	REMOVAL OF EYE	139.35											
03	65110	REMOVAL OF EYE	696.73											
07	65110	REMOVAL OF EYE	836.08	00	15									
02	65112	REMOVE EYE, REVISE SOCKET	164.65											
03	65112	REMOVE EYE, REVISE SOCKET	823.27											
07	65112	REMOVE EYE, REVISE SOCKET	987.93	00	15									
02	65114	REMOVE EYE, REVISE SOCKET	170.90											
03	65114	REMOVE EYE, REVISE SOCKET	854.48											
07	65114	REMOVE EYE, REVISE SOCKET	1,025.38	00	15									
03	65125	MODIFICATION OF OCULAR IMPLANT (EG,	250.18											
07	65125	MODIFICATION OF OCULAR IMPLANT (EG,	300.22	00	15									
03	65130	INSERT OCULAR IMPLANT	406.96											
07	65130	INSERT OCULAR IMPLANT	488.36	00	15									
03	65135	INSERT OCULAR IMPLANT	414.58											
07	65135	INSERT OCULAR IMPLANT	497.49	00	15									
03	65140	ATTACH OCULAR IMPLANT	451.96											
07	65140	ATTACH OCULAR IMPLANT	542.36	00	15									
03	65150	REVISE OCULAR IMPLANT	326.69											
07	65150	REVISE OCULAR IMPLANT	392.01	00	15									
03	65155	REINSERT OCULAR IMPLANT	477.86											
07	65155	REINSERT OCULAR IMPLANT	573.44	00	15									
03	65175	REMOVAL OF OCULAR IMPLANT	366.09											
07	65175	REMOVAL OF OCULAR IMPLANT	439.31	00	15									
03	65205	REMOVE FOREIGN BODY FROM EYE	32.47										X	
07	65205	REMOVE FOREIGN BODY FROM EYE	38.96	00	15								X	
03	65210	REMOVE FOREIGN BODY FROM EYE	39.69										X	
07	65210	REMOVE FOREIGN BODY FROM EYE	47.63	00	15								X	
03	65220	REMOVE FOREIGN BODY FROM EYE	33.37										X	
07	65220	REMOVE FOREIGN BODY FROM EYE	40.06	00	15								X	
03	65222	REMOVE FOREIGN BODY FROM EYE	43.61										X	
07	65222	REMOVE FOREIGN BODY FROM EYE	52.33	00	15								X	
03	65235	REMOVE FOREIGN BODY FROM EYE	393.75											
07	65235	REMOVE FOREIGN BODY FROM EYE	472.50	00	15									
02	65260	REMOVE FOREIGN BODY FROM EYE	108.23											
03	65260	REMOVE FOREIGN BODY FROM EYE	541.17											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	65260	REMOVE FOREIGN BODY FROM EYE	649.41	00 15									
02	65265	REMOVE FOREIGN BODY FROM EYE	121.94										
03	65265	REMOVE FOREIGN BODY FROM EYE	609.69										
07	65265	REMOVE FOREIGN BODY FROM EYE	731.64	00 15									
03	65270	REPAIR OF EYE WOUND	146.69										
07	65270	REPAIR OF EYE WOUND	176.02	00 15									
03	65272	REPAIR OF EYE WOUND	273.62										
07	65272	REPAIR OF EYE WOUND	328.34	00 15									
03	65273	REPAIR OF EYE WOUND	215.37										
07	65273	REPAIR OF EYE WOUND	258.45	00 15									
03	65275	REPAIR OF EYE WOUND	310.42										
07	65275	REPAIR OF EYE WOUND	372.52	00 15									
03	65280	REPAIR OF EYE WOUND	377.90										
07	65280	REPAIR OF EYE WOUND	453.49	00 15									
03	65285	REPAIR OF EYE WOUND	591.56										
07	65285	REPAIR OF EYE WOUND	709.87	00 15									
03	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	387.50										
07	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	465.00	00 15									
03	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	277.26										
07	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	332.71	00 15									
03	65400	REMOVAL OF EYE LESION	372.38										
07	65400	REMOVAL OF EYE LESION	446.85	00 15									
03	65410	BIOPSY OF CORNEA	80.75										
07	65410	BIOPSY OF CORNEA	96.90	00 15									
03	65420	REMOVAL OF EYE LESION	283.06										
07	65420	REMOVAL OF EYE LESION	339.67	00 15									
03	65426	REMOVAL OF EYE LESION	358.59										
07	65426	REMOVAL OF EYE LESION	430.31	00 15									
03	65430	CORNEAL SMEAR	66.22									X	
07	65430	CORNEAL SMEAR	79.46	00 15								X	
03	65435	CURETTE/TREAT CORNEA	45.39										
07	65435	CURETTE/TREAT CORNEA	54.46	00 15									
03	65436	CURETTE/TREAT CORNEA	216.66										
07	65436	CURETTE/TREAT CORNEA	259.99	00 15									
03	65450	DESTROY CORNEAL LESION	177.58										
07	65450	DESTROY CORNEAL LESION	213.08	00 15									
03	65600	REVISION OF CORNEA	215.05										
07	65600	REVISION OF CORNEA	258.07	00 15									
02	65710	CORNEAL TRANSPLANT	124.50										
03	65710	CORNEAL TRANSPLANT	622.51										
07	65710	CORNEAL TRANSPLANT	747.00	00 15									
02	65730	CORNEAL TRANSPLANT	138.70										
03	65730	CORNEAL TRANSPLANT	693.49										
07	65730	CORNEAL TRANSPLANT	832.18	00 15									
02	65750	CORNEAL TRANSPLANT	140.90										
03	65750	CORNEAL TRANSPLANT	704.51										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	65750	CORNEAL TRANSPLANT	845.42	00 15									
02	65755	KERATOPLASTY (CORNEAL TRANSPLANT);	140.06										
03	65755	KERATOPLASTY, PENETRATING	700.31										
07	65755	KERATOPLASTY, PENETRATING	840.36	00 15									
02	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	135.36										
03	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	676.81										
07	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	812.18	00 15									
03	65765	KERATOPHAKIA	963.52										
07	65765	KERATOPHAKIA	963.52	00 15									
03	65767	EPIKERATOPHAKIA	963.52										
07	65767	EPIKERATOPHAKIA	963.52	00 15									
02	65770	KERATOPROSTHESIS	161.36										
03	65770	KERATOPROSTHESIS	806.79										
07	65770	KERATOPROSTHESIS	968.14	00 15									
03	65772	CORNEAL RELAX INCISION,CORR SURG AST	249.45										
07	65772	CORNEAL RELAX INCISION,CORR SURG AST	299.34	00 15									
03	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	308.43										
07	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	370.12	00 15									
03	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	635.65									X	
07	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	762.79	00 15								X	
03	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	575.64									X	
07	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	690.76	00 15								X	
03	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	495.50										
07	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	594.61	00 15									
02	65781	OCULAR RECONST, TRANSPLANT	151.30										
03	65781	OCULAR RECONST, TRANSPLANT	756.48										
07	65781	OCULAR RECONST, TRANSPLANT	907.77	00 15									
03	65782	OCULAR RECONST, TRANSPLANT	MP		X								
07	65782	OCULAR RECONST, TRANSPLANT	MP	00 15	X								
03	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	1,448.71									X	
07	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	1,738.45	00 15								X	
03	65800	DRAINAGE OF EYE	86.47										
07	65800	DRAINAGE OF EYE	103.76	00 15									
03	65810	DRAINAGE OF EYE	261.46										
07	65810	DRAINAGE OF EYE	313.76	00 15									
03	65815	DRAINAGE OF EYE	351.07										
07	65815	DRAINAGE OF EYE	421.27	00 15									
03	65820	RELIEVE INNER EYE PRESSURE	419.92										
07	65820	RELIEVE INNER EYE PRESSURE	503.91	00 15									
03	65850	TRABECULOTOMY AB EXTERNO	481.74										
07	65850	TRABECULOTOMY AB EXTERNO	578.10	00 15									
03	65855	LASER TRABECULOPLASTY-1/MORE	191.13										
07	65855	LASER TRABECULOPLASTY-1/MORE	229.35	00 15									
03	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	176.43										
07	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	211.70	00 15									
03	65865	INCISE INNER EYE ADHESIONS	267.59										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	65865	INCISE INNER EYE ADHESIONS	321.09	00 15									
03	65870	INCISE INNER EYE ADHESIONS	330.86										
07	65870	INCISE INNER EYE ADHESIONS	397.02	00 15									
03	65875	INCISE INNER EYE ADHESIONS	351.19										
07	65875	INCISE INNER EYE ADHESIONS	421.44	00 15									
03	65880	INCISE INNER EYE ADHESIONS	370.67										
07	65880	INCISE INNER EYE ADHESIONS	444.80	00 15									
02	65900	REMOVE EYE LESION	108.99										
03	65900	REMOVE EYE LESION	544.94										
07	65900	REMOVE EYE LESION	653.92	00 15									
03	65920	REMOVE IMPLANT FROM EYE	440.17										
07	65920	REMOVE IMPLANT FROM EYE	528.20	00 15									
03	65930	REMOVE BLOOD CLOT FROM EYE	363.20										
07	65930	REMOVE BLOOD CLOT FROM EYE	435.84	00 15									
03	66020	INJECTION TREATMENT OF EYE	103.01									X	
07	66020	INJECTION TREATMENT OF EYE	123.61	00 15								X	
03	66030	INJECTION TREATMENT OF EYE	90.57									X	
07	66030	INJECTION TREATMENT OF EYE	108.68	00 15								X	
03	66130	REMOVE EYE LESION	395.47										
07	66130	REMOVE EYE LESION	474.56	00 15									
03	66150	INCISION OF EYE	482.69										
07	66150	INCISION OF EYE	579.23	00 15									
03	66155	INCISION OF EYE	480.83										
07	66155	INCISION OF EYE	576.99	00 15									
03	66160	INCISION OF EYE	548.77										
07	66160	INCISION OF EYE	658.52	00 15									
02	66170	INCISION OF EYE	132.89										
03	66170	INCISION OF EYE	664.45										
07	66170	INCISION OF EYE	797.33	00 15									
02	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	166.94										
03	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	834.68										
07	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,001.61	00 15									
02	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	99.80									X	
03	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	498.98									X	
07	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	598.77	00 15								X	
02	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	112.01									X	
03	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	560.05									X	
07	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	672.06	00 15								X	
02	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	155.22						X				
03	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	776.12						X				
07	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	931.34	00 15					X				
02	66180	AQUEOUS SHUNT-EXTRAOCULAR RESE	133.22										
03	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	666.11										
07	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	799.33	00 15									
02	66183	INSERTION OF EYE FLUID DRAINAGE DEVI	146.94										
03	66183	Insertion of eye fluid drainage devi	734.69										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	66183	Insertion of eye fluid drainage devi	881.62	00 15									
02	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	112.56										
03	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	562.81										
07	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	675.37	00 15									
02	66185	REVISION OF AQUEOUS SHUNT TO E	83.61										
03	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	418.05										
07	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	501.65	00 15									
02	66225	REPAIR/GRAFT EYE LESION	105.52										
03	66225	REPAIR/GRAFT EYE LESION	527.60										
07	66225	REPAIR/GRAFT EYE LESION	633.11	00 15									
03	66250	FOLLOW-UP SURGERY OF EYE	412.61										
07	66250	FOLLOW-UP SURGERY OF EYE	495.13	00 15									
03	66500	INCISION OF IRIS	196.33										
07	66500	INCISION OF IRIS	235.59	00 15									
03	66505	INCISION OF THE IRIS	215.03										
07	66505	INCISION OF THE IRIS	258.03	00 15									
03	66600	REMOVE IRIS AND LESION	458.61										
07	66600	REMOVE IRIS AND LESION	550.32	00 15									
03	66605	REMOVAL OF IRIS	600.91										
07	66605	REMOVAL OF IRIS	721.08	00 15									
03	66625	REMOVAL OF IRIS	241.33										
07	66625	REMOVAL OF IRIS	289.59	00 15									
03	66630	REMOVAL OF IRIS	318.02										
07	66630	REMOVAL OF IRIS	381.62	00 15									
03	66635	REMOVAL OF IRIS	321.26										
07	66635	REMOVAL OF IRIS	385.50	00 15									
03	66680	REPAIR IRIS & CILIARY BODY	286.89										
07	66680	REPAIR IRIS & CILIARY BODY	344.27	00 15									
03	66682	SUTURE OF IRIS, CILIARY BODY	347.48										
07	66682	SUTURE OF IRIS, CILIARY BODY	416.98	00 15									
03	66710	CILIARY BODY DESTRUCTION;	246.36										
07	66710	CILIARY BODY DESTRUCTION;	295.63	00 15									
03	66711	CILIARY ENDOSCOPIC ABLATION	354.20										
07	66711	CILIARY ENDOSCOPIC ABLATION	425.05	00 15									
03	66720	RELIEVE INNER EYE PRESSURE	257.32										
07	66720	RELIEVE INNER EYE PRESSURE	308.78	00 15									
03	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	250.06										
07	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	300.08	00 15									
03	66762	REVISION OF IRIS	262.63										
07	66762	REVISION OF IRIS	315.16	00 15									
03	66770	REMOVAL OF INNER EYE LESION	292.20										
07	66770	REMOVAL OF INNER EYE LESION	350.64	00 15									
03	66820	INCISION OF LENS LESION	219.61										
07	66820	INCISION OF LENS LESION	263.54	00 15									
03	66821	DISCISSION OF SECONDARY;LASER	178.37										
07	66821	DISCISSION OF SECONDARY;LASER	214.04	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	66825	REPOSITIONING OF INTRAOCULAR LENS PR	425.69											
07	66825	REPOSITIONING OF INTRAOCULAR LENS PR	510.82	00	15									
03	66830	REMOVAL OF LENS LESION	401.20											
07	66830	REMOVAL OF LENS LESION	481.44	00	15									
03	66840	REMOVAL OF LENS MATERIAL	391.21											
07	66840	REMOVAL OF LENS MATERIAL	469.45	00	15									
03	66850	REMOVAL OF LENS MATERIAL	446.80											
07	66850	REMOVAL OF LENS MATERIAL	536.15	00	15									
03	66852	REMOVAL LENS MATERIAL, ASPIRATION	478.60											
07	66852	REMOVAL LENS MATERIAL, ASPIRATION	574.31	00	15									
03	66920	EXTRACTION OF LENS	426.93											
07	66920	EXTRACTION OF LENS	512.33	00	15									
03	66930	EXTRACTION OF LENS	485.35											
07	66930	EXTRACTION OF LENS	582.42	00	15									
03	66940	EXTRACTION OF LENS	440.07											
07	66940	EXTRACTION OF LENS	528.10	00	15									
03	66982	CATARACT SURGERY, COMPLEX	608.50											
07	66982	CATARACT SURGERY, COMPLEX	730.19	00	15									
03	66983	INTRA CATARACT EXTRAC W/LENS	417.24											
07	66983	INTRA CATARACT EXTRAC W/LENS	500.67	00	15									
03	66984	EXTRA CATARACT REMOVAL W/LENS	435.09											
07	66984	EXTRA CATARACT REMOVAL W/LENS	522.11	00	15									
03	66985	INSERT LENS PROSTHESIS	428.77											
07	66985	INSERT LENS PROSTHESIS	514.52	00	15									
03	66986	EXCHANGE OF INTRAOCULAR LENS	527.01											
07	66986	EXCHANGE OF INTRAOCULAR LENS	632.41	00	15									
03	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	MP			X							X	
07	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	MP	00	15	X							X	
03	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	MP			X							X	
07	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	MP	00	15	X							X	
03	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	610.95											
07	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	733.14	00	15									
03	66990	OPHTHALMIC ENDOSCOPE ADD-ON	54.76											
07	66990	OPHTHALMIC ENDOSCOPE ADD-ON	65.72	00	15									
03	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	485.33											
07	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	582.40	00	15									
02	66999	EYE SURGERY PROCEDURE	MP			X								
03	66999	EYE SURGERY PROCEDURE	MP			X								
07	66999	EYE SURGERY PROCEDURE	MP	00	15	X								
03	67005	PARTIAL REMOVAL OF EYE FLUID	264.29											
07	67005	PARTIAL REMOVAL OF EYE FLUID	317.15	00	15									
03	67010	PARTIAL REMOVAL OF EYE FLUID	306.85											
07	67010	PARTIAL REMOVAL OF EYE FLUID	368.22	00	15									
03	67015	RELEASE OF EYE FLUID	326.12											
07	67015	RELEASE OF EYE FLUID	391.34	00	15									
03	67025	REPLACE EYE FLUID	402.57											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	67025	REPLACE EYE FLUID	483.09	00 15									
02	67027	IMPLANT EYE DRUG SYSTEM	97.06										
03	67027	IMPLANT EYE DRUG SYSTEM	485.31										
07	67027	IMPLANT EYE DRUG SYSTEM	582.37	00 15									
03	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	121.33										
07	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	145.59	00 15									
03	67030	INCISE INNER EYE STRANDS	289.93										
07	67030	INCISE INNER EYE STRANDS	347.92	00 15									
03	67031	SEVERING OF VITREOUS STRANDS, VITREO	214.32										
07	67031	SEVERING OF VITREOUS STRANDS, VITREO	257.18	00 15									
02	67036	VITRECTOMY, MECHANICAL, PARS PLANA	109.70										
03	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	548.48										
07	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	658.17	00 15									
02	67039	VITRECTOMY W/FOCAL ENDOLASER P	140.22										
03	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	701.12										
07	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	841.34	00 15									
02	67040	VITRECTOMY..;W/ENDOLASER PANRE	162.01										
03	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	810.07										
07	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	972.08	00 15									
02	67041	VITRECTOMY,MECHANICAL,PARS PLANA	152.19										
03	67041	VITRECTOMY,MECHANICAL,PARS PLANA	760.97										
07	67041	VITRECTOMY,MECHANICAL,PARS PLANA	913.17	00 15									
02	67042	VITRECTOMY,MECHANICAL,PARS PLANA	174.58										
03	67042	VITRECTOMY,MECHANICAL,PARS PLANA	872.88										
07	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,047.45	00 15									
02	67043	VITRECTOMY,MECHANICAL,PARS PLANA	183.00										
03	67043	VITRECTOMY,MECHANICAL,PARS PLANA	914.98										
07	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,097.96	00 15									
03	67101	REPAIR DETACHED RETINA	431.57										
07	67101	REPAIR DETACHED RETINA	517.88	00 15									
03	67105	PHOTOCOAGULATION/DETACHED RET	400.79										
07	67105	PHOTOCOAGULATION/DETACHED RET	480.95	00 15									
02	67107	REPAIR DETACHED RETINA	137.88										
03	67107	REPAIR DETACHED RETINA	689.42										
07	67107	REPAIR DETACHED RETINA	827.30	00 15									
02	67108	REPAIR DETACHED RETINA	184.07										
03	67108	REPAIR DETACHED RETINA	920.36										
07	67108	REPAIR DETACHED RETINA	1,104.43	00 15									
03	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	484.68										
07	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	581.62	00 15									
02	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	200.29										
03	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,001.45										
07	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,201.75	00 15									
03	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	275.23										
07	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	330.28	00 15									
03	67120	REMOVE EYE IMPLANT MATERIAL	362.86										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	67120	REMOVE EYE IMPLANT MATERIAL	435.44	00 15									
02	67121	REMOVE IMPLANT,POSTERIOR,INTRA	102.64										
03	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	513.22										
07	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	615.86	00 15									
03	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	289.55										
07	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	347.45	00 15									
03	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	292.36										
07	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	350.83	00 15									
03	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	336.55										
07	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	403.85	00 15									
03	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	395.34										
07	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	474.41	00 15									
03	67218	TREAT RETINAL LESION;IMPLANT RADIATI	805.96										
07	67218	TREAT RETINAL LESION;IMPLANT RADIATI	967.14	00 15									
03	67220	TREAT CHOROID LESION	606.26										
07	67220	TREAT CHOROID LESION	727.51	00 15									
03	67221	OCULAR PHOTODYNAMIC THER	169.95										
07	67221	OCULAR PHOTODYNAMIC THER	203.95	00 15									
03	67225	EYE PHOTODYNAMIC THER ADD-ON	17.85										
07	67225	EYE PHOTODYNAMIC THER ADD-ON	21.41	00 15									
03	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	341.85										
07	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	410.22	00 15									
03	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	671.39										
07	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	805.67	00 15									
03	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	657.42	00 00									
07	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	788.89	00 00									
03	67250	REINFORCE EYE WALL	443.17										
07	67250	REINFORCE EYE WALL	531.81	00 15									
02	67255	REINFORCE/GRAFT EYE WALL	94.59										
03	67255	REINFORCE/GRAFT EYE WALL	472.94										
07	67255	REINFORCE/GRAFT EYE WALL	567.52	00 15									
03	67299	EYE SURGERY PROCEDURE	MP		X								
07	67299	EYE SURGERY PROCEDURE	MP	00 15	X								
03	67311	REVISE EYE MUSCLE	337.08										
07	67311	REVISE EYE MUSCLE	404.49	00 15									
03	67312	REVISE TWO EYE MUSCLES	404.16										
07	67312	REVISE TWO EYE MUSCLES	484.99	00 15									
03	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	377.93										
07	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	453.53	00 15									
03	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	454.00										
07	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	544.80	00 15									
03	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	395.34										
07	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	474.41	00 15									
03	67320	REVISE EYE MUSCLE(S)	192.01										
07	67320	REVISE EYE MUSCLE(S)	230.41	00 15									
03	67331	STRABISMUS SURG W/PREV EYE SURG	181.84										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	67331	STRABISMUS SURG W/PREV EYE SURG	218.22	00 15									
03	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	197.75										
07	67332	STRABISMUS SURG W/SCAR EXTRAOC	237.29	00 15									
03	67334	STRABISMUS SURG,POST FIX SUTURE TECH	179.32										
07	67334	STRABISMUS SURG,POST FIX SUTURE TECH	215.18	00 15									
03	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	90.36										
07	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	108.42	00 15									
02	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	42.73										
03	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	213.67										
07	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	256.41	00 15									
03	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	366.99										
07	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	440.38	00 15									
03	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	133.94										
07	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	160.73	00 15									
03	67346	BIOPSY OF EXTRAOCULAR MUSCLE	117.68										
07	67346	BIOPSY OF EXTRAOCULAR MUSCLE	141.21	00 15									
03	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X								
07	67399	EYE MUSCLE SURGERY PROCEDURE	MP	00 15	X								
02	67400	EXPLORE/BIOPSY EYE SOCKET	105.27										
03	67400	EXPLORE/BIOPSY EYE SOCKET	526.33										
07	67400	EXPLORE/BIOPSY EYE SOCKET	631.60	00 15									
03	67405	EXPLORE/DRAIN EYE SOCKET	446.71										
07	67405	EXPLORE/DRAIN EYE SOCKET	536.05	00 15									
03	67412	EXPLORE/TREAT EYE SOCKET	486.98										
07	67412	EXPLORE/TREAT EYE SOCKET	584.38	00 15									
02	67413	EXPLORE/TREAT EYE SOCKET	97.44										
03	67413	EXPLORE/TREAT EYE SOCKET	487.20										
07	67413	EXPLORE/TREAT EYE SOCKET	584.63	00 15									
02	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	150.36									X	
03	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	751.82										
07	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	902.19	00 15									
03	67415	BIOPSY OF EYE	63.28										
07	67415	BIOPSY OF EYE	75.93	00 15									
02	67420	EXPLORE/TREAT EYE SOCKET	187.67										
03	67420	EXPLORE/TREAT EYE SOCKET	938.33										
07	67420	EXPLORE/TREAT EYE SOCKET	1,126.00	00 15									
02	67430	EXPLORE/TREAT EYE SOCKET	141.80										
03	67430	EXPLORE/TREAT EYE SOCKET	709.02										
07	67430	EXPLORE/TREAT EYE SOCKET	850.83	00 15									
02	67440	EXPLORE/DRAIN EYE SOCKET	136.57										
03	67440	EXPLORE/DRAIN EYE SOCKET	682.84										
07	67440	EXPLORE/DRAIN EYE SOCKET	819.42	00 15									
02	67445	ORBITOTOMY WITHOUT BONE FLAP FRONTAL	161.62									X	
03	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	808.11										
07	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	969.71	00 15									
02	67450	EXPLORE/BIOPSY EYE SOCKET	141.64										

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
03	67450	EXPLORE/BIOPSY EYE SOCKET	708.20											
07	67450	EXPLORE/BIOPSY EYE SOCKET	849.84	00	15									
03	67500	INJECT/TREAT EYE SOCKET	52.72											
07	67500	INJECT/TREAT EYE SOCKET	63.25	00	15									
03	67505	INJECT/TREAT EYE SOCKET	51.04											
07	67505	INJECT/TREAT EYE SOCKET	61.24	00	15									
03	67515	INJECTION OF MEDICATION OR SUBSTANCE	54.16											
07	67515	INJECTION OF MEDICATION OR SUBSTANCE	65.00	00	15									
03	67550	INSERT EYE SOCKET IMPLANT	549.94											
07	67550	INSERT EYE SOCKET IMPLANT	659.92	00	15									
03	67560	REVISE EYE SOCKET IMPLANT	559.36											
07	67560	REVISE EYE SOCKET IMPLANT	671.23	00	15									
02	67570	OPTIC NERVE DECOMPRESSION	131.53										X	
03	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	657.66											
07	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	789.19	00	15									
03	67599	ORBIT SURGERY PROCEDURE	MP			X								
07	67599	ORBIT SURGERY PROCEDURE	MP	00	15	X								
03	67700	DRAINAGE OF EYELID ABSCESS	144.72											
07	67700	DRAINAGE OF EYELID ABSCESS	173.66	00	15									
03	67710	INCISION OF EYELID	121.64											
07	67710	INCISION OF EYELID	145.96	00	15									
03	67715	INCISION OF EYELID FOLD	128.64											
07	67715	INCISION OF EYELID FOLD	154.36	00	15									
03	67800	REMOVE EYELID LESION	71.19											
07	67800	REMOVE EYELID LESION	85.43	00	15									
03	67801	REMOVE EYELID LESIONS	91.62											
07	67801	REMOVE EYELID LESIONS	109.95	00	15									
03	67805	REMOVE EYELID LESIONS	113.18											
07	67805	REMOVE EYELID LESIONS	135.81	00	15									
03	67808	REMOVE EYELID LESION(S)	204.74											
07	67808	REMOVE EYELID LESION(S)	245.70	00	15									
03	67810	BIOPSY OF EYELID	125.30											
07	67810	BIOPSY OF EYELID	150.35	00	15									
03	67820	REVISE EYELASHES	30.42											
07	67820	REVISE EYELASHES	36.50	00	15									
03	67825	REVISE EYELASHES	72.13											
07	67825	REVISE EYELASHES	86.55	00	15									
03	67830	REVISE EYELASHES	146.05											
07	67830	REVISE EYELASHES	175.26	00	15									
03	67835	REVISE EYELASHES	249.94											
07	67835	REVISE EYELASHES	299.92	00	15									
03	67840	REMOVE EYELID LESION	153.72											
07	67840	REMOVE EYELID LESION	184.46	00	15									
03	67850	TREAT EYELID LESION	123.76											
07	67850	TREAT EYELID LESION	148.51	00	15									
03	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	96.28											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
07	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	115.52	00 15									
03	67880	REVISION OF EYELID	251.97										
07	67880	REVISION OF EYELID	302.38	00 15									
03	67882	REVISION OF EYELID	312.08										
07	67882	REVISION OF EYELID	374.49	00 15									
03	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	361.27										
07	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	433.52	00 15									
03	67901	REPAIR EYELID DEFECT	391.96										
07	67901	REPAIR EYELID DEFECT	470.34	00 15									
03	67902	REPAIR EYELID DEFECT	409.17										
07	67902	REPAIR EYELID DEFECT	490.99	00 15									
03	67903	REPAIR EYELID DEFECT	346.37										
07	67903	REPAIR EYELID DEFECT	415.63	00 15									
03	67904	REPAIR EYELID DEFECT	409.17										
07	67904	REPAIR EYELID DEFECT	490.99	00 15									
03	67906	REPAIR EYELID DEFECT	295.67										
07	67906	REPAIR EYELID DEFECT	354.82	00 15									
03	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	275.42										
07	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	330.49	00 15									
03	67909	REVISE EYELID DEFECT	301.71									X	
07	67909	REVISE EYELID DEFECT	362.06	00 15								X	
03	67911	REVISE EYELID DEFECT	315.04										
07	67911	REVISE EYELID DEFECT	378.05	00 15									
03	67912	CORRECTION EYELID W/ IMPLANT	499.23										
07	67912	CORRECTION EYELID W/ IMPLANT	599.08	00 15									
03	67914	REPAIR EYELID DEFECT	218.43										
07	67914	REPAIR EYELID DEFECT	262.12	00 15									
03	67915	REPAIR EYELID DEFECT	195.31		X								
07	67915	REPAIR EYELID DEFECT	234.36	00 15	X								
03	67916	REPAIR EYELID DEFECT	301.64										
07	67916	REPAIR EYELID DEFECT	361.97	00 15									
03	67917	REPAIR EYELID DEFECT	330.71										
07	67917	REPAIR EYELID DEFECT	396.85	00 15									
03	67921	REPAIR EYELID DEFECT	207.55										
07	67921	REPAIR EYELID DEFECT	249.06	00 15									
03	67922	REPAIR EYELID DEFECT	189.01										
07	67922	REPAIR EYELID DEFECT	226.82	00 15									
03	67923	REPAIR EYELID DEFECT	318.89										
07	67923	REPAIR EYELID DEFECT	382.67	00 15									
03	67924	REPAIR EYELID DEFECT	329.03										
07	67924	REPAIR EYELID DEFECT	394.83	00 15									
03	67930	REPAIR EYELID WOUND	206.59										
07	67930	REPAIR EYELID WOUND	247.93	00 15									
03	67935	REPAIR EYELID WOUND	337.23										
07	67935	REPAIR EYELID WOUND	404.67	00 15									
03	67938	REMOVE EYELID FOREIGN BODY	132.38									X	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	67938	REMOVE EYELID FOREIGN BODY	158.86	00	15								X	
03	67950	REVISION OF EYELID	325.09											
07	67950	REVISION OF EYELID	390.11	00	15									
03	67961	REVISION OF EYELID	323.99											
07	67961	REVISION OF EYELID	388.78	00	15									
03	67966	REVISION OF EYELID	430.03											
07	67966	REVISION OF EYELID	516.03	00	15									
03	67971	RECONSTRUCTION OF EYELID	419.51											
07	67971	RECONSTRUCTION OF EYELID	503.41	00	15									
02	67973	RECONSTRUCTION OF EYELID	108.90											
03	67973	RECONSTRUCTION OF EYELID	544.49											
07	67973	RECONSTRUCTION OF EYELID	653.39	00	15									
02	67974	RECONSTRUCTION OF EYELID	108.47											
03	67974	RECONSTRUCTION OF EYELID	542.35											
07	67974	RECONSTRUCTION OF EYELID	650.83	00	15									
03	67975	RECONSTRUCTION OF EYELID	395.83											
07	67975	RECONSTRUCTION OF EYELID	474.99	00	15									
03	67999	EYELID SURGERY PROCEDURE	MP			X								
07	67999	EYELID SURGERY PROCEDURE	MP	00	15	X								
03	68020	INCISE/DRAIN EYELID LINING	67.09											
07	68020	INCISE/DRAIN EYELID LINING	80.53	00	15									
03	68040	TREATMENT OF EYELID LESIONS	37.68											
07	68040	TREATMENT OF EYELID LESIONS	45.21	00	15									
03	68100	BIOPSY OF EYELID LINING	95.58											
07	68100	BIOPSY OF EYELID LINING	114.70	00	15									
03	68110	REMOVE EYELID LINING LESION	124.47											
07	68110	REMOVE EYELID LINING LESION	149.37	00	15									
03	68115	REMOVE EYELID LINING LESION	172.45											
07	68115	REMOVE EYELID LINING LESION	206.94	00	15									
03	68130	REMOVE EYELID LINING LESION	299.51											
07	68130	REMOVE EYELID LINING LESION	359.42	00	15									
03	68135	REMOVE EYELID LINING LESION	88.36											
07	68135	REMOVE EYELID LINING LESION	106.02	00	15									
03	68200	TREAT EYELID BY INJECTION	24.05											
07	68200	TREAT EYELID BY INJECTION	28.85	00	15									
03	68320	REVISE/GRAFT EYELID LINING	395.63											
07	68320	REVISE/GRAFT EYELID LINING	474.76	00	15									
03	68325	REVISE/GRAFT EYELID LINING	372.69											
07	68325	REVISE/GRAFT EYELID LINING	447.22	00	15									
03	68326	REVISE/GRAFT EYELID LINING	362.22											
07	68326	REVISE/GRAFT EYELID LINING	434.67	00	15									
03	68328	REVISE/GRAFT EYELID LINING	405.97											
07	68328	REVISE/GRAFT EYELID LINING	487.16	00	15									
03	68330	REVISE EYELID LINING	333.12											
07	68330	REVISE EYELID LINING	399.73	00	15									
03	68335	REVISE/GRAFT EYELID LINING	363.49											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	68335	REVISE/GRAFT EYELID LINING	436.17	00	15									
03	68340	SEPARATE EYELID ADHESIONS	299.26											
07	68340	SEPARATE EYELID ADHESIONS	359.11	00	15									
03	68360	REVISE EYELID LINING	292.86											
07	68360	REVISE EYELID LINING	351.43	00	15									
03	68362	REVISE EYELID LINING	368.51											
07	68362	REVISE EYELID LINING	442.20	00	15									
03	68371	HARVEST EYE TISSUE, ALOGRAFT	237.29											
07	68371	HARVEST EYE TISSUE, ALOGRAFT	284.76	00	15									
03	68399	EYELID LINING SURGERY	MP			X								
07	68399	EYELID LINING SURGERY	MP	00	15	X								
03	68400	INCISE/DRAIN TEAR GLAND	153.74											
07	68400	INCISE/DRAIN TEAR GLAND	184.50	00	15									
03	68420	INCISE/DRAIN TEAR SAC	176.58											
07	68420	INCISE/DRAIN TEAR SAC	211.89	00	15									
03	68440	INCISE TEAR DUCT OPENING	59.38											
07	68440	INCISE TEAR DUCT OPENING	71.25	00	15									
03	68500	REMOVAL OF TEAR GLAND	549.06											
07	68500	REMOVAL OF TEAR GLAND	658.88	00	15									
03	68505	PARTIAL REMOVAL TEAR GLAND	552.00											
07	68505	PARTIAL REMOVAL TEAR GLAND	662.40	00	15									
03	68510	BIOPSY OF TEAR GLAND	256.49											
07	68510	BIOPSY OF TEAR GLAND	307.79	00	15									
03	68520	REMOVAL OF TEAR SAC	387.89											
07	68520	REMOVAL OF TEAR SAC	465.47	00	15									
03	68525	BIOPSY OF TEAR SAC	160.08											
07	68525	BIOPSY OF TEAR SAC	192.09	00	15									
03	68530	CLEARANCE OF TEAR DUCT	242.18											
07	68530	CLEARANCE OF TEAR DUCT	290.62	00	15									
03	68540	REMOVE TEAR GLAND LESION	525.03											
07	68540	REMOVE TEAR GLAND LESION	630.04	00	15									
02	68550	EXCISION OF LACRIMAL GLAND TUMOR;	129.45											
03	68550	EXCISION OF LACRIMAL GLAND TUMOR;	647.27											
07	68550	REMOVE TEAR GLAND LESION	776.72	00	15									
03	68700	REPAIR TEAR DUCTS	338.67											
07	68700	REPAIR TEAR DUCTS	406.40	00	15									
03	68705	REVISE TEAR DUCT OPENING	132.20											
07	68705	REVISE TEAR DUCT OPENING	158.65	00	15									
02	68720	CREATE TEAR SAC DRAIN	86.06											
03	68720	CREATE TEAR SAC DRAIN	430.31											
07	68720	CREATE TEAR SAC DRAIN	516.38	00	15									
02	68745	CREATE TEAR DUCT DRAIN	86.47											
03	68745	CREATE TEAR DUCT DRAIN	432.37											
07	68745	CREATE TEAR DUCT DRAIN	518.84	00	15									
02	68750	CREATE TEAR DUCT DRAIN	88.66											
03	68750	CREATE TEAR DUCT DRAIN	443.32											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE		6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
07	68750	CREATE TEAR DUCT DRAIN	531.99	00	15									
03	68760	CLOSE TEAR DUCT OPENING	112.09											
07	68760	CLOSE TEAR DUCT OPENING	134.49	00	15									
03	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	81.83										X	
07	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	98.20	00	15								X	
03	68770	CLOSE TEAR SYSTEM FISTULA	336.60											
07	68770	CLOSE TEAR SYSTEM FISTULA	403.92	00	15									
03	68801	DILATE TEAR DUCT OPENING	67.33											
07	68801	DILATE TEAR DUCT OPENING	80.79	00	15									
03	68810	PROBE NASOLACRIMAL DUCT	131.11											
07	68810	PROBE NASOLACRIMAL DUCT	157.32	00	15									
03	68811	PROBE NASOLACRIMAL DUCT	115.93											
07	68811	PROBE NASOLACRIMAL DUCT	139.11	00	15									
03	68815	PROBE NASOLACRIMAL DUCT	244.69											
07	68815	PROBE NASOLACRIMAL DUCT	293.62	00	15									
03	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	368.84											
07	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	442.61	00	15									
03	68840	EXPLORE/IRRIGATE TEAR DUCTS	69.45											
07	68840	EXPLORE/IRRIGATE TEAR DUCTS	83.34	00	15									
03	68841	INSERTION OF DRUG-ELUTING IMPLANT,	27.20											
07	68841	INSERTION OF DRUG-ELUTING IMPLANT,	32.64	00	15									
03	68850	INJECTION FOR TEAR SAC X-RAY	39.33											
07	68850	INJECTION FOR TEAR SAC X-RAY	47.20	00	15									
03	68899	TEAR DUCT SYSTEM SURGERY	MP			X								
07	68899	TEAR DUCT SYSTEM SURGERY	MP	00	15	X								
03	69000	DRAIN EXTERNAL EAR LESION	105.98											
07	69000	DRAIN EXTERNAL EAR LESION	127.18	00	15									
03	69005	DRAIN EXTERNAL EAR LESION	126.94											
07	69005	DRAIN EXTERNAL EAR LESION	152.31	00	15									
03	69020	DRAIN OUTER EAR CANAL LESION	133.79											
07	69020	DRAIN OUTER EAR CANAL LESION	160.55	00	15									
03	69100	BIOPSY OF EXTERNAL EAR	62.54											
07	69100	BIOPSY OF EXTERNAL EAR	75.03	00	15									
03	69105	BIOPSY OF EXTERNAL EAR CANAL	81.53											
07	69105	BIOPSY OF EXTERNAL EAR CANAL	97.82	00	15									
03	69110	PARTIAL REMOVAL EXTERNAL EAR	268.17											
07	69110	PARTIAL REMOVAL EXTERNAL EAR	321.80	00	15									
03	69120	REMOVAL OF EXTERNAL EAR	241.27											
07	69120	REMOVAL OF EXTERNAL EAR	289.54	00	15									
03	69140	REMOVE EAR CANAL LESION(S)	523.22											
07	69140	REMOVE EAR CANAL LESION(S)	627.86	00	15									
03	69145	REMOVE EAR CANAL LESION(S)	224.43											
07	69145	REMOVE EAR CANAL LESION(S)	269.32	00	15									
03	69150	EXTENSIVE EAR CANAL SURGERY	653.09											
07	69150	EXTENSIVE EAR CANAL SURGERY	783.71	00	15									
02	69155	EXTENSIVE EAR/NECK SURGERY	210.43											

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5 AGE MIN	5 AGE MAX	6 MED REV	7 PA	8 SEX	9 PSR	10 SL	11 BASE UNITS	12 X-OVERS	13 UVS >001	14 SPEC IND
TS	CODE	DESCRIPTION	FEE											
03	69155	EXTENSIVE EAR/NECK SURGERY	1,052.17											
07	69155	EXTENSIVE EAR/NECK SURGERY	1,262.62	00	15									
03	69200	CLEAR OUTER EAR CANAL	71.04											
07	69200	CLEAR OUTER EAR CANAL	85.26	00	15									
03	69205	CLEAR OUTER EAR CANAL	62.19											
07	69205	CLEAR OUTER EAR CANAL	74.64	00	15									
03	69209	REMOVAL IMPACTED CERUMEN USING IRRIG	8.66											
07	69209	REMOVAL IMPACTED CERUMEN USING IRRIG	10.40	00	15									
03	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	30.33											
07	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	36.40	00	15									
03	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	79.65											
07	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	95.57	00	15									
03	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	128.09											
07	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	153.70	00	15									
03	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	MP				X						X	
07	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	825.83	00	15		X						X	
02	69320	REBUILD OUTER EAR CANAL	188.19											
03	69320	REBUILD OUTER EAR CANAL	940.97											
07	69320	REBUILD OUTER EAR CANAL	1,129.15	00	15									
03	69399	OUTER EAR SURGERY PROCEDURE	MP			X								
07	69399	OUTER EAR SURGERY PROCEDURE	MP	00	15	X								
03	69420	INCISION OF EARDRUM	111.28											
07	69420	INCISION OF EARDRUM	133.53	00	15									
03	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	92.80											
07	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	111.36	00	15									
03	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	75.39											
07	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	90.47	00	15									
03	69433	OFFICE TYMPANOSTOMY, UNILAT	116.42											
07	69433	OFFICE TYMPANOSTOMY, UNILAT	139.71	00	15									
03	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	101.26											
07	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	121.50	00	15									
03	69440	EXPLORATION OF MIDDLE EAR	416.52											
07	69440	EXPLORATION OF MIDDLE EAR	499.83	00	15									
03	69450	TYMPANOLYSIS, TRANSCANAL	325.62											
07	69450	TYMPANOLYSIS, TRANSCANAL	390.75	00	15									
03	69501	MASTOIDECTOMY	450.60											
07	69501	MASTOIDECTOMY	540.73	00	15									
03	69502	MASTOIDECTOMY	600.63											
07	69502	MASTOIDECTOMY	720.76	00	15									
03	69505	REMOVE MASTOID STRUCTURES	734.09											
07	69505	REMOVE MASTOID STRUCTURES	880.89	00	15									
03	69511	EXTENSIVE MASTOID SURGERY	755.31											
07	69511	EXTENSIVE MASTOID SURGERY	906.37	00	15									
02	69530	EXTENSIVE MASTOID SURGERY	204.72											
03	69530	EXTENSIVE MASTOID SURGERY	1,023.60											
07	69530	EXTENSIVE MASTOID SURGERY	1,228.32	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
02	69535	REMOVE PART OF TEMPORAL BONE	336.04										
03	69535	REMOVE PART OF TEMPORAL BONE	1,680.21										
07	69535	REMOVE PART OF TEMPORAL BONE	2,016.24	00 15									
03	69540	REMOVE EAR LESION	120.40										
07	69540	REMOVE EAR LESION	144.48	00 15									
02	69550	REMOVE EAR LESION	126.73										
03	69550	REMOVE EAR LESION	633.65										
07	69550	REMOVE EAR LESION	760.39	00 15									
02	69552	REMOVE EAR LESION	195.38										
03	69552	REMOVE EAR LESION	976.92										
07	69552	REMOVE EAR LESION	1,172.30	00 15									
02	69554	REMOVE EAR LESION	313.25										
03	69554	REMOVE EAR LESION	1,566.25										
07	69554	REMOVE EAR LESION	1,879.50	00 15									
03	69601	MASTOID SURGERY REVISION	647.24										
07	69601	MASTOID SURGERY REVISION	776.68	00 15									
03	69602	MASTOID SURGERY REVISION	672.60										
07	69602	MASTOID SURGERY REVISION	807.12	00 15									
03	69603	MASTOID SURGERY REVISION	777.34										
07	69603	MASTOID SURGERY REVISION	932.81	00 15									
03	69604	MASTOID SURGERY REVISION	693.99										
07	69604	MASTOID SURGERY REVISION	832.78	00 15									
03	69610	REPAIR OF EARDRUM	239.01										
07	69610	REPAIR OF EARDRUM	286.80	00 15									
03	69620	REPAIR OF EARDRUM	412.53										
07	69620	REPAIR OF EARDRUM	495.04	00 15									
03	69631	REPAIR EARDRUM STRUCTURES	536.31										
07	69631	REPAIR EARDRUM STRUCTURES	643.58	00 15									
03	69632	REBUILD EARDRUM STRUCTURES	660.89										
07	69632	REBUILD EARDRUM STRUCTURES	793.07	00 15									
03	69633	REBUILD EARDRUM STRUCTURES - TOTAL	636.10										
07	69633	REBUILD EARDRUM STRUCTURES - TOTAL	763.33	00 15									
03	69635	REPAIR EARDRUM STRUCTURES	745.16										
07	69635	REPAIR EARDRUM STRUCTURES	894.20	00 15									
03	69636	REBUILD EARDRUM STRUCTURES	844.80										
07	69636	REBUILD EARDRUM STRUCTURES	1,013.75	00 15									
03	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	840.81										
07	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,008.97	00 15									
03	69641	REVISE MIDDLE EAR & MASTOID	641.44										
07	69641	REVISE MIDDLE EAR & MASTOID	769.72	00 15									
03	69642	REVISE MIDDLE EAR & MASTOID	828.82										
07	69642	REVISE MIDDLE EAR & MASTOID	994.59	00 15									
03	69643	REVISE MIDDLE EAR & MASTOID	756.95										
07	69643	REVISE MIDDLE EAR & MASTOID	908.34	00 15									
03	69644	REVISE MIDDLE EAR & MASTOID	911.39										
07	69644	REVISE MIDDLE EAR & MASTOID	1,093.67	00 15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	69645	REVISE MIDDLE EAR & MASTOID	892.25										
07	69645	REVISE MIDDLE EAR & MASTOID	1,070.69	00 15									
03	69646	REVISE MIDDLE EAR & MASTOID	950.68										
07	69646	REVISE MIDDLE EAR & MASTOID	1,140.82	00 15									
03	69650	RELEASE MIDDLE EAR BONE	488.37										
07	69650	RELEASE MIDDLE EAR BONE	586.04	00 15									
03	69660	REVISE MIDDLE EAR BONE	576.33										
07	69660	REVISE MIDDLE EAR BONE	691.59	00 15									
03	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	754.43										
07	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	905.31	00 15									
03	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	724.37										
07	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	869.25	00 15									
03	69666	REPAIR MIDDLE EAR STRUCTURES	495.47										
07	69666	REPAIR MIDDLE EAR STRUCTURES	594.55	00 15									
03	69667	REPAIR MIDDLE EAR STRUCTURES	497.09										
07	69667	REPAIR MIDDLE EAR STRUCTURES	596.50	00 15									
02	69670	REMOVE MASTOID AIR CELLS	116.06										
03	69670	REMOVE MASTOID AIR CELLS	580.31										
07	69670	REMOVE MASTOID AIR CELLS	696.36	00 15									
03	69676	TYMPANIC NEURECTOMY; UNILATERAL	509.54										
07	69676	TYMPANIC NEURECTOMY; UNILATERAL	611.45	00 15									
03	69700	CLOSE MASTOID FISTULA	425.67										
07	69700	CLOSE MASTOID FISTULA	510.80	00 15									
03	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,028.86										
07	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,434.63	00 15									
03	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,093.55										
07	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,512.26	00 15									
03	69714	IMPLANT TEMPLE BONE W/STIMUL	670.85										
07	69714	IMPLANT TEMPLE BONE W/STIMUL	805.03	00 15									
03	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	448.31								X		
07	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	537.97	00 15							X		
02	69717	TEMPLE BONE IMPLANT REVISION	141.45								X		
03	69717	TEMPLE BONE IMPLANT REVISION	707.27								X		
07	69717	TEMPLE BONE IMPLANT REVISION	848.71	00 15							X		
02	69719	REVISION OR REPLACEMENT (INCLUDING	89.66								X		
03	69719	REVISION OR REPLACEMENT (INCLUDING	448.31								X		
07	69719	REVISION OR REPLACEMENT (INCLUDING	537.97	00 15							X		
03	69720	RELEASE FACIAL NERVE	724.62										
07	69720	RELEASE FACIAL NERVE	869.54	00 15									
02	69725	RELEASE FACIAL NERVE	239.27										
03	69725	RELEASE FACIAL NERVE	1,196.34										
07	69725	RELEASE FACIAL NERVE	1,435.60	00 15									
03	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	302.37								X		
07	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	362.84	00 15							X		
03	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	347.32								X		
07	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	416.78	00 15							X		

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	69728	REMOVAL, ENTIRE OSSEOINTEGRATED IMPL	431.75	05 99		X							
07	69728	REMOVAL, ENTIRE OSSEOINTEGRATED IMPL	518.10	05 15		X							
03	69729	IMPLANTATION OSSEOINTEGRATED IMPLANT	490.29	05 99		X							
07	69729	IMPLANTATION OSSEOINTEGRATED IMPLANT	588.35	05 15		X							
03	69730	REPLACEMENT (INCLUDING REMOVAL OF	502.05	05 99		X							
07	69730	REPLACEMENT (INCLUDING REMOVAL OF	602.46	05 15		X							
02	69740	REPAIR FACIAL NERVE	146.99										
03	69740	REPAIR FACIAL NERVE	734.96										
07	69740	REPAIR FACIAL NERVE	881.94	00 15									
02	69745	REPAIR FACIAL NERVE	155.62										
03	69745	REPAIR FACIAL NERVE	778.10										
07	69745	REPAIR FACIAL NERVE	933.72	00 15									
02	69799	MIDDLE EAR SURGERY PROCEDURE	MP		X								
03	69799	MIDDLE EAR SURGERY PROCEDURE	MP		X								
07	69799	MIDDLE EAR SURGERY PROCEDURE	MP	00 15	X								
03	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	457.15										
07	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	548.58	00 15									
03	69805	EXPLORE INNER EAR	658.21										
07	69805	EXPLORE INNER EAR	789.85	00 15									
03	69806	EXPLORE INNER EAR	589.53										
07	69806	EXPLORE INNER EAR	707.43	00 15									
03	69905	REMOVE INNER EAR	566.55										
07	69905	REMOVE INNER EAR	679.85	00 15									
03	69910	REMOVE INNER EAR & MASTOID	638.11										
07	69910	REMOVE INNER EAR & MASTOID	765.74	00 15									
02	69915	INCISE INNER EAR NERVE	194.49										
03	69915	INCISE INNER EAR NERVE	972.45										
07	69915	INCISE INNER EAR NERVE	1,166.92	00 15									
03	69930	COCHLEAR DEVICE IMPLANTATION	779.67	16 20		X						X	
07	69930	COCHLEAR DEVICE IMPLANTATION	935.61	01 15		X						X	
02	69949	INNER EAR SURGERY PROCEDURE	MP		X								
03	69949	INNER EAR SURGERY PROCEDURE	MP		X								
07	69949	INNER EAR SURGERY PROCEDURE	MP	00 15	X								
02	69950	INCISE INNER EAR NERVE	231.13										
03	69950	INCISE INNER EAR NERVE	1,155.63										
07	69950	INCISE INNER EAR NERVE	1,386.74	00 15									
02	69955	RELEASE FACIAL NERVE	252.29										
03	69955	RELEASE FACIAL NERVE	1,261.47										
07	69955	RELEASE FACIAL NERVE	1,513.77	00 15									
02	69960	RELEASE INNER EAR CANAL	244.73										
03	69960	RELEASE INNER EAR CANAL	1,223.66										
07	69960	RELEASE INNER EAR CANAL	1,468.40	00 15									
02	69970	REMOVE INNER EAR LESION	273.03										
03	69970	REMOVE INNER EAR LESION	1,365.15										
07	69970	REMOVE INNER EAR LESION	1,638.17	00 15									
02	69979	TEMPORAL BONE SURGERY	MP		X								

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

LOUISIANA MEDICAID PROFESSIONAL SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS JANUARY 1, 2023 THROUGH MAY 11, 2023

COLUMN: 1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
03	69979	TEMPORAL BONE SURGERY	MP			X								
07	69979	TEMPORAL BONE SURGERY	MP	00	15	X								
02	69990	MICROSURGICAL TECHNIQUES, REQUIRING	28.64											
03	69990	MICROSURGERY ADD-ON	143.21											
07	69990	MICROSURGERY ADD-ON	171.84	00	15									

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.