

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	G0202	SCREENING MAMMOGRAPH, DIGITAL, BILATER	CCR	40 99		F		
30	G0204	DIAGNOSTIC MAMMOGRAPHY, DIGITAL, BILAT	CCR			F		
30	G0206	DIAGNOSTIC MAMMOGRAPHY, DIGITAL, UNILA	CCR			F		
30	G0378	HOSPITAL OBSERVATION PER HR	CCR				X	
30	G0379	DIRECT REFER HOSPITAL OBSERV	CCR				X	
30	HR250	PHARMACY, GENERAL CLASSIFICATION	CCR				X	
30	HR251	PHARMACY, GENERIC DRUGS	CCR				X	
30	HR252	PHARMACY, NON-GENERIC DRUGS	CCR				X	
30	HR258	PHARMACY, IV SOLUTIONS	CCR				X	
30	HR259	PHARMACY, OTHER PHARMACY	CCR				X	
30	HR260	IV THERAPY	CCR				X	
30	HR261	INFUSION PUMP	CCR				X	
30	HR269	OTHER IV THERAPY	CCR				X	
30	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR				X	
30	HR271	NON STERILE SUPPLY	CCR				X	
30	HR272	STERILE SUPPLY	CCR				X	
30	HR273	TAKE HOME SUPPLIES	CCR				X	
30	HR274	PROSTHETIC DEVICES	CCR				X	
30	HR275	PACEMAKER	CCR				X	
30	HR278	OTHER IMPLANTS	CCR				X	
30	HR279	OTHER SUPPLIES DEVICES	CCR				X	
30	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR				X	
30	HR289	OTHER ONCOLOGY	CCR				X	
30	HR300	LABORATORY-GEN CLASSIFICATION	HCPC				X	
30	HR301	LAB/CHEMISTRY	HCPC				X	
30	HR302	LAB/IMMUNOLOGY	HCPC				X	
30	HR303	LAB/RENAL PATIENT (HOME)	HCPC				X	
30	HR304	LAB NON ROUTINE DIALYSIS	HCPC				X	
30	HR305	LAB HEMATOLOGY	HCPC				X	
30	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC				X	
30	HR307	LABORATORY-UROLOGY	HCPC				X	
30	HR309	LABORATORY-OTHER LABORATORY	HCPC				X	
30	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC				X	
30	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC				X	
30	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC				X	
30	HR314	LAB PATHOLOGY/BIOPSY	HCPC				X	
30	HR319	LAB PATHOLOGY OTHER	HCPC				X	
30	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR				X	
30	HR321	ANGIOCARDIOLOGY	CCR				X	
30	HR324	CHEST X-RAY	CCR				X	
30	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR				X	
30	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR				X	
30	HR331	CHEMOTHERAPY-INJECTED	CCR				X	
30	HR332	CHEMOTHERAPY-ORAL	CCR				X	
30	HR333	RADIATION THERAPY	CCR				X	
30	HR335	CHEMOTHERAPY IV	CCR				X	
30	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR				X	
30	HR340	NUCLEAR MEDICINE GENERAL	CCR				X	
30	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR				X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR				X	
30	HR349	NUCLEAR MEDICINE OTHER	CCR				X	
30	HR350	CT SCAN GENERAL CLASSIFICATION	CCR				X	
30	HR351	CT SCAN-HEAD	CCR				X	
30	HR352	CT SCAN-BODY	CCR				X	
30	HR359	OTHER CT SCANS	CCR				X	
30	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR				X	
30	HR370	ANESTHESIA GENERAL	CCR				X	
30	HR379	OTHER ANESTHESIA	CCR				X	
30	HR380	BLOOD GENERAL CLASSIFICATION	CCR				X	
30	HR381	PACKED RED CELLS	CCR				X	
30	HR382	WHOLE BLOOD	CCR				X	
30	HR383	PLASMA	CCR				X	
30	HR384	PLATELETS	CCR				X	
30	HR385	BLOOD/LEUKOCYTES	CCR				X	
30	HR386	BLOOD OTHER COMPONENTS	CCR				X	
30	HR387	BLOOD-OTHER DERIVATIVES	CCR				X	
30	HR389	OTHER BLOOD	CCR				X	
30	HR390	BLOOD STORAGE-PROCESSING G C	CCR				X	
30	HR391	BLOOD ADMINISTRATRIION	CCR				X	
30	HR392	BLOOD PROCESSING STORAGE	CCR				X	
30	HR399	OTHER BLOOD HANDLING	CCR				X	
30	HR400	OTHER IMAGING SERVICES	CCR				X	
30	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR				X	
30	HR402	ULTRASOUND	CCR				X	
30	HR403	SCREENING MAMMOGRAPHY	CCR	40 99		F	X	
30	HR409	OTHER IMAGING SERVICES	CCR				X	
30	HR410	RESPIRATORY SERVICES GEN CLASS	CCR				X	
30	HR412	INHALATION SERVICES	CCR				X	
30	HR413	HYPERBARIC OXYGEN THERAPY	CCR				X	
30	HR419	OTHER RESPIRATORY SERVICES	CCR				X	
30	HR420	PHYSICAL THERAPY GENERAL	HCPC			X	X	
30	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC			X	X	
30	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC			X	X	
30	HR424	PT EVALUTION/RE-EVALUATION	HCPC				X	
30	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC			X	X	
30	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC			X	X	
30	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC			X	X	
30	HR434	OT EVALUATION/RE-EVALUATION	HCPC				X	
30	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC			X	X	
30	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC			X	X	
30	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC			X	X	
30	HR444	S/L EVALUATION/RE-EVALUATION	HCPC				X	
30	HR450	EMERGENCY ROOM-GENERAL	CCR				X	
30	HR459	OTHER EMERGENCY ROOM	CCR				X	
30	HR460	PULMONARY FUNCTION-GENERAL	CCR				X	
30	HR469	OTHER PULMONARY	CCR				X	
30	HR470	AUDIOLOGY-GENERAL	CCR				X	
30	HR471	AUDIOLGY-DIAGNOSTIC	CCR				X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
			FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	HR472	AUDIOLOGY-TREATMENT	CCR				X	
30	HR479	OTHER AUDIOLOGY	CCR				X	
30	HR480	CARDIOLOGY-GENERAL	CCR				X	
30	HR481	CARDIAC CATH LAB	CCR				X	
30	HR482	STRESS TEST	CCR				X	
30	HR489	OTHER CARDIOLOGY	CCR				X	
30	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC				X	
30	HR510	CLINIC-GENERAL	HCPC				X	
30	HR514	OB-GYN CLINIC	HCPC				X	
30	HR515	PEDIATRIC CLINIC	HCPC				X	
30	HR517	FAMILY PRACTICE CLINIC	HCPC				X	
30	HR519	OTHER CLINIC	HCPC				X	
30	HR540	AMBULANCE-GENERAL	CCR				X	
30	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR				X	
30	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR				X	
30	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR				X	
30	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR				X	
30	HR636	DRUGS REQUIRING DETAILED CODING	CCR				X	
30	HR700	CAST ROOM	CCR				X	
30	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR				X	
30	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR				X	
30	HR731	HOLTER MONITOR	CCR				X	
30	HR732	TELEMETRY	CCR				X	
30	HR739	OTHER EKG/ECG	CCR				X	
30	HR740	EEG-GENERAL CLASSIFICATION	CCR				X	
30	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR				X	
30	HR761	TREATMENT RM	CCR				X	
30	HR762	OBSERVATION ROOM	CCR				X	
30	HR771	VACCINE ADMINISTRATION	HCPC					
30	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR				X	
30	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR				X	
30	HR821	HEMODIALYSIS/COMPOSITE	CCR				X	
30	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR				X	
30	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR				X	
30	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR				X	
30	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR				X	
30	HR829	OTHER OP HEMODIALYSIS	CCR				X	
30	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR				X	
30	HR831	PERITONEAL/COMPOSITE RATE	CCR				X	
30	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR				X	
30	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR				X	
30	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR				X	
30	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR				X	
30	HR840	CAPD-HOME/OP GEN CLASS	CCR				X	
30	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR				X	
30	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR				X	
30	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR				X	
30	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR				X	
30	HR880	MISC DIALYSIS GEN CLASS	CCR				X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR				X	
30	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR				X	
30	HR921	PERIPHERAL VASCULAR LAB	CCR				X	
30	HR922	ELECTROMYELGRAM	CCR				X	
30	HR923	PAP SMEAR	CCR				X	
30	HR924	ALLERGY TEST	CCR				X	
30	HR925	PREGNANCY TEST	CCR				X	
30	HR929	OTHER DIAGNOSTIC SERVICE	CCR				X	
30	P9612	CATHEETERIZE FOR URINE SPECIMEN	2.48					02/04/10
30	10021	FNA W/O IMAGE	CCR					
30	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	CCR					
30	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR				X	
30	11040	DEBRIDE SKIN,PARTIAL THICKNESS	CCR				X	
30	11055	TRIM SKIN LESION	CCR					
30	11056	TRIM 2 TO 4 SKIN LESIONS	CCR					
30	11057	TRIM OVER 4 SKIN LESIONS	CCR					
30	11100	BIOPSY OF SINGLE LESION	CCR			X		
30	11101	IOPSY OF SKIN,EACH ADD LESION	CCR				X	
30	11200	EXCISE UP TO 15 SKIN TAGS	CCR					
30	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR				X	
30	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR					
30	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR			X	X	
30	11620	EXCISE MALIGNANCY TO 0.5CM	CCR			X	X	
30	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR			X	X	
30	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			X	X	
30	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			X	X	
30	11719	TRIM NAIL(S)	CCR					
30	11720	DEBRIDE NAIL, 1-5	CCR			X		
30	11721	DEBRIDE NAIL, 6 OR MORE	CCR			X		
30	11730	SIMPLE REMOVAL OF NAIL PLATE	CCR			X		
30	11732	REMOVE ADDITIONAL NAIL PLATES	CCR			X	X	
30	11740	EVACUATE HEMATOMA UNDER NAIL	CCR			X	X	
30	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR			X	X	
30	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR			X	X	
30	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	CCR				X	
30	11900	INTRALESIONAL INJECTION; UP TO 7	CCR					
30	11901	INTRALESIONAL INJECTION; OVER 7	CCR					
30	11975	INSERTION OR REINSERTION, IMPLANTABL	CCR	10 60		F		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10 60		F		
30	11977	REMOVAL WITH REINSERTION, IMPLANTABL	CCR	10 60		F		
30	11980	IMPLANT HORMONE PELLET(S)	CCR			F		
30	11981	INSERT DRUG IMPLANT DEVICE	CCR					
30	11982	REMOVE DRUG IMPLANT DEVICE	CCR					
30	11983	REMOVE/INSERT DRUG IMPLANT	CCR					
30	15002	WOUND PREP, TRK/ARM/LEG	CCR					
30	15003	SURGICAL PREPARATION OR CREATION +	CCR				X	
30	15004	WOUND PREP, F/N/HF/G	CCR					
30	15005	SURGICAL PREPARATION OR CREATION +	CCR				X	
30	15170	ACELL GRAFT TRUNK/ARMS/LEGS	CCR					
30	15171	ACELL GRAFT T/ARM/LEG ADD-ON	CCR				X	
30	15175	ACELLULAR GRAFT, F/N/HF/G	CCR					
30	15176	ACELL GRAFT, F/N/HF/G ADD-ON	CCR				X	
30	15340	APPLY CULT SKIN SUBSTITUTE	CCR					
30	15341	APPLY CULT SKIN SUB ADD-ON	CCR				X	
30	15360	APPLY CULT DERM SUB, T/A/L	CCR					
30	15361	APLY CULT DERM SUB T/A/L ADD	CCR				X	
30	15365	APPLY CULT DERM SUB F/N/HF/G	CCR					
30	15366	APPLY CULT DERM F/HF/G ADD	CCR				X	
30	15731	FOREHEAD FLAP WITH PRESERVATION OF V	CCR					
30	15756	FREE MUSCLE FLAP, MICROVASC	CCR					
30	15757	FREE SKIN FLAP, MICROVASC	CCR					
30	15758	FREE FASCIAL FLAP, MICROVASC	CCR					
30	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	CCR			X		
30	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	CCR			X		
30	16000	INIT TREAT 1ST DEGREE BURN	CCR					
30	17000	DESTROY LESION,FACE-1 LESION	CCR					
30	17003	DESTROY 2-14 LESIONS	CCR				X	
30	17004	DESTROY 15 & MORE LESIONS	CCR					
30	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	CCR					
30	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	CCR					
30	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	CCR					
30	17111	DESTRUCT LESION, 15 OR MORE	CCR					
30	17250	CHEMICAL CAUTERY OF WOUND	CCR					
30	17260	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17261	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17262	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17263	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17264	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17266	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17270	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17271	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17272	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17273	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17274	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17276	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17280	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17281	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	17282	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17283	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17284	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17286	DESTRUCTION, MALIGNANT LESION, ANY M	CCR					
30	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR					
30	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR					
30	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR					
30	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR					
30	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR					
30	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	CCR			X		
30	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	CCR					
30	19260	EXCISE CHEST WALL TUMOR/RIBS	CCR					
30	19271	EXC CH TUMOR/RIBS PLAST RECONST	CCR					
30	19272	EXC CH TUMOR/MEDIAST LYMPHADECT	CCR					
30	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	CCR					
30	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	CCR					
30	19364	RECONSTRUCTION BREAST-FREE FLAP	CCR				F	
30	19367	BREAST RECONSTRUCTION	CCR				F	
30	19368	BREAST RECONSTRUCTION	CCR				F	
30	19369	BREAST RECONSTRUCTION	CCR				F	
30	19440	NIPPLE EXPLORATION, W-W/O EXCISION	CCR					
30	20150	EXCISE EPIPHYSEAL BAR	CCR					
30	20526	THER INJECTION CARPAL TUNNEL	CCR					
30	20550	INJECT TENDON SHEATH/LIGAMENT	CCR				X	
30	20551	INJECT TENDON ORIGIN/INSERT	CCR					
30	20552	INJECT TRIGGER POINT, 1 OR 2	CCR					
30	20553	INJECT TRIGGER POINTS, > 3	CCR					
30	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR					
30	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	CCR					
30	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	CCR				X	
30	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	CCR				X	
30	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	CCR				X	
30	20696	APPLICATION OF MULTIPLANE (PINS OR W	CCR					
30	20697	APPLICATION OF MULTIPLANE (PINS OR W	CCR					
30	20802	REPLANTATION, ARM, COMPLETE	CCR					
30	20805	REPLANT FOREARM-COMPLETE AMPUTATION	CCR					
30	20808	REPLANT HAND; COMPLETE AMPUTATION	CCR					
30	20816	REPLANT DIGIT, TOTAL AMPUTATION	CCR					
30	20822	REPLANT DIGIT, EXCLUDE THUMB COMP AMP	CCR				X	
30	20824	REPLANT THUMB, COMPLETE AMPUTATION	CCR					
30	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	CCR					
30	20838	REPLANT FOOT; TOTAL AMPUTATION	CCR					
30	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	CCR			X		
30	20956	ILIAC BONE GRAFT, MICROVASC	CCR					
30	20957	MT BONE GRAFT, MICROVASC	CCR					
30	20962	BONE GRAFT/MICROVAS ANAS.-OTHER, SPEC	CCR			X		
30	20963	SPINAL BONE AUTOGRAFT	CCR				X	
30	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	CCR			X		
30	20970	FREE OSTEOCUTAN FLAP...; ILIAC CREST	CCR			X		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	20972	FREE OSTEOCUTAN FLAP.;METATARSAL	CCR		X			
30	20973	FREE OSTEOCUTAN FLAP.;GREAT TOE/WEB	CCR		X			
30	20979	US BONE STIMULATION	CCR					
30	20982	ABLATE, BONE TUMOR(S) PERQ	CCR					
30	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	CCR					
30	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	CCR					
30	21076	PREPARE FACE/ORAL PROSTHESIS	CCR					
30	21077	PREPARE FACE/ORAL PROSTHESIS	CCR					
30	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	CCR					
30	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	CCR					
30	21081	IMPRESS & CUST PREP MAND RESECT PROS	CCR					
30	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	CCR					
30	21083	IMPRESS & CUST PREP PALAT LIFT PROST	CCR					
30	21084	IMPRESS & CUST PREP SPEECH AID PROST	CCR					
30	21085	IMPRES & CUST PREP ORAL SURG SPLINT	CCR					
30	21086	IMPRESS & CUST PREP AURICULAR PROSTH	CCR					
30	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	CCR					
30	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	CCR					
30	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	CCR					
30	21141	RECONSTRUCT MIDFACE, LEFORT	CCR					
30	21142	RECONSTRUCT MIDFACE, LEFORT	CCR					
30	21143	RECONSTRUCT MIDFACE, LEFORT	CCR					
30	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	CCR					
30	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	CCR					
30	21147	RECONSTR MIDFACE,3 OR MORE PIECES	CCR					
30	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	CCR					
30	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	CCR					
30	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	CCR					
30	21155	RECONSTR MIDFACE III W/LEFORT I	CCR					
30	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	CCR					
30	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	CCR					
30	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	CCR					
30	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	CCR					
30	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	CCR					
30	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	CCR					
30	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	CCR					
30	21194	RECONSTR MAND RAMUS W/BONE GRAFT	CCR					
30	21195	RECONST MAND RAMUS W/O RIGID FIX	CCR					
30	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	CCR					
30	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	CCR					
30	21199	RECONSTR LWR JAW W/ADVANCE	CCR					
30	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	CCR					
30	21360	TREAT DEPRESSED MALAR FRACTURE	CCR			X		
30	21365	TREAT COMPLICATED FX MALAR AREA	CCR					
30	21366	OPEN TREATMENT OF COMPLICATED (EG, C	CCR					
30	21495	OPEN TREATMENT HYOIDFRACTURE	CCR					
30	21685	HYOID MYOTOMY & SUSPENSION	CCR					
30	21740	RECONSTRUCT PECTUS EXCAVATUM	CCR					
30	21742	REPAIR STERN/NUSS W/O SCOPE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	21743	REPAIR STERNUM/NUSS W/SCOPE	CCR					
30	22015	I&D, P-SPINE, L/S/LS	CCR					
30	22102	RESECT VERTEBRA,LUMBAR	CCR					
30	22103	REMOVE EXTRA SPINE SEGMENT	CCR					
30	22110	EXCISE CERVICAL VERTEBRA	CCR					
30	22112	EXCISE THORACIC VERTEBRA	CCR					
30	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	CCR					
30	22116	REMOVE EXTRA SPINE SEGMENT	CCR					
30	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	CCR					
30	22210	OSTEOTOMY, SPINE,CORR DEFORM;CERVICAL	CCR					
30	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR					
30	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR					
30	22216	REVISE, EXTRA SPINE SEGMENT	CCR					
30	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	CCR					
30	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR					
30	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	CCR					
30	22226	REVISE, EXTRA SPINE SEGMENT	CCR					
30	22318	TREAT ODONTOID FX W/O GRAFT	CCR					
30	22319	TREAT ODONTOID FX W/GRAFT	CCR					
30	22325	OPEN TX VRT FX/DISLOC.;LUMBAR,EACH	CCR					
30	22326	OPEN TX VRT FX/DISLOC.;CERVICAL,EACH	CCR					
30	22327	OPEN TX VRT FX/DISLOC.;THORACIC,EACH	CCR					
30	22328	REPAIR EACH ADD SPINE FX	CCR					
30	22523	PERCUT KYPHOPLASTY, THOR	CCR					
30	22524	PERCUT KYPHOPLASTY, LUMBAR	CCR					
30	22525	PERCUT KYPHOPLASTY, ADD-ON	CCR				X	
30	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	CCR					
30	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	CCR					
30	22532	LAT THORAX SPINE FUSION	CCR					
30	22533	LAT LUMBAR SPINE FUSION	CCR					
30	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	CCR				X	
30	22548	ARTHRODESIS,W/BONE GRAFT	CCR					
30	22556	ARTHRODESIS;THORACIC,BONE/BONE ALLOG	CCR					
30	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	CCR					
30	22585	ARTHRODESIS-EACH ADD.INTERSPACE	CCR				X	
30	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	CCR					
30	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	CCR					
30	22600	ARTHRODESIS,POST.TECH.,BELOW C1	CCR					
30	22610	ARTHRODESIS,LOC/BONE ALLO.;THORACIC	CCR					
30	22612	ARTHRODESIS,LOC/BONE ALLO.;LUMBAR	CCR					
30	22614	SPINE FUSION, EXTRA SEGMENT	CCR				X	
30	22630	ARTHRODESIS,LOC/BONE ALLO...LUMBAR	CCR					
30	22632	SPINE FUSION, EXTRA SEGMENT	CCR					
30	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	CCR					
30	22802	FUSE PRIMARY 7/MORE VERTEBRAE	CCR					
30	22804	FUSION OF SPINE	CCR					
30	22808	FUSION OF SPINE	CCR					
30	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	CCR					
30	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	CCR					



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	22818	KYPHECTOMY, 1-2 SEGMENTS	CCR					
30	22819	KYPHECTOMY, 3 & MORE SEGMENT	CCR					
30	22830	EXPLORE SPINAL FUSION	CCR					
30	22840	POSTERIOR INSTRU(NO SEG FIX)	CCR					
30	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	CCR					
30	22843	INSERT SPINE FIXATION DEVICE	CCR					
30	22844	INSERT SPINE FIXATION DEVICE	CCR					
30	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	CCR					
30	22846	INSERT SPINE FIXATION DEVICE	CCR					
30	22847	INSERT SPINE FIXATION DEVICE	CCR					
30	22848	INSERT PELVIC FIXATIONDEVICE	CCR					
30	22849	REINSERT SPINAL FIXATION DEVICE	CCR					
30	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	CCR					
30	22851	APPLY SPINE PROSTH DEVICE	CCR					
30	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	CCR					
30	22855	REMOVE ANTERIOR INSTRUMENTATION	CCR					
30	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR					
30	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR					
30	22861	REVISION INCLUDING REPLACEMENT OF TO	CCR					
30	22862	REVISION INCLUDING REPLACEMENT OF TO	CCR					
30	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR					
30	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR					
30	23015	EXC BENIGN SHOULDER TUMOR SUBCU	CCR					
30	23065	BIOPSY SHOULDER SUPERFICIAL	CCR					
30	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	CCR					
30	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	CCR					
30	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	CCR					
30	23332	REMOVE FOREIGN,TOTAL SHOULDER,COMPLI	CCR					
30	23350	INJECTION FOR SHOULDER X-RAY	CCR					
30	23456	REPAIR SHOULDER CAPSULE	CCR					
30	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	CCR					
30	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	CCR					
30	23524	TRT CLSD ACROMIOCLAV DISLOC W/O MANI	CCR					
30	23900	AMPUTATION OF ARM & GIRDLE	CCR					
30	23920	AMPUTATION AT SHOULDER JOINT	CCR					
30	24065	BIOPSY ARM/ELBOW SOFT TISSUE	CCR					
30	24149	RADICAL RESECTION OF ELBOW	CCR					
30	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	CCR					
30	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	CCR					
30	24165	REMOVE RADIUS HEAD IMPLANT	CCR					
30	24220	INJECTION FOR ELBOW X-RAY	CCR					
30	24300	MANIPULATE ELBOW W/ANESTH	CCR					
30	24332	TENOLYSIS, TRICEPS	CCR					
30	24343	REPR ELBOW LAT LIGMNT W/TISS	CCR					
30	24344	RECONSTRUCT ELBOW LAT LIGMNT	CCR					
30	24346	RECONSTRUCT ELBOW MED LIGMNT	CCR					
30	24357	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	CCR					
30	24358	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	CCR					
30	24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	CCR					
30	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	CCR					
30	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	CCR					
30	24930	REAMPUTATION UPPER ARM	CCR					
30	24931	AMPUTATE UPPER ARM & IMPLANT	CCR					
30	24935	STUMP ELONGATION/REVISION UPPER ARM	CCR					
30	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	CCR					
30	25001	INCISE FLEXOR CARPI RADIALIS	CCR					
30	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	CCR					
30	25109	EXCISION OF TENDON, FOREARM AND/OR W	CCR				X	
30	25170	RADICAL RESECTION FOR TUMOR, RADIUS	CCR					
30	25246	INJECTION FOR WRIST X-RAY	CCR					
30	25259	MANIPULATE WRIST W/ANESTHES	CCR					
30	25394	REPAIR CARPAL BONE, SHORTEN	CCR					
30	25430	VASC GRAFT INTO CARPAL BONE	CCR					
30	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	CCR					
30	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	CCR					
30	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	CCR					
30	25562	OPEN TREATMENT OF RADIAL SHAFT FRACT	CCR					
30	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	CCR					
30	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	CCR					
30	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	CCR				X	
30	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	CCR					
30	25652	TREAT FRACTURE ULNAR STYLOID	CCR					
30	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	CCR					
30	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	CCR					
30	25909	REAMPUTATION FOREARM SURGERY	CCR					
30	25915	AMPUTATION FOREARM, KRUKENBERO PROC	CCR					
30	25920	DISARTICULATION THROUGH WRIST	CCR					
30	25924	REAMPUTATION WRIST SURGERY	CCR					
30	25927	TRANSMETACARPAL AMPUTATION	CCR					
30	25931	AMPUTATION FOLLOW-UP SURGERY	CCR					
30	26010	DRAINAGE OF FINGER ABSCESS	CCR			X		
30	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	CCR					
30	26037	DECOMPRESSIVE FASCIOTOMY, HAND	CCR					
30	26441	RECONSTRUCT/GRAFT HAND JOINT	CCR					
30	26551	GREAT TOE-HAND TRANSFER	CCR					
30	26553	SINGLE TOE-HAND TRANSFER	CCR					
30	26554	DOUBLE TOE-HAND TRANSFER	CCR					
30	26556	TOE JOINT TRANSFER	CCR					
30	26600	TREAT CLSD FX.;W/O MANIP,EACH BONE	CCR				X	
30	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	CCR					
30	26700	TREAT KNUCKLE DISLOCATION	CCR					
30	26720	TREAT CLSD FX;W/O MANIP, EACH	CCR				X	
30	26725	TREAT CLSD FX;W/ MANIP, EACH	CCR				X	
30	26740	TREAT CLSD ART FX...W/O MANIP,EACH	CCR				X	
30	26750	TREAT CLSD FX...W/O MANIP, EACH	CCR				X	
30	26755	TREAT CLSD FX...W/ MANIP, EACH	CCR				X	
30	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	26775	TRMT OF SAME W/ ANESTION	CCR					
30	26992	DRAINAGE OF BONE LESION	CCR					
30	27005	TENOTOMY, ILIOPSOAS, OPEN	CCR					
30	27006	TENOTOMY, ABDUCTORS, OPEN	CCR					
30	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	CCR					
30	27027	DECOMPRESSION FASCIOTOMY(IES), PELVI	CCR					
30	27030	ARTHROTOMY OF HIP FOR DRAINAGE	CCR					
30	27036	EXCISION OF HIP JOINT/MUSCLE	CCR					
30	27054	REMOVAL OF HIP JOINT LINING	CCR					
30	27057	DECOMPRESSION FASCIOTOMY(IES), PELVI	CCR					
30	27070	PARTIAL REMOVAL OF HIP BONE	CCR					
30	27071	DEEP IP BONE	CCR					
30	27075	RADICAL RESECTION FOR TUMOR-WING OF	CCR					
30	27076	RADICAL RESECTION FOR TUMOR-ILIUM	CCR					
30	27077	INNOMINATE BONE-TOTAL	CCR					
30	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	CCR					
30	27090	REMOVAL OF HIP PROSTHESIS	CCR					
30	27091	COMPLICATED HESIS	CCR					
30	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	CCR					
30	27096	INJECT SACROILIAC JOINT	CCR					
30	27120	ACETABULOPLASTY P SOCKET	CCR					
30	27122	RESECTION FEMORAL HEAD	CCR					
30	27125	HEMIARTHROPLASTY; PROSTHESIS	CCR					
30	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	CCR					
30	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	CCR					
30	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	CCR					
30	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	CCR					
30	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	CCR					
30	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	CCR					
30	27146	OSTEOTOMY, ILIAC	CCR					
30	27147	WITH OPEN REDUCTION OF HIP	CCR					
30	27151	WITH FEMORAL OSTEOTOMY	CCR					
30	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	CCR					
30	27158	OSTEOTOMY, PELVIS, BILATERAL	CCR					
30	27161	INCISION OF NECK OF FEMUR	CCR					
30	27165	INCISION/FIXATION OF FEMUR	CCR					
30	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	CCR					
30	27175	TREAT SLIPPED EPIPHYSIS	CCR					
30	27177	REPAIR SLIPPED EPIPHYSIS	CCR					
30	27178	CLOSED MANIPULATION YSIS	CCR					
30	27179	OSTEOPLASTY OF FEMORAL NECK	CCR					
30	27181	OSTEOTOMY & INTERNAL FIXATION	CCR					
30	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	CCR					
30	27200	TRMT OF CLOSED COCCYGEAL FX	CCR					
30	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	CCR					
30	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	CCR					
30	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	CCR					
30	27218	OPEN TREATMENT OF POSTERIOR RING FRA	CCR					
30	27220	TREAT HIP SOCKET FRACTURE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	27222	WITH MANIPULATION CTURE	CCR					
30	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	CCR					
30	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR					
30	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR					
30	27232	WITH MANIPULATION MUR	CCR					
30	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	CCR					
30	27240	WITH MANIPULATION RACTURE	CCR					
30	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	CCR					
30	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	CCR					
30	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	CCR					
30	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	CCR					
30	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	CCR					
30	27256	TRMT OF CONGENITAL HIP DISLOCATION	CCR					
30	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	CCR					
30	27259	W/ FEMORAL SHAFT SHORTENING	CCR					
30	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR					
30	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR					
30	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	CCR					
30	27280	FUSION OF SACROILIAC JOINT	CCR					
30	27282	FUSION OF PUBIC BONES	CCR					
30	27284	FUSION OF HIP JOINT	CCR					
30	27286	WITH SUBTROCHANTERIC OSTEOTOMY	CCR					
30	27290	AMPUTATION OF LEG AT HIP	CCR					
30	27295	DISARTICULATION OF HIP	CCR					
30	27303	INCISION, DEEP W/ OPENING OF BONE CO	CCR					
30	27325	NEURECTOMY, HAMSTRING MUSCLE	CCR					
30	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	CCR					
30	27365	EXTENSIVE LEG SURGERY	CCR					
30	27370	INJECTION FOR KNEE X-RAY	CCR					
30	27412	AUTOCHONDROCYTE IMPLANT KNEE	CCR					
30	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	CCR					
30	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	CCR					
30	27440	REVISION OF KNEE JOINT	CCR					
30	27445	REVISE KNEE JOINT, IMPLANT	CCR					
30	27446	TOTAL KNEE REPLACEMENT	CCR					
30	27447	TOTAL KNEE REPLACEMENT	CCR					
30	27448	INCISION OF FEMUR	CCR					
30	27450	INCISION OF FEMUR	CCR					
30	27454	REALIGNMENT OF FEMUR	CCR					
30	27457	REALIGNMENT OF KNEE	CCR					
30	27466	LENGTHENING OF FEMUR	CCR					
30	27468	REVISION OF FEMURS	CCR					
30	27470	REPAIR OF FEMUR	CCR					
30	27472	REPAIR/GRAFT OF FEMUR	CCR					
30	27475	REPAIR OF FEMUR EPIPHYSIS	CCR					
30	27479	REPAIR OF LEG EPIPHYSES	CCR					
30	27483	REVISE KNEECAP WITH IMPLANT	CCR					
30	27485	REPAIR OF LEG EPIPHYSIS	CCR					
30	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	CCR					
30	27488	REMOVAL OF KNEE PROSTHESIS	CCR					
30	27495	PROPHYLACTIC TREAT. FEMUR	CCR					
30	27506	REPAIR OF FEMUR FRACTURE	CCR					
30	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	CCR					
30	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR					
30	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR					
30	27519	REPAIR OF FEMUR EPIPHYSIS	CCR					
30	27524	REPAIR OF KNEECAP FRACTURE	CCR					
30	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	CCR					
30	27536	REPAIR OF KNEE FRACTURE	CCR					
30	27556	REPAIR OF KNEE DISLOCATION	CCR					
30	27557	REPAIR OF KNEE DISLOCATION	CCR					
30	27558	OPEN TREATMENT OF KNEE DISLOCATION,	CCR					
30	27580	FUSION OF KNEE	CCR					
30	27590	AMPUTATE LEG AT THIGH	CCR					
30	27591	AMPUTATE LEG AT THIGH	CCR					
30	27592	AMPUTATE LEG AT THIGH	CCR					
30	27596	AMPUTATION FOLLOW-UP SURGERY	CCR					
30	27598	AMPUTATE LOWER LEG AT KNEE	CCR					
30	27613	BIOPSY LOWER LEG SOFT TISSUE	CCR					
30	27645	EXTENSIVE LOWER LEG SURGERY	CCR					
30	27646	EXTENSIVE LOWER LEG SURGERY	CCR					
30	27648	INJECTION FOR ANKLE X-RAY	CCR					
30	27702	RECONSTRUCT ANKLE JOINT	CCR					
30	27703	ARTHROPLASTY, SECONDARY RECON.TOT ANK	CCR					
30	27712	REALIGNMENT OF LOWER LEG	CCR					
30	27722	REPAIR/GRAFT OF TIBIA	CCR					
30	27724	REPAIR/GRAFT OF TIBIA	CCR					
30	27725	REPAIR OF LOWER LEG	CCR					
30	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	CCR					
30	27727	REPAIR OF LOWER LEG	CCR					
30	27743	REVISION OF KNEE JOINT	CCR					
30	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR					
30	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR					
30	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	CCR					
30	27880	AMPUTATION OF LOWER LEG	CCR					
30	27881	AMPUTATION OF LOWER LEG	CCR					
30	27882	AMPUTATION OF LOWER LEG	CCR					
30	27886	AMPUTATION FOLLOW-UP SURGERY	CCR					
30	28001	DRAINAGE OF BURSA OF FOOT	CCR			X		
30	28010	INCISION OF TOE TENDON	CCR					
30	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	CCR					
30	28220	RELEASE OF FOOT TENDON	CCR					
30	28272	CAPSULECTOMY...INTERPHAL., EACH JOINT	CCR		X		X	
30	28360	RECONSTRUCT CLEFT FOOT	CCR					
30	28430	TREAT CLSD TALUS FX,W/O MANIP	CCR					
30	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	CCR					
30	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	CCR				X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE	PA	SEX	UVS	EFFECT
				MIN-MAX			>001	DATE
30	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	CCR				X	
30	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	CCR				X	
30	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	CCR				X	
30	28490	TREAT BIG TOE FRACTURE	CCR					
30	28495	TREAT BIG TOE FRACTURE	CCR					
30	28510	TREAT CLSD FX...W/O MANIP,EACH	CCR				X	
30	28515	TREAT CLSD FX...W/ MANIP., EACH	CCR				X	
30	28530	TREAT CLOSED SESAMOID FRACTURE	CCR				X	
30	28540	TREAT FOOT DISLOCATION	CCR					
30	28570	TREAT FOOT DISLOCATION	CCR					
30	28630	TREAT TOE DISLOCATION	CCR					
30	28800	AMPUTATION OF MIDFOOT	CCR					
30	28805	AMPUTATION THRU METATARSAL	CCR					
30	28819	REMOVAL OF HEEL SPUR	CCR					
30	28890	HIGH ENERGY ESWT, PLANTAR F	CCR					
30	29000	APPLICATION OF BODY CAST	CCR					
30	29010	APPLICATION OF BODY CAST	CCR					
30	29015	APPLICATION OF BODY CAST	CCR					
30	29020	APPLICATION OF BODY CAST	CCR					
30	29025	APPLICATION OF BODY CAST	CCR					
30	29035	APPLICATION OF BODY CAST	CCR					
30	29040	APPLICATION OF BODY CAST	CCR					
30	29044	APPLICATION OF BODY CAST	CCR					
30	29046	APPLICATION OF BODY CAST	CCR					
30	29049	APPLICATION OF SHOULDER CAST	CCR					
30	29055	APPLICATION OF SHOULDER CAST	CCR				X	
30	29058	APPLICATION OF SHOULDER CAST	CCR				X	
30	29065	APPLICATION OF LONG ARM CAST	CCR				X	
30	29075	APPLICATION OF FOREARM CAST	CCR				X	
30	29085	APPLY HAND/WRIST CAST	CCR				X	
30	29086	APPLY FINGER CAST	CCR				X	
30	29105	APPLY LONG ARM SPLINT	CCR				X	
30	29125	APPLY FOREARM SPLINT	CCR				X	
30	29126	APPLY FOREARM SPLINT	CCR				X	
30	29130	APPLICATION OF FINGER SPLINT	CCR				X	
30	29131	APPLICATION OF FINGER SPLINT	CCR				X	
30	29200	STRAPPING OF CHEST	CCR					
30	29240	STRAPPING OF SHOULDER	CCR				X	
30	29260	STRAPPING OF ELBOW OR WRIST	CCR				X	
30	29280	STRAPPING OF HAND OR FINGER	CCR				X	
30	29305	APPLICATION OF HIP CAST	CCR					
30	29325	APPLICATION OF HIP CASTS	CCR					
30	29345	APPLICATION OF LONG LEG CAST	CCR				X	
30	29355	APPLICATION OF LONG LEG CAST	CCR				X	
30	29358	APPLY LONG LEG CAST BRACE	CCR				X	
30	29365	APPLICATION OF LONG LEG CAST	CCR				X	
30	29405	APPLY SHORT LEG CAST	CCR				X	
30	29425	APPLY SHORT LEG CAST	CCR				X	
30	29435	APPLY SHORT LEG CAST	CCR				X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	29440	ADDITION OF WALKER TO CAST	CCR				X	
30	29445	APPLY RIGID LEG CAST	CCR					
30	29450	APPLICATION OF LEG CAST	CCR					
30	29505	APPLICATION LONG LEG SPLINT	CCR				X	
30	29515	APPLICATION LOWER LEG SPLINT	CCR				X	
30	29520	STRAPPING OF HIP	CCR				X	
30	29530	STRAPPING OF KNEE	CCR				X	
30	29540	STRAPPING OF ANKLE	CCR				X	
30	29550	STRAPPING OF TOES	CCR				X	
30	29580	APPLICATION OF PASTE BOOT	CCR				X	
30	29581	APPLICATION OF MULTI-LAYER VENOUS WO	CCR				X	
30	29590	APPLICATION OF FOOT SPLINT	CCR				X	
30	29700	REMOVAL/REVISION OF CAST	CCR					
30	29705	REMOVAL/REVISION OF CAST	CCR					
30	29710	REMOVAL/REVISION OF CAST	CCR					
30	29715	REMOVAL/REVISION OF CAST	CCR					
30	29720	REPAIR OF BODY CAST	CCR					
30	29730	WINDOWING OF CAST	CCR					
30	29740	WEDGING OF CAST	CCR					
30	29750	WEDGING OF CLUBFOOT CAST	CCR					
30	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	CCR					
30	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	CCR					
30	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	CCR					
30	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR					
30	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR					
30	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR					
30	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR					
30	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR					
30	30020	DRAINAGE OF NOSE LESION	CCR					
30	30124	REMOVAL OF NOSE LESION	CCR					
30	30200	INJECTION TREATMENT OF NOSE	CCR					
30	31040	EXPLORATION BEHIND UPPER JAW	CCR					
30	31225	REMOVAL OF UPPER JAW	CCR					
30	31230	REMOVAL OF UPPER JAW	CCR					
30	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	CCR					
30	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	CCR					
30	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR					
30	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR					
30	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR					
30	31360	REMOVAL OF LARYNX	CCR					
30	31365	REMOVAL OF LARYNX	CCR					
30	31367	PARTIAL REMOVAL OF LARYNX	CCR					
30	31368	PARTIAL REMOVAL OF LARYNX	CCR					
30	31370	PARTIAL REMOVAL OF LARYNX	CCR					
30	31375	PARTIAL REMOVAL OF LARYNX	CCR					
30	31380	PARTIAL REMOVAL OF LARYNX	CCR					
30	31382	PARTIAL REMOVAL OF LARYNX	CCR					
30	31390	REMOVAL OF LARYNX & PHARYNX	CCR					
30	31395	RECONSTRUCT LARYNX & PHARYNX	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	31500	INTUBATION, ENDOTRACHEAL, EMERGENCY	CCR				X	
30	31505	DIAGNOSTIC LARYNGOSCOPY	CCR		X			
30	31579	SEE 31575; WITH STROBOSCOPY	CCR					
30	31584	REPAIR OF LARYNX FRACTURE	CCR					
30	31587	LARYNGOPLASTY, CRICOID SPLIT	CCR					
30	31600	INCISION OF WINDPIPE	CCR					
30	31601	INCISION OF WINDPIPE	CCR					
30	31605	INCISION OF NECK CARTILAGES	CCR					
30	31610	INCISION OF WINDPIPE	CCR					
30	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR				X	
30	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					
30	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR				X	
30	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR				X	
30	31715	INJECTION FOR BRONCHUS X-RAY	CCR					
30	31725	CLEARANCE OF AIRWAYS	CCR				X	
30	31760	REPAIR OF WINDPIPE	CCR					
30	31766	CARINAL RECONSTRUCTION	CCR					
30	31770	REPAIR/GRAFT OF BRONCHUS	CCR					
30	31775	RECONSTRUCT BRONCHUS	CCR					
30	31780	RECONSTRUCT WINDPIPE	CCR					
30	31781	RECONSTRUCT WINDPIPE	CCR					
30	31785	REMOVE WINDPIPE LESION	CCR					
30	31786	REMOVE WINDPIPE LESION	CCR					
30	31800	REPAIR OF WINDPIPE INJURY	CCR					
30	31805	REPAIR OF WINDPIPE INJURY	CCR					
30	32035	EXPLORATION OF CHEST	CCR					
30	32036	EXPLORATION OF CHEST	CCR					
30	32095	BIOPSY THROUGH CHEST WALL	CCR					
30	32100	EXPLORATION/BIOPSY OF CHEST	CCR					
30	32110	EXPLORE/REPAIR CHEST	CCR					
30	32120	RE-EXPLORATION OF CHEST	CCR					
30	32124	EXPLORE CHEST, FREE ADHESIONS	CCR					
30	32140	REMOVAL OF LUNG LESION(S)	CCR					
30	32141	REMOVE/TREAT LUNG LESIONS	CCR					
30	32150	REMOVAL OF LUNG LESION(S)	CCR					
30	32151	REMOVE LUNG FOREIGN BODY	CCR					
30	32160	OPEN CHEST HEART MASSAGE	CCR					
30	32200	DRAINAGE OF LUNG LESION	CCR					
30	32201	PERCUT DRAINAGE, LUNG LESION	CCR					
30	32215	PLEURAL SCARIFICATION/REP. PNEUMOTHOR	CCR					
30	32220	RELEASE OF LUNG	CCR					
30	32225	PARTIAL RELEASE OF LUNG	CCR					
30	32310	REMOVAL OF CHEST LINING	CCR					
30	32320	FREE/REMOVE CHEST LINING	CCR					
30	32402	OPEN BIOPSY CHEST LINING	CCR				X	
30	32421	THORACENTESIS, PUNCTURE OF PLEURAL C	CCR					
30	32422	THORACENTESIS WITH INSERTION OF TUBE	CCR					
30	32440	REMOVAL OF LUNG	CCR					
30	32442	REMOVAL OF LUNG, TOTAL PNEUMONECTOMY	CCR					



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	32445	REMOVAL OF LUNG	CCR					
30	32480	PARTIAL REMOVAL OF LUNG	CCR					
30	32482	REMOVAL OF LUNG, OTHER THAN TOTAL PN	CCR					
30	32484	REMOVAL OF LUNG, OTHER THAN TOTAL PN	CCR					
30	32486	REMOVAL OF LUNG, OTHER THAN TOTAL PN	CCR					
30	32488	REMOVAL OF LUNG, OTHER THAN TOTAL PN	CCR					
30	32500	PARTIAL REMOVAL OF LUNG	CCR					
30	32501	REPAIR BRONCHUS (ADD-ON)	CCR					
30	32503	RESECT APICAL LUNG TUMOR	CCR					
30	32504	RESECT APICAL LUNG TUM/CHEST	CCR					
30	32507	REPAIR BLOOD VESSEL, DIRECT-HAND/FING	CCR					
30	32540	REMOVAL OF LUNG LESION	CCR					
30	32550	INSERTION OF INDWELLING TUNNELED PLE	CCR					
30	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	CCR					
30	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	CCR					
30	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	CCR					
30	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR					
30	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR					
30	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR					
30	32602	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR					
30	32603	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR					
30	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR					
30	32605	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR					
30	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR					
30	32650	THORACOSCOPY, SURGICAL;	CCR					
30	32651	THORACOSCOPY, SURGICAL;	CCR					
30	32652	THORACOSCOPY, SURGICAL;	CCR					
30	32653	THORACOSCOPY, SURGICAL;	CCR					
30	32654	THORACOSCOPY, SURGICAL;	CCR					
30	32655	THORACOSCOPY, SURGICAL;	CCR					
30	32656	THORACOSCOPY, SURGICAL;	CCR					
30	32657	THORACOSCOPY, SURGICAL;	CCR					
30	32658	THORACOSCOPY, SURGICAL;	CCR					
30	32659	THORACOSCOPY, SURGICAL;	CCR					
30	32660	THORACOSCOPY, SURGICAL;	CCR					
30	32661	THORACOSCOPY, SURGICAL;	CCR					
30	32662	THORACOSCOPY, SURGICAL;	CCR					
30	32663	THORACOSCOPY, SURGICAL;	CCR					
30	32664	THORACOSCOPY, SURGICAL;	CCR					
30	32665	THORACOSCOPY, SURGICAL;	CCR					
30	32800	REPAIR LUNG HERNIA	CCR					
30	32810	CLOSE CHEST AFTER DRAINAGE	CCR					
30	32815	CLOSE BRONCHIAL FISTULA	CCR					
30	32820	RECONSTRUCT INJURED CHEST	CCR					
30	32850	DONOR PNEUMONECTOMY (IES) WITH PREPAR	CCR					
30	32851	LUNG TRANSPLANT, SINGLE;	CCR					
30	32852	LUNG TRANSPLANT, SINGLE;	CCR					
30	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	CCR					
30	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	32855	PREPARE DONOR LUNG, SINGLE	CCR					
30	32856	PREPARE DONOR LUNG, DOUBLE	CCR					
30	32900	REMOVAL OF RIB(S)	CCR					
30	32905	REVISE & REPAIR CHEST WALL	CCR					
30	32906	REVISE & REPAIR CHEST WALL	CCR					
30	32940	REVISION OF LUNG	CCR					
30	32960	THERAPEUTIC PNEUMOTHORAX	CCR					
30	32997	TOTAL LUNG LAVAGE	CCR					
30	32998	ABLATION THERAPY FOR REDUCTION OR ER	CCR					
30	33015	INCISION OF HEART SAC	CCR					
30	33020	INCISION OF HEART SAC	CCR					
30	33025	INCISION OF HEART SAC	CCR					
30	33030	PARTIAL REMOVAL OF HEART SAC	CCR					
30	33031	PERICARDIECTOMY, SUBTOTAL OR COMPLETE	CCR					
30	33050	REMOVAL OF HEART SAC LESION	CCR					
30	33120	REMOVAL OF HEART LESION	CCR					
30	33130	REMOVAL OF HEART LESION	CCR					
30	33140	HEART REVASCULARIZE (TMR)	CCR					
30	33141	HEART TMR W/OTHER PROCEDURE	CCR					
30	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	CCR					
30	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	CCR					
30	33206	INSERTION HEART PACEMAKER/ATRIUM	CCR					
30	33207	INSERT HEART PACEMAKER/VENTRICULAR	CCR					
30	33208	INSERT HEART PACEMAKER/AV SEQUENTIAL	CCR					
30	33210	INSERTION OF HEART ELECTRODE	CCR					
30	33211	INSERTION OR REPLACEMENT OF TEMPORAR	CCR					
30	33213	INSERTION OR REPLACEMENT OF PACEMAKE	CCR					
30	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	CCR					
30	33215	REPOSITION PACING-DEFIB LEAD	CCR					
30	33216	REVISION IMPLANTED ELECTRODE	CCR					
30	33217	INSERTION, REPLACEMENT OR REPOSITION	CCR					
30	33218	REPAIR PACEMAKER ELECTRODES	CCR					
30	33220	REPAIR OF PACEMAKER ELECTRODE(S) ONL	CCR					
30	33224	INSERT PACING LEAD & CONNECT	CCR					
30	33225	L VENTRIC PACING LEAD ADD-ON	CCR					
30	33226	REPOSITION L VENTRIC LEAD	CCR					
30	33234	REMOVAL OF PERMANENT PACEMAKER;	CCR					
30	33235	REMOVAL OF PERMANENT PACEMAKER;	CCR					
30	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	CCR					
30	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	CCR					
30	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	CCR					
30	33240	INSERTION OR REPLACEMENT OF IMPLANTA	CCR					
30	33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR					
30	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR					
30	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR					
30	33249	INSERTION OR REPLACEMENT OF IMPLANTA	CCR					
30	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	CCR					
30	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	CCR					
30	33254	OPERATIVE TISSUE ABLATION AND RECONS	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	33255	OPERATIVE TISSUE ABLATION AND RECONS	CCR					
30	33256	OPERATIVE TISSUE ABLATION AND RECONS	CCR					
30	33257	OPERATIVE TISSUE ABLATION AND RECONS	CCR					
30	33258	OPERATIVE TISSUE ABLATION AND RECONS	CCR					
30	33259	OPERATIVE TISSUE ABLATION AND RECONS	CCR					
30	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	CCR					
30	33265	ABLATE ATRIA, LMTD, ENDO	CCR					
30	33266	ABLATE ATRIA, X10SV, ENDO	CCR					
30	33282	IMPLANT PAT-ACTIVE HT RECORD	CCR					
30	33284	REMOVE PAT-ACTIVE HT RECORD	CCR					
30	33300	REPAIR OF HEART WOUND	CCR					
30	33305	REPAIR OF HEART WOUND	CCR					
30	33310	EXPLORATORY HEART SURGERY	CCR					
30	33315	EXPLORATORY HEART SURGERY	CCR					
30	33320	REPAIR MAJOR BLOOD VESSEL(S)	CCR					
30	33321	REPAIR MAJOR VESSEL	CCR					
30	33322	REPAIR MAJOR BLOOD VESSEL(S)	CCR					
30	33330	INSERT MAJOR VESSEL GRAFT	CCR					
30	33332	INSERT MAJOR VESSEL GRAFT	CCR					
30	33335	INSERT MAJOR VESSEL GRAFT	CCR					
30	33400	REPAIR OF AORTIC VALVE	CCR					
30	33401	VALVULOPLASTY, AORTIC VALVE;	CCR					
30	33403	VALVULOPLASTY, AORTIC VALVE;	CCR					
30	33404	CONSTRUCT APICAL-AORTIC CONDUIT	CCR					
30	33405	REPLACEMENT OF AORTIC VALVE	CCR					
30	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	CCR					
30	33410	REPLACEMENT OF AORTIC VALVE	CCR					
30	33411	REPLACE AORTIC VALVE;ANNULUS ENLARGE	CCR					
30	33412	REPLACE AORTIC VALVE;TRANSEVENTRICULA	CCR					
30	33413	REPLACEMENT, AORTIC VALVE;	CCR					
30	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	CCR					
30	33415	REVISION OF AORTIC VALVE	CCR					
30	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	CCR					
30	33417	REPAIR OF AORTIC VALVE	CCR					
30	33420	REVISION OF MITRAL VALVE	CCR					
30	33422	REVISION OF MITRAL VALVE	CCR					
30	33425	REPAIR OF MITRAL VALVE	CCR					
30	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	CCR					
30	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	CCR					
30	33430	REPLACEMENT OF MITRAL VALVE	CCR					
30	33460	REVISION OF TRICUSPID VALVE	CCR					
30	33463	VALVULOPLASTY, TRICUSPID VALVE;	CCR					
30	33464	VALVULOPLASTY, TRICUSPID VALVE;	CCR					
30	33465	REPLACE TRICUSPID VALVE	CCR					
30	33468	REVISION OF TRICUSPID VALVE	CCR					
30	33470	REVISION OF PULMONARY VALVE	CCR					
30	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	CCR					
30	33472	REVISION OF PULMONARY VALVE	CCR					
30	33474	REVISION OF PULMONARY VALVE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	33475	REPLACEMENT, PULMONARY VALVE	CCR					
30	33476	REVISION OF HEART CHAMBER	CCR					
30	33478	REVISION OF HEART CHAMBER	CCR					
30	33496	REPAIR, PROSTH VALVE CLOT	CCR					
30	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	CCR					
30	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	CCR					
30	33502	CORONARY ARTERY CORRECTION	CCR					
30	33503	CORONARY ARTERY GRAFT	CCR					
30	33504	CORONARY ARTERY GRAFT	CCR					
30	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	CCR					
30	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	CCR					
30	33507	REPAIR ART, INTRAMURAL	CCR					
30	33508	ENDOSCOPIC VEIN HARVEST	CCR					
30	33510	CORONARY ARTERY BYPASS	CCR					
30	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	CCR					
30	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	CCR					
30	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	CCR					
30	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	CCR					
30	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	CCR					
30	33517	CORONARY ARTERY BYPASS, USING VENOUS	CCR					
30	33518	CORONARY ARTERY BYPASS, USING VENOUS	CCR					
30	33519	CORONARY ARTERY BYPASS, USING VENOUS	CCR					
30	33521	CORONARY ARTERY BYPASS, USING VENOUS	CCR					
30	33522	CORONARY ARTERY BYPASS, USING VENOUS	CCR					
30	33523	CORONARY ARTERY BYPASS, USING VENOUS	CCR					
30	33530	REOPERATION,CORON ART BYPASS >1MONTH	CCR					
30	33533	CORONARY ARTERY BYPASS, USING ARTERI	CCR					
30	33534	CORONARY ARTERY BYPASS, USING ARTERI	CCR					
30	33535	CORONARY ARTERY BYPASS, USING ARTERI	CCR					
30	33536	CORONARY ARTERY BYPASS, USING ARTERI	CCR					
30	33542	REMOVAL OF HEART LESION	CCR					
30	33545	REPAIR OF HEART DAMAGE	CCR					
30	33548	RESTORE/REMODEL, VENTRICLE	CCR					
30	33572	OPEN CORONARY ENDARTERECTOMY	CCR					
30	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	CCR					
30	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	CCR					
30	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	CCR					
30	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	CCR					
30	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	CCR					
30	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	CCR					
30	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	CCR					
30	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	CCR					
30	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	CCR					
30	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	CCR					
30	33641	REPAIR HEART SEPTUM DEFECT	CCR					
30	33645	REVISION OF HEART VEINS	CCR					
30	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	CCR					
30	33660	REPAIR OF HEART DEFECTS	CCR					
30	33665	REPAIR OF HEART DEFECTS	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	33670	REPAIR OF HEART CHAMBERS	CCR					
30	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	CCR					
30	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	CCR					
30	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	CCR					
30	33681	REPAIR HEART SEPTUM DEFECT	CCR					
30	33684	REPAIR HEART SEPTUM DEFECT	CCR					
30	33688	REPAIR HEART SEPTUM DEFECT	CCR					
30	33690	REINFORCE PULMONARY ARTERY	CCR					
30	33692	REPAIR OF HEART DEFECTS	CCR					
30	33694	REPAIR OF HEART DEFECTS	CCR					
30	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	CCR					
30	33702	REPAIR OF HEART DEFECTS	CCR					
30	33710	REPAIR OF HEART DEFECTS	CCR					
30	33720	REPAIR OF HEART DEFECT	CCR					
30	33722	CLOSURE OF AORTICO-LEFT VENTRICULAR	CCR					
30	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	CCR					
30	33726	REPAIR OF PULMONARY VENOUS STENOSIS	CCR					
30	33730	REPAIR HEART-VEIN DEFECT(S)	CCR					
30	33732	REPAIR OF COR TRIATIATUM OR SUPRAVA	CCR					
30	33735	REVISION OF HEART CHAMBER	CCR					
30	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	CCR					
30	33737	REVISION OF HEART CHAMBER	CCR					
30	33750	MAJOR VESSEL SHUNT	CCR					
30	33755	MAJOR VESSEL SHUNT	CCR					
30	33762	MAJOR VESSEL SHUNT	CCR					
30	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	CCR					
30	33766	MAJOR VESSEL SHUNT	CCR					
30	33767	SHUNT;	CCR					
30	33768	CAVOPULMONARY SHUNTING	CCR					
30	33770	REPAIR OF TRANSPOSITION OF THE GREAT	CCR					
30	33771	REPAIR OF TRANSPOSITION OF THE GREAT	CCR					
30	33774	REPAIR TRANSPO GREAT ARTERIES	CCR					
30	33775	REPAIR W REMOVAL PULMONARY BAND	CCR					
30	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	CCR					
30	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	CCR					
30	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	CCR					
30	33779	REPAIR W REMOVAL O PULMONARY BAND	CCR					
30	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	CCR					
30	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	CCR					
30	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	CCR					
30	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	CCR					
30	33786	REPAIR ARTERIAL TRUNK	CCR					
30	33788	REVISION OF PULMONARY ARTERY	CCR					
30	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	CCR					
30	33802	REPAIR VESSEL DEFECT	CCR					
30	33803	REPAIR VESSEL DEFECT	CCR					
30	33813	OBLITERATION O AORTOPULMON SEPTAL DE	CCR					
30	33814	OBLITERATION W CARDIOPULMONARY BYPAS	CCR					
30	33820	REVISE MAJOR VESSEL	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	33822	REVISE MAJOR VESSEL	CCR					
30	33824	REVISE MAJOR VESSEL	CCR					
30	33840	REMOVE AORTA CONSTRICTION	CCR					
30	33845	REMOVE AORTA CONSTRICTION	CCR					
30	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	CCR					
30	33852	EXCISION O COARCTATION W REPAIR ARCH	CCR					
30	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	CCR					
30	33860	ASCENDING AORTA GRAFT	CCR					
30	33861	ASCENDING AORTA GRAFT, WITH CARDIOPU	CCR					
30	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	CCR					
30	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	CCR					
30	33870	TRANSVERSE AORTIC ARCH GRAFT	CCR					
30	33875	THORACIC AORTA GRAFT	CCR					
30	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	CCR					
30	33880	ENDOVASC TAA REPR INCL SUBCL	CCR					
30	33881	ENDOVASC TAA REPR W/O SUBCL	CCR					
30	33883	INSERT ENDOVASC PROSTH, TAA	CCR					
30	33884	ENDOVASC PROSTH, TAA, ADD-ON	CCR				X	
30	33886	ENDOVASC PROSTH, DELAYED	CCR					
30	33889	ARTERY TRANSPOSE/ENDOVAS TAA	CCR					
30	33891	CAR-CAR BP GRFT/ENDOVAS TAA	CCR					
30	33910	REMOVE LUNG ARTERY EMBOLI	CCR					
30	33915	REMOVE LUNG ARTERY EMBOLI	CCR					
30	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	CCR					
30	33917	REPAIR OF PULMONARY ARTERY STENOSIS	CCR					
30	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	CCR					
30	33922	TRANSECTION OF PULMONARY ARTERY WITH	CCR					
30	33924	REMOVE PULMONARY SHUNT	CCR					
30	33925	RPR PUL ART UNIFOCAL W/O CPB	CCR					
30	33926	REPR PUL ART, UNIFOCAL W/CPB	CCR					
30	33930	DONOR HEART-LUNG, PREP/MAINTAIN HOMOG	CCR					
30	33933	PREPARE DONOR HEART/LUNG	CCR					
30	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	CCR					
30	33940	DONOR CARDIECTOMY, PREP/MAINTAIN HOMO	CCR					
30	33944	PREPARE DONOR HEART	CCR					
30	33945	HEART TRANSPLANT, W/W/O RECI CARDIECT	CCR					
30	33960	EXTERNAL CIRCULATION ASSIST	CCR					
30	33961	PROLONGED EXTRACORPOREAL CIRCULATION	CCR					
30	33967	INSERT IA PERCUT DEVICE	CCR					
30	33968	REMOVE AORTIC ASSIST DEVICE	CCR					
30	33970	INTERNAL CIRCULATION ASSIST	CCR					
30	33971	REMOVE INTRA-AORTIC BALOONS, W/REPAIR	CCR					
30	33973	INSERTION OF INTRA-AORTIC BALLOON AS	CCR					
30	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	CCR					
30	33975	IMPLANTATION OF VENTRICULAR ASSIST D	CCR					
30	33976	IMPLANTATION OF VENTRICULAR ASSIST D	CCR					
30	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	CCR					
30	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	CCR					
30	33979	INSERT INTRACORPOREAL DEVICE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	33980	REMOVE INTRACORPOREAL DEVICE	CCR					
30	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	CCR					
30	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	CCR					
30	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	CCR					
30	34001	REMOVAL OF ARTERY CLOT	CCR					
30	34051	REMOVAL OF ARTERY CLOT	CCR					
30	34101	REMOVAL OF ARTERY CLOT	CCR					
30	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	CCR					
30	34151	REMOVAL OF ARTERY CLOT	CCR					
30	34201	REMOVAL OF ARTERY CLOT	CCR					
30	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	CCR					
30	34401	REMOVAL OF VEIN CLOT	CCR					
30	34421	REMOVAL OF VEIN CLOT	CCR					
30	34451	REMOVAL OF VEIN CLOT	CCR					
30	34471	REMOVAL OF VEIN CLOT	CCR					
30	34490	REMOVAL OF VEIN CLOT	CCR					
30	34501	VALVULOPLASTY, FEMORAL VEIN	CCR					
30	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	CCR					
30	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	CCR					
30	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	CCR					
30	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	CCR					
30	34800	ENDOVASC ABDO REPAIR W/TUBE	CCR					
30	34802	ENDOVASC ABDO REPR W/DEVICE	CCR					
30	34803	ENDOVAS AAA REPR W/3-P PART	CCR					
30	34804	ENDOVASC ABDO REPR W/DEVICE	CCR					
30	34805	ENDOVASC ABDO REPAIR W/PROS	CCR					
30	34806	TRANSCATHETER PLACEMENT OF WIRELESS	CCR					
30	34808	ENDOVASC ABDO OCCLUD DEVICE	CCR					
30	34812	XPOSE FOR ENDOPROSTH, AORTIC	CCR					
30	34813	XPOSE FOR ENDOPROSTH, FEMORL	CCR					
30	34820	XPOSE FOR ENDOPROSTH, ILIAC	CCR					
30	34825	ENDOVASC EXTEND PROSTH, INIT	CCR					
30	34826	PLACEMENT OF PROXIMAL OR DISTAL EXTE	CCR				X	
30	34830	OPEN AORTIC TUBE PROSTH REPR	CCR					
30	34831	OPEN AORTOILIAC PROSTH REPR	CCR					
30	34832	OPEN AORTOFEMOR PROSTH REPR	CCR					
30	34833	XPOSE FOR ENDOPROSTH, ILIAC	CCR					
30	34834	XPOSE, ENDOPROSTH, BRACHIAL	CCR					
30	34900	ENDOVASC ILIAC REPR W/GRAFT	CCR					
30	35001	REPAIR DEFECT OF ARTERY	CCR					
30	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	CCR					
30	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	CCR					
30	35011	REPAIR DEFECT OF ARTERY	CCR					
30	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	CCR					
30	35021	REPAIR DEFECT OF ARTERY	CCR					
30	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	CCR					
30	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	CCR					
30	35081	REPAIR DEFECT OF ARTERY	CCR					
30	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	35091	REPAIR DEFECT OF ARTERY	CCR					
30	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	CCR					
30	35102	REPAIR DEFECT OF ARTERY	CCR					
30	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	CCR					
30	35111	REPAIR DEFECT OF ARTERY	CCR					
30	35112	REP.RUPTURED ANEURYSM,SPLenic ARTERY	CCR					
30	35121	REPAIR DEFECT OF ARTERY	CCR					
30	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	CCR					
30	35131	REPAIR DEFECT OF ARTERY	CCR					
30	35132	RUPTURED ANEURYSM,ILIAC ARTERY	CCR					
30	35141	REPAIR DEFECT OF ARTERY	CCR					
30	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	CCR					
30	35151	REPAIR DEFECT OF ARTERY	CCR					
30	35152	REP.RUPTURED ANEURYSM,POPLITIAL ART	CCR					
30	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	CCR					
30	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	CCR					
30	35184	REP.CONGENITAL FISTULA,EXTREMITIES	CCR					
30	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	CCR					
30	35201	REPAIR BLOOD VESSEL LESION	CCR					
30	35211	REPAIR BLOOD VESSEL LESION	CCR					
30	35216	REPAIR BLOOD VESSEL LESION	CCR					
30	35221	REPAIR BLOOD VESSEL LESION	CCR					
30	35226	REPAIR BLOOD VESSEL LESION	CCR					
30	35231	REPAIR BLOOD VESSEL LESION	CCR					
30	35236	REPAIR BLOOD VESSEL LESION	CCR					
30	35241	REPAIR BLOOD VESSEL LESION	CCR					
30	35246	REPAIR BLOOD VESSEL LESION	CCR					
30	35251	REPAIR BLOOD VESSEL LESION	CCR					
30	35256	REPAIR BLOOD VESSEL LESION	CCR					
30	35261	REPAIR BLOOD VESSEL LESION	CCR					
30	35266	REPAIR BLOOD VESSEL LESION	CCR					
30	35271	REPAIR BLOOD VESSEL LESION	CCR					
30	35276	REPAIR BLOOD VESSEL LESION	CCR					
30	35281	REPAIR BLOOD VESSEL LESION	CCR					
30	35286	REPAIR BLOOD VESSEL LESION	CCR					
30	35301	RECHANNELING OF ARTERY	CCR					
30	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR					
30	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR					
30	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR					
30	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	CCR					
30	35306	THROMBOENDARTERECTOMY, INCLUDING P +	CCR				X	
30	35311	RECHANNELING OF ARTERY	CCR					
30	35321	RECHANNELING OF ARTERY	CCR					
30	35331	RECHANNELING OF ARTERY	CCR					
30	35341	RECHANNELING OF ARTERY	CCR					
30	35351	RECHANNELING OF ARTERY	CCR					
30	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	CCR					
30	35361	RECHANNELING OF ARTERY	CCR					
30	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	CCR					



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	35371	RECHANNELING OF ARTERY	CCR					
30	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	CCR					
30	35390	REOPERATION, CAROTID, THROMBOENDARTE	CCR					
30	35400	ANGIOSCOPY	CCR					
30	35450	TRANSLUMINAL ANGIOPLASTY;RENAL	CCR					
30	35452	TRANSLUMINAL ANGIOPLASTY;AORTIC	CCR					
30	35454	TRANSLUMINAL ANGIOPLASTY;ILIAC	CCR					
30	35456	TRANSLUMINAL ANGIOPLASTY;FEMOR/POPLI	CCR					
30	35458	TRANS. ANGIO.;SUBCLAVIAN-AXILLARY	CCR					
30	35459	TRANSLUMINAL ANGIOPLASTY, OPEN;	CCR					
30	35460	TRANSLUMINAL ANGIOPLASTY, OPEN;	CCR					
30	35470	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR					
30	35471	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR					
30	35472	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR					
30	35473	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR					
30	35474	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR					
30	35475	TRANSLUMINAL ANGIOPLASTY, PERCUTANEO	CCR					
30	35480	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35481	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35482	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35483	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35484	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35485	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35490	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35491	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35492	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35493	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35494	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35495	TRANSLUMINAL PERIPHERAL ATHERECTOMY,	CCR					
30	35500	HARVEST VEIN FOR BYPASS	CCR					
30	35501	ARTERY BYPASS GRAFT	CCR					
30	35506	ARTERY BYPASS GRAFT	CCR					
30	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	CCR					
30	35509	ARTERY BYPASS GRAFT	CCR					
30	35510	ARTERY BYPASS GRAFT	CCR					
30	35511	ARTERY BYPASS GRAFT	CCR					
30	35512	ARTERY BYPASS GRAFT	CCR					
30	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	CCR					
30	35516	ARTERY BYPASS GRAFT	CCR					
30	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	CCR					
30	35521	ARTERY BYPASS GRAFT	CCR					
30	35522	ARTERY BYPASS GRAFT	CCR					
30	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	CCR					
30	35525	ARTERY BYPASS GRAFT	CCR					
30	35526	ARTERY BYPASS GRAFT	CCR					
30	35531	ARTERY BYPASS GRAFT	CCR					
30	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	CCR					
30	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	CCR					
30	35536	ARTERY BYPASS GRAFT	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	CCR					
30	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	CCR					
30	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	CCR					
30	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	CCR					
30	35548	ARTERY BYPASS GRAFT	CCR					
30	35549	ARTERY BYPASS GRAFT	CCR					
30	35551	ARTERY BYPASS GRAFT	CCR					
30	35556	ARTERY BYPASS GRAFT	CCR					
30	35558	ARTERY BYPASS GRAFT	CCR					
30	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	CCR					
30	35563	ARTERY BYPASS GRAFT	CCR					
30	35565	ARTERY BYPASS GRAFT	CCR					
30	35566	ARTERY BYPASS GRAFT	CCR					
30	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	CCR					
30	35571	ARTERY BYPASS GRAFT	CCR					
30	35572	HARVEST FEMOROPOPLITEAL VEIN	CCR					
30	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	CCR					
30	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	CCR					
30	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	CCR					
30	35600	HARVEST ARTERY FOR CABG	CCR					
30	35601	ARTERY BYPASS GRAFT	CCR					
30	35606	ARTERY BYPASS GRAFT	CCR					
30	35612	ARTERY BYPASS GRAFT	CCR					
30	35616	ARTERY BYPASS GRAFT	CCR					
30	35621	ARTERY BYPASS GRAFT	CCR					
30	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR					
30	35626	ARTERY BYPASS GRAFT	CCR					
30	35631	ARTERY BYPASS GRAFT	CCR					
30	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR					
30	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR					
30	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	CCR					
30	35636	ARTERY BYPASS GRAFT	CCR					
30	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	CCR					
30	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	CCR					
30	35646	ARTERY BYPASS GRAFT	CCR					
30	35647	ARTERY BYPASS GRAFT	CCR					
30	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	CCR					
30	35651	ARTERY BYPASS GRAFT	CCR					
30	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	CCR					
30	35656	ARTERY BYPASS GRAFT	CCR					
30	35661	ARTERY BYPASS GRAFT	CCR					
30	35663	ARTERY BYPASS GRAFT	CCR					
30	35665	ARTERY BYPASS GRAFT	CCR					
30	35666	ARTERY BYPASS GRAFT	CCR					
30	35671	ARTERY BYPASS GRAFT	CCR					
30	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	CCR					
30	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	CCR					
30	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	CCR					
30	35685	BYPASS GRAFT PATENCY/PATCH	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	35686	BYPASS GRAFT/AV FIST PATENCY	CCR					
30	35691	TRANSPOSITION AND/OR REIMPLANTATION;	CCR					
30	35693	TRANSPOSITION AND/OR REIMPLANTATION;	CCR					
30	35694	TRANSPOSITION AND/OR REIMPLANTATION;	CCR					
30	35695	TRANSPOSITION AND/OR REIMPLANTATION;	CCR					
30	35697	REIMPLANT ARTERY EACH	CCR					
30	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	CCR					
30	35701	EXPLORATION, CAROTID ARTERY	CCR					
30	35721	EXPLORATION, FEMORAL ARTERY	CCR					
30	35741	EXPLORATION POPLITEAL ARTERY	CCR					
30	35761	EXPLORATION OF ARTERY/VEIN	CCR					
30	35800	EXPLORE NECK VESSELS	CCR					
30	35820	EXPLORE CHEST VESSELS	CCR					
30	35840	EXPLORE ABDOMINAL VESSELS	CCR					
30	35860	EXPLORE LIMB VESSELS	CCR					
30	35870	REPAIR OF GRAFT-ENTERIC FISTULA	CCR					
30	35879	REVISE GRAFT W/VEIN	CCR					
30	35881	REVISE GRAFT W/VEIN	CCR					
30	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR					
30	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR					
30	35901	EXCISION OF INFECTED GRAFT;	CCR					
30	35903	EXCISION OF INFECTED GRAFT;	CCR					
30	35905	EXCISION OF INFECTED GRAFT;	CCR					
30	35907	EXCISION OF INFECTED GRAFT;	CCR					
30	36000	ESTABLISH ACCESS TO VEIN	CCR				X	
30	36002	PSEUDOANEURYSM INJECTION TRT	CCR					
30	36005	INJECTION PROCEDURE FOR CONTRAST VEN	CCR					
30	36010	ESTABLISH ACCESS TO VEIN	CCR					
30	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR					
30	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR					
30	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	CCR					
30	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	CCR					
30	36015	SELECTIVE CATHETER PLACEMENT, EACH S	CCR					
30	36100	ESTABLISH ACCESS TO ARTERY	CCR				X	
30	36120	ESTABLISH ACCESS TO ARTERY	CCR				X	
30	36140	ESTABLISH ACCESS TO ARTERY	CCR				X	
30	36147	INTRODUCTION OF NEEDLE AND/OR CATHET	CCR					
30	36148	INTRODUCTION OF NEEDLE AND/OR CATHET	CCR				X	
30	36160	ESTABLISH ACCESS TO AORTA	CCR					
30	36200	ESTABLISH ACCESS TO AORTA	CCR					
30	36215	INTRODUCE CATHETER; EACH ADD...	CCR				X	
30	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR					
30	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR					
30	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR					
30	36245	INTRO.CATH,@ ADD...ABD.ART PLACEMENT	CCR				X	
30	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR					
30	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR					
30	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR					
30	36415	ROUTINE VENIPUNCTURE-COLLECTION	2.48				X	02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	36416	CAPILLARY BOOD DRAW	2.19					02/04/10
30	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	CCR				X	
30	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	CCR	00 01			X	
30	36450	EXCHANGE TRANSFUSION SERVICE	CCR				X	
30	36455	EXCHANGE TRANSFUSION SERVICE	CCR				X	
30	36460	TRANSFUSION SERVICE, FETAL	CCR				X	
30	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	CCR				X	
30	36469	INJECTIONS SCLEROSING SOLUTIONS FACE	CCR				X	
30	36470	INJECTION THERAPY OF VEIN	CCR					
30	36471	INJECTION THERAPY OF VEINS	CCR					
30	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	CCR					
30	36500	VEIN CATH/SELECT. ORGAN SAMPLE	CCR					
30	36511	APHERESIS WBC	CCR					
30	36512	APHERESIS RBC	CCR					
30	36513	APHERESIS PLATELETS	CCR					
30	36514	APHERESIS PLASMA	CCR					
30	36515	APHERESIS, ADSORP/REINFUSE	CCR					
30	36516	APHERESIS, SELECTIVE	CCR					
30	36522	PHOTOPHERESIS,EXTRACORPOREAL	CCR					
30	36591	COLLECTION OF BLOOD SPECIMEN FROM A	CCR					
30	36592	COLLECTION OF BLOOD SPECIMEN USING E	CCR					
30	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	CCR					
30	36595	MECH REMOV TUNNELED CV CATH	CCR					
30	36596	MECH REMOV TUNNELED CV CATH	CCR					
30	36597	REPOSITION VENOUS CATHETER	CCR					
30	36598	INJ W/FLUOR, EVAL CV DEVICE	CCR				X	
30	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	20.44				X	02/04/10
30	36620	ARTERIAL CATHETERIZATION OR CANNULAT	CCR				X	
30	36625	ESTABLISH ACCESS TO ARTERY	CCR					
30	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	CCR					
30	36822	INSERT CANNULA(S),PROLONGED ECMO	CCR				X	
30	36823	INSERTION CANNULA(S)	CCR					
30	36838	DIST REVAS LIGATION, HEMO	CCR					
30	37140	REVISION OF CIRCULATION	CCR					
30	37145	REVISION OF CIRCULATION	CCR					
30	37160	REVISION OF CIRCULATION	CCR					
30	37180	REVISION OF CIRCULATION	CCR					
30	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	CCR					
30	37182	INSERT HEPATIC SHUNT (TIP'S)	CCR					
30	37184	PRIM ART MECH THROMBECTOMY	CCR					
30	37185	PRIM ART M-THROMBECT ADD-ON	CCR				X	
30	37186	SEC ART M-THROMBECT ADD-ON	CCR					
30	37187	VENOUS MECH THROMBECTOMY	CCR					
30	37188	VENOUS M-THROMBECTOMY ADD-ON	CCR					
30	37195	THROMBOLYTIC THERAPY, STROKE	CCR					
30	37202	TRANSCATHETER THERAPY, INFUSION OTHE	CCR					
30	37203	TRANSCATHETER RETRIEVAL, PERCUTANEOU	CCR					
30	37207	TRANSCATHETER PLACEMENT OF AN INTRAV	CCR					
30	37208	TRANSCATHETER PLACEMENT OF AN INTRAV	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	37209	EXCHANGE ARTERIAL CATHETER	CCR					
30	37210	UTERINE FIBROID EMBOLIZATION (UFE, E	CCR			F		
30	37215	TRANSCATH STENT, CCA W/EPS	CCR					
30	37216	TRANSCATH STENT, CCA W/O EPS	CCR					
30	37250	INTRAVASCULAR US	CCR		X			
30	37251	INTRAVASCULAR US	CCR		X		X	
30	37565	LIGATION OF NECK VEIN	CCR					
30	37600	LIGATION OF NECK ARTERY	CCR					
30	37605	LIGATION OF NECK ARTERY	CCR					
30	37606	LIGATION OF NECK ARTERY	CCR					
30	37615	LIGATION OF NECK ARTERY	CCR					
30	37616	LIGATE MAJOR ARTERY,CHEST	CCR					
30	37617	LIGATION OF ABDOMEN ARTERY	CCR					
30	37618	LIGATION OF EXTREMITY ARTERY	CCR					
30	37660	REVISION OF MAJOR VEIN	CCR					
30	37765	PHLEB VEINS - EXTREM - TO 20	CCR					
30	37766	PHLEB VEINS - EXTREM 20+	CCR					
30	37788	PENILE REVASCULARIZATION, ARTERY, WI	CCR					
30	38100	REMOVAL OF SPLEEN	CCR					
30	38101	SPLENECTOMY;PARTIAL	CCR					
30	38102	SPLENECTOMY;	CCR					
30	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	CCR					
30	38120	LAPAROSCOPY, SPLENECTOMY	CCR					
30	38200	INJECTION FOR SPLEEN X-RAY	CCR					
30	38204	BL DONOR SEARCH MANAGEMENT	CCR					
30	38207	CRYOPRESERVE STEM CELLS	CCR					
30	38208	THAW PRESERVED STEM CELLS	CCR					
30	38209	WASH HARVEST STEM CELLS	CCR					
30	38210	T-CELL DEPLETION OF HARVEST	CCR					
30	38211	TUMOR CELL DEplete OF HARVST	CCR					
30	38212	RBC DEPLETION OF HARVEST	CCR					
30	38213	PLATELET DEplete OF HARVEST	CCR					
30	38214	VOLUME DEplete OF HARVEST	CCR					
30	38215	HARVEST STEM CELL CONCENTRTE	CCR					
30	38220	BONE MARROW ASPIRATION	CCR					
30	38221	BONE MARROW BIOPSY	CCR					
30	38230	BONE MARROW HARVEST, FOR TRANSPLANT	CCR					
30	38240	BONE MARROW TRANSPLANTATION	CCR					
30	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	CCR					
30	38242	LYMPHOCYTE INFUSE TRANSPLANT	CCR					
30	38380	THORACIC DUCT PROCEDURE	CCR					
30	38381	THORACIC DUCT PROCEDURE	CCR					
30	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	CCR					
30	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	CCR					
30	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	CCR					
30	38720	REMOVAL OF LYMPH NODES, NECK	CCR					
30	38724	CERVICAL LYMPHADENECTOMY	CCR					
30	38746	THORACIC LYMPHADENECTOMY, REGIONAL,	CCR					
30	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	38765	REMOVE GROIN LYMPH NODES	CCR					
30	38770	REMOVE PELVIS LYMPH NODES	CCR					
30	38780	REMOVE ABDOMEN LYMPH NODES	CCR					
30	38792	IDENTIFY SENTINEL NODE	CCR					
30	38794	ACCESS THORACIC LYMPH DUCT	CCR					
30	39000	EXPLORATION OF MEDIASTINUM	CCR					
30	39010	EXPLORATION OF MEDIASTINUM	CCR					
30	39200	REMOVAL MEDIASTINAL LESION	CCR					
30	39220	REMOVAL MEDIASTINAL LESION	CCR					
30	39501	REPAIR, LACERATION OF DIAPHRAGM	CCR					
30	39502	REPAIR, PARAESOPHAGEAL HIATUS HERNIA	CCR					
30	39503	NEONATE HERNIA REPAIR	CCR					
30	39520	REPAIR OF DIAPHRAGM HERNIA	CCR					
30	39530	REPAIR OF DIAPHRAGM HERNIA	CCR					
30	39531	REPAIR OF DIAPHRAGM HERNIA	CCR					
30	39540	REPAIR OF DIAPHRAGM HERNIA	CCR					
30	39541	REPAIR OF DIAPHRAGM HERNIA	CCR					
30	39545	REVISION OF DIAPHRAGM	CCR					
30	39560	RESECT DIAPHRAGM, SIMPLE	CCR					
30	39561	RESECT DIAPHRAGM, COMPLEX	CCR					
30	40000	TISSUE TRANSFER; DEFECT TO 10 CM	CCR					
30	40805	REMOVAL FOREIGN BODY, MOUTH	CCR				X	
30	41000	DRAINAGE OF MOUTH LESION	CCR				X	
30	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	CCR					
30	41105	BIOPSY OF TONGUE	CCR				X	
30	41110	EXCISION OF TONGUE LESION	CCR					
30	41130	PARTIAL REMOVAL OF TONGUE	CCR					
30	41135	TONGUE AND NECK SURGERY	CCR					
30	41140	REMOVAL OF TONGUE	CCR					
30	41145	TONGUE REMOVAL; NECK SURGERY	CCR					
30	41150	TONGUE, MOUTH, JAW SURGERY	CCR					
30	41153	GLOSSECTOMY; RESECT FLOOR MOUTH, SUPRA	CCR					
30	41155	TONGUE, JAW, & NECK SURGERY	CCR					
30	41512	TONGUE BASE SUSPENSION, PERMANENT SU	CCR					
30	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	CCR					
30	41805	REMOVAL FOREIGN BODY, GUM	CCR					
30	41806	REMOVAL FOREIGN BODY, JAWBONE	CCR					
30	41825	EXCISION OF GUM LESION	CCR					
30	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	CCR				X	
30	41830	REMOVAL OF GUM TISSUE	CCR					
30	41850	TREATMENT OF GUM LESION	CCR					
30	41872	REPAIR GUM	CCR					
30	42225	RECONSTRUCT CLEFT PALATE	CCR					
30	42227	LENGTHEN PALATE, WITH ISLAND FLAP	CCR					
30	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	CCR					
30	42281	INSERT PIN-RETAINED PALATAL PROSTH.	CCR					
30	42330	REMOVAL OF SALIVARY STONE	CCR					
30	42335	REMOVAL OF SALIVARY STONE	CCR					
30	42400	BIOPSY OF SALIVARY GLAND	CCR				X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	42426	EXCISE PAROTID GLAND/LESION	CCR					
30	42550	INJECTION FOR SALIVARY X-RAY	CCR				X	
30	42660	DILATION OF SALIVARY DUCT	CCR					
30	42809	REMOVE PHARYNX FOREIGN BODY	CCR					
30	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	CCR					
30	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	CCR					
30	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	CCR					
30	42894	RESECT.PHARY.WALL-MYOCUTANEOUS FLAP	CCR					
30	42953	PHARYNGOESOPHAGEAL REPAIR	CCR					
30	42961	CONTROL THROAT BLEEDING	CCR				X	
30	42971	CONTROL NOSE/THROAT BLEEDING	CCR					
30	43020	INCISION OF ESOPHAGUS	CCR					
30	43030	THROAT MUSCLE SURGERY	CCR					
30	43045	INCISION OF ESOPHAGUS	CCR					
30	43100	EXCISION OF ESOPHAGUS LESION	CCR					
30	43101	EXCISION OF ESOPHAGUS LESION	CCR					
30	43107	REMOVAL OF ESOPHAGUS	CCR					
30	43108	REMOVAL OF ESOPHAGUS	CCR					
30	43112	REMOVAL OF ESOPHAGUS	CCR					
30	43113	REMOVAL OF ESOPHAGUS	CCR					
30	43116	PARTIAL REMOVAL OF ESOPHAGUS	CCR					
30	43117	PARTIAL REMOVAL OF ESOPHAGUS	CCR					
30	43118	PARTIAL REMOVAL OF ESOPHAGUS	CCR					
30	43121	PARTIAL REMOVAL OF ESOPHAGUS	CCR					
30	43122	PARTIAL REMOVAL OF ESOPHAGUS	CCR					
30	43123	PARTIAL REMOVAL OF ESOPHAGUS	CCR					
30	43124	REMOVAL OF ESOPHAGUS	CCR					
30	43130	REMOVAL OF ESOPHAGUS POUCH	CCR					
30	43135	REMOVAL OF ESOPHAGUS POUCH	CCR					
30	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	CCR					
30	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	CCR					
30	43300	REPAIR OF ESOPHAGUS	CCR					
30	43305	REPAIR ESOPHAGUS AND FISTULA	CCR					
30	43310	REPAIR OF ESOPHAGUS	CCR					
30	43312	REPAIR ESOPHAGUS AND FISTULA	CCR					
30	43313	ESOPHAGOPLASTY CONGENITAL	CCR					
30	43314	TRACHEO-ESOPHAGOPLASTY CONG	CCR					
30	43320	FUSE ESOPHAGUS & STOMACH	CCR					
30	43324	REVISE ESOPHAGUS & STOMACH	CCR					
30	43325	REVISE ESOPHAGUS & STOMACH	CCR					
30	43326	ESOPHAGOGASTRIC FUNDOPLASTY W/GASTRO	CCR					
30	43330	REPAIR OF ESOPHAGUS	CCR					
30	43331	REPAIR OF ESOPHAGUS	CCR					
30	43340	FUSE ESOPHAGUS & INTESTINE	CCR					
30	43341	FUSE ESOPHAGUS & INTESTINE	CCR					
30	43350	SURGICAL OPENING, ESOPHAGUS	CCR					
30	43351	SURGICAL OPENING, ESOPHAGUS	CCR					
30	43352	SURGICAL OPENING, ESOPHAGUS	CCR					
30	43360	GASTROINTESTINAL REPAIR	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	43361	GASTROINTESTINAL REPAIR	CCR					
30	43400	LIGATE ESOPHAGUS VEINS	CCR					
30	43401	TRANSECT ESOPHAGUS W/REPAIR- VARICES	CCR					
30	43405	LIGATE/STAPLE ESOPHAGUS	CCR					
30	43410	REPAIR ESOPHAGUS WOUND	CCR					
30	43415	REPAIR ESOPHAGUS WOUND	CCR					
30	43425	REPAIR ESOPHAGUS OPENING	CCR					
30	43460	PRESSURE TREATMENT ESOPHAGUS	CCR					
30	43496	FREE JEJUNUM FLAP, MICROVASC	CCR					
30	43501	GASTROTOMY WITH SUTURE REPAIR	CCR					
30	43502	SURGICAL REPAIR OF STOMACH	CCR					
30	43510	SURGICAL OPENING OF STOMACH	CCR					
30	43520	INCISION OF PYLORIC MUSCLE	CCR					
30	43605	BIOPSY, STOMACH, BY LAPAROTOMY	CCR					
30	43610	EXCISION OF STOMACH LESION	CCR					
30	43611	EXCISION, LOCAL;	CCR					
30	43620	REMOVAL OF STOMACH	CCR					
30	43621	GASTRECTOMY, TOTAL;	CCR					
30	43622	GASTRECTOMY, TOTAL;	CCR					
30	43631	GASTRECTOMY, PARTIAL, DISTAL;	CCR					
30	43632	GASTRECTOMY, PARTIAL, DISTAL;	CCR					
30	43633	GASTRECTOMY, PARTIAL, DISTAL;	CCR					
30	43634	GASTRECTOMY, PARTIAL, DISTAL;	CCR					
30	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	CCR					
30	43640	VAGOTOMY & PYLORUS REPAIR	CCR					
30	43641	VAGOTOMY INCLUD, PYLOROPLASTY, W/OR W/	CCR					
30	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	CCR	16 99	X			
30	43645	LAP GASTR BYPASS INCL SMLL I	CCR	16 99	X			
30	43651	LAPAROSCOPY, VAGUS NERVE	CCR					
30	43652	LAPAROSCOPY, VAGUS NERVE	CCR					
30	43752	NASAL/OROGASTRIC W/STENT	CCR					
30	43770	LAP, PLACE GASTR ADJUST BAND	CCR	16 99	X			
30	43771	LAP, REVISE ADJUST GAST BAND	CCR	16 99	X			
30	43772	LAP, REMOVE ADJUST GAST BAND	CCR	16 99	X			
30	43773	LAP, CHANGE ADJUST GAST BAND	CCR	16 99	X			
30	43774	LAP REMOV ADJ GAST BAND/PORT	CCR	16 99	X			
30	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	CCR	16 99	X			
30	43800	RECONSTRUCTION OF PYLORUS	CCR					
30	43810	FUSION OF STOMACH AND BOWEL	CCR					
30	43825	FUSION OF STOMACH AND BOWEL	CCR					
30	43831	SURGICAL OPENING OF STOMACH	CCR					
30	43832	SURGICAL OPENING OF STOMACH	CCR					
30	43842	GASTROPLASTY, VERTICAL-BANDED, FOR M	CCR	16 99	X			
30	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	CCR	16 99	X			
30	43845	GASTROPLASTY DUODENAL SWITCH	CCR	16 99	X			
30	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	CCR	16 99	X			
30	43847	GASTRIC BYPASS FOR OBESITY	CCR	16 99	X			
30	43848	REVISION GASTROPLASTY	CCR	16 99	X			
30	43850	REVISE STOMACH-BOWEL FUSION	CCR					



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	43855	REVISE STOMACH-BOWEL FUSION	CCR					
30	43860	REVISE STOMACH-BOWEL FUSION	CCR					
30	43865	REVISE STOMACH-BOWEL FUSION	CCR					
30	43886	REVISE GASTRIC PORT, OPEN	CCR	16 99	X			
30	43887	REMOVE GASTRIC PORT, OPEN	CCR	16 99	X			
30	43888	CHANGE GASTRIC PORT, OPEN	CCR	16 99	X			
30	44005	FREEING OF BOWEL ADHESION	CCR					
30	44010	INCISION OF SMALL BOWEL	CCR					
30	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	CCR					
30	44020	EXPLORATION OF SMALL BOWEL	CCR					
30	44021	ENTEROTOMY...;FOR DECOMPRESSION	CCR					
30	44025	EXPLORATION OF LARGE BOWEL	CCR					
30	44050	REDUCE BOWEL OBSTRUCTION	CCR					
30	44055	CORRECT MALROTATION-CG, LADD PROC.	CCR					
30	44110	EXCISION OF BOWEL LESION(S)	CCR					
30	44111	EXCISION OF BOWEL LESION(S)	CCR					
30	44120	REMOVAL OF SMALL INTESTINE	CCR					
30	44121	REMOVAL OF SMALL INTESTINE	CCR					
30	44125	REMOVAL OF SMALL INTESTINE	CCR					
30	44126	ENTERECTOMY W/TAPER, CONG	CCR					
30	44127	ENTERECTOMY W/O TAPER, CONG	CCR					
30	44128	ENTERECTOMY CONG, ADD-ON	CCR					
30	44130	BOWEL TO BOWEL FUSION	CCR					
30	44132	ENTERECTOMY, CADAVER DONOR	CCR					
30	44133	ENTERECTOMY, LIVE DONOR	CCR					
30	44135	INTESTINE TRANSPLNT, CADAVER	CCR					
30	44136	INTESTINE TRANSPLANT, LIVE	CCR					
30	44137	REMOVE INTESTINAL ALLOGRAFT	CCR					
30	44139	MOBILIZATION OF COLON	CCR					
30	44140	PARTIAL REMOVAL OF COLON	CCR					
30	44141	PARTIAL REMOVAL OF COLON	CCR					
30	44143	PARTIAL REMOVAL OF COLON	CCR					
30	44144	PARTIAL REMOVAL OF COLON	CCR					
30	44145	PARTIAL REMOVAL OF COLON	CCR					
30	44146	PARTIAL REMOVAL OF COLON	CCR					
30	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	CCR					
30	44150	REMOVAL OF COLON	CCR					
30	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	CCR					
30	44155	REMOVAL OF COLON	CCR					
30	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	CCR					
30	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	CCR					
30	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	CCR					
30	44160	REMOVAL OF COLON	CCR					
30	44186	LAP, JEJUNOSTOMY	CCR					
30	44187	LAP, ILEO/JEJUNO-STOMY	CCR					
30	44188	LAP, COLOSTOMY	CCR					
30	44202	LAPARO, RESECT INTESTINE	CCR					
30	44203	LAP RESECT S/INTESTINE, ADDL	CCR					
30	44204	LAPARO PARTIAL COLECTOMY	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	44205	LAP COLECTOMY PART W/ILEUM	CCR					
30	44206	LAP PART COLECTOMY W/STOMA	CCR					
30	44207	L COLECTOMY/COLOPROCTOSTOMY	CCR					
30	44208	L COLECTOMY/COLOPROCTOSTOMY	CCR					
30	44210	LAPARO TOTAL PROCTOCOLECTOMY	CCR					
30	44211	LAPARO TOTAL PROCTOCOLECTOMY	CCR					
30	44212	LAPARO TOTAL PROCTOCOLECTOMY	CCR					
30	44213	LAP, MOBIL SPLENIC FL ADD-ON	CCR					
30	44227	LAP, CLOSE ENTEROSTOMY	CCR					
30	44300	OPEN BOWEL TO SKIN	CCR					
30	44310	ILEOSTOMY	CCR					
30	44314	REVISION OF ILEOSTOMY	CCR					
30	44316	DEVISE BOWEL POUCH	CCR					
30	44320	COLOSTOMY	CCR					
30	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	CCR					
30	44345	REVISION OF COLOSTOMY	CCR					
30	44346	REVISE COLOSTOMY;REPAIR HERNIA	CCR					
30	44500	INTRODUCTION OF LONG GASTROINTESTINA	CCR					
30	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	CCR					
30	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	CCR					
30	44605	REPAIR OF BOWEL LESION	CCR					
30	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	CCR					
30	44625	REPAIR BOWEL OPENING	CCR					
30	44626	REPAIR BOWEL OPENING	CCR					
30	44640	REPAIR BOWEL-SKIN FISTULA	CCR					
30	44650	REPAIR BOWEL FISTULA	CCR					
30	44660	REPAIR BOWEL-BLADDER FISTULA	CCR					
30	44661	REPAIR BOWEL-BLADDER FISTULA	CCR					
30	44680	SURGICAL REVISION, INTESTINE	CCR					
30	44700	SUSPEND BOWEL W/PROSTHESIS	CCR					
30	44701	INTRAOP COLON LAVAGE ADD-ON	CCR					
30	44715	PREPARE DONOR INTESTINE	CCR					
30	44720	PREP DONOR INTESTINE/VENOUS	CCR					
30	44721	PREP DONOR INTESTINE/ARTERY	CCR					
30	44800	EXCISION OF BOWEL POUCH	CCR					
30	44820	EXCISION OF MESENTERY LESION	CCR					
30	44850	REPAIR OF MESENTERY	CCR					
30	44900	DRAINAGE OF APPENDIX ABSCESS	CCR					
30	44901	DRAIN, APP ABSCESS, PERC	CCR					
30	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	CCR					
30	44960	APPENDECTOMY	CCR					
30	45110	REMOVAL OF RECTUM	CCR					
30	45111	PARTIAL REMOVAL OF RECTUM	CCR					
30	45112	REMOVAL OF RECTUM	CCR					
30	45113	PARTIAL PROCTECTOMY	CCR					
30	45114	PARTIAL REMOVAL OF RECTUM	CCR					
30	45116	PARTIAL REMOVAL OF RECTUM	CCR					
30	45119	REMOVE, RECTUM W/RESERVOIR	CCR					
30	45120	REMOVAL OF RECTUM	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	CCR					
30	45123	PARTIAL PROCTECTOMY	CCR					
30	45126	PELVIC EXENTERATION	CCR					
30	45130	EXCISION OF RECTAL PROLAPSE	CCR					
30	45135	EXCISION OF RECTAL PROLAPSE	CCR					
30	45136	EXCISE ILEOANAL RESERVOIR	CCR					
30	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	CCR			X		
30	45395	LAP, REMOVAL OF RECTUM	CCR					
30	45397	LAP, REMOVE RECTUM W/POUCH	CCR					
30	45400	LAPAROSCOPIC PROCTOPEXY	CCR					
30	45402	LAP PROCTOPEXY W/SIG RESECT	CCR					
30	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	CCR					
30	45540	CORRECT RECTAL PROLAPSE	CCR					
30	45541	CORRECT RECTAL PROLAPSE	CCR					
30	45550	REPAIR RECTUM;REMOVE SIGMOID	CCR					
30	45562	EXPLORATION/REPAIR OF RECTUM	CCR					
30	45563	EXPLORATION/REPAIR OF RECTUM	CCR					
30	45800	REPAIR RECTUMBLADDER FISTULA	CCR					
30	45805	REPAIR FISTULA; COLOSTOMY	CCR					
30	45820	REPAIR RECTOURETHRAL FISTULA	CCR					
30	45825	REPAIR FISTULA; COLOSTOMY	CCR					
30	46070	INCISION OF ANAL SEPTUM	CCR					
30	46221	LIGATION OF HEMORRHOID(S)	CCR			X		
30	46500	INJECTION TREATMENT OF ANUS	CCR					
30	46505	CHEMODENERVATION ANAL MUSC	CCR					
30	46606	ANOSCOPY WITH BIOPSY	CCR					
30	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	CCR					
30	46710	REPR PER/VAG POUCH SNGL PROC	CCR					
30	46712	REPR PER/VAG POUCH DBL PROC	CCR					
30	46715	REPAIR OF ANOVAGINAL FISTULA	CCR					
30	46716	REPAIR OF ANOVAGINAL FISTULA	CCR					
30	46730	CONSTRUCTION OF ABSENT ANUS	CCR					
30	46735	CONSTRUCTION OF ABSENT ANUS	CCR					
30	46740	CONSTRUCTION OF ABSENT ANUS	CCR					
30	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	CCR					
30	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	CCR					
30	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	CCR					
30	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	CCR					
30	46751	REPAIR OF ANAL SPHINCTER	CCR					
30	46916	CRYSOSURGERY-ANAL LESIONS	CCR				X	
30	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S)	CCR					
30	46942	TREATMENT OF ANAL FISSURE	CCR					
30	47010	DRAINAGE OF LIVER LESION	CCR					
30	47011	PERCUT DRAIN, LIVER LESION	CCR					
30	47015	INJECT/ASPIRATE LIVER CYST	CCR					
30	47120	PARTIAL REMOVAL OF LIVER	CCR					
30	47122	HEPATECTOMY, RESECT LIVER; TRISEGMENT.	CCR					
30	47125	PARTIAL REMOVAL OF LIVER	CCR					
30	47130	PARTIAL REMOVAL OF LIVER	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE	PA	SEX	UVS	EFFECT
				MIN-MAX			>001	DATE
30	47133	DONOR HEPATECTOMY,W/PREP-MAINT.HOMOG	CCR					
30	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	CCR					
30	47136	TRANSPLANTATION OF LIVER	CCR					
30	47140	PARTIAL REMOVAL, DONOR LIVER	CCR					
30	47141	PARTIAL REMOVAL, DONOR LIVER	CCR					
30	47142	PARTIAL REMOVAL, DONOR LIVER	CCR					
30	47143	PREP DONOR LIVER, WHOLE	CCR					
30	47144	PREP DONOR LIVER, 3-SEGMENT	CCR					
30	47145	PREP DONOR LIVER, LOBE SPLIT	CCR					
30	47146	PREP DONOR LIVER/VENOUS	CCR					
30	47147	PREP DONOR LIVER/ARTERIAL	CCR					
30	47300	SURGERY FOR LIVER LESION	CCR					
30	47350	REPAIR LIVER WOUND	CCR					
30	47360	REPAIR LIVER WOUND	CCR					
30	47361	REPAIR LIVER WOUND	CCR					
30	47362	REPAIR LIVER WOUND	CCR					
30	47370	LAPARO ABLATE LIVER TUMOR RF	CCR					
30	47371	LAPARO ABLATE LIVER CRYOSUG	CCR					
30	47380	OPEN ABLATE LIVER TUMOR RF	CCR					
30	47381	OPEN ABLATE LIVER TUMOR CRYO	CCR					
30	47400	INCISION OF LIVER DUCT	CCR					
30	47420	INCISION OF BILE DUCT	CCR					
30	47425	INCISION OF BILE DUCT	CCR					
30	47460	INCISE BILE DUCT SPHINCTER	CCR					
30	47490	PERCUTANEOUS CHOLECYSTOSTOMY	CCR					
30	47500	INJECTION FOR LIVER X-RAYS	CCR					
30	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	CCR					
30	47570	LAPARO CHOLECYSTOENTEROSTOMY	CCR					
30	47600	REMOVAL OF GALLBLADDER	CCR					
30	47610	REMOVAL OF GALLBLADDER	CCR					
30	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	CCR					
30	47620	REMOVAL OF GALLBLADDER	CCR					
30	47700	EXPLORATION OF BILE DUCTS	CCR					
30	47701	PORTENTEROSTOMY	CCR					
30	47711	EXCISION OF BILE DUCT TUMOR	CCR					
30	47712	EXCISION OF BILE DUCT TUMOR	CCR					
30	47715	EXCISE CHOLEDOCHAL CYST	CCR					
30	47720	FUSE GALLBLADDER & BOWEL	CCR					
30	47721	FUSE UPPER GI STRUCTURES	CCR					
30	47740	FUSE GALLBLADDER & BOWEL	CCR					
30	47741	FUSE GALLBLADDER & BOWEL	CCR					
30	47760	FUSE BILE DUCTS AND BOWEL	CCR					
30	47765	FUSE LIVER DUCTS & BOWEL	CCR					
30	47780	FUSE BILE DUCTS AND BOWEL	CCR					
30	47785	FUSE BILE DUCTS AND BOWEL	CCR					
30	47800	RECONSTRUCTION OF BILE DUCTS	CCR					
30	47801	PLACEMENT OF CHOLEDOCHAL STENT	CCR					
30	47802	U-TUBE HEPATICOENTEROSTOMY	CCR					
30	47900	SUTURE BILE DUCT INJURY	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	48000	DRAINAGE OF ABDOMEN	CCR					
30	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	CCR					
30	48020	REMOVAL OF PANCREATIC STONE	CCR					
30	48100	BIOPSY OF PANCREAS	CCR					
30	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	CCR					
30	48120	REMOVAL OF PANCREAS LESION	CCR					
30	48140	PARTIAL REMOVAL OF PANCREAS	CCR					
30	48145	PARTIAL REMOVAL OF PANCREAS	CCR					
30	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	CCR					
30	48148	REMOVAL OF PANCREATIC DUCT	CCR					
30	48150	PARTIAL REMOVAL OF PANCREAS	CCR					
30	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	CCR					
30	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	CCR					
30	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	CCR					
30	48155	REMOVAL OF PANCREAS	CCR					
30	48160	PANCREATECTOMY;WITH TRANSPLANTATION	CCR					
30	48500	SURGERY OF PANCREAS CYST	CCR					
30	48510	EXT.DRAINAGE,PANCREAS PSEUDOCYST	CCR					
30	48520	FUSE PANCREAS CYST AND BOWEL	CCR					
30	48540	FUSE PANCREAS CYST AND BOWEL	CCR					
30	48545	PANCREATORRHAPHY FOR TRAUMA	CCR					
30	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	CCR					
30	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	CCR					
30	48550	DONOR PANCREATECTOMY, WITH PREPARATI	CCR					
30	48551	PREP DONOR PANCREAS	CCR					
30	48552	PREP DONOR PANCREAS/VENOUS	CCR					
30	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	CCR					
30	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	CCR					
30	49002	REEXPLORATION OF ABDOMEN	CCR					
30	49020	DRAIN ABDOMINAL ABSCESS	CCR					
30	49040	DRAIN ABDOMINAL ABSCESS	CCR					
30	49060	DRAIN ABDOMINAL ABSCESS	CCR					
30	49062	DRAIN TO PERITONEAL CAVITY	CCR					
30	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	CCR					
30	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	CCR					
30	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	CCR					
30	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	CCR					
30	49220	STAGING CELIOTOMY;HODGKINS/LYMPHOMA	CCR					
30	49255	OMENECTOMY,...RESECT OMENTUM	CCR					
30	49323	LAPARO DRAIN LYMPHOCELE	CCR					
30	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	CCR					
30	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	CCR					
30	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	CCR					
30	49400	AIR INJECTION INTO ABDOMEN	CCR					
30	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	CCR					
30	49423	EXCHANGE DRAINAGE CATH	CCR					
30	49424	ASSESS CYST, CONTRAST INJ	CCR					
30	49425	PERITONEAL-VENOUS SHUNT	CCR					
30	49427	INJECTION PROCEDURE (EG, CONTRAST ME	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	49428	LIGATION OF SHUNT	CCR					
30	49429	REMOVAL OF SHUNT	CCR					
30	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	CCR					
30	49436	DELAYED CREATION OF EXIT SITE FROM E	CCR					
30	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	CCR					
30	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	CCR					
30	49442	INSERTION OF CECOSTOMY OR OTHER COLO	CCR					
30	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	CCR					
30	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	CCR					
30	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	CCR					
30	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	CCR					
30	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	CCR					
30	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	CCR					
30	49605	REPAIR UMBILICAL LESION	CCR					
30	49606	REPAIR UMBILICAL LESION	CCR					
30	49610	REPAIR UMBILICAL LESION	CCR					
30	49611	REPAIR UMBILICAL LESION	CCR					
30	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	CCR					
30	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCIS	CCR					
30	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECUR	CCR					
30	49904	OMENTAL FLAP, EXTRA-ABDOM	CCR					
30	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	CCR					
30	49906	FREE OMENTAL FLAP, MICROVASC	CCR					
30	50010	EXPLORATION OF KIDNEY	CCR					
30	50020	DRAINAGE OF KIDNEY ABSCESS	CCR					
30	50021	PERCUT DRAIN RENAL ABSCESS	CCR					
30	50040	DRAINAGE OF KIDNEY	CCR					
30	50045	EXPLORATION OF KIDNEY	CCR					
30	50060	REMOVAL OF KIDNEY STONE	CCR					
30	50065	INCISION OF KIDNEY	CCR					
30	50070	INCISION OF KIDNEY	CCR					
30	50075	REMOVAL OF KIDNEY STONE	CCR					
30	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	CCR					
30	50100	REVISE KIDNEY BLOOD VESSELS	CCR					
30	50120	EXPLORATION OF KIDNEY	CCR					
30	50125	EXPLORE AND DRAIN KIDNEY	CCR					
30	50130	REMOVAL OF KIDNEY STONE	CCR					
30	50135	EXPLORATION OF KIDNEY	CCR					
30	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	CCR					
30	50220	REMOVAL OF KIDNEY	CCR					
30	50225	REMOVAL OF KIDNEY	CCR					
30	50230	REMOVAL OF KIDNEY	CCR					
30	50234	REMOVAL OF KIDNEY & URETER	CCR					
30	50236	REMOVAL OF KIDNEY & URETER	CCR					
30	50240	PARTIAL REMOVAL OF KIDNEY	CCR					
30	50250	CRYOABLATE RENAL MASS OPEN	CCR					
30	50280	REMOVAL OF KIDNEY LESION	CCR					
30	50290	REMOVAL OF KIDNEY LESION	CCR					
30	50300	DONOR NEPHRECTOMY,CADAVER,CARE-HOMOG	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	CCR					
30	50323	PREP CADAVER RENAL ALLOGRAFT	CCR					
30	50325	PREP DONOR RENAL GRAFT	CCR					
30	50327	PREP RENAL GRAFT/VENOUS	CCR					
30	50328	PREP RENAL GRAFT/ARTERIAL	CCR					
30	50329	PREP RENAL GRAFT/URETERAL	CCR					
30	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	CCR					
30	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	CCR					
30	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	CCR					
30	50370	REMOVE TRANSPLANTED KIDNEY	CCR					
30	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	CCR					
30	50382	CHANGE URETER STENT, PERCUT	CCR					
30	50384	REMOVE URETER STENT, PERCUT	CCR					
30	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	CCR					
30	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	CCR					
30	50387	CHANGE EXT/INT URETER STENT	CCR					
30	50389	REMOVE RENAL TUBE W/FLUORO	CCR					
30	50391	INSTLL RX AGNT INTO RNAL TUB	CCR					
30	50394	INJECTION FOR KIDNEY X-RAY	CCR					
30	50400	REVISION OF KIDNEY/URETER	CCR					
30	50405	REVISION OF KIDNEY/URETER	CCR					
30	50500	REPAIR OF KIDNEY WOUND	CCR					
30	50520	CLOSE KIDNEY-SKIN FISTULA	CCR					
30	50525	REPAIR RENAL-ABDOMEN FISTULA	CCR					
30	50526	REPAIR RENAL-ABDOMEN FISTULA	CCR					
30	50540	REVISION OF HORSESHOE KIDNEY	CCR					
30	50541	LAPARO ABLATE RENAL CYST	CCR					
30	50542	LAPARO ABLATE RENAL MASS	CCR					
30	50543	LAPARO PARTIAL NEPHRECTOMY	CCR					
30	50544	LAPAROSCOPY, PYELOPLASTY	CCR					
30	50545	LAPARO RADICAL NEPHRECTOMY	CCR					
30	50546	LAPAROSCOPIC NEPHRECTOMY	CCR					
30	50547	LAPARO REMOVAL DONOR KIDNEY	CCR					
30	50548	LAPARO-ASST REMOVE K/URETER	CCR					
30	50562	RENAL SCOPE W/TUMOR RESECT	CCR					
30	50570	KIDNEY ENDOSCOPY	CCR					
30	50572	KIDNEY ENDOSCOPY	CCR					
30	50574	KIDNEY ENDOSCOPY & BIOPSY	CCR					
30	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	CCR					
30	50576	KIDNEY ENDOSCOPY & TREATMENT	CCR					
30	50580	KIDNEY ENDOSCOPY & TREATMENT	CCR					
30	50592	PERC RF ABLATE RENAL TUMOR	CCR					
30	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	CCR					
30	50600	EXPLORATION OF URETER	CCR					
30	50605	URETEROTOMY-INSERT STEAT	CCR					
30	50610	REMOVAL OF URETER STONE	CCR					
30	50620	REMOVAL OF URETER STONE	CCR					
30	50630	REMOVAL OF URETER STONE	CCR					
30	50650	REMOVAL OF URETER	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	50660	REMOVAL OF URETER	CCR					
30	50686	MEASURE URETER PRESSURE	CCR					
30	50690	INJECTION FOR URETER X-RAY	CCR					
30	50700	REVISION OF URETER	CCR					
30	50715	RELEASE OF URETER	CCR					
30	50722	RELEASE OF URETER	CCR					
30	50725	RELEASE/REVISE URETER	CCR					
30	50727	REVISION OF URINARY-CUTANEOUS ANASTO	CCR					
30	50728	REVISION OF URINARY-CUTANEOUS ANASTO	CCR					
30	50740	FUSION OF URETER & KIDNEY	CCR					
30	50750	FUSION OF URETER & KIDNEY	CCR					
30	50760	FUSION OF URETERS	CCR					
30	50770	SP LICING OF URETERS	CCR					
30	50780	REIMPLANT URETER IN BLADDER	CCR					
30	50782	URETERONEOCYSTOSTOMY;	CCR					
30	50783	URETERONEOCYSTOSTOMY;	CCR					
30	50785	REIMPLANT URETER IN BLADDER	CCR					
30	50800	IMPLANT URETER IN BOWEL	CCR					
30	50810	FUSION OF URETER & BOWEL	CCR					
30	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	CCR					
30	50820	CONSTRUCT BOWEL BLADDER	CCR					
30	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	CCR					
30	50830	URINARY UNDIVERSION	CCR					
30	50840	REPLACE URETER BY BOWEL	CCR					
30	50845	CUTANEOUS APPENDICO-VESICOSTOMY	CCR					
30	50860	TRANSPLANT URETER TO SKIN	CCR					
30	50900	REPAIR OF URETER	CCR					
30	50920	CLOSURE URETER/SKIN FISTULA	CCR					
30	50930	CLOSURE URETER/BOWEL FISTULA	CCR					
30	50940	RELEASE OF URETER	CCR					
30	50945	LAPAROSCOPY URETEROLITHOTOMY	CCR					
30	51060	REMOVAL OF URETER STONE	CCR					
30	51100	ASPIRATION OF BLADDER; BY NEEDLE	CCR					
30	51101	ASPIRATION OF BLADDER; BY TROCAR OR	CCR					
30	51102	ASPIRATION OF BLADDER; WITH INSERTIO	CCR					
30	51525	REMOVAL OF BLADDER LESION	CCR					
30	51530	REMOVAL OF BLADDER LESION	CCR					
30	51535	REPAIR OF URETER LESION	CCR					
30	51550	PARTIAL REMOVAL OF BLADDER	CCR					
30	51555	PARTIAL REMOVAL OF BLADDER	CCR					
30	51565	REVISE BLADDER & URETER(S)	CCR					
30	51570	REMOVAL OF BLADDER	CCR					
30	51575	REMOVAL OF BLADDER & NODES	CCR					
30	51580	REMOVE BLADDER; REVISE TRACT	CCR					
30	51585	REMOVAL OF BLADDER & NODES	CCR					
30	51590	REMOVE BLADDER; REVISE TRACT	CCR					
30	51595	REMOVE BLADDER; REVISE TRACT	CCR					
30	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	CCR					
30	51597	PELVIC EXENTERATION	CCR					



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	51600	INJECTION FOR BLADDER X-RAY	CCR					
30	51610	INJECTION FOR BLADDER X-RAY	CCR					
30	51700	IRRIGATION OF BLADDER	CCR				X	
30	51701	INSERTION NON-INDWELLNG BLADDR CATH	CCR					
30	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR					
30	51725	SIMPLE CYSTOMETROGRAM	CCR					
30	51736	SIMPLE UROFLOWMETRY	CCR					
30	51741	COMPLEX UROFLOWMETRY	CCR					
30	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	CCR					
30	51798	MEASURE POST-VOIDING RESIDUAL URINE	CCR					
30	51800	REVISION OF BLADDER/URETHRA	CCR					
30	51820	REVISION OF URINARY TRACT	CCR					
30	51841	ATTACH BLADDER/URETHRA	CCR					
30	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	CCR			F		
30	51860	REPAIR OF BLADDER WOUND	CCR					
30	51865	REPAIR OF BLADDER WOUND	CCR					
30	51900	REPAIR BLADDER/VAGINA LESION	CCR					
30	51920	CLOSE BLADDER-UTERUS FISTULA	CCR					
30	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	CCR			F		
30	51940	CORRECTION OF BLADDER DEFECT	CCR					
30	51960	REVISION OF BLADDER & BOWEL	CCR					
30	51980	CONSTRUCT BLADDER OPENING	CCR					
30	51990	LAPARO URETHRAL SUSPENSION	CCR					
30	52649	PROSTATE LASER ENUCLEATION	CCR		X	M		
30	53025	INCISION OF URETHRA	CCR					
30	53060	DRAINAGE OF URETHRA ABSCESS	CCR			F		
30	53085	DRAINAGE OF URINARY LEAKAGE	CCR					
30	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	CCR					
30	53448	REMOV/REPLC UR SPHINCTR COMP	CCR		X			
30	53500	URETHRLYS, TRANSVAG W/ SCOPE	CCR			F		
30	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	CCR		X	M		
30	53620	DILATE URETH STRICT.,MALE;INITIAL	CCR		X	M		
30	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	CCR		X	M		
30	53660	DILATE FEMALE URETHRA...;INITIAL	CCR		X	F		
30	53661	DIALTE FEMALE URETHRA...;SUBSEQUENT	CCR		X	F		
30	53855	INSERTION OF A TEMPORARY PROSTATIC U	CCR			M		
30	54050	TREATMENT OF PENIS LESION	CCR			M		
30	54055	TREATMENT OF PENIS LESION	CCR			M		
30	54056	DESTROY PENILE LESION;CRYOSURGERY	CCR			M		
30	54125	REMOVAL OF PENIS	CCR			M		
30	54130	REMOVE PENIS & NODES	CCR			M		
30	54135	REMOVE PENIS & NODES	CCR			M		
30	54200	TREATMENT OF PENIS LESION	CCR			M		
30	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	CCR			M		
30	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	CCR			M		
30	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	CCR					
30	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	CCR			M		
30	54390	REPAIR PENIS AND BLADDER	CCR			M		
30	54411	REMV/REPLC PENIS PROS, COMP	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	54417	REMV/REPLC PENIS PROS, COMPL	CCR					
30	54430	REVISION OF PENIS	CCR			M		
30	54560	EXPLORATION FOR TESTIS	CCR			M		
30	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	CCR			M		
30	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	CCR			M		
30	55450	LIGATION OF VAS DEFERENS	CCR	21 99	X	M		
30	55600	INCISE SPERM DUCT POUCH	CCR			M		
30	55605	INCISE SPERM DUCT POUCH	CCR			M		
30	55650	REMOVE SPERM DUCT POUCH	CCR			M		
30	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	CCR			M		
30	55752	CONIZATION OF CERVIX	CCR					
30	55801	REMOVAL OF PROSTATE	CCR			M		
30	55810	EXTENSIVE PROSTATE SURGERY	CCR			M		
30	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	CCR			M		
30	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	CCR					
30	55821	REMOVAL OF PROSTATE	CCR			M		
30	55831	REMOVAL OF PROSTATE	CCR			M		
30	55840	EXTENSIVE PROSTATE SURGERY	CCR			M		
30	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	CCR					
30	55845	EXTENSIVE PROSTATE SURGERY	CCR			M		
30	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	CCR			M		
30	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	CCR			M		
30	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	CCR			M		
30	55866	LAPARO RADICAL PROSTATECTOMY	CCR			M		
30	55870	ELECTROEJACULATION	CCR					
30	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	CCR			M		
30	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	CCR			M		
30	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR					
30	55970	INTERSEX SURGERY;MALE TO FEMALE	CCR		X			
30	55980	INTERSEX SURGERY; FEMALE TO MALE	CCR		X			
30	56442	HYMENOTOMY, SIMPLE INCISION	CCR			F		
30	56630	EXTENSIVE VULVA SURGERY	CCR			F		
30	56631	VULVECTOMY, RADICAL, PARTIAL;	CCR					
30	56632	VULVECTOMY, RADICAL, PARTIAL;	CCR			F		
30	56633	VULVECTOMY, RADICAL, COMPLETE;	CCR					
30	56634	VULVECTOMY, RADICAL, COMPLETE;	CCR					
30	56637	VULVECTOMY, RADICAL, COMPLETE;	CCR					
30	56640	EXTENSIVE VULVA SURGERY	CCR			F		
30	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	CCR					
30	56820	EXAM OF VULVA W/SCOPE	CCR			F		
30	57022	I &D VAGINAL HEMATOMA, OB	CCR			F		
30	57106	REMOVE VAGINA WALL, PARTIAL	CCR					
30	57107	REMOVE VAGINA TISSUE/PARTIAL	CCR					
30	57109	VAGINECTOMY PARTIAL W/NODES	CCR					
30	57110	REMOVAL OF VAGINA	CCR			F		
30	57111	REMOVE VAGINA TISSUE/COMPL	CCR					
30	57112	VAGINECTOMY COMPLETE W/NODES	CCR					
30	57120	CLOSURE OF VAGINA	CCR			F		
30	57150	TREAT VAGINA INFECTION	CCR			F	X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	57160	INSERTION OF PESSARY	CCR			F		
30	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10 60		F		
30	57267	INSERT MESH/PELVIC FLR ADDON	CCR			F		
30	57270	REPAIR OF BOWEL POUCH	CCR			F		
30	57280	SUSPENSION OF VAGINA	CCR			F		
30	57282	FIXATION FOR VAGINAL PROLAPSE	CCR			F		
30	57283	COLPOPEXY, INTRAPERITONEAL	CCR			F		
30	57284	REPAIR PARAVAGINAL DEFECT	CCR					
30	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR			F		
30	57287	REVISE/REMOVE SLING REPAIR	CCR			F		
30	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR		X	F		
30	57295	CHANGE VAGINAL GRAFT	CCR			F		
30	57296	REVISION (INCLUDING REMOVAL) OF PROS	CCR			F		
30	57305	REPAIR RECTUM-VAGINA FISTULA	CCR			F		
30	57307	FISTULA REPAIR & COLOSTOMY	CCR			F		
30	57308	FISTULA REPAIR, TRANSPERINE	CCR			F		
30	57310	REPAIR URETHRA-VAGINA LESION	CCR			F		
30	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	CCR			F		
30	57320	REPAIR BLADDER-VAGINA LESION	CCR			F		
30	57330	REPAIR BLADDER-VAGINA LESION	CCR			F		
30	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	CCR					
30	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR			F		
30	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR			F		
30	57452	EXAMINATION OF VAGINA	CCR			F		
30	57531	REMOVAL OF CERVIX, RADICAL	CCR			F		
30	57540	REMOVAL OF RESIDUAL CERVIX	CCR			F		
30	57545	REMOVE CERVIX, REPAIR PELVIS	CCR			F		
30	57555	REMOVE CERVIX, REPAIR VAGINA	CCR			F		
30	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR			F		
30	58100	BIOPSY OF UTERUS LINING	CCR			F		
30	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR			F		
30	58140	REMOVAL OF UTERUS LESION	CCR			F		
30	58146	MYOMECTOMY ABDOM COMPLEX	CCR			F		
30	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	CCR			F		
30	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	CCR			F		
30	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	CCR			F		
30	58200	TAH,W/PART.VAGINECTOMY,..BX	CCR			F		
30	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	CCR			F		
30	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	CCR			F		
30	58260	VAGINAL HYSTERECTOMY	CCR			F		
30	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR			F		
30	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR			F		
30	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	CCR			F		
30	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			F		
30	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	CCR			F		
30	58280	VAG HYSTERECT;REPAIR ENTEROCELE	CCR			F		
30	58285	VAGINAL HYSTERECTOMY;RADICAL	CCR			F		
30	58290	VAG HYST COMPLEX	CCR			F		
30	58291	VAG HYST INCL T/O, COMPLEX	CCR			F		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	58292	VAG HYST T/O & REPAIR, COMPL	CCR			F		
30	58293	VAG HYST W/URO REPAIR, COMPL	CCR					
30	58294	VAG HYST W/ENTEROCELE, COMPL	CCR			F		
30	58356	ENDOMETRIAL CRYOABLATION	CCR			F		
30	58400	UTERINE SUSPENSION	CCR			F		
30	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	CCR			F		
30	58520	REPAIR OF RUPTURED UTERUS	CCR			F		
30	58540	REVISION OF UTERUS	CCR			F		
30	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F		
30	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F		
30	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F		
30	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR			F		
30	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	CCR			F		
30	58553	LAPARO-VAG HYST, COMPLEX	CCR			F		
30	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR			F		
30	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F		
30	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F		
30	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F		
30	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			F		
30	58605	DIVISION OF FALLOPIAN TUBE	CCR	21 55		F		
30	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	CCR	21 55		F		
30	58823	PERCUT DRAIN PELVIC ABSCESS	CCR			F		
30	58825	TRANSPOSITION, OVARY(S)	CCR			F		
30	58920	PARTIAL REMOVAL OF OVARY(S)	CCR			F		
30	58940	REMOVAL OF OVARY(S)	CCR			F		
30	58943	OOPHORECTOMY, OVAR. MALIG. W/W/OUT SALP	CCR			F		
30	58950	RES OVAR MALIG, BILAT SALP/OOPH, OMENT	CCR			F		
30	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	CCR			F		
30	58952	SEE 58950, W/ RAD DISSECT FOR DEBULK	CCR			F		
30	58953	TAH, RAD DISSECT FOR DEBULK	CCR			F		
30	58954	TAH RAD DEBULK/LYMPH REMOVE	CCR			F		
30	58956	BSO, OMENTECTOMY W/TAH	CCR			F		
30	58957	RESECTION (TUMOR DEBULKING) OF RECUR	CCR			F		
30	58958	RESECTION (TUMOR DEBULKING) OF RECUR	CCR			F		
30	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	CCR			F		
30	59012	CORDOCENTESIS, ANY METHOD	CCR	10 60		F		
30	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR				X	
30	59020	FETAL OXYTOCIN STRESS TEST	CCR	10 60		F		
30	59025	FETAL NON-STRESS TEST	CCR	10 60		F		
30	59030	FETAL SCALP BLOOD SAMPLE	CCR					
30	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10 60		F		
30	59051	FETAL MONITOR/INTERPRET ONL	CCR			F		
30	59070	TRANSABDOM AMNIOINFUS W/ US	CCR	10 59		F		
30	59074	FETAL FLUID DRAINAGE W/ US	CCR	10 59		F		
30	59076	FETAL SHUNT PLACEMENT, W/ US	CCR	10 59		F		
30	59100	REMOVE UTERUS LESION	CCR	00 60		F		
30	59120	SURG TX ECTOPIC PG, TUBAL, W/SALP/OOPH	CCR	10 60		F		
30	59121	SURG TX, ECTOPIC PG; TUBAL, W/O SALP-OO	CCR	10 60		F		
30	59130	SURG TX ECTOPIC PG; ABDOMINAL	CCR	10 60		F		

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	59135	TX ECTOPIC,INTERSTIT..W/ HYSTERECT.	CCR	12 55		F		
30	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	CCR	10 60		F		
30	59140	SURG TX ECTOPIC PG, CERVICAL	CCR	10 60		F		
30	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	CCR	10 60		F		
30	59325	CERCLAGE OF CERVIX;ABDOMINAL	CCR	10 60		F		
30	59350	REPAIR OF UTERUS	CCR					
30	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	CCR	10 59				
30	59410	VAGINAL DELIVERY ONLY-HOSP.CARE	CCR	10 59		F		
30	59412	EXTERNAL CEPHALIC VERSION,W/VO TOCOL	CCR				X	
30	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	CCR	12 55		F		
30	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	CCR	10 59		F		
30	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	CCR	10 60		F		
30	59514	CESAREAN DELIVERY ONLY;	CCR					
30	59515	CESAREAN DELIVERY W POSTPARTUM CARE	CCR	10 60		F		
30	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	CCR	10 60		F		
30	59610	VBAC DELIVERY	CCR	10 60		F		
30	59612	VBAC DELIVERY ONLY	CCR	10 60		F		
30	59614	VBAC CARE AFTER DELIVERY	CCR	10 60		F		
30	59618	ATTEMPTED VBAC DELIVERY	CCR	10 60		F		
30	59620	ATTEMPTED VBAC DELIVERY ONLY	CCR	10 60		F		
30	59622	ATTEMPTED VBAC AFTER CARE	CCR	10 60		F		
30	59830	TREATMENT OF SEPTIC ABORTION	CCR	10 60		F		
30	59850	SALINE ABORTION	CCR	10 60		F		
30	59851	SALINE ABORTION WITH D&C	CCR	10 60		F		
30	59852	SALINE ABORTION WITH HYSTEROTOMY	CCR	10 60		F		
30	59855	ABORTION	CCR					
30	59856	ABORTION	CCR					
30	59857	ABORTION	CCR					
30	60210	PARTIAL EXCISION THYROID	CCR					
30	60212	PARTIAL THYROID EXCISION	CCR					
30	60225	PARTIAL REMOVAL OF THYROID	CCR					
30	60252	REMOVAL OF THYROID	CCR					
30	60254	EXTENSIVE THYROID SURGERY	CCR					
30	60260	REPEAT THYROID SURGERY	CCR					
30	60270	REMOVAL OF THYROID	CCR					
30	60271	REMOVAL OF THYROID	CCR					
30	60300	ASPIRATION AND/OR INJECTION, THYROID	CCR					
30	60500	EXPLORE PARATHYROID GLANDS	CCR					
30	60502	RE-EXPLORE PARATHYROID(S)	CCR					
30	60505	EXPLORE PARATHYROID GLANDS	CCR					
30	60512	AUTOTRANSPLANT, PARATHYROID	CCR					
30	60520	REMOVAL OF THYMUS GLAND	CCR					
30	60521	REMOVAL THYMUS GLAND	CCR					
30	60522	REMOVAL OF THYMUS GLAND	CCR					
30	60540	EXPLORE ADRENAL GLAND	CCR					
30	60545	EXPLORE ADRENAL GLAND	CCR					
30	60600	REMOVE CAROTID BODY LESION	CCR					
30	60605	REMOVE CAROTID BODY LESION	CCR					
30	60650	LAPAROSCOPY ADRENALECTOMY	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	61000	REMOVE CRANIAL CAVITY FLUID	CCR					
30	61001	SUBDURAL TAP...SUBSEQUENT TAPS	CCR				X	
30	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	CCR					
30	61107	TWIST DRILL HOLE/VENTRICULAR CATH	CCR					
30	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	CCR					
30	61120	PIERCE SKULL FOR EXAMINATION	CCR					
30	61140	PIERCE SKULL FOR BIOPSY	CCR					
30	61150	PIERCE SKULL FOR DRAINAGE	CCR					
30	61151	PIERCE SKULL FOR DRAINAGE	CCR				X	
30	61154	PIERCE SKULL FOR DRAINAGE	CCR				X	
30	61156	PIERCE SKULL FOR DRAINAGE	CCR					
30	61210	PIERCE SKULL; IMPLANT DEVICE	CCR					
30	61250	PIERCE SKULL & EXPLORE	CCR					
30	61253	PIERCE SKULL & EXPLORE	CCR					
30	61304	INCISE SKULL FOR EXPLORATION	CCR					
30	61305	INCISE SKULL FOR EXPLORATION	CCR					
30	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	CCR					
30	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	CCR					
30	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	CCR					
30	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	CCR					
30	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	CCR					
30	61320	INCISE SKULL FOR DRAINAGE	CCR					
30	61321	INCISE SKULL FOR DRAINAGE	CCR					
30	61322	DECOMPRESSIVE CRANIOTOMY	CCR					
30	61323	DECOMPRESSIVE LOBECTOMY	CCR					
30	61330	EXPLORATION OF EYE SOCKET	CCR					
30	61332	EXPLORE/BIOPSY EYE SOCKET	CCR					
30	61333	EXPLORE ORBIT; REMOVE LESION	CCR					
30	61334	EXPLORE & TREAT EYE SOCKET	CCR					
30	61340	RELIEVE CRANIAL PRESSURE	CCR					
30	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	CCR					
30	61345	RELIEVE CRANIAL PRESSURE	CCR					
30	61440	INCISE SKULL FOR SURGERY	CCR					
30	61450	INCISE SKULL FOR SURGERY	CCR					
30	61458	INCISE SKULL FOR SURGERY	CCR					
30	61460	INCISE SKULL FOR SURGERY	CCR					
30	61470	INCISE SKULL FOR SURGERY	CCR					
30	61480	INCISE SKULL FOR SURGERY	CCR					
30	61490	INCISE SKULL FOR SURGERY	CCR					
30	61500	REMOVAL OF SKULL LESION	CCR					
30	61501	CRANIECTOMY FOR OSTEOMYELITIS	CCR					
30	61510	REMOVAL OF BRAIN LESION	CCR					
30	61512	REMOVE BRAIN LINING LESION	CCR					
30	61514	REMOVAL OF BRAIN ABSCESS	CCR					
30	61516	REMOVAL OF BRAIN LESION	CCR					
30	61517	IMPLT BRAIN CHEMOTX AGENT	CCR					
30	61518	REMOVAL OF BRAIN LESION	CCR					
30	61519	REMOVE BRAIN LINING LESION	CCR					
30	61520	REMOVAL OF BRAIN LESION	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	CCR					
30	61522	REMOVAL OF BRAIN ABSCESS	CCR					
30	61524	REMOVAL OF BRAIN LESION	CCR					
30	61526	REMOVAL OF BRAIN LESION	CCR					
30	61530	REMOVAL OF BRAIN LESION	CCR					
30	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	CCR					
30	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	CCR					
30	61534	REMOVAL OF BRAIN LESION	CCR					
30	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	CCR					
30	61536	REMOVAL OF BRAIN LESION	CCR					
30	61537	REMOVAL OF BRAIN TISSUE	CCR					
30	61538	REMOVAL OF BRAIN TISSUE	CCR					
30	61539	REMOVAL OF BRAIN TISSUE	CCR					
30	61540	REMOVAL OF BRAIN TISSUE	CCR					
30	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	CCR					
30	61542	REMOVAL OF BRAIN TISSUE	CCR					
30	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	CCR					
30	61544	REMOVE & TREAT BRAIN LESION	CCR					
30	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	CCR					
30	61546	REMOVAL OF PITUITARY GLAND	CCR					
30	61548	REMOVAL OF PITUITARY GLAND	CCR					
30	61550	RELEASE OF SKULL SEAMS	CCR					
30	61552	RELEASE OF SKULL SEAMS	CCR					
30	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	CCR					
30	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	CCR					
30	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	CCR					
30	61559	EXT CRANIECT-W/MULT OSTEOOT,BONE AUTO	CCR					
30	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	CCR					
30	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	CCR					
30	61566	REMOVAL OF BRAIN TISSUE	CCR					
30	61567	INCISION OF BRAIN TISSUE	CCR					
30	61570	REMOVE BRAIN FOREIGN BODY	CCR					
30	61571	SURGERY FOR PENETRATING BRAIN WOUND	CCR					
30	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	CCR					
30	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	CCR					
30	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR					
30	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR					
30	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR					
30	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	CCR					
30	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	CCR					
30	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	CCR					
30	61586	RESECT NASOPHARYNX, SKULL	CCR					
30	61590	INFRA TEMPORAL PRE-AURICULAR APPROACH	CCR					
30	61591	INFRA TEMPORAL POST-AURICULAR APPROAC	CCR					
30	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	CCR					
30	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	CCR					
30	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	CCR					
30	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	CCR					
30	61598	TRANSPETROSAL APPROACH TO POSTERIOR	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	61600	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61601	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61605	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61606	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61607	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61608	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61609	TRANSECTION OR LIGATION, CAROTID ART	CCR					
30	61610	TRANSECTION OR LIGATION, CAROTID ART	CCR					
30	61611	TRANSECTION OR LIGATION, CAROTID ART	CCR					
30	61612	TRANSECTION OR LIGATION, CAROTID ART	CCR					
30	61613	OBLITERATION OF CAROTID ANEURYSM, AR	CCR					
30	61615	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61616	RESECTION OR EXCISION OF NEOPLASTIC,	CCR					
30	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	CCR					
30	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	CCR					
30	61623	ENDOVASC TEMPORY VESSEL OCCL	CCR					
30	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR					
30	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR					
30	61630	INTRACRANIAL ANGIOPLASTY	CCR					
30	61635	INTRACRAN ANGIOPLSTY W/STENT	CCR					
30	61640	DILATE IC VASOSPASM, INIT	CCR					
30	61641	DILATE IC VASOSPASM ADD-ON	CCR					
30	61642	DILATE IC VASOSPASM ADD-ON	CCR					
30	61680	SURG..MALFORM;SUPRATENTORIAL,SIMPLE	CCR					
30	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	CCR					
30	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	CCR					
30	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	CCR					
30	61690	SURG..MALFORM;DURAL,SIMPLE	CCR					
30	61692	SURG..MALFORM;DURAL,COMPLEX	CCR					
30	61697	BRAIN ANEURYSM REPR, COMPLX	CCR					
30	61698	BRAIN ANEURYSM REPR, COMPLX	CCR					
30	61700	INNER SKULL VESSEL SURGERY	CCR					
30	61702	INNER SKULL VESSEL SURGERY	CCR					
30	61703	CLAMP NECK ARTERY	CCR					
30	61705	REVISE CIRCULATION TO HEAD	CCR					
30	61708	REVISE CIRCULATION TO HEAD	CCR					
30	61710	REVISE CIRCULATION TO HEAD	CCR					
30	61711	FUSION OF SKULL ARTERIES	CCR					
30	61720	INCISE SKULL/BRAIN SURGERY	CCR					
30	61735	INCISE SKULL/BRAIN SURGERY	CCR					
30	61750	STEREOTACTIC PROC/INTRACRAN. LESION	CCR					
30	61751	STEREOTACTIC BIOPSY W/CAT SCAN	CCR					
30	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	CCR					
30	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	CCR					
30	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					
30	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR				X	
30	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					
30	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR				X	
30	61800	APPLICATION OF STEREOTACTIC HEADFRAM	CCR					



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	61850	IMPLANT NEUROELECTRODES	CCR					
30	61860	IMPLANT NEUROELECTRODES	CCR					
30	61863	IMPLANT NEUROELECTRODE	CCR					
30	61864	IMPLANT NEUROELECTRDE, ADDĀL	CCR					
30	61867	IMPLANT NEUROELECTRODE	CCR					
30	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	CCR					
30	61870	IMPLANT NEUROELECTRODES	CCR					
30	61875	IMPLANT NEUROELECTRODES	CCR					
30	61880	REVISE/REMOVE NEUROELECTRODE	CCR					
30	62000	REPAIR OF SKULL FRACTURE	CCR					
30	62005	REPAIR OF SKULL FRACTURE	CCR					
30	62010	TREATMENT OF HEAD INJURY	CCR					
30	62100	REPAIR BRAIN FLUID LEAKAGE	CCR					
30	62120	REPAIR SKULL CAVITY LESION	CCR					
30	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	CCR					
30	62140	REPAIR OF SKULL DEFECT	CCR					
30	62141	REPAIR OF SKULL DEFECT	CCR					
30	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	CCR					
30	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	CCR					
30	62145	REPAIR OF SKULL & BRAIN	CCR					
30	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	CCR					
30	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	CCR					
30	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	CCR					
30	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	CCR					
30	62161	DISSECT BRAIN W/SCOPE	CCR					
30	62162	REMOVE COLLOID CYST W/SCOPE	CCR					
30	62163	NEUROENDOSCOPY W/FB REMOVAL	CCR					
30	62164	REMOVE BRAIN TUMOR W/SCOPE	CCR					
30	62165	REMOVE PITUIT TUMOR W/SCOPE	CCR					
30	62180	ESTABLISH BRAIN CAVITY SHUNT	CCR					
30	62190	ESTABLISH BRAIN CAVITY SHUNT	CCR					
30	62192	ESTABLISH BRAIN CAVITY SHUNT	CCR					
30	62200	ESTABLISH BRAIN CAVITY SHUNT	CCR					
30	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	CCR					
30	62220	ESTABLISH BRAIN CAVITY SHUNT	CCR					
30	62223	ESTABLISH BRAIN CAVITY SHUNT	CCR					
30	62252	CSF SHUNT REPROGRAM	CCR					
30	62256	REMOVE BRAIN CAVITY SHUNT	CCR					
30	62258	REPLACE BRAIN CAVITY SHUNT	CCR					
30	62264	EPIDURAL LYSIS ON SINGLE DAY	CCR					
30	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	CCR					
30	62284	INJECTION FOR MYELOGRAM	CCR					
30	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	CCR					
30	62291	INJECT FOR SPINE DISK X-RAY	CCR					
30	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	CCR					
30	62351	IMPLANT SPINAL CATHETER	CCR					X
30	62881	INJECTION OF NEUROLYTIC SUBSTANCE	CCR					
30	63001	RELIEVE SPINAL CORD PRESSURE	CCR					
30	63003	RELIEVE SPINAL CORD PRESSURE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	63005	RELIEVE SPINAL CORD PRESSURE	CCR					
30	63011	RELIEVE PSINAL CORD PRESSURE	CCR					
30	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	CCR					
30	63015	RELIEVE SPINAL CORD PRESSURE	CCR					
30	63016	RELIEVE SPINAL CORD PRESSURE	CCR					
30	63017	RELIEVE SPINAL CORD PRESSURE	CCR					
30	63020	NECK SPINE DISK SURGERY	CCR					
30	63030	LOW BACK DISK SURGERY	CCR					
30	63035	ADDED SPINAL DISK SURGERY	CCR				X	
30	63040	NECK SPINE DISK SURGERY	CCR					
30	63042	LOW BACK DISK SURGERY	CCR					
30	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR				X	
30	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR				X	
30	63045	LAMINECTOMY...SING.SEG.;CERVICAL	CCR					
30	63046	LAMINECTOMY...SING.SEG.;THORACIC	CCR					
30	63047	LAMINECTOMY...SING.SEG.;LUMBAR	CCR					
30	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	CCR				X	
30	63050	CERVICAL LAMINOPLASTY	CCR					
30	63051	C-LAMINOPLASTY W/GRAFT/PLATE	CCR					
30	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	CCR					
30	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	CCR					
30	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	CCR				X	
30	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	CCR					
30	63066	DECOMPRESS...THORACIC;EACH ADD SEG	CCR				X	
30	63075	DISKECTOMY,DECOMPRESS SPN,CER,SINGLE	CCR					
30	63076	DISKECTOMY CERV EA DD INTERSPACE	CCR				X	
30	63077	DISKECTOMY...;THORACIC,SING.INTERSPA	CCR					
30	63078	DISKECTOMY...;THOR,EACH ADD INTERSPAC	CCR				X	
30	63081	VERT CORPECTOMY...;CERVICAL,SING.SEG	CCR					
30	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	CCR				X	
30	63085	VERT CORPECTOMY...THORACIC,SING SEG	CCR					
30	63086	VERT CORPECT...THOR.,EACH ADD SEG	CCR				X	
30	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	CCR					
30	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	CCR				X	
30	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	CCR					
30	63091	VERT CORPECTOMY;EACH ADD SEGMENT	CCR				X	
30	63101	REMOVAL OF VERTEBRAL BODY	CCR					
30	63102	REMOVAL OF VERTEBRAL BODY	CCR					
30	63103	REMOVE VERTEBRAL BODY ADD-ON	CCR				X	
30	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	CCR					
30	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	CCR					
30	63173	LAMINECTOMY...;TO PERITONEAL SPACE	CCR					
30	63180	REVISE SPINAL CORD LIGAMENTS	CCR					
30	63182	REVISE SPINAL CORD LIGAMENTS	CCR					
30	63185	INCISE SPINAL COLUMN/NERVES	CCR					
30	63190	INCISE SPINAL COLUMN/NERVES	CCR					
30	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	CCR					
30	63194	INCISE SPINAL COLUMN & CORD	CCR					
30	63195	INCISE SPINAL COLUMN & CORD	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	63196	INCISE SPINAL COLUMN & CORD	CCR					
30	63197	INCISE SPINAL COLUMN & CORD	CCR					
30	63198	INCISE SPINAL COLUMN & CORD	CCR					
30	63199	INCISE SPINAL COLUMN & CORD	CCR					
30	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	CCR					
30	63250	REVISE SPINAL CORD VESSELS	CCR					
30	63251	REVISE SPINAL CORD VESSELS	CCR					
30	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	CCR					
30	63265	LAMINECTOMY, LESION...;CERVICAL	CCR					
30	63266	LAMINECTOMY, LESION...;THORACIC	CCR					
30	63267	LAMINECTOMY, LESION...;LUMBAR	CCR					
30	63268	LAMINECTOMY, LESION...;SACRAL	CCR					
30	63270	LAMINECTOMY, LESION...;CERVICAL	CCR					
30	63271	LAMINECTOMY, LESION...;THORACIC	CCR					
30	63272	LAMINECTOMY, LESION...;LUMBAR	CCR					
30	63273	LAMINECTOMY, LESION...;SACRAL	CCR					
30	63275	LAMINECTOMY, BX/EXC...;CERVICAL-EXTRA	CCR					
30	63276	LAMINECTOMY, BX/EXC...;THORACIC-EXTRA.	CCR					
30	63277	LAMINECTOMY, BX/EXC...;LUMBAR-EXTRADUR	CCR					
30	63278	LAMINECTOMY, BX/EXC...;SACRAL-EXTRADUR	CCR					
30	63280	LAMINECTOMY, BX/EXC...;CERVICAL, INTRA	CCR					
30	63281	LAMINECTOMY, BX/EXC...;THORACIC-INTRA	CCR					
30	63282	LAMINECTOMY, BX/EXC...;LUMBAR-INTRADUR	CCR					
30	63283	LAMINECTOMY, BX/EXC...;SACRAL-INTRADUR	CCR					
30	63285	LAMINECTOMY, BX/EXC...;CERVICAL-INTRA	CCR					
30	63286	LAMINECTOMY, BX/EXC...;THORACIC-INTRA	CCR					
30	63287	LAMINECTOMY, BX/EXC...;THORACOLUMBAR..	CCR					
30	63290	LAMINECTOMY...;COMBINATION, ANY LEVEL	CCR					
30	63295	REPAIR OF LAMINECTOMY DEFECT	CCR					
30	63300	VERT CORP, SING SEG;CERVICAL-EXTRADUR	CCR					
30	63301	SEE 63300;EXTRADUR, THOR-TRANSTHO APP	CCR					
30	63302	SEE 63300;EXTRADUR, THOR-THORACOL APP	CCR					
30	63303	SEE 63300;EXTRA, LUM/SAC, TRANS/RETRO	CCR					
30	63304	SEE 63300;INTRADURAL, CERVICAL	CCR					
30	63305	SEE 63300;INTRA, THOR-TRANSTHO APP	CCR					
30	63306	SEE 63300;INTRA, THOR-THORACOLUM APP	CCR					
30	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	CCR					
30	63308	VERT CORPECTOMY, EA ADD SEGMENT	CCR				X	
30	63615	STEREOTACTIC BIOPSY, SPINAL CORD	CCR					
30	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					
30	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR				X	
30	63655	IMPLANT NEUROELECTRODES	CCR					
30	63700	REPAIR OF SPINAL HERNIATION	CCR					
30	63702	REPAIR OF SPINAL HERNIATION	CCR					
30	63704	REPAIR OF SPINAL HERNIATION	CCR					
30	63706	REPAIR OF SPINAL HERNIATION	CCR					
30	63707	REPAIR DURAL/CSF LEAK, NO LAMINECTOMY	CCR					
30	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	CCR					
30	63710	GRAFT REPAIR OF SPINE DEFECT	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	63740	INSTALL SPINAL SHUNT	CCR					
30	63741	CREATION OF SHUNT-PERCU T W/O LAMINEC	CCR					
30	64400	INJECTION FOR NERVE BLOCK	CCR				X	
30	64405	INJECTION FOR NERVE BLOCK	CCR				X	
30	64408	INJECTION FOR NERVE BLOCK	CCR				X	
30	64412	INJECTION FOR NERVE BLOCK	CCR				X	
30	64413	INJECTION FOR NERVE BLOCK	CCR				X	
30	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	CCR					
30	64418	INJECTION FOR NERVE BLOCK	CCR				X	
30	64425	INJECTION FOR NERVE BLOCK	CCR				X	
30	64435	INJECTION FOR NERVE BLOCK	CCR				X	
30	64445	INJECTION FOR NERVE BLOCK	CCR				X	
30	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	CCR					
30	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	CCR					
30	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	CCR					
30	64449	N BLOCK INJ, LUMBAR PLEXUS	CCR					
30	64455	INJECTION(S), ANESTHETIC AGENT AND/O	CCR					
30	64490	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					
30	64491	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					
30	64492	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR				X	
30	64493	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					
30	64494	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					
30	64495	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR				X	
30	64508	INJECTION FOR NERVE BLOCK	CCR					
30	64589	SUTURE @ADD MAJOR PERIPHERAL NERVE	CCR					
30	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	CCR					
30	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	CCR					
30	64752	INCISION OF VAGUS NERVE	CCR					
30	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	CCR					
30	64760	INCISION OF VAGUS NERVE	CCR					
30	64761	INCISION OF PELVIS NERVE	CCR					
30	64763	INCISE HIP/THIGH NERVE	CCR					
30	64766	INCISE HIP/THIGH NERVE	CCR					
30	64804	REMOVE SYMPATHETIC NERVES	CCR					
30	64809	REMOVE SYMPATHETIC NERVES	CCR					
30	64818	REMOVE SYMPATHETIC NERVES	CCR					
30	64820	REMOVE SYMPATHETIC NERVES	CCR					
30	64822	REMOVE SYMPATHETIC NERVES	CCR					
30	64823	REMOVE SYMPATHETIC NERVES	CCR					
30	64866	FUSION OF FACIAL/OTHER NERVE	CCR					
30	64868	FUSION OF FACIAL/OTHER NERVE	CCR					
30	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	CCR					
30	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	CCR					
30	65125	MODIFICATION OF OCULAR IMPLANT (EG,	CCR					
30	65205	REMOVE FOREIGN BODY FROM EYE	CCR			X	X	
30	65210	REMOVE FOREIGN BODY FROM EYE	CCR			X	X	
30	65220	REMOVE FOREIGN BODY FROM EYE	CCR			X	X	
30	65222	REMOVE FOREIGN BODY FROM EYE	CCR			X	X	
30	65273	REPAIR OF EYE WOUND	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	CCR					
30	65430	CORNEAL SMEAR	CCR				X	
30	65435	CURETTE/TREAT CORNEA	CCR					
30	65436	CURETTE/TREAT CORNEA	CCR					
30	65450	DESTROY CORNEAL LESION	CCR					
30	65600	REVISION OF CORNEA	CCR					
30	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	CCR					
30	65757	BACKBENCH PREPARATION OF CORNEAL END	CCR					
30	65765	KERATOPHAKIA	CCR					
30	65767	EPIKERATOPHAKIA	CCR					
30	66762	REVISION OF IRIS	CCR					
30	66770	REMOVAL OF INNER EYE LESION	CCR					
30	66782	RELIEVE INNER EYE PRESSURE	CCR					
30	66990	OPHTHALMIC ENDOSCOPE ADD-ON	CCR					
30	67041	VITRECTOMY,MECHANICAL,PARS PLANA	CCR					
30	67043	VITRECTOMY,MECHANICAL,PARS PLANA	CCR					
30	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	CCR					
30	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	CCR					
30	67221	OCULAR PHOTODYNAMIC THER	CCR					
30	67225	EYE PHOTODYNAMIC THER ADD-ON	CCR					
30	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	CCR	00 01				
30	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	CCR					
30	67346	BIOPSY OF EXTRAOCULAR MUSCLE	CCR					
30	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	CCR					
30	67505	INJECT/TREAT EYE SOCKET	CCR					
30	67515	INJECT/TREAT EYE SOCKET	CCR					
30	67710	INCISION OF EYELID	CCR					
30	67825	REVISE EYELASHES	CCR					
30	67850	TREAT EYELID LESION	CCR					
30	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	CCR					
30	67915	REPAIR EYELID DEFECT	CCR					
30	67922	REPAIR EYELID DEFECT	CCR					
30	68020	INCISE/DRAIN EYELID LINING	CCR					
30	68040	TREATMENT OF EYELID LESIONS	CCR					
30	68100	BIOPSY OF EYELID LINING	CCR					
30	68135	REMOVE EYELID LINING LESION	CCR					
30	68200	TREAT EYELID BY INJECTION	CCR					
30	68400	INCISE/DRAIN TEAR GLAND	CCR					
30	68420	INCISE/DRAIN TEAR SAC	CCR					
30	68440	INCISE TEAR DUCT OPENING	CCR					
30	68530	CLEARANCE OF TEAR DUCT	CCR					
30	68705	REVISE TEAR DUCT OPENING	CCR					
30	68760	CLOSE TEAR DUCT OPENING	CCR					
30	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	CCR					
30	68801	DILATE TEAR DUCT OPENING	CCR					
30	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	CCR					
30	68840	EXPLORE/IRRIGATE TEAR DUCTS	CCR					
30	68850	INJECTION FOR TEAR SAC X-RAY	CCR					
30	69155	EXTENSIVE EAR/NECK SURGERY	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	69200	CLEAR OUTER EAR CANAL	CCR					
30	69210	REMOVE IMPACTED EAR WAX	CCR					
30	69220	DEBRIDEMENT, MASTOIDECTOMY CAV/SIMPLE	CCR					
30	69400	INFLATE MIDDLE EAR CANAL	CCR				X	
30	69401	INFLATE MIDDLE EAR CANAL	CCR				X	
30	69405	EUSTACHIAN TUBE CATH./TRANSTYMPANIC	CCR					
30	69535	REMOVE PART OF TEMPORAL BONE	CCR					
30	69554	REMOVE EAR LESION	CCR					
30	69950	INCISE INNER EAR NERVE	CCR					
30	69955	RELEASE FACIAL NERVE	CCR					
30	69960	RELEASE INNER EAR CANAL	CCR					
30	69970	REMOVE INNER EAR LESION	CCR					
30	69982	CATARACT SURGERY, COMPLEX	CCR					
30	70010	MYELOGRAPHY; INTERPRETATION ONLY	CCR					
30	70015	CISTERNOGRAPHY; INTERPRET ONLY	CCR					
30	70030	X-RAY EYE; DETECT FOREIGN BODY	CCR				X	
30	70100	X-RAY MANDIBLE; PARTIAL	CCR					
30	70110	X-RAY MANDIBLE; COMPLETE	CCR					
30	70120	X-RAY MASTOIDS; L3 VIEWS PER SIDE	CCR				X	
30	70130	COMPLETE X-RAY, MASTOIDS-3 VIEWS/SIDE	CCR				X	
30	70134	X-RAY INTERNAL AUDITORY MEATI	CCR				X	
30	70140	X-RAY FACIAL BONES; L3 VIEWS	CCR					
30	70150	X-RAY FACIAL BONES; COMPLETE	CCR					
30	70160	X-RAY NASAL BONES; COMPLETE	CCR					
30	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	CCR					
30	70190	X-RAY OPTIC FORAMINA	CCR				X	
30	70200	X-RAY ORBITS, COMPLETE, 4+ VIEWS	CCR				X	
30	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	CCR					
30	70220	X-RAY SINUSES; PARANASAL; COMPLETE	CCR					
30	70240	X-RAY SELLA TURCICA	CCR					
30	70250	X-RAY SKULL; LESS THAN 4 VIEWS	CCR					
30	70260	X-RAY SKULL; COMPLETE	CCR					
30	70300	X-RAY TEETH; SINGLE VIEW	CCR					
30	70310	X-RAY TEETH; PARTIAL EXAM	CCR					
30	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	CCR					
30	70328	X-RAY TEMPOROMANDIBULAR JNT; UNIL	CCR					
30	70330	ARTHROTOMOGRAPHY; TEMPOROMAND.-COMPLT	CCR					
30	70332	TEMPOROMANDIBULAR ARTHROGRAPHY; SUPER/INTER	CCR					
30	70336	MRI, TEMPOROMANDIBULAR JOINT	CCR					
30	70350	CEPHALOGRAM; ORTHODONTIC	CCR					
30	70355	ORTHOPANTOGRAM	CCR					
30	70360	X-RAY NECK; SOFT TISSUE	CCR					
30	70370	X-RAY PHARYNX/LARYNX W/FLUROSCOPY	CCR					
30	70373	LARYNGOGRAPHY; INTERPRET ONLY	CCR					
30	70380	X-RAY SALIVARY GLAND FOR CALCULUS	CCR					
30	70390	SIALOGRAPHY; INTERPRETATION ONLY	CCR					
30	70450	CAT, HEAD/BRAIN; W/OUT CONTRAST MATER	CCR					
30	70460	CAT, HEAD/BRAIN; W/ CONTRAST MATERIAL	CCR					
30	70470	CAT, HEAD/BRAIN; W/OUT-W/ CONTRAST	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	70480	TOMOGRAPHY;ORBIT, SELLA, POSTERIOR FOS	CCR					
30	70481	TOMOGRAPHY;ORBIT, ETC, WITH/CONTRAST M	CCR					
30	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	CCR					
30	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	CCR					
30	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	CCR					
30	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	CCR					
30	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	CCR					
30	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	CCR					
30	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	CCR					
30	70496	CT ANGIOGRAPHY HEAD	CCR				X	
30	70498	CT ANGIOGRAPHY NECK	CCR				X	
30	70540	MRI-ORBIT,FACE AND NECK	CCR					
30	70542	MR IMAGING ORBIT, FACE, AND NECK	CCR				X	
30	70543	MR IMAGING ORBIT, FACE , AND NECK	CCR					
30	70544	MR ANGIOGRAPHY HEAD	CCR				X	
30	70545	MR ANGIOGRAPHY	CCR				X	
30	70546	MR ANGIOGRAPHY NECK	CCR				X	
30	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	CCR				X	
30	70548	MR ANGIOGRAPHY NECK WITH CONSTRAS	CCR				X	
30	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	CCR				X	
30	70551	MRI-BRAIN/INCLUDING BRAIN STEM	CCR					
30	70552	MRI,BRAIN W CONTRAST MATERIAL	CCR					
30	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					
30	71010	X-RAY CHEST; POSTEROANTERIOR	CCR				X	
30	71015	X-RAY CHEST; STEREO;POSTEROANTER	CCR					
30	71020	X-RAY CHEST; TWO VIEWS	CCR				X	
30	71021	X-RAY CHEST; APICAL LORDOTIC	CCR					
30	71022	X-RAY CHEST; OBLIQUE PROJECTIONS	CCR				X	
30	71023	X-RAY CHEST,2 VIEWS,FRONT,LAT.FLUORO	CCR				X	
30	71030	X-RAY CHEST; MININUM OF 4 VIEWS	CCR					
30	71034	X-RAY CHEST W/FLUOROSCOPY	CCR					
30	71035	X-RAY CHEST; SPECIAL VIEWS	CCR					
30	71040	CONTRAST X-RAY OF BRONCHI	CCR					
30	71060	CONTRAST X-RAY OF BRONCHI	CCR					
30	71090	X-RAY & PACEMAKER INSERTION	CCR					
30	71100	X-RAY EXAM OF RIBS	CCR					
30	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	CCR					
30	71110	X-RAY EXAM OF RIBS	CCR					
30	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	CCR					
30	71120	X-RAY EXAM OF BREASTBONE	CCR					
30	71130	X-RAY EXAM OF BREASTBONE	CCR					
30	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	CCR					
30	71260	CAT.THORAX, W/ CONTRAST MATERIAL	CCR					
30	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	CCR					
30	71275	CT ANGIOGRAPHY, CHEST	CCR					
30	71550	MRI-CHEST/LYPHADENOPATHY EVAL	CCR					
30	71551	MRI CHEST W/DYE	CCR					
30	71552	MRI CHEST W/O&W DYE	CCR					
30	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	72010	X-RAY EXAM OF SPINE	CCR					
30	72020	X-RAY SPINE,SINGLE VIEW	CCR					
30	72040	X-RAY EXAM OF NECK SPINE	CCR					
30	72050	X-RAY EXAM OF NECK SPINE	CCR					
30	72052	X-RAY EXAM OF NECK SPINE	CCR					
30	72069	RADIOLOGIC EXAM SPINE,THORACOLUMBAR	CCR					
30	72070	X-RAY EXAM OF THORAX SPINE	CCR					
30	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	CCR					
30	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	CCR					
30	72080	X-RAY EXAM OF TRUNK SPINE	CCR					
30	72090	X-RAY EXAM OF TRUNK SPINE	CCR					
30	72100	X-RAY EXAM OF LOWER SPINE	CCR					
30	72110	X-RAY EXAM OF LOWER SPINE	CCR					
30	72114	X-RAY EXAM OF LOWER SPINE	CCR					
30	72120	X-RAY EXAM OF LOWER SPINE	CCR					
30	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	CCR					
30	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	CCR					
30	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	CCR					
30	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	CCR					
30	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	CCR					
30	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	CCR					
30	72131	CAT SCAN LUMBAR W/OUT CONTRAST	CCR					
30	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	CCR					
30	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	CCR					
30	72141	MRI,SPINAL CANAL...;CERVICAL	CCR					
30	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	CCR					
30	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	CCR					
30	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	CCR					
30	72148	MRI,SPINAL CANAL, LUMBAR W/0 CONTRAS	CCR					
30	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	CCR					
30	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					
30	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					
30	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					
30	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	CCR					
30	72170	X-RAY EXAM OF PELVIS	CCR					
30	72190	X-RAY EXAM OF PELVIS	CCR					
30	72191	CT ANGIOGRAPH PELV W/O&W DYE	CCR					
30	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	CCR					
30	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	CCR					
30	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	CCR					
30	72195	MRI PELVIS W/O DYE	CCR					
30	72196	MRI,PELVIS	CCR					
30	72197	MRI PELVIS W/O & W DYE	CCR					
30	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	CCR					
30	72200	X-RAY EXAM SACROILIAC JOINTS	CCR					
30	72202	X-RAY EXAM SACROILIAC JOINTS	CCR					
30	72220	X-RAY EXAM OF TAILBONE	CCR					
30	72240	CONTRAST X-RAY OF NECK SPINE	CCR					
30	72255	CONTRAST X-RAY THORAX SPINE	CCR					



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	72265	CONTRAST X-RAY LOWER SPINE	CCR					
30	72270	CONTRAST X-RAY OF SPINE	CCR					
30	72275	EPIDUROGRAPHY	CCR					
30	72285	X-RAY OF NECK SPINE DISK	CCR					
30	72295	X-RAY OF LOWER SPINE DISK	CCR					
30	73000	X-RAY EXAM OF COLLARBONE	CCR				X	
30	73010	X-RAY EXAM OF SHOULDER BLADE	CCR				X	
30	73020	X-RAY EXAM OF SHOULDER	CCR				X	
30	73030	X-RAY EXAM OF SHOULDER	CCR				X	
30	73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	CCR				X	
30	73050	X-RAY EXAM OF SHOULDERS	CCR					
30	73060	X-RAY EXAM OF HUMERUS	CCR				X	
30	73070	X-RAY EXAM OF ELBOW	CCR				X	
30	73080	X-RAY EXAM OF ELBOW	CCR				X	
30	73085	X-RAY, ELBOW, ARTHROGRAPHY; SUPER/INTER	CCR				X	
30	73090	X-RAY EXAM OF FOREARM	CCR				X	
30	73092	X-RAY EXAM OF ARM, INFANT	CCR				X	
30	73100	X-RAY EXAM OF WRIST	CCR				X	
30	73110	X-RAY EXAM OF WRIST	CCR				X	
30	73115	X-RAY, WRIST, ARTHROGRAPHY, SUPER/INTER	CCR				X	
30	73120	X-RAY EXAM OF HAND	CCR				X	
30	73130	X-RAY EXAM OF HAND	CCR				X	
30	73140	X-RAY EXAM OF FINGER(S)	CCR				X	
30	73200	CAT, UPPER EXTREMITY; W/OUT CONTRAST	CCR					
30	73201	CAT, UPPER EXTREMITY; W/ CONTRAST MAT.	CCR					
30	73202	CAT, UPPER EXT.; W/OUT-W/ CONTRAST	CCR					
30	73206	CT ANGIO UPR EXTRM W/O&W DYE	CCR					
30	73218	MRI UPPER EXTREMITY W/O DYE	CCR					
30	73219	MRI UPPER EXTREMITY W/DYE	CCR					
30	73220	MRI-UPPER EXTREMITY	CCR					
30	73221	MRE, ANY JOINT OF UPPER EXTREMITY	CCR				X	
30	73222	MRI JOINT UPR EXTREM W/ DYE	CCR					
30	73223	MRI JOINT UPR EXTR W/O&W DYE	CCR					
30	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	CCR					
30	73500	X-RAY EXAM OF HIP	CCR				X	
30	73510	X-RAY EXAM OF HIP	CCR				X	
30	73520	X-RAY EXAM OF HIPS	CCR					
30	73525	CONTRAST X-RAY OF HIP	CCR				X	
30	73530	X-RAY HIP, DURING OPERATIVE PROCEDURE	CCR				X	
30	73540	X-RAY EXAM OF PELVIS & HIPS	CCR					
30	73542	X-RAY EXAM, SACROILIAC JOINT	CCR					
30	73550	X-RAY EXAM OF THIGH	CCR				X	
30	73560	X-RAY EXAM OF KNEE	CCR				X	
30	73562	X-RAY KNEE A/P. OBLIQUES, 3+VIEWS	CCR				X	
30	73564	X-RAY KNEE, COMPLETE, W/OBLIQUES.....	CCR				X	
30	73565	RADIO EXAM, KNEES, STANDING, ANTEROPOST	CCR					
30	73580	CONTRAST X-RAY OF KNEE JOINT	CCR				X	
30	73590	X-RAY EXAM OF LOWER LEG	CCR				X	
30	73592	X-RAY EXAM OF LEG, INFANT	CCR				X	

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	73600	X-RAY EXAM OF ANKLE	CCR				X	
30	73610	X-RAY EXAM OF ANKLE	CCR				X	
30	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	CCR				X	
30	73620	X-RAY EXAM OF FOOT	CCR				X	
30	73630	X-RAY EXAM OF FOOT	CCR				X	
30	73650	X-RAY EXAM OF HEEL	CCR				X	
30	73660	X-RAY EXAM OF TOE(S)	CCR				X	
30	73700	CAT, LOWER EXTREMITY; W/OUT CONTRAST	CCR					
30	73701	CAT, LOWER EXTREMITY; W/ CONTRAST MAT.	CCR					
30	73702	CAT., LOWER EXT.; W/OUT-W/CONTRAST	CCR					
30	73706	CT ANGIO LWR EXTR W/O&W DYE	CCR					
30	73718	MRI LOWER EXTREMITY W/O DYE	CCR					
30	73719	MRI LOWER EXTREMITY W/DYE	CCR					
30	73720	MRI-LIWER EXTREMITY	CCR					
30	73721	MRI, ANY JOINT, LOWER EXTREMITY	CCR				X	
30	73722	MRI JOINT OF LWR EXTR W/DYE	CCR					
30	73723	MRI JOINT LWR EXTR W/O&W DYE	CCR					
30	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	CCR					
30	74000	X-RAY EXAM OF ABDOMEN	CCR				X	
30	74010	X-RAY EXAM OF ABDOMEN	CCR				X	
30	74020	X-RAY EXAM OF ABDOMEN	CCR				X	
30	74022	X-RAY ACUTE ABDOMEN SERIES, SUPINE, ER	CCR					
30	74150	CAT, ABDOMEN, W/OUT CONTRAST MATERIAL	CCR					
30	74160	CAT, ABDOMEN; W/ CONTRAST MATERIAL	CCR					
30	74170	CAT, ABDOMEN; W/OUT-W/CONTRAST MATER.	CCR					
30	74175	CT ANGIO ABDOM W/O&W DYE	CCR					
30	74181	MRI-ABDOMEN	CCR					
30	74182	MRI ABDOMEN W/DYE	CCR					
30	74183	MRI ABDOMEN W/O&W DYE	CCR					
30	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	CCR					
30	74190	PERITONEOGRAM (EG, AFTER INJECTION O	CCR					
30	74210	CONTRAST XRAY EXAM OF THROAT	CCR					
30	74220	CONTRAST XRAY EXAM, ESOPHAGUS	CCR					
30	74230	CINEMA XRAY THROAT/ESOPHAGUS	CCR					
30	74235	REMOVE FOREIGN BODY(S), ESOPHAGEAL	CCR					
30	74240	X-RAY EXAM UPPER GI TRACT	CCR					
30	74241	X-RAY EXAM UPPER GI TRACT	CCR					
30	74245	X-RAY EXAM UPPER GI TRACT	CCR					
30	74246	X-RAY GASTROINTESTINAL TRACT	CCR					
30	74247	X-RAY-GASTROINTESTINAL TRACT	CCR					
30	74249	X-RAY/GASTROINTESTINAL TRACT....	CCR					
30	74250	X-RAY EXAM OF SMALL BOWEL	CCR					
30	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	CCR					
30	74260	X-RAY EXAM OF SMALL BOWEL	CCR					
30	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR					
30	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR					
30	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR					
30	74270	CONTRAST X-RAY EXAM OF COLON	CCR					
30	74280	CONTRAST X-RAY EXAM OF COLON	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	74283	BARIUM ENEMA, THERAPEUTIC	CCR					
30	74290	CONTRAST X-RAY, GALLBLADDER	CCR					
30	74291	CONTRAST X-RAYS, GALLBLADDER	CCR					
30	74300	CONTRAST X-RAY OF BILE DUCTS	CCR					
30	74301	CHOLANGIOGRA; ADDITIONAL SET/SURGERY	CCR					
30	74305	CONTRAST X-RAY OF BILE DUCTS	CCR					
30	74320	CONTRAST X-RAY OF BILE DUCTS	CCR					
30	74327	X-RAY FOR BILE STONE REMOVAL	CCR					
30	74328	XRAY FOR BILE DUCT ENDOSCOPY	CCR					
30	74329	X-RAY FOR PANCREAS ENDOSCOPY	CCR					
30	74330	XRAY, BILE/PANCREAS ENDOSCOPY	CCR					
30	74340	X-RAY GUIDE FOR GI TUBE	CCR					
30	74355	PERC. PLACE ENTEROLYSIS TUBE; GUIDANCE	CCR					
30	74360	INTRALUMINAL DILATION; GUIDANCE ONLY	CCR					
30	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	CCR					
30	74400	CONTRAST X-RAY URINARY TRACT	CCR					
30	74410	CONTRAST X-RAY URINARY TRACT	CCR					
30	74415	CONTRAST X-RAY URINARY TRACT	CCR					
30	74420	CONTRAST X-RAY URINARY TRACT	CCR					
30	74425	CONTRAST X-RAY URINARY TRACT	CCR					
30	74430	CONTRAST X-RAY OF BLADDER	CCR					
30	74440	XRAY EXAM MALE GENITAL TRACT	CCR					
30	74445	COPORA CAVERNOSOGRAPHY; SUPER/INTERP	CCR					
30	74450	X-RAY EXAM URETHRA/BLADDER	CCR					
30	74455	X-RAY EXAM URETHRA/BLADDER	CCR					
30	74470	X-RAY-RENAL CYST STUDY	CCR					
30	74475	CATH RENAL PELVIS; SUPER/INTERP	CCR					
30	74480	CATH/STENT RENAL PELVIS; SUPER/INTERP	CCR					
30	74485	DILATE NEPHROL./URETERS; SUPER/INTERP	CCR					
30	74710	X-RAY MEASUREMENT OF PELVIS	CCR					
30	74775	PERINEOGRAM-DET. SEX/EXTENT ANOMOLIES	CCR					
30	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR					
30	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR					
30	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR					
30	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR					
30	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR					
30	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	CCR					
30	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR					
30	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR					
30	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	CCR					
30	75600	CONTRAST X-RAY EXAM OF AORTA	CCR					
30	75605	CONTRAST X-RAY EXAM OF AORTA	CCR					
30	75625	CONTRAST X-RAY EXAM OF AORTA	CCR					
30	75630	AORTOGRAPH; ABDOMEN-BILAT	CCR					
30	75635	CT ANGIO ABDOMINAL ARTERIES	CCR					
30	75650	ARTERY X-RAYS, HEAD & NECK	CCR					
30	75658	X-RAY EXAM OF ARM ARTERIES	CCR					
30	75660	ARTERY X-RAYS, HEAD & NECK	CCR					
30	75662	ARTERY X-RAYS, HEAD & NECK	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	75665	ARTERY X-RAYS, HEAD & NECK	CCR					
30	75671	ARTERY X-RAYS, HEAD & NECK	CCR					
30	75676	ARTERY X-RAYS, NECK	CCR					
30	75680	ARTERY X-RAYS, NECK	CCR					
30	75685	ARTERY X-RAYS, SPINE	CCR					
30	75705	ARTERY X-RAYS, SPINE	CCR					
30	75710	ARTERY X-RAYS, ARM/LEG	CCR					
30	75716	ARTERY X-RAYS, ARMS/LEGS	CCR					
30	75722	ARTERY X-RAYS, KIDNEY	CCR					
30	75724	ARTERY X-RAYS, KIDNEYS	CCR					
30	75726	ARTERY X-RAYS, ABDOMEN	CCR					
30	75731	ARTERY X-RAYS, ADRENAL GLAND	CCR					
30	75733	ARTERY X-RAYS,ADRENAL GLANDS	CCR					
30	75736	ARTERY X-RAYS, PELVIS	CCR					
30	75741	ARTERY X-RAYS, LUNG	CCR					
30	75743	ARTERY X-RAYS, LUNGS	CCR					
30	75746	ARTERY X-RAYS, LUNG	CCR					
30	75756	ARTERY X-RAYS, CHEST	CCR					
30	75791	ANGIOGRAPHY, ARTERIOVENOUS SHUNT (EG	CCR					
30	75801	LYMPH VESSEL X-RAY, ARM/LEG	CCR					
30	75803	LYMPH VESSEL X-RAY, ARMS/LEGS	CCR					
30	75805	LYMPH VESSEL X-RAY, TRUNK	CCR					
30	75807	LYMPH VESSEL X-RAY, TRUNK	CCR					
30	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	CCR					
30	75810	VEIN X-RAY, SPLEEN/LIVER	CCR					
30	75820	VEIN X-RAY, ARM/LEG	CCR					
30	75822	VEIN X-RAY, ARMS/LEGS	CCR					
30	75825	VEIN X-RAY, TRUNK	CCR					
30	75827	VEIN X-RAY, CHEST	CCR					
30	75831	VEIN X-RAY, KIDNEY	CCR					
30	75833	VEIN X-RAY, KIDNEYS	CCR					
30	75840	VEIN X-RAY, ADRENAL GLAND	CCR					
30	75842	VEIN X-RAY, ADRENAL GLANDS	CCR					
30	75860	VEIN X-RAY, NECK	CCR					
30	75870	VEIN X-RAY, SKULL	CCR					
30	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	CCR					
30	75880	VEIN X-RAY, EYE SOCKET	CCR					
30	75885	VEIN X-RAY, LIVER	CCR					
30	75887	VEIN X-RAY, LIVER	CCR					
30	75889	VEIN X-RAY, LIVER	CCR					
30	75891	VEIN X-RAY, LIVER	CCR					
30	75893	VENOUS SAMPLING BY CATHETER	CCR					
30	75894	XRAYS, TRANSCATHETER THERAPY	CCR					
30	75896	XRAYS, TRANSCATHETER THERAPY	CCR					
30	75898	FOLLOW-UP ANGIOGRAM	CCR					
30	75900	ARTERIAL CATHETER EXCHANGE	CCR					
30	75901	REMOVE CVA DEVICE OBSTRUCT	CCR					
30	75902	REMOVE CVA LUMEN OBSTRUCT	CCR					
30	75940	PERC.PLACE IVC FILTER;SUPER/INTERP	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	75945	INTRAVASCULAR US	CCR					
30	75946	INTRAVASCULAR US	CCR				X	
30	75952	ENDOVASC REPAIR ABDOM AORTA	CCR					
30	75953	ABDOM ANEURYSM ENDOVAS RPR	CCR					
30	75954	ILIAC ANEURYSM ENDOVAS RPR	CCR					
30	75960	TRANSCATHETER INTRODUCTION OF INTRAV	CCR					
30	75961	TRANSCATH RETRIEVAL/FRACTURED CATH	CCR					
30	75962	PTA-PERIPHERAL ARTERY;SUPER/INTERP	CCR					
30	75964	PTA;EACH ADD.PERIPH.ART.;SUPER/INTER	CCR				X	
30	75966	PTA--VISCERAL ARTERY;SUPER/INTERP	CCR					
30	75968	PTA-EACH ADD VISC.ART;SUPER/INTERP	CCR				X	
30	75970	TRANSCATH BXX;SUPER/INTERP	CCR					
30	75978	VENOUS PTA;SUPERVISE/INTERPRET ONLY	CCR					
30	75980	PERC TRANSHEPATIC BILIARY DRAIN	CCR					
30	75989	RAD.GUIDE...SUPERVISION/INTERP ONLY	CCR					
30	75992	TRANSLUMINAL ATHERECTOMY, PERIPHERAL	CCR					
30	75993	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	CCR					
30	75994	TRANSLUMINAL ATHERECTOMY, RENAL, RAD	CCR					
30	75995	TRANSLUMINAL ATHERECTOMY, VISCERAL,	CCR					
30	75996	TRANSLUMINAL ATHERECTOMY, EACH ADDIT	CCR					
30	76000	FLUOROSCOPY,MD TIME TO 1 HR	CCR					
30	76001	FLUOROSCOPY,ME ASST NON-RAD,+1 HOUR	CCR					
30	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	CCR					
30	76080	X-RAY EXAM OF FISTULA	CCR					
30	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	CCR				X	
30	76100	X-RAY EXAM OF BODY SECTION	CCR					
30	76101	X-RAY,COMPLEX MOTION ,BODY SECT UNIL	CCR					
30	76102	X-RAY,COMPLEX MOTION,BODY SECT BILAT	CCR					
30	76120	CINEMATIC X-RAYS	CCR					
30	76125	CINEMATIC X-RAYS	CCR					
30	76350	SUBTRACTION W/CONTRAST STUDIES	CCR					
30	76376	3D RENDER W/O POSTPROCESS	CCR					
30	76377	3D RENDERING W/POSTPROCESS	CCR					
30	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	CCR					
30	76390	MR SPECTROSCOPY	CCR					
30	76496	FLUOROSCOPIC PROCEDURE	CCR					
30	76497	CT PROCEDURE	CCR					
30	76498	MRI PROCEDURE	CCR					
30	76499	RADIOGRAPHIC PROCEDURE	CCR					
30	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	CCR					
30	76510	OPHTH US, B & QUANT A	CCR					
30	76511	ECHO EXAM OF EYE	CCR				X	
30	76512	ECHO EXAM OF EYE	CCR					
30	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	CCR					
30	76514	ECHO EXAM OF EYE, THICKNESS	CCR					
30	76516	ECHO EXAM OF EYE	CCR					
30	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	CCR					
30	76529	ECHO EXAM OF EYE	CCR					
30	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	76604	ECHO EXAM OF CHEST	CCR					
30	76645	ECHO EXAM OF BREAST	CCR					
30	76700	ECHO EXAM OF ABDOMEN	CCR					
30	76705	ECHO EXAM OF ABDOMEN	CCR					
30	76770	ECHO EXAM ABDOMEN BACK WALL	CCR					
30	76775	ECHO EXAM ABDOMEN BACK WALL	CCR					
30	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	CCR					
30	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	CCR					
30	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	CCR			F		
30	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR			F	X	
30	76805	ECHO EXAM OF PELVIS	CCR					
30	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN	CCR			F	X	
30	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	CCR			F		
30	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	CCR			F	X	
30	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR	10 60		F		
30	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	CCR	10 60		F	X	
30	76815	ECHO EXAM FOR FETAL GROWTH	CCR			F		
30	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	CCR			F	X	
30	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	CCR			F		
30	76818	FETAL BIOPHYSICAL PROFILE	CCR					
30	76819	FETL BIOPHYS PROFIL W/O STRS	CCR					
30	76820	UMBILICAL ARTERY ECHO	CCR	10 59		F		
30	76821	MIDDLE CEREBRAL ARTERY ECHO	CCR	10 59		F		
30	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	CCR	00 60		F		
30	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	CCR					
30	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR					
30	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR					
30	76830	ECHOGRAPHY, TRANSVAGINAL	CCR					
30	76831	ECHO EXAM, UTERUS	CCR			F		
30	76856	ECHOGRAPHY, PELVIC, REAL TIME	CCR					
30	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	CCR					
30	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	CCR			M		
30	76872	ECHOGRAPHY, TRANSRECTAL	CCR					
30	76873	ECHOGRAP TRANS R, PROS STUDY	CCR			M		
30	76880	ECHOGRAPHY, EXTREMITY, B-SCAN	CCR					
30	76885	ECHO EXAM, INFANT HIPS	CCR					
30	76886	ECHO EXAM, INFANT HIPS	CCR					
30	76930	ECHO GUIDE FOR HEART SAC TAP	CCR					
30	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	CCR					
30	76936	ECHO GUIDE FOR ARTERY REPAIR	CCR					
30	76937	US GUIDE, VASCULAR ACCESS	CCR					
30	76940	US GUIDE, TISSUE ABLATION	CCR					
30	76941	ECHO GUIDE FOR TRANSFUSION	CCR					
30	76942	ECHO GUIDE FOR BIOPSY	CCR				X	
30	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	CCR					
30	76946	ECHO GUIDE FOR AMNIOCENTESIS	CCR				X	
30	76950	ECHO GUIDANCE RADIOTHERAPY	CCR				X	
30	76965	ECHO GUIDANCE RADIOTHERAPY	CCR					
30	76970	ULTRASOUND EXAM FOLLOW-UP	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	CCR					
30	76977	US BONE DENSITY MEASURE	CCR					
30	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	CCR					
30	76999	ECHO EXAMINATION PROCEDURE	CCR					
30	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	CCR					
30	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	CCR					
30	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	CCR					
30	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	CCR					
30	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	CCR					
30	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	CCR					
30	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	CCR					
30	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	CCR					
30	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	CCR					
30	77031	STEREOTACTIC LOCALIZATION GUIDANCE F	CCR					
30	77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLA	CCR					
30	77051	COMPUTER-AIDED DETECTION (COMPUTER A	CCR					
30	77052	COMPUTER-AIDED DETECTION (COMPUTER A	CCR	40 99		F		
30	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	CCR					
30	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	CCR					
30	77055	MAMMOGRAPHY; UNILATERAL	CCR					
30	77056	MAMMOGRAPHY; BILATERAL	CCR					
30	77057	SCREENING MAMMOGRAPHY, BILATERAL (2-	CCR	40 99		F		
30	77058	MAGNETIC RESONANCE IMAGING, BREAST,	CCR					
30	77059	MAGNETIC RESONANCE IMAGING, BREAST,	CCR					
30	77071	MANUAL APPLICATION OF STRESS PERFORM	CCR					
30	77072	BONE AGE STUDIES	CCR					
30	77073	BONE LENGTH STUDIES (ORTHOENOTGENOG	CCR					
30	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR					
30	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR					
30	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR					
30	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	CCR					
30	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	CCR					
30	77079	COMPUTED TOMOGRAPHY, BONE MINERAL DE	CCR					
30	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR					
30	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR					
30	77082	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR					
30	77083	RADIOGRAPHIC ABSORPTIOMETRY (EG, PHO	CCR					
30	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					
30	77261	SIMPLE TREAT PLAN-THERA RADIOL	CCR					
30	77262	INTER TREAT PLAN-THERA RADIOLO	CCR					
30	77263	COMPLEX TREAT PLAN-THERA RADIO	CCR					
30	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	CCR					
30	77285	INTER,RAD SIMU-AIDED FIELD SET	CCR					
30	77290	COMP,RAD SIMU-AIDED FIELD SET	CCR					
30	77295	THERAPEUTIC RADIOLOGY SIMULATION-AID	CCR				X	
30	77299	UNLISTED CLINICAL TREAT.PLAN	CCR					
30	77300	BASIC RAD DOSIMETRY CALCULATIO	CCR				X	
30	77301	RADIOLTHERAPY DOS PLAN, IMRT	CCR					
30	77305	TELETHRAPHY ISODOSE PLAN-SIMPLE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	77310	TELETHERAPY ISODOSE PLAN-INTER	CCR					
30	77315	TELETHERAPY ISODOSE PLAN-COMPL	CCR					
30	77321	SPEC TELETHERAPY PLAN TOTALBOD	CCR					
30	77326	BRACHYTHERAPY ISODOSE CALCULAT SIMPL	CCR					
30	77327	BRACHYTHERAPY ISODOSE CALCULA INTERM	CCR					
30	77328	BRACHYTHERAPY ISODOSE CALCULAT COMPL	CCR					
30	77331	SPECIAL DOSIMETRY (SPECIFY)	CCR				X	
30	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	CCR					
30	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	CCR					
30	77334	TREATMENT DEVICES/DESIGN;COMPLEX	CCR				X	
30	77336	CONTINUING RADIATION PHYSICS CONSULT	CCR					
30	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	CCR					
30	77370	SPECIAL MED RAD PHYSICS CONSULTATION	CCR					
30	77371	RADIATION TREATMENT DELIVERY, STEREO	CCR					
30	77372	RADIATION TREATMENT DELIVERY, STEREO	CCR					
30	77373	STEREOTACTIC BODY RADIATION THERAPY,	CCR					
30	77399	UNLISTED RAD THER/PHYSICS CONS	CCR					
30	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	CCR				X	
30	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	CCR				X	
30	77403	RADIAT TRTMNT DELIVERY-6-10 MEV	CCR				X	
30	77404	RADIAT TRTMNT DELIVERY-11-19 MEV	CCR				X	
30	77406	RADIAT TRTMNT DELIVERY-20 MEV OR >	CCR				X	
30	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	CCR				X	
30	77408	RADIAT TRTMNT DELIVERY-2AR,3PT-6-10	CCR				X	
30	77409	RADIAT TRTMNT DELIVERY,2AR,3PR-11-19	CCR				X	
30	77411	RADIATION TREATMENT DELIVERY TWO SEP	CCR				X	
30	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	CCR				X	
30	77413	RADIAT TRTMNT DELIV 6-10 MEV	CCR				X	
30	77414	RADIAT TRTMNT DELIV 11-19 MEV	CCR				X	
30	77416	RADIAT TRTMNT DELIV 20 MEV OR MORE	CCR				X	
30	77417	THERAPEUTIC RADIOLOGY PORT FILMS	CCR				X	
30	77418	RADIATION TX DELIVERY, IMRT	CCR				X	
30	77421	STEREOSCOPIC X-RAY GUIDANCE	CCR					
30	77422	NEUTRON BEAM TX, SIMPLE	CCR					
30	77423	NEUTRON BEAM TX, COMPLEX	CCR					
30	77427	RADIATION TX MANAGEMENT, X5	CCR					
30	77431	RADIATION THERAPY MANAGEMENT W COMPL	CCR				X	
30	77432	STEREOTACTIC RADIATION TREATMENT MAN	CCR					
30	77435	STEREOTACTIC BODY RADIATION THERAPY,	CCR					
30	77470	SPECIAL TREATMENT PROCEDURE	CCR					
30	77499	UNLISTED,CLINICAL TREAT. MNGT	CCR				X	
30	77520	PROTON BEAM DELIVERY	CCR					
30	77522	PROTON TRMT, SIMPLE W/COMP	CCR					
30	77523	PROTON BEAM DELIVERY	CCR					
30	77525	PROTON TREATMENT, COMPLEX	CCR					
30	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	CCR					
30	77605	HYPERTHERMIA,EXT GEN/DEEP	CCR				X	
30	77610	HYPERTHERMIA;INTERSTITIAL/5 OR <	CCR				X	
30	77615	HYPERTHERMIA/INTERSTITIAL/>5	CCR				X	



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	77620	HYPERTHERMIA...INTRACACITARY PROBE	CCR					
30	77750	INFUSE/INSTILL RADIOELEMENT	CCR					
30	77761	SIMPLE INTRACAV RADIOELEMENT	CCR					
30	77762	INTERM, INTRACAV RADIOELEMENT	CCR					
30	77763	COMPLEX, INTRACAV RADIOELEMENT	CCR					
30	77776	INTERSTITIAL RADIOELEMENT-SIMPLE	CCR					
30	77777	INTERSTITIAL RADIOELEMENT-INTERMEDIA	CCR					
30	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	CCR					
30	77785	REMOTE AFTERLOADING HIGH DOSE RATE R	CCR					
30	77786	REMOTE AFTERLOADING HIGH DOSE RATE R	CCR					
30	77787	REMOTE AFTERLOADING HIGH DOSE RATE R	CCR					
30	77789	SURFACE APPLICATION OF RADIOELEMENT	CCR					
30	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	CCR					
30	77799	UNLISTED CLINICAL BRACHYTHERAPY	CCR					
30	78000	NUCLEAR EXAM OF THYROID	CCR					
30	78001	NUCLEAR EXAMS OF THYROID	CCR					
30	78003	TREATMENT OF THYROID	CCR					
30	78006	THYROID IMAGING, WITH UPTAKE	CCR					
30	78007	THYROID IMAGING, WITH UPTAKE	CCR					
30	78010	NUCLEAR SCAN OF THYROID	CCR					
30	78011	THYROID IMAGING W/VASCULAR FLOW	CCR					
30	78015	NUCLEAR SCAN OF THYROID	CCR					
30	78016	EXTENSIVE THYROID SCAN	CCR					
30	78018	THYROID CA IMAGING;WHOLE BODY Y	CCR					
30	78020	THYROID MET UPTAKE	CCR					
30	78070	PARATHROID IMAGING	CCR					
30	78075	NUCLEAR SCAN OF ADRENALS	CCR					
30	78099	ENDOCRINE NUCLEAR PROCEDURE	CCR					
30	78102	NUCLEAR SCAN OF BONE MARROW	CCR					
30	78103	NUCLEAR SCAN OF BONE MARROW	CCR					
30	78104	NUCLEAR SCAN OF BONE MARROW	CCR					
30	78110	NUCLEAR EXAM, PLASMA VOLUME	CCR					
30	78111	NUCLEAR EXAM, PLASMA VOLUME	CCR					
30	78120	NUCLEAR EXAM OF RBC MASS	CCR					
30	78121	NUCLEAR EXAM OF RBC MASS	CCR					
30	78122	WHOLE BLOOD VOLUME DETERMINATION	CCR					
30	78130	RED CELL SURVIVAL EXAM	CCR					
30	78135	RED CELL SURVIVAL EXAM	CCR					
30	78140	NUCLEAR EXAM, RED BLOOD CELLS	CCR					
30	78185	NUCLEAR SCAN OF SPLEEN	CCR					
30	78190	KINETICS STUDY F PLATELET SURVIVAL	CCR					
30	78195	NUCLEAR SCAN OF LYMPH SYSTEM	CCR					
30	78199	NUCLEAR EXAM BLOOD/LYMPH	CCR					
30	78201	NUCLEAR SCAN OF LIVER	CCR					
30	78202	NUCLEAR SCAN OF LIVER	CCR					
30	78205	LIVER IMAGING (SPECT)	CCR					
30	78206	LIVER IMAGE (3-D) W/FLOW	CCR					
30	78215	NUCLEAR SCAN, LIVER & SPLEEN	CCR					
30	78216	NUCLEAR SCAN, LIVER/SPLEEN	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	78220	NUCLEAR SCAN, LIVER FUNCTION	CCR					
30	78223	HEPATOBI LARY DUCTAL SYS IMAG,GALLBLA	CCR					
30	78230	NUCLEAR SCAN, SALIVARY GLAND	CCR					
30	78231	NUCLEAR SCANS,SALIVARY GLAND	CCR					
30	78267	BREATH TST ATTAIN/ANAL C-14	8.97					02/04/10
30	78268	BREATH TEST ANALYSIS, C-14	33.01					02/04/10
30	78270	VIT B-12 ABSORPTION EXAMS	CCR					
30	78271	VIT B-12 ABSORPTION EXAMS	CCR					
30	78272	VIT B-12 ABSORPTION EXAMS	CCR					
30	78278	ACUTE GI BLOOD LOSS IMAGING	CCR					
30	78290	INTESTINE IMAGING (EG, ECTOPIC GASTR	CCR					
30	78299	G.I. NUCLEAR PROCEDURE	CCR					
30	78300	NUCLEAR SCAN OF BONE	CCR					
30	78305	NUCLEAR SCAN OF BONES	CCR					
30	78306	NUCLEAR SCAN OF SKELETON	CCR					
30	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	CCR					
30	78320	BONE IMAGING;TOMOGRAPHIC (SPECT)	CCR					
30	78399	MUSCULOSKELETAL NUCLEAR EXAM	CCR					
30	78414	DETERMINE VENTRIC.EJECT FRACTION	CCR					
30	78445	NUCLEAR SCAN OF BLOOD FLOW	CCR					
30	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR					
30	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR				X	
30	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR					
30	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR				X	
30	78456	ACUTE VENOUS THROMBUS IMAGE	CCR					
30	78466	MYOCARD IMAGING..;AT REST,QUAL.	CCR					
30	78468	MYOCARD IMAGING..AT REST;FIRST PASS	CCR					
30	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	CCR					
30	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	CCR					
30	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	CCR					
30	78481	CARD BLD POOL IMAG-FRST PASS TECH...	CCR					
30	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	CCR					
30	78494	HEART IMAGE, SPECT	CCR					
30	78496	HEART FIRST PASS ADD-ON	CCR					
30	78499	CARDIOVASCULAR NUCLEAR EXAM	CCR					
30	78580	NUCLEAR SCAN OF LUNG	CCR					
30	78584	NUCLEAR SCAN OF LUNG;W/VENT;1 BREATH	CCR					
30	78585	NUCLEAR LUNG SCAN,REBREATHE/WASHOUTO	CCR					
30	78586	NUCLEAR SCAN OF LUNG	CCR					
30	78587	NUCLEAR SCAN OF LUNG	CCR					
30	78588	PERFUSION LUNG IMAGE	CCR					
30	78591	NUCLEAR SCAN OF LUNG	CCR					
30	78593	NUCLEAR SCAN OF LUNG	CCR					
30	78594	NUCLEAR SCAN OF LUNG	CCR					
30	78596	PULMONARY QUANTITATIVE DIFFERENTIAL	CCR					
30	78599	RESPIRATORY NUCLEAR EXAM	CCR					
30	78600	NUCLEAR SCAN OF BRAIN	CCR					
30	78601	NUCLEAR SCAN OF BRAIN	CCR					
30	78605	NUCLEAR SCAN OF BRAIN	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	78606	NUCLEAR SCAN OF BRAIN	CCR					
30	78607	BRAIN IMAGING,COMP.;TOMOGRAPHIC (ECT)	CCR					
30	78610	NUCLEAR SCAN OF BRAIN	CCR					
30	78630	CEREBROSPINAL FLUID SCAN	CCR					
30	78635	CEREBROSPINAL FLUID SCAN	CCR					
30	78645	CEREBROSPINAL FLUID SCAN	CCR					
30	78647	CEREBROSPINAL FLUID SCAN	CCR					
30	78650	CEREBROSPINAL FLUID SCAN	CCR					
30	78660	NUCLEAR EXAM OF TEAR FLOW	CCR					
30	78699	NERVOUS SYSTEM NUCLEAR EXAM	CCR					
30	78700	NUCLEAR SCAN OF KIDNEY	CCR					
30	78701	NUCLEAR SCAN OF KIDNEY	CCR					
30	78707	NUCLEAR SCAN OF KIDNEY	CCR					
30	78708	KIDNEY FLOW & FUNCTION IMAGE	CCR					
30	78709	KIDNEY FLOW & FUNCTION IMAGE	CCR					
30	78710	KIDNEY IMAGING (SPECT)	CCR					
30	78725	NUCLEAR EXAM OF KIDNEY	CCR					
30	78730	NUCLEAR EXAM OF BLADDER	CCR					
30	78740	NUCLEAR EXAM OF URETER	CCR					
30	78761	TESTICULAR IMAGING,W/VASCULAR	CCR				X	
30	78799	GENITOURINARY NUCLEAR EXAM	CCR					
30	78800	NUCLEAR EXAM OF LESION	CCR					
30	78801	NUCLEAR EXAM OF LESIONS	CCR					
30	78802	NUCLEAR EXAM OF LESIONS	CCR					
30	78803	TUMOR LOCALIZATION (SPECT)	CCR					
30	78804	TUMOR IMAGING, WHOLE BODY	CCR					
30	78805	ABSCESS LOCALIZATION;LIMITED AREA	CCR					
30	78807	RADIONUCLIDE LOCALIZATION OF ABSCESS	CCR					
30	78999	NUCLEAR DIAGNOSTIC EXAM	CCR					
30	79005	NUCLEAR RX, ORAL ADMIN	CCR					
30	79101	NUCLEAR RX, IV ADMIN	CCR					
30	79200	RADIONUCLIDE THERAPY	CCR					
30	79300	RADIONUCLIDE THERAPY	CCR					
30	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR					
30	79440	RADIONUCLIDE THERAPY	CCR					
30	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR					
30	79999	NUCLEAR MEDICINE THERAPY	CCR					
30	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	10.21					02/04/10
30	80048	BASIC METABOLIC PANEL	9.76					02/04/10
30	80050	GENERAL HEALTH SCREEN PANEL	37.74					02/04/10
30	80051	ELECTROLYTE PANEL	7.95					02/04/10
30	80053	EXECUTIVE PROFILE	12.18					02/04/10
30	80055	OBSTETRIC PANEL	19.90	10 59		F		02/04/10
30	80061	LIPID PROFILE	12.43					02/04/10
30	80069	RENAL FUNCTION PANEL	10.02					02/04/10
30	80074	ACUTE HEPATITIS PANEL	54.90					02/04/10
30	80076	HEPATIC FUNCTION PANEL	9.43					02/04/10
30	80100	DRUG, SCREEN;	15.50				X	02/04/10
30	80101	DRUG, SCREEN;	12.70				X	02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	80102	DRUG, CONFIRMATION, EACH PROCEDURE	12.34				X	02/04/10
30	80150	AMIKACIN	11.75					02/04/10
30	80152	AMITRIPTYLINE	19.09					02/04/10
30	80154	BENZODIAZEPINES	19.21					02/04/10
30	80156	CARBAMAZEPINE	11.75					02/04/10
30	80157	ASSAY, CARBAMAZEPINE, FREE	12.47					02/04/10
30	80158	CYCLOSPORINE	19.25					02/04/10
30	80160	DESIPRAMINE	17.00					02/04/10
30	80162	DIGOXIN	14.16					02/04/10
30	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	14.44					02/04/10
30	80166	DOXEPIN	12.88					02/04/10
30	80168	ETHOSUXIMIDE	17.42					02/04/10
30	80170	GENTAMICIN	11.75					02/04/10
30	80172	GOLD	17.36					02/04/10
30	80173	ASSAY OF HALOPERIDOL	13.41					02/04/10
30	80174	IMIPRAMINE	18.35					02/04/10
30	80176	LIDOCAINE	12.88					02/04/10
30	80178	LITHIUM	7.05					02/04/10
30	80182	NORTRIPTYLINE	14.44					02/04/10
30	80184	PHENOBARBITAL	12.18					02/04/10
30	80185	PHENYTOIN;	14.14					02/04/10
30	80186	PHENYTOIN;	14.95					02/04/10
30	80188	PRIMIDONE	17.70					02/04/10
30	80190	PROCAINAMIDE;	17.57					02/04/10
30	80192	PROCAINAMIDE;	17.57					02/04/10
30	80194	QUINIDINE	15.55					02/04/10
30	80195	ASSAY OF SIROLIMUS	15.82					02/04/10
30	80196	SALICYLATE	7.56					02/04/10
30	80197	ASSAY FOR TACROLIMUS	15.82					02/04/10
30	80198	THEOPHYLLINE	15.09					02/04/10
30	80200	TOBRAMYCIN	11.75					02/04/10
30	80201	ASSAY FOR TOPIRAMATE	13.75					02/04/10
30	80202	VANCOMYCIN	14.44					02/04/10
30	80299	QUANTITATION OF DRUG, NOT ELSEWHERE	14.60					02/04/10
30	80400	ACTH STIMULATION PANEL;	34.79					02/04/10
30	80402	ACTH STIMULATION PANEL;	92.72					02/04/10
30	80406	ACTH STIMULATION PANEL;	83.48					02/04/10
30	80408	ALDOSTERONE SUPPRESSION EVALUATION P	133.83					02/04/10
30	80410	CALCIUM-PENTAGASTRIN STIMULATION PAN	85.67					02/04/10
30	80412	CORTICOTROPIC RELEASING HORMONE (CRH	351.49					02/04/10
30	80414	CHORIONIC GONADOTROPHIN STIMULATION	55.04					02/04/10
30	80415	CHORIONIC GONADOTROPHIN STIMULATION	59.59					02/04/10
30	80416	RENIN STIMULATION PANEL	140.72					02/04/10
30	80417	RENIN STIMULATION PANEL	46.91					02/04/10
30	80418	COMBINED RAPID ANTERIOR PITUITARY EV	618.01					02/04/10
30	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	77.35					02/04/10
30	80422	GLUCAGON TOLERANCE PANEL;	49.16					02/04/10
30	80424	GLUCAGON TOLERANCE PANEL;	53.85					02/04/10
30	80426	GONADOTROPIN RELEASING HORMONE STIMU	158.30					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE	PA	SEX	UVS	EFFECT
				MIN-MAX			>001	DATE
30	80428	GROWTH HORMONE STIMULATION PANEL (EG	71.10					02/04/10
30	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	83.67					02/04/10
30	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSIO	144.04					02/04/10
30	80434	INSULIN TOLERANCE PANEL;	107.95					02/04/10
30	80435	INSULIN TOLERANCE PANEL;	109.82					02/04/10
30	80436	METYRAPONE PANEL	96.78					02/04/10
30	80438	THYROTROPIN RELEASING HORMONE (TRH)	53.75					02/04/10
30	80439	THYROTROPIN RELEASING HORMONE (TRH)	71.66					02/04/10
30	80440	THYROTROPIN RELEASING HORMONE (TRH)	61.96					02/04/10
30	80500	CLINICAL PATH CONSULT;LIMITED	16.10					02/04/10
30	80502	CLINICAL PATH CONSULT;COMPREHENSIVE	38.57					02/04/10
30	81000	URINALYSIS WITH MICROSCOPY	3.37				X	02/04/10
30	81001	URINALYSIS, AUTO, W/SCOPE	3.37					02/04/10
30	81002	ROUTINE URINE ANALYSIS	2.72				X	02/04/10
30	81003	URINALYSIS, BY DIP STICK OR TABLET R	2.39					02/04/10
30	81005	URINALYSIS	2.30				X	02/04/10
30	81007	BACTERIA SCREEN B NON-CULT TECH COMM	2.74					02/04/10
30	81015	MICROSCOPIC EXAM OF URINE	3.24				X	02/04/10
30	81020	URINALYSIS, GLASS TEST	3.92					02/04/10
30	81025	URINE PREGNANCY TEST, BY VISUAL COLO	6.74				X	02/04/10
30	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.19				X	02/04/10
30	81099	URINALYSIS TEST PROCEDURE	MP					06/01/08
30	82000	ASSAY BLOOD ACETALDEHYDE	13.21				X	02/04/10
30	82003	ASSAY URINE ACETAMINOPHEN	21.57				X	02/04/10
30	82009	TEST FOR ACETONE	4.82				X	02/04/10
30	82010	ACETONE ASSAY	8.67				X	02/04/10
30	82013	ACETYLCHOLINESTERASE ASSAY	11.90				X	02/04/10
30	82016	ACYLCARNITINES, QUAL	15.98				X	02/04/10
30	82017	ACYLCARNITINES, QUANT	19.45				X	02/04/10
30	82024	ACTH RADIOIMMUNE ASSAY	41.18					02/04/10
30	82030	RIA ASSAY, BLOOD ADP & AMP	14.27					02/04/10
30	82040	ASSAY SERUM ALBUMIN	5.29					02/04/10
30	82042	ASSAY URINE ALBUMIN	5.53					02/04/10
30	82043	ALBUMIN;	6.17					02/04/10
30	82044	ALBUMIN;	3.07					02/04/10
30	82045	ALBUMIN, ISCHEMIA MODIFIED	39.13					02/04/10
30	82055	ASSAY BLOOD ETHANOL	11.51				X	02/04/10
30	82075	ASSAY BREATH ETHANOL	12.85				X	02/04/10
30	82085	ASSAY OF BLOOD ALDOLASE	10.35					02/04/10
30	82088	RIA ASSAY, BLOOD ALDOSTERONE	43.46					02/04/10
30	82101	ASSAY OF URINE ALKALOIDS	32.01					02/04/10
30	82103	ALPHA-1-ANTITRYPSIN;	14.32					02/04/10
30	82104	ALPHA-1-ANTITRYPSIN;	14.66					02/04/10
30	82105	ALPHA-FETOPROTEIN;	14.27					02/04/10
30	82106	ALPHA-FETOPROTEIN;	14.27					02/04/10
30	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	74.25					02/04/10
30	82108	ALUMINUM,BLOOD (SERUM)	8.56					02/04/10
30	82120	AMINES, VAGINAL FLUID QUAL	4.02			F		02/04/10
30	82127	AMINO ACID, SINGLE QUAL	15.98				X	02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE	PA	SEX	UVS	EFFECT
				MIN-MAX			>001	DATE
30	82128	TEST FOR AMINO ACIDS	14.78					02/04/10
30	82131	AMINO ACIDS, FRACTIONATION AND QUANT	17.89				X	02/04/10
30	82135	ASSAY, AMINOLEVULINIC ACID	17.55					02/04/10
30	82136	AMINO ACIDS, 2-5 QUANT	19.45				X	02/04/10
30	82139	AMINO ACIDS, 6+ QUANT	19.45				X	02/04/10
30	82140	ASSAY OF BLOOD AMMONIA	15.54				X	02/04/10
30	82143	AMNIOTIC FLUID SCAN	7.26					02/04/10
30	82145	ASSAY OF AMPHETAMINES	16.59					02/04/10
30	82150	ASSAY OF SERUM AMYLASE	6.92				X	02/04/10
30	82154	ANDROSTANEDIOL GLUCURONIDE	30.75					02/04/10
30	82157	RIA ASSAY OF ANDROSTENEDIONE	31.21					02/04/10
30	82160	ANDROSTERONE; RIA	26.67					02/04/10
30	82163	RIA ASSAY OF ANGIOTENSIN II	21.07					02/04/10
30	82164	ANGIOTENSIN-CONVERTING ENZYME	15.55					02/04/10
30	82175	ASSAY OF ARSENIC	20.22					02/04/10
30	82180	ASSAY OF ASCORBIC ACID	8.56					02/04/10
30	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	8.24				X	02/04/10
30	82205	ASSAY OF BARBITURATES	12.18				X	02/04/10
30	82232	BETA-2 MICROGLOBULIN, RIA; SERUM	17.26					02/04/10
30	82239	BILE ACIDS;	18.44					02/04/10
30	82240	ASSAY BILE ACIDS IN BLOOD	28.34					02/04/10
30	82247	BILIRUBIN TOTAL	4.02					02/04/10
30	82248	BILIRUBIN DIRECT	4.02					02/04/10
30	82252	FECAL BILIRUBIN TEST	4.86					02/04/10
30	82261	ASSAY BIOTINIDASE	19.45				X	02/04/10
30	82270	TEST FECES FOR BLOOD	2.68					02/04/10
30	82271	OCCULT BLOOD, FECES, SINGLE	3.74					02/04/10
30	82272	BLOOD OCCULT PEROXIDASE	3.74					02/04/10
30	82274	ASSAY TEST FOR BLOOD, FECAL	18.34					02/04/10
30	82286	ASSAY OF BRADYKININ	7.35					02/04/10
30	82300	ASSAY CADMIUM IN URINE	24.66					02/04/10
30	82306	CALCIFEDIOL, CHROMATOGRAPHIC TECHNIQU	31.56					02/04/10
30	82308	RIA ASSAY OF CALCITONIN	28.55					02/04/10
30	82310	ASSAY CALCIUM IN BLOOD	5.49				X	02/04/10
30	82330	ASSAY CALCIUM IN BLOOD	14.59					02/04/10
30	82331	ASSAY CALCIUM IN BLD; AFT CAL INF TST	5.53					02/04/10
30	82340	ASSAY CALCIUM IN URINE	6.44					02/04/10
30	82355	CALCULUS (STONE) ANALYSIS	12.34					02/04/10
30	82360	CALCULUS (STONE) ASSAY	13.73					02/04/10
30	82365	CALCULUS (STONE) ASSAY	13.76					02/04/10
30	82370	X-RAY ASSAY, CALCULUS (STONE)	13.35					02/04/10
30	82373	ASSAY, C-D TRANSFER MEASURE	9.03					02/04/10
30	82374	ASSAY BLOOD CARBON DIOXIDE	5.07				X	02/04/10
30	82375	ASSAY BLOOD CARBON MONOXIDE	13.15				X	02/04/10
30	82376	TEST FOR CARBON MONOXIDE	6.39				X	02/04/10
30	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	20.19					02/04/10
30	82379	ASSAY CARNITINE	19.45				X	02/04/10
30	82380	ASSAY BLOOD CAROTENE	9.84					02/04/10
30	82382	ASSAY URINE CATECHOLAMINES	18.34					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	82383	ASSAY BLOOD CATECHOLAMINES	26.72					02/04/10
30	82384	ASSAY THREE CATECHOLAMINES	26.93					02/04/10
30	82387	CATHEPSIN-D	7.78					02/04/10
30	82390	ASSAY BLOOD CERULOPLASMIN	11.44					02/04/10
30	82397	CHEMILUMINESCENT ASSAY	4.69					02/04/10
30	82415	ASSAY BLOOD CHLORAMPHENICOL	13.51					02/04/10
30	82435	ASSAY BLOOD CHLORIDES	4.95				X	02/04/10
30	82436	ASSAY URINE CHLORIDES	5.36					02/04/10
30	82438	ASSAY SPINAL FLUID CHLORIDES	5.22					02/04/10
30	82441	TEST FOR CHLOROHYDROCARBONS	6.42					02/04/10
30	82465	ASSAY SERUM CHOLESTEROL	3.63					02/04/10
30	82480	ASSAY SERUM CHOLINESTERASE	8.40					02/04/10
30	82482	ASSAY RBC CHOLINESTERASE	8.19				X	02/04/10
30	82485	ASSAY CHONDROITIN SULFATE	22.03					02/04/10
30	82486	GAS/LIQUID CHROMATOGRAPHY	19.26					02/04/10
30	82487	PAPER CHROMATOGRAPHY	17.03					02/04/10
30	82488	PAPER CHROMATOGRAPHY	22.77					02/04/10
30	82489	THIN LAYER CHROMATOGRAPHY	19.72					02/04/10
30	82491	CHROMOTOGRAPHY, QUANTITATIVE;	19.26					02/04/10
30	82492	CHROMOTOGRAPHY, QUANT, MULT	20.82					02/04/10
30	82495	ASSAY URINE CHROMIUM	21.63					02/04/10
30	82507	ASSAY CITRIC ACID	29.65					02/04/10
30	82520	COCAINE,QUANTITATIVE	16.16					02/04/10
30	82523	COLLAGEN CROSSLINKS	21.55					02/04/10
30	82525	ASSAY BLOOD COPPER	13.27					02/04/10
30	82528	RIA ASSAY CORTICOSTERONE	17.00					02/04/10
30	82530	CORTISOL;	18.08					02/04/10
30	82533	RIA ASSAY PLASMA CORTISOL	17.40				X	02/04/10
30	82540	CREATINE BLOOD	4.90					02/04/10
30	82541	COLUMN CHROMOTOGRAPHY QUAL	20.82					02/04/10
30	82542	COLUMN CHROMOTOGRAPHY QUANT	20.82					02/04/10
30	82543	COLUMN CHROMOTOGRAPH/ISOTOPE	20.82					02/04/10
30	82544	COLUMN CHROMOTOGRAPHY QUANT	20.82					02/04/10
30	82550	ASSAY CPK IN BLOOD	6.98				X	02/04/10
30	82552	ASSAY CPK IN BLOOD	14.27				X	02/04/10
30	82553	CREATINE KINASE (CK), (CPK);	12.33					02/04/10
30	82554	CREATINE KINASE (CK), (CPK);	12.31					02/04/10
30	82565	ASSAY BLOOD CREATININE	5.46				X	02/04/10
30	82570	ASSAY URINE CREATININE	5.53					02/04/10
30	82575	CREATININE CLEARANCE TEST	10.06					02/04/10
30	82585	ASSAY BLOOD CRYOFIBRINOGEN	9.15				X	02/04/10
30	82595	ASSAY BLOOD CRYOGLOBULIN	6.91					02/04/10
30	82600	ASSAY BLOOD CYANIDE	20.68					02/04/10
30	82607	RIA ASSAY FOR VITAMIN B-12	16.07					02/04/10
30	82608	CYANOCOBALAMIN;UNSAT.BIND CAPACITY	7.15					02/04/10
30	82610	CYSTATIN C	5.35					02/04/10
30	82615	TEST FOR URINE CYSTINES	8.71					02/04/10
30	82626	DEHYDROEPIANDROSTERONE, RIA	26.95					02/04/10
30	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA)	23.70					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	82633	DESOXYCORTICOSTERONE, RIA	33.04					02/04/10
30	82634	DESOXYCORTISOL, RIA	31.21					02/04/10
30	82638	ASSAY DIBUCAINE NUMBER	13.07					02/04/10
30	82646	ASSAY OF DIHYDROCODINONE	17.00					02/04/10
30	82649	ASSAY OF DIHYDROMORPHINONE	27.41					02/04/10
30	82651	DIHYDROTESTOSTERONE ASSAY	17.00					02/04/10
30	82652	DIHYDROXYVITAMIN D, 1,25-	17.00				X	02/04/10
30	82657	ENZYME CELL ACTIVITY	20.82					02/04/10
30	82658	ENZYME CELL ACTIVITY RA	20.82					02/04/10
30	82664	ELECTROPHORETIC TEST	11.24					02/04/10
30	82666	EPIANDROSTERONE ASSAY	17.00					02/04/10
30	82668	ERYTHROPOIETIN BIOASSAY	20.04					02/04/10
30	82670	RIA ASSAY OF ESTRADIOL	29.80					02/04/10
30	82671	ESTROGENS ASSAY	34.43					02/04/10
30	82672	ESTROGEN ASSAY	23.12					02/04/10
30	82677	RIA ASSAY OF ESTRIOL	25.89					02/04/10
30	82679	RIA ASSAY OF ESTRONE	26.62					02/04/10
30	82690	ASSAY BLOOD ETHCHLORVYNOL	18.43					02/04/10
30	82693	ETHYLENE GLYCOL	16.07					02/04/10
30	82696	ASSAY OF ETIOCHOLANOLONE, RIA	14.85					02/04/10
30	82705	FATS/LIPIDS, FECES, SCREENING	5.43					02/04/10
30	82710	FATS/LIPIDS, FECES, ASSAY	17.92					02/04/10
30	82715	FECAL FAT ASSAY	18.35					02/04/10
30	82725	ASSAY BLOOD FATTY ACIDS	14.21					02/04/10
30	82726	LONG CHAIN FATTY ACIDS	20.82					02/04/10
30	82728	FERRITIN, SPECIFY METHOD	14.53					02/04/10
30	82731	FETAL FIBRONECTIN	18.91					02/04/10
30	82735	ASSAY BLOOD FLUROIDE	19.78					02/04/10
30	82742	ASSAY OF FLURAZEPAM	21.12					02/04/10
30	82746	BLOOD FOLIC ACID RIA	15.68					02/04/10
30	82747	FOLIC ACID;	17.38					02/04/10
30	82757	ASSAY SEMEN FRUCTOSE	9.72					02/04/10
30	82759	RBC GALACTOKINASE ASSAY	22.92					02/04/10
30	82760	ASSAY BLOOD GALACTOSE	11.93				X	02/04/10
30	82775	ASSAY GALACTOSE TRANSFERASE	21.52					02/04/10
30	82776	GALACTOSE TRANSFERASE TEST	8.56					02/04/10
30	82784	GAMMAGLOB.A,D,G,M NEPHELOMETRIC, EACH	9.91				X	02/04/10
30	82785	RIA ASSAY GAMMAGLOBULIN E	17.56					02/04/10
30	82787	GAMMAGLOBULIN;	5.58					02/04/10
30	82800	BLOOD PH	9.03				X	02/04/10
30	82803	BLOOD GASES: PH, PO2 & PCO2	5.26				X	02/04/10
30	82805	BLOOD GASES W/O2 SATURATION	9.14					02/04/10
30	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	3.88					02/04/10
30	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	10.71					02/04/10
30	82926	ASSAY GASTRIC ACID	4.67					02/04/10
30	82928	ASSAY GASTRIC ACID	6.98					02/04/10
30	82938	GASTRIN (SERUM) AFTER SECRETIN STIMU	18.87					02/04/10
30	82941	RIA ASSAY OF GASTRIN	18.79				X	02/04/10
30	82943	RIA ASSAY OF GLUCAGON	15.24					02/04/10



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	82945	GLUCOSE OTHER FLUID	4.52					02/04/10
30	82946	GLUCAGON TOLERANCE TEST	11.72					02/04/10
30	82947	ASSAY BODY FLUID, GLUCOSE	4.19				X	02/04/10
30	82948	STICK ASSAY OF BLOOD GLUCOSE	3.37				X	02/04/10
30	82950	GLUCOSE TEST	4.39					02/04/10
30	82951	GLUCOSE TOLERANCE TEST (GTT)	12.35					02/04/10
30	82952	GTT-ADDED SAMPLES	3.68				X	02/04/10
30	82953	GLUCOSE-TOLBUTAMIDE TEST	16.15					02/04/10
30	82955	ASSAY G6PD ENZYME	10.34					02/04/10
30	82960	TEST FOR G6PD ENZYME	6.46					02/04/10
30	82962	GLUCOSE, BLOOD, BY GLUCOSE MONITORIN	2.70				X	02/04/10
30	82963	GLUCOSIDASE,BETA	22.92					02/04/10
30	82965	ASSAY BLOOD GDH ENZYME	8.25					02/04/10
30	82975	ASSAY SPINAL FLUID GLUTAMINE	16.88					02/04/10
30	82977	ASSAY OF GGT ENZYME	7.71					02/04/10
30	82978	GLUTATHIONE ASSAY	15.21					02/04/10
30	82979	ASSAY RBC GLUTATHIONE ENZYME	7.15					02/04/10
30	82980	ASSAY OF GLUTETHIMIDE	19.53					02/04/10
30	82985	GLYCOPROTEIN ELECTROPHORESIS	16.07					02/04/10
30	83001	PITUITARY GONADOTROPIN RIA	19.82					02/04/10
30	83002	PITUITARY GONADOTROPINS RIA	19.75					02/04/10
30	83003	RIA ASSAY GROWTH HORMONE	17.78					02/04/10
30	83008	RIA ASSAY GUANOSINE	14.66					02/04/10
30	83009	H PYLORI (C-13), BLOOD	33.37					02/04/10
30	83010	CHEM ASSAY HAPTOGLOBIN	13.40					02/04/10
30	83012	ELP ASSAY HAPTOGLOBINS	18.34					02/04/10
30	83013	H PYLORI BREATH TEST ANAL	33.37					02/04/10
30	83014	H PYLORI DRUG ADMIN/COLLECT	9.06					02/04/10
30	83015	HEAVY METAL SCREENING	11.45					02/04/10
30	83018	CHROMATOGRAPH SCREEN, METALS	8.59					02/04/10
30	83020	ASSAY HEMOGLOBIN	12.96				X	02/04/10
30	83021	HEMOGLOBIN CHROMOTOGRAPHY	20.82					02/04/10
30	83026	HEMOGLOBIN;	2.51					02/04/10
30	83030	FETAL HEMOGLOBIN ASSAY	3.46					02/04/10
30	83033	FETAL FECAL HEMOGLOBIN ASSAY	6.35					02/04/10
30	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	10.35					02/04/10
30	83045	BLOOD METHEMOGLOBIN TEST	5.29					02/04/10
30	83050	BLOOD METHEMOGLOBIN ASSAY	7.80					02/04/10
30	83051	ASSAY PLASMA HEMOGLOBIN	7.79					02/04/10
30	83055	BLOOD SULFHEMOGLOBIN TEST	5.25					02/04/10
30	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.82					02/04/10
30	83065	HEMOGLOBIN HEAT ASSAY	7.35					02/04/10
30	83068	HEMOGLOBIN STABILITY SCREEN	9.03					02/04/10
30	83069	ASSAY URINE HEMOGLOBIN	4.21					02/04/10
30	83070	ASSAY URINE HEMOSIDERIN	5.07					02/04/10
30	83071	HEMOSIDERIN,RIA	7.35					02/04/10
30	83080	B HEXOSAMINIDASE ASSAY	19.45				X	02/04/10
30	83088	ASSAY HISTAMINE	31.48					02/04/10
30	83090	ASSAY OF HOMOCYSTINE	19.45					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	83150	ASSAY URINE FOR HVA	20.64					02/04/10
30	83491	HYDROXYCORTICOSTEROIDS,17-RIA	18.69					02/04/10
30	83497	ASSAY URINE 5-HIAA	13.76					02/04/10
30	83498	RIA ASSAY OF PROGESTERONE	28.96					02/04/10
30	83499	ASSAY OF PROGESTERONE	26.87					02/04/10
30	83500	ASSAY URINE HYDROXYPROLINE	24.16					02/04/10
30	83505	ASSAY URINE HYDROXYPROLINE	25.92					02/04/10
30	83516	IMMUNOASSAY, NON ANTIBODY	12.63					02/04/10
30	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	4.69					02/04/10
30	83519	IMMUNOASSAY, ANALYTE;	4.69					02/04/10
30	83520	IMMUNOASSAY, ANALYTE;	12.31					02/04/10
30	83525	RIA ASSAY OF INSULIN	12.19				X	02/04/10
30	83527	INSULIN;	13.92					02/04/10
30	83528	INTRINSIC FACTOR LEVEL	12.59					02/04/10
30	83540	ASSAY SERUM IRON	5.42					02/04/10
30	83550	SERUM IRON BINDING TEST	9.40					02/04/10
30	83570	UV-ASSAY BLOOD IDH ENZYME	9.44					02/04/10
30	83582	ASSAY URINE 17-KGS	15.12					02/04/10
30	83586	ASSAY BLOOD 17-KETOSTEROIDS	13.65					02/04/10
30	83593	CHROMATOGRAPH KETOSTEROIDS	8.60					02/04/10
30	83605	LACTIC ACID ASSAY	11.40				X	02/04/10
30	83615	UV-ASSAY BLOOD LDH ENZYME	6.43				X	02/04/10
30	83625	ASSAY BLOOD LDH ENZYMES	9.34				X	02/04/10
30	83630	LACTOFERRIN, FECAL (QUAL)	14.62					02/04/10
30	83632	RIA PLACENTAL LACTOGEN	21.55					02/04/10
30	83633	TEST URINE FOR LACTOSE	5.88					02/04/10
30	83634	ASSAY URINE FOR LACTOSE	8.16					02/04/10
30	83655	ASSAY BLOOD FOR LEAD	12.91					02/04/10
30	83661	ASSAY AMNIOTIC L/S RATIO	23.44					02/04/10
30	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	20.17					02/04/10
30	83663	FLUORO POLARIZE, FETAL LUNG	11.88					02/04/10
30	83664	LAMELLAR BDY, FETAL LUNG	5.92					02/04/10
30	83670	UV-ASSAY BLOOD LAP ENZYME	9.74					02/04/10
30	83690	ASSAY BLOOD LIPASE	7.35					02/04/10
30	83695	ASSAY OF LIPOPROTEIN(A)	14.93					02/04/10
30	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	39.13					02/04/10
30	83701	LIPOPROTEIN BLD, HR FRACTION	28.62					02/04/10
30	83704	LIPOPROTEIN, BLD, BY NMR	36.38					02/04/10
30	83718	BLOOD LIPOPROTEIN ASSAY	8.62					02/04/10
30	83719	LIPOPROTEIN,VLDL CHOLESTEROL	8.62					02/04/10
30	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	8.62					02/04/10
30	83727	LUTEINIZING RELEASING FACTOR, RIA	16.97					02/04/10
30	83735	ASSAY BLOOD MAGNESIUM	7.10				X	02/04/10
30	83775	UV-ASSAY OF MD ENZYME	7.87					02/04/10
30	83785	ASSAY OF MANGANESE	21.52					02/04/10
30	83788	MASS SPECTROMETRY QUAL	20.82				X	02/04/10
30	83789	MASS SPECTROMETRY QUANT	20.82				X	02/04/10
30	83805	ASSAY OF MEPROBAMATE	18.79					02/04/10
30	83825	ASSAY BLOOD MERCURY	17.26					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	83835	ASSAY URINE METANEPHRINES	18.07					02/04/10
30	83840	ASSAY METHADONE	17.41					02/04/10
30	83857	ASSAY METHEMALBUMIN	11.44					02/04/10
30	83858	ASSAY SERUM METHSUXIMIDE	10.71					02/04/10
30	83864	BLOOD MUCOPOLYSACCHARIDES	21.23					02/04/10
30	83866	MUCOPOLYSACCHARIDES SCREEN	10.06					02/04/10
30	83872	ASSAY SYNOVIAL FLUID MUCIN	4.97					02/04/10
30	83873	MYELIN BASIC PROTEIN, CSF, RIA	18.35					02/04/10
30	83874	MYOGLOBIN ELECTROPHORESIS	10.19					02/04/10
30	83876	MYELOPEROXIDASE (MPO)	15.61					02/04/10
30	83880	NATRIURETIC PEPTIDE	39.13					02/04/10
30	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	4.69				X	02/04/10
30	83885	ASSAY URINE FOR NICKEL	26.13					02/04/10
30	83887	ASSAY NICOTINE	25.25					02/04/10
30	83890	NUCLEAR MOLECULAR DIAGNOSTICS;	4.27				X	02/04/10
30	83891	MOLECULE ISOLATE NUCLEIC	4.62					02/04/10
30	83892	NUCLEAR MOLECULAR DIAGNOSTICS;	4.27				X	02/04/10
30	83893	MOLECULE DOT/SLOT/BLOT	4.62					02/04/10
30	83894	NUCLEAR MOLECULAR DIAGNOSTICS;	4.27				X	02/04/10
30	83896	NUCLEAR MOLECULAR DIAGNOSTICS;	4.27				X	02/04/10
30	83897	MOLECULE NUCLEIC TRANSFER	4.62					02/04/10
30	83898	NUCLEAR MOLECULAR DIAGNOSTICS;	4.41				X	02/04/10
30	83900	MOLECULAR NUCLEIC AMP, FIRST TWO	19.67				X	02/04/10
30	83901	MOLECULE NUCLEIC AMP	19.32					02/04/10
30	83902	MOLECULAR DIAGNOSTICS	16.37					02/04/10
30	83903	MOLECULE MUTATION SCAN	19.32					02/04/10
30	83904	MOLECULE MUTATION IDENTIFY	19.32					02/04/10
30	83905	MOLECULE MUTATION IDENTIFY	19.32					02/04/10
30	83906	MOLECULE MUTATION IDENTIFY	19.32					02/04/10
30	83907	LYSE CELLS FOR NUCLEIC EXT	15.40					02/04/10
30	83908	NUCLEIC ACID, SIGNAL AMPLI	19.32					02/04/10
30	83909	NUCLEIC ACID, HIGH RESOLUTE	19.32					02/04/10
30	83912	NUCLEIC ACID PROBE, ELECTROPHOR, EXAM.	4.27					02/04/10
30	83913	MOLECULAR DIAGNOSTICS; RNA STABILIZ	15.40				X	02/04/10
30	83914	MUTATION IDENT OLA/SBCE/ASPE	19.32					02/04/10
30	83915	ASSAY NUCLEOTIDASE	11.89					02/04/10
30	83916	OLIGOCLONAL IMMUNE GLOBULIN, CSF	16.67					02/04/10
30	83918	ASSAY ORGANIC ACIDS	17.55					02/04/10
30	83919	ASSAY ORGANIC ACIDS QUAL	18.98					02/04/10
30	83921	ORGANIC ACID, SINGLE, QUANT	18.98					02/04/10
30	83925	OPIATES, (EG, MORPHINE, MEPERIDINE)	20.76					02/04/10
30	83930	ASSAY BLOOD OSMOLALITY	7.05				X	02/04/10
30	83935	ASSAY URINE OSMOLALITY	7.15				X	02/04/10
30	83937	OSTEOCALCIN (BONE G1A PROTEIN)	31.83					02/04/10
30	83945	ASSAY URINE OXALATE	13.73					02/04/10
30	83950	ONCORPROTEIN, HER-2/NEU	74.25					02/04/10
30	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	77.60					02/04/10
30	83970	RIA ASSAY OF PARATHORMONE	44.00					02/04/10
30	83986	ASSAY BODY FLUID ACIDITY	3.83				X	02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	83987	PH; EXHALED BREATH CONDENSATE	17.35					02/04/10
30	83992	ASSAY FOR PHENCYCLIDINE	15.67					02/04/10
30	83993	CALPROTECTIN, FECAL	22.63					02/04/10
30	84022	ASSAY URINE PHENOTHIAZINE	15.68					02/04/10
30	84030	ASSAY BLOOD PKU	5.88				X	02/04/10
30	84035	ASSAY BLOOD PHENYLKETONES	3.10				X	02/04/10
30	84060	ASSAY BLOOD ACID PHOSPHATASE	7.96					02/04/10
30	84061	PHOSPHATASE, ACID;	7.89					02/04/10
30	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.80					02/04/10
30	84075	ASSAY ALKALINE PHOSPHATASE	5.53					02/04/10
30	84078	ASSAY ALKALINE PHOSPHATASE	5.83					02/04/10
30	84080	ASSAY ALKALINE PHOSPHATASES	15.77					02/04/10
30	84081	PHOSPHATYDYLGLYCEROL	17.62					02/04/10
30	84085	ASSAY RBC PG6D ENZYME	7.18				X	02/04/10
30	84087	ASSAY PHOSPHOHEXOSE ENZYMES	11.00					02/04/10
30	84100	ASSAY BLOOD PHOSPHORUS	5.06					02/04/10
30	84105	ASSAY URINE PHOSPHORUS	5.53					02/04/10
30	84106	TEST FOR PORPHOBILINOGEN	4.57					02/04/10
30	84110	ASSAY PORPHOBILINOGEN	4.97					02/04/10
30	84119	TEST URINE FOR PORPHYRINS	9.18					02/04/10
30	84120	ASSAY URINE PORPHYRINS	15.32					02/04/10
30	84126	ASSAY FECES PORPHYRINS	27.16					02/04/10
30	84127	PORPHYRINS, FECES;	10.06					02/04/10
30	84132	ASSAY BLOOD POTASSIUM	4.95				X	02/04/10
30	84133	ASSAY URINE POTASSIUM	4.60				X	02/04/10
30	84134	PREALBUMIN	5.64					02/04/10
30	84135	PREGNANEDIOL; RIA	7.05					02/04/10
30	84138	PREGNANETRIOL;RIA	20.19					02/04/10
30	84140	PREGNENOLONE	22.04					02/04/10
30	84143	17-HYDROXYPREGNENOLONE	24.34					02/04/10
30	84144	ASSAY PROGESTERONE	22.25					02/04/10
30	84145	PROCALCITONIN (PCT)	21.19					02/04/10
30	84146	RIA ASSAY FOR PROLACTIN	20.65					02/04/10
30	84150	RIA ASSAY OF PROSTAGLANDIN	22.61					02/04/10
30	84152	ASSAY OF PSA, COMPLEXED	21.21					02/04/10
30	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	19.61					02/04/10
30	84154	PSA FREE	21.21					02/04/10
30	84155	ASSAY SERUM PROTEIN	3.89					02/04/10
30	84156	ASSAY OF PROTEIN, URINE	4.23					02/04/10
30	84157	ASSAY OF PROTEIN, OTHER	4.23					02/04/10
30	84160	ASSAY SERUM PROTEIN	4.97					02/04/10
30	84163	PAPPA, SERUM	17.34	10 59		F		02/04/10
30	84165	ASSAY SERUM PROTEINS	11.47					02/04/10
30	84166	PROTEIN E-PHORESIS/URINE/CSF	20.57					02/04/10
30	84182	PROTEIN;	16.96				X	02/04/10
30	84202	ASSAY RBC PROTOPORPHYRIN	15.31					02/04/10
30	84203	TEST RBC PROTOPORPHYRIN	9.17					02/04/10
30	84206	RIA ASSAY OF PROINSULIN	11.72					02/04/10
30	84207	ASSAY VITAMIN B-6	14.27					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	84210	ASSAY BLOOD PYRUVATE	11.58					02/04/10
30	84220	ASSAY RBC PYRUVIC KINASE	10.06					02/04/10
30	84228	ASSAY QUININE	12.41					02/04/10
30	84233	RECEPTOR ASSAY; ESTROGEN (ESTRADIOL)	68.68					02/04/10
30	84234	RECEPTOR ASSAY; PROGESTERONE	69.17					02/04/10
30	84235	RECEPTOR ASSAY; ENDOCRINE; OTHER	55.78					02/04/10
30	84238	RECEPTOR ASSAY;	38.99					02/04/10
30	84244	RIA ASSAY OF RENIN	23.46				X	02/04/10
30	84252	ASSAY VITAMIN B-2	11.27					02/04/10
30	84255	ASSAY SELENIUM	27.24					02/04/10
30	84260	ASSAY BLOOD SEROTONIN	33.04					02/04/10
30	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	5.17					02/04/10
30	84275	ASSAY BLOOD SIALIC ACID	14.32					02/04/10
30	84285	ASSAY SILICA	25.11					02/04/10
30	84295	ASSAY BLOOD SODIUM	5.10				X	02/04/10
30	84300	ASSAY URINE SODIUM	5.18				X	02/04/10
30	84302	ASSAY OF SWEAT SODIUM	5.60					02/04/10
30	84305	SOMATOMEDIN	19.84					02/04/10
30	84307	SOMATOSTATIN	18.04					02/04/10
30	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	7.46					02/04/10
30	84315	BODY FLUID SPECIFIC GRAVITY	2.68					02/04/10
30	84375	CHROMATOGRAM ASSAY, SUGARS	20.90					02/04/10
30	84376	SUGARS SINGLE QUAL	6.34				X	02/04/10
30	84377	SUGARS MULTIPLE QUAL	6.34				X	02/04/10
30	84378	SUGARS SINGLE QUANT	9.33				X	02/04/10
30	84379	SUGARS MULTIPLE QUANT	9.33				X	02/04/10
30	84392	SULFATE, URINE	5.07				X	02/04/10
30	84402	TESTOSTERONE;	27.73					02/04/10
30	84403	RIA ASSAY BLOOD TESTOSTERONE	27.51					02/04/10
30	84425	ASSAY VITAMIN B-1	22.65					02/04/10
30	84430	ASSAY BLOOD THIOCYANATE	10.71					02/04/10
30	84431	THROMBOXANE METABOLITE(S), INCLUDING	14.15					02/04/10
30	84432	THYROGLOBULIN	16.79					02/04/10
30	84436	THYROXINE, TRUE, RIA	4.87					02/04/10
30	84437	THYROXINE, NEONATAL	6.91					02/04/10
30	84439	THYROID PANEL	9.61					02/04/10
30	84442	THYROID ACTIVITY (TBG) ASSAY	13.24					02/04/10
30	84443	RIA ASSAY OF TS HORMONE	17.92					02/04/10
30	84445	RIA THYROTROPIN FACTOR	18.58					02/04/10
30	84446	ASSAY VITAMIN E	15.12					02/04/10
30	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	19.30					02/04/10
30	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.53				X	02/04/10
30	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.58				X	02/04/10
30	84466	TRANSFERRIN	14.00					02/04/10
30	84478	ASSAY BLOOD TRIGLYCERIDES	6.10					02/04/10
30	84479	TRIIODOTHYRONINE, RESIN UPTAKE	4.70					02/04/10
30	84480	RIA ASSAY, T-3	6.48					02/04/10
30	84481	TRIIODOTHYRONINE, FREE RIA	9.96					02/04/10
30	84482	TRIDOTHYRONINE (T-3);	4.70					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	84484	TROPONIN	11.34					02/04/10
30	84485	ASSAY DUODENAL FLUID TRYPSIN	7.99					02/04/10
30	84488	TEST FECES FOR TRYPSIN	7.79					02/04/10
30	84490	ASSAY FECES FOR TRYPSIN	7.15					02/04/10
30	84510	ASSAY BLOOD TYROSINE	11.10					02/04/10
30	84512	TROPONIN, QUAL	8.87					02/04/10
30	84520	ASSAY BUN	4.21				X	02/04/10
30	84525	STICK-ASSAY BUN	4.02				X	02/04/10
30	84540	ASSAY URINE UREA-N	4.70				X	02/04/10
30	84545	UREA-N CLEARANCE TEST	7.04					02/04/10
30	84550	ASSAY BLOOD URIC ACID	4.82					02/04/10
30	84560	ASSAY URINE URIC ACID	5.07					02/04/10
30	84577	ASSAY FECES UROBILINOGEN	10.71					02/04/10
30	84578	TEST URINE UROBILINOGEN	3.45					02/04/10
30	84580	ASSAY URINE UROBILINOGEN	7.56					02/04/10
30	84583	ASSAY URINE UROBILINOGEN	5.36					02/04/10
30	84585	ASSAY URINE VMA	16.53					02/04/10
30	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	37.67					02/04/10
30	84588	RIA ASSAY VASOPRESSIN	22.61					02/04/10
30	84590	ASSAY BLOOD VITAMIN-A	12.36					02/04/10
30	84591	ASSAY OF NOS VITAMIN	13.37					02/04/10
30	84597	ASSAY VITAMIN-K	8.49					02/04/10
30	84600	ASSAY FOR VOLATILES	17.13					02/04/10
30	84620	XYLOSE TOLERANCE TEST, BLOOD	12.62					02/04/10
30	84630	ASSAY BLOOD ZINC	12.14					02/04/10
30	84702	GONADOTROPIN, CHORIONIC; QUANTITATIVE	16.05					02/04/10
30	84703	GONADOTROPIN, CHORIONIC; QUALITATIVE	8.00					02/04/10
30	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	17.34					02/04/10
30	84830	OVULATION TESTS, BY VISUAL COLOR COM	10.70					02/04/10
30	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP					06/01/08
30	85002	BLEEDING TIME TEST	4.81				X	02/04/10
30	85004	AUTOMATED DIFF WBC COUNT	7.46					02/04/10
30	85007	DIFFERENTIAL WBC COUNT	2.52				X	02/04/10
30	85008	BLOOD COUNT;	3.68					02/04/10
30	85009	DIFFERENTIAL WBC COUNT	3.97				X	02/04/10
30	85013	BLOOD COUNT;	2.52					02/04/10
30	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.52				X	02/04/10
30	85018	HEMOGLOBIN, COLORIMETRIC	2.52				X	02/04/10
30	85025	BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT	8.29					02/04/10
30	85027	HEMOGRAM, AUTOMATED W/PLATELET COUNT	6.91				X	02/04/10
30	85032	MANUAL CELL COUNT, EACH	4.96					02/04/10
30	85041	RED BLOOD CELL (RBC) COUNT	3.21				X	02/04/10
30	85044	RETICULOCYTE COUNT	4.60					02/04/10
30	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	4.26					02/04/10
30	85046	RETICYTE, HGB CONCENTRATE	6.44					02/04/10
30	85048	WHITE BLOOD CELL (WBC) COUNT	2.72					02/04/10
30	85049	AUTOMATED PLATELET COUNT	4.73					02/04/10
30	85055	RETICULATED PLATELET ASSAY	23.22					02/04/10
30	85097	BONE MARROW SMEAR INTERPRET	23.38				X	02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	85130	CHROMOGENIC SUBSTRATE ASSAY	12.59					02/04/10
30	85170	BLOOD CLOT RETRACTION SCREEN	3.86				X	02/04/10
30	85175	BLOOD CLOT LYSIS TIME	4.86				X	02/04/10
30	85210	BLOOD CLOT FACTOR II TEST	5.83				X	02/04/10
30	85220	BLOOD CLOT FACTOR V TEST	14.27				X	02/04/10
30	85230	BLOOD CLOT FACTOR VII TEST	14.27				X	02/04/10
30	85240	BLOOD CLOT FACTOR VIII TEST	19.10				X	02/04/10
30	85244	FACTOR VIII RELATED ANTIGEN QUAN	21.78				X	02/04/10
30	85245	CLOTTING;	24.46					02/04/10
30	85246	CLOTTING;	24.46					02/04/10
30	85247	CLOTTING;	24.46					02/04/10
30	85250	BLOOD CLOT FACTOR IX TEST	20.30				X	02/04/10
30	85260	BLOOD CLOT FACTOR X TEST	14.27				X	02/04/10
30	85270	BLOOD CLOT FACTOR XI TEST	14.27				X	02/04/10
30	85280	BLOOD CLOT FACTOR XII TEST	14.27				X	02/04/10
30	85290	BLOOD CLOT FACTOR XIII TEST	14.27				X	02/04/10
30	85291	BLOOD CLOT FACTOR XIII TEST	9.47				X	02/04/10
30	85292	CLOTTING; PREKALLIKRIEW ASSAY	20.19					02/04/10
30	85293	CLOTTING;H-M-W KINNOGEN ASSA	20.19					02/04/10
30	85300	ANTITHROMBIN III TEST	12.63				X	02/04/10
30	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	11.53				X	02/04/10
30	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.81				X	02/04/10
30	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	12.89					02/04/10
30	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	12.36					02/04/10
30	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	16.34					02/04/10
30	85307	ASSAY ACTIVATED PROTEIN C	17.67					02/04/10
30	85335	FACTOR INHIBITOR TEST	13.73					02/04/10
30	85337	THROMBOMODULIN	11.11					02/04/10
30	85345	COAGULATION TIME	4.60				X	02/04/10
30	85347	COAGULATION TIME	2.91				X	02/04/10
30	85348	COAGULATION TIME	3.98				X	02/04/10
30	85360	EUGLOBULIN LYSIS	8.97					02/04/10
30	85362	FIBRIN DEGRADATION PRODUCTS	5.71				X	02/04/10
30	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	9.18					02/04/10
30	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	10.32					02/04/10
30	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	5.71					02/04/10
30	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.32					02/04/10
30	85380	FIBRIN DEGRADATION, VTE	11.72					02/04/10
30	85384	FIBRINOGEN;	9.01					02/04/10
30	85385	FIBRINOGEN;	9.01					02/04/10
30	85390	FIBRINOLYSINS SCREEN	5.52					02/04/10
30	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	27.65					02/04/10
30	85400	FIBRINOLYTIC PLASMIN	9.44					02/04/10
30	85410	FIBRINOLYTIC ANTIPLASMIN	8.23					02/04/10
30	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	18.34					02/04/10
30	85420	FIBRINOLYTIC PLASMINOGEN	6.97					02/04/10
30	85421	FIBRO MECH;PLASM.ANTIGENIC ASS	10.87					02/04/10
30	85441	HEINZ BODIES; DIRECT	4.32					02/04/10
30	85445	HEINZ BODIES; INDUCED	7.27					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	85460	HEMOGLOBIN, FETAL	4.70					02/04/10
30	85461	HEMOGLOBIN, FETAL	3.14					02/04/10
30	85475	HEMOLYSIN, ACID	9.46					02/04/10
30	85520	HEPARIN ASSAY	8.56					02/04/10
30	85525	HEPARIN NEUTRALIZATION	8.56					02/04/10
30	85530	HEPARIN-PROTAMINE TOLERANCE	15.12					02/04/10
30	85536	IRON STAIN PERIPHERAL BLOOD	7.46					02/04/10
30	85540	WBC ALKALINE PHOSPHATASE	9.17					02/04/10
30	85547	RBC MECHANICAL FRAGILITY	9.17					02/04/10
30	85549	SERUM MURAMIDASE	20.00					02/04/10
30	85555	RBC OSMOTIC FRAGILITY	4.70					02/04/10
30	85557	RBC OSMOTIC FRAGILITY	14.24					02/04/10
30	85576	PLATELET;AGGREGATION (IN VITRO)	13.55				X	02/04/10
30	85590	PLATELET PHASE MICROSCOPY	4.60				X	02/04/10
30	85597	PLATELET NEUTRALIZATION	13.55					02/04/10
30	85610	PROTHROMBIN TIME	4.19				X	02/04/10
30	85611	PROTHROMBIN TIME;	4.19				X	02/04/10
30	85612	VIPER VENOM PROTHROMBIN TIME	10.21					02/04/10
30	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	10.21					02/04/10
30	85635	REPTILASE TEST	10.50					02/04/10
30	85651	RBC SEDIMENTATION RATE	3.79					02/04/10
30	85652	RBC SED RATE, AUTO	2.88					02/04/10
30	85660	RBC SICKLE CELL TEST	5.90				X	02/04/10
30	85670	THROMBIN TIME; PLASMA	6.16					02/04/10
30	85675	THROMBIN TIME; TITER	7.32					02/04/10
30	85705	THROMBOPLASTIN INHIBITION;	6.95					02/04/10
30	85730	THROMBOPLASTIN TIME, PARTIAL	6.42				X	02/04/10
30	85732	THROMBOPLASTIN TIME, PARTIAL	6.91				X	02/04/10
30	85810	BLOOD VISCOSITY EXAMINATION	12.22				X	02/04/10
30	85999	HEMATOLOGY PROCEDURE	MP					06/01/08
30	86000	AGGLUTININS; FEBRILE	7.44					02/04/10
30	86001	ALLERGEN SPECIFIC IGG	6.02				X	02/04/10
30	86003	ALLERGEN SPECIFIC IGE;	5.55				X	02/04/10
30	86005	ALLERGEN SPECIFIC IGE;	8.51					02/04/10
30	86021	WBC ANTIBODY IDENTIFICATION	16.05					02/04/10
30	86022	PLATELET ANTIBODIES	19.59					02/04/10
30	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	11.72					02/04/10
30	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.89					02/04/10
30	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.89					02/04/10
30	86060	ANTISTREPTOLYSIN O TITER	7.79					02/04/10
30	86063	ANTISTREPTOLYSIN O SCREEN	6.16					02/04/10
30	86140	C-REACTIVE PROTEIN	5.53					02/04/10
30	86141	C-REACTIVE PROTEIN, HS	14.93					02/04/10
30	86146	GLYCOPROTEIN ANTIBODY	13.39					02/04/10
30	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	11.72					02/04/10
30	86148	PHOSPHOLIPID ANTIBODY	13.39					02/04/10
30	86155	CHEMOTAXIS ASSAY	12.59					02/04/10
30	86156	COLD AGGLUTININ;	7.08					02/04/10
30	86157	COLD AGGLUTININ;	8.61					02/04/10



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	86160	COMPLEMENT;	12.79				X	02/04/10
30	86161	COMPLEMENT;	12.79				X	02/04/10
30	86162	COMPLEMENT; TOTAL (CH 50)	19.26					02/04/10
30	86171	COMPLEMENT FIXATION, EACH	10.68					02/04/10
30	86185	COUNTERELECTROPHORESIS, EACH	9.54					02/04/10
30	86200	CCP ANTIBODY	14.93					02/04/10
30	86215	DEOXYRIBONUCLEASE, ANTIBODY	14.14					02/04/10
30	86225	DNA ANTIBODY	14.64					02/04/10
30	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.92					02/04/10
30	86235	ENA ANTIBODY	11.72					02/04/10
30	86243	FC RECEPTOR ASSAY	10.43					02/04/10
30	86255	FLUORESCENT ANTIBODY; SCREEN	11.45					02/04/10
30	86256	FLUORESCENT ANTIBODY; TITER	12.85					02/04/10
30	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	16.78					02/04/10
30	86280	HEMAGGLUTINATION INHIBITION	8.73					02/04/10
30	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	23.99					02/04/10
30	86301	IMMUNOASSAY, TUMOR, CA 19-9	23.99					02/04/10
30	86304	IMMUNOASSAY, TUMOR CA 125	23.99					02/04/10
30	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	22.75			F		02/04/10
30	86308	HETEROPHILE ANTIBODIES;	5.53					02/04/10
30	86309	HETEROPHILE ANTIBODIES;	6.91					02/04/10
30	86310	HETEROPHILE ANTIBODIES	7.87					02/04/10
30	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	22.20				X	02/04/10
30	86317	IMMUNOASSAY/INFECTIOUS AGENT	15.98					02/04/10
30	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	12.89					02/04/10
30	86320	SERUM IMMUNOELECTROPHORESIS	16.96					02/04/10
30	86325	OTHER IMMUNOELECTROPHORESIS	16.96					02/04/10
30	86327	IMMUNOELECTROPHORESIS;	16.96					02/04/10
30	86329	IMMUNODIFFUSION, EACH	15.03				X	02/04/10
30	86331	IMMUNODIFFUSION OUCHTERLONY	12.78					02/04/10
30	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	12.31					02/04/10
30	86334	IMMUNOFIXATION ELECTROPHORESIS	16.96					02/04/10
30	86336	INHIBIN A	15.82					02/04/10
30	86337	INSULIN ANTIBODIES, RIA	8.18					02/04/10
30	86340	INTRINSIC FACTOR ANTIBODIES, RIA	6.48					02/04/10
30	86341	ISLET CELL ANTIBODY	21.10					02/04/10
30	86344	LEUKOCYTE PHAGOCYTOSIS	8.52					02/04/10
30	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	74.26					02/04/10
30	86353	LYMPHOCYTE TRANSFORMATION	52.28					02/04/10
30	86355	B CELLS, TOTAL COUNT	43.49					02/04/10
30	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	23.22				X	02/04/10
30	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	43.49					02/04/10
30	86359	T CELLS;	40.31					02/04/10
30	86360	T CELLS;	40.67					02/04/10
30	86361	T CELL ABSOLUTE COUNT	23.22					02/04/10
30	86367	STEM CELLS, TOTAL COUNT	43.49					02/04/10
30	86376	MICROSOMAL ANTIBODY (THYROID); RIA	15.62					02/04/10
30	86378	MIGRATION INHIBITORY FACTOR	20.65					02/04/10
30	86382	NEUTRALIZATION TEST, VIRAL	14.13					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE	PA	SEX	UVS	EFFECT
				MIN-MAX			>001	DATE
30	86384	NITROBLUE TETRAZOLIUM DYE	12.13					02/04/10
30	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	10.87					02/04/10
30	86406	PARTICLE AGGLUTINATION TEST	11.25					02/04/10
30	86430	RHEUMATOID FACTOR LATEX FIXATION	5.97					02/04/10
30	86431	RHEUMATOID FACTOR;	5.97					02/04/10
30	86480	TB TEST, CELL IMMUN MEASURE	71.45					02/04/10
30	86485	SKIN TEST;	6.65					02/04/10
30	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP					06/01/08
30	86490	COCCIDIOIDOMYCOSIS SKIN TEST	4.98					02/04/10
30	86510	HISTOPLASMOSIS SKIN TEST	4.98					02/04/10
30	86580	TB PATCH OR INTRADERMAL TEST	5.23					02/04/10
30	86590	STREPTOKINASE, ANTIBODY	5.71					02/04/10
30	86592	SYPHILIS TEST(S), QUALITATIVE	4.56					02/04/10
30	86593	SYPHILIS TEST, QUANTITATIVE	4.70					02/04/10
30	86602	ANTIBODY;	10.85					02/04/10
30	86603	ANTIBODY;	13.72					02/04/10
30	86606	ANTIBODY;	16.05					02/04/10
30	86609	ANTIBODY;	13.74					02/04/10
30	86611	BARTONELLA ANTIBODY	11.72					02/04/10
30	86612	ANTIBODY;	14.05					02/04/10
30	86615	ANTIBODY;	14.05					02/04/10
30	86617	LYME DISEASE ANTIBODY	16.51					02/04/10
30	86618	ANTIBODY;	18.00					02/04/10
30	86619	ANTIBODY;	14.05					02/04/10
30	86622	ANTIBODY;	9.78					02/04/10
30	86625	ANTIBODY;	14.01					02/04/10
30	86628	ANTIBODY;	13.15					02/04/10
30	86631	ANTIBODY;	12.81					02/04/10
30	86632	ANTIBODY;	13.73					02/04/10
30	86635	ANTIBODY;	12.40					02/04/10
30	86638	ANTIBODY;	13.28					02/04/10
30	86641	ANTIBODY;	15.67					02/04/10
30	86644	ANTIBODY;	15.31					02/04/10
30	86645	ANTIBODY;	18.00					02/04/10
30	86648	ANTIBODY;	16.55					02/04/10
30	86651	ANTIBODY;	14.05					02/04/10
30	86652	ANTIBODY;	14.05					02/04/10
30	86653	ANTIBODY;	14.05					02/04/10
30	86654	ANTIBODY;	14.05					02/04/10
30	86658	ANTIBODY;	14.05					02/04/10
30	86663	ANTIBODY;	14.05					02/04/10
30	86664	ANTIBODY;	16.55					02/04/10
30	86665	ANTIBODY;	18.00					02/04/10
30	86666	EHRlichia ANTIBODY	11.72					02/04/10
30	86668	ANTIBODY;	11.10					02/04/10
30	86671	ANTIBODY;	13.42					02/04/10
30	86674	ANTIBODY;	11.72					02/04/10
30	86677	ANTIBODY;	11.72					02/04/10
30	86682	ANTIBODY;	14.00					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	86684	ANTIBODY;	16.55					02/04/10
30	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	8.96					02/04/10
30	86688	ANTIBODY;	10.67					02/04/10
30	86689	CONFIRMATORY TEST	20.64					02/04/10
30	86692	ANTIBODY;	12.89					02/04/10
30	86694	ANTIBODY;	15.31					02/04/10
30	86695	ANTIBODY;	14.05					02/04/10
30	86696	HERPES SIMPLEX TYPE 2	22.32					02/04/10
30	86698	ANTIBODY;	13.45					02/04/10
30	86701	ANTIBODY;	9.46					02/04/10
30	86702	ANTIBODY;	10.67					02/04/10
30	86703	ANTIBODY;	10.67					02/04/10
30	86704	HEP B CORE AB TEST, IGG & M	13.89					02/04/10
30	86705	HEP B CORE AB TEST, IGM	13.56					02/04/10
30	86706	HEPATITIS B SURFACE AB TEST	12.38					02/04/10
30	86707	HEPATITIS BE AB TEST	13.33					02/04/10
30	86708	HEP A AB TEST, IGG & M	13.41					02/04/10
30	86709	HEP A AB TEST, IGM	12.97					02/04/10
30	86710	ANTIBODY;	14.74					02/04/10
30	86713	ANTIBODY;	16.08					02/04/10
30	86717	ANTIBODY;	13.41					02/04/10
30	86720	ANTIBODY;	14.05					02/04/10
30	86723	ANTIBODY;	14.05					02/04/10
30	86727	ANTIBODY;	13.72					02/04/10
30	86729	ANTIBODY;	12.81					02/04/10
30	86732	ANTIBODY;	14.05					02/04/10
30	86735	ANTIBODY;	14.05					02/04/10
30	86738	ANTIBODY;	14.05					02/04/10
30	86741	ANTIBODY;	14.05					02/04/10
30	86744	ANTIBODY;	14.05					02/04/10
30	86747	ANTIBODY;	16.05					02/04/10
30	86750	ANTIBODY;	14.05					02/04/10
30	86753	ANTIBODY;	13.45					02/04/10
30	86756	ANTIBODY;	13.72					02/04/10
30	86757	RICKETTSIA ANTIBODY	22.32					02/04/10
30	86759	ANTIBODY;	14.05					02/04/10
30	86762	ANTIBODY;	15.31					02/04/10
30	86765	ANTIBODY;	13.74					02/04/10
30	86768	ANTIBODY;	14.05					02/04/10
30	86771	ANTIBODY;	14.05					02/04/10
30	86774	ANTIBODY;	9.88					02/04/10
30	86777	ANTIBODY;	11.45					02/04/10
30	86778	ANTIBODY;	15.77					02/04/10
30	86780	ANTIBODY; TREPONEMA PALLIDUM	14.48					02/04/10
30	86784	ANTIBODY;	4.70					02/04/10
30	86787	ANTIBODY;	11.33					02/04/10
30	86788	ANTIBODY; WEST NILE VIRUS, IGM	19.43					02/04/10
30	86789	ANTIBODY; WEST NILE VIRUS	16.59					02/04/10
30	86790	ANTIBODY;	11.33					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
			FEE	AGE	PA	SEX	UVS	EFFECT
	CODE	DESCRIPTION		MIN-MAX			>001	DATE
30	86793	ANTIBODY;	11.33					02/04/10
30	86800	THYROGLOBULIN ANTIBODY, RIA	16.95					02/04/10
30	86803	HEPATITIS C AB TEST	16.45					02/04/10
30	86804	HEP C AB TEST, CONFIRM	17.86					02/04/10
30	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	55.75					02/04/10
30	86806	SEE 86805; WITHOUT TITRATION	50.74					02/04/10
30	86807	SERUM SCREEN.-PRA;STANDARD METHOD	35.78					02/04/10
30	86808	SERUM SCREEN.-PRA; QUICK METHOD	31.65					02/04/10
30	86812	TISSUE TYPING;	27.50					02/04/10
30	86813	TISSUE TYPING;	61.83					02/04/10
30	86816	TISSUE TYPING;	29.70					02/04/10
30	86817	TISSUE TYPING;	68.64					02/04/10
30	86821	TISSUE TYPING;	60.21					02/04/10
30	86822	TISSUE TYPING;	38.97					02/04/10
30	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	66.04					02/04/10
30	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	22.01					02/04/10
30	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP					06/01/08
30	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	13.58				X	02/04/10
30	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	12.05				X	02/04/10
30	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	36.35				X	02/04/10
30	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.73				X	02/04/10
30	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	6.10				X	02/04/10
30	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST	5.53				X	02/04/10
30	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	11.51					02/04/10
30	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	11.14					02/04/10
30	86900	BLOOD TYPING;	3.18					02/04/10
30	86901	BLOOD TYPING;	3.43					02/04/10
30	86903	BLOOD TYPING;	10.06				X	02/04/10
30	86904	BLOOD TYPING;	10.13				X	02/04/10
30	86905	BLOOD TYPING;	4.08				X	02/04/10
30	86906	BLOOD TYPING;	8.25					02/04/10
30	86910	BLOOD TYPING;	17.95				X	02/04/10
30	86911	BLOOD TYPING, FOR PATERNITY TESTING,	5.58					02/04/10
30	86920	COMPATIBILITY TEST EACH UNIT;	42.57					02/04/10
30	86921	COMPATIBILITY TEST EACH UNIT;	42.57					02/04/10
30	86922	COMPATIBILITY TEST EACH UNIT;	40.55					02/04/10
30	86923	COMPATIBILITY TEST, ELECTRIC	MP					06/01/08
30	86927	FRESH FROZEN PLASMA, THAWING, EACH U	9.16				X	02/04/10
30	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	10.78				X	02/04/10
30	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	10.78				X	02/04/10
30	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	10.78				X	02/04/10
30	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.73				X	02/04/10
30	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.92				X	02/04/10
30	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	39.22				X	02/04/10
30	86950	LEUKOCYTE TRANSFUSION	35.98					02/04/10
30	86960	VOL REDUCTION OF BLOOD/PROD	MP					06/01/08
30	86965	POOLING OF PLATELETS OR OTHER BLOOD	12.54					02/04/10
30	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.28				X	02/04/10
30	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	6.84				X	02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.28					02/04/10
30	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.28				X	02/04/10
30	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.28					02/04/10
30	86977	PRETREATMENT OF SERUM FOR USE IN RBC	6.84				X	02/04/10
30	86978	PRETREATMENT OF SERUM FOR USE IN RBC	8.75				X	02/04/10
30	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	12.58				X	02/04/10
30	86999	IMMUNOLOGY PROCEDURE	50.49					06/01/08
30	87001	SMALL ANIMAL INOCULATION	14.09					02/04/10
30	87003	SMALL ANIMAL INOCULATION	17.94					02/04/10
30	87015	SPECIMEN CONCENTRATION	7.14				X	02/04/10
30	87040	BLOOD CULTURE FOR BACTERIA	11.00				X	02/04/10
30	87045	STOOL CULTURE FOR BACTERIA	10.06				X	02/04/10
30	87046	STOOL CULTR, BACTERIA, EACH	2.96				X	02/04/10
30	87070	CULTURE SPECIMEN, BACTERIA	9.18				X	02/04/10
30	87071	CULTURE BACTERI AEROBIC OTHR	5.91					02/04/10
30	87073	CULTURE BACTERIA ANAEROBIC	5.91					02/04/10
30	87075	CULTURE SPECIMEN, BACTERIA	10.08				X	02/04/10
30	87076	BACTERIA IDENTIFICATION	9.31					02/04/10
30	87077	CULTURE AEROBIC IDENTIFY	9.31				X	02/04/10
30	87081	BACTERIA CULTURE SCREEN	7.02					02/04/10
30	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	9.18					02/04/10
30	87086	URINE CULTURE, COLONY COUNT	8.49					02/04/10
30	87088	URINE BACTERIA CULTURE	8.61					02/04/10
30	87101	SKIN FUNGUS CULTURE	7.15					02/04/10
30	87102	FUNGUS ISOLATION CULTURE	8.56					02/04/10
30	87103	CULTURE, FUNGI, ISOLATION BLOOD	8.56					02/04/10
30	87106	FUNGUS IDENTIFICATION	11.00					02/04/10
30	87107	FUNGI IDENTIFICATION, MOLD	11.90					02/04/10
30	87109	MYCOPLASMA CULTURE	16.41					02/04/10
30	87110	CULTURE, CHLAMYDIA	20.89					02/04/10
30	87116	MYCOBACTERIA CULTURE	11.51					02/04/10
30	87118	MYCOBACTERIA IDENTIFICATION	4.12					02/04/10
30	87140	CULTURE TYPING, FLUORESCENT	5.71					02/04/10
30	87143	CULTURE TYPING, GLC METHOD	13.35					02/04/10
30	87147	CULTURE TYPING, SEROLOGIC	4.32					02/04/10
30	87149	CULTURE TYPE, NUCLEIC ACID	23.12					02/04/10
30	87150	CULTURE, TYPING; IDENTIFICATION BY N	38.37					02/04/10
30	87152	CULTURE TYPE PULSE FIELD GEL	6.03					02/04/10
30	87153	CULTURE, TYPING; IDENTIFICATION BY N	126.10					02/04/10
30	87158	CULTURE TYPING, ADDED METHOD	5.58					02/04/10
30	87164	DARK FIELD EXAMINATION	11.44					02/04/10
30	87166	DARK FIELD EXAMINATION	8.82					02/04/10
30	87168	MACROSCOPIC EXAM ARTHROPOD	4.92					02/04/10
30	87169	MACACROSCOPIC EXAM PARASITE	4.92					02/04/10
30	87172	PINWORM EXAM	4.92					02/04/10
30	87176	ENDOTOXIN, BACTERIAL	6.27					02/04/10
30	87177	OVA AND PARASITES SMEARS	8.82				X	02/04/10
30	87181	ANTIBIOTIC SENSITIVITY, EACH	5.07					02/04/10
30	87184	ANTIBIOTIC SENSITIVITY, EACH	7.35				X	02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	87185	MICROBE SUSCEPTIBLE, ENZYME	5.49				X	02/04/10
30	87186	ANTIBIOTIC SENSITIVITY, MIC	9.23					02/04/10
30	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	11.06					02/04/10
30	87188	ANTIBIOTIC SENSITIVITY, EACH	7.07					02/04/10
30	87190	TB ANTIBIOTIC SENSITIVITY	6.02					02/04/10
30	87197	SERUM BACTERICIDAL TITER	14.64					02/04/10
30	87198	CYTOMEGALOVIRUS ANTIBODY DFA	15.05					02/04/10
30	87205	SMEAR, STAIN & INTERPRET	4.56				X	02/04/10
30	87206	SMEAR, STAIN & INTERPRET	5.73				X	02/04/10
30	87207	SMEAR, STAIN & INTERPRET	6.39				X	02/04/10
30	87209	SMEAR, COMPLEX STAIN	20.72					02/04/10
30	87210	SMEAR, STAIN & INTERPRET	4.56				X	02/04/10
30	87220	TISSUE EXAMINATION FOR FUNGI	4.56					02/04/10
30	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	21.05				X	02/04/10
30	87250	VIRUS INOCULATION FOR TEST	20.86				X	02/04/10
30	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	27.79					02/04/10
30	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	21.40				X	02/04/10
30	87254	VIRUS INOCULATION, SHELL VIA	6.13				X	02/04/10
30	87255	GENET VIRUS ISOLATE, HSV	39.04					02/04/10
30	87260	ADENOVIRUS AG, DFA	13.83					02/04/10
30	87265	PERTUSSIS AG, DFA	13.83					02/04/10
30	87267	ENTEROVIRUS ANTIBODY, DFA	13.83					02/04/10
30	87269	GIARDIA AG, IF	13.83					02/04/10
30	87270	CHYLM D TRACH AG, DFA	13.83					02/04/10
30	87271	CYTOMEGALOVIRUS DFA	13.83					02/04/10
30	87272	CRYPTOSPORIDIUM AG, DFA	13.83					02/04/10
30	87273	HERPES SIMPLEX 2, AG, IF	13.83					02/04/10
30	87274	HERPES SIMPLEX AG, DFA	13.83					02/04/10
30	87275	INFLUENZA B, AG, IF	13.83					02/04/10
30	87276	INFLUENZA AG, DFA	13.83					02/04/10
30	87277	LEGIONELLA MICDADEI, AG, IF	13.83					02/04/10
30	87278	LEGION PNEUMO AG, DFA	13.83					02/04/10
30	87279	PARAINFLUENZA, AG, IF	13.83					02/04/10
30	87280	RESP SYNCYTIAL AG, DFA	13.83					02/04/10
30	87281	PNEUMOCYSTIS CARINII, AG, IF	13.83					02/04/10
30	87283	RUBEOLA, AG, IF	13.83					02/04/10
30	87285	TREPON PALLIDUM AG, DFA	13.83					02/04/10
30	87290	VARICELLA AG, DFA	13.83					02/04/10
30	87299	AG DETECTION NOS, DFA	13.83					02/04/10
30	87300	AG DETECTION, POLYVAL, IF	7.53				X	02/04/10
30	87301	ADENOVIRUS AG, EIA	13.83					02/04/10
30	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	13.83					02/04/10
30	87320	CHYLM D TRACH AG, EIA	13.83					02/04/10
30	87324	CLOSTRIDIUM AG, EIA	13.83					02/04/10
30	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.83					02/04/10
30	87328	CRYPTOSPOR AG, EIA	13.83					02/04/10
30	87329	GIARDIA AG, EIA	13.83					02/04/10
30	87332	CYTOMEGALOVIRUS AG, EIA	13.83					02/04/10
30	87335	E COLI 0157 AG, EIA	13.83					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	87336	ENTAMOEB HIST DISPR, AG, EIA	13.83					02/04/10
30	87337	ENTAMOEB HIST GROUP, AG, EIA	13.83					02/04/10
30	87338	HPYLORI, STOOL, EIA	5.35					02/04/10
30	87339	HPYLORI AG, EIA	13.83					02/04/10
30	87340	HEPATITIS B SURFACE AG, EIA	11.90					02/04/10
30	87341	HEPATITIS B SURFACE, AG, EIA	11.90					02/04/10
30	87350	HEPATITIS B AG, EIA	13.29					02/04/10
30	87380	HEPATITIS DELTA AG, EIA	14.25					02/04/10
30	87385	HISTOPLASMA CAPSUL AG, EIA	13.83					02/04/10
30	87390	HIV-1 AG, EIA	20.35					02/04/10
30	87391	HIV-2 AG, EIA	20.35					02/04/10
30	87400	INFLUENZA A/B, AG, EIA	7.53				X	02/04/10
30	87420	RESP SYNCYTIAL AG, EIA	13.83					02/04/10
30	87425	ROTAVIRUS AG, EIA	13.83					02/04/10
30	87427	SHIGA-LIKE TOXIN AG, EIA	13.83					02/04/10
30	87430	STREP A AG, EIA	13.83					02/04/10
30	87449	AG DETECT NOS, EIA, MULT	13.83					02/04/10
30	87450	AG DETECT NOS, EIA, SINGLE	5.35					02/04/10
30	87451	AG DETECT POLYVAL, EIA, MULT	5.35					02/04/10
30	87470	BARTONELLA, DNA, DIR PROBE	23.12					02/04/10
30	87471	BARTONELLA, DNA, AMP PROBE	40.47					02/04/10
30	87472	BARTONELLA, DNA, QUANT	49.40					02/04/10
30	87475	LYME DIS, DNA, DIR PROBE	23.12					02/04/10
30	87476	LYME DIS, DNA, AMP PROBE	40.47					02/04/10
30	87477	LYME DIS, DNA, QUANT	20.65					02/04/10
30	87480	CANDIDA, DNA, DIR PROBE	23.12					02/04/10
30	87481	CANDIDA, DNA, AMP PROBE	40.47					02/04/10
30	87482	CANDIDA, DNA, QUANT	20.65					02/04/10
30	87485	CHYLM D PNEUM, DNA, DIR PROBE	23.12					02/04/10
30	87486	CHYLM D PNEUM, DNA, AMP PROBE	40.47					02/04/10
30	87487	CHYLM D PNEUM, DNA, QUANT	49.40					02/04/10
30	87490	CHYLM D TRACH, DNA, DIR PROBE	23.12					02/04/10
30	87491	CHYLM D TRACH, DNA, AMP PROBE	40.47					02/04/10
30	87492	CHYLM D TRACH, DNA, QUANT	20.65					02/04/10
30	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	38.37					02/04/10
30	87495	CYTOMEG, DNA, DIR PROBE	23.12					02/04/10
30	87496	CYTOMEG, DNA, AMP PROBE	40.47					02/04/10
30	87497	CYTOMEG, DNA, QUANT	49.40					02/04/10
30	87498	INFECTIOUS AGENT DETECTION BY NUCLEI	40.47					02/04/10
30	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	40.47					02/04/10
30	87510	GARDNER VAG, DNA, DIR PROBE	23.12					02/04/10
30	87511	GARDNER VAG, DNA, AMP PROBE	40.47					02/04/10
30	87512	GARDNER VAG, DNA, QUANT	20.65					02/04/10
30	87515	HEPATITIS B, DNA, DIR PROBE	23.12					02/04/10
30	87516	HEPATITIS B, DNA, AMP PROBE	40.47					02/04/10
30	87517	HEPATITIS B, DNA, QUANT	49.40					02/04/10
30	87520	HEPATITIS C, RNA, DIR PROBE	23.12					02/04/10
30	87521	HEPATITIS C, RNA, AMP PROBE	40.47					02/04/10
30	87522	HEPATITIS C, RNA, QUANT	49.40					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	87525	HEPATITIS G , DNA, DIR PROBE	23.12					02/04/10
30	87526	HEPATITIS G, DNA, AMP PROBE	40.47					02/04/10
30	87527	HEPATITIS G, DNA, QUANT	20.65					02/04/10
30	87528	HSV, DNA, DIR PROBE	23.12					02/04/10
30	87529	HSV, DNA, AMP PROBE	40.47					02/04/10
30	87530	HSV, DNA, QUANT	49.40					02/04/10
30	87531	HHV-6, DNA, DIR PROBE	23.12					02/04/10
30	87532	HHV-6, DNA, AMP PROBE	40.47					02/04/10
30	87533	HHV-6, DNA, QUANT	20.65					02/04/10
30	87534	HIV-1, DNA, DIR PROBE	23.12					02/04/10
30	87535	HIV-1, DNA, AMP PROBE	40.47					02/04/10
30	87536	HIV-1, DNA, QUANT	72.61					02/04/10
30	87537	HIV-2, DNA, DIR PROBE	23.12					02/04/10
30	87538	HIV-2, DNA, AMP PROBE	40.47					02/04/10
30	87539	HIV-2, DNA, QUANT	20.65					02/04/10
30	87540	LEGION PNEUMO, DNA, DIR PROB	23.12					02/04/10
30	87541	LEGION PNEUMO, DNA, AMP PROB	40.47					02/04/10
30	87542	LEGION PNEUMO, DNA, QUANT	20.65					02/04/10
30	87550	MYCOBACTERIA, DNA, DIR PROBE	23.12					02/04/10
30	87551	MYCOBACTERIA, DNA, AMP PROBE	40.47					02/04/10
30	87552	MYCOBACTERIA, DNA, QUANT	49.40					02/04/10
30	87555	M.TUBERCULO, DNA, DIR PROBE	23.12					02/04/10
30	87556	M.TUBERCULO, DNA, AMP PROBE	40.47					02/04/10
30	87557	M.TUBERCULO, DNA, QUANT	49.40					02/04/10
30	87560	M.AVIUM-INTRA, DNA, DIR PROB	23.12					02/04/10
30	87561	M.AVIUM-INTRA, DNA, AMP PROB	40.47					02/04/10
30	87562	M.AVIUM-INTRA, DNA, QUANT	49.40					02/04/10
30	87580	M.PNEUMON, DNA, DIR PROBE	23.12					02/04/10
30	87581	M.PNEUMON, DNA, AMP PROBE	40.47					02/04/10
30	87582	M.PNEUMON, DNA, QUANT	20.65					02/04/10
30	87590	N.GONORRHOEAE, DNA, DIR PROB	23.12					02/04/10
30	87591	N.GONORRHOEAE, DNA, AMP PROB	40.47					02/04/10
30	87592	N.GONORRHOEAE, DNA, QUANT	20.65					02/04/10
30	87620	HPV, DNA, DIR PROBE	23.12					02/04/10
30	87621	HPV, DNA, AMP PROBE	40.47					02/04/10
30	87622	HPV, DNA, QUANT	20.65					02/04/10
30	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	40.47					02/04/10
30	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	40.47					02/04/10
30	87650	STREP A, DNA, DIR PROBE	23.12					02/04/10
30	87651	STREP A, DNA, AMP PROBE	40.47					02/04/10
30	87652	STREP A, DNA, QUANT	20.65					02/04/10
30	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	40.47					02/04/10
30	87660	TRICHOMONAS VAGIN, DIR PROBE	23.12			F		02/04/10
30	87797	DETECT AGENT NOS, DNA, DIR	23.12					02/04/10
30	87798	DETECT AGENT NOS, DNA, AMP	40.47					02/04/10
30	87799	DETECT AGENT NOS, DNA, QUANT	MP					06/01/08
30	87800	DETECT AGNT MULT, DNA, DIREC	25.15					02/04/10
30	87801	DETECT AGNT MULT, DNA, AMPLI	44.02					02/04/10
30	87802	STREP B ASSAY W/OPTIC	13.83					02/04/10



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	87803	CLOSTRIDIUM TOXIN A W/OPTIC	13.83					02/04/10
30	87804	AGENT NOS ASSAY W/OPTIC	13.83					02/04/10
30	87807	RSV ASSAY W/OPTIC	13.83					02/04/10
30	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	13.83			F		02/04/10
30	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	13.83					02/04/10
30	87810	CHYLM D TRACH ASSAY W/OPTIC	13.83					02/04/10
30	87850	N. GONORRHOEAE ASSAY W/OPTIC	13.83					02/04/10
30	87880	STREP A ASSAY W/OPTIC	13.83					02/04/10
30	87899	AGENT NOS ASSAY W/OPTIC	13.83					02/04/10
30	87900	PHENOTYPE, INFECT AGENT DRUG	150.27					02/04/10
30	87901	GENOTYPE, DNA, HIV REVERSE T	258.35					02/04/10
30	87902	GENOTYPE, DNA, HEPATITIS C	296.81					02/04/10
30	87903	PHENOTYPE, DNA HIV W/CULTURE	490.37					02/04/10
30	87904	PHENOTYPE, DNA HIV W/CLT ADD	30.05					02/04/10
30	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	14.73					02/04/10
30	87999	MICROBIOLOGY PROCEDURE	MP					06/01/08
30	88104	CYTOPATHOLOGY	17.59					02/04/10
30	88106	CYTOPATHOLOGY	17.59					02/04/10
30	88107	CYTOPATHOLOGY	23.38					02/04/10
30	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	20.78					02/04/10
30	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	77.21	10 59		F		02/04/10
30	88125	FORENSIC CYTOPATHOLOGY	10.90					02/04/10
30	88130	SEX CHROMATIN IDENTIFICATION	14.27					02/04/10
30	88140	SEX CHROMATIN IDENTIFICATION	8.53					02/04/10
30	88141	CYTOPATH CERV/VAG INTERPRET	19.29					02/04/10
30	88142	CYTOPATH CERV/VAG THIN LAYER	13.16					02/04/10
30	88143	CYTPATH C/VAG T/LAYER REDO	13.16					02/04/10
30	88147	CYTPATH C/VAG AUTOMATED	6.49					02/04/10
30	88148	CYTPATH C/VAG AUTO RESCREEN	6.49					02/04/10
30	88150	CYTOPATHOLOGY, PAP SMEAR	5.53	10 99		F		02/04/10
30	88152	CYTOPATH CERV/VAG AUTO	6.49					02/04/10
30	88153	CYTPATH C/VAG REDO	6.49					02/04/10
30	88154	CYTPATH C/VAG SELECT	6.49					02/04/10
30	88155	CYTOPATH, (PAP); W/ DEF. HORMONAL EVAL	6.39			F		02/04/10
30	88160	CYTOPATHOLOGY	14.13					02/04/10
30	88161	CYTOPATH...; PREP, SCREEN, INTERP.	15.52					02/04/10
30	88162	CYTOPATH...; EXT. STUDY, +5 SLIDES, MULTI	18.64					02/04/10
30	88164	CYTPATH TBS C/VAG MANUAL	6.49					02/04/10
30	88165	CYTPATH TBS C/VAG REDO	6.49					02/04/10
30	88166	CYTPATH TBS C/VAG AUTO REDO	6.49					02/04/10
30	88167	CYTPATH TBS C/VAG SELECT	6.49					02/04/10
30	88172	IMMEDIATE EVAL/ASPIRATE, SPEC ADEQUAC	15.34					02/04/10
30	88173	FINE NEEDLE ASPIRATE...; INTERP/REPORT	30.68					02/04/10
30	88174	CYTOPATHOLOGY, VAGINAL OR CERVICAL CO	16.83	10 59		F		02/04/10
30	88175	CYTOPATHOLOGY, WITH SCREENING	21.21	10 59		F		02/04/10
30	88182	FLOW CYTOMETRY;	34.54					02/04/10
30	88184	FLOWCYTOMETRY/ TC, 1 MARKER	31.75					02/04/10
30	88185	FLOWCYTOMETRY/TC, ADD-ON	15.68				X	02/04/10
30	88187	FLOWCYTOMETRY/READ, 2-8	MP					06/01/08

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE	PA	SEX	UVS	EFFECT
				MIN-MAX			>001	DATE
30	88188	FLOWCYTOMETRY/READ, 9-15	MP					06/01/08
30	88189	FLOWCYTOMETRY/READ, 16 & >	MP					06/01/08
30	88199	CYTOPATHOLOGY PROCEDURE	MP					06/01/08
30	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	64.55					02/04/10
30	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	64.55					02/04/10
30	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	64.55					02/04/10
30	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	64.55					02/04/10
30	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	64.55					02/04/10
30	88240	CELL CRYOPRESERVE/STORAGE	11.65					02/04/10
30	88241	FROZEN CELL PREPARATION	11.65					02/04/10
30	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	64.55					02/04/10
30	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	64.55					02/04/10
30	88249	CHROMOSOME ANALYSIS, 100	199.66					02/04/10
30	88261	CHROMOSOME COUNT: 1-4 CELLS	146.37					02/04/10
30	88262	CHROMOSOME COUNT: 1-20 CELLS	132.89					02/04/10
30	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	64.55					02/04/10
30	88264	CHROMOSOME ANALYSIS, 20-25	143.70					02/04/10
30	88267	CHROMOSOME COUNT: AMNIOTIC	191.68					02/04/10
30	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	64.55					02/04/10
30	88271	CYTOGENETICS, DNA PROBE	24.70					02/04/10
30	88272	CYTOGENETICS, 3-5	30.87					02/04/10
30	88273	CYTOGENETICS, 10-30	37.04					02/04/10
30	88274	CYTOGENETICS, 25-99	40.13					02/04/10
30	88275	CYTOGENETICS, 100-300	MP					02/04/10
30	88280	CHROMOSOME COUNT: ADDITIONAL	26.76					02/04/10
30	88283	CHROM ANAL;ADD SPEC BANDING TECH.	28.19					02/04/10
30	88285	CHROMOSOME COUNT: ADDITIONAL	5.53					02/04/10
30	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	32.76					02/04/10
30	88291	CYTO/MOLECULAR REPORT	5.03					02/04/10
30	88299	CYTOGENETIC STUDY	5.81					06/01/08
30	88300	SURGICAL PATHOLOGY, GROSS	8.72				X	02/04/10
30	88302	SURGICAL PATHOLOGY, COMPLETE	20.26				X	02/04/10
30	88304	SURGICAL PATHOLOGY, COMPLETE	29.07				X	02/04/10
30	88305	SURGICAL PATHOLOGY, COMPLETE	40.96				X	02/04/10
30	88307	SURGICAL PATHOLOGY, COMPLETE	58.57					02/04/10
30	88309	SURGICAL PATHOLOGY, COMPLETE	58.57					02/04/10
30	88311	SURGICAL PATHOLOGY; DECALCIFICATION	4.71					02/04/10
30	88312	SPECIAL STAINS	9.96					02/04/10
30	88313	SPECIAL STAINS	4.71					02/04/10
30	88314	GROSS & MICROSCOPIC EXAM 3 SPECIMENS	31.63					02/04/10
30	88321	MICROSLIDE CONSULTATION	46.84					02/04/10
30	88323	MICROSLIDE CONSULTATION	58.57					02/04/10
30	88325	COMPREHENSIVE REVIEW OF DATA	46.84					02/04/10
30	88329	CONSULTATION DURING SURGERY	23.38				X	02/04/10
30	88331	CONSULTATION DURING SURGERY	35.19				X	02/04/10
30	88332	PATHOLOGY CONSULTATION DURING SURGER	11.72					02/04/10
30	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	41.31					02/04/10
30	88346	AUTO-ANTIBODY PROFILE	17.29				X	02/04/10
30	88347	INDIRECT METHOD	21.53					02/04/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	88348	ELECTRON MICROSCOPY	92.58					02/04/10
30	88349	SCANNING ELECTRON MICROSCOPY	68.51					02/04/10
30	88360	TUMOR IMMUNOHISTOCHEM/MANUAL	MP					06/01/08
30	88361	IMMUNOHISTOCHEMISTRY, TUMOR	113.32					02/04/10
30	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	50.58				X	02/04/10
30	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	16.96					02/04/10
30	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	16.96				X	02/04/10
30	88384	EVAL MOLECULAR PROBES, 11-50	MP					06/01/08
30	88385	EVAL MOLECUL PROBES, 51-250	MP					06/01/08
30	88386	EVAL MOLECUL PROBES, 251-500	MP					06/01/08
30	88387	MACROSCOPIC EXAMINATION, DISSECTION,	27.93					02/04/10
30	88388	MACROSCOPIC EXAMINATION, DISSECTION,	16.87					02/04/10
30	88399	SURGICAL PATHOLOGY PROCEDURE	MP					06/01/08
30	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	2.19					02/04/10
30	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	3.81					02/04/10
30	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.20					02/04/10
30	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.20					02/04/10
30	89050	BODY FLUID CELL COUNT	4.97				X	02/04/10
30	89051	BODY FLUID CELL COUNT	5.89				X	02/04/10
30	89055	LEUKOCYTE ASSESSMENT, FECAL	4.92					02/04/10
30	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.62					02/04/10
30	89100	SAMPLE INTESTINAL CONTENTS	29.82					02/04/10
30	89105	SAMPLE INTESTINAL CONTENTS	26.62					02/04/10
30	89125	SPECIMEN FAT STAIN	4.61				X	02/04/10
30	89130	SAMPLE STOMACH CONTENTS	11.27				X	02/04/10
30	89132	SAMPLE STOMACH CONTENTS	11.50				X	02/04/10
30	89135	SAMPLE STOMACH CONTENTS	22.61					02/04/10
30	89136	SAMPLE STOMACH CONTENTS	12.92					02/04/10
30	89140	SAMPLE STOMACH CONTENTS	39.50					02/04/10
30	89141	SAMPLE STOMACH CONTENTS	45.21					02/04/10
30	89160	EXAM FECES FOR MEAT FIBERS	3.92					02/04/10
30	89190	NASAL SMEAR FOR EOSINOPHILS	5.07					02/04/10
30	89220	SPUTUM SPECIMEN COLLECTION	10.72					02/04/10
30	89225	STARCH GRANULES, FECES	3.86					02/04/10
30	89230	COLLECT SWEAT FOR TEST	2.88					02/04/10
30	89235	WATER LOAD TEST	6.34					02/04/10
30	89240	PATHOLOGY LAB PROCEDURE	MP					06/01/08
30	89300	SEMEN ANALYSIS	7.89					02/04/10
30	89310	SEMEN ANALYSIS	9.17					02/04/10
30	89320	SEMEN ANALYSIS	12.85					02/04/10
30	89321	SEMEN ANALYSIS	13.89					02/04/10
30	89322	SEMEN ANALYSIS; VOLUME, COUNT, MOTIL	17.86			M		02/04/10
30	89398	UNLISTED REPRODUCTIVE MEDICINE LABOR	MP					01/01/10
30	90281	HUMAN IG, IM	CCR					
30	90283	HUMAN IG, IV	CCR					
30	90287	BOTULINUM ANTITOXIN	CCR					
30	90288	BOTULISM IG, IV	CCR					
30	90291	CMV IG, IV	CCR					
30	90296	DIPHThERIA ANTITOXIN	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	90371	HEPB IG, IM	CCR					
30	90375	RABIES IG, IM/SC	CCR					
30	90376	RABIES IG, HEAT TREATED	CCR					
30	90378	RSV IG, IM	CCR					
30	90384	RH IG, FULL-DOSE, IM	CCR					
30	90385	RH IG, MINIDOSE, IM	CCR					
30	90386	RH IG, IV	CCR					
30	90389	TETANUS IG, IM	CCR					
30	90393	VACCINA IG, IM	CCR					
30	90396	VARICELLA-ZOSTER IG, IM	CCR					
30	90399	IMMUNE GLOBULIN	CCR					
30	90465	IMMUNIZATION ADMIN,1ST INJ, < 8 YRS	CCR	00 07				
30	90466	IMMUN ADMIN,EACH ADDL INJ, <8 YRS	CCR	00 07			X	
30	90467	IMMUN ADMIN,NASAL/ORAL,1ST ADM<8 YR	CCR	00 07				
30	90468	IMM ADM,NASAL/ORAL,EA ADDL ADM,<8 YR	CCR	00 07			X	
30	90470	H1N1 IMMUNIZATION ADMIN, IM OR NASAL	12.56					02/04/10
30	90471	IMMUNIZATION ADMIN, SINGLE	CCR					
30	90472	IMMUNIZATION ADMIN, 2+	CCR				X	
30	90473	IMMUN ADMIN,NASAL/ORAL,ONE VACCINE	CCR					
30	90474	IMMUN ADM,NASAL/ORAL,EA ADDL VACCINE	CCR				X	
30	90476	ADENOVIRUS VACCINE, TYPE 4	CCR					
30	90477	ADENOVIRUS VACCINE, TYPE 7	CCR					
30	90581	ANTHRAX VACCINE, SC	CCR					
30	90585	BCG TICE VACCINE, 50 MG	CCR					
30	90586	BCG LIVE (INTRAVESICAL)	CCR					
30	90632	HEPA VACCINE ADULT IM	CCR	00 21				
30	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR	00 21				
30	90634	HEPA VACCINE PED/ADOL-3 DOSE	CCR	00 21				
30	90645	HIB VACCINE, HBOC, IM	CCR	00 21				
30	90646	HIB VACCINE, PRP-D, IM	CCR	00 21				
30	90647	HIB VACCINE, PRP-OMP, IM	CCR	00 21				
30	90648	HIB VACCINE, PRP-T, IM	CCR	00 21				
30	90649	HPV VACCINE 4 VALENT, IM	CCR	00 20		F		
30	90655	FLU VACCINE, 6-35 MO, IM	CCR	00 02				
30	90656	FLU VACCINE NO PRESERV 3 & >	CCR	03 20				
30	90657	FLU VACCINE, 6-35 MO, IM	CCR	00 21				
30	90658	FLU VACCINE, 3 YRS, IM	CCR	00 21				
30	90660	FLU VACCINE, NASAL	CCR	00 18				
30	90665	LYME DISEASE VACCINE, IM	CCR					
30	90669	PNEUMOCOCCAL VACCINE, PED	CCR	00 20				
30	90675	RABIES VACCINE, IM	CCR					
30	90676	RABIES VACCINE, ID	CCR					
30	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00 18				
30	90690	TYPHOID VACCINE, ORAL	CCR					
30	90691	TYPHOID VACCINE, IM	CCR					
30	90692	TYPHOID VACCINE, H-P, SC/ID	CCR					
30	90693	TYPHOID VACCINE, AKD, SC	CCR					
30	90698	DTAP-HIB-IPV VACCINE, IM	CCR	00 20				
30	90700	DTAP, DIPHTH, TETANUS TOXO,PETRUSIS	CCR	00 21				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	90701	IMMUNIZATION,DTP,ACTIVE	CCR	00 21				
30	90702	IMMUNIZATION,DT	CCR	00 21				
30	90703	TETANUS TOXOID FOR TRAUMA	CCR					
30	90704	IMMUNIZATION,MUMPS	CCR	00 21				
30	90705	IMMUNIZATION,MEASLES	CCR	00 21				
30	90706	IMMUNIZATION,RUBELLA	CCR	00 21				
30	90707	IMMUNIZATION,MEASLES-MUMPS-RUBELLA	CCR	00 21				
30	90708	IMMUNIZATION,MEASLES-RUBELLA	CCR	00 21				
30	90710	MEAS, MUMPS, RUB, VARICELLA VAC-MMRV	CCR	00 18				
30	90712	IMMUNIZATION,POLIOVIRUS, LIVE, ORAL	CCR	00 21				
30	90713	IMMUNIZATION,POLIO INJECTION	CCR	00 21				
30	90714	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR	07 18				
30	90715	TDAP VACCINE >7 IM	CCR	07 18				
30	90716	IMMUNIZATION,VARICELLA (CHICKEN POX)	CCR	00 20				
30	90717	IMMUNIZATION,YELLOW FEVER	CCR	00 21				
30	90718	IMMUNIZATION,TD ABSORBED,ADULT USE	CCR	07 20				
30	90719	IMMUNIZATION,DIPHTHERIA TOXOID	CCR	00 21				
30	90720	IMMUNIZATION, ACTIVE;	CCR	00 21				
30	90721	DTAP/HIB VACCINE	CCR	00 21				
30	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	00 20				
30	90725	IMMUNIZATION,CHOLERA VACCINE	CCR	00 21				
30	90732	PNEUMOCOCCAL POLYSACC VACCINE,23-VAL	CCR	02 99				
30	90734	MENINGOCOCCAL CONJUGATE VACCINE, IMC	CCR	00 18				
30	90740	HEPB VACC, ILL PAT 3 DOSE IM	CCR					
30	90743	HEP B VACC, ADOL, 2 DOSE, IM	CCR	00 21				
30	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR	00 20				
30	90746	HEPATITIS B VACCINE, ADULT DOSAGE,IM	CCR	00 20				
30	90748	HEPATITIS B/HIB VACCINE	CCR	00 21				
30	90749	IMMUNIZATION,UNLISTED PROCEDURE	CCR					
30	90801	DIAGNOSTIC INTERVIEW	CCR					
30	90806	PSYTX, OFFICE (45-50)	CCR					
30	90845	MEDICAL PSYCHOANALYSIS	CCR				X	
30	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	CCR				X	
30	90847	SPECIAL FAMILY THERAPY	CCR					
30	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	CCR					
30	90853	GROUP PSYCHOTHERAPY Y	CCR					
30	90857	INTERACTIVE GROUP MEDICAL PSYCHOTHER	CCR				X	
30	90862	CHEMOTHERAPY MANAGEMENT PSYCH	CCR					
30	90870	ELECTROCONLULSIVE THERAPY	CCR					
30	90875	PSYCHOPHYSIOLOGICAL THERAPY	CCR					
30	90876	PSYCHOPHYSIOLOGICAL THERAPY	CCR					
30	90880	MEDICAL HYPNOTHERAPY	CCR					
30	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR					
30	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	CCR					
30	90940	HEMODIALYSIS ACCESS STUDY	CCR					
30	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	CCR					
30	90947	DIAL. PROC(EG PERITONEAL)REPEAT/CHNG	CCR					
30	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01				
30	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01				
30	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11				
30	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11				
30	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11				
30	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19				
30	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19				
30	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19				
30	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99				
30	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99				
30	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99				
30	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01				
30	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11				
30	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19				
30	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99				
30	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00 01				
30	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02 11				
30	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12 19				
30	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20 99				
30	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	CCR					
30	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	CCR					
30	90997	HEMOPERFUSION (EG-CHARCOAL/RESIN)	CCR					
30	90999	UNLISTED DIALYSIS PROCEDURE	CCR					
30	91000	ESOPHAGEAL INTUBATION W/WASHINGS	CCR					
30	91010	ESOPHAGEAL MOTILITY STUDY	CCR		X			
30	91011	ESOPHAGEAL MOTILITY STUDY WITH STIMU	CCR					
30	91012	ESOPHAGEAL MOTILITY/ ACID PERFUS STU	CCR					
30	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	CCR					
30	91022	DUODENAL MOTILITY STUDY	CCR					
30	91030	ACID PERFUSION FOR ESOPHAGITIS	CCR					
30	91034	GASTROESOPHAGEAL REFLUX TEST	CCR					
30	91035	G-ESOPH REFLX TST W/ELECTROD	CCR					
30	91037	ESOPH IMPED FUNCTION TEST	CCR					
30	91038	ESOPH IMPED FUNCT TEST > 1H	CCR					
30	91040	ESOPH BALLOON DISTENSION TST	CCR					
30	91052	GASTRIC ANALYSIS TEST	CCR					
30	91055	GASTRIC INTUBATION W/WASHINGS	CCR					
30	91120	RECTAL SENSATION TEST	CCR					
30	91122	ANORECTAL MANOMETRY	CCR					
30	91132	ELECTROGASTROGRAPHY	CCR					
30	91133	ELECTROGASTROGRAPHY W/TEST	CCR					
30	91299	UNLISTED DX GASTRO. PROC	CCR					
30	92002	EYE EXAM; INTERMEDIATE; NEW PT	CCR					
30	92004	EYE EXAM; COMPREHENSIVE; NEW PT	CCR					
30	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	CCR					
30	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	CCR					
30	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	CCR					
30	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	CCR					
30	92060	SENSORIMOTOR EXAM EYE	CCR					
30	92065	ORTHOPTIC/PLEOPTIC TRAINING	CCR	00 21				

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	92081	TANGENT SCREEN; AUTO PLOT	CCR					
30	92082	QUANTITATIVE PERIMETRY	CCR					
30	92083	STATIC AND KINETIC PERIMETRY	CCR					
30	92100	SERIAL TONOGRAPHY W/EVALUATION	CCR					
30	92120	TONOGRAPHY; RECORDING INDENTATION	CCR					
30	92130	TONOGRAPHY W/WATER PROVOCATION	CCR					
30	92135	OPHTHALMIC DX IMAGING	CCR				X	
30	92136	OPHTHALMIC BIOMETRY	CCR					
30	92140	PROVOCATIVE TESTS FOR GLAUCOMA	CCR					
30	92225	OPHTHALMOSCOPY; INITIAL	CCR				X	
30	92226	OPHTHALMOSCOPY; SUBSEQUENT	CCR				X	
30	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	CCR					
30	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	CCR				X	
30	92240	ICG ANGIOGRAPHY	CCR					
30	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	CCR					
30	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	CCR					
30	92265	OCULO ELECTROMYOGRAPHY	CCR					
30	92270	ELECTRO-OCULOGRAPHY	CCR					
30	92275	ELECTRORETINOGRAPHY	CCR					
30	92283	COLOR VISION EXAMINATION	CCR					
30	92284	DARK ADAPTATION EXAMINATION	CCR					
30	92285	EXTERNAL OCULAR PHOTOGRAPHY	CCR					
30	92286	SPECULAR ENDOTHELIAL MICROSCOPY	CCR					
30	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	CCR					
30	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	CCR					
30	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	CCR			X		
30	92506	EVAL OF SPEECH, LANG, VOICE, AUDITOR	42.82			X		02/03/10
30	92507	TREATMENT OF SPEECH, LANGUAGE, AUDITOR	7.13			X	X	02/03/10
30	92511	NASOPHARYNGOSCOPY	CCR			X		
30	92526	ORAL FUNCTION THERAPY	CCR					
30	92531	SPONTANEOUS NYSTAGMUS W/GAZE	CCR					
30	92532	POSITIONAL NYSTAGMUS STUDY	CCR					
30	92533	CALORIC VESTIBULAR TEST; EACH	CCR				X	
30	92534	OPTOKINETIC NYSTAGMUS	CCR					
30	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	CCR					
30	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	CCR					
30	92542	POSITIONAL NYSTAGMUS W/RECORDING	CCR					
30	92543	CALORIC VESTIBULAR TEST W/RECORDING	CCR				X	
30	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	CCR					
30	92545	OSCILLATING TRACKING W/RECORDING	CCR					
30	92546	TORSION SWING TEST W/RECORDING	CCR					
30	92547	ADDED USE OF VERTICAL ELECTRODES	CCR					
30	92548	POSTUROGRAPHY	CCR					
30	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	CCR					
30	92551	SCREENING; PURE TONE; AIR ONLY	CCR					
30	92552	PURE TONE AUDIOMETRY; AIR ONLY	CCR					
30	92553	PURE TONE AUDIOMETRY; AIR AND BONE	CCR					
30	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	CCR					
30	92556	SPEECH AUDIOMETRY, COMPLETE	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	92557	BASIC COMPREHENSIVE AUDIOMETRY	CCR					
30	92563	TONE DECAY HEARING TEST	CCR					
30	92564	SHORT INCREMENT SENSITIVITY INDEX	CCR					
30	92565	STENGER TEST, PURE TONE	CCR					
30	92567	TYMPANOMETRY	CCR					
30	92568	ACOUSTIC REFLEX TESTING	CCR					
30	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDE	CCR					
30	92571	FILTERED SPEECH TEST	CCR					
30	92572	STAGGERED SPONDAIC WORD TEST	CCR					
30	92575	SENSORINEURAL ACUITY LEVEL TEST	CCR					
30	92576	SYNTHETIC SENTENCE ID TEST	CCR					
30	92577	STENGER TEST, SPEECH	CCR					
30	92579	VISUAL AUDIOMETRY (VRA)	CCR					
30	92582	CONDITIONING PLAY AUDIOMETRY	CCR					
30	92583	SELECT PICTURE AUDIOMETRY	CCR					
30	92584	ELECTROCOCHLEOGRAPHY	CCR					
30	92585	BRAINSTEM EVOKED RESPONSE RECORDING	CCR					
30	92586	AUDITOR EVOKE POTENT, LIMIT	CCR	00 20				
30	92587	EVOKED AUDITORY TEST	CCR					
30	92588	EVOKED AUDITORY TEST	CCR					
30	92590	HEARING AID EXAM/SELECTION;MONAURAL	CCR					
30	92591	HEARING AID EXAM/SELECTION;BINAURAL	CCR					
30	92592	HEARING AID CHECK; MONAURAL	CCR					
30	92593	HEARING AID CHECK; BINAURAL	CCR					
30	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	CCR					
30	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	CCR					
30	92610	EVALUATE SWALLOWING FUNCTION	30.80					02/04/10
30	92611	MOTION FLUOROSCOPY/SWALLOW	33.45					02/04/10
30	92612	ENDOSCOPY SWALLOW TST	128.33				X	02/04/10
30	92620	AUDITORY FUNCTION, 60 MIN	CCR					
30	92621	AUDITORY FUNCTION, + 15 MIN	CCR				X	
30	92625	TINNITUS ASSESSMENT	CCR					
30	92626	EVAL AUD REHAB STATUS	CCR	02 99	X			
30	92627	EVAL AUD STATUS REHAB ADD-ON	CCR	02 99	X		X	
30	92630	AUD REHAB PRE-LING HEAR LOSS	CCR		X			
30	92633	AUD REHAB POSTLING HEAR LOSS	CCR	02 99	X			
30	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	CCR					
30	92700	ENT PROCEDURE/SERVICE	CCR					
30	92950	CARDIOPULMONARY RESUSCITATION	CCR				X	
30	92960	ELECTRICAL CARDIOVERSION	CCR				X	
30	92961	CARDIOVERSION, ELECTRIC, INT	CCR					
30	92970	CARDIOASSIST, INTERNAL	CCR					
30	92971	CARDIOASSIST, EXTERNAL	CCR					
30	92973	PERCUT CORONARY THROMBECTOMY	CCR					
30	92974	CATH PLACE, CARDIO BRACHYTX	CCR					
30	92978	INTRAVASCULAR US, HEART	CCR					
30	92979	INTRAVASCULAR US, HEART	CCR				X	
30	92980	INSERT INTRACORONARY STENT	CCR					
30	92981	INSERT INTRACORONARY STENT	CCR				X	



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	92982	PTCA-SINGLE VESSEL	CCR					
30	92984	PTCA, EACH ADD VESSEL	CCR				X	
30	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR					
30	92987	REVISION OF MITRAL VALVE	CCR					
30	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR					
30	92992	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	CCR					
30	92995	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR					
30	92996	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR				X	
30	92997	PUL ART BALLOON REPAIR, PERC	CCR					
30	92998	PUL ART BALLOON REPAIR, PERC	CCR				X	
30	93000	ROUTINE ECG W/AT LEAST 12 LEADS	CCR				X	
30	93005	ECG; TRACING ONLY	CCR				X	
30	93010	ECG; INTERPRETATION AND REPORT	CCR				X	
30	93012	TELEPHONIC OR TELEMETRIC TRANSMISSIO	CCR				X	
30	93014	MD REVIEW/INTERP ELECTRONIC ECG	CCR					
30	93015	CARDIOVASCULAR STRESS TEST	CCR					
30	93016	CARDIOVASCULAR STRESS TEST USING MAX	CCR					
30	93017	CARDIOVASCULAR STRESS TEST; TRACING	CCR					
30	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	CCR					
30	93025	MICROVOLT T-WAVE ASSESS	CCR					
30	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	CCR				X	
30	93041	RHYTHM ECG; TRACING ONLY	CCR				X	
30	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	CCR				X	
30	93224	ECG MONITORING 24 HR BY CONT ORIG	CCR					
30	93225	ECG MONITORING 24 HR BY RECORDING	CCR					
30	93226	ECG SCANNING ANALYSIS W REPORT	CCR					
30	93227	PHYSICIAN REVIEW & INTERPRETATION	CCR					
30	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	CCR					
30	93230	ECG MONITOR 24 HR CONT ORIG ECG	CCR					
30	93231	RECORDING INCLUDES HOOK-UP RECORD	CCR					
30	93232	MICROPROCESSOR-BASED ANAL WITH REPOR	CCR					
30	93233	ECG REVIEW & INTERPRETATION	CCR					
30	93235	ECG MONITOR 24 HRS CONT COMP MONITOR	CCR					
30	93236	MONITORING AND REAL-TIME DATA ANALYS	CCR					
30	93237	ECG PHYSICIAN REVIEW & INTERPRETATIO	CCR					
30	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	CCR					
30	93270	ECG MONITORING UP TO 12 HOURS	CCR					
30	93271	ECG MONITORING; RECORDING ONLY	CCR					
30	93272	ECG MONITORING; SCANNING ANALYSIS	CCR					
30	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	CCR					
30	93279	PROGRAMMING DEVICE EVALUATION WITH I	CCR					
30	93280	PROGRAMMING DEVICE EVALUATION WITH I	CCR					
30	93281	PROGRAMMING DEVICE EVALUATION WITH I	CCR					
30	93282	PROGRAMMING DEVICE EVALUATION WITH I	CCR					
30	93283	PROGRAMMING DEVICE EVALUATION WITH I	CCR					
30	93284	PROGRAMMING DEVICE EVALUATION WITH I	CCR					
30	93285	PROGRAMMING DEVICE EVALUATION WITH I	CCR					
30	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR					
30	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	93288	INTERROGATION DEVICE EVALUATION (IN	CCR					
30	93289	INTERROGATION DEVICE EVALUATION (IN	CCR					
30	93290	INTERROGATION DEVICE EVALUATION (IN	CCR					
30	93291	INTERROGATION DEVICE EVALUATION (IN	CCR					
30	93292	INTERROGATION DEVICE EVALUATION (IN	CCR					
30	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	CCR					
30	93294	INTERROGATION DEVICE EVALUATION(S) (	CCR					
30	93295	INTERROGATION DEVICE EVALUATION(S) (	CCR					
30	93297	INTERROGATION DEVICE EVALUATION(S),	CCR					
30	93298	INTERROGATION DEVICE EVALUATION(S),	CCR					
30	93303	ECHO TRANSTHORACIC	CCR					
30	93304	ECHO TRANSTHORACIC	CCR					
30	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR					
30	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	CCR					
30	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	CCR					
30	93312	ECHOCARDIOGRAPHY, . . .TRANSESOPHAGEAL	CCR					
30	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR					
30	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR					
30	93315	ECHO TRANSESOPHAGEAL	CCR					
30	93316	ECHO TRANSESOPHAGEAL	CCR					
30	93317	ECHO TRANSESOPHAGEAL	CCR					
30	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR					
30	93320	DOPPLER ECHOCARDIOGRAPHY	CCR					
30	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	CCR					
30	93325	DOPPLER COLOR FLOW VELOCITY	CCR					
30	93350	ECHOCARDIOGRAPHY, REAL-TIME W IMAGE	CCR					
30	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR					
30	93501	RT HEART CATHETERIZATION ONLY	CCR					
30	93503	INSERTION AND PLACEMENT OF FLOW DIR	CCR					
30	93505	ENDOCARDIAL BIOPSY 000	CCR					
30	93508	CATH PLACEMENT, ANGIOGRAPHY	CCR					
30	93510	LEFT HEART CATHETERIZAT;PERCUTANEOUS	CCR					
30	93511	LEFT HEART CATH BY CUTDOWN	CCR					
30	93514	LT HEART CATH; LT VENT PUNCTURE	CCR					
30	93524	TRANSSEPTAL & RETROGRADE LT CATH	CCR					
30	93526	RT HRT & RETROGRADE LT HRT CATH	CCR					
30	93527	RT HRT & TRANSSEPTAL LT HRT CATH	CCR					
30	93528	RT HRT CATH W/LT VENT PUNCTURE	CCR					
30	93529	RT/LFT HEART CATH THRU SEPTAL OPEN..	CCR					
30	93530	RT HEART CATH, CONGENITAL	CCR					
30	93531	R & L HEART CATH, CONGENITAL	CCR					
30	93532	R & L HEART CATH, CONGENITAL	CCR					
30	93533	R & L HEART CATH, CONGENITAL	CCR					
30	93539	INJECTION PROCEDURE DURING CARDIAC C	CCR					
30	93540	INJECTION PROCEDURE DURING CARDIAC C	CCR					
30	93541	INJECTION FOR PULM ANGIOGRAPHY	CCR					
30	93542	INJECT RT VENT/ATRIAL ANGIOGRAM	CCR					
30	93543	INJECT LT VENT/ATRIAL ANGIOGRAM	CCR					
30	93544	INJECTION FOR AORTOGRAPHY	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	93545	SELECTIVE CORONARY ANGIOGRAPHY	CCR					
30	93555	IMAGING, CARDIAC CATH	CCR					
30	93556	IMAGING, CARDIAC CATH	CCR					
30	93561	INDICATOR DILUTION STUDIES	CCR					
30	93562	INDICATOR DILUTION STUDIES; SUBSEQUE	CCR					
30	93571	HEART FLOW RESERVE MEASURE	CCR					
30	93572	HEART FLOW RESERVE MEASURE	CCR					
30	93580	TRANSCATH CLOSURE OF ASD	CCR					
30	93581	TRANSCATH CLOSURE OF VSD	CCR					
30	93600	BUNDLE OF HIS RECORDING	CCR					
30	93602	INTRA-ATRIAL RECORDING	CCR					
30	93603	RIGHT VENTRICULAR RECORDING;	CCR					
30	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	CCR					
30	93610	INTRA-ATRIAL PACING	CCR					
30	93612	INTRAVENTRICULAR PACING	CCR					
30	93613	ELECTROPHYS MAP, 3D, ADD-ON	CCR					
30	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	CCR					
30	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	CCR					
30	93619	ELECTROPHYSIOLOGY EVALUATION	CCR					
30	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	CCR					
30	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	CCR					
30	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	CCR					
30	93623	PROGRAMMED ST IMULATION & PACING	CCR					
30	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	CCR					
30	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	CCR					
30	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	CCR					
30	93641	ELECTROPHYSIOLOGY EVALUATION	CCR					
30	93642	ELECTROPHYSIOLOGY EVALUATION	CCR					
30	93650	INTRACARDIAC CATHETER ABLATION OF	CCR					
30	93651	INTRACARDIAC CATHETER ABLATION OF AR	CCR					
30	93652	INTRACARDIAC CATHETER ABLATION OF AR	CCR					
30	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	CCR					
30	93662	INTRACARDIAC ECHO DURING TX/DX	CCR					
30	93668	PERIPHERAL VASCULAR REHAB	CCR				X	
30	93701	BIOIMPEDANCE, THORACIC	CCR					
30	93720	PLETHYSMOGRAPHY;TOTAL BODY;W/INTERP.	CCR					
30	93721	PLETHYSMOGRAPHY TRACING ONLY	CCR					
30	93722	PLETHYSMOG.;INTERP & REPORT ONLY	CCR					
30	93724	ANALYZE PACEMAKER SYSTEM	CCR					
30	93740	TEMPERATURE GRADIENT STUDIES	CCR					
30	93770	DETERMINATION OF VENOUS PRESSURE	CCR				X	
30	93799	CARDIOVASCULAR PROCEDURE	CCR					
30	93875	EXTRACRANIAL STUDY	CCR					
30	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR					
30	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR					
30	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR					
30	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR					
30	93892	TCD, EMBOLI DETECT W/O INJ	CCR					
30	93893	TCD, EMBOLI DETECT W/INJ	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF U	CCR					
30	93923	EXTREMITY STUDY	CCR					
30	93924	EXTREMITY STUDY	CCR					
30	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR					
30	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR					
30	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR					
30	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR					
30	93965	NON-INVASIVE PHYSIOLOGIC STUDIES OF	CCR					
30	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR					
30	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR					
30	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR					
30	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR					
30	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR					
30	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR					
30	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR					
30	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR					
30	93982	NONINVASIVE PHYSIOLOGIC STUDY OF IMP	CCR					
30	93990	DOPPLER FLOW TESTING	CCR					
30	94002	VENTILATION ASSIST AND MANAGEMENT, I	CCR					
30	94003	VENTILATION ASSIST AND MANAGEMENT, I	CCR					
30	94004	VENTILATION ASSIST AND MANAGEMENT, I	CCR					
30	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	CCR					
30	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02			
30	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02			
30	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	CCR	00	02			
30	94014	PATIENT RECORDED SPIROMETRY	CCR					
30	94015	PATIENT RECORDED SPIROMETRY	CCR					
30	94016	REVIEW PATIENT SPIROMETRY	CCR					
30	94060	BRONCHOSPASM EVALUATION	CCR					
30	94070	BRONCHOSPASM EVALUATION; PROLONGED	CCR					
30	94150	VITAL CAPACITY; TOTAL	CCR					
30	94200	MAXIMUM BREATHING CAPACITY	CCR					
30	94240	FUNCTIONAL RESIDUAL CAPACITY	CCR					
30	94250	EXPIRED GAS COLLECTION	CCR					
30	94260	THORACIC GAS VOLUME	CCR					
30	94350	DETERMINE MALDISTRIBUTION OF GAS	CCR					
30	94360	DETERMINE RESISTANCE TO AIRFLOW	CCR					
30	94370	BREATH AIRWAY CLOSING VOLUME	CCR					
30	94375	RESPIRATORY FLOW VOLUME LOOP	CCR					
30	94400	CO2 BREATHING RESPONSE CURVE	CCR					
30	94450	HYPOXIA RESPONSE CURVE	CCR					
30	94452	HAST W/REPORT	CCR					
30	94453	HAST W/OXYGEN TITRATE	CCR					
30	94620	PULMONARY STRESS TESTING	CCR					
30	94621	PULM STRESS TEST/COMPLEX	CCR					
30	94640	NONPRESSURIZED INHALATION	CCR					X
30	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	CCR					
30	94644	CONTINUOUS INHALATION TREATMENT WITH	CCR					
30	94645	CONTINUOUS INHALATION TREATMENT WITH	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	94652	IPPB; NEWBORN INFANTS	CCR				X	
30	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	CCR					
30	94662	CONTINUOUS NEGATIVE PRESSURE	CCR					
30	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	CCR					
30	94667	MANIPULATION CHEST WALL; INITIAL	CCR					
30	94668	MANIPULATION CHEST WALL; SUBSEQUENT	CCR				X	
30	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR				X	
30	94681	OXYGEN UPTAKE W/CO2 OUTPUT	CCR				X	
30	94690	OXYGEN UPTAKE; REST; INDIRECT	CCR				X	
30	94720	CARBON MONOXIDE DIFFUSING CAPACITY	CCR					
30	94725	MEMBRANE DIFFUSION CAPACITY	CCR					
30	94750	PULMONARY COMPLIANCE STUDY	CCR					
30	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	CCR					
30	94761	SEE 94760;MULTIPLE DETERMINATIONS	CCR					
30	94762	SEE 94760;CONT.OVERNIGHT MONITORING	CCR					
30	94770	EXPIRED CARBON DIOXIDE ANALYSIS	CCR					
30	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	CCR					
30	94799	PULMONARY SERVICE/PROCEDURE	CCR					
30	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR				X	
30	95010	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR				X	
30	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	CCR					
30	95015	INTRACUTANEOUS (INTRADERMAL) TESTS,	CCR				X	
30	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR				X	
30	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR				X	
30	95044	PATCH OR APPLICATION TEST(S) (SPECIF	CCR				X	
30	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	CCR				X	
30	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	CCR				X	
30	95065	NASAL MUCOUS MEMBRANE TEST	CCR					
30	95070	INHALATION BRONCH CHALLENGE TESTING	CCR					
30	95071	BRONCHIAL INHALATIONS W/ANTIGENS	CCR					
30	95075	INGESTION CHALLENGE TEST	CCR					
30	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	CCR					
30	95117	ALLER.INJ.W/OUT EXTRACT PROV+1 INJ	CCR					
30	95120	IMMUNOTHERAPY (RX MD) -SINGLE ANTIGEN	CCR				X	
30	95125	IMMUNOTHERAPY (RX MD)MULTIPLE ANTIGEN	CCR				X	
30	95130	IMMUNOTHERAPY (RX MD)1 INSECT VENOM	CCR				X	
30	95131	IMMUNOTHERAPY (RX MD),2 INSECT VENOM	CCR				X	
30	95132	IMMUNOTHERAPY;3 INSECT VENOMS	CCR					
30	95133	IMMUNOTHERAPY; 4 INSECT VENOMS	CCR					
30	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR				X	
30	95145	PROV.+1 INSECT VENOM,SING DOSE VIAL	CCR				X	
30	95146	PROV;2 INSECT VENOMS,SING DOSE VIALS	CCR				X	
30	95147	PROV;3 INSECT VENOMS,SING DOSE VIALS	CCR				X	
30	95165	PROFESSIONAL SERVICES FOR THE SUPERV	CCR				X	
30	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	CCR					
30	95180	RAPID DESENSITIZATION; EACH HOUR	CCR				X	
30	95199	ALLERGY IMMUNOLOGY SERVICES	CCR					
30	95250	GLUCOSE MONITORING, CONT	CCR					
30	95251	GLUC MONITOR, CONT, PHYS I&R	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	95806	SLEEP STUDY, UNATTENDED	CCR					
30	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	CCR					
30	95808	POLYSOMNOGRAPHY, 1-3	CCR					
30	95810	POLYSOMNOGRAPHY, 4 OR MORE	CCR					
30	95811	POLYSOMNOGRAPHY W/CPAP	CCR					
30	95812	ELECTROENCEPHALOGRAM (EEG)	CCR					
30	95813	ELECTROENCEPHALOGRAM (EEG)	CCR					
30	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	CCR					
30	95819	EEG-STD/PORT; SAME FACILITY	CCR					
30	95822	EEG; SLEEP ONLY	CCR					
30	95824	EEG; CEREBRAL DEATH RECORDING	CCR				X	
30	95827	EEG; ALL NIGHT SLEEP RECORDING	CCR					
30	95829	ELECTROCORTICOGRAM AT SURGERY	CCR					
30	95830	MD INSERT SPHENOIDAL ELECTRODE	CCR					
30	95831	TEST MUSCLE,MANUAL;EXTREMITY/TRUNK	CCR					
30	95832	MUSCLE TESTING; MANUAL; HAND	CCR					
30	95833	TEST MUSCLE,MANUAL;TOT BODY/NO HANDS	CCR					
30	95834	MUSCLE TESTING; MANUAL; TOTAL W/HAND	CCR					
30	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	CCR				X	
30	95852	RANGE OF MOTION; HAND	CCR					
30	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	CCR					
30	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	CCR					
30	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	CCR					
30	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	CCR					
30	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	CCR					
30	95865	MUSCLE TEST, LARYNX	CCR					
30	95866	MUSCLE TEST, HEMIDIAPHRAGM	CCR					
30	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	CCR					
30	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	CCR					
30	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	CCR					
30	95870	MUSCLE TEST, NON-PARASPINAL	CCR					
30	95872	ELECTROMYOGRAPHY, SING.FIBER, ANY TECH	CCR					
30	95873	GUIDE NERV DESTR, ELEC STIM	CCR					
30	95874	GUIDE NERV DESTR, NEEDLE EMG	CCR					
30	95875	ISCHEMIC LIMB EXERCISE, EMG, .....	CCR					
30	95900	NERVE CONDUCTION; MOTOR; EACH NERVE	CCR				X	
30	95903	MOTOR NERVE CONDUCTION TEST	CCR				X	
30	95904	NERVE CONDUCTION; SENSORY; EACH NERV	CCR				X	
30	95905	MOTOR AND/OR SENSORY NERVE CONDUCTIO	CCR				X	
30	95920	INTRAOPER NEUROPH TESTING PER HR	CCR				X	
30	95925	SOMATOSENSORY TESTING, ONE > NERVES	CCR					
30	95926	SOMATOSENSORY TESTING	CCR					
30	95927	SOMATOSENSORY TESTING	CCR					
30	95928	C MOTOR EVOKED, UPPR LIMBS	CCR					
30	95929	C MOTOR EVOKED, LWR LIMBS	CCR					
30	95930	VISUAL EVOKED POTENTIAL TEST	CCR					
30	95933	BLINK REFLEX, ELETRODIAGNOSTIC TEST	CCR					
30	95934	'H' REFLEX TEST	CCR					
30	95936	'H' REFLEX TEST	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	95937	NEUROMUSCULAR JUNC.TEST.:@ NERVE	CCR				X	
30	95950	AMBULATORY 24 HOUR EEG MONITORING	CCR					
30	95951	MONITORING FOR LOCALIZATION OF CEREB	CCR					
30	95953	MONITORING FOR LOCALIZATION OF CEREB	CCR					
30	95956	MONITORING FOR LOCALIZATION OF CEREB	CCR					
30	95957	EEG DIGITAL ANALYSIS	CCR					
30	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	CCR					
30	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	CCR					
30	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	CCR					
30	95965	MEG, SPONTANEOUS	CCR					
30	95966	MEG, EVOKED, SINGLE	CCR					
30	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	CCR				X	
30	95970	NEUROSTIM ANALYZE,NO PROGRAM	CCR					
30	95971	SIMPLE NEUROSTIM ANALYZE	CCR					
30	95972	COMPLEX NEUROSTIM ANALYZE	CCR					
30	95973	COMPLEX NEUROSTIM ANALYZE	CCR					
30	95974	COMPLEX CRANIAL NEUROSTIM	CCR					
30	95975	COMPLEX CRANIAL NEUROSTIM	CCR					
30	95990	SPIN/BRAIN PUMP REFIL & MAIN	CCR	04	99			
30	95991	SPIN/BRAIN PUMP REFIL & MAIN	CCR	04	99			
30	95992	CANALITH REPOSITIONING PROCEDURE(S)	CCR					
30	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	CCR					
30	96000	MOTION ANALYSIS, VIDEO/3D	CCR					
30	96001	MOTION TEST W/FT PRESS MEAS	CCR					
30	96002	DYNAMIC SURFACE EMG	CCR					
30	96003	DYNAMIC FINE WIRE EMG	CCR					
30	96004	PHYS REVIEW OF MOTION TESTS	CCR					
30	96101	PSYCHO TESTING BY PSYCH/PHYS	CCR				X	
30	96105	ASSESSMENT OF APHASIA	CCR				X	
30	96116	NEUROBEHAVIORAL STATUS EXAM	CCR				X	
30	96118	NEUROPSYCH TST BY PSYCH/PHYS	CCR				X	
30	96150	ASSESS HLTH/BEHAVE, INIT	CCR					
30	96151	ASSESS HLTH/BEHAVE, SUBSEQ	CCR					
30	96152	INTERVENE HLTH/BEHAVE, INDIV	CCR					
30	96153	INTERVENE HLTH/BEHAVE, GROUP	CCR					
30	96154	INTERV HLTH/BEHAV, FAM W/PT	CCR					
30	96155	INTERV HLTH/BEHAV FAM NO PT	CCR					
30	96401	CHEMO, ANTI-NEOPL, SQ/IM	CCR					
30	96402	CHEMO HORMON ANTINEOPL SQ/IM	CCR					
30	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR					
30	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR					
30	96409	CHEMO, IV PUSH, SNGL DRUG	CCR					
30	96411	CHEMO, IV PUSH, ADDL DRUG	CCR				X	
30	96413	CHEMO, IV INFUSION, 1 HR	CCR					
30	96415	CHEMO, IV INFUSION, ADDL HR	CCR				X	
30	96416	CHEMO PROLONG INFUSE W/PUMP	CCR					
30	96417	CHEMO IV INFUS EACH ADDL SEQ	CCR					
30	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR					
30	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR					
30	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR					
30	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	CCR					
30	96445	CHEMOTHERAPY ADMINISTRATION INTO PER	CCR					
30	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	CCR					
30	96521	REFILL/MAINT, PORTABLE PUMP	CCR					
30	96522	REFILL/MAINT PUMP/RESVR SYST	CCR					
30	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	CCR					
30	96567	PHOTODYNAMIC TX, SKIN	CCR					
30	96570	PHOTODYNAMIC TX, 30 MIN	CCR					
30	96571	PHOTODYNAMIC TX, ADDL 15 MIN	CCR				X	
30	96900	ACTINOTHERAPY	CCR					
30	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	CCR					
30	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR					
30	96912	PHOTOCHEMOTHERAPY/PUVA	CCR					
30	96913	PHOTOCHEMOTHERAPY	CCR					
30	96920	LASER TX, SKIN < 250 SQ CM	CCR					
30	96921	LASER TX, SKIN 250-500 SQ CM	CCR					
30	96922	LASER TX, SKIN > 500 SQ CM	CCR					
30	96999	DERMATOLOGICAL PROCEDURE	CCR					
30	97001	PHYSICAL THERAPY EVALUATION	51.38					02/03/10
30	97003	OCCUPATIONAL THERAPY EVALUATION	48.53					02/03/10
30	97016	PT-VASOPNEUMATIC DEVICES	CCR					
30	97018	PT-PARAFFIN BATH	CCR					
30	97032	ELECTRICAL STIMULATION,EACH 15 MIN	CCR				X	
30	97033	ELECTRIC CURRENT THERAPY	CCR					
30	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	9.52			X	X	02/03/10
30	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	CCR				X	
30	97116	GAIT TRAINING, EACH 15 MIN	CCR				X	
30	97124	MASSAGE, EACH 15 MIN	CCR				X	
30	97139	PT-UNLISTED PROCEDUR-SPECIFY	CCR					
30	97140	MANUAL THERAPY	CCR					
30	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	7.61			X	X	02/03/10
30	97532	COGNITIVE SKILLS DEVELOPMENT	CCR					
30	97533	SENSORY INTEGRATION	CCR					
30	97597	ACTIVE WOUND CARE/20 CM OR <	CCR					
30	97598	ACTIVE WOUND CARE > 20 CM	CCR					
30	97602	WOUND CARE NON-SELECTIVE	CCR					
30	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	CCR				X	
30	97760	ORTHOTIC MGMT AND TRAINING	CCR			X	X	
30	97761	PROSTHETIC TRAINING	CCR			X	X	
30	97762	C/O FOR ORTHOTIC/PROSTH USE	CCR			X	X	
30	97799	UNLISTED PHYSICAL MED SER/PROC	CCR					
30	97802	MEDICAL NUTRITION, INDIV, IN	CCR					
30	97803	MED NUTRITION, INDIV, SUBSEQ	CCR					
30	97804	MEDICAL NUTRITION, GROUP	CCR					
30	98883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	CCR					
30	98940	CHIROP MANIP TX-ONE TO TWO REGIONS	CCR	00	20			
30	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00	20			



LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00 01			X	
30	99143	MOD CS BY SAME PHYS, < 5 YRS	CCR	00 04				
30	99144	MOD CS BY SAME PHYS, 5 YRS +	CCR	05 20				
30	99145	MOD CS BY SAME PHYS ADD-ON	CCR	00 20			X	
30	99148	MOD CS DIFF PHYS<5 YRS	CCR	00 04				
30	99149	MOD CS DIFF PHYS 5 YRS +	CCR	05 20				
30	99150	MOD CS DIFF PHYS ADD-ON	CCR	00 20			X	
30	99170	GASTRIC INTUBATION W/ASPIRATION	CCR				X	
30	99172	VISUAL FUNCTION SCREENING	CCR					
30	99173	SCREENING TEST VISUAL ACUITY BILAT	CCR					
30	99175	EMESIS INDUCTION WITH MEDICATION	CCR					
30	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	CCR				X	
30	99190	SPECIAL PUMP SERVICES; EACH HOUR	CCR				X	
30	99191	SPECIAL PUMP SERVICES; 3/4 HOUR	CCR					
30	99192	SPECIAL PUMP SERVICES; 1/2 HOUR	CCR					
30	99195	PHLEBOTOMY, THERAPEUTIC (SEPAR)	CCR					
30	99201	OFFICE/OUTPATIENT VISIT, NEW STRTFWD	27.24					02/04/10
30	99202	OFFICE/OUTPATIENT, NEW EXPAND STRTFWD	27.24					02/04/10
30	99203	OFFICE/OUTPATIENT, NEW LOW COMPLEXITY	31.36					02/04/10
30	99204	OFFICE/OUTPATIENT, NEW MOD COMPLEXITY	47.04					02/04/10
30	99205	OFFICE/OUTPATIENT, NEW HIGH COMPLEX	47.04					02/04/10
30	99211	OFFICE/OUTPATIENT, EST MINIMAL PROBS	27.24					02/04/10
30	99212	OFFICE/OUTPATIENT, EST, PROB STRTFRWD	27.24					02/04/10
30	99213	OFFICE/OUTPATIENT, EST LOW COMPLEX	31.36					02/04/10
30	99214	OFFICE/OUTPATIENT, EST MOD COMPLEXITY	47.04					02/04/10
30	99215	OFFICE/OUTPATIENT, EST HIGH COMPLEX	47.04					02/04/10
30	99218	INITIAL OBSERVATION CARE, PER DAY, F	CCR					
30	99219	INITIAL OBSERVATION CARE, PER DAY, F	CCR					
30	99220	INITIAL OBSERVATION CARE, PER DAY, F	CCR					
30	99221	INITIAL HOSP, COMPRE, STRTFWD, LOCMPLX	CCR					
30	99222	INITIAL HOSP, COMPRE, MOD CMLPX	CCR					
30	99223	INITIAL HOSP, COMPRE, HIGH CMLPX	CCR					
30	99231	SUBSEQNT HOSP, PRBLM, STRTFWD R LO CLX	CCR					
30	99232	SBSQNT HOSP, XPANDED, MOD CMLPXTY	CCR					
30	99233	SBSQNT HOSP, DETAILED, HIGH CMLPXTY	CCR					
30	99234	OBSERV/HOSP SAME DATE	CCR					
30	99235	OBSERV/HOSP SAME DATE	CCR					
30	99236	OBSERV/HOSP SAME DATE	CCR					
30	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	CCR					
30	99239	HOSPITAL DISCHARGE DAY	CCR					
30	99241	OFF CONSULT, NRE PT, PRBLM, STRTFWD	CCR					
30	99242	OFF CONSLT, NRE PT, XPND PBLM, STRTFWD	CCR					
30	99243	OFF CNSLT, NRE PT, DTLD, LO CMLPX	CCR					
30	99244	OFF CNSLT, NRE PT, CMPHSV, MOD CMLPX	CCR					
30	99245	OFF CNSLT, NRE PT, CMPHSV, HI CMLPX	CCR					
30	99251	INIT INPT CNSLT, NREST PT, PBLM, STRTFWD	CCR					
30	99252	INIT INPT CNSLT, NRE PT, XPND, STRTFWD	CCR					
30	99253	INIT INPT CNSLT, NRE PT, DTLD, LO CMLPX	CCR					
30	99254	INIT INPT CNSLT, NRE PT, CMPHSV, MOD CX	CCR					

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	99255	INIT INPT CNSLT,NRE PT,CMPHSV,HI CPX	CCR					
30	99281	EMER DEPT VST,PRBLM,STRTFWD	CCR					
30	99282	EMER DEPT VST,PRBLM,LOW CMLPXTY	CCR					
30	99283	EMER DEPT VSTXXPAND,LOW CMLPSTY	CCR					
30	99284	EMER DEPT VST,DETAILED,MOD CMLPXTY	CCR					
30	99285	EMER DEPT VST,COMPHSV,HIGH CMLPXTY	CCR					
30	99291	CRITICAL CARE, FIRST HOUR	CCR					
30	99292	CRITICAL CARE, EVALUATION AND MANAGE	CCR				X	
30	99304	NURSING FACILITY CARE, INIT	CCR					
30	99305	NURSING FACILITY CARE, INIT	CCR					
30	99306	NURSING FACILITY CARE, INIT	CCR					
30	99307	NURSING FAC CARE, SUBSEQ	CCR					
30	99308	NURSING FAC CARE, SUBSEQ	CCR					
30	99309	NURSING FAC CARE, SUBSEQ	CCR					
30	99310	NURSING FAC CARE, SUBSEQ	CCR					
30	99315	NURSING FAC DISCHARGE DAY	CCR					
30	99316	NURSING FAC DISCHARGE DAY	CCR					
30	99324	DOMICIL/R-HOME VISIT NEW PAT	CCR					
30	99325	DOMICIL/R-HOME VISIT NEW PAT	CCR					
30	99326	DOMICIL/R-HOME VISIT NEW PAT	CCR					
30	99327	DOMICIL/R-HOME VISIT NEW PAT	CCR					
30	99328	DOMICIL/R-HOME VISIT NEW PAT	CCR					
30	99334	DOMICIL/R-HOME VISIT EST PAT	CCR					
30	99335	DOMICIL/R-HOME VISIT EST PAT	CCR					
30	99336	DOMICIL/R-HOME VISIT EST PAT	CCR					
30	99337	DOMICIL/R-HOME VISIT EST PAT	CCR					
30	99341	HOME,NEW PT, PROBLM, STRTFWD R LOCLX	CCR					
30	99342	HOME,NEW PT, EXPANDED, MOD COMPLEX	CCR					
30	99343	HOME,NEW PT, DETAILED, HIGH COMPLEX	CCR					
30	99344	HOME VISIT, NEW PATIENT	CCR					
30	99345	HOME VISIT, NEW PATIENT	CCR					
30	99347	HOME VISIT, ESTAB PATIENT	CCR					
30	99348	HOME VISIT, ESTAB PATIENT	CCR					
30	99349	HOME VISIT, ESTAB PATIENT	CCR					
30	99350	HOME VISIT, ESTAB PATIENT	CCR					
30	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR				X	
30	99374	HOME HEALTH CARE SUPERVISION	CCR					
30	99377	HOSPICE CARE SUPERVISION	CCR					
30	99379	NURSING FAC CARE SUPERVISION	CCR					
30	99380	NURSING FAC CARE SUPERVISION	CCR					
30	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	CCR	00	01			
30	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	CCR	01	04			
30	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	CCR	05	11			
30	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	CCR	12	17			
30	99385	INIT COMP PREV MED 18-39 YRS	CCR	18	39			
30	99386	INIT COMP PREV MED 40-64 YRS	CCR	40	64			
30	99387	INIT COMP PREV MED 65+	CCR	65	99			
30	99391	PERDC REEVAL &MGT HLTHY INDV,INFANT	CCR	00	00			
30	99392	PERDC REEVAL & MGT HLTHY INDV,1-4YRS	CCR	01	04			

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING  
 OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER AUGUST 1, 2010

COLUMN:

1	2	3	4	5	6	7	8	9
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	SEX	UVS >001	EFFECT DATE
30	99393	PERDC REEVAL & MGT,LTE CHLD 5-11 YRS	CCR	05 11				
30	99394	PERDC REEVAL & MGT, ADOLS 12-17 YRS	CCR	12 17				
30	99395	PERIODIC COMP PREV MED 18-39 YRS	CCR	18 39				
30	99396	PERIODIC COMP PREV MED 40-64 YRS	CCR	40 64				
30	99397	PERIODIC COMP PREV MED 65+	CCR	65 99				
30	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	CCR					
30	99460	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00 00				
30	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	CCR	00 00				
30	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	CCR	00 00				
30	99463	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00 00				
30	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	CCR	00 00				
30	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	CCR	00 00				
30	99466	CRITICAL CARE SERVICES DELIVERED BY	CCR	00 01				
30	99467	CRITICAL CARE SERVICES DELIVERED BY	CCR	00 01			X	
30	99468	INITIAL INPATIENT NEONATAL CRITICAL	CCR	00 00				
30	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	CCR	00 00				
30	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	CCR	00 01				
30	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	CCR	00 01				
30	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	CCR	02 05				
30	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	CCR	02 05				
30	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	CCR	00 01				
30	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	CCR	00 00				
30	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	CCR	00 00				
30	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	CCR	00 00				
30	99499	UNLISTED EVALUATION AND MANAGEMENT S	CCR					

LAM5M121

RUN: 07/28/10 09:10:30

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING

REPORT NO: RF-0-760P

PAGE: 108

OUTPATIENT HOSPITAL SERVICES FEE SCHEDULE  
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 Unisys 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.

30 - Acute Care Outpatient Services

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

COLUMN 8. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.

COLUMN 9. Effective date: Type of Service (TOS) 30 was created 6/1/08 specifically for outpatient hospitals. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.