

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024
LEGEND

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

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

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

- 40 - Sole Community Hospital Outpatient Services
- 20 - Enhanced Outpatient Rehab Services (under age 3)

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.
NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.

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. 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 7. MED REV: Claims with some codes pend to Medical Review for review of the attachments or to confirm Prior Authorization by the surgeon.

COLUMN 8. SEX (Restriction): Some procedure codes are restricted to a particular sex.

COLUMN 9. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 10. Effective date: Type of Service (TOS) 40 was created 4/1/09 specifically for Sole Community Hospital Outpatient Services. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.

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

COLUMN 12. SPEC IND: This code is associated with a special process.
Code E - Medicaid Expansion

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	G0433	INFECTIOUS AGENT ANTIBODY DETECTION	18.90						01/01/19		
40	G0480	DRUG TEST (S) DEFINITIVE	118.24						07/01/19		
40	G0481	DRUG TEST (S) DEFINITIVE	161.81						07/01/19		
40	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.89						01/01/15		
40	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
40	80050	GENERAL HEALTH PANEL	47.25						01/01/09		
40	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
40	80053	COMPREHENSIVE METABOLIC PANEL	10.56						01/01/20		
40	80055	OBSTETRIC BLOOD TEST PANEL	24.92						01/01/09		
40	80061	LIPID PANEL	13.39						01/01/20		
40	80069	RENAL FUNCTION PANEL	8.68						01/01/20		
40	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
40	80076	HEPATIC FUNCTION PANEL	8.17						01/01/20		
40	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
40	80143	ACETAMINOPHEN	19.26					X	01/01/21		
40	80145	MEASUREMENT OF ADALIMUMAB	39.86						01/01/20		
40	80150	AMIKACIN	15.08						01/01/20		
40	80151	AMIODARONE	19.26						01/01/21		
40	80155	CAFFEINE	19.89						01/01/15		
40	80156	CARBAMAZEPINE; TOTAL	14.57						01/01/20		
40	80157	CARBAMAZEPINE; FREE	13.25						01/01/20		
40	80158	CYCLOSPORINE	18.05						01/01/20		
40	80159	CLOZAPINE	20.15						01/01/20		
40	80161	-10, 11-EPOXIDE	19.26						01/01/21		
40	80162	DIGOXIN; TOTAL	13.28						01/01/20		
40	80163	DIGOXIN; FREE	13.28						01/01/20		
40	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
40	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
40	80167	FELBAMATE	19.26						01/01/21		
40	80168	ETHOSUXIMIDE	16.34						01/01/20		
40	80169	EVEROLIMUS	13.73						01/01/20		
40	80170	GENTAMICIN	16.37						01/01/15		
40	80171	GABAPENTIN LEVEL	18.64						01/01/15		
40	80173	HALOPERIDOL	15.78						01/01/20		
40	80175	LAMOTRIGINE	13.25						01/01/20		
40	80176	LIDOCAINE	14.69						01/01/20		
40	80177	LEVETIRACETAM	13.25						01/01/20		
40	80178	LITHIUM	6.61						01/01/20		
40	80179	SALICYLATE	19.26					X	01/01/21		
40	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	18.05						01/01/20		
40	80181	FLECAINIDE	19.26						01/01/21		
40	80183	OXCARBAZEPINE	13.25						01/01/20		
40	80184	PHENOBARBITAL	15.81						01/01/18		
40	80185	PHENYTOIN; TOTAL	13.25						01/01/20		
40	80186	PHENYTOIN; FREE	13.76						01/01/20		
40	80187	MEASUREMENT OF POSACONAZOLE	28.01						01/01/20		
40	80188	PRIMIDONE	16.59						01/01/20		
40	80189	ITRACONAZOLE	28.01						01/01/21		
40	80190	PROCAINAMIDE;	23.56						01/01/15		
40	80192	PROCAINAMIDE; WITH METABOLITES (EG,	16.75						01/01/20		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

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				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	80193	LEFLUNOMIDE	39.86						01/01/21		
40	80194	QUINIDINE	14.60						01/01/20		
40	80195	SIROLIMUS	13.73						01/01/20		
40	80197	TACROLIMUS	13.73						01/01/20		
40	80198	THEOPHYLLINE	14.14						01/01/20		
40	80199	TIAGABINE	25.40						01/01/15		
40	80200	TOBRAMYCIN	16.37						01/01/15		
40	80201	TOPIRAMATE	11.92						01/01/20		
40	80202	VANCOMYCIN	13.54						01/01/20		
40	80203	ZONISAMIDE	13.25						01/01/20		
40	80204	METHOTREXATE	39.86						01/01/21		
40	80210	RUFINAMINDE	28.01						01/01/21		
40	80220	MEASUREMENT OF HYDROXYCHLOROQUINE	19.26						01/01/22		
40	80230	MEASUREMENT OF INFLIXIMAB	39.86						01/01/20		
40	80235	MEASUREMENT OF LACOSAMIDE	28.01						01/01/20		
40	80280	MEASUREMENT OF VEDOLIZUMAB	39.86						01/01/20		
40	80285	MEASUREMENT OF VORICONAZOLE	28.01						01/01/20		
40	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	19.26						01/01/15		
40	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	13.02						01/01/19		
40	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	17.71						01/01/19		
40	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	62.14						01/01/20		
40	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.62						01/01/20		
40	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.96						01/01/20		
40	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	78.26						01/01/20		
40	80408	ALDOSTERONE SUPPRESSION EVALUATION P	125.50						01/01/20		
40	80410	CALCITONIN STIMULATION PANEL	30.76						01/01/19		
40	80412	CORTICOTROPIC RELEASING HORMONE (CRH	463.52						01/01/15		
40	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.64						01/01/20		
40	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.89						01/01/20		
40	80416	RENAL VEIN RENIN STIMULATION PANEL	185.57						01/01/15		
40	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.99						01/01/20		
40	80418	COMBINED RAPID ANTERIOR PITUITARY EV	579.48						01/01/20		
40	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	101.31						01/01/15		
40	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	46.07						01/01/20		
40	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.50						01/01/20		
40	80426	GONADOTROPIN RELEASING HORMONE STIMU	148.41						01/01/20		
40	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.70						01/01/20		
40	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	110.36						01/01/15		
40	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	171.13						01/01/19		
40	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	142.27						01/01/15		
40	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	103.00						01/01/20		
40	80436	METYRAPONE PANEL	91.16						01/01/20		
40	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.41						01/01/20		
40	80439	THYROTROPIN RELEASING HORMONE (TRH)	67.21						01/01/20		
40	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	19.08						01/01/22		
40	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	38.45						01/01/22		
40	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	69.95						01/01/22		
40	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	31.40						01/01/22		
40	81000	URINALYSIS, BY DIP STICK OR TABLET	4.15					X	01/01/18		
40	81001	URINALYSIS, BY DIP STICK OR TABLET	3.17						01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
40	81002	URINALYSIS, BY DIP STICK OR TABLET	3.60					X	01/01/15		
40	81003	URINALYSIS, BY DIP STICK OR TABLET	2.25						01/01/20		
40	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.17					X	01/01/20		
40	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.61						01/01/15		
40	81015	URINALYSIS; MICROSCOPY ONLY	3.05					X	01/01/20		
40	81020	URINALYSIS; 2 OR 3 GLASS TEST	4.86						01/01/18		
40	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.90				F		01/01/15		
40	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.76					X	01/01/19		
40	81099	URINALYSIS TEST PROCEDURE	MP				X		00/00/00		
40	81162	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	1,824.88	19 70	X				01/01/20		E
40	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	483.60	19 70	X				01/01/21		
40	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	584.23	19 70	X				01/01/20		
40	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	292.31	19 70	X				01/01/21		
40	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	301.35	19 70	X				01/01/20		
40	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED)	282.88	19 70	X				01/01/20		
40	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CEL	214.22						01/01/21		
40	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECE	300.00						01/01/20		
40	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSIN	214.22						01/01/21		
40	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSIN	214.22						01/01/21		
40	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSIN	214.22						01/01/21		
40	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEP	535.56						01/01/21		
40	81206	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	163.96						01/01/20		
40	81207	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	144.84						01/01/20		
40	81208	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	214.62						01/01/20		
40	81212	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	182.32	19 70	X				07/01/16		E
40	81215	BRCA1 (BREAST CANCER1) (EG,HEREDITARY	96.20	19 70	X				07/01/16		E
40	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	96.20	19 70	X				07/01/16		E
40	81217	BRCA2 (BREAST CANCER2) (EG,HEREDITARY	96.20	19 70	X				07/01/16		E
40	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00 01					01/01/12		
40	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	143.24						06/01/14		
40	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPT	335.40						07/01/19		
40	81241	F5 (COAGULATION FACTOR V) (EG, HERED	75.82						01/01/21		
40	81275	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25						01/01/20		
40	81276	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25						01/01/20		
40	81278	IGH@/BCL2 (T(14;18)) (EG, FOLLICULAR	214.22						01/01/21		
40	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLI	191.37						01/01/21		
40	81307	GENE ANALYSIS (PARTNER AND LOCALIZER	292.31	19 70					01/01/20		
40	81308	GENE ANALYSIS (PARTNER AND LOCALIZER	311.40	19 70					01/01/20		
40	81309	GENE ANALYSIS (PARTNER AND LOCALIZER	283.99	19 70					01/01/20		
40	81311	NRAS (NEUROBLASTOMA RAS VIRAL □V-RAS	295.79						01/01/20		
40	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	155.34						01/01/21		
40	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	191.37						01/01/21		
40	81347	SF3B1 (SPLICING FACTOR □3BÜ SUBUNIT	199.69						01/01/21		
40	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	181.25						01/01/21		
40	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	663.25						01/01/21		
40	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	340.49						01/01/21		
40	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	318.27						01/01/21		
40	81357	U2AF1 (U2 SMALL NUCLEAR RNA AUXILIA	199.69						01/01/21		
40	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	199.69						01/01/21		
40	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,530.18	00 15					01/01/21		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
40	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	784.35	10 59		X	F		02/01/19		
40	81425	GENOME (EG, UNEXPLAINED CONSTITUTION	3,773.40	00 00	X				01/01/23		
40	81426	GENOME (EG, UNEXPLAINED CONSTITUTION	2,032.46		X				01/01/23		
40	81427	GENOME (EG, UNEXPLAINED CONSTITUTION	1,753.24	00 20	X				01/01/23		
40	81457	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR								
40	81458	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR								
40	81459	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR								
40	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIG	965.25	00 00	X				01/01/23		
40	81462	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR								
40	81463	GENOMIC SEQUENCE ANALYSIS OF DNA IN	CCR								
40	81464	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR								
40	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND	821.50	10 59			F		07/01/19		
40	81513	INFECTIOUS DISEASE, BACTERIAL VAGINO	147.38						01/01/21		
40	81514	INFECTIOUS DISEASE, BACTERIAL VAGINO	271.76						01/01/21		
40	81517	TEST FOR DETECTING 3 BIOMARKERS ASSO	520.18						01/01/24		
40	81596	INFECTIOUS DISEASE, CHRONIC HEPATITI	72.19						01/01/20		
40	82009	KETON BODY(S) (EG, ACETON, ACETOACET	4.52					X	01/01/20		
40	82010	KETON BODY(S) (EG, ACETON, ACETOACET	8.17					X	01/01/20		
40	82013	ACETYLCHOLINESTERASE	12.29					X	01/01/20		
40	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	17.04					X	01/01/19		
40	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	16.87					X	01/01/20		
40	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	38.62						01/01/20		
40	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (	19.88						01/01/15		
40	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.95						01/01/20		
40	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	7.27						01/01/15		
40	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	5.78						01/01/20		
40	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	4.28						01/01/15		
40	82045	ALBUMIN, ISCHEMIA MODIFIED	33.94						01/01/20		
40	82075	ALCOHOL (ETHANOL), BREATH	16.95					X	01/01/15		
40	82077	ALCOHOL (ETHANOL); ANY SPECIMEN EXCE	17.85						01/01/21		
40	82085	ALDOLASE	9.71						01/01/20		
40	82088	ALDOSTERONE	40.75						01/01/20		
40	82103	ALPHA-1-ANTITRYPSIN; TOTAL	13.44						01/01/20		
40	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	14.46						01/01/20		
40	82105	ALPHA-FETOPROTEIN (AFP); SERUM	16.77						01/01/20		
40	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	17.00						01/01/20		
40	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	64.41						01/01/20		
40	82108	ALUMINUM	11.91						01/01/15		
40	82120	AMINES, VAGINAL FLUID, QUALITATIVE	5.29						01/01/15		
40	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	14.18					X	01/01/20		
40	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87						01/01/20		
40	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	23.72					X	01/01/15		
40	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.45						01/01/20		
40	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	20.26					X	01/01/19		
40	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	16.87					X	01/01/20		
40	82140	AMMONIA	14.57					X	01/01/20		
40	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	9.66						01/01/15		
40	82150	AMYLASE	6.48					X	01/01/20		
40	82154	ANDROSTANEDIOL GLUCURONIDE	28.83						01/01/20		
40	82157	ANDROSTENEDIONE	29.28						01/01/20		

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TS	CODE	DESCRIPTION									
40	82160	ANDROSTERONE	25.55						01/01/20		
40	82163	ANGIOTENSIN II	20.52						01/01/20		
40	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	14.60						01/01/20		
40	82166	TEST FOR ANTI-MULLERIAN HORMONE	39.91						01/01/24		
40	82175	ARSENIC	18.97						01/01/20		
40	82180	ASCORBIC ACID (VITAMIN C), BLOOD	9.89						01/01/20		
40	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.46					X	01/01/15		
40	82232	BETA-2 MICROGLOBULIN	16.18						01/01/20		
40	82239	BILE ACIDS; TOTAL	17.12						01/01/20		
40	82240	BILE ACIDS; CHOLYLGLYCINE	26.58						01/01/20		
40	82247	BILIRUBIN; TOTAL	4.89						01/01/15		
40	82248	BILIRUBIN; DIRECT	4.89						01/01/15		
40	82252	BILIRUBIN; FECES, QUALITATIVE	4.56						01/01/20		
40	82261	BIOTINIDASE, EACH SPECIMEN	16.87					X	01/01/20		
40	82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.53						01/01/18		
40	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.58						01/01/15		
40	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.37						01/01/18		
40	82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN D	15.92						01/01/20		
40	82286	BRADYKININ	5.16						01/01/20		
40	82300	CADMIUM	23.64						01/01/20		
40	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.60						01/01/20		
40	82308	CALCITONIN	26.79						01/01/20		
40	82310	CALCIUM; TOTAL	5.16					X	01/01/20		
40	82330	CALCIUM; IONIZED	13.68						01/01/20		
40	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.27						01/01/15		
40	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.03						01/01/20		
40	82355	CALCULUS; QUALITATIVE ANALYSIS	11.58						01/01/20		
40	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.87						01/01/20		
40	82365	CALCULUS; INFRARED SPECTROSCOPY	12.90						01/01/20		
40	82370	CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
40	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	18.06						01/01/20		
40	82374	CARBON DIOXIDE (BICARBONATE)	4.88					X	01/01/20		
40	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	12.32					X	01/01/20		
40	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	8.42					X	01/01/15		
40	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	18.96						01/01/20		
40	82379	CARNITINE (TOTAL AND FREE), QUANTITA	16.87					X	01/01/20		
40	82380	CAROTENE	9.22						01/01/20		
40	82382	CATECHOLAMINES; TOTAL URINE	24.18						01/01/15		
40	82383	CATECHOLAMINES; BLOOD	30.05						01/01/19		
40	82384	CATECHOLAMINES; FRACTIONATED	25.25						01/01/20		
40	82387	CATHEPSIN-D	10.83						01/01/15		
40	82390	CERULOPLASMIN	10.74						01/01/20		
40	82397	CHEMILUMINESCENT ASSAY	6.52						01/01/15		
40	82415	CHLORAMPHENICOL	12.67						01/01/20		
40	82435	CHLORIDE; BLOOD	4.60					X	01/01/20		
40	82436	CHLORIDE; URINE	5.94						01/01/19		
40	82438	CHLORIDE; OTHER SOURCE	5.00						01/01/20		
40	82441	CHLORINATED HYDROCARBONS, SCREEN	6.01						01/01/20		
40	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.35						01/01/20		
40	82480	CHOLINESTERASE; SERUM	7.87						01/01/20		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
40	82482	CHOLINESTERASE; RBC	10.14					X	01/01/18		
40	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.65						01/01/20		
40	82495	CHROMIUM	20.28						01/01/20		
40	82507	CITRATE	27.80						01/01/20		
40	82523	COLLAGEN CROSS LINKS, ANY METHOD	18.68						01/01/20		
40	82525	COPPER	12.41						01/01/20		
40	82528	CORTICOSTERONE	22.52						01/01/20		
40	82530	CORTISOL; FREE	16.71						01/01/20		
40	82533	CORTISOL; TOTAL	16.30					X	01/01/20		
40	82540	CREATINE	4.64						01/01/20		
40	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	24.89						01/01/18		
40	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.51					X	01/01/20		
40	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.39					X	01/01/20		
40	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.55						01/01/20		
40	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.87						01/01/20		
40	82565	CREATININE; BLOOD	5.12					X	01/01/20		
40	82570	CREATININE; OTHER SOURCE	5.18						01/01/20		
40	82575	CREATININE; CLEARANCE	9.46						01/01/20		
40	82585	CRYOFIBRINOGEN	12.07					X	01/01/15		
40	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.47						01/01/20		
40	82600	CYANIDE	19.40						01/01/20		
40	82607	CYANOCOBALAMIN (VITAMIN B-12);	15.08						01/01/20		
40	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.32						01/01/20		
40	82610	CYSTATIN C	6.52						01/01/15		
40	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	9.87						01/01/19		
40	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
40	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.23						01/01/20		
40	82633	DESOXYCORTICOSTERONE, 11 -	30.98						01/01/20		
40	82634	DEOXYCORTISOL, 11 -	29.28						01/01/20		
40	82638	DIBUCAINE NUMBER	12.25						01/01/20		
40	82642	DIHYDROTESTOSTERONE (DHT)	29.28						01/01/20		
40	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.50						01/01/20		
40	82653	MEASUREMENT OF PANCREATIC ELASTASE (	23.74						01/01/22		
40	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53						01/01/20		
40	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.91						01/01/19		
40	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	25.40						01/01/15		
40	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWH	48.31						01/01/15		
40	82668	ERYTHROPOIETIN	18.79						01/01/20		
40	82670	ESTRADIOL	27.94						01/01/20		
40	82671	ESTROGENS; FRACTIONATED	32.30						01/01/20		
40	82672	ESTROGENS; TOTAL	21.70						01/01/20		
40	82677	ESTRIOL	24.18						01/01/20		
40	82679	ESTRONE	24.95						01/01/20		
40	82681	ESTRADIOL; FREE, DIRECT MEASUREMENT	28.87						01/01/21		
40	82693	ETHYLENE GLYCOL	14.90						01/01/20		
40	82696	ETIOCHOLANOLONE	27.11						01/01/19		
40	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.10						01/01/20		
40	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.80						01/01/20		
40	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	23.74						01/01/18		
40	82725	FATTY ACIDS, NONESTERIFIED	18.72						01/01/15		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION	FEE								
40	82726	VERY LONG CHAIN FATTY ACIDS	19.75						01/01/20		
40	82728	FERRITIN	13.63						01/01/20		
40	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.41						01/01/20		
40	82735	FLUORIDE	18.54						01/01/20		
40	82746	FOLIC ACID; SERUM	14.70						01/01/20		
40	82747	FOLIC ACID; RBC	17.65						01/01/20		
40	82757	FRUCTOSE, SEMEN	17.34						01/01/20		
40	82759	GALACTOKINASE, RBC	21.48						01/01/20		
40	82760	GALACTOSE	11.20					X	01/01/20		
40	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	21.07						01/01/20		
40	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	11.79						01/01/15		
40	82777	GALECTIN-3	18.39						01/01/13		
40	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	9.30					X	01/01/20		
40	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	16.46						01/01/20		
40	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.81						01/01/15		
40	82800	GASES, BLOOD, PH ONLY	11.37					X	01/01/18		
40	82803	GASES, BLOOD, ANY COMBINATION OF PH,	7.34					X	01/01/15		
40	82805	GASES, BLOOD, ANY COMBINATION OF PH,	12.72						01/01/15		
40	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.39						01/01/15		
40	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	13.78						01/01/18		
40	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.50						01/01/15		
40	82938	GASTRIN AFTER SECRETIN STIMULATION	17.69						01/01/20		
40	82941	GASTRIN	17.63					X	01/01/20		
40	82943	GLUCAGON	14.29						01/01/20		
40	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	3.93						01/01/20		
40	82946	GLUCAGON TOLERANCE TEST	16.37						01/01/15		
40	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.93					X	01/01/20		
40	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.45					X	01/01/15		
40	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.75						01/01/20		
40	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	12.87						01/01/20		
40	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	3.92					X	01/01/20		
40	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.70						01/01/20		
40	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.05						01/01/20		
40	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	3.30					X	01/01/15		
40	82963	GLUCOSIDASE,BETA	21.48						01/01/20		
40	82965	GLUTAMATE DEHYDROGENASE	10.87						01/01/15		
40	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	7.20						01/01/20		
40	82978	GLUTATHIONE	15.45						01/01/20		
40	82979	GLUTATHIONE REDUCTASE, RBC	9.69						01/01/15		
40	82985	GLYCATED PROTEIN	17.32						01/01/19		
40	83001	GONADOTROPIN; FOLLICLE STIMULATING H	18.58						01/01/20		
40	83002	GONADOTROPIN; LUTEINIZING HORMONE	18.52						01/01/20		
40	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	16.67						01/01/20		
40	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	40.69						01/01/15		
40	83010	HAPTOGLOBIN; QUANTITATIVE	12.58						01/01/20		
40	83012	HAPTOGLOBIN; PHENOTYPES	24.18						01/01/15		
40	83013	HELICOBACTER PYLORI; BREATH TEST ANA	40.69						01/01/15		
40	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	7.86						01/01/20		
40	83015	HEAVY METAL SCREENING	15.97						01/01/15		
40	83018	CHROMATOGRAPH SCREEN, METALS	11.95						01/01/15		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	83020	ASSAY HEMOGLOBIN	12.87					X	01/01/20		
40	83021	HEMOGLOBIN CHROMOTOGRAPHY	18.06						01/01/20		
40	83026	HEMOGLOBIN;	3.33						01/01/15		
40	83030	FETAL HEMOGLOBIN ASSAY	4.86						01/01/15		
40	83033	FETAL FECAL HEMOGLOBIN ASSAY	8.27						01/01/18		
40	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.71						01/01/20		
40	83045	BLOOD METHEMOGLOBIN TEST	6.71						01/01/18		
40	83050	BLOOD METHEMOGLOBIN ASSAY	8.47						01/01/19		
40	83051	ASSAY PLASMA HEMOGLOBIN	7.31						01/01/20		
40	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.80						01/01/20		
40	83065	HEMOGLOBIN HEAT ASSAY	9.30						01/01/18		
40	83068	HEMOGLOBIN STABILITY SCREEN	9.79						01/01/19		
40	83069	ASSAY URINE HEMOGLOBIN	3.95						01/01/20		
40	83070	ASSAY URINE HEMOSIDERIN	4.75						01/01/20		
40	83080	B HEXOSAMINIDASE ASSAY	16.87					X	01/01/20		
40	83088	ASSAY HISTAMINE	29.53						01/01/20		
40	83090	ASSAY OF HOMOCYSTINE	17.92						01/01/20		
40	83150	ASSAY URINE FOR HVA	23.16						01/01/19		
40	83491	HYDROXYCORTICOSTEROIDS,17-RIA	17.90						01/01/20		
40	83497	ASSAY URINE 5-HIAA	12.90						01/01/20		
40	83498	RIA ASSAY OF PROGESTERONE	27.17						01/01/20		
40	83500	ASSAY URINE HYDROXYPROLINE	22.65						01/01/20		
40	83505	ASSAY URINE HYDROXYPROLINE	24.30						01/01/20		
40	83516	IMMUNOASSAY, NON ANTIBODY	11.53						01/01/20		
40	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.52						01/01/15		
40	83519	IMMUNOASSAY, ANALYTE;	6.54						01/01/15		
40	83520	IMMUNOASSAY, ANALYTE;	17.85						01/01/18		
40	83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT	17.85						01/01/22		
40	83525	RIA ASSAY OF INSULIN	11.43					X	01/01/20		
40	83527	INSULIN;	12.95						01/01/20		
40	83528	INTRINSIC FACTOR LEVEL	20.48						01/01/18		
40	83529	MEASUREMENT OF INTERLEUKIN-6	17.85						01/01/22		
40	83540	ASSAY SERUM IRON	6.47						01/01/20		
40	83550	SERUM IRON BINDING TEST	8.74						01/01/20		
40	83570	UV-ASSAY BLOOD IDH ENZYME	8.85						01/01/20		
40	83582	ASSAY URINE 17-KGS	15.47						01/01/20		
40	83586	ASSAY BLOOD 17-KETOSTEROIDS	12.80						01/01/20		
40	83593	CHROMATOGRAPH KETOSTEROIDS	11.95						01/01/15		
40	83605	LACTIC ACID ASSAY	11.57					X	01/01/20		
40	83615	UV-ASSAY BLOOD LDH ENZYME	6.04					X	01/01/20		
40	83625	ASSAY BLOOD LDH ENZYMES	13.00					X	01/01/15		
40	83630	LACTOFERRIN, FECAL (QUAL)	19.70						01/01/20		
40	83632	RIA PLACENTAL LACTOGEN	20.22						01/01/20		
40	83633	TEST URINE FOR LACTOSE	7.73						01/01/15		
40	83655	ASSAY BLOOD FOR LEAD	12.11						01/01/20		
40	83661	ASSAY AMNIOTIC L/S RATIO	21.99						01/01/20		
40	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	18.91						01/01/20		
40	83663	FLUORO POLARIZE, FETAL LUNG	18.91						01/01/20		
40	83664	LAMELLAR BDY, FETAL LUNG	19.32						01/01/20		
40	83670	UV-ASSAY BLOOD LAP ENZYME	9.81						01/01/20		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	83690	ASSAY BLOOD LIPASE	6.89						01/01/20		
40	83695	ASSAY OF LIPOPROTEIN(A)	14.32						01/01/20		
40	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	47.73						01/01/15		
40	83701	LIPOPROTEIN BLD, HR FRACTION	34.91						01/01/15		
40	83704	LIPOPROTEIN, BLD, BY NMR	34.19						01/01/20		
40	83718	BLOOD LIPOPROTEIN ASSAY	8.19						01/01/20		
40	83719	LIPOPROTEIN,VLDL CHOLESTEROL	12.75						01/01/20		
40	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.50						01/01/20		
40	83722	LIPOPROTEIN, DIRECT MEASUREMENT	34.19						01/01/20		
40	83727	LUTEINIZING RELEASING FACTOR, RIA	17.19						01/01/20		
40	83735	ASSAY BLOOD MAGNESIUM	6.70					X	01/01/20		
40	83775	UV-ASSAY OF MD ENZYME	7.37						01/01/20		
40	83785	ASSAY OF MANGANESE	26.65						01/01/20		
40	83789	MASS SPECTROMETRY QUANT	24.91					X	01/01/18		
40	83825	ASSAY BLOOD MERCURY	16.26						01/01/20		
40	83835	ASSAY URINE METANEPHRINES	16.94						01/01/20		
40	83857	ASSAY METHEMALBUMIN	10.74						01/01/20		
40	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	23.23						01/01/15		
40	83864	BLOOD MUCOPOLYSACCHARIDES	28.00						01/01/15		
40	83872	ASSAY SYNOVIAL FLUID MUCIN	5.86						01/01/20		
40	83873	MYELIN BASIC PROTEIN,CSF,RIA	17.20						01/01/20		
40	83874	MYOGLOBIN ELECTROPHORESIS	12.92						01/01/20		
40	83876	MYELOPEROXIDASE (MPO)	19.54						01/01/09		
40	83880	NATRIURETIC PEPTIDE	40.57						01/01/19		
40	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.52					X	01/01/15		
40	83885	ASSAY URINE FOR NICKEL	24.51						01/01/20		
40	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	11.15						01/01/20		
40	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	28.28						01/01/15		
40	83918	ASSAY ORGANIC ACIDS	23.14						01/01/15		
40	83919	ASSAY ORGANIC ACIDS QUAL	16.45						01/01/20		
40	83921	ORGANIC ACID, SINGLE, QUANT	21.92						01/01/18		
40	83930	ASSAY BLOOD OSMOLALITY	6.61					X	01/01/20		
40	83935	ASSAY URINE OSMOLALITY	6.82					X	01/01/20		
40	83937	OSTEOCALCIN (BONE G1A PROTEIN)	29.85						01/01/20		
40	83945	ASSAY URINE OXALATE	14.93						01/01/19		
40	83950	ONCORPROTEIN, HER-2/NEU	64.41						01/01/20		
40	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	64.41						01/01/20		
40	83970	RIA ASSAY OF PARATHORMONE	41.28						01/01/20		
40	83986	ASSAY BODY FLUID ACIDITY	3.58					X	01/01/20		
40	83987	PH; EXHALED BREATH CONDENSATE	3.58						01/01/20		
40	83992	ASSAY FOR PHENCYCLIDINE	20.67						01/01/15		
40	83993	CALPROTECTIN, FECAL	19.63						01/01/20		
40	84030	ASSAY BLOOD PKU	5.50					X	01/01/20		
40	84035	ASSAY BLOOD PHENYLKETONES	3.98					X	01/01/20		
40	84060	ASSAY BLOOD ACID PHOSPHATASE	7.64						01/01/20		
40	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.66						01/01/20		
40	84075	ASSAY ALKALINE PHOSPHATASE	5.18						01/01/20		
40	84078	ASSAY ALKALINE PHOSPHATASE	8.11						01/01/15		
40	84080	ASSAY ALKALINE PHOSPHATASES	14.78						01/01/20		
40	84081	PHOSPHATYDYLGLYEROL	16.52						01/01/20		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	84085	ASSAY RBC PG6D ENZYME	9.49					X	01/01/15		
40	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.73						01/01/20		
40	84100	ASSAY BLOOD PHOSPHORUS	4.74						01/01/20		
40	84105	ASSAY URINE PHOSPHORUS	5.97						01/01/19		
40	84106	TEST FOR PORPHOBILINOGEN	6.01						01/01/15		
40	84110	ASSAY PORPHOBILINOGEN	6.92						01/01/15		
40	84112	CERVICOVAGINAL SECRETION OF PLACENTA	90.57						01/01/15		
40	84119	TEST URINE FOR PORPHYRINS	12.11						01/01/15		
40	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		
40	84126	ASSAY FECES PORPHYRINS	35.82						01/01/15		
40	84132	ASSAY BLOOD POTASSIUM	4.76					X	01/01/20		
40	84133	ASSAY URINE POTASSIUM	4.73					X	01/01/20		
40	84134	PREALBUMIN	7.84						01/01/15		
40	84135	PREGNANEDIOL; RIA	21.98						01/01/19		
40	84138	PREGNANETRIOL;RIA	21.75						01/01/19		
40	84140	PREGNENOLONE	20.67						01/01/20		
40	84143	17-HYDROXPREGNENOLONE	22.81						01/01/20		
40	84144	ASSAY PROGESTERONE	20.86						01/01/20		
40	84145	PROCALCITONIN (PCT)	27.22						01/01/20		
40	84146	RIA ASSAY FOR PROLACTIN	19.38						01/01/20		
40	84150	RIA ASSAY OF PROSTAGLANDIN	35.09						01/01/15		
40	84152	ASSAY OF PSA, COMPLEXED	18.39						01/01/20		
40	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.39						01/01/20		
40	84154	PSA FREE	18.39						01/01/20		
40	84155	ASSAY SERUM PROTEIN	3.67						01/01/20		
40	84156	ASSAY OF PROTEIN, URINE	3.67						01/01/20		
40	84157	ASSAY OF PROTEIN, OTHER	4.00						01/01/20		
40	84160	ASSAY SERUM PROTEIN	5.61						01/01/20		
40	84163	PAPPA, SERUM	15.05	10 59			F		01/01/20		
40	84165	ASSAY SERUM PROTEINS	10.74						01/01/20		
40	84166	PROTEIN E-PHORESIS/URINE/CSF	17.83						01/01/20		
40	84182	PROTEIN;	25.31					X	01/01/15		
40	84202	ASSAY RBC PROTOPORPHYRIN	14.35						01/01/20		
40	84203	TEST RBC PROTOPORPHYRIN	10.06						01/01/19		
40	84206	RIA ASSAY OF PROINSULIN	25.05						01/01/15		
40	84207	ASSAY VITAMIN B-6	19.88						01/01/15		
40	84210	ASSAY BLOOD PYRUVATE	14.96						01/01/18		
40	84220	ASSAY RBC PYRUVIC KINASE	9.44						01/01/20		
40	84228	ASSAY QUININE	11.63						01/01/20		
40	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	90.57						01/01/15		
40	84234	RECEPTOR ASSAY; PROGESTERONE	64.88						01/01/20		
40	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	73.60						01/01/15		
40	84238	RECEPTOR ASSAY;NON-ENDOCRINE	36.57						01/01/20		
40	84244	RIA ASSAY OF RENIN	21.99					X	01/01/20		
40	84252	ASSAY VITAMIN B-2	20.24						01/01/20		
40	84255	ASSAY SELENIUM	25.53						01/01/20		
40	84260	ASSAY BLOOD SEROTONIN	30.98						01/01/20		
40	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.73						01/01/20		
40	84275	ASSAY BLOOD SIALIC ACID	13.44						01/01/20		
40	84285	ASSAY SILICA	25.21						01/01/20		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	84295	ASSAY BLOOD SODIUM	4.81					X	01/01/20		
40	84300	ASSAY URINE SODIUM	5.06					X	01/01/20		
40	84302	ASSAY OF SWEAT SODIUM	4.86						01/01/20		
40	84305	SOMATOMEDIN	21.26						01/01/20		
40	84307	SOMATOSTATIN	18.28						01/01/20		
40	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.37						01/01/19		
40	84315	BODY FLUID SPECIFIC GRAVITY	3.39						01/01/18		
40	84375	CHROMATOGRAM ASSAY, SUGARS	27.57						01/01/15		
40	84376	SUGARS SINGLE QUAL	5.50					X	01/01/20		
40	84377	SUGARS MULTIPLE QUAL	5.50					X	01/01/20		
40	84378	SUGARS SINGLE QUANT	11.39					X	01/01/15		
40	84379	SUGARS MULTIPLE QUANT	11.39					X	01/01/15		
40	84392	SULFATE, URINE	5.67					X	01/01/19		
40	84402	TESTOSTERONE;	25.47						01/01/20		
40	84403	RIA ASSAY BLOOD TESTOSTERONE	25.81						01/01/20		
40	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT M	51.28				M		01/01/20		
40	84425	ASSAY VITAMIN B-1	21.23						01/01/20		
40	84430	ASSAY BLOOD THIOCYANATE	11.63						01/01/20		
40	84431	THROMBOXANE METABOLITE(S), INCLUDING	19.16						01/01/10		
40	84432	THYROGLOBULIN	16.06						01/01/20		
40	84433	EVALUATION OF THIOPURINE S-METHYLTRA	22.91						01/01/23		
40	84436	THYROXINE, TRUE, RIA	6.80						01/01/15		
40	84437	THYROXINE, NEONATAL	6.47						01/01/20		
40	84439	THYROID PANEL	9.02						01/01/20		
40	84442	THYROID ACTIVITY (TBG) ASSAY	14.78						01/01/20		
40	84443	RIA ASSAY OF TS HORMONE	16.80						01/01/20		
40	84445	RIA THYROTROPIN FACTOR	25.89						01/01/15		
40	84446	ASSAY VITAMIN E	14.18						01/01/20		
40	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	18.00						01/01/20		
40	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.18					X	01/01/20		
40	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.30					X	01/01/20		
40	84466	TRANSFERRIN	12.76						01/01/20		
40	84478	ASSAY BLOOD TRIGLYCERIDES	5.74						01/01/20		
40	84479	TRIIODOTHYRONINE, RESIN UPTAKE	6.53						01/01/15		
40	84480	RIA ASSAY, T-3	9.02						01/01/15		
40	84481	TRIIODOTHYRONINE, FREE RIA	13.88						01/01/15		
40	84482	TRIDOTHYRONINE (T-3);	6.53						01/01/15		
40	84484	TROPONIN	12.89						01/01/18		
40	84485	ASSAY DUODENAL FLUID TRYPSIN	7.20						01/01/20		
40	84488	TEST FECES FOR TRYPSIN	7.30						01/01/20		
40	84490	ASSAY FECES FOR TRYPSIN	9.94						01/01/15		
40	84510	ASSAY BLOOD TYROSINE	10.63						01/01/20		
40	84512	TROPONIN, QUAL	10.43						01/01/18		
40	84520	ASSAY BUN	3.95					X	01/01/20		
40	84525	STICK-ASSAY BUN	5.29					X	01/01/15		
40	84540	ASSAY URINE UREA-N	5.74					X	01/01/19		
40	84545	UREA-N CLEARANCE TEST	7.20						01/01/20		
40	84550	ASSAY BLOOD URIC ACID	4.52						01/01/20		
40	84560	ASSAY URINE URIC ACID	5.08						01/01/20		
40	84577	ASSAY FECES UROBILINOGEN	16.80						01/01/20		

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			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	84578	TEST URINE UROBILINOGEN	4.58						01/01/15		
40	84580	ASSAY URINE UROBILINOGEN	9.87						01/01/19		
40	84583	ASSAY URINE UROBILINOGEN	6.25						01/01/19		
40	84585	ASSAY URINE VMA	15.50						01/01/20		
40	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.33						01/01/20		
40	84588	RIA ASSAY VASOPRESSIN	33.94						01/01/20		
40	84590	ASSAY BLOOD VITAMIN-A	11.61						01/01/20		
40	84591	ASSAY OF NOS VITAMIN	16.32						01/01/15		
40	84597	ASSAY VITAMIN-K	13.72						01/01/20		
40	84600	ASSAY FOR VOLATILES	17.11						01/01/20		
40	84620	XYLOSE TOLERANCE TEST, BLOOD	12.91						01/01/20		
40	84630	ASSAY BLOOD ZINC	11.39						01/01/20		
40	84702	GONADOTROPIN CHORIONIC-QUANTIT	15.05						01/01/20		
40	84703	GONADOTROPIN;CHORIONIC;QUALITATIVE	7.52						01/01/20		
40	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	15.29						01/01/20		
40	84830	OVULATION TESTS, BY VISUAL COLOR COM	13.12						01/01/18		
40	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP				X		00/00/00		
40	85002	BLEEDING TIME TEST	4.82				M	X	01/01/20		
40	85004	AUTOMATED DIFF WBC COUNT	6.47						01/01/20		
40	85007	DIFFERENTIAL WBC COUNT	3.52					X	01/01/15		
40	85008	BLOOD COUNT;	3.43						01/01/20		
40	85009	DIFFERENTIAL WBC COUNT	5.23					X	01/01/15		
40	85013	BLOOD COUNT;	3.34						01/01/15		
40	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.37					X	01/01/20		
40	85018	HEMOGLOBIN, COLORIMETRIC	2.37					X	01/01/20		
40	85025	BLOOD COUNT;HEMO/PLAT-AUTO DIF	7.77						01/01/20		
40	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	6.47					X	01/01/20		
40	85032	MANUAL CELL COUNT, EACH	4.31						01/01/20		
40	85041	RED BLOOD CELL (RBC) COUNT	3.02					X	01/01/20		
40	85044	RETICULOCYTE COUNT	4.31						01/01/20		
40	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	3.99						01/01/20		
40	85046	RETICYTE, HGB CONCENTRATE	5.57						01/01/20		
40	85048	WHITE BLOOD CELL (WBC) COUNT	2.54						01/01/20		
40	85049	AUTOMATED PLATELET COUNT	4.48						01/01/20		
40	85055	RETICULATED PLATELET ASSAY	28.31						01/01/15		
40	85097	BONE MARROW SMEAR INTERPRET	60.28					X	01/01/21		
40	85130	CHROMOGENIC SUBSTRATE ASSAY	11.89						01/01/20		
40	85170	BLOOD CLOT RETRACTION SCREEN	5.08					X	01/01/15		
40	85175	BLOOD CLOT LYSIS TIME	6.40					X	01/01/15		
40	85210	BLOOD CLOT FACTOR II TEST	8.11					X	01/01/15		
40	85220	BLOOD CLOT FACTOR V TEST	17.65					X	01/01/20		
40	85230	BLOOD CLOT FACTOR VII TEST	17.90					X	01/01/20		
40	85240	BLOOD CLOT FACTOR VIII TEST	17.90					X	01/01/20		
40	85244	FACTOR VIII RELATED ANTIGEN QUAN	20.42					X	01/01/20		
40	85245	CLOTTING;	22.94						01/01/20		
40	85246	CLOTTING;	22.94						01/01/20		
40	85247	CLOTTING;	22.94						01/01/20		
40	85250	BLOOD CLOT FACTOR IX TEST	19.04					X	01/01/20		
40	85260	BLOOD CLOT FACTOR X TEST	17.90					X	01/01/20		
40	85270	BLOOD CLOT FACTOR XI TEST	17.90					X	01/01/20		

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				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	85280	BLOOD CLOT FACTOR XII TEST	19.88					X	01/01/15		
40	85290	BLOOD CLOT FACTOR XIII TEST	16.34					X	01/01/20		
40	85291	BLOOD CLOT FACTOR XIII TEST	9.11					X	01/01/20		
40	85292	CLOTTING;PREKALLIKRIEM ASSAY	18.93						01/01/20		
40	85293	CLOTTING;H-M-W KINNINOGEN ASSA	18.93						01/01/20		
40	85300	ANTITHROMBIN III TEST	11.85					X	01/01/20		
40	85301	CLOT.INHIB/ANTICOAG/ANTITHROMB	10.81					X	01/01/20		
40	85302	CLOT INHIB/ANTICOAC/PROTEIN C	12.01					X	01/01/20		
40	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		
40	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.61						01/01/20		
40	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.32						01/01/20		
40	85307	ASSAY ACTIVATED PROTEIN C	15.32						01/01/20		
40	85335	FACTOR INHIBITOR TEST	12.87						01/01/20		
40	85337	THROMBOMODULIN	14.66						01/01/15		
40	85345	COAGULATION TIME	4.69					X	01/01/20		
40	85347	COAGULATION TIME	4.05					X	01/01/15		
40	85348	COAGULATION TIME	4.64					X	01/01/19		
40	85360	EUGLOBULIN LYSIS	8.41						01/01/20		
40	85362	FIBRIN DEGRADATION PRODUCTS	6.89					X	01/01/20		
40	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.11						01/01/15		
40	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.43						01/01/20		
40	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.97						01/01/15		
40	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.18						01/01/20		
40	85380	FIBRIN DEGRADATION, VTE	10.18						01/01/20		
40	85384	FIBRINOGEN;	10.04						01/01/19		
40	85385	FIBRINOGEN;	11.95						01/01/15		
40	85390	FIBRINOLYSINS SCREEN	7.27						01/01/15		
40	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	31.89						01/01/18		
40	85400	FIBRINOLYTIC PLASMIN	7.71						01/01/20		
40	85410	FIBRINOLYTIC ANTIPLASMIN	7.71						01/01/20		
40	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.19						01/01/20		
40	85420	FIBRINOLYTIC PLASMINOGEN	6.53						01/01/20		
40	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	10.18						01/01/20		
40	85441	HEINZ BODIES; DIRECT	4.20						01/01/20		
40	85445	HEINZ BODIES; INDUCED	6.82						01/01/20		
40	85460	HEMOGLOBIN, FETAL	6.53						01/01/15		
40	85461	HEMOGLOBIN, FETAL	4.35						01/01/15		
40	85475	HEMOLYSIN, ACID	8.87						01/01/20		
40	85520	HEPARIN ASSAY	11.91						01/01/15		
40	85525	HEPARIN NEUTRALIZATION	11.91						01/01/15		
40	85530	HEPARIN-PROTAMINE TOLERANCE	13.09						01/01/20		
40	85536	IRON STAIN PERIPHERAL BLOOD	6.88						01/01/20		
40	85540	WBC ALKALINE PHOSPHATASE	8.60						01/01/20		
40	85547	RBC MECHANICAL FRAGILITY	8.60						01/01/20		
40	85549	SERUM MURAMIDASE	18.75						01/01/20		
40	85555	RBC OSMOTIC FRAGILITY	6.53						01/01/15		
40	85557	RBC OSMOTIC FRAGILITY	13.36						01/01/20		
40	85576	PLATELET;AGGREGATION(IN VITRO)	25.74					X	01/01/19		
40	85590	PLATELET PHASE MICROSCOPY	5.74					X	01/01/09		
40	85597	PLATELET NEUTRALIZATION	17.98						01/01/20		

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TS	CODE	DESCRIPTION									
40	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	17.98						01/01/20		
40	85610	PROTHROMBIN TIME	4.29					X	01/01/20		
40	85611	PROTHROMBIN TIME;	3.94					X	01/01/20		
40	85612	VIPER VENOM PROTHROMBIN TIME	13.46						01/01/15		
40	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.58						01/01/20		
40	85635	REPTILASE TEST	9.85						01/01/20		
40	85651	RBC SEDIMENTATION RATE	4.41						01/01/19		
40	85652	RBC SED RATE, AUTO	2.70						01/01/20		
40	85660	RBC SICKLE CELL TEST	5.51					X	01/01/20		
40	85670	THROMBIN TIME; PLASMA	5.77						01/01/20		
40	85675	THROMBIN TIME; TITER	6.85						01/01/20		
40	85705	THROMBOPLASTIN INHIBITION;	9.66						01/01/15		
40	85730	THROMBOPLASTIN TIME, PARTIAL	6.01					X	01/01/20		
40	85732	THROMBOPLASTIN TIME, PARTIAL	6.47					X	01/01/20		
40	85810	BLOOD VISCOSITY EXAMINATION	11.67					X	01/01/20		
40	85999	HEMATOLOGY PROCEDURE	MP			X			00/00/00		
40	86000	AGGLUTININS; FEBRILE	6.98						01/01/20		
40	86001	ALLERGEN SPECIFIC IGG	7.34					X	01/01/15		
40	86003	ALLERGEN SPECIFIC IGE;	5.22					X	01/01/20		
40	86005	ALLERGEN SPECIFIC IGE;	7.97						01/01/20		
40	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE	17.93					X	01/01/20		
40	86015	MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	11.91						01/01/22		
40	86021	WBC ANTIBODY IDENTIFICATION	15.05						01/01/20		
40	86022	PLATELET ANTIBODIES	18.37						01/01/20		
40	86023	ANTIBODY ID,PLAT.ASS. IMMUNOGLOB	12.46						01/01/20		
40	86036	SCREENING TEST FOR ANTINEUTROPHIL CY	12.45					X	01/01/22		
40	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.45					X	01/01/22		
40	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.09						01/01/20		
40	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.16						01/01/20		
40	86041	TEST FOR ACETYLCHOLINE RECEPTOR BIND	19.01						01/01/24		
40	86042	TEST FOR ACETYLCHOLINE RECEPTOR BLOC	19.01						01/01/24		
40	86043	TEST FOR ACETYLCHOLINE RECEPTOR MODU	12.45						01/01/24		
40	86051	ELISA DETECTION OF AQUAPORIN-4 (NEUR	11.91						01/01/22		
40	86052	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.45						01/01/22		
40	86053	FLOW CYTOMETRY DETECTION OF AQUAPORI	12.45						01/01/22		
40	86060	ANTISTREPTOLYSIN O TITER	7.30						01/01/20		
40	86063	ANTISTREPTOLYSIN O SCREEN	5.77						01/01/20		
40	86140	C-REACTIVE PROTEIN	5.18						01/01/20		
40	86141	C-REACTIVE PROTEIN, HS	12.95						01/01/20		
40	86146	GLYCOPROTEIN ANTIBODY	16.35						01/01/15		
40	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	16.35						01/01/15		
40	86148	PHOSPHOLIPID ANTIBODY	16.35						01/01/15		
40	86155	CHEMOTAXIS ASSAY	15.99						01/01/20		
40	86156	COLD AGGLUTININ;	8.34						01/01/19		
40	86157	COLD AGGLUTININ;	8.06						01/01/20		
40	86160	COMPLEMENT;	12.00					X	01/01/20		
40	86161	COMPLEMENT;	12.00					X	01/01/20		
40	86162	COMPLEMENT; TOTAL (CH 50)	20.32						01/01/20		
40	86171	COMPLEMENT FIXATION, EACH	10.01						01/01/20		
40	86200	CCP ANTIBODY	12.95						01/01/20		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.25						01/01/20		
40	86225	DNA ANTIBODY	13.74						01/01/20		
40	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.11						01/01/20		
40	86231	DETECTION OF ENDOMYSIAL ANTIBODY (EM	12.49					X	01/01/22		
40	86235	ENA ANTIBODY	16.37						01/01/15		
40	86255	FLUORESCENT ANTIBODY; SCREEN	12.05						01/01/20		
40	86256	FLUORESCENT ANTIBODY; TITER	12.05						01/01/20		
40	86258	DETECTION OF GLIADIN (DEAMIDATED) (D	11.91					X	01/01/22		
40	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	15.74						01/01/20		
40	86280	HEMAGGLUTINATION INHIBITION	8.19						01/01/20		
40	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	20.81						01/01/20		
40	86301	IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
40	86304	IMMUNOASSAY, TUMOR CA 125	20.81						01/01/20		
40	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.81				F		01/01/20		
40	86308	HETEROPHILE ANTIBODIES;	5.18						01/01/20		
40	86309	HETEROPHILE ANTIBODIES;	6.47						01/01/20		
40	86310	HETEROPHILE ANTIBODIES	7.37						01/01/20		
40	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	20.81					X	01/01/20		
40	86317	IMMUNOASSAY/INFECTIOUS AGENT	14.99						01/01/20		
40	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	18.21						01/01/15		
40	86320	SERUM IMMUNOELECTROPHORESIS	30.92						01/01/18		
40	86325	OTHER IMMUNOELECTROPHORESIS	23.13						01/01/20		
40	86327	IMMUNOELECTROPHORESIS;CRSSED	30.92						01/01/18		
40	86328	IMMUNOASSAY INF AGT,SINGLE STEP,CV19	35.05						05/12/23		
40	86329	IMMUNODIFFUSION, EACH	14.05					X	01/01/20		
40	86331	IMMUNODIFFUSION OUCHTERLONY	11.98						01/01/20		
40	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	24.37						01/01/20		
40	86334	IMMUNOFIXATION ELECTROPHORESIS	22.34						01/01/20		
40	86336	INHIBIN A	15.59						01/01/20		
40	86337	INSULIN ANTIBODIES, RIA	14.70						01/01/15		
40	86340	INTRINSIC FACTOR ANTIBODIES, RIA	15.08						01/01/20		
40	86341	ISLET CELL ANTIBODY	24.36						01/01/19		
40	86344	LEUKOCYTE PHAGOCYTOSIS	10.74						01/01/18		
40	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	100.54						01/01/10		
40	86353	LYMPHOCYTE TRANSFORMATION	49.03						01/01/20		
40	86355	B CELLS, TOTAL COUNT	37.73						01/01/20		
40	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	26.78					X	01/01/20		
40	86357	LYMPHOCYTES, T&B DISTINCTION	37.73						01/01/20		
40	86359	T CELLS;	37.73						01/01/20		
40	86360	T CELLS;	46.98						01/01/20		
40	86361	T CELL ABSOLUTE COUNT	26.78						01/01/20		
40	86362	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.45						01/01/22		
40	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.45						01/01/22		
40	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.91					X	01/01/22		
40	86366	TEST FOR MUSCLE-SPECIFIC KINASE ANTI	19.01						01/01/24		
40	86367	STEM CELLS, TOTAL COUNT	53.05						01/01/15		
40	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.55						01/01/20		
40	86381	MEASUREMENT OF MITOCHONDRIAL ANTIBOD	26.30					X	01/01/22		
40	86382	NEUTRALIZATION TEST, VIRAL	16.91						01/01/20		
40	86384	NITROBLUE TETRAZOLIUM DYE	14.06						01/01/19		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	22.45						01/01/15		
40	86403	PRECIPITIN(EG LATEX BEAD) OR AGGLU	11.92						01/01/19		
40	86406	PARTICLE AGGLUTINATION TEST	10.64						01/01/20		
40	86408	NEUTRALIZING ANTIBODY..;SCREEN	32.65						05/12/23		
40	86409	NEUTRALIZING ANTIBODY..;TITER	81.63						05/12/23		
40	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT	32.65						05/12/23		
40	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		
40	86431	RHEUMATOID FACTOR;	5.67						01/01/20		
40	86480	TB TEST, CELL IMMUN MEASURE	61.98						01/01/20		
40	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	90.13						01/01/11		
40	86485	SKIN TEST;	8.33						01/01/09		
40	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP				X		01/01/08		
40	86490	COCCIDIOIDOMYCOSIS SKIN TEST	6.03						01/01/09		
40	86510	HISTOPLASMOSIS SKIN TEST	5.52						01/01/17		
40	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/09		
40	86590	STREPTOKINASE, ANTIBODY	7.99						01/01/15		
40	86592	SYPHILIS TEST(S),QUALITATIVE	4.27						01/01/20		
40	86593	SYPHILIS TEST, QUANTITATIVE	4.40						01/01/20		
40	86602	ANTIBODY;	10.18						01/01/20		
40	86603	ANTIBODY;	12.87						01/01/20		
40	86606	ANTIBODY;	15.05						01/01/20		
40	86609	ANTIBODY;	12.88						01/01/20		
40	86611	BARTONELLA ANTIBODY	10.18						01/01/20		
40	86612	ANTIBODY;	12.90						01/01/20		
40	86615	ANTIBODY;	13.19						01/01/20		
40	86617	LYME DISEASE ANTIBODY	15.49						01/01/20		
40	86618	ANTIBODY;	17.03						01/01/20		
40	86619	ANTIBODY;	13.38						01/01/20		
40	86622	ANTIBODY;	8.93						01/01/20		
40	86625	ANTIBODY;	13.12						01/01/20		
40	86628	ANTIBODY;	12.01						01/01/20		
40	86631	ANTIBODY;	11.82						01/01/20		
40	86632	ANTIBODY;	12.68						01/01/20		
40	86635	ANTIBODY;	11.47						01/01/20		
40	86638	ANTIBODY;	12.12						01/01/20		
40	86641	ANTIBODY;	14.41						01/01/20		
40	86644	ANTIBODY;	14.39						01/01/20		
40	86645	ANTIBODY;	16.85						01/01/20		
40	86648	ANTIBODY;	15.21						01/01/20		
40	86651	ANTIBODY;	13.19						01/01/20		
40	86652	ANTIBODY;	13.19						01/01/20		
40	86653	ANTIBODY;	13.19						01/01/20		
40	86654	ANTIBODY;	13.19						01/01/20		
40	86658	ANTIBODY;	13.03						01/01/20		
40	86663	ANTIBODY;	13.12						01/01/20		
40	86664	ANTIBODY;	15.29						01/01/20		
40	86665	ANTIBODY;	18.14						01/01/20		
40	86666	EHRlichia ANTIBODY	10.18						01/01/20		
40	86668	ANTIBODY;	14.63						01/01/15		
40	86671	ANTIBODY;	12.25						01/01/20		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

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				AGE		MED		UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	86674	ANTIBODY;	14.72						01/01/20		
40	86677	ANTIBODY;	16.35						01/01/15		
40	86682	ANTIBODY;	13.01						01/01/20		
40	86684	ANTIBODY;	15.84						01/01/20		
40	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.09						01/01/20		
40	86688	ANTIBODY;	14.00						01/01/20		
40	86689	CONFIRMATORY TEST	19.35						01/01/20		
40	86692	ANTIBODY;	17.16						01/01/20		
40	86694	ANTIBODY;	14.39						01/01/20		
40	86695	ANTIBODY;	13.19						01/01/20		
40	86696	HERPES SIMPLEX TYPE 2	19.35						01/01/20		
40	86698	ANTIBODY;	13.79						01/01/20		
40	86701	ANTIBODY;	8.89						01/01/20		
40	86702	ANTIBODY;	13.52						01/01/20		
40	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	13.71						01/01/20		
40	86704	HEP B CORE AB TEST, IGG & M	12.05						01/01/20		
40	86705	HEP B CORE AB TEST, IGM	11.77						01/01/20		
40	86706	HEPATITIS B SURFACE AB TEST	10.74						01/01/20		
40	86707	HEPATITIS BE AB TEST	11.57						01/01/20		
40	86708	HEP A AB TEST, IGG & M	12.39						01/01/20		
40	86709	HEP A AB TEST, IGM	11.26						01/01/20		
40	86710	ANTIBODY;	13.55						01/01/20		
40	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	17.45						01/01/19		
40	86713	ANTIBODY;	15.30						01/01/20		
40	86717	ANTIBODY;	12.25						01/01/20		
40	86720	ANTIBODY;	16.74						01/01/19		
40	86723	ANTIBODY;	13.19						01/01/20		
40	86727	ANTIBODY;	12.87						01/01/20		
40	86732	ANTIBODY;	15.50						01/01/19		
40	86735	ANTIBODY;	13.05						01/01/20		
40	86738	ANTIBODY;	13.24						01/01/20		
40	86741	ANTIBODY;	13.19						01/01/20		
40	86744	ANTIBODY;	16.52						01/01/19		
40	86747	ANTIBODY;	15.03						01/01/20		
40	86750	ANTIBODY;	13.19						01/01/20		
40	86753	ANTIBODY;	12.39						01/01/20		
40	86756	ANTIBODY;	16.42						01/01/19		
40	86757	RICKETTSIA ANTIBODY	19.35						01/01/20		
40	86759	ANTIBODY;	18.55						01/01/15		
40	86762	ANTIBODY;	14.39						01/01/20		
40	86765	ANTIBODY;	12.88						01/01/20		
40	86768	ANTIBODY;	13.19						01/01/20		
40	86769	ANTIBODY, ... (SARS-COV-2) .. (COVID-19)	32.65						05/12/23		
40	86771	ANTIBODY;	18.55						01/01/15		
40	86774	ANTIBODY;	13.76						01/01/15		
40	86777	ANTIBODY;	14.39						01/01/20		
40	86778	ANTIBODY;	14.41						01/01/20		
40	86780	ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
40	86784	ANTIBODY;	6.53						01/01/15		
40	86787	ANTIBODY;	12.88						01/01/20		

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				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	86788	ANTIBODY; WEST NILE VIRUS, IGM	16.85						01/01/20		
40	86789	ANTIBODY; WEST NILE VIRUS	14.39						01/01/20		
40	86790	ANTIBODY;	12.88						01/01/20		
40	86793	ANTIBODY;	13.19						01/01/20		
40	86794	ZIKA VIRUS, IGM	16.85						01/01/20		
40	86800	THYROGLOBULIN ANTIBODY, RIA	15.91						01/01/20		
40	86803	HEPATITIS C AB TEST	14.27						01/01/20		
40	86804	HEP C AB TEST, CONFIRM	15.49						01/01/20		
40	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	73.53						01/01/15		
40	86806	SEE 86805; WITHOUT TITRATION	47.59						01/01/20		
40	86807	SERUM SCREEN.-PRA;STANDARD METHOD	49.83						01/01/15		
40	86808	SERUM SCREEN.-PRA; QUICK METHOD	29.68						01/01/20		
40	86812	TISSUE TYPING; HLA TYPING, A,	25.81						01/01/20		
40	86813	TISSUE TYPING, HLA TYPING,A,	58.00						01/01/20		
40	86816	TISSUE TYPING, HLA TYPING, DR	30.17						01/01/20		
40	86817	TISSUE TYPING, HLA TYPING, DR	90.54						01/01/15		
40	86821	TISSUE TYPING; LYMPHOCYTE CULT	36.56						01/01/20		
40	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	84.95						01/01/15		
40	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	28.31						01/01/15		
40	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	49.83					X	01/01/15		
40	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	41.74					X	01/01/15		
40	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	98.70					X	01/01/19		
40	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	84.61					X	01/01/19		
40	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	178.42					X	01/01/15		
40	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	162.20					X	01/01/15		
40	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
40	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
40	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X			00/00/00		
40	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.38					X	01/01/16		
40	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	15.08					X	01/01/09		
40	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	45.50					X	01/01/09		
40	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.39					X	01/01/20		
40	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.72					X	01/01/20		
40	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.18					X	01/01/20		
40	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	14.40						01/01/09		
40	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.95						01/01/09		
40	86900	BLOOD TYPING;	2.99						01/01/20		
40	86901	BLOOD TYPING;	2.99						01/01/20		
40	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.37						01/01/15		
40	86904	BLOOD TYPING;	13.37					X	01/01/15		
40	86905	BLOOD TYPING;	3.83					X	01/01/20		
40	86906	BLOOD TYPING;	7.75						01/01/20		
40	86910	BLOOD TYPING;	22.48					X	01/01/09		
40	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.99						01/01/09		
40	86920	COMPATIBILITY TEST EACH UNIT;	53.30						01/01/09		
40	86921	COMPATIBILITY TEST EACH UNIT;	53.30						01/01/09		
40	86922	COMPATIBILITY TEST EACH UNIT;	50.78						01/01/09		
40	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			01/01/06		
40	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.47					X	01/01/09		
40	86930	FROZEN BLOOD, PREPARATION FOR FREEZE	13.49					X	01/01/09		

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				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.49					X	01/01/09		
40	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.49					X	01/01/09		
40	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.77					X	01/01/20		
40	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.11					X	01/01/20		
40	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	49.10					X	01/01/09		
40	86950	LEUKOCYTE TRANSFUSION	45.05						01/01/09		
40	86960	VOL REDUCTION OF BLOOD/PROD	MP			X			01/01/06		
40	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.69						01/01/09		
40	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.86					X	01/01/09		
40	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.56					X	01/01/09		
40	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.86						01/01/09		
40	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.86					X	01/01/09		
40	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.86						01/01/09		
40	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.56					X	01/01/09		
40	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.95					X	01/01/09		
40	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.75					X	01/01/09		
40	86999	IMMUNOLOGY PROCEDURE	47.43			X			07/01/00		
40	87003	SMALL ANIMAL INOCULATION	16.84						01/01/20		
40	87015	SPECIMEN CONCENTRATION	6.68					X	01/01/20		
40	87040	BLOOD CULTURE FOR BACTERIA	10.32					X	01/01/20		
40	87045	STOOL CULTURE FOR BACTERIA	9.44					X	01/01/20		
40	87046	STOOL CULT, BACTERIA, EACH	9.44					X	01/01/20		
40	87070	CULTURE SPECIMEN, BACTERIA	8.62					X	01/01/20		
40	87071	CULTURE BACTERI AEROBIC OTHR	9.89						01/01/20		
40	87073	CULTURE BACTERIA ANAEROBIC	9.66						01/01/20		
40	87075	CULTURE SPECIMEN, BACTERIA	9.47					X	01/01/20		
40	87076	BACTERIA IDENTIFICATION	8.08						01/01/20		
40	87077	CULTURE AEROBIC IDENTIFY	8.08					X	01/01/20		
40	87081	BACTERIA CULTURE SCREEN	6.63						01/01/20		
40	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	12.11						01/01/15		
40	87086	URINE CULTURE, COLONY COUNT	8.07						01/01/20		
40	87088	URINE BACTERIA CULTURE	8.09						01/01/20		
40	87101	SKIN FUNGUS CULTURE	7.71						01/01/20		
40	87102	FUNGUS ISOLATION CULTURE	8.41						01/01/20		
40	87103	CULTURE,FUNGI,ISOLATION; BLOOD	11.91						01/01/15		
40	87106	FUNGUS IDENTIFICATION	10.32						01/01/20		
40	87107	FUNGI IDENTIFICATION, MOLD	10.32						01/01/20		
40	87109	MYCOPLASMA CULTURE	15.39						01/01/20		
40	87110	CULTURE, CHLAMYDIA	19.60						01/01/20		
40	87116	MYCOBACTERIA CULTURE	10.80						01/01/20		
40	87118	MYCOBACTERIA IDENTIFICATION	5.79						01/01/15		
40	87140	CULTURE TYPING, FLUORESCENT	5.57						01/01/20		
40	87143	CULTURE TYPING, GLC METHOD	12.52						01/01/20		
40	87147	CULTURE TYPING, SEROLOGIC	5.18						01/01/20		
40	87149	CULTURE TYPE, NUCLEIC ACID	20.05						01/01/20		
40	87150	CULTURE, TYPING; IDENTIFICATION BY N	35.09						01/01/20		
40	87152	CULTURE TYPE PULSE FIELD GEL	7.36						01/01/15		
40	87153	CULTURE, TYPING; IDENTIFICATION BY N	115.36						01/01/20		
40	87158	CULTURE TYPING, ADDED METHOD	7.36						01/01/15		
40	87164	DARK FIELD EXAMINATION	10.74						01/01/20		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	87166	DARK FIELD EXAMINATION	11.30						01/01/20		
40	87168	MACROSCOPIC EXAM ARTHROPOD	4.27						01/01/20		
40	87169	MACACROSCOPIC EXAM PARASITE	4.31						01/01/20		
40	87172	PINWORM EXAM	4.27						01/01/20		
40	87176	ENDOTOXIN, BACTERIAL	5.88						01/01/20		
40	87177	OVA AND PARASITES SMEARS	8.90					X	01/01/20		
40	87181	ANTIBIOTIC SENSITIVITY, EACH	4.75						01/01/20		
40	87184	ANTIBIOTIC SENSITIVITY, EACH	7.48					X	01/01/20		
40	87185	MICROBE SUSCEPTIBLE, ENZYME	4.75					X	01/01/20		
40	87186	ANTIBIOTIC SENSITIVITY, MIC	8.65						01/01/20		
40	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.57						01/01/15		
40	87188	ANTIBIOTIC SENSITIVITY, EACH	6.64						01/01/20		
40	87190	TB ANTIBIOTIC SENSITIVITY	7.55						01/01/18		
40	87197	SERUM BACTERICIDAL TITER	15.02						01/01/20		
40	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.85						01/01/09		
40	87205	SMEAR, STAIN & INTERPRET	4.27					X	01/01/20		
40	87206	SMEAR, STAIN & INTERPRET	5.39					X	01/01/20		
40	87207	SMEAR, STAIN & INTERPRET	5.99					X	01/01/20		
40	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
40	87210	SMEAR, STAIN & INTERPRET	6.00					X	01/01/15		
40	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
40	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	19.74					X	01/01/20		
40	87250	VIRUS INOCULATION FOR TEST	19.56					X	01/01/20		
40	87252	VIRUS ID; TISSUE CULT. INOCULATION/OBS	26.07						01/01/20		
40	87253	VIRUS ID; TISS. CULT; ADD STDY, @ ISOLAT	20.20					X	01/01/20		
40	87254	VIRUS INOCULATION, SHELL VIA	19.56					X	01/01/20		
40	87255	GENET VIRUS ISOLATE, HSV	33.86						01/01/20		
40	87260	ADENOVIRUS AG, DFA	14.91						01/01/19		
40	87265	PERTUSSIS AG, DFA	11.98						01/01/20		
40	87267	ENTEROVIRUS ANTIBODY, DFA	13.87						01/01/19		
40	87269	GIARDIA AG, IF	14.06						01/01/19		
40	87270	CHYLMD TRACH AG, DFA	11.98						01/01/20		
40	87271	CYTOMEGALOVIRUS DFA	13.87						01/01/19		
40	87272	CRYPTOSPORIDUM AG, DFA	11.98						01/01/20		
40	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
40	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
40	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
40	87276	INFLUENZA AG, DFA	16.61						01/01/18		
40	87278	LEGION PNEUMO AG, DFA	16.12						01/01/18		
40	87279	PARAINFLUENZA, AG, IF	16.86						01/01/15		
40	87280	RESP SYNCYTIAL AG, DFA	13.87						01/01/19		
40	87281	PNEUMOCYSTIS CARINII, AG, IF	11.98						01/01/20		
40	87283	RUBEOLA, AG, IF	16.86						01/01/15		
40	87285	TREPON PALLIDUM AG, DFA	12.18						01/01/20		
40	87290	VARICELLA AG, DFA	13.87						01/01/19		
40	87299	AG DETECTION NOS, DFA	16.64						01/01/18		
40	87300	AG DETECTION, POLYVAL, IF	11.98					X	01/01/20		
40	87301	ADENOVIRUS AG, EIA	11.98						01/01/20		
40	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	11.98						01/01/20		
40	87320	CHYLMD TRACH AG, EIA	15.50						01/01/18		

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			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	87324	CLOSTRIDIUM AG, EIA	11.98						01/01/20		
40	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.87						01/01/19		
40	87328	CRYPTOSPOR AG, EIA	14.28						01/01/19		
40	87329	GIARDIA AG, EIA	11.98						01/01/20		
40	87332	CYTOMEGALOVIRUS AG, EIA	11.98						01/01/20		
40	87335	E COLI 0157 AG, EIA	12.66						01/01/20		
40	87336	ENTAMOEB HIST DISPR, AG, EIA	16.53						01/01/18		
40	87337	ENTAMOEB HIST GROUP, AG, EIA	11.98						01/01/20		
40	87338	HPYLORI, STOOL, EIA	6.52						01/01/15		
40	87339	HPYLORI AG, EIA	16.53						01/01/18		
40	87340	HEPATITIS B SURFACE AG, EIA	10.33						01/01/20		
40	87341	HEPATITIS B SURFACE, AG, EIA	10.33						01/01/20		
40	87350	HEPATITIS B AG, EIA	11.53						01/01/20		
40	87380	HEPATITIS DELTA AG, EIA	17.38						01/01/15		
40	87385	HISTOPLASMA CAPSUL AG, EIA	13.25						01/01/20		
40	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	24.08						01/01/20		
40	87390	HIV-1 AG, EIA	24.81						01/01/15		
40	87391	HIV-2 AG, EIA	22.63						01/01/18		
40	87400	INFLUENZA A/B, AG, EIA	14.60					X	01/01/19		
40	87420	RESP SYNCYTIAL AG, EIA	14.37						01/01/19		
40	87425	ROTAVIRUS AG, EIA	11.98						01/01/20		
40	87426	INF AGT DETECTION BY IMMUNO-COVID-19	32.57						05/12/23		
40	87427	SHIGA-LIKE TOXIN AG, EIA	11.98						01/01/20		
40	87428	INF AGT BY IA;SARSCOV & INFL VIR A&B	23.98						05/12/23		
40	87430	STREP A AG, EIA	16.86						01/01/15		
40	87449	AG DETECT NOS, EIA, MULT	11.98						01/01/20		
40	87451	AG DETECT POLYVAL, EIA, MULT	6.52						01/01/15		
40	87467	MEASUREMENT OF HEPATITIS B SURFACE A	15.55						01/01/23		
40	87468	DETECTION OF ANAPLASMA PHAGOCYTOPHIL	36.26						01/01/23		
40	87469	DETECTION OF BABESIA MICROTIM BY AMP	36.26						01/01/23		
40	87471	BARTONELLA, DNA, AMP PROBE	35.09						01/01/20		
40	87472	BARTONELLA, DNA, QUANT	42.84						01/01/20		
40	87475	LYME DIS, DNA, DIR PROBE	20.05						01/01/20		
40	87476	LYME DIS, DNA, AMP PROBE	35.09						01/01/20		
40	87478	DETECTION OF BABESIA BORRELIA MIYAMO	36.26						01/01/23		
40	87480	CANDIDA, DNA, DIR PROBE	20.05						01/01/20		
40	87481	CANDIDA, DNA, AMP PROBE	35.09						01/01/20		
40	87482	CANDIDA, DNA, QUANT	57.60						01/01/18		
40	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	49.74						01/01/17		
40	87484	DETECTION OF EHRLICHIA CHAFFEENSIS B	36.26						01/01/23		
40	87485	CHYLM D PNEUM, DNA, DIR PROBE	20.05						01/01/20		
40	87486	CHYLM D PNEUM, DNA, AMP PROBE	35.09						01/01/20		
40	87487	CHYLM D PNEUM, DNA, QUANT	42.84						01/01/20		
40	87490	CHYLM D TRACH, DNA, DIR PROBE	23.51						01/01/19		
40	87491	CHYLM D TRACH, DNA, AMP PROBE	35.09					X	01/01/20		
40	87492	CHYLM D TRACH, DNA, QUANT	49.16						01/01/15		
40	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	37.27						01/01/20		
40	87495	CYTOMEG, DNA, DIR PROBE	28.20						01/01/15		
40	87496	CYTOMEG, DNA, AMP PROBE	35.09						01/01/20		
40	87497	CYTOMEG, DNA, QUANT	42.84						01/01/20		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

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COLUMN:

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				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	35.09						01/01/20		
40	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
40	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31						01/01/20		
40	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	98.99						01/01/19		
40	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	29.20						01/01/15		
40	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	128.29						01/01/20		
40	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	271.76						01/01/19		
40	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78						01/01/20		
40	87510	GARDNER VAG, DNA, DIR PROBE	20.05						01/01/20		
40	87511	GARDNER VAG, DNA, AMP PROBE	35.09						01/01/20		
40	87512	GARDNER VAG, DNA, QUANT	41.76						01/01/20		
40	87516	HEPATITIS B , DNA, AMP PROBE	35.09						01/01/20		
40	87517	HEPATITIS B , DNA, QUANT	42.84						01/01/20		
40	87520	HEPATITIS C , RNA, DIR PROBE	28.20						01/01/15		
40	87521	DETECTION TEST FOR HEPATITIS C VIRUS	35.09						01/01/20		
40	87522	DETECTION TEST FOR HEPATITIS C VIRUS	42.84						01/01/20		
40	87523	DETECTION OF HEPATITIS D (DELTA)	44.27						01/01/24		
40	87525	HEPATITIS G , DNA, DIR PROBE	28.20						01/01/15		
40	87526	HEPATITIS G, DNA, AMP PROBE	40.57						01/01/19		
40	87527	HEPATITIS G, DNA, QUANT	41.76						01/01/20		
40	87528	HSV, DNA, DIR PROBE	20.05						01/01/20		
40	87529	HSV, DNA, AMP PROBE	35.09						01/01/20		
40	87530	HSV, DNA, QUANT	42.84						01/01/20		
40	87531	HHV-6, DNA, DIR PROBE	28.20						01/01/15		
40	87532	HHV-6, DNA, AMP PROBE	35.09						01/01/20		
40	87533	HHV-6, DNA, QUANT	41.76						01/01/20		
40	87534	HIV-1, DNA, DIR PROBE	21.92						01/01/20		
40	87535	DETECTION TEST FOR HIV-1 VIRUS	35.09						01/01/20		
40	87536	DETECTION TEST FOR HIV-1 VIRUS	85.10						01/01/20		
40	87537	HIV-2, DNA, DIR PROBE	21.92						01/01/20		
40	87538	DETECTION TEST FOR HIV-2 VIRUS	35.09						01/01/20		
40	87539	DETECTION TEST FOR HIV-2 VIRUS	60.23						01/01/15		
40	87540	LEGION PNEUMO, DNA, DIR PROB	20.05						01/01/20		
40	87541	LEGION PNEUMO, DNA, AMP PROB	35.09						01/01/20		
40	87542	LEGION PNEUMO, DNA, QUANT	41.76						01/01/20		
40	87550	MYCOBACTERIA, DNA, DIR PROBE	20.05						01/01/20		
40	87551	MYCOBACTERIA, DNA, AMP PROBE	49.35						01/01/15		
40	87552	MYCOBACTERIA, DNA, QUANT	42.84						01/01/20		
40	87555	M.TUBERCULO, DNA, DIR PROBE	27.78						01/01/18		
40	87556	M.TUBERCULO, DNA, AMP PROBE	43.07						01/01/19		
40	87557	M.TUBERCULO, DNA, QUANT	42.84						01/01/20		
40	87560	M.AVIUM-INTRA, DNA, DIR PROB	28.20						01/01/15		
40	87561	M.AVIUM-INTRA, DNA, AMP PROB	35.09						01/01/20		
40	87562	M.AVIUM-INTRA, DNA, QUANT	42.84						01/01/20		
40	87563	DETECTION OF MYCOPLASMA GENITALIUM B	36.26						01/01/20		
40	87580	M.PNEUMON, DNA, DIR PROBE	20.05						01/01/20		
40	87581	M.PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
40	87582	M.PNEUMON, DNA, QUANT	58.71						01/01/15		
40	87590	N.GONORRHOEAE, DNA, DIR PROB	27.78						01/01/18		
40	87591	N.GONORRHOEAE, DNA, AMP PROB	35.09					X	01/01/20		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	87592	N.GONORRHOEAE, DNA, QUANT	42.84						01/01/20		
40	87593	INFECTIOUS AGT DETECTION (MONKEYPOX)	38.48	18 99					07/26/22		
40	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
40	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
40	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	41.90						01/01/19		
40	87634	INFECTIOUS AGENT DETECTION BY NUCLEI	70.20						01/01/20		
40	87635	INFECTIOUS AGENT DETECTION-COVID-19	39.76						05/12/23		
40	87636	SARSCOV2 & INF A & B AMP PRB	110.53						05/12/23		
40	87637	SARSCOV2 & INF A & B & RSV AMP PRB	110.53						05/12/23		
40	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
40	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
40	87650	STREP A, DNA, DIR PROBE	20.05						01/01/20		
40	87651	STREP A, DNA, AMP PROBE	35.09						01/01/20		
40	87652	STREP A, DNA, QUANT	41.76						01/01/20		
40	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
40	87660	TRICHOMONAS VAGIN, DIR PROBE	20.05				F		01/01/20		
40	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
40	87662	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31					X	01/01/20		
40	87797	DETECT AGENT NOS, DNA, DIR	28.20						01/01/15		
40	87798	DETECT AGENT NOS, DNA, AMP	35.09						01/01/20		
40	87799	DETECT AGENT NOS, DNA, QUANT	13.55						02/01/12		
40	87800	DETECT AGNT MULT, DNA, DIREC	43.67						01/01/20		
40	87801	DETECT AGNT MULT, DNA, AMPLI	70.20						01/01/20		
40	87802	STREP B ASSAY W/OPTIC	12.73						01/01/20		
40	87803	CLOSTRIDIUM TOXIN A W/OPTIC	16.53						01/01/18		
40	87804	AGENT NOS ASSAY W/OPTIC	16.86					X	01/01/15		
40	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	31.62						01/01/15		
40	87807	RSV ASSAY W/OPTIC	13.10						01/01/20		
40	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.80				F		01/01/18		
40	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86						01/01/15		
40	87810	CHYLM D TRACH ASSAY W/OPTIC	16.86						01/01/15		
40	87811	SARS-COV-2 COVID 19 W/OPTIC	32.07						05/12/23		
40	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.86						01/01/15		
40	87880	STREP A ASSAY W/OPTIC	16.86						01/01/15		
40	87899	AGENT NOS ASSAY W/OPTIC	16.61						01/01/18		
40	87900	PHENOTYPE, INFECT AGENT DRUG	130.35						01/01/20		
40	87901	GENOTYPE, DNA, HIV REVERSE T	257.45						01/01/20		
40	87902	GENOTYPE, DNA, HEPATITIS C	257.45						01/01/20		
40	87903	PHENOTYPE, DNA HIV W/CULTURE	488.66						01/01/20		
40	87904	PHENOTYPE, DNA HIV W/CLT ADD	26.07						01/01/20		
40	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22						01/01/20		
40	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	128.73						01/01/20		
40	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
40	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
40	87913	NFCT AGT GNTYP ALYS SARSCOV2	199.52						05/12/23		
40	87999	MICROBIOLOGY PROCEDURE	MP				X		00/00/00		
40	88104	CYTOPATHOLOGY	55.68						01/01/09		
40	88106	CYTOPATHOLOGY	56.20						01/01/21		
40	88108	CYTOPATHOLOGY, FLUIDS, WASHING	54.14						01/01/21		
40	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	57.32	10 59			F		01/01/21		

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				AGE		MED		UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION	MP						01/01/11		
40	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	MP						01/01/11		
40	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	MP						01/01/11		
40	88125	FORENSIC CYTOPATHOLOGY	19.84						01/01/09		
40	88130	SEX CHROMATIN IDENTIFICATION	17.98						01/01/20		
40	88140	SEX CHROMATIN IDENTIFICATION	7.99						01/01/20		
40	88141	CYTOPATH CERV/VAG INTERPRET	18.99	21	99				01/01/21		
40	88142	CYTOPATH CERV/VAG THIN LAYER	20.26	21	99				01/01/20		
40	88143	CYTPATH C/VAG T/LAYER REDO	19.34	21	99				01/01/15		
40	88147	CYTPATH C/VAG AUTOMATED	14.86	21	99				01/01/15		
40	88148	CYTPATH C/VAG AUTO RESCREEN	14.86	21	99				01/01/15		
40	88150	CYTOPATHOLOGY, PAP SMEAR	14.38	21	99		F		01/01/15		
40	88152	CYTOPATH CERV/VAG AUTO	14.38	21	99				01/01/15		
40	88153	CYTPATH C/VAG REDO	14.38	21	99				01/01/15		
40	88155	CYTOPATHOLOGY, PAP SMEAR	8.42	21	99		F		01/01/15		
40	88160	CYTOPATHOLOGY	47.19						01/01/09		
40	88161	CYTOPATHOLOGY; ANY OTHER SOURCE	49.09						01/01/09		
40	88162	CYTOPATHOLOGY; ANY OTHER SOURCE	71.14						01/01/09		
40	88164	CYTPATH TBS C/VAG MANUAL	14.38	21	99				01/01/15		
40	88165	CYTPATH TBS C/VAG REDO	14.38	21	99				01/01/15		
40	88166	CYTPATH TBS C/VAG AUTO REDO	14.38	21	99				01/01/15		
40	88167	CYTPATH TBS C/VAG SELECT	14.38	21	99				01/01/15		
40	88172	EVALUATION OF FINE NEEDLE ASPIR	47.53						01/01/21		
40	88173	EVALUATION OF FINE NEEDLE ASPIR	121.73						01/01/09		
40	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	20.52	21	99		F		01/01/15		
40	88175	CYTOPATHOLOGY, WITH SCREENING	25.87	21	99		F		01/01/15		
40	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	MP						01/01/11		
40	88182	FLOW CYTOMETRY; CELL CYCLE OR	92.09						01/01/09		
40	88184	FLOWCYTOMETRY/ TC, 1 MARKER	54.87						01/01/17		
40	88185	FLOWCYTOMETRY/TC, ADD-ON	19.31					X	01/01/22		
40	88187	FLOWCYTOMETRY/READ, 2-8	MP			X			01/01/05		
40	88188	FLOWCYTOMETRY/READ, 9-15	MP			X			01/01/05		
40	88189	FLOWCYTOMETRY/READ, 16 & >	MP			X			01/01/05		
40	88199	CYTOPATHOLOGY PROCEDURE	MP			X			00/00/00		
40	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	89.87						01/01/15		
40	88233	TISS CULT,CHROM ANAL;SKIN/OTHER BX	89.87						01/01/15		
40	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	89.87						01/01/15		
40	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	89.87						01/01/15		
40	88239	TISS CULT,CHROM ANAL;OTHER TISSUE	89.87						01/01/15		
40	88240	CELL CRYOPRESERVE/STORAGE	13.51						01/01/18		
40	88241	FROZEN CELL PREPARATION	12.49						01/01/19		
40	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	89.87						01/01/15		
40	88248	CHROM ANAL/BREAKAGE SYND+100 CELLS..	173.17						01/01/20		
40	88249	CHROMOSOME ANALYSIS, 100	173.17						01/01/20		
40	88261	CHROMOSOME COUNT: 1-4 CELLS	248.53						01/01/15		
40	88262	CHROMOSOME COUNT: 1-20 CELLS	125.49						01/01/20		
40	88263	CHROM ANAL;45 CELLS-MOSAICISM,.....	89.87						01/01/15		
40	88264	CHROMOSOME ANALYSIS, 20-25	149.43						01/01/19		
40	88267	CHROMOSOME COUNT: AMNIOTIC	188.57						01/01/20		
40	88269	CHROM ANAL;IN SITU AMNIOTIC FLUID...	173.66						01/01/20		
40	88271	CYTOGENETICS, DNA PROBE	21.42						01/01/20		

SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE	PA	MED	SEX	UVS	EFFECT	X-	SPEC
			FEE	MIN-MAX		REV		>001	DATE	OVERS	IND
TS	CODE	DESCRIPTION									
40	88272	CYTOGENETICS, 3-5	37.65						01/01/15		
40	88273	CYTOGENETICS, 10-30	34.81						01/01/20		
40	88274	CYTOGENETICS, 25-99	43.79						01/01/19		
40	88275	CYTOGENETICS, 100-300	52.90						01/01/18		
40	88280	CHROMOSOME COUNT: ADDITIONAL	34.59						01/01/18		
40	88283	CHROM ANAL;ADD SPEC BANDING TECH	39.24						01/01/15		
40	88285	CHROMOSOME COUNT: ADDITIONAL	26.72						01/01/15		
40	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	34.43						01/01/20		
40	88299	CYTOGENETIC STUDY	5.46			X			07/01/00		
40	88300	SURGICAL PATHOLOGY, GROSS	13.52					X	01/01/21		
40	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					X	01/01/21		
40	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	35.41					X	01/01/21		
40	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	60.71					X	01/01/21		
40	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.46						01/01/09		
40	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.62						01/01/09		
40	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.90						01/01/09		
40	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.21						01/01/09		
40	88313	SPECIAL STAIN INCLUDING INTERPRETATI	63.77						01/01/09		
40	88314	SPECIAL STAIN INCLUDING INTERPRETATI	72.40						01/01/17		
40	88321	MICROSLIDE CONSULTATION	83.83						01/01/09		
40	88323	MICROSLIDE CONSULTATION	98.80						01/01/21		
40	88325	COMPREHENSIVE REVIEW OF DATA	145.04						01/01/21		
40	88329	CONSULTATION DURING SURGERY	45.71					X	01/01/09		
40	88331	CONSULTATION DURING SURGERY	83.18					X	01/01/09		
40	88332	PATHOLOGY CONSULTATION DURING SURGER	37.45						01/01/09		
40	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	46.40					X	01/01/15		
40	88342	IMMUNOCYTOCHEMISTRY (INCLUDING	89.39					X	01/01/21		
40	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	80.28						01/01/15		
40	88346	IMMUNOFLUORESCENCE PER SPEC; INITIAL	98.09						01/01/21		
40	88348	ELECTRON MICROSCOPY	318.68						01/01/17		
40	88350	IMMUNOFLUORESCENCE, PER SPECIMEN; E	74.54					X	01/01/21		
40	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			X			01/01/05		
40	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	105.39						01/01/21		
40	88363	EXAMINATION AND SELECTION OF RETRIEV	MP						01/01/11		
40	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	66.47						01/01/15		
40	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.84					X	01/01/09		
40	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	103.35						01/01/15		
40	88367	INSITU HYBRIDIZATION, AUTO	98.24						01/01/21		
40	88368	INSITU HYBRIDIZATION, MANUAL	108.84						01/01/17		
40	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	50.78						01/01/15		
40	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.23						01/01/20		
40	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	27.09					X	01/01/19		
40	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	41.67						01/01/15		
40	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	139.04						01/01/15		
40	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	146.66						01/01/15		
40	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.28						01/01/10		
40	88388	MACROSCOPIC EXAMINATION, DISSECTION,	17.68						01/01/10		
40	88399	SURGICAL PATHOLOGY PROCEDURE	MP			X			00/00/00		
40	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.89						01/01/15		
40	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.89						01/01/15		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
 FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
40	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.89						01/01/15		
40	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.89						01/01/15		
40	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP			X			01/01/11		
40	89050	BODY FLUID CELL COUNT	4.72					X	01/01/20		
40	89051	BODY FLUID CELL COUNT	5.60					X	01/01/20		
40	89055	LEUKOCYTE ASSESSMENT, FECAL	4.27						01/01/20		
40	89060	CRYSTAL IDENTIFICATION BY COMP	7.33						01/01/20		
40	89125	SPECIMEN FAT STAIN	6.08					X	01/01/15		
40	89160	EXAM FECES FOR MEAT FIBERS	5.01						01/01/18		
40	89190	NASAL SMEAR FOR EOSINOPHILS	5.98						01/01/19		
40	89220	SPUTUM SPECIMEN COLLECTION	12.99						01/01/09		
40	89230	COLLECT SWEAT FOR TEST	2.12						01/01/21		
40	89240	PATHOLOGY LAB PROCEDURE	MP			X			01/01/04		
40	91304	NOVAVAX COVID-19 VACCINE, ADJUVANTED	148.20	12 99					10/03/23		

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
SOLE COMMUNITY HOSPITAL LAB SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS FROM JANUARY 1, 2024 THROUGH DECEMBER 31, 2024

REPORT NO: RF-0-76SC

PAGE: 27

COLUMN:

1	2	3
TS	CODE	DESCRIPTION

4	5	6	7	8	9	10	11	12
	AGE		MED		UVS	EFFECT	X-	SPEC
FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND