EXHIBIT 83

Alaa Elassar,
New York Doctor Indicted in Louisiana Abortion Case Recognized as a Leader in Women's Reproductive Health,
CNN (Feb. 23, 2025)

New York doctor indicted in Louisiana abortion case recognized as a leader in women's reproductive health

By Alaa Elassar, CNN

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Dr. Margaret Carpenter during a fundraiser for her organization Go Doc Go in 2017. Courtesy Ingrid Frengle-Burke

(CNN) — Dr. Margaret Carpenter, or "Dr. Maggie" as her friends and patients affectionately call her, has always been the brave one, says Dr. Ingrid Frengle-Burke, her best friend and former colleague. Carpenter rarely hesitates to speak up, questioning protocols that hurt her patients and advocating for anyone who feels unheard.

But now, Dr. Maggie, who has provided healthcare to thousands around the world in countries including Senegal and Ethiopia, is at the heart of a nationwide controversy for providing abortion care to women in states where access is restricted or outlawed.

A Texas judge on February 13 fined Carpenter $100,000 for allegedly prescribing abortion pills to a woman near Dallas. That same day, New York Gov. Kathy Hochul rejected Louisiana Gov. Jeff Landry's request to extradite Carpenter, who is facing felony charges for allegedly prescribing abortion pills to a pregnant minor, whose mother ordered the pills on her behalf.

The cases against Carpenter are the first challenges by Republican-led states to "shield laws" enacted in their Democratic-controlled counterparts where abortion is legal. It also appears to be the first instance of criminal charges against a doctor accused of prescribing abortion pills to a patient in another state.

This latest attack on abortion access and healthcare providers like Carpenter, who are fighting to safeguard it, comes as Republican and Democratic states continue pushing efforts to either strengthen or restrict abortion rights.

Last year, Louisiana became the first state to pass a law labeling abortion pills as Schedule IV controlled dangerous substances, making it a felony to possess the drugs without a prescription. Meanwhile, voters in other states are fighting back; abortions resumed in Missouri over the weekend following a ruling blocking regulations that clinics said made it impossible to provide abortions despite a new constitutional amendment for reproductive rights.

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Carpenter is one of the cofounders of the Abortion Coalition for Telemedicine, a nationwide telemedicine-advocacy organization that provides abortion medication and other reproductive health care services to people across the US, including in states that have banned abortions.

Hochul said she will not honor Landry's request to arrest and extradite Carpenter to Louisiana after the doctor was charged with violating the southern state's strict anti-abortion law.

“Not now, not ever,” Hochul said in a video where she signed her rejection to Landry’s letter on Thursday.

“This doctor, who now faces a felony charge, was simply doing her job following both her medical oath and New York state law. Prescribing safe abortion medication is legal under the laws of our state and our reproductive health laws,” Hochul said.

Both cases in Louisiana and Texas could bring back the abortion issue to the Supreme Court, unleashing a new wave of legal questions – including how to settle disputes between the states about whether their abortion laws can be applied outside their borders.

CNN reached out to Carpenter for comment but has not heard back.

“It’s hurtful, it feels unfair, it doesn’t acknowledge all the women whose lives are dependent on this kind of care,” Frengle-Burke, a nurse practitioner and associate clinical professor at Mount Sinai’s Phillips School of Nursing, said of the cases against Carpenter. “It’s unconscionable.”

Amid legal battles and online attacks from politicians and anti-abortion activists, Carpenter’s patients and colleagues are speaking out in her defense, lauding her courage as a women’s rights champion and her decades of work advancing healthcare access globally.

‘I feel proud of her’

In November 2024, a 24-year-old woman who had recently moved to Austin, Texas, discovered she was about six weeks pregnant. She immediately knew she did not want to continue the pregnancy – but accessing an abortion in the state was not an option.

When the Supreme Court overturned federal abortion rights in June 2022, a Texas trigger law took effect, essentially blocking all abortions in the state other than those performed when the mother is “at risk of death or poses a serious risk of substantial impairment of a major bodily function unless the abortion is performed or induced.”

In addition to criminalizing abortions, Texas allows private citizens to file civil lawsuits against anyone who knowingly “aids or abets” an abortion in violation of state law.

“I was terrified. I didn’t know who to go to. I didn’t know who to tell,” the young woman, who asked to remain anonymous due to fear of legal repercussions, told CNN. “It’s daunting, having like that over my head and so many other girls’ heads, it just doesn’t feel completely safe.”

She said she wanted to contact the man she was involved with to ask for his help, but because she did not know his political stance, knew she would run the risk of being reported for getting an abortion. When a relative tried to bring her abortion pills from out of state, the doctors said they could not prescribe them without the patient being there in person.

Her only option, she said, besides traveling, was to get the pills online through Aid Access, another group where Carpenter worked as a provider to help facilitate access to abortion drugs in states where it's illegal. The woman said she does not remember being in contact with a specific doctor and it is unclear if Carpenter was the provider to directly prescribe the medicine.

"At the end of the day, she's doing the right thing," the woman said. "I feel proud of her, I'm just very grateful that there are women like her."

Margaret Carpenter and her best friend and colleague Ingrid Frengle-Burke pose for a picture in Ethiopia. Ingrid Frengle-Burke

She received the pills about three days after ordering them online, and had 24/7 access to a hotline where she could text Aid Access employees throughout the process to talk through her symptoms and fears.

Organizations like the Abortion Coalition for Telemedicine provide just a small portion of the US Food and Drug Administration-approved medication abortion pills to women in states where abortion is illegal, according to Frengle-Burke.

However, even in states where it remains legal, access to timely and safe abortions can be so challenging that telehealth abortion services like these are essential in ensuring women receive the care they need within the limited timeframe.

Medication abortion is a method by which someone ends their pregnancy by taking two drugs — mifepristone and misoprostol — rather than having a surgical procedure. The FDA approved the drugs for abortion use more than two decades ago, and the regimen is approved for use up to 10 weeks gestation.

The legal consequences that doctors like Carpenter may now face simply for protecting, caring for, and saving their patients' lives are "shocking and dangerous," Frengle-Burke said.

"It's a nightmare," she added. Frengle-Burke, who has worked in countries with limited access to abortion, said the restrictions in the US, even in cases of rape and incest, is "shocking" and signify "a lack of progress in terms of equitable care for women and equality for women."

Frengle-Burke said Carpenter has always known that providing abortion care for women in states where it is illegal could result in her getting in trouble. But that wasn't her concern.

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"She knows that she is right, that she's fighting the good fight and she has a lot of people behind her that are supporting her," Frengle-Burke said. "She knows that she has the capacity to help and that's what's driving her."

Texas Attorney General Ken Paxton called Carpenter a "radical out-of-state doctor" in a press release published February 14, adding that doctors who send illegal abortion pills to

the state "to kill unborn babies" will be punished "to the full extent of the law."

In a video announcing the extradition warrant, Landry, the Louisiana governor, said the mother of a pregnant minor "conspired" with Carpenter "to get a chemical abortion bill in the mail."

"This pill ended up ending her pregnancy and that baby's life," Landry said. "There's only one right answer in this situation, and it's that doctor must face extradition to Louisiana, where she can stand trial, and justice will be served. We owe that to the minor, and to the innocent loss of life, and to the people of this state who stand by life overwhelmingly."

The Texas woman, who received the medication abortion — via telemedicine – through Aid Access, argued that both statements were "propaganda" and misrepresented Carpenter, she told CNN.

"She is providing access and help to girls that have nowhere to turn and to use that verbiage is defeating what she's trying to do," she said. "It's just crazy that men in power and these politicians are allowed to even have a say in this, because they will never experience it. They just want to control women's bodies."

'An inspiration, a hero, a fierce advocate for her patients'

Maya Gottfried remembers Dr. Maggie as the woman who saved her life.

Gottfried told CNN she was 35 years old when she was suffering from severe abdominal pain her nutritionist diagnosed as minor aches that could be cured with a dietary cleanse of lemon water, cayenne pepper, and maple syrup.

Still feeling ill weeks later after going on the cleanse, Gottfried decided to visit Carpenter, who was her primary care doctor when Carpenter lived in Brooklyn. Carpenter "actually listened" to her, Gottfried said, and immediately sent her to a specialist who diagnosed her with colorectal cancer.

Gottfried told CNN that colorectal cancer was considered an "older person's disease" and it could be a "fatal error" for a doctor to not recognize those symptoms.

"I have always credited Dr. Maggie with saving me," she said. When Gottfried heard of the legal cases against Carpenter, who she has kept in touch with for over a decade, she cried.

"Dr. Maggie is an example of what I would hope every doctor would aspire to be," she said.

"Abortion is health care and everybody is entitled to health care."

Frengle-Burke echoed Gottfried's testaments – describing Carpenter as "an inspiration, a hero, a fierce advocate for her patients."

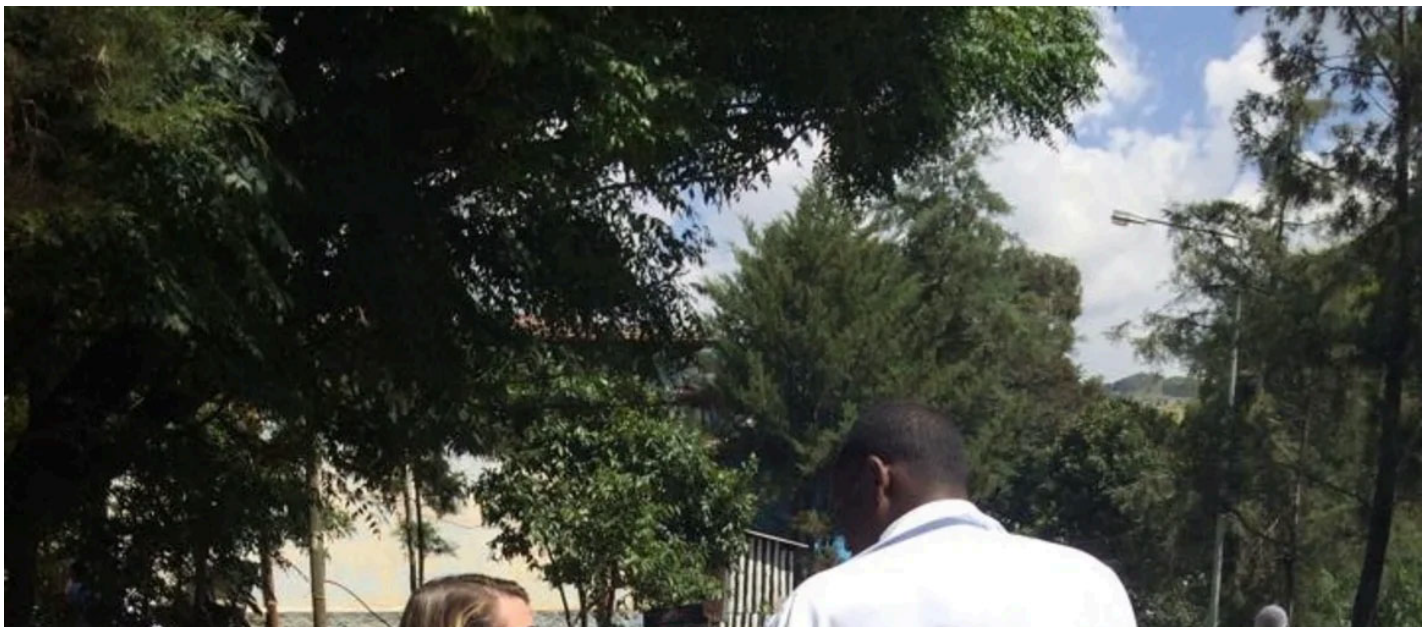
Carpenter was working as a primary care provider at the Institute for Family Health in New Paltz, New York, when Frengle-Burke started working there. They shared an office together and immediately became close friends.

"She would spend time with her patients, she would advocate for them to be seen with providers outside of the institute, she would always push and question protocols that were in place that didn't put the patient first," Frengle-Burke said.

Carpenter didn't initially plan on becoming a doctor, according to her friend. She first aspired to become a nurse, but with her parents' encouragement and a growing passion for addressing public health challenges, she decided to go to medical school and began traveling to work at hospitals in countries throughout Africa.

"She's always been compelled to reevaluate the way that we're approaching public health problems and joining causes or initiatives with solutions for underserved populations," Frengle-Burke said. "Her addressing the problem of lack of access to abortion care is just one of the many things through her career that she's cared about."

During her residency, Carpenter was working in Ethiopia when she noticed that hospitals did not offer cervical cancer screenings, according to Frengle-Burke. Cervical cancer is the fourth most common cancer in women globally with around 660,000 new cases and around 350,000 deaths in 2022, according to the World Health Organization.



Dr. Margaret Carpenter worked in Ethiopia in 2014 to help provide women with cervical cancer screening through her organization Go Doc Go. Ingrid Frengle-Burke

Even after returning to New York, her experience in Ethiopia remained with her, Frengle-Burke said. In 2013, Carpenter founded Go Doc Go, a non-governmental organization that trains midwives and physicians in Senegal, Ethiopia, The Gambia, and Haiti to screen women for cervical cancer while providing thousands of human papillomavirus tests and medical supplies annually.

“She’s brave, she’s creative, she’s an advocate, she’s kind, she’s fun, she’s a problem solver, and addresses things in ways that are just innovative and new,” Frengle-Burke said. “That, to me, makes her a hero.”

‘If doing that makes a person a criminal, then I think we should all be criminals’

The Abortion Coalition for Telemedicine, a group Carpenter co-founded, called the Louisiana case “the latest in a series of threats that jeopardizes women’s access to reproductive healthcare throughout this country.”

“Make no mistake, since Roe v Wade was overturned, we’ve witnessed a disturbing pattern of interference with women’s rights,” the group said. “It’s no secret the United States has a history of violence and harassment against abortion providers, and this state-sponsored effort to prosecute a doctor providing safe and effective care should alarm everyone.”

In Louisiana and Texas, doctors must have a license in the state to provide telemedicine services to residents, unless there’s an exception. Prescribing medications, especially controlled substances, have additional restrictions including state laws and federal rules, which may require an in-person visit.

Louisiana could sue New York if its requests to extradite the doctor are rebuffed, according to legal experts. New York’s shield law prohibits law enforcement from cooperating with extraditions and arrests for charges related to providing healthcare that is lawful in New York. It also bars state officials from sharing information, issuing subpoenas or otherwise assisting investigations into such conduct.

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Telehealth abortions now account for nearly 1 in 5 in US, with thousands accessed under shield laws each month, report says

Carpenter is at risk of being arrested and extradited to Louisiana, where she faces felony charges, if she travels out of New York State, according to federal law.

Tony Clayton, the Louisiana prosecutor behind the case, told CNN that there is now a warrant out for Carpenter’s arrest but declined to outline the next steps his office is weighing.

John Seago, the president of the anti-abortion group Texas Right to Life, praised Clayton’s decision to bring the case and told CNN, “It is very difficult to get a district attorney to go this route and to take on a big trend like the shield laws or Aid Access.”

Texas, which has one of the most restrictive abortion bans in the nation, did not file criminal charges against Carpenter but accused her in a civil lawsuit in December of violating state

law by prescribing abortion medication via telemedicine.

The Texas Attorney General's office did not respond to CNN's request for comment.

Although Frengle-Burke said she is disheartened by the recent cases against Carpenter and what they reveal about the state of equality in the US, she believes they have underscored the urgent need to "push the boundaries and challenge the directions that we're going in."

Gottfried agrees and hopes that more healthcare providers across the country will summon the courage to take a stance, just as Carpenter did.

"She's a hero, and I'm so proud of all her work providing people with barriers to health care, with the care they deserve," Gottfried said. "If doing that makes a person a criminal, then I think we should all be criminals."

CNN's Tierney Sneed contributed to this report.

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EXHIBIT 84

Rosemary Westwood,
After Historic Indictment, Doctors Will Keep Mailing Abortion Pills Over State Lines,
NPR (Mar. 19, 2025)

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After historic indictment, doctors will keep mailing abortion pills over state lines

MARCH 19, 2025 · 5:00 AM ET

HEARD ON MORNING EDITION

By Rosemary Westwood

wwno

4-Minute Listen PLAYLIST TRANSCRIPT

At the Massachusetts Medication Abortion Access Project (MAP), physicians use telehealth to prescribe and mail pills to people who live in states that ban or restrict abortion.

Elissa Nadworny/NPR

Editor's Note: Previous audio and web versions of this story incorrectly said that Maine Family Planning staff and the clinic's medical director, Dr. Kohar Der Simonian, mail abortion medication to patients in states where abortion is banned. Maine Family Planning mails abortion pills to patients within Maine but does not ship them across state lines. However, it does provide abortion procedures and

abortion pills to people who travel to Maine from other states. The web and audio versions of this story have been revised to correct the error and have otherwise been edited for concision and clarity.

When the news broke on Jan. 31 that a New York physician had been indicted for shipping abortion medications to a woman in Louisiana, it stoked fear across the network of doctors and medical clinics who engage in similar work.

"It's scary, it's frustrating," said Dr. Angel Foster, the co-founder of the Massachusetts Medication Abortion Access Project, a clinic near Boston that mails mifepristone and misoprostol pills to patients in states with abortion bans. But, Foster added, "it's not entirely surprising."

Ever since the Supreme Court overturned *Roe v. Wade* in 2022, abortion providers like her had been expecting prosecution or another kind of legal challenge from states with abortion bans, she said.

KFF Health News

This story was produced in partnership with KFF Health News.

"It was unclear when those tests would come, and would it be against an individual provider or a practice or organization?" she said. "Would it be a criminal indictment, or would it be a civil lawsuit or [attack on] licensure? All of that was kind of unknown, and we're starting to see some of this play out."

The indictment also sparked worry among abortion providers like Dr. Kohar Der Simonian, the medical director for Maine Family Planning. The clinic doesn't mail pills into states with bans, but it does treat patients who travel from those states to Maine for abortion care.

"It just hit home that this is real, like this could happen to anybody, at any time now, which is scary," said Der Simonian.

Der Simonian and Foster both know the indicted doctor, Margaret Carpenter.

PUBLIC HEALTH

Some red states report zero abortions. Doctors and researchers say it's not true

"I feel for her. I very much support her," Foster said. "I feel very sad for her that she has to go through all of this."

On Jan. 31, Carpenter became the first U.S. doctor criminally charged for providing abortion pills across state lines — a medical practice that grew after the U.S. Supreme Court's *Dobbs* decision on June 24, 2022, which overturned *Roe v. Wade*.

Since Dobbs, 12 states have enacted near-total abortion bans, and an additional eight states have outlawed the procedure after a certain point in pregnancy, but before a fetus is viable.

Carpenter was indicted alongside a Louisiana mother who allegedly received the mailed package and gave the pills prescribed by Carpenter to her minor daughter.

NATIONAL

Inside a medical practice sending abortion pills to states where they're banned

The teen wanted to keep the pregnancy and called 911 after taking the pills, according to an NPR interview with Tony Clayton, the Louisiana local district attorney prosecuting the case. When police responded, they learned of the medication, which included the prescriber's name, Margaret Carpenter, Clayton said.

On Feb. 11, Louisiana's Republican governor, Jeff Landry, signed an extradition warrant for Carpenter. He later posted a video arguing she "must face extradition to Louisiana, where she can stand trial and justice will be served."

New York's Democratic governor, Kathy Hochul, countered by releasing her own video, confirming she was refusing to extradite Carpenter. The charges carry a possible 5-year prison sentence.

"Louisiana has changed their laws, but that has no bearing on the laws here in the state of New York," Hochul said.

Eight states — New York, Maine, California, Colorado, Massachusetts, Rhode Island, Vermont, and Washington have passed laws since 2022 to protect doctors who mail abortion pills out of state, and thereby block or "shield" them from extradition in such cases. But this is the first criminal test of these relatively new "shield laws."

SHOTS - HEALTH NEWS

Despite bans in some states, more than a million abortions were provided in 2023

The telemedicine practice of consulting with remote patients and prescribing them medication abortion via the mail has been growing in recent years — and is now playing a critical role in keeping abortion somewhat accessible in states with strict abortion laws, according to research from the Society of Family Planning, a group that supports abortion access.

Doctors who prescribe the pills across state lines describe facing a new reality where the criminal risk is no longer hypothetical. The doctors say that if they stop, tens of thousands of patients would no longer be able to end early pregnancies safely at home, under the care of a U.S. physician. But the doctors could end up in the crosshairs of a legal clash over the interstate practice of medicine when two states disagree on whether people have a right to end a pregnancy.

Doctors are on alert, but remain defiant

Maine Family Planning, a network of clinics across 19 locations, offers abortions, birth control, gender-affirming care and other services. One patient recently drove over 17 hours from South Carolina, a state with a six-week abortion ban, Der Simonian said.

For Der Simonian, that case illustrates how desperate some of the practice's patients are for abortion access. It's why she supported Maine's 2024 shield law, she said.

Last year, MAP was mailing abortion medications to nearly 500 patients a month. Since January, they're averaging 3,000 prescriptions a month, according to the clinic's co-founder Angel Foster. Nearly all of the clinic's patients — 95% — live in states with bans on abortion or on telemedicine abortions.

Elissa Nadworny/NPR

Maine Family Planning has discussed whether to start mailing abortion medication to patients in states with bans, but it has decided against it for now, according to Kat Mavengere, a spokesperson for Maine Family Planning.

Reflecting on the indictment of Carpenter, Der Simonian said it underscored the stakes for herself — and her clinic — of providing any abortion care to out-of-state patients. Shield laws were written to protect against the possibility that a state with an abortion ban charges and tries to extradite a doctor who performed a legal, in-person procedure on someone who had traveled there from another state, according to a review of shield laws by the Center on Reproductive Health, Law, and Policy at the UCLA School of Law.

"It is a fearful time to do this line of work in the United States right now," Der Simonian said. "There will be a next case." And even though Maine's shield law protects abortion providers, she said, "you just don't know what's going to happen."

Data shows that in states with total or six-week abortion bans, an average of 7,700 people a month were prescribed and took mifepristone and misoprostol to end their pregnancies by out of state doctors practicing in states with shield laws. The data is part of a #WeCount survey estimating the volume and types of abortions

in the U.S. covering the second quarter of 2024, conducted by the Society of Family Planning.

SHOTS - HEALTH NEWS

Standard pregnancy care is now dangerously disrupted in Louisiana, report reveals

Among Louisiana residents over the same time period, nearly 60% of abortions were via telemedicine, giving Louisiana the highest rate of telemedicine abortions among states that passed strict bans after *Dobbs*, according to the #WeCount survey.

Organizations like the Massachusetts Medication Abortion Access Project (MAP) are responding to the demand for remote care. The MAP was launched after the *Dobbs* ruling, with the mission of writing prescriptions for patients in other states.

During 2024, the MAP says they were mailing abortion medications to nearly 500 patients a month. In the new year, the monthly average has grown to 3,000 prescriptions a month, said Foster, the co-founder.

The majority of the MAP's patients — 80% — live in Texas or states in the Southeast, a region blanketed with near-total abortion restrictions, Foster said.

But the recent indictment from Louisiana will not change the MAP's plans, Foster said. The MAP currently has four staff doctors and is hiring one more.

"I think there will be some providers who will step out of the space, and some new providers will step in. But it has not changed our practice," Foster said. "It has not changed our intention to continue to practice."

POLICY-ISH

Women sharing personal stories about abortion bans have become a political force

The MAP's organizational structure was designed to spread potential liability, Foster said.

"The person who orders the pills is different than the person who prescribes the pills, is different from the person who ships the pills, is different from the person who does the payments," she explained.

In 22 states, Democratic leaders helped establish shield laws or similarly protective executive orders, according to the UCLA School of Law review of shield laws.

The review found that in 8 states, the shield law applies to in-person and telemedicine abortions. In the other 14 states, the protections don't explicitly extend to abortion via telemedicine.

Most of the shield laws also apply to civil lawsuits against doctors. A month before Louisiana indicted Carpenter, the Texas attorney general, Ken Paxton, filed a civil suit against her. A Texas judge ruled against Carpenter on Feb. 13, imposing penalties of more than $100,000.

By definition, state shield laws can't protect doctors when they leave the state. If they move or even travel elsewhere, they lose the first state's protection and risk arrest in the destination state, and maybe extradition to a third state.

Physicians doing this type of work accept there are parts of the U.S. that they should no longer go, said Julie F. Kay, a human rights lawyer who helps doctors set up telemedicine practices.

"There's really a commitment not to visit those banned and restricted states," said Kay, who worked with Carpenter to help start the Abortion Coalition for Telemedicine.

"We didn't have anybody going to the Super Bowl or Mardi Gras or anything like that," Kay said of the doctors who practice abortion telemedicine across state lines.

She said she has talked to other interested doctors who decided against doing it "because they have an elderly parent in Florida, or a college student somewhere, or family in the South." Any visits, even for a relative's illness or death, would be too risky.

"I don't use the word 'hero' lightly or toss it around, but it's a pretty heroic level of providing care," Kay said.

Governors clash over doctor's fate

Margaret Carpenter's case remains unresolved. New York's rebuff of Louisiana's extradition request shows the state's shield law is working as designed, according to David Cohen and Rachel Rebouché, law professors with expertise in abortion laws.

Louisiana officials, for their part, have pushed back in social media posts and media interviews.

"It is not any different than if she had sent fentanyl here. It's really not," Louisiana Attorney General Liz Murrill told Fox 8 News in New Orleans. "She sent drugs that are illegal to send into our state."

POLICY-ISH

Women sharing personal stories about abortion bans have become a political force

Louisiana's next step would be challenging New York in federal courts, according to legal experts across the political spectrum.

NPR asked Tony Clayton, the Louisiana prosecutor who charged Carpenter, whether Louisiana has plans to do that. Clayton declined to answer.

Case highlights fraught new legal frontier

A major problem with the new shield laws is that they challenge the basic fabric of U.S. law, which relies on reciprocity between states, including in criminal cases, according to Thomas Jipping, a senior legal fellow with The Heritage Foundation, which supports a national abortion ban.

"This actually tries to undermine another state's ability to enforce its own laws, and that's a very grave challenge to this tradition in our country," Jipping said. "It's unclear what legal issues, or potentially constitutional issues, it may raise."

But other legal scholars disagree with Jipping's interpretation. The U.S. Constitution requires extradition only for those who commit crimes in one state and then flee to another state, said Cohen, a law professor at Drexel University's Kline School of Law.

Telemedicine abortion providers aren't located in states with abortion bans and have not fled from those states — therefore they aren't required to be extradited back to those states, Cohen said. If Louisiana tries to take its case to federal court, he said, "they're going to lose because the Constitution is clear on this."

"The shield laws certainly do undermine the notion of interstate cooperation, and comity, and respect for the policy choices of each state," Cohen said, "but that has long been a part of American law and history."

When different states make different policy choices, sometimes they're willing to give up those policy choices to cooperate with another state, and sometimes they're not, he said.

The conflicting legal theories will be put to the test if this case goes to federal court, other legal scholars said.

"It probably puts New York and Louisiana in real conflict, potentially a conflict that the Supreme Court is going to have to decide," said Rebouché, dean of the Temple University Beasley School of Law.

Rebouché, Cohen and law professor Greer Donley worked together to draft a proposal for how state shield laws might work. Connecticut passed the first law — though it did not include protections specifically for telemedicine. It was signed by the state's governor in May 2022, a month before the Supreme Court overturned *Roe v. Wade*, in anticipation of potential future clashes between states over abortion rights.

In some shield-law states, there's a call to add more protections in response to Carpenter's indictment.

New York state officials already have. On Feb. 3, Hochul signed a new law that allows physicians to name their clinic as the prescriber — instead of using their own names on abortion medications they mail out of state. The intent is to

make it more difficult to indict individual doctors. Der Simonian is pushing for a similar law in Maine.

Dr. Samantha Glass, a family medicine physician in New York, has written such prescriptions in a previous job, and plans to find a clinic where she could offer that again. Once a month, she travels to a clinic in Kansas to perform in person abortion procedures.

Carpenter's indictment could cause some doctors to stop sending pills to states with bans, Glass said. But she believes abortion should be as accessible as any other health care.

"Someone has to do it. So why wouldn't it be me?" Glass said. "I just think access to this care is such a life-saving thing for so many people that I just couldn't turn my back on it."

This story comes from NPR's health reporting partnership with WWNO *and* KFF Health News.

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New York Post (Feb. 15, 2025)

NEW YORK POST

US NEWS

Louisiana DA warns there's trove of evidence against NY doctor who allegedly mailed abortion pills to teen — who was planning gender reveal party: report

By Katherine Donlevy

Published Feb. 15, 2025, 12:24 p.m. ET

Louisiana prosecutors threatened to have enough clear evidence to extradite a New York doctor who allegedly prescribed abortion pills to an out-of-state teenager — as it was revealed the girl was planning a gender reveal party at the time of the so-called crime, according to a report.

West Baton Rouge District Attorney Tony Clayton warned that he would eventually catch Dr. Margaret Carpenter despite Gov. Kathy Hochul's staunch defense of the New Paltz-based doctor and refusal to send her to Louisana to face charges.

"There's a warrant for her arrest in all 50 states. The issue is, do you live like an Afghan terrorist? You hide in a cave ducking the authorities?" Clayton told NOLA.com in an interview published Friday.

Dr. Margaret Carpenter is wanted by Louisiana prosecutors for allegedly mailing abortion pills to a pregnant teen.

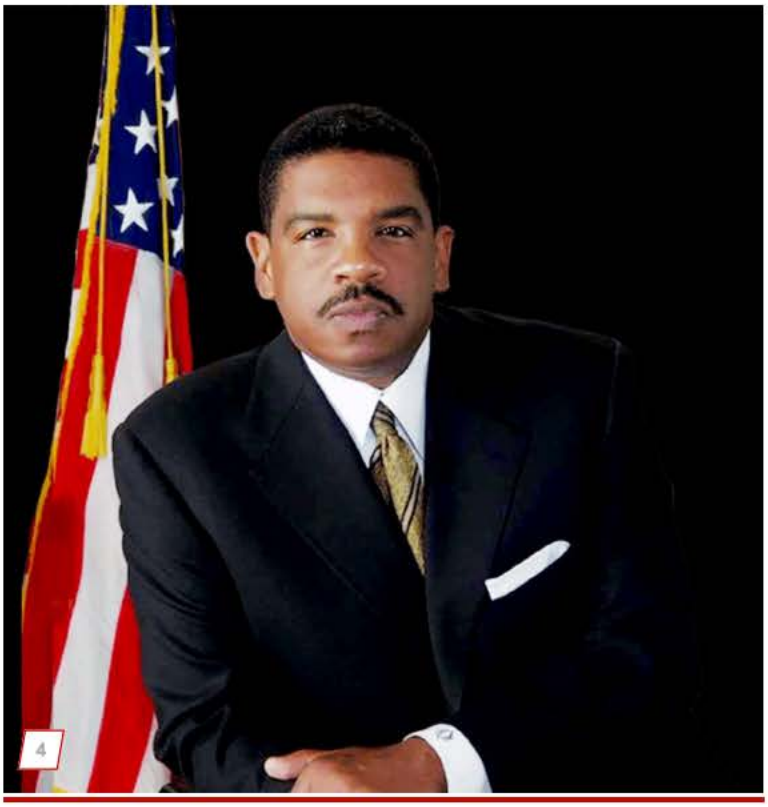
Instagram/godocgoorg

“She has to go to New Jersey, Philadelphia to visit relatives. If she goes on a cruise, if she does anything” outside of New York, we’re going to effectuate the warrant.”

Clayton has repeatedly claimed that Carpenter violated Lousiana’s anti-abortion laws when she mailed a “cocktail of pills” to the teen’s mother last year, who allegedly pretended they were for herself before she forced them on her 17-year-old daughter.

Prosecutors claim the guise would have been avoided if Carpenter had asked the family to present more than a questionnaire. The request was fulfilled without a direct consultation, Clayton alleged.

“She should have Zoomed this young lady. FaceTimed this young lady. Spoken to the mother,” Clayton told the outlet. “If she had spoken to the mother, she would have seen the mother was not pregnant … For 150 bucks, she put that poison in the mail.”



District Attorney Tony Clayton claims the teen was planning a gender reveal party and wanted to keep her baby.

Tony Clayton, District Attorney

The mother paid by credit card for the shipment of medication, Clayton said, then told the 17-year-old that she had to take the pills "or else."

The girl, who has not been identified, accepted the ultimatum despite initially pleading to keep the baby.

"She told the mother she wanted to have the baby. She even planned the gender reveal party. She wanted the child. She was 17 at the time," said Clayton.

The teen's mother has been charged with criminal abortion by means of abortion-inducing drugs, a felony that carries a possible one- to five-year prison sentence.

Carpenter allegedly mailed a "cocktail of pills" without a direct consultation with the patient.
AP

Carpenter and her company, Nightingale Medical, PC, also face the same charge — but have evaded arrest thanks to Hochul's refusal to comply with Lousiana's extradition orders submitted Thursday.

"I want to make sure everyone in the state knows: Keep your hands off this doctor," Hochul said upon receiving the paperwork.

"I'm respecting the laws of New York. Am I supposed to make those subservient to laws of another state?"

New York Attorney General Letitia James also piled on, calling the indictment a "cowardly attempt out of Louisiana to weaponize the law against out-of-state providers," adding that the indictment is "unjust and un-American."

Gov. Kathy Hochul has refused to comply with Louisiana's extradition order for Carpenter.

Erik Pendzich/Shutterstock

Clayton, however, remains unwavering and warned that he could rely on a 1987 Supreme Court decision that granted federal authorities the power to enforce extraditions of fugitives, in a case out of Puerto Rico.

The ruling came up in 2023 in relation to a pledge by Florida Gov. Ron DeSantis that he wouldn't assist in President Trump's extradition from Florida to face hush-money charges in New York. Trump went on his own, NOLA.com reported.

"I'm terming it a forced abortion, which makes it even more egregious," Clayton told the outlet.

"Ignorance of the law is no excuse. If Dr. Carpenter did not know the mother was using this pill to induce abortion involving a child, that's on her. She should not have shipped the pills."

FILED UNDER ABORTION, KATHY HOCHUL, LOUISIANA, NEW YORK, WOMEN'S RIGHTS, 2/15/25

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EXHIBIT 86

Lorena O'Neil,
Louisiana Mother Pleads Not Guilty Following Abortion Pill Indictment,
La. Illuminator (Mar. 11, 2025)

ABORTION POLICY CRIMINAL JUSTICE GOVT + POLITICS HEALTH CARE

Louisiana mother pleads not guilty following abortion pill indictment

BY: **LORENA O'NEIL** - MARCH 11, 2025 4:59 PM

A Louisiana district attorney is prosecuting a New York doctor and West Baton Rouge Parish mother who allegedly provided abortion pills to her minor daughter. (Phil Walter/Getty Images)

A mother from Port Allen caught up in a landmark abortion pills case pleaded not guilty Tuesday to felony criminal charges for allegedly providing her minor daughter with medication to end her pregnancy.

The woman was indicted Jan. 31 for allegedly giving her teen daughter pills she had obtained through the mail. Dr. Margaret Carpenter, the New York physician who allegedly prescribed and sent the pills to Louisiana, was also indicted on felony charges. It's the first criminal case of its kind in the country since the U.S. Supreme Court overturned *Roe v. Wade* in 2022.

The Illuminator is not identifying the mother in order to protect her daughter's privacy. The case involves a 2022 Louisiana law that makes it a crime to knowingly cause an abortion with medication. It carries penalties of one to five years in prison and a fine ranging from $5,000-$50,000.

The mother was taken into custody the same day as her indictment and posted bond that evening. West Baton Rouge District Attorney Tony Clayton is prosecuting this case with Louisiana Attorney General Liz Murrill.

"I'm charging the mother because she ordered the pill, and she paid for the pill with her credit card and she gave the pill to a minor," Clayton told the Illuminator. "That's illegal in the state of Louisiana."

Brusly attorney Victor Woods is representing the mother, his office confirmed Tuesday. He is not currently accepting interview requests.

Clayton and Murrill allege the Port Allen mother gave her pregnant teen daughter an ultimatum to take the medication or move out of the house.

"The child took the pill and was home by herself," Clayton said, adding that she later started bleeding, called 911 and was taken to a hospital in an ambulance.

A police officer who responded to the call initially thought the teen was experiencing a miscarriage but "found out" she had taken abortion pills provided from an out-of-state clinic, the district attorney said.

Murrill has repeatedly claimed the crime is "about coercion" and "forcing somebody to have an abortion who didn't want one." However, no charges of coerced abortion have been brought against the teen's mother or Carpenter, the doctor.

The case has received national attention because Louisiana officials have sought to extradite Carpenter, testing New York's shield laws protecting providers who prescribe abortion medication to patients out of state.

Democratic Gov. Kathy Hochul of New York said she will "never" extradite Carpenter after Republican Louisiana Gov. Jeff Landry filed paperwork requesting it. Murrill, also a GOP member, warned Carpenter to "be careful" with her travel plans, suggesting other states might cooperate with Louisiana's extradition request.

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NEW YORK WEST BATON ROUGE PARISH

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LORENA O'NEIL

Lorena O'Neil is a freelance reporter based in New Orleans. She covers reproductive health, gender, culture and politics.

MORE FROM AUTHOR

MORE FROM OUR NEWSROOM

Federal judge rules workplace abortion accommodations should be overturned

BY **ELISHA BROWN**

May 23, 2025

Case of a brain-dead pregnant woman kept on life support is 'gut-wrenching,' advocates say

BY **GRACE PANETTA, THE 19TH** AND **BARBARA RODRIGUEZ, THE 19TH**

May 18, 2025

SHINING A LIGHT ON THE BAYOU STATE

DEMOCRACY TOOLKIT

LAI

The Louisiana Illuminator is an independent, nonprofit, nonpartisan news organization with a mission to cast light on how decisions in Baton Rouge are made and how they affect the lives of everyday Louisianians. Our in-depth investigations and news stories, news briefs and commentary help residents make sense of how state policies help or hurt them and their neighbors statewide.

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STATES NEWSROOM

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EXHIBIT 87

Press Release, ACT,
Statement on Governor Hochul's Response to
Louisiana Extradition Order
(Feb. 13, 2025)

Are you seeking information about how to access abortion by telemedicine?

Abortion Coalition for Telemedicine (ACT)
Feb 13 · 1 min read

Statement on Governor Hochul's Response to Louisiana Extradition Order

Today's extradition order from a prosecutor with an anti-abortion agenda is the latest escalation in Louisiana's ongoing state-sponsored effort to prosecute safe and effective healthcare.

New York's Shield Law, enacted in 2023, permits licensed New York based healthcare professionals to successfully deliver reproductive healthcare to patients nationwide. As Governor Kathy Hochul firmly stated last week, and reiterated strongly today, she has the backs of dedicated physicians providing essential healthcare by telemedicine. Ongoing attempts by anti-abortion state officials to restrict access to abortion care are inconsistent with New York state law.

ACT has and continues to stand behind New York and other shield laws across the country that enable the distribution of safe and effective telemedicine abortion care.

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EXHIBIT 88

Press Release, Protecting Reproductive Freedom: Governor Hochul Signs Legislation Affirming New York's Status as a Safe Haven for Reproductive Health Care (Feb. 3, 2025)

An official website of New York State Here's how you know

Reproductive Health Legislation

FEBRUARY 3, 2025 | Albany, NY

Protecting Reproductive Freedom: Governor Hochul Signs Legislation Affirming New York's Status as a Safe Haven for Reproductive Health Care

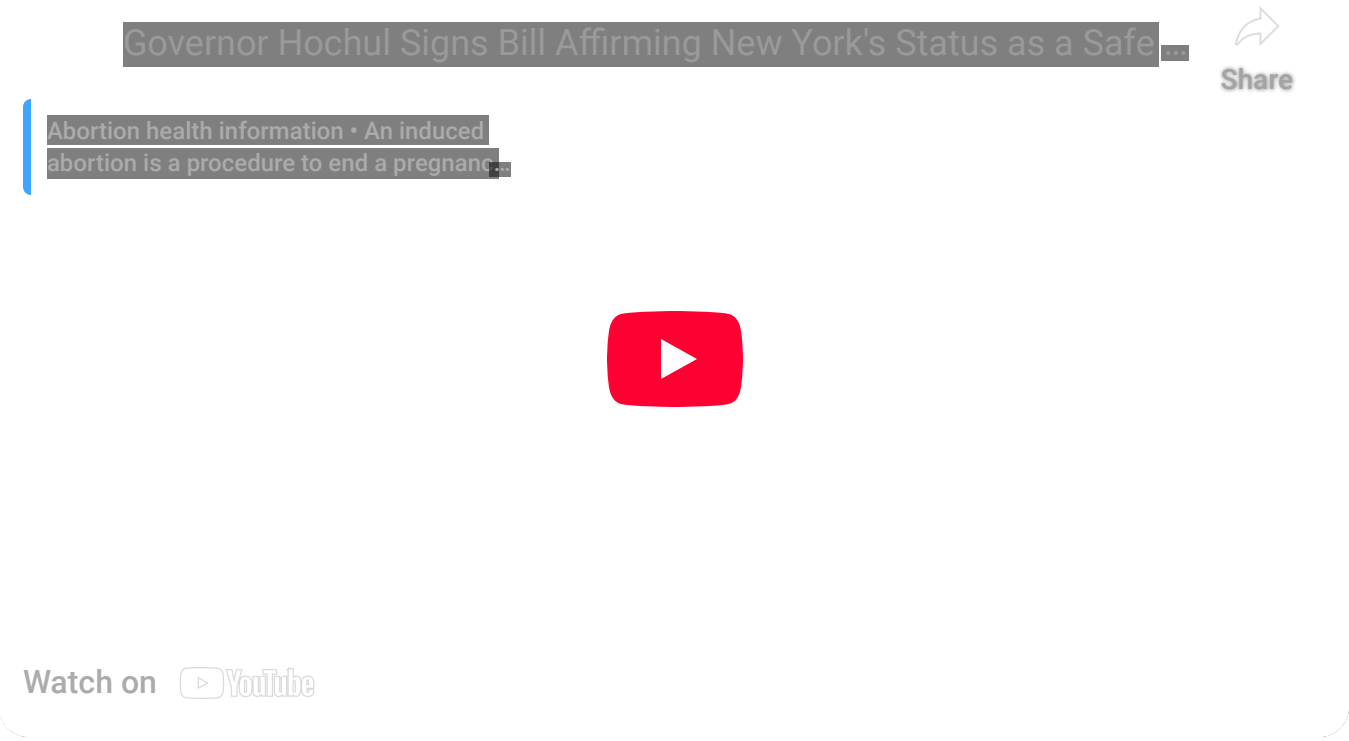
Legislation S.36A/A.2145A Allows Providers Prescribing Medications Used To Perform Abortions To Print Their Practice's Name on the Label Rather Than Their Own

Continues Governor's Commitment To Safeguard Abortion Rights and Protect Reproductive Health Care Providers and Patients

Traducción al español

Governor Kathy Hochul today signed legislation to enable providers who prescribe medications used to perform abortions to request that the dispensing pharmacy print the name of their practice on prescription labels instead of their personal name. Despite attacks on reproductive rights from other states and the federal government, Governor Hochul affirmed her commitment that New York will remain a safe harbor for anyone seeking or providing reproductive health care.

“Reproductive freedom will always be protected in the State of New York — and I’ll never back down from this fight,” **Governor Hochul said.** “I’m taking action to strengthen protections for health care professionals and their patients, ensuring New York is a safe haven for anyone providing or receiving reproductive care. At a time when fundamental rights are under attack across the country, we are doubling down on our commitment to safeguard access to reproductive health care and defend those on the frontlines of this battle.”



AUDIO PHOTOS

Protecting the Privacy of Providers and Strengthening New York’s Shield Law

Following the Supreme Court's troubling decision to overturn the constitutional right to abortion in Dobbs v. Jackson Women's Health Organization in June 2022, various states across the nation have taken steps to limit access to abortion services. As of October 2024, 21 states enacted laws that impose greater restrictions than those previously allowed under Roe v. Wade. Among these, 13 states effectively implemented a complete ban, while another four states prohibited abortions after six weeks — a time when many women may not even realize they are pregnant. Over half of women aged 18-49 live in states with some form of abortion restrictions.

Legislation S.36A/A.2145A enhances New York's shield law by offering additional protections for doctors prescribing medications used to perform abortions to patients in hostile states. This bill would allow prescribers to ask that the dispensing pharmacy print the name of their practice instead of their personal names on the prescription labels for mifepristone, misoprostol and generic alternatives. Governor Hochul reached an agreement with the Legislature to further strengthen these protections. The new measure allows providers to request that their practice address be listed instead, requires notice to the patient, and ensures that pharmacies assist with this protective measure.

Medication abortion has emerged as a crucial option for many individuals seeking abortions in states with hostile laws. In 2023, Governor Hochul signed legislation enacting a telehealth shield law (Chapter 138 of the laws of 2023), designed to provide extensive protection for New York-based doctors serving patients in those restrictive states through telehealth. This legislation safeguards health care practitioners in New York from states that may attempt to impose criminal penalties on them and offers protection from professional disciplinary actions or adverse decisions from medical malpractice insurers.

Thanks to New York's shield law, providers in the State can provide medication used to treat abortion to patients in hostile states, assisting women who might otherwise struggle to access abortion care. Research from the Society for Family Planning indicates that one in five abortions conducted in December 2023 were via telehealth, with an estimated 48 percent of these procedures performed by doctors in states with shield laws like New York's.

> ***"At a time when fundamental rights are under attack across the country, we are doubling down on our commitment to safeguard access to reproductive health care and defend those on the frontlines of this battle."***
>
> **Governor Kathy Hochul**

State Senate Majority Leader Andrea Stewart-Cousins said, "This bill is a direct response to the growing attacks on reproductive rights nationwide. While other states escalate efforts to criminalize abortion, New York stands firm. We will not allow anti-abortion extremists to intimidate providers or block access to care. I want to thank Senator Mayer for sponsoring this bill and Governor Hochul for her unwavering commitment to reproductive justice. Together, we're sending a clear message: New York will continue to fight against those who seek to criminalize abortion and will stand firm for everyone's right to make decisions about their own body and future."

Assembly Speaker Carl Heastie said, "These laws provide critical protections to our doctors and secure New York's status as a sanctuary for women seeking access to reproductive care. The Assembly Majority is committed to fighting for a future where women can control their own healthcare decisions without the senseless intrusion of politics. We will continue to work with our state partners to ensure that our healthcare professionals have the legal protections they need to provide care to women across the country."

State Senator Shelley B. Mayer said, "Today, we take another step to keep New York State in the national leadership in the fight to protect abortion rights. With Governor Hochul's signature, the bill I sponsored, along with Assemblymember Karines Reyes, R.N., will help strengthen New York's existing telehealth shield law, providing additional protection to the New York doctors who are helping women in hostile states access abortion. The threats to these doctors are no longer abstract as officials in these states have attacked New York physicians and our laws. This legislation represents a renewal of our commitment to women nationwide and the brave doctors who provide them essential health care. Thank you to Majority Leader Andrea Stewart-Cousins for your continued leadership on this key issue, and deepest thanks to Governor Hochul for signing this critical, life-saving legislation into law. Most importantly, I want to thank the providers whose service reminds us that we can never back down in a fight for our rights."

Assemblymember Karines Reyes said, "As our country's women and pregnant persons face the draconian policies of the new Trump Administration in the post-Dobbs landscape, creative solutions are required to achieve reproductive justice. I am honored to join my colleague, Senator Shelly Mayer, in celebrating the passage and enactment of legislation that will enhance our state's existing abortion telemedicine law by better protecting physicians from personal prosecution and allowing the medical practices to be listed as the requesting entity for prescriptions. This will ensure that as states continue to wrongly exhibit hostility toward women and pregnant persons in our society, New York State will be a leader in promoting personal freedom and access to quality health care. I am thankful that Governor Hochul will take the bold step, as our state's first woman Governor and mother in the role, to sign this pivotal legislation into law."

Governor Hochul's 2025 State of the State Commitment to Protecting Reproductive Rights and Access to Abortion

Sustaining the Reproductive Freedom and Equity Grant Fund

The Reproductive Freedom and Equity Grant Fund was created by Governor Hochul in May 2022 to enhance abortion access and was codified in the State Fiscal Year 2025 budget. This initiative addresses the need for expanded reproductive health care services in New York. The fund has supported reproductive health providers and critical support programs to ensure equitable access to abortion care across the State. This year, Governor Hochul will distribute $25 million in funding for the program, with a focus on strengthening access to comprehensive reproductive care for all New Yorkers.

Fairly Reimbursing Providers for Abortion Services

For many years, reproductive health providers have not received funding that is adequate to cover the full costs of medication abortion care and other abortion services. As a result, too many providers have been under immense financial pressures while trying to accomplish their mission of providing safe and accessible abortion care to individuals across the State. Governor Hochul will provide a new flexible funding stream of $20 million to allow providers to better adapt to this possible impact of the incoming federal administration and ensure that these providers are fairly reimbursed for providing abortions.

Strengthening Reproductive Health Care Infrastructure

Many reproductive health care facilities in New York are in need of critical infrastructure updates in order to provide the full range of comprehensive services. Building on New York's investment in reproductive health providers through the Reproductive Freedom and Equity Grant Fund and security grant funding, Governor Hochul will expand the funding to support critical capital investments for providers. These funds will enable renovations, equipment upgrades, planning and construction to help facilities modernize and secure their operations. This action aims to ensure a broader network of providers can deliver high-quality reproductive health care to all New Yorkers.

Safeguarding Abortion as Emergency Medical Care

The federal Emergency Medical Treatment and Labor Act mandates that hospitals provide stabilizing care for patients with emergency medical conditions, regardless of their ability to pay. However, abortion is not explicitly defined as emergency medical care under New York law. Governor Hochul has prioritized protecting reproductive rights and ensuring equitable access to care. To address this gap, she will codify abortion as protected emergency medical care in New York State and require hospitals to provide this stabilizing emergency medical care, reinforcing access to abortion services when medically necessary.

State Senator Liz Krueger said, “Every step we take to protect abortion access in New York is critical, and I’m glad to see Governor Hochul signing this legislation to strengthen our Shield Law and protect providers delivering critical healthcare. But there is more work to be done, including signing health data privacy legislation and providing funding to expand training for more abortion providers.”

State Senator Michelle Hinchey said, “Healthcare is being criminalized in real time, and our medical professionals are being targeted, their lives and futures at risk simply for doing their jobs. The State of New York will not stand for it. We are a safe haven for reproductive freedom, and we will always fight to protect our healthcare providers and ensure that our most vulnerable neighbors can access the care they need—no matter the attacks we face from states trying to strip away these rights. I thank Governor Hochul for her steady leadership and Senator Shelley Mayer for sponsoring this vital legislation to safeguard the privacy of New York's healthcare providers.”

State Senator Lea Webb said, “As Chair of the Women’s Issues Committee, I am proud to continue championing legislation that protects the rights and safety of those providing and accessing reproductive healthcare. This legislation is a critical step in ensuring privacy and security for healthcare providers, allowing them to continue their essential work without fear. I stand with Governor Hochul, Senate Majority Leader Stewart-Cousins, Attorney General James, Senator Mayer

and all my colleagues in support of our medical providers and their efforts to ensure that medication abortion— which is safe and effective — is available to all who need it."

Assemblymember Amy Paulin said, "I thank Governor Hochul for her actions today, which reaffirm her steadfast commitment to make New York State a safe haven for reproductive freedom and care. Although women around the country are facing tremendous obstacles in accessing abortion care, Governor Hochul embodies New York's resolve to fight back against these continued attacks on reproductive freedom."

Assemblymember Linda B. Rosenthal said, "While the Trump administration and some hostile states wage a war on women and their bodies, New York State will remain a safe haven for those seeking or providing reproductive health care. Nearly three years ago, my bills to protect medical providers against professional misconduct charges and adverse medical malpractice actions for providing reproductive healthcare became law. However, as we've seen, there is no end to the efforts of those who want to end a woman's right to bodily autonomy. I thank Governor Hochul for signing into law today another measure that will shield medical providers and preserve access to medication abortion drugs. I look forward to further efforts to protect patients and providers, ensure fair reimbursement and protect the privacy of those seeking care."

Assemblymember Catalina Cruz said, "In the face of relentless attacks on reproductive rights, New York is standing strong as a safe haven for both patients and providers," said Assemblywoman Catalina Cruz. "By allowing prescribers to shield their personal information on medication abortion labels, this legislation ensures that those who provide essential reproductive health care can continue to do so without fear of harassment or retaliation. I commend Governor Hochul for her unwavering commitment to protecting reproductive freedom and ensuring that no one in New York is forced to choose between providing care and their own safety. I also congratulate Assemblymember Karines Reyes and Senator Shelley Mayer for their leadership in sponsoring this crucial legislation and for their continued dedication to protecting access to reproductive health care in our state."

Assemblymember Jessica González-Rojas said, "The Trump administration has already proven it will be an incredibly hostile White House to our reproductive health and freedom. We must use every tool in our toolbox and outside of it to combat this rise of fascism. We cannot go back. I thank Governor Hochul for her decisive action to protect our abortion providers and sustaining the funding for the Reproductive Freedom and Equity grant program we codified into law last year. This new wave of assaults will require us to be flexible but bold in our resistance. Whether it's reproductive healthcare or gender-affirming care New York must and will lead."

Contact the Governor's Press Office

Contact us by phone:

Albany: (518) 474-8418
New York City: (212) 681-4640

Contact us by email:

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Governor Kathy Hochul

EXHIBIT 89

Rosemary Westwood,
Louisiana Investigates Second Case Against New York Doctor Over Mailing Abortion Pills,
La. Illuminator (May 13, 2025)

ABORTION POLICY GOVT + POLITICS HEALTH CARE LEGISLATIVE

Louisiana investigates second case against New York doctor over mailing abortion pills

BY: **ROSEMARY WESTWOOD, WWNO/WRKF** - MAY 13, 2025 10:39 AM

Getty Images

Louisiana law enforcement officials are investigating a second case against a New York doctor for allegedly mailing abortion medications into the state, Attorney General Liz Murrill said Monday.

The attorney general's office and police in Shreveport are investigating the case of a woman who was 20 weeks pregnant when she had an abortion, Murrill said during testimony in favor of an anti-abortion bill in the House Civil Law and Procedure committee. Medication abortion is FDA approved up to ten weeks gestation.

"She and her boyfriend, after she gave birth, took the baby, wrapped it in a towel, and threw it in a garbage can," Murrill said.

She said the couple went to the hospital, and the hospital told them to retrieve the remains, which Murrill said the boyfriend did.

Murrill told lawmakers the case involved the same New York doctor indicted by Louisiana earlier this year.

In February, Louisiana sent an extradition warrant to New York's governor for Dr. Margaret Carpenter, alleging she sent abortion medications in the mail to a Louisiana mother, who then gave them to her daughter.

New York's governor rejected the warrant. New York is among a group of Democratic-leaning states with abortion shield laws that protect abortion providers who send pills to states with bans.

"We're not going to stop trying to extradite [Carpenter] and prosecute her for the crimes that she's committing in our state," Murrill told the committee.

She said the case of the Shreveport woman illustrated the need to pass another anti-abortion bill in Louisiana, authored by Republican Rep. Lauren Ventrella, calling it "another tool in the toolbox."

The bill would let family members who suspect their relative had an illegal abortion sue a range of people or entities — including doctors, pharmacists and even drug manufacturers — for "causing" or "substantially" facilitating the abortion. That includes out-of-state physicians like Carpenter. It's been dubbed the "Justice for Victims of Abortion Drug Dealers Act."

"The problem that we have is that there are activists who are intent on sending these pills to people through the mail," Murrill said.

But it's unclear what impact the bill would have on out-of-state abortion providers. Many shield laws protect against both criminal and civil liability, including New York's. Texas already tried to sue Carpenter, and a county clerk in New York blocked the case from proceeding, citing New York law.

In a statement, acting Clerk Taylor Bruck said she refused "this filing and will refuse any similar filings that may come to our office."

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LOUISIANA NEW YORK SHREVEPORT

ROSEMARY WESTWOOD, WWNO/WRKF

Rosemary Westwood is the public and reproductive health reporter for WWNO/WRKF. She was previously a freelance writer specializing in gender and reproductive rights, a radio producer, columnist, magazine writer and podcast host.

MORE FROM AUTHOR

EXHIBIT 90

Governor Kathy Hochul (GovKathyHochul), X
(May 13, 2025, 4:28 PM)

Governor Kathy Hochul
@GovKathyHochul

The anti-choice zealots can file as many cases as they want.

In New York, we protect our providers.

Let me be clear: we will never comply with Louisiana's extradition request. Not now, not ever.

TIMES UNION

HUDSON VALLEY // NEWS

Louisiana investigating second abortion case against New Paltz doctor

Dr. Margaret Daley Carpenter is accused of mailing abortion pills to a Louisiana woman who used them while 20 weeks pregnant

By **Maria M. Silva**, *Staff Writer*
May 13, 2025

4:28 PM · May 13, 2025 · **58** Views

145 28 84 3

EXHIBIT 91

Society of Family Planning, #WeCount Report
April 2022 to December 2024
(Jun. 23, 2025)

#WeCount report, April 2022 to December 2024
Released: June 23, 2025

#WeCount is a time-limited reporting effort that aims to capture national shifts in abortion volume, by state and month, following the *Dobbs v Jackson Women's Health Organization* Supreme Court decision to overturn *Roe v Wade*. This report includes data from April 2022 to December 2024.

For media inquiries, please contact SFP@ConwayStrategic.com.

For questions about #WeCount and information on how to enroll your practice, please contact WeCount@SocietyFP.org.

Please use the citation below to cite this #WeCount report.

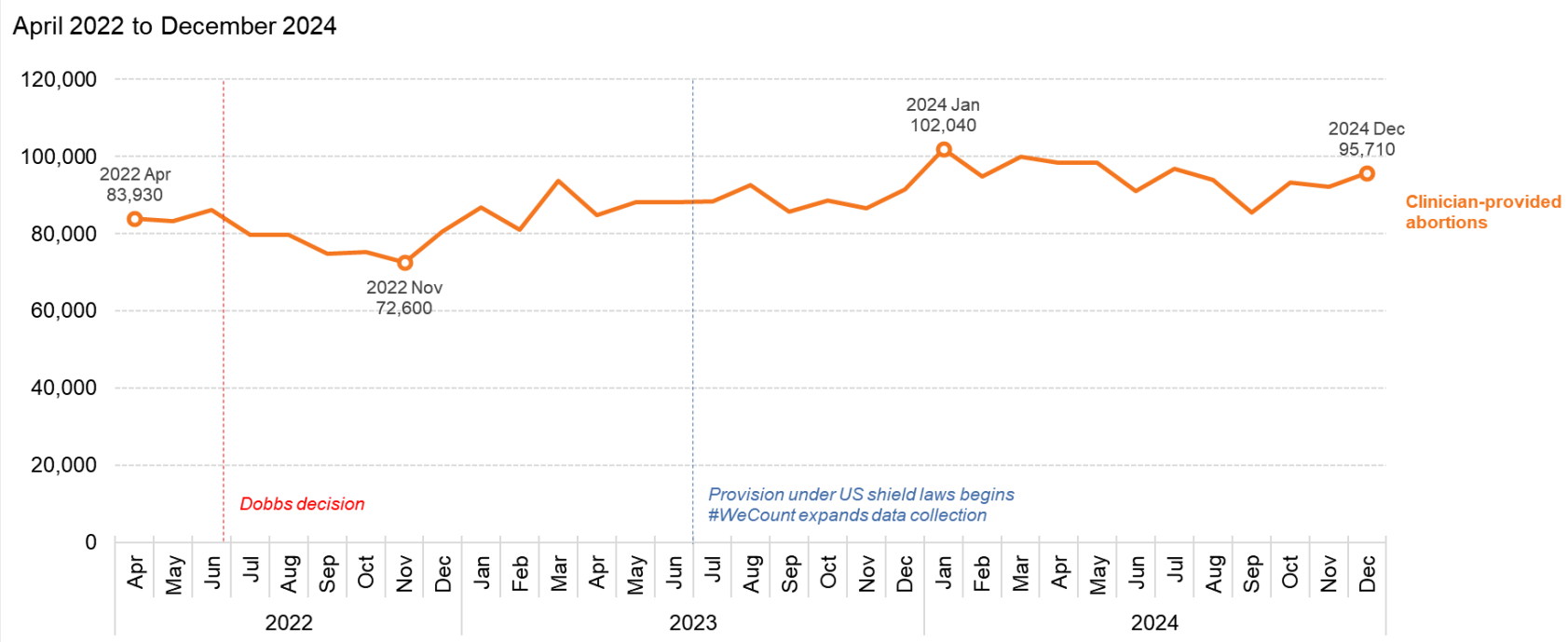
> *Society of Family Planning. #WeCount Report April 2022 through December 2024. 23 Jun. 2025, https://societyfp.org/wecount-report-9-december-2024-data/, https://doi.org/10.46621/725961gzsnai.*

Key findings

- The total number of abortions was **higher in 2024** than it was in 2023 or 2022.
- The majority of abortions occurred **in-person**.
- The number of abortions delivered via **telehealth has continued to increase** since April 2022, when #WeCount became the first national study to track telehealth.
- By the end of 2024, 1 in 4 abortions was provided via telehealth.
- **Shield laws** continue to facilitate the receipt of medication abortion, with an average of 12,330 abortions per month provided under shield laws by the end of 2024.
- Drivers of these trends are unclear, especially in the context of multiple changes in the service delivery environment; new evidence that helps contextualize these findings continues to emerge.

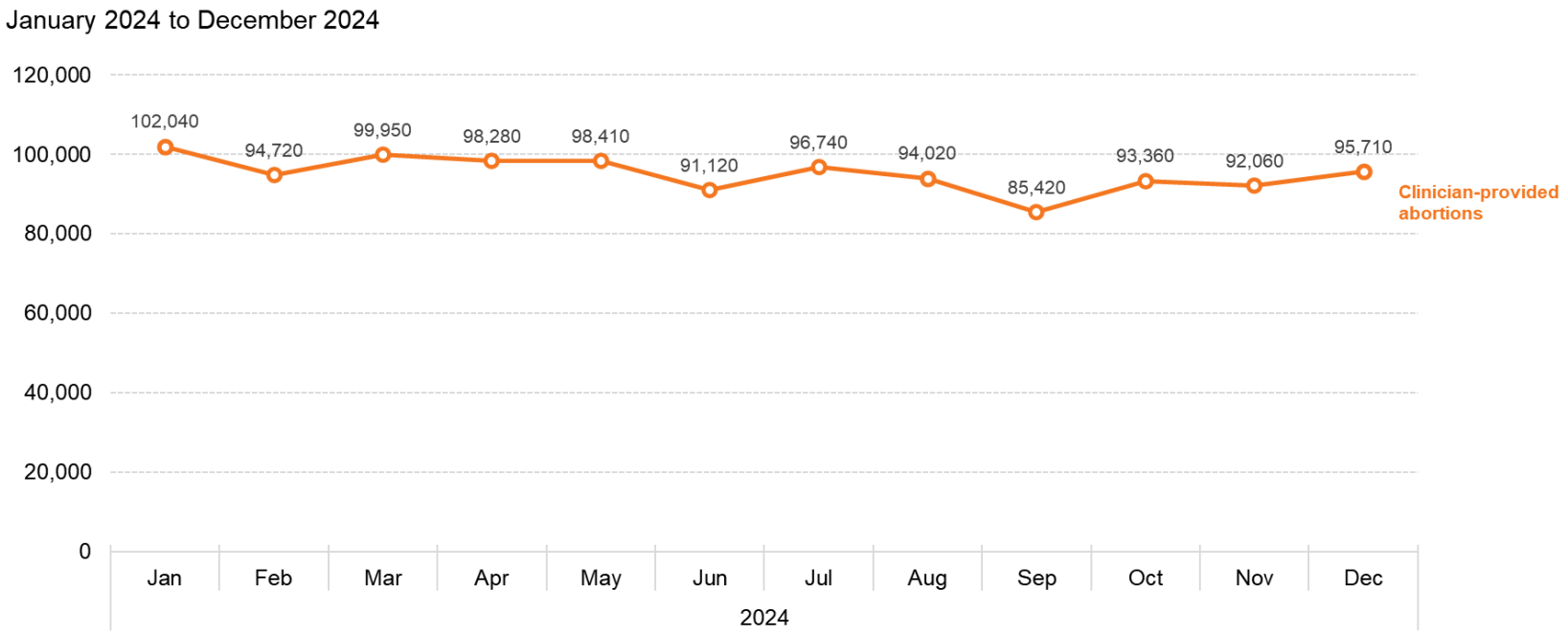
National findings

Total abortions in the US have increased since Dobbs



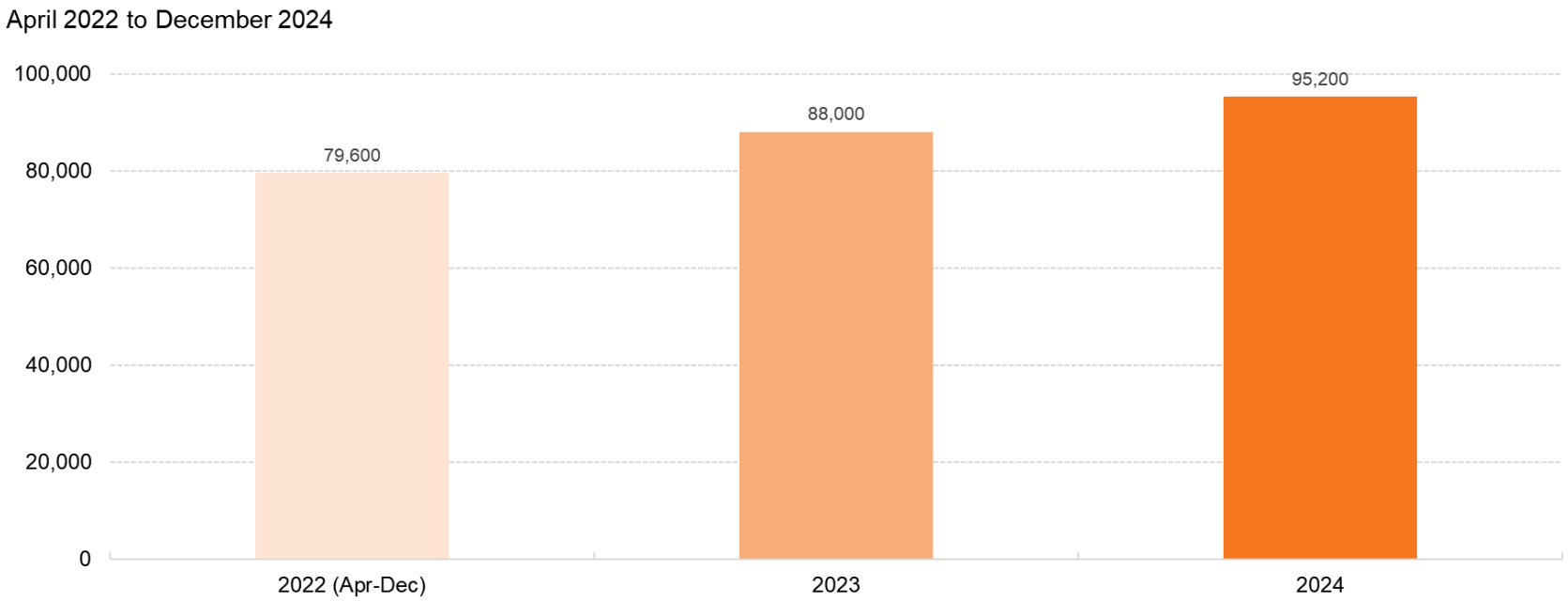
The monthly number of abortions increased gradually over time in the US since 2022.

US abortions totaled 1.14 million in 2024



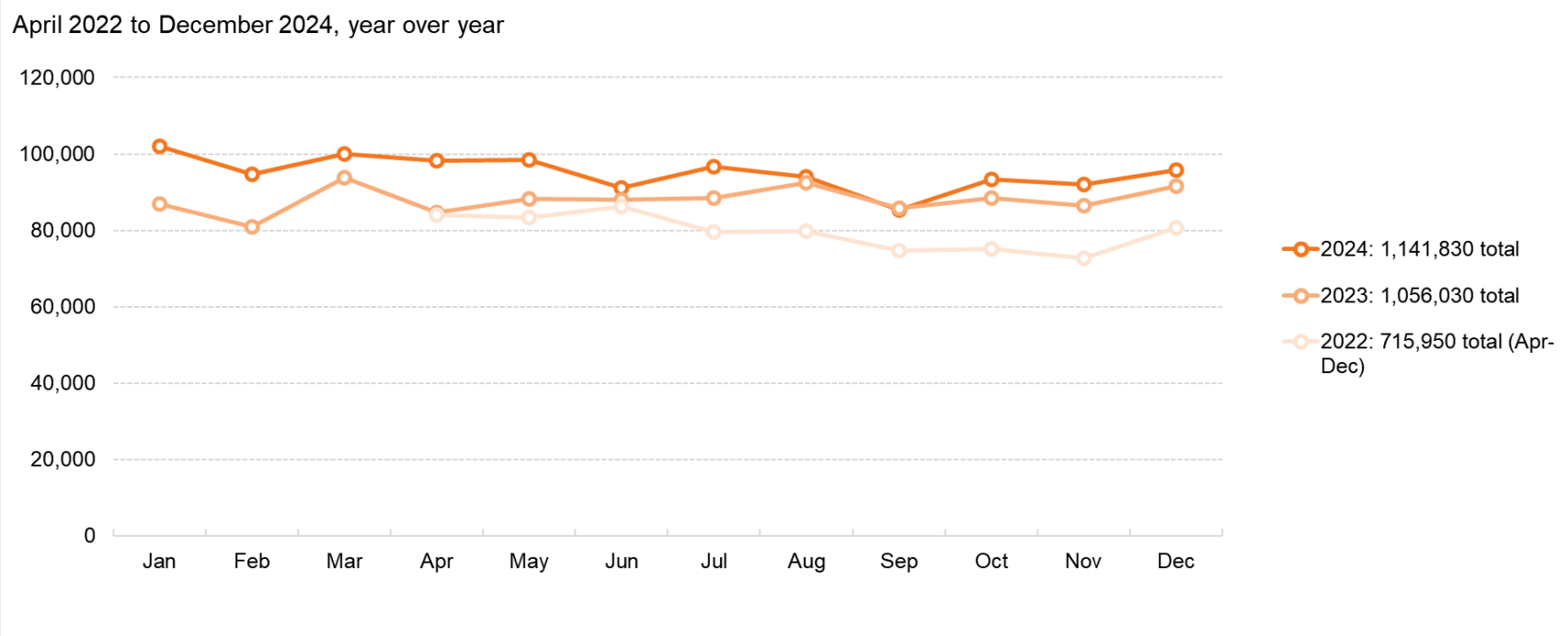
In 2024, 1.14 million abortions occurred in the US, the largest number of abortions in the US in recent years. The monthly total peaked in January 2024, reaching over 102,000 abortions in a single month.

Monthly average number of abortions increased each year



The monthly average number of abortions climbed from around 80,000 in 2022, to 88,000 in 2023, to 95,000 in 2024. Note that the 2022 monthly average is less precise because it reflects only April to December of that year; we did not collect data in January to March, which, in subsequent years, had higher volume of abortions. In addition, these months were pre-*Dobbs*, before abortion bans were enacted.

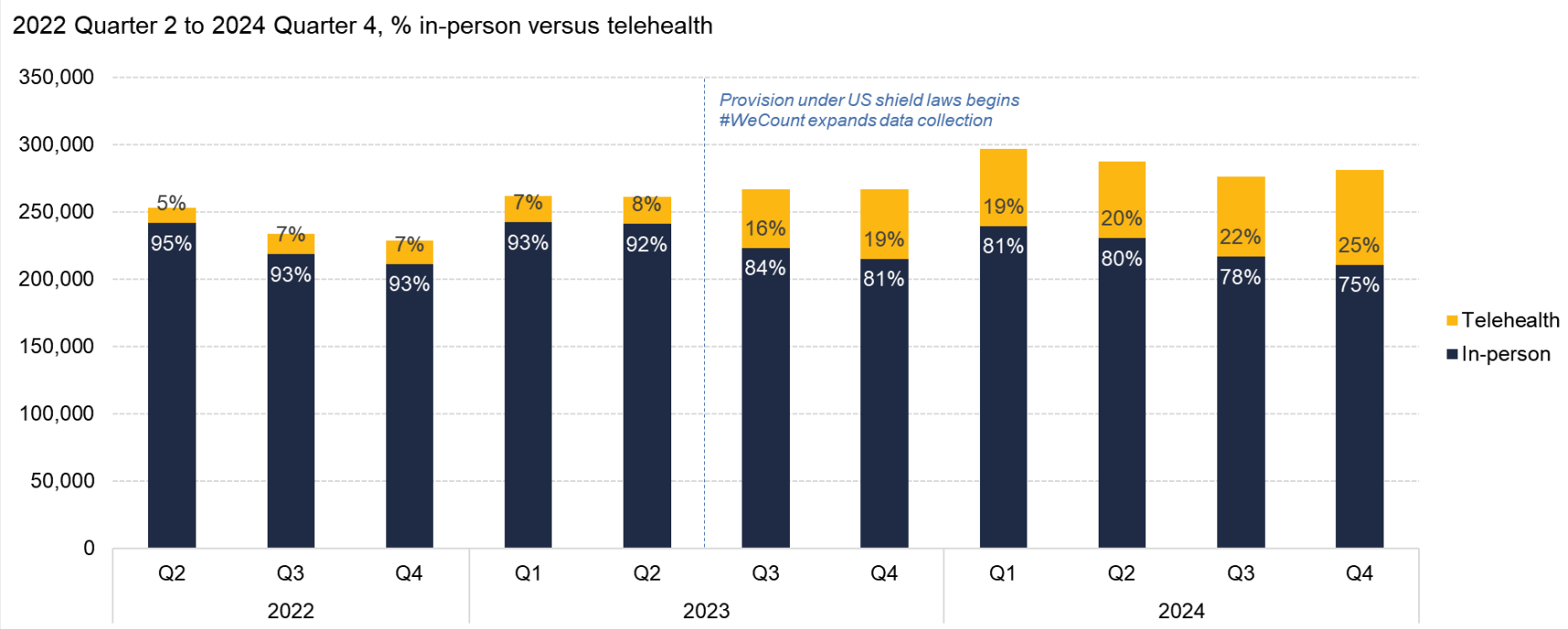
The monthly number of abortions increased each year



Comparisons of year over year show that for most months the number of abortions in 2024 was higher than the number of abortions in the same month of 2023 or 2022.

Telehealth findings

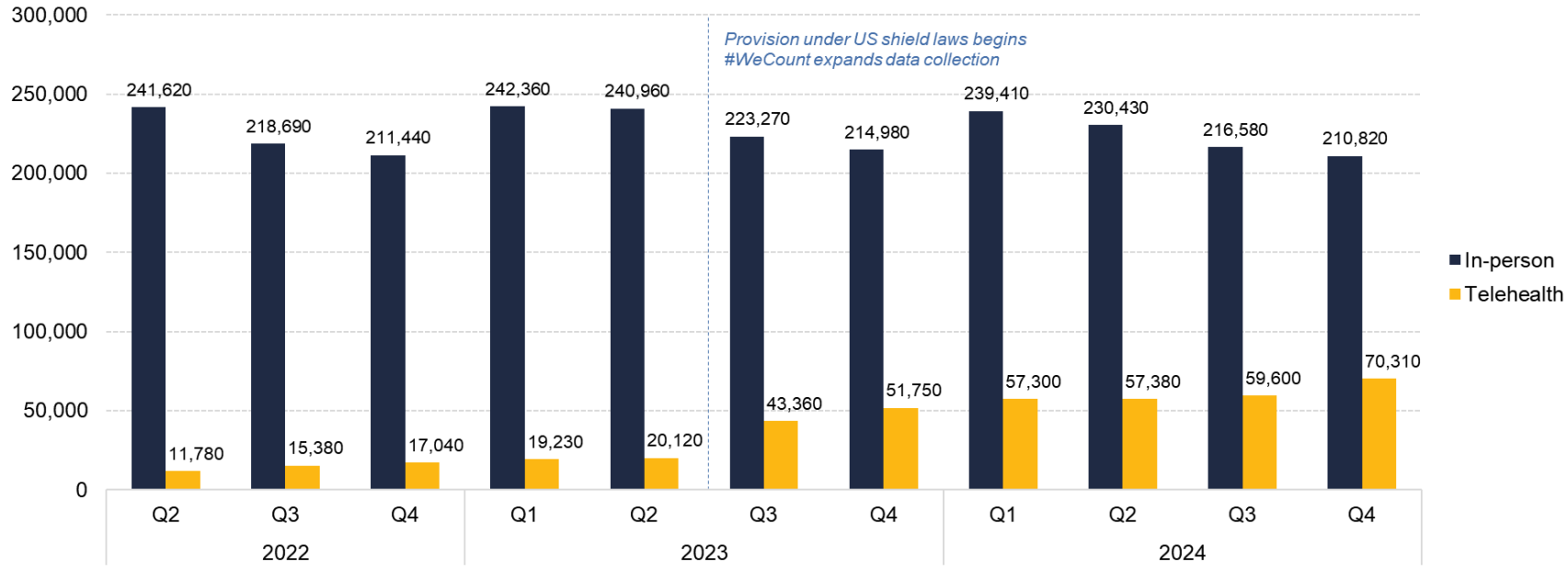
By Q4 of 2024, 1 in 4 abortions were provided via telehealth



The proportion of abortions that were provided via telehealth increased over time from 5% in April-June of 2022 to 25% by the end of December 2024.

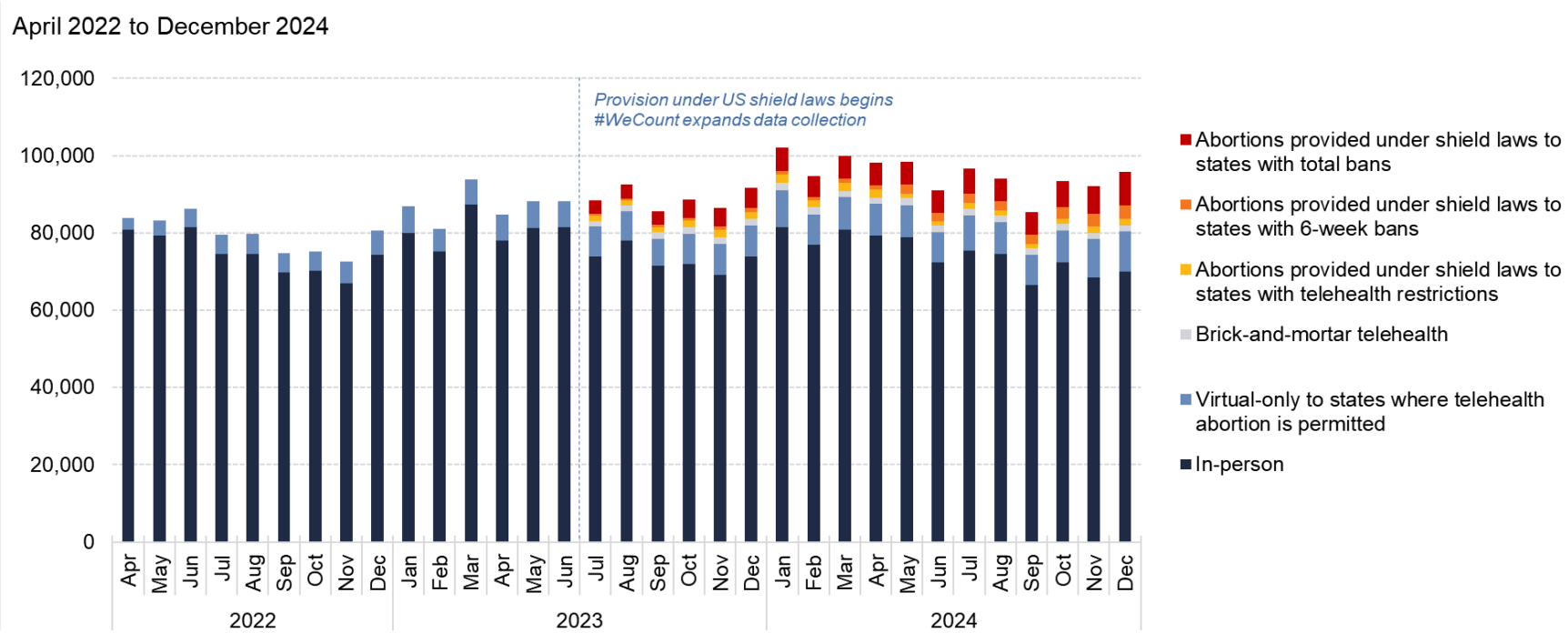
In-person abortion care declined slightly, while telehealth grew

2022 Quarter 2 to 2024 Quarter 4, in-person versus telehealth



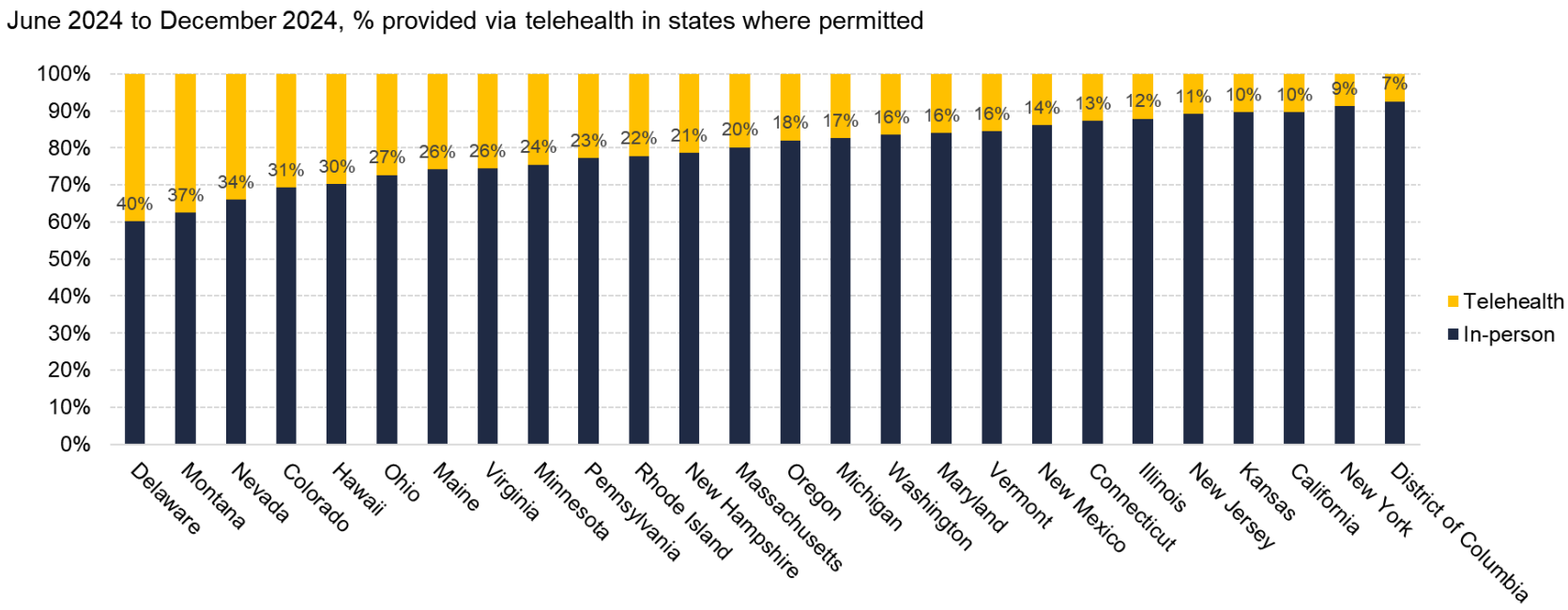
Telehealth abortion care (which involves mailing medication abortion pills) increased both in proportion and in absolute numbers over the study period. In-person abortion care (which includes both procedural abortions and medication abortion pills dispensed in person), was much more common than telehealth abortions. As telehealth has grown, the number of in-person abortions has not declined commensurately. The number of in-person abortions was lower in the second half of each year compared to the first half.

The majority of abortions still take place in-person



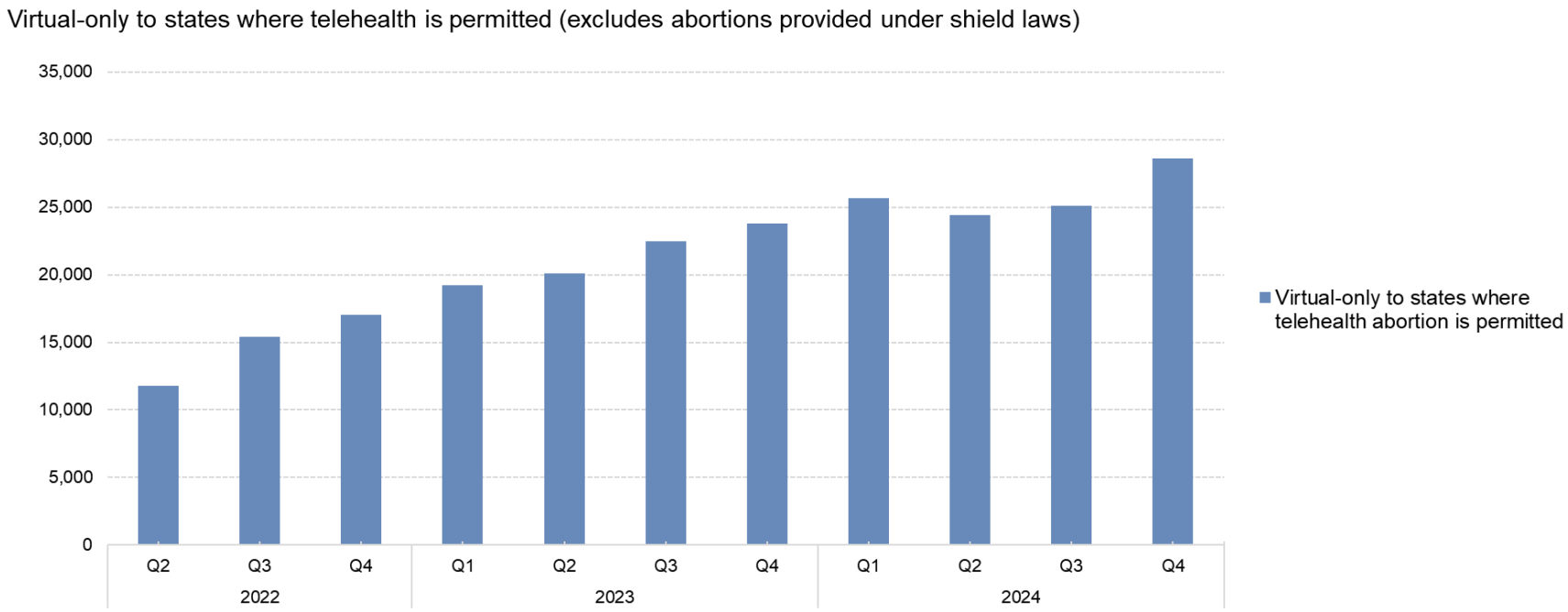
In the US, in-person provision continues to represent the majority of abortion care.

The proportion of abortions provided via telehealth varied by state, 2024



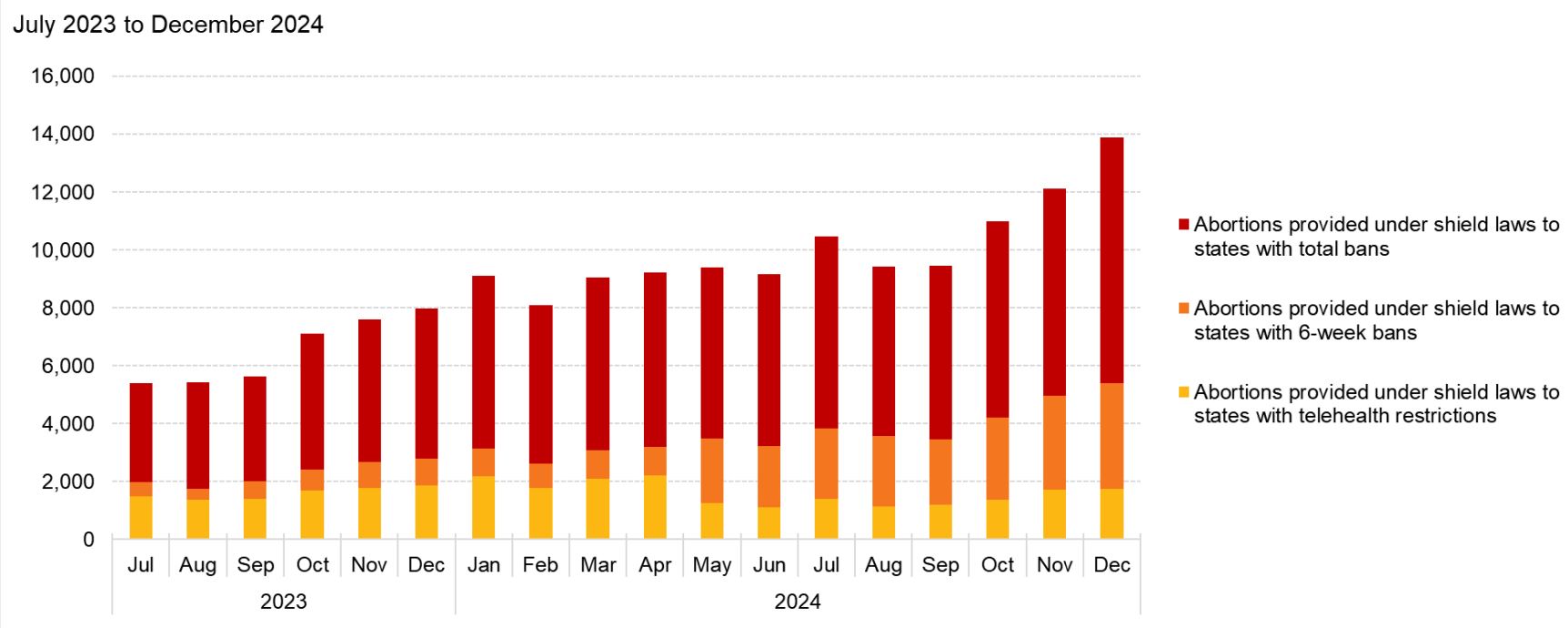
Across the US, in states that permit abortion and telehealth provision of abortion, there is substantial variation in the proportion of abortions provided via telehealth, ranging from 7% to 40%. In several larger states, telehealth is a smaller share of the abortions, at about 9-12% of all abortions.

Abortions provided by virtual-only clinics have increased since *Dobbs*



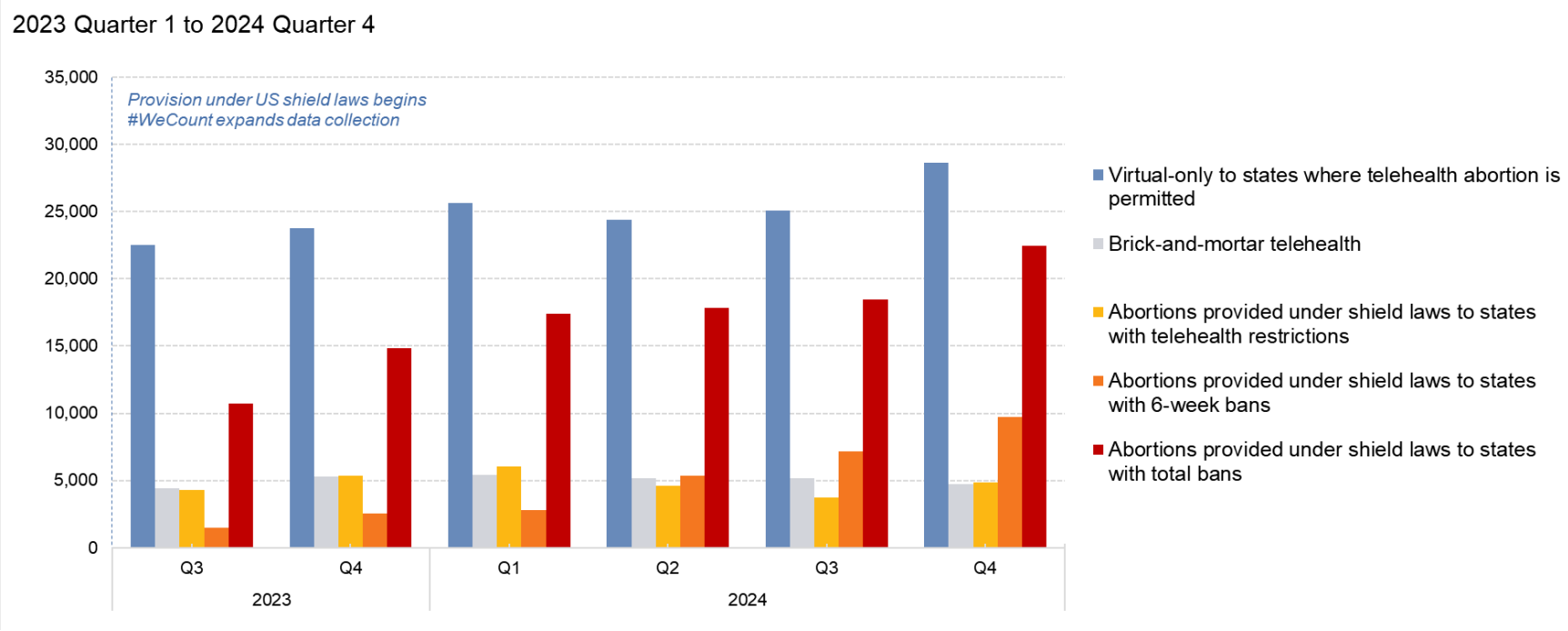
Virtual clinics (those that that are online only and have no brick-and mortar clinic) in states that permit abortion and telehealth abortion have provided an increasing number of abortions since 2022.

Abortions provided under shield laws have increased since this route to care became available



Providing abortions under shield laws involves mailing medication abortion pills to people in states with telehealth restrictions, 6-week bans, or total abortion bans. The number of abortions provided under shield laws has increased since providers began to offer abortion under shield laws in July 2023, with notable increases in provision to states with 6-week bans and total abortion bans. Some of the increase into states with 6-week bans is due to the states switching categories, when the states transitioned from having telehealth restrictions to having 6-week bans during this time period. By December 2024, abortions provided under shield laws totaled nearly 14,000 that month.

Legal climates appear to play an important role in telehealth use



Telehealth abortions provided by virtual clinics (those that that are online only and have no brick-and mortar clinic) to states that permit abortion and telehealth abortion have increased since 2023. Telehealth abortions provided by brick-and-mortar clinics have remained steady. Telehealth abortions provided into states with telehealth restrictions also remained relatively steady. Telehealth abortions provided into states with 6-week bans have increased; some of the increase into states with 6-week bans was due to the states switching from having telehealth restrictions to having 6-week bans during this time period. Telehealth abortions provided into states with total bans increased substantially by the end of 2024.

Half of abortions provided via telehealth in 2024 were facilitated by shield laws

2024 monthly average number of abortions		
	In-person	Telehealth
Abortion and telehealth permitted	60,780	10,360
Abortion permitted, telehealth restricted	8,610	1,610
6-week abortion ban, telehealth restricted	5,350	2,080
Abortion is totally banned	30	6,350

Disaggregating in-person and telehealth and summing up across states by legal climate in 2024, there were stark differences in mode of provision, with a larger proportion of abortions provided by telehealth with each restrictiveness category. In states where abortion and telehealth were permitted, on average, 15% of abortions were provided via telehealth each month. In states where abortion was permitted but telehealth was restricted, on average 16% of abortions were provided via telehealth each month. In states with 6-week bans, on average 28% of abortions were provided via telehealth each month. In states where abortion was totally banned, there was a monthly average of only 30 abortions provided in-person, under so-called exceptions, and over 99% of abortions were provided by telehealth. In 2024, the monthly average number of abortions provided under shield laws was about 10,000 per month. Abortions provided under shield laws accounted for 49% of all abortion provided via telehealth in 2024.

Background

#WeCount is a national effort that aims to report the monthly number of abortions in the US, by state and month starting in April 2022. #WeCount data include clinician-provided abortions, defined in this report as medication or procedural abortions completed by a licensed clinician within the US in a clinic, private medical office, hospital, or virtual-only clinic. This report does not reflect any self-managed abortions, defined as ending a pregnancy outside the formal healthcare system. These data reflect the status of abortion provision in the US and can be used by healthcare systems, public health practitioners, and policymakers so that their decisions can be informed by evidence.

Terminology

Delivery settings

- **Brick and mortar clinic:** A physical clinic where a patient can go to receive care
- **Virtual-only clinic:** An online-only provider

Delivery methods

- **Brick-and-mortar telehealth:** Telehealth abortions offered by a brick-and-mortar clinic
- **In-person care:** Abortions in which a clinician meets with the patient face-to-face; can be procedural or medication abortions
- **Self-managed abortion:** Abortion using medications, herbs, or something else, or obtaining pills from friends or online without clinician assistance
- **Telehealth abortion:** Medication abortion offered by a clinician through remote consultation with the patient, resulting in remote dispensing of medications by mail

Types of care

- **Medication abortion:** Abortion performed with medications, including mifepristone, misoprostol, and misoprostol alone
- **Procedural abortion:** Abortion performed with instrumentation, including uterine aspiration (manual or electric), dilation and curettage, dilation and evacuation, or dilation and extraction

Legal context

- **Shield laws:** Legal protections put in place by some states to reduce legal risk for clinicians who offer abortions to patients in states where abortion is prohibited or severely restricted

Methods

In early 2022, #WeCount developed a database of all clinics, private medical offices, hospitals, and virtual clinic providers in the US known to offer abortion care. We started with the Abortion Facility Database from Advancing New Standards in Reproductive

Health (ANSIRH) at University of California, San Francisco. Throughout the study period, we added new providers to our database as we became aware of them, using AbortionFinder.org and INeedanA.com to conduct regular searches in all 50 states and the District of Columbia. This report also includes abortions provided under shield laws by US-based licensed providers who are following their own state law. The Society provided compensation to participating facilities for each monthly submission.

The data in this report includes the monthly counts reported by providers for April 2022 through December 2024. In total, 83% of the abortions across the study period were based on data obtained from providers or health departments, while the remaining 17% of the data were imputed. The magnitude of imputation in each state is noted with symbols in the data tables. In 18 states, all known providers reported to #WeCount; we imputed any months not reported by these providers. For these imputations, we calculated the average percent change in abortion volume in the state and imputed values for providers with missing months. In the remaining 33 states and Washington, DC, some providers never reported to #WeCount; for these providers we imputed all months of data. To develop our imputations, we used information from news articles, contacts known to the non-reporting clinics, knowledge of the abortion volumes by state, or the median #WeCount number for the clinic or hospital type. To compute medians, we categorized reporters to #WeCount into five types of facilities and calculated the median for April and May 2022 for each category: 1) small abortion clinics, 2) large abortion clinics, 3) primary care clinics, 4) low volume hospitals, and 5) high volume hospitals. In ten states we also used publicly available state administrative data to supplement our estimates. We developed separate imputations for virtual clinics that did not submit data to us, using the median number of abortions that were provided by other virtual clinics in the state.

We reported the number of abortions by state and by restrictiveness level using three categories: states that banned abortion, states that restricted abortion to before detection of embryonic cardiac activity, also referred to as a “6-week bans” because detection of such activity usually occurs around that point, and states that permitted abortion. These categories were based on the abortion policy in each state on the 15th of each month as reported by the New York Times. For a legal analysis of restrictions that prevent explicitly ban telehealth or implicitly preclude telehealth abortion, we rely on the RHITES map. Monthly state totals were rounded to the nearest 10.

#WeCount was deemed exempt by Advarra IRB. All major decisions were guided by a Research Steering Committee listed below. This research was sponsored by the Society of Family Planning.

Limitations

Counts are an underrepresentation of all abortions in the US. #WeCount has a comprehensive count of abortions provided by licensed clinicians, with more than 83% of all abortions reported and about 17% imputed. Abortions provided by individual

hospitals and private practice clinicians may be underreported. These counts also do not include abortions that take place in the US outside of the formal health care system.

We do not have estimates of the proportion of people who did not take the medications sent to them. These data show telehealth abortions as the providers documented mailing them. Some people may not have taken the pills, and we do not have an estimate of that. Use of shield laws to provide abortion via telehealth into states with total or 6-week abortion bans or with telehealth abortion restrictions started in July 2023, and #WeCount began to count abortions provided under shield laws at that time. Because of this transition in abortion provision, #WeCount does not have a comparator for previous months.

#WeCount cannot estimate the unmet needs for abortion. Research has yet to accurately capture the underlying need for abortion. We don't have any counts of the number of people who needed an abortion and didn't get it.
#WeCount is designed to describe changes in abortion access and provision, rather than to explain why these changes are taking place.

Contributors

#WeCount is made possible by the many abortion providers who generously reported their data in support of this effort. This report was prepared by the #WeCount Co-Chairs and Society of Family Planning staff, with guidance from the Research Steering Committee, as well as many members of the Society of Family Planning community.

#WeCount Co-Chairs

- Alison Norris, MD, PhD; Ohio State University
- Ushma Upadhyay, PhD, MPH; University of California, San Francisco

#WeCount Research Steering Committee

- Abigail Aiken, MD, PhD, MPH; University of Texas at Austin
- Danielle Bessett, PhD, MA; University of Cincinnati
- Anitra Beasley, MD, MPH; Baylor College of Medicine
- Angel Foster, DPhil, MD, AM; University of Ottawa
- Jenny Higgins, PhD, MPH; University of Wisconsin
- Rachel Jones, PhD; Guttmacher Institute
- Isaac Maddow-Zimet, MS; Guttmacher Institute
- Caitlin Myers, PhD; Middlebury College
- Whitney Rice, DrPH, MPH; Emory University
- Hannah Simons, DrPH; Planned Parenthood Federation of America
- Mikaela Smith, PhD; Ohio State University
- Terri-Ann Thompson, PhD; Ibis Reproductive Health
- Kari White, PhD, MPH; Resound Research for Reproductive Health

#WeCount Society of Family Planning staff

- Jenny O’Donnell, ScD, MS; Vice President of Research and Evaluation
- Claire Yuan, MPP; #WeCount Data Manager

EXHIBIT 92

Rosalie Markezich Declaration

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION

THE STATE OF LOUISIANA, by and through its Attorney General, LIZ MURRILL, and ROSALIE MARKEZICH,

PLAINTIFFS,

v.

U.S. FOOD AND DRUG ADMINISTRATION; MARTIN A. MAKARY, M.D., M.P.H., in his official capacity as Commissioner of Food and Drugs, U.S. Food and Drug Administration; GEORGE FRANCIS TIDMARSH, M.D., PH.D., in his official capacity as Director, Center for Drug Evaluation and Research, U.S. Food and Drug Administration; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES; and ROBERT F. KENNEDY, JR., in his official capacity as Secretary, U.S. Department of Health and Human Services,

DEFENDANTS.

Civ. No. 6:25-cv-01491

Judge: _____

Mag. Judge: _____

DECLARATION OF ROSALIE MARKEZICH

I, Rosalie Markezich, a citizen of the United States of America and a resident of the State of Louisiana, declare under penalty of perjury under 28 U.S.C. § 1746 that the following is true and correct to the best of my knowledge.

1. I am over eighteen years old and make this declaration on personal knowledge.
2. I was born in Mandeville, Louisiana, in 2001 and—with the exception of the year 2017—have lived in Louisiana since that time.
3. Around October 2023, my then-boyfriend and I had unprotected sex. Afraid he got me pregnant, he procured and I took Plan B (also known as the "morning-after pill"). I didn't think I was ready to have a child at that moment because of my financial situation. And my boyfriend and I had only been dating for two months.
4. I found out I was pregnant on October 13, 2023. I had missed my period, so I took a pregnancy test. Deep down, I knew it would be positive. And deep down, I was hoping it would be positive. And when I saw the positive pregnancy test, I just smiled. I was overjoyed that Plan B had not worked.
5. I wanted to keep my child and feared my boyfriend's reaction, so I debated whether to tell him that I was pregnant. Ultimately, I decided he had the right to know.
6. When I first told my boyfriend that I was pregnant, he was excited and wanted to live together. He said raising our child together would be "legendary." But he soon changed his mind. He said his sister knew how to get chemical abortion drugs, and he wanted me to take them.
7. Using my personal email address and mailing address, my boyfriend filled out an online form and ordered the drugs (mifepristone and misoprostol) from an online provider that his sister has used multiple times before.

8. He sent me $150 through the Venmo banking app to pay for the drugs he ordered. I forwarded the payment directly to the prescriber, Remy Coeytaux, MD PC, the next day. This was the only touch point I had with a doctor before receiving the drugs.

9. The drugs were sent from a provider located in California and delivered to my home address in Louisiana a few days later via the United States Postal Service. The tracking number was 9400109105156542182650.

10. I did not want to take the drugs. When I saw my boyfriend the next weekend, I pretended that I had already taken the drugs, but he did not believe me.

11. We took a drive to discuss the matter further. My boyfriend said that his life would be ruined if I kept the baby. I stood my ground. I repeated that I wanted to keep the baby and would raise the baby with my mother in Michigan. But he did not like that plan either. He did not want a child, let alone a child he would have to support in another state. I told him that if I aborted this child, I would never be the same. I pleaded with him: "Don't make me do this."

12. He became angry. He abruptly pulled the car into a hospital parking lot and started shouting at me. My boyfriend had anger issues and a criminal record, so I was terrified and started crying. I also have suffered prior domestic abuse, so I knew the signs of an unpredictable man and that I needed to be careful about my next move. My roommates did not know that I was with him. Should anything happen to me, no one would know where I was. So to pacify him, I told him I would take the drugs. I planned to throw up the drugs as soon as I could.

13. My boyfriend took me to his house and watched me take both drugs at the same time. I had hoped that taking them simultaneously might stop them from working. He started to drive me home, but I had a panic attack during the drive because I feared for my baby's safety and that I would not be able to throw up the drugs in time. I shook violently and my arms locked up. So he turned around and took me back to his house, where his parents also lived.

14. I went to the bathroom to throw up the drugs, but I was unsuccessful. Ten minutes later, I started bleeding. I lay in the bathroom for approximately an hour, bleeding and crying for the loss of my child. I could not look at my boyfriend. To avoid him, I went to the garage and lay there on a blood-soaked towel for the rest of the night.

15. In the morning, my boyfriend was still mad. After his mother brought me a stuffed animal and I refused it, he threw the stuffed animal across the room. I climbed into bed and stared into space for the rest of the weekend. I continued to bleed heavily for about a week.

16. I did not want to have an abortion.

17. I was a daycare teacher and worked with one-year-old children. When I returned to work on Monday, it was so hard being there knowing that I would never hold the hand of my own child. I mourned the child I thought I was going to have. I eventually switched jobs so I could work with older children at a Christian school.

18. The trauma of my chemical abortion still haunts me. I often re-live the experience of feeling forced to abort and lose my baby, causing me to become anxious, depressed, and afraid. Because of this ongoing trauma, I am seeing a psychiatrist who has prescribed me medication to help relieve these effects. My trauma also hurt my relationships with my friends and roommates, who could not understand why I needed so much time and space to heal. I am still healing.

19. Had the FDA required an in-person visit with a doctor before dispensing the drugs, my boyfriend would never been able to obtain the drugs that he made me take. I also would have told the doctor that I did not want to take them. And I would have told the doctor that I wanted to keep my baby. I do not believe a doctor would have prescribed me the drugs if I told her I did not want them.

20. I searched for post-abortion support online and came across a pro-life webpage. I was eventually connected with a counselor who helped me heal by pointing me to

God. I am grateful for her support and prayerful encouragement. With her help, I started to glue my heart back together.

21. I attempted to hold a baby supply drive on the anniversary of my due date, but I was unable to pool enough resources in time. I would still love to do so in the future to honor my baby.

22. In 2024, I testified under the pseudonym "Samantha" in support of Senator Thomas Pressly's SB 276. And I am sharing my story now because I want to be the helper I wish I had.

23. No woman should have to experience what I went through.

Executed this 17 day of July, 2025.

By Rosalie Markezich
Rosalie Markezich

EXHIBIT 93

Exhibit 5: Medicaid as a Share of States' Total Budgets and State-Funded Budgets, SFY 2021, Medicaid and CHIP Payment and Access Commission (MACPAC) (2023)

EXHIBIT 5. Medicaid as a Share of States' Total Budgets and State-Funded Budgets, SFY 2021

State	Total budget (including state and federal funds)				State-funded budget			
		Total spending as a share of total budget[1]				State-funded spending as a share of state-funded budget[1]		
	Dollars (millions)	Medicaid	Elementary and secondary education	Higher education	Dollars (millions)	Medicaid	Elementary and secondary education	Higher education
Total	**$2,678,389**	**26.8%**	**18.7%**	**8.5%**	**$1,585,532**	**14.4%**	**24.3%**	**12.2%**
Alabama	31,918	24.0	19.9	19.8	19,303	8.9	27.8	26.1
Alaska	11,700	17.8	11.2	4.9	6,817	7.8	19.0	6.1
Arizona	66,826	24.0	10.9	11.1	50,556	6.1	11.4	12.5
Arkansas	31,052	26.1	12.8	12.2	18,727	8.4	16.6	20.2
California	498,883	22.7	18.0	4.9	226,589	16.8	28.2	7.9
Colorado	31,776	37.9	18.5	9.7	21,247	21.0	24.0	12.4
Connecticut	37,305	23.7	12.6	10.4	27,988	16.3	13.4	13.1
Delaware	13,257	19.5	22.1	3.6	9,301	8.1	27.9	4.4
District of Columbia	16,180	21.9	18.9	3.3	10,637	7.2	25.8	2.7
Florida	93,718	31.3	18.3	8.8	58,112	18.2	23.7	14.1
Georgia	64,286	21.0	28.5	16.7	39,581	9.1	28.0	25.7
Hawaii	24,401	11.5	9.6	5.4	19,150	4.6	9.9	6.8
Idaho	10,206	24.1	23.7	8.7	5,504	13.5	36.8	13.5
Illinois	115,535	22.5	11.3	1.9	88,855	10.3	11.0	2.3
Indiana	44,682	34.9	23.9	4.5	24,363	15.5	38.4	8.3
Iowa	28,522	23.2	15.6	23.1	18,102	12.8	19.8	33.0
Kansas	21,808	18.6	26.1	14.2	14,883	9.6	33.8	17.1
Kentucky	42,377	33.3	14.4	18.0	20,899	12.6	23.0	31.1
Louisiana	34,717	44.4	16.8	8.6	18,123	17.3	23.3	16.3
Maine	12,103	28.9	16.5	2.9	6,485	16.1	23.1	5.3
Maryland	55,058	21.5	18.0	13.0	33,313	12.0	23.5	17.5
Massachusetts	67,221	28.8	14.1	2.2	47,739	19.7	16.1	3.2
Michigan	68,420	31.1	23.4	3.7	38,325	14.5	35.5	6.3
Minnesota	48,019	28.8	24.0	3.9	30,011	17.9	33.4	6.3
Mississippi	22,231	24.4	15.8	18.1	11,948	8.7	21.5	31.1

EXHIBIT 5. (continued)

State	Total budget (including state and federal funds)				State-funded budget			
	Dollars (millions)	Total spending as a share of total budget[1]			Dollars (millions)	State-funded spending as a share of state-funded budget[1]		
		Medicaid	Elementary and secondary education	Higher education		Medicaid	Elementary and secondary education	Higher education
Missouri	$29,779	37.5%	21.3%	4.3%	$18,305	29.1%	27.4%	5.4%
Montana	11,133	20.5	10.1	6.2	5,187	8.9	17.8	13.0
Nebraska	15,067	19.1	12.3	20.5	9,986	10.5	13.6	25.0
Nevada	15,671	29.3	15.6	6.0	10,193	9.9	20.4	9.2
New Hampshire	7,535	32.1	18.1	2.0	3,953	22.8	29.3	3.8
New Jersey	78,706	22.9	25.1	8.5	54,250	10.4	28.8	11.9
New Mexico	24,727	29.0	16.0	12.5	12,185	10.2	27.5	20.4
New York	186,588	35.2	17.2	6.1	114,903	18.7	25.1	9.5
North Carolina	59,445	28.9	22.6	18.0	36,999	14.8	29.5	18.8
North Dakota	8,590	15.2	16.3	17.0	5,590	7.9	19.8	23.6
Ohio	81,216	39.3	15.9	4.0	46,865	18.2	22.0	6.2
Oklahoma	27,768	20.7	15.9	20.1	16,984	10.7	19.4	27.3
Oregon	66,771	16.7	10.0	3.5	44,586	5.9	13.1	5.1
Pennsylvania	103,258	36.6	18.3	2.0	60,200	23.7	22.5	3.4
Rhode Island	13,352	22.0	12.2	8.9	6,787	14.9	19.9	17.2
South Carolina	29,958	24.3	19.2	17.9	17,910	10.0	24.5	28.9
South Dakota	6,779	13.7	15.9	13.5	3,231	10.0	18.4	24.9
Tennessee	39,984	32.3	17.7	12.5	21,554	19.9	25.4	22.6
Texas	135,187	30.8	37.4	14.8	64,314	16.8	43.9	19.8
Utah	19,777	19.8	24.2	12.3	13,461	8.5	31.2	18.1
Vermont	7,290	22.6	29.8	2.4	4,028	14.6	48.1	3.2
Virginia	74,658	21.5	12.5	11.2	47,179	12.0	16.6	14.8
Washington	60,536	25.8	26.3	12.6	41,922	12.3	35.1	17.9
West Virginia	17,438	26.0	15.0	10.6	11,965	6.5	17.8	14.8
Wisconsin	59,355	21.3	15.2	11.7	41,782	12.9	19.2	12.3
Wyoming	5,620	11.2	16.2	6.5	4,654	6.2	19.6	7.9

EXHIBIT 5. (continued)

Notes: SFY is state fiscal year. Total budget includes federal and all other funds. State-funded budget includes state general funds, other state funds, and bonds. Other state funds are amounts from revenue sources that are restricted by law for particular government functions or activities, which for Medicaid includes provider taxes and local funds. Medicaid, elementary and secondary education, and higher education represent the largest total budget shares among functions broken out separately by the National Association of State Budget Officers (NASBO). Functions not shown here are transportation, corrections, public assistance, and all other (includes hospitals, economic development, housing environmental programs, CHIP, parks and recreation, natural resources, and air and water transportation). Medicaid spending amounts exclude administrative costs but include Medicare Part D phased-down state contribution (also referred to as clawback) payments.

[1] Total and state-funded budget shares should be viewed with caution because they reflect varying state practices. For example, in Ohio, federal reimbursements for Medicaid expenditures funded from the General Revenue Fund (GRF) are deposited into the GRF. In prior reports, this practice made Ohio's general revenue expenditures look higher and conversely made its federal expenditures look lower relative to most other states that do not follow this practice. In the 2019–2022 reports, NASBO removed the federal funds from the GRF number to be consistent with budget presentations in other NASBO surveys, and thus, Ohio's state-funded Medicaid spending is less than what was reported in prior years. In addition, in many states, some functions—particularly elementary and secondary education—may be partially funded outside of the state budget by local governments.

Source: NASBO, 2022, *2022 State expenditure report: fiscal years 2020–2022*, Washington, DC: NASBO, https://www.nasbo.org/reports-data/state-expenditure-report/state-expenditure-archives.

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EXHIBIT 94

Julie O'Donoghue,
Louisiana Medicaid Set to Grow Under Landry,
Even as D.C. May Force Cuts,
La. Illuminator, (Mar. 26, 2025)

BUDGET GOVT + POLITICS HEALTH HEALTH CARE

Louisiana Medicaid set to grow under Landry, even as D.C. may force cuts

BY: **JULIE O'DONOGHUE** - MARCH 26, 2025 1:07 PM

Republican Gov Jeff Landry's budget proposal proposes increasing state spending on health care by $1.5 billion in the next fiscal year. (Getty Images)

Gov. Jeff Landry has made public moves to cut state government spending in recent weeks, following the lead of President Donald Trump's Department of Government Efficiency and its dramatic reductions at the federal level.

Shortly after Trump announced the creation of DOGE last year, Landry followed with his own government efficiency task force, which is officially called the Fiscal Responsibility Program but which the governor's office has started to refer to as "La. DOGE" recently.

Yet for all of the talk about cost-cutting, Landry's own budget proposal includes one major increase in spending that could overtake the savings measures he has floated.

Louisiana's heath care budget is set to increase almost $1.5 billion next fiscal year under the spending plan Landry unveiled a few weeks ago. Medicaid is fueling the growth, accounting for $19 billion of Landry's proposed $21.4 billion health care budget.

Medicaid provides government-backed health insurance to low-income families, pregnant people, seniors in nursing homes and

those with disabilities. In Louisiana, approximately 1.6 million people, or a third of the state's population, get health insurance through the program.

A billion-dollar-plus increase in health care spending isn't unheard of in Louisiana, but Landry's $1.5 billion jump comes at a time when Republicans in Congress and Trump may force unprecedented cuts to Medicaid spending.

Louisiana is also running approximately $100 million over its Medicaid budget for the current budget cycle that ends June 30, according to a letter Louisiana's interim health secretary Drew Maranto sent to legislators.

As a conservative, Landry was expected to take a more skeptical approach to public health care spending when he came into office last year, especially compared with his predecessor, Democrat John Bel Edwards.

Yet Landry's $1.5 billion growth proposal would be the second largest increase in Louisiana health care spending since 2017, the year after Medicaid expansion took place. It's greater than most years Edwards was in office, from 2016-24.

The only larger jump in state health care funding took place in 2021, when the federal government plowed money into Louisiana for the COVID-19 pandemic.

The Landry administration attributes much of his proposed health care increase to costs it can't control.

Required costs

The six private health insurance companies that run most of Louisiana's Medicaid program said they had more money because their Medicaid enrollees used more expensive health care services than expected. Maranto specifically mentioned the rising costs of prescription drugs in an interview Tuesday.

Former health secretary Michael Harrington, who held Maranto's job until last week, also said in an interview earlier this month that the state has brought some increased Medicaid costs upon itself.

For example, lawmakers and voters approved a state constitutional amendment 11 years ago that requires nursing homes, whose owners are large political donors, to receive a Medicaid rate increase at least every other year, even when their services don't change. In Landry's latest budget proposal, this provision has resulted in an additional $105.4 million being set aside for nursing homes, which already receive over $1 billion each year.

Louisiana also isn't alone in seeing soaring Medicaid costs. All states are seeing Medicaid expenses go up this year, in part because Medicaid enrollees appear to be sicker than expected, according to the Associated Press.

"This is no simple bullet that is going to fix this for Louisiana anymore than any other part of the country," said Steven Procopio, president of the independent Public Affairs Research Council of Louisiana.

Even with a $1.5 billion increase, the Landry administration insists it has taken steps to control spending in the state health department. It cut approximately $11 million worth of contracts and eliminated almost 60 of the health department's 7,700 employment positions in an effort to reduce expenses, according to the governor's staff.

"They seem like they have gotten a handle on things a little bit better," Patrick Goldsmith, deputy commissioner of the Louisiana Division of Administration, said about the health department last week.

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Additional expenses

But Landry has also made choices that would increase Medicaid spending by hundreds of millions of dollars annually.

At the urging of state lawmakers, the governor's latest budget proposal includes an extra $258.4 million to increase physician payments for seeing Medicaid patients up to at least 85% of the rates used by Medicare, the government health insurance program for seniors.

Harrington and Louisiana Surgeon General Ralph Abraham have said doctors must be paid more to treat Medicaid patients. Currently, Medicaid enrollees have trouble finding physicians because the program's reimbursement rates are too low. Medicare payments are typically higher, and doctors are more willing to take that insurance.

The governor also unilaterally raised Medicaid reimbursement rates by $22 million per year for seven smaller hospitals in rural areas, including four owned by Rock Bordelon, a Landry campaign donor and hunting buddy of Donald Trump Jr. Landry increased similar rates by over $40 million per year to University Medical Center in New Orleans.

The governor's team has also asked the federal government for permission to raise another physician payment that would allow more doctors to charge closer to a commercial insurance rate for seeing Medicaid patients.

This second round of extra physician spending hasn't been factored into the state budget yet. But if the proposal gains approval, it could

add hundreds of millions of more federal dollars to Landry's existing Medicaid spending.

Federal funding concerns

Overall, Louisiana's Medicaid budget is largely dependent on federal funds. Of the $19 billion Landry has proposed spending on Medicaid next fiscal year, $14.2 billion would be expected to come from the federal government.

For years, money coming from Washington was less likely to be cut than state funds, but Trump and congressional Republicans are eyeing Medicaid for significant reductions.

The U.S. House GOP is looking to siphon off as much as $880 billion from the health care program to help pay for tax cuts. Republican House Speaker Mike Johnson, who is from north Louisiana, and Trump have said they don't intend to cut Medicaid services directly, but experts say it would be nearly impossible to meet their spending goals without limiting the program.

Congress might be able to avoid making cuts to Medicaid directly by transferring more of its cost burdens to states. Louisiana would likely not be able to afford to replace a significant portion of its federal Medicaid money that is lost.

By comparison, the total amount of federal and state money Landry intends to spend on higher education, state police, the Office of Motor Vehicles and the prison system combined in the next fiscal year is $5.3 billion. It's not even half of the $14.2 billion in Medicaid funding the federal government is expected to provide.

Without the federal money, state officials would have to look at cutting optional Medicaid services, including those for people with disabilities, or lowering the reimbursement rates for physicians Landry is currently trying to raise, among other measures.

"I think states should be very worried about a cost shift from the federal government," said Kelly Whitener, an associate professor at Georgetown University McCourt School of Public Policy for Children and Families.

"If the federal government cuts Medicaid and cuts Medicaid significantly as they are considering, states are going to be ones that have to make the decisions about what services are going to be cut, what provider services are going to be cut," she said in an interview.

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Julie O'Donoghue is a senior reporter for the Louisiana Illuminator. She's received awards from the Virginia Press Association and Louisiana-Mississippi Associated Press.

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Louisiana Department of Health,
Medicaid Annual Report 2022/2023

LOUISIANA MEDICAID 2023 ANNUAL REPORT

For the 2022/2023 State Fiscal Year
July 1, 2022 – June 30, 2023

LOUISIANA DEPARTMENT OF HEALTH
Medicaid

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For the 2022/2023 State Fiscal Year
July 1, 2022 – June 30, 2023

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http://www.ldh.la.gov/index.cfm/newsroom/detail/1699

LOUISIANA DEPARTMENT OF HEALTH
Medicaid

Dear Reader:

As a civil servant for 20 years, I'm proud to work for an agency that has achieved so much. With talented leadership, experienced staff members, and a culture of service, we have made significant strides. I'm also pleased to live and work in a state with such incredible resilience. There is never a year without challenges. In fiscal year 2023, the continuous coverage requirement ended, initiating the Medicaid "Unwind" process in April 2023. This process involved reviewing eligibility for all 2.2 million Medicaid members staggered over 12 months. Medicaid implemented a comprehensive outreach and communications campaign to alert Medicaid members and stakeholders about renewals and support them through the Unwind period.

In the following pages, you can read more about how we assist the people of Louisiana. We made communications with members easier by adding texting to the ways we traditionally communicate with members. We also added a ChatBot allowing members to ask basic questions at any time day or night. Louisiana Medicaid fee-for-service members can now access their health information via their mobile devices to share their medical records and view medical claims, test results, appointments, care costs, and health care providers directly on their phones.

In addition to improving communication, Medicaid updated its coverage for members. Tobacco cessation counseling now includes all members and comprehensive dental coverage is now available for adults aged 21 and above with developmental or intellectual disabilities residing in an intermediate care facility (ICF).

In this report, you can read more about Medicaid accomplishments and improvements for our members. This report also includes details on expenditures, explanations of the costs associated with health care delivery and information about who we serve.

We are thankful to our partners who help us protect and promote health and ensure access to services for Louisiana residents.

Kim Sullivan
Medicaid Executive Director

AGENCY OVERVIEW

The **Secretary** of the **Louisiana Department of Health** (**LDH**), who is appointed by the **Governor**, provides leadership and overall support services while maximizing resources to fulfill the mission of the Department.

The **Medicaid Executive Director** is an unclassified civil service position[1] that reports to the Undersecretary and is responsible for administering the Medicaid program including eligibility, program operations, financial management and policy implementation and support.

The **Deputy Directors** hold classified civil service positions that report to the Medicaid Executive Director and are responsible for overseeing a single aspect of the Medicaid program, which may consist of multiple sections.

The **Bureau of Health Services Financing** (**BHSF**) is the LDH division responsible for the Medicaid Program, with regional offices that provide in-person assistance with Medicaid eligibility applications and information along with numerous application centers throughout Louisiana.

For additional agency information, please visit the Louisiana Department of Health website at www.ldh.la.gov.

We **ENVISION** a future where everyone in Louisiana has the best care and health possible.

Our **MISSION** is to improve health and health care in Louisiana.

Our **PHILOSOPHY** is to operate the Medicaid program in a manner that achieves the Triple Aim of optimizing health system performance by:

- Improving the patient experience of care (including quality and satisfaction).
- Improving the health of populations.
- Reducing the per capita cost of health care.

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HIGHLIGHTS OF STATE FISCAL YEAR 2022/23

Successful Beginning to Medicaid Unwind

The **Families First Coronavirus Response Act** (**FFCRA**) was signed into law in March 2020 to address the federal COVID-19 **public health emergency** (**PHE**). The FFCRA required states to maintain continuous Medicaid enrollment to receive a temporary 6.2 percentage point **Federal Medical Assistance Percentage** (**FMAP**) increase.

The **2023 Consolidated Appropriations Act** ended the continuous coverage requirement, initiating the **Medicaid** "**Unwind**" process in April 2023. This process involved reviewing eligibility for all 2.2 million Medicaid members, a process known as renewal, and closing ineligible cases. Renewals were scheduled to stagger across 12 months, taking a total of 14 months to finish. Louisiana Medicaid can complete about half of its renewals using electronic databases without contacting members. Many, however, must respond to mail from Medicaid to complete their renewal.

Medicaid implemented a comprehensive outreach and communications campaign to alert Medicaid members and stakeholders about renewals and support them through the Unwind period. Methods included mailed letters, such as the "Pink Letter" campaign, to ensure Medicaid had updated contact information for members; text and e-mail messages; outbound calls; radio, print, television, billboard, digital, bus wrap and receipt advertising; social media; and grassroots outreach efforts, including neighborhood canvassing, community events, phone banks, coverage at sporting events and festivals, and outreach to faith-based leaders. The outreach focused on spreading awareness, aiding members in updating contact information, and assisting in completing renewals.

Medicaid collaborated with MCOs to amplify these efforts and provided a toolkit with key messages, resources and assets in English, Spanish and Vietnamese. The MCOs mirrored Medicaid's outreach efforts, updated member contact information provided by member requests and returned mail, and supported targeted outreach by receiving member renewal schedules. The Louisiana Department of Health partnered with several contractors for additional advertising and grassroots outreach. Medicaid augmented the call center staff through one contract, starting in April 2023 and running through the duration of the Unwind, to streamline responsiveness and support the increased activity.

Medicaid conducted mock runs and system enhancements; ensured continued eligibility for qualified individuals; provided critical, ongoing reporting to guide decision-making; and quickly resolved systems issue to provide staff with the support needed during the transition.

Statewide Provider Enrollment

Federal laws enforced by the **Centers for Medicare and Medicaid Services** (**CMS**) require Medicaid programs to screen and enroll all providers to protect and enhance program integrity. In compliance with these laws, Louisiana Medicaid launched the Provider Enrollment Portal on July 26, 2021. All providers filing claims with Louisiana Medicaid, including MCO-only providers who previously did not have to enroll with the state, were required to use this web-based portal. As of June 30, 2023, 41,011 providers had submitted applications for enrollment, with 40,208 completing enrollment. Of this total, 35,504 were Louisiana based. Providers who did not complete their enrollment by June 30, 2023, were terminated from the program and their patients were reassigned to other primary care physicians, however, the provider enrollment portal remains open to those who wish to complete enrollment.

Interoperability and Patient Access

Starting April 1, 2023, Louisiana Medicaid fee-for-service members began accessing their health information via their mobile devices. Members who opt-in can request Medicaid to access and share their medical records to view medical claims, test results, appointments, care costs, and health care providers directly on their phones. This data can be accessed through any mobile app currently approved to display Louisiana Medicaid data, though not all apps will display all available data. The member may select the app that best meets their needs. At launch, three third-party apps were available for Fee-For-Service members. The latest information can be found at https://ldh.la.gov/page/interoperability-and-patient-access-for-medicaid-members.

Texting

Louisiana Medicaid began texting members important reminders about their health insurance coverage, including renewal reminders and updates to contact information. Members will continue to receive notices by mail or e-mail if they choose that option. Medicaid texts will always come from the number **72147**. Members may opt-out.

Member Web Service for Demographic Update

Medicaid members can update contact information without logging into the self-service portal. They can visit https://mymedicaidtext.lameds.ldh.la.gov/twmui or text "**INFO**" to **72147** to receive the link via text message. Current contact info is crucial to avoid missing important renewal and update information.

LA Wallet – Electronic Medicaid Cards

Medicaid cards are accessible in digital format through the **LA Wallet** app, available on the Apple and Google Play stores. Heads of households can access the health cards of family members within their household.

Humana Onboarded

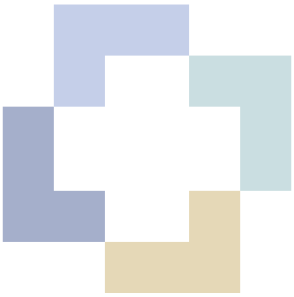
On January 1, 2023, Louisiana Medicaid offered **Humana Healthy Horizons** as a new health plan option for members, joining existing options of Aetna Better Health, AmeriHealth Caritas, Healthy Blue Louisiana, Louisiana Healthcare Connections, and UnitedHealthcare.

Expanded Tobacco Cessation Counseling

Tobacco cessation counseling coverage was expanded in 2023 to include all Medicaid members. Louisiana Medicaid previously only covered tobacco cessation counseling exclusively during pregnancy.

Comprehensive Dental Coverage for Adults Residing in ICFs

Act 366 of the **2022 Regular Session** mandated comprehensive dental care for adults aged 21 and above with developmental or intellectual disabilities residing in an **Intermediate Care Facility** (**ICF**), beginning May 1, 2023. The ICF provides some diagnostic services, like exams and select radiographic images. The member's **Dental Benefits Plan Manager** (**DBPM**) provides diagnostic services, preventive services, restorative services, endodontics, periodontics, prosthodontics, oral and maxillofacial surgery, orthodontics, and emergency care.



LOUISIANA MEDICAID OUTCOMES

The mission of the Bureau of Health Services Financing (BHSF), which administers Medicaid in Louisiana, is to improve health and health care in Louisiana. Pursuant to these goals, BHSF regularly monitors the performance of its Managed Care Organizations (MCOs) on a number of **Healthcare Effectiveness Data and Information Set** (**HEDIS®**) quality metrics.[1] BHSF uses HEDIS, established by the **National Committee for Quality Assurance** (**NCQA**), to evaluate MCO performance, improvements and outcomes.[2] These measures have been used to create the **Medicaid Managed Care Quality Dashboard**, which can be found at https://qualitydashboard.ldh.la.gov. This web-based dashboard was established in 2019 to provide an easily accessible and transparent accountability for the health care provided to Medicaid members. This dashboard only contains data about the managed care program and does not include Medicaid fee-for-service members.

The HEDIS performance data provides useful information about children and adults enrolled in Medicaid who are/are not taking advantage of beneficial and potentially cost-saving preventive medical services. The use of preventive services could help improve the enrollee's health and longevity of life, as well as reduce costs to tax payers. The MCOs report the HEDIS data for reporting years 2016–2023 respectively (measurement years 2015–2022). In addition, the 2012 pre-managed care baseline (measurement year 2011) is provided to illustrate the starting point at the initiation of managed care in Louisiana. The NCQA Quality Compass National 50th percentile benchmark is provided to assess, compare and measure progress.

HEDIS Performance Measures

In HEDIS measurement year 2022 (reporting year 2023), Healthy Louisiana MCOs performed **above** the NCQA Quality National 50th percentile benchmark on **22 out of 65** individual HEDIS performance metrics. These include:

- Adults' Access to Preventive/Ambulatory Health Services – Total
- Breast Cancer Screening
- CAHPS Health Plan Survey 5.1H, Adult (Rating of Health Plan, 8+9+10)
- Child and Adolescent Well-Care Visits – 12 to 17 years
- Child and Adolescent Well-Care Visits – 18 to 21 years
- Child and Adolescent Well-Care Visits – Total
- Chlamydia Screening in Women – Total
- Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
- Eye Exam for Patients With Diabetes
- Follow-up Care for Children Prescribed ADHD Medication – Continuation Phase
- Hemoglobin A1c Control for Patients With Diabetes – HbA1c Control (<8.0%)
- Immunization Status for Adolescents – Combo 1
- Immunization Status for Adolescents – Combo 2
- Immunization Status for Adolescents – HPV
- Initiation and Engagement of Substance Use Disorder Treatment – Engagement of SUD
- Initiation and Engagement of Substance Use Disorder Treatment – Initiation of SUD
- Lead Screening in Children
- Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Strategies
- Medical Assistance with Smoking and Tobacco Use Cessation – Advising Smokers and Tobacco Users to Quit
- Statin Therapy for Patents with Cardiovascular Disease – Received Statin Therapy Total
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Well-Child Visits in the First 30 Months of Life – First 15 Months

[1] National Committee for Quality Assurance, State of Health Care Quality, HMO Medicaid. Retrieved from https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report.
[2] National Quality Measures Clearinghouse, National Committee for Quality Assurance, HEDIS Measures and Technical Resources. Retrieved from https://www.ncqa.org/hedis/measures.

Among HEDIS measurement year 2022 (2023 reporting year) metrics **below** the NCQA Quality Compass National 50th percentile benchmark, **32 measures** showed **improvement** from the 2012 pre-managed care baseline or showed **improvement** from the measurement year 2022 (2023 reporting year) rates. These include:

- Adherence to Antipsychotic Medications for Individuals with Schizophrenia
- Antidepressant Medication Management – Effective Acute Phase Treatment
- Antidepressant Medication Management – Effective Continuation Phase Treatment
- Appropriate Treatment for Children with Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Blood Pressure Control for Patients With Diabetes (<140/90 mm Hg)
- CAHPS Health Plan Survey 5.1H, Child (Rating of Health Plan-General Population, 8+9+10)
- Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia
- Child and Adolescent Well-Care Visits – 3 to 11 years
- Childhood Immunization Status – Combo 3
- Controlling High Blood Pressure
- Diabetes Monitoring for People with Diabetes and Schizophrenia
- Flu Vaccinations for Adults Ages 18 to 64, Follow-Up Care for Children Prescribed ADHD Medication – Initiation Phase
- Follow-Up After Emergency Department Visit for Mental Illness – Within 7 Days
- Follow-Up After Emergency Department Visit for Mental Illness – Within 30 Days
- Follow-Up After Emergency Department Visit for Substance Use – Within 7 Days
- Follow-Up After Emergency Department Visit for Substance Use – Within 30 Days
- Hemoglobin A1c Control for Patients With Diabetes – HbA1c Poor Control (>9.0%)
- Medical Assistance with Smoking and Tobacco Use Cessation – Discussing Cessation Medications
- Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) – Blood Glucose Testing
- Metabolic Monitoring for Children and Adolescents on Antipsychotics – Cholesterol Testing
- Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol Testing
- Non-recommended Cervical Screening in Adolescent Females
- Plan All-Cause Readmissions – Observed-to-Expected Ratio (Observed Readmissions/Expected Readmissions)
- Prenatal Care and Postpartum Care – Timeliness of Postpartum Care
- Prenatal Care and Postpartum Care – Timeliness of Prenatal Care
- Statin Therapy for Patents with Cardiovascular Disease – Statin Adherence 80% – Total
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents – BMI Percentile
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents – Counseling for Nutrition
- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents – Counseling for Physical Activity
- Well-Child Visits in the First 30 Months of Life – 15 Months to 30 Months

Six (6) measures were **below** the NCQA Quality Compass National 50th percentile benchmark, had no pre-managed care baseline and **worsened** in measurement year 2022 when compared to measurement year 2021. These include:

- Ambulatory Care – Emergency Department Visits/1000 Member Years
- Cervical Cancer Screening
- Follow-up After Hospitalization for Mental Illness – Within 7 Days
- Follow-up After Hospitalization for Mental Illness – Within 30 Days
- Pharmacotherapy for Opioid Use Disorder
- Use of Imaging Studies for Low Back Pain.

Four (4) measures were **unable to be compared** because they **were newly** added during measurement year 2022 and are first-year measures for reporting by Healthy Louisiana plans:

- Adults' Access to Preventive/Ambulatory Health Services – 20 to 44 years
- Adults' Access to Preventive/Ambulatory Health Services – 45 to 64 years
- Adults' Access to Preventive/Ambulatory Health Services – 65 years and older
- Ambulatory Care – Outpatient Visits/1000 Member Years

One (1) measure was **unable to be compared** because they **did not have** a NCQA Quality Compass National 50th percentile **benchmark** for Medicaid:

- Colorectal Cancer Screening

TECHNICAL NOTES

State Fiscal Year and Federal Fiscal Year

Louisiana's **State Fiscal Year** (**SFY**) runs from July 1 through June 30. The **Federal Fiscal Year** (**FFY**) begins October 1 and ends September 30. The information presented in this report is based on a SFY basis unless otherwise noted.

Expenditures versus Payments

The data in this report comes from two primary sources. The first source is from the **LaGOV Enterprise Resource Planning System – Finance Module** (**LaGOV**), which is the accounting system of record for the state of Louisiana. LaGOV reports the program dollar amounts after all claims and financial adjustments have been made. Financial adjustments are amounts often paid in lump-sum that are not necessarily attributable to any specific individual. These financial adjustments could include transactions related to cost settlements including supplemental and Upper Payment Limit payments, **Uncompensated Care Costs** (**UCC**), pharmacy rebates received from pharmaceutical manufacturers and the amounts paid to **Centers for Medicare and Medicaid Services** (**CMS**) for Medicare Buy-ins and Part D. LaGOV does not capture recipient and provider-specific information.

To capture detailed recipient and provider related information, the **Medicaid Management Information System** (**MMIS**) and **Medicare Modernization Act** (**MMA**) Response File from CMS is used. MMIS has a claims reporting system, known as the **Management Administrative Reporting Subsystem** (**MARS**) Data Warehouse, which is managed by the Medicaid program **Fiscal Intermediary** (**FI**). Recipient and provider-specific information is extracted from the **MARS Data Warehouse** (**MDW**) and is specifically derived for this annual report according to the criteria specified in this technical note. The MMA Response File contains payments made on behalf of recipients for a Medicare Buy-in and/or Part D/Clawback premium.

To differentiate between the amounts obtained from different sources in this report, we define the term "**Expenditures**" as fiscal information derived from LaGOV and "**Payments**" as information drawn from the other data sources, primarily the MDW. For SFY 2022/23, approximately 87% of expenditures are captured in payments reflected in the MDW. The majority of expenditures not captured in payments fall in the category of supplemental payments such as managed care incentive payments, managed care directed payments and COVID vaccine administration fees. While not all expenditures are captured in the MDW, the detail payment data captured in the MDW allows us to provide the breakdown of payments by various demographics not linked to lump sum expenditures. The amounts listed in all tables are rounded up and may not add up to the totals presented.

Enrollee, Recipient and Payment Counts

Enrollee and recipient counts are referenced throughout this report. **Enrollee** refers to an individual who was enrolled in Medicaid during the SFY. **Recipient** refers to an individual for whom Medicaid made a payment during the SFY. Due to a lag in claims processing, retroactive enrollment and other issues, it is possible to have payments made for recipients who were not enrollees during the SFY. To have a complete perspective of enrollees, recipients and payments, all Medicare Buy-ins and Part D dual eligibles data is included in enrollee and recipient counts and payment amounts in reports from SFY 2007/08 forward.

Date of Payment versus Date of Service

Medicaid data can be presented either by "Date of Payment" or "Date of Service," in which results may differ based on the methodology employed. The difference between the two types of methodologies is given below.

Date of Payment (DOP)

Reported data, such as payments, services, recipients, etc., reflects claims that are paid during the period (July 2022 to June 2023) irrespective of the time the services were provided. Some of the payments made during this time period may be for services provided in the previous SFY. DOP is typically used for budget and financial analysis and is also known as "cash basis accounting."

Date of Service (DOS)

Reported data reflects the services provided during the period irrespective of the date that payments were paid. Services may be provided during this particular period but payments may be paid during a subsequent period, say after one year. DOS is typically used for clinical/policy interventions and is also known as "accrual accounting."

Both approaches are valid and examine similar data, but each has a specific function in terms of analyzing results. Because they are set in different time frames, the analytical results may be different and the disparity may simply be that the data sets are obtained using different underlying methodologies.

In general, most of the Medicaid budgetary/financial statistics that are published are based on "Date of Payment"; therefore, most of the data in this report is presented on DOP methodology unless otherwise stated.

YEAR IN REVIEW

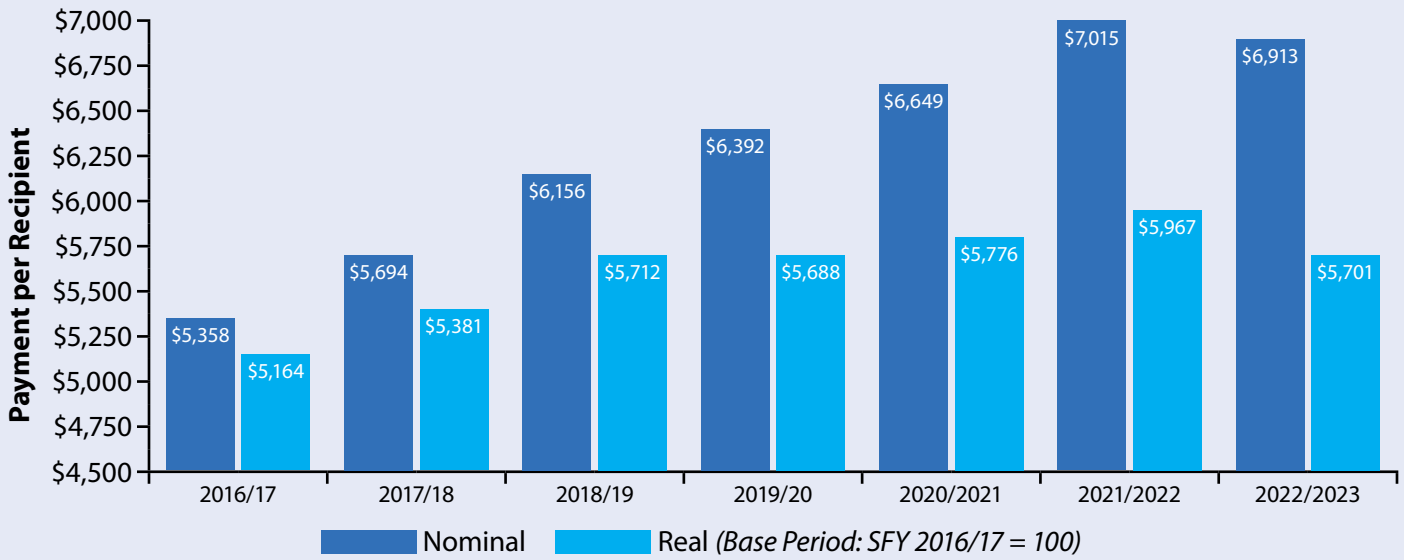
Expenditures

During State Fiscal Year (SFY) 2022/23, Louisiana Medicaid's programmatic expenditures totaled $16.8 billion. This is the amount of total program expenditures recorded in the state's accounting system, LaGOV, and does not include administrative expenditures. Compared to SFY 2021/22, programmatic expenditures increased by $1.7 billion (11.4%). This is largely due to the implementation of directed payments via supplemental payments to MCOs for hospital, long-term acute care, freestanding psychiatric, and freestanding rehabilitation facilities in SFY 2022/23. For a breakdown of expenditures, see **Tables 2**–**4** on page 12.

Payments

During SFY 2022/23, over $14.8 billion in payments were made on behalf of about 2 million Medicaid recipients, averaging about $6,913 per recipient[3], which is approximately 1.4% less than the previous SFY (**Figure 1**, below; **Table 13**, which can be found on page 25). The nominal data reflects the actual dollar amount paid as of the year reported. The real data reflects the dollar amount adjusted for inflation, with SFY 2016/17 as the base period. The real overall annual payment per recipient was approximately $5,701 for SFY 2022/23, which is a 4.5% decrease from SFY 2021/22, and a 10.4% increase compared to SFY 2016/17. For a detailed explanation of the differences between expenditures and payments, please see the technical notes on page 6.

Figure 1: Louisiana Medicaid Average Annual Payment Per Recipient



Average annual real cost per recipient is calculated based on Consumer Price Index (CPI). CPI source: Bureau of Labor Statistics. Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved on March 30, 2024 from https://beta.bls.gov/dataQuery/find?q=medical+care+CPI&q=CUUR0000SAM.

Enrollees and Recipients

During SFY 2022/23, 2,136,072 people—about 46.5% of Louisiana's population of 4,590,241—were enrolled in the Medicaid program and payments were made on behalf of 2,145,426 recipients (**Figure 2**, on the following page; **Tables 12** and **13**, which can be found on pages 23 and 25). See the technical notes on page 6 for an explanation of how recipients may outnumber enrollees. The overall number of enrollees increased by 3.8% since the previous year. **Figure 3** shows the change in enrollment as a percentage of the population over time. This increase is attributable to the CMS restriction on disenrolling members to qualify for the increase in **Federal Medical Assistance Percentages** (**FMAP**), and more individuals becoming eligible for Medicaid because of economic hardship brought on by the COVID-19 pandemic.

[3] Simple average, not a weighted average.

Figure 2: Louisiana Medicaid Enrollees and Recipients

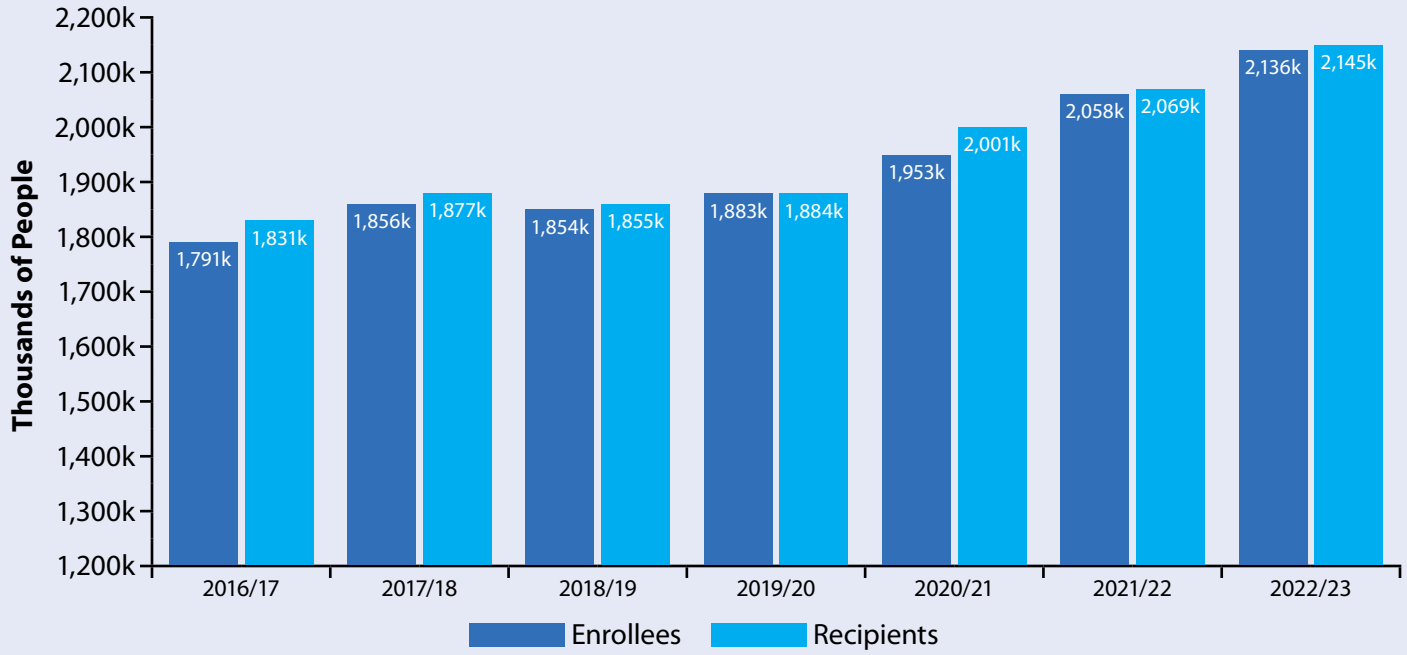
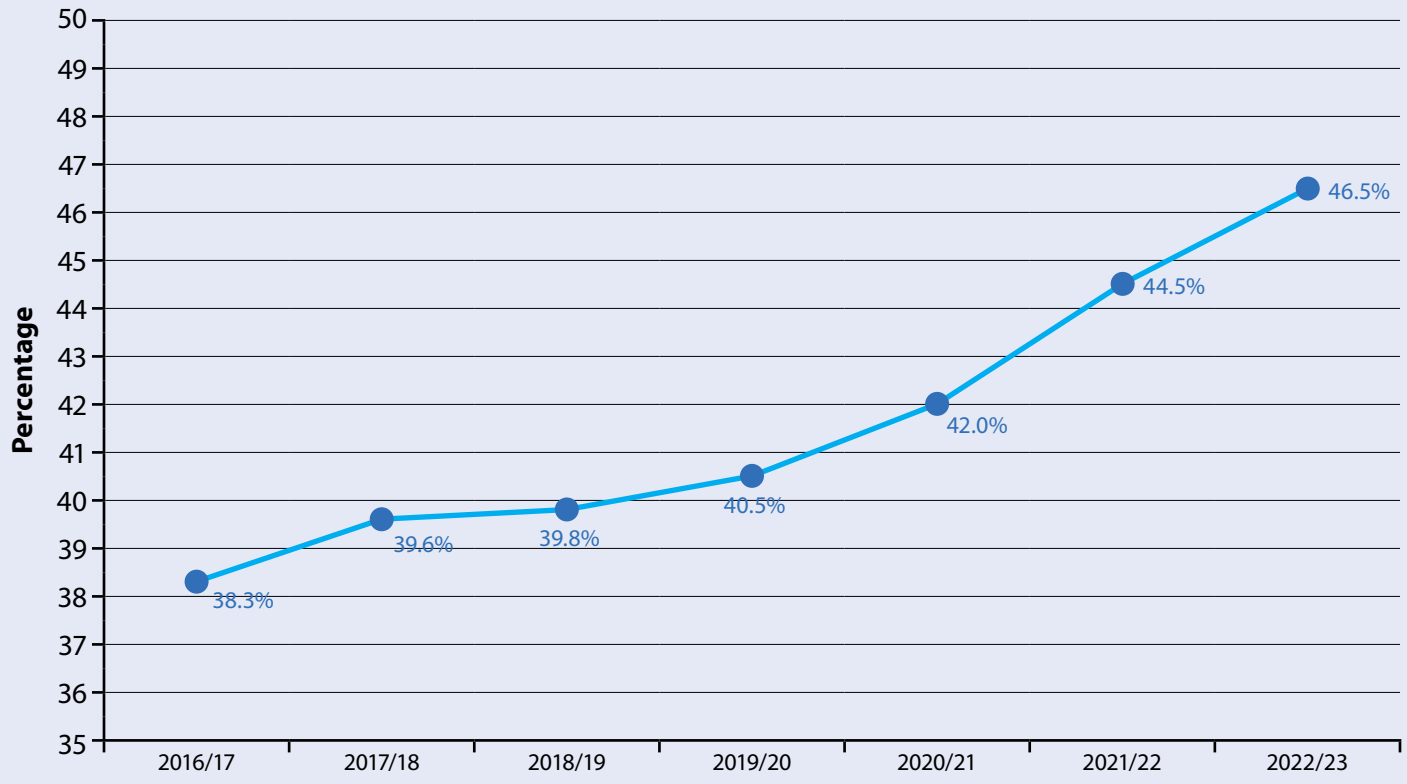


Figure 3: Enrollment Compared to Total Population



SFY Population estimates are based on the most recent census population estimates. U.S. Census Bureau, Population Division (Updated March 2023). Annual Estimates of the Resident Population for Counties in Louisiana: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-22). Retrieved on October 15, 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.

MEDICAID FINANCES

Means of Finance

Medicaid is a means-tested, open-ended entitlement public assistance program established in 1965 by Title XIX of the Social Security Act, often referred to as "Title XIX." Since Medicaid is an entitlement program, the federal and state governments cannot limit the number of eligible people who meet the established criteria and enroll into the various eligibility categories in Medicaid.

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are updated each Federal Fiscal Year (FFY). State FMAPs normally range from 50% to 83% of program cost based on their latest available three-year average **Per Capita Personal Income** (**PCPI**) in relation to the national PCPI. During SFY 2022/23, Louisiana's regular blended FMAP was 73.4%. This means that federal funds are used to pay for about 73 cents of every dollar spent on Medicaid programs. The regular FMAP is based on the FFY, so the blended FMAP is calculated to fit the State Fiscal Year by using 3 months of the previous FFY FMAP and 9 months of the current FFY FMAP. The federal government also offers an enhanced FMAP for recipients in the **State Children's Health Insurance Program** (**SCHIP**). Louisiana's SCHIP program, known as **LaCHIP**, had a blended enhanced FMAP of 81.1% (including a 0.7% decrease since SFY 2021/22) during SFY 2022/23. The Medicaid Expansion population receives an enhanced FMAP rate as well, which was 90.0% in SFY 2022/23. Federal legislation, the **Families First Coronavirus Response Act** (2020), amended by the **Coronavirus Aid, Relief, and Economic Security** (**CARES**) **Act** (2020), authorized a 6.2 percentage point increase in federal Medicaid matching funds to help states respond to the COVID-19 pandemic. The additional funds were available to states from January 1, 2020 through May 11, 2023 when the public health emergency period ended[4], provided that states met certain conditions.

Financial Factors

Medicaid enrollment numbers and corresponding expenditures are impacted by economic and demographic (age, gender, etc.) factors. Examining these factors can help determine enrollment and financial characteristics of the Medicaid population.

The percentage of a state's population that is living in poverty, as defined by the **Federal Poverty Guidelines** (**FPG**), influences the level of state population reliant on Medicaid program services. Based on the Current Population Survey's Calendar Year (CY) 2022 data, 16.9% of the Louisiana population was considered living under 100% of the FPG, while 38.6% were living below 200% of the FPG (**Table 1**). These percentages compare to 11.5% and 27.5% respectively for the U.S. population.

Table 1: Population Poverty Status for All Income Levels, Calendar Year 2022

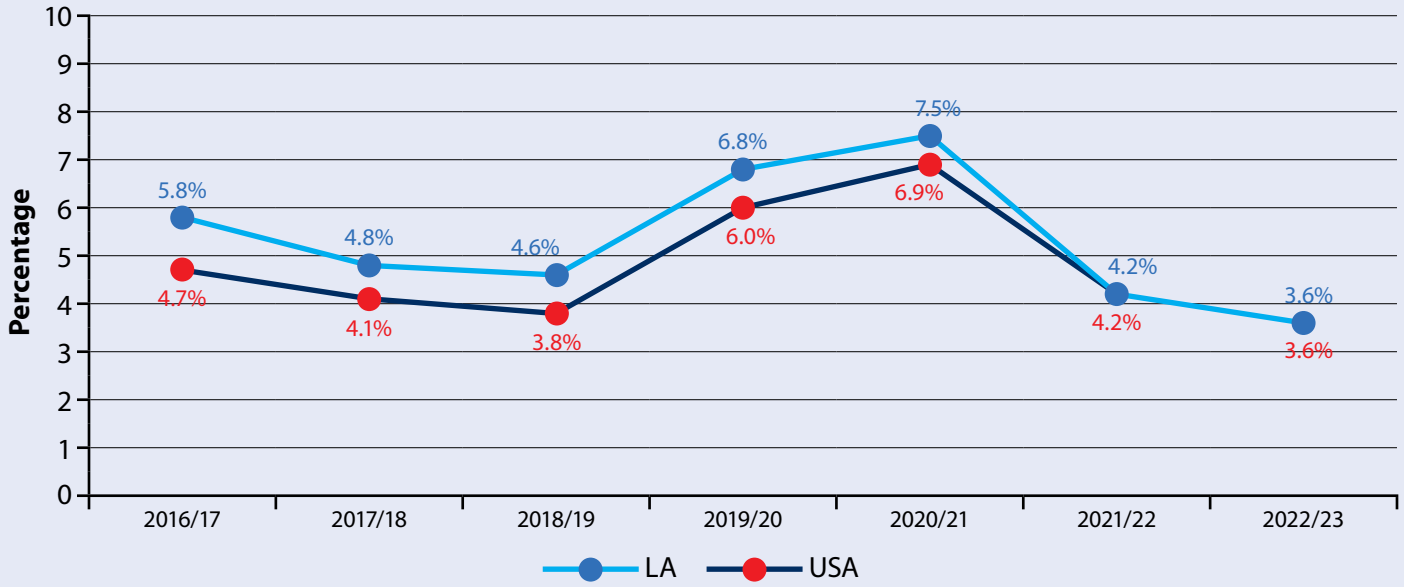
Poverty Level	Louisiana	United States
≤ 100% of Poverty	16.9%	11.5%
101% to 125% of Poverty	5.3%	3.7%
126% to 138% of Poverty	3.0%	2.2%
139% to 150% of Poverty	3.2%	1.7%
151% to 185% of Poverty	7.4%	5.8%
186% to 200% of Poverty	2.8%	2.6%
Total ≤ 200% of Poverty	**38.6%**	**27.5%**
Remainder of Population	61.4%	72.5%

U.S. Census Bureau, Current Population Survey, 2023 Annual Social and Economic Supplement (CPS ASEC). Retrieved March 30, 2024 from https://www.census.gov/data/tables/time-series/demo/income-poverty/cps-pov/pov-11.html.

[4] The federal COVID-19 Public Health Emergency ended May 11, 2023. Source: https://www.cms.gov/about-cms/what-we-do/emergency-response/past-emergencies/infectious-diseases.

In addition to poverty rates, unemployment rates are also a major factor in the state population reliant on Medicaid programs. As represented in **Figure 4**, Louisiana's unemployment rate exceeded the national average prior to SFY 2021/22. During SFY 2021/22 and SFY 2022/23, Louisiana's average unemployment rates stood at 4.2% and 3.6%, respectively, aligning with the national average unemployment rate. Despite this alignment, Louisiana's elevated poverty rates suggest a substantial portion of its population falls into the category of the working poor.

Figure 4: Average Unemployment Rate in Louisiana and the United States by Fiscal Year



U.S. Department of Labor, Bureau of Labor Statistics. (March 1, 2024). Not Seasonally Adjusted Unemployment Rate. Retrieved from http://data.bls.gov/timeseries/LNU04000000 for United States (March 30,2024) and from http://data.bls.gov/timeseries/LAUST220000000000003 for Louisiana (March 30, 2024).

The **Louisiana Health Insurance Survey** conducted by the **LSU Public Policy Research Lab**[5] for the Louisiana Department of Health is published every two years. As of publication, the most recent version was the 2021 edition. In this survey LSU projected that 2.6% of Louisiana children (under the age of 19) and 9.4% of non-elderly (age 19 to 64) adults were uninsured in 2021.

[5] Terrell, Dek and Virgets, Stephanie. Louisiana Health Insurance Survey 2021. Retrieved March 31, 2023 from https://ldh.la.gov/assets/medicaid/LHIS/2022LHIS/LouisianaHealthInsuranceSurvey2021-4.18.2022.pdf.

MEDICAID EXPENDITURES

Medicaid expenditures are incurred by two agencies, **Medical Vendor Payments** (**MVP**) and **Medical Vendor Administration** (**MVA**). The means of finance for MVP expenditures is presented in **Table 2**, while The expenditures for health care services delivery for SFY 2022/23 Medicaid MVP, totaling $16.8 billion, are delineated by program appropriation in **Table 3**. For this report, unless otherwise stated, Medicaid numbers include Medicaid Title XIX and Title XXI (LaCHIP). The effective overall state match rate was approximately 20.4% while federal match rate was approximately 79.6% for SFY 2022/23. The MVA regular rate programs are those programs that receive the federal statutory minimum/standard reimbursement rate of 50% for administration of Medicaid.

The MVA enhanced rate programs are those programs that qualify for federal reimbursement above the standard rate of 50%. Such programs include the Children's Health Insurance Program (CHIP) under title XXI and in the Medicaid program for expenditures for medical assistance provided to certain children. Other programs are those that are DDI (Design, Development and Implementation) plans which can receive federal reimbursement of 90%. The actual state share of Medicaid expenditures varies based on qualified expenditures, and ranges from 100% Federal funds for items such as **Health Information Technology** (**HIT**) **Electronic Health Records** incentive payments, to 100% State Funds for Clawback (Medicare Part D) payments. **Table 4** presents the means of finance for the MVA expenditures.

Table 2: Medical Vendor Program Expenditures Means of Finance by State Fiscal Year

Financing Category	2020/21 Expenditures	Percent	2021/22 Expenditures	Percent	2022/23 Expenditures	Percent
State General Fund	$1,830,620,978	13.03%	$1,478,962,345	9.81%	1,867,274,340	11.12%
Other Finance	$1,360,556,717	9.68%	$1,797,332,072	11.92%	$1,551,560,533	9.24%
Total State Match	$3,191,177,695	22.71%	$3,276,294,417	21.73%	$3,418,834,873	20.36%
Federal Funds	$10,858,725,032	77.29%	$11,798,522,694	78.27%	$13,376,842,689	79.64%
Total	**$14,049,902,727**	**100.00%**	**$15,074,817,111**	**100.00%**	**$16,795,677,562**	**100.00%**

Table 3: Medical Vendor Program Expenditures for Budget Programs by State Fiscal Year

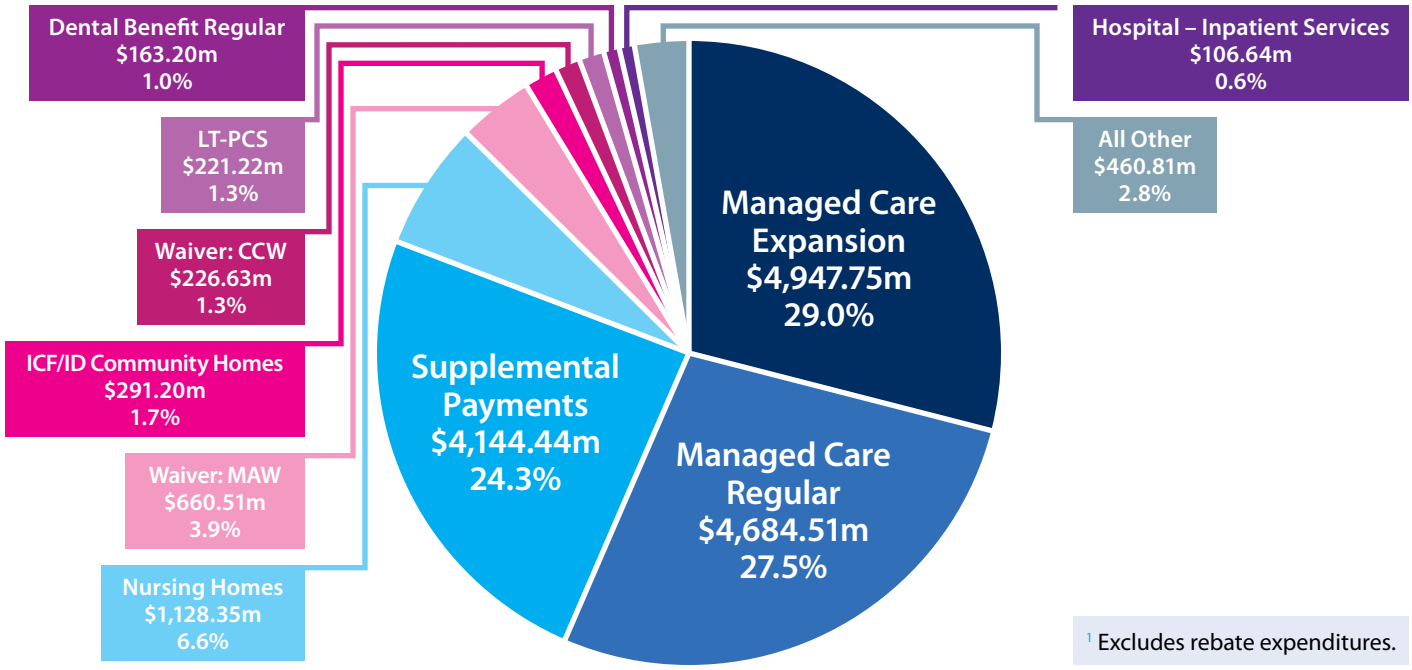
Financing Category	2020/21 Expenditures	Percent	2021/22 Expenditures	Percent	2022/23 Expenditures	Percent
Private Providers	$12,215,317,679	86.94%	$13,100,866,582	86.91%	$15,400,947,098	91.70%
Public Providers	$204,883,156	1.46%	$209,510,238	1.39%	$227,166,912	1.35%
Buy-ins & Supplements	$583,737,014	4.15%	$668,051,364	4.43%	$738,312,363	4.40%
Uncompensated Care	$1,045,964,878	7.45%	$1,096,388,927	7.27%	$429,251,189	2.55%
Total	**$14,049,902,727**	**100.00%**	**$15,074,817,111**	**100.00%**	**$16,795,677,562**	**100.00%**

Table 4: Medical Vendor Administration Expenditures Means of Finance by State Fiscal Year

Financing Category	2020/21 Expenditures	Percent	2021/22 Expenditures	Percent	2022/23 Expenditures	Percent
State General Fund	$85,058,505	24.02%	$120,805,162	33.63%	$118,526,794	28.49%
Other Finance	$4,853,083	1.37%	$4,576,071	1.27%	$20,300,850	4.88%
Total State Match	$89,911,588	25.39%	$125,381,233	34.90%	$138,827,644	33.37%
Federal Funds	$264,155,857	74.61%	$233,888,165	65.10%	$277,214,638	66.63%
Total	**$354,067,445**	**100.00%**	**$359,269,398**	**100.00%**	**$416,042,282**	**100.00%**

Figure 5 presents Medicaid expenditures by budget categories of service. The two largest provider programs are Managed Care Regular and Managed Care Expansion, which make up 56.5% of the total expenditures.

Figure 5: Expenditures by Budget Categories of Service[1]



[1] Excludes rebate expenditures.

Major Budget Categories

The **Appropriations Act** allocates Medicaid MVP funds into four broad budget programs:

A. Private Providers
Payments to non-state owned providers and facilities, including MCOs.

B. Public Providers
Payments to state providers and facilities, including certain local government entities and school boards.

C. Medicare Buy-Ins & Supplements
Payments to the Centers for Medicare and Medicaid Services (CMS) on behalf of dual eligibles for Part A, Part B and Part D (Clawback), LaHIPP and Optional State Supplemental programs.

D. Uncompensated Care Costs (UCC)
Payments toward compensation for care given in qualifying hospitals to uninsured individuals and those eligible for Medicaid with Medicaid reimbursement lower than the cost of service.

Each of these budget appropriations are grouped into separate **Budget Categories of Service** (**BCOS**) and are presented in **Table 5** along with their respective expenditures. The individual BCOS are described in more detail in **Appendix B** on page 106.

Table 5: Expenditures by Budget Category of Service

A – Private Providers		Expenditures
A_01	Ambulatory Surgical Clinics	$2,337,010
A_02	Case Management Services	$8,961,254
A_03	Durable Medical Equipment (DME)	$9,487,202
A_04	Early and Periodic Screening, Diagnosis and Treatment (EPSDT)	$13,092,522
A_05	Early Steps	$18,781,658
A_06	Family Planning	$1,477,273
A_07	Federally Qualified Health Centers (FQHC)	$2,354,452
A_08	Hemodialysis Services	$24,400,655
A_09	Home Health Services	$9,732,685
A_10	Hospice Services	$80,190,777
A_11	Hospital – Inpatient Services	$106,636,760
A_12	Hospital – Outpatient Services	$46,899,685
A_13	Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) Community Homes	$291,197,722
A_14	Laboratory and X-Ray Services	$5,299,277

continued on next page...

A – Private Providers *(continued)*		Expenditures
A_15	Long Term Personal Care Services (LT-PCS)	$221,217,185
A_16	Mental Health Inpatient Services	$6,890,414
A_17	Nursing Homes	$1,128,347,773
A_18	Program for All Inclusive Care for the Elderly (PACE)	$14,340,748
A_19	Pediatric Day Health Care (PDHC)	$2,695,689
A_20	Pharmaceutical Products and Services	$98,285,668
A_21	Physician Services	$27,254,789
A_22	Rural Health Clinics	$6,161,703
A_23	Transportation: Emergency – Ambulance	$3,482,655
A_24	Transportation: Non-Emergency – Ambulance	$633,250
A_25	Waiver: Adult Day Health Care (ADHC)	$6,411,323
A_26	Waiver: Community Choices (CCW)	$226,629,734
A_27	Waiver: Most Appropriate (MAW)	$660,513,519
A_28	Other Private Providers	-$12,254,684
Sub-Total Traditional Private Providers		**$3,011,458,698**

A – Supplemental Payments		Expenditures
A_29a	FFS Supplemental Payments	$291,048,350
A_29b	Managed Care Supplemental Payments	$3,487,806,644
A_29c	Managed Care Incentive Program (MCIP)	$365,589,957
Sub-Total Supplemental Payments		**$4,144,444,951**

A – Managed Care Providers		Expenditures
A_30	Managed Care – Regular	$4,684,512,157
A_31	Managed Care – Expansion	$4,947,745,060
A_32	Dental Benefit Program – Regular	$163,203,540
A_33	Dental Benefit Program – Expansion	$12,801,659
A_34	Louisiana Behavioral Health Partnership (LBHP)	$71,089,982
Sub-Total Managed Care Providers		**$9,879,352,398**
Pharmacy Rebates – Regular		-$770,038,588
Pharmacy Rebates – Expansion		-$864,270,361
Sub-Total Pharmacy Rebates		**-$1,634,308,949**
Total Private Providers		**$15,400,947,098**

B – Public Providers		Expenditures
B_01	LSU – Facilities	$913,438
B_02	LSU – Physicians	$7,047,262
B_03	LDH – State Developmentally Disabled Facilities	$143,580,863
B_04	LDH – Villa Feliciana Nursing Home	$20,615,118
B_05	LDH – Office of Public Health	$54,844
B_06	LDH – Office of Behavioral Health	$3,244,055
B_07	LDH – Human Services Districts	$663,493
B_08	State – Education	$542,953
B_09	Local Education Agencies for School Based Health (SBH) Services	$50,504,886
Total Public Providers		**$227,166,912**

C – Buy-ins and Supplements		Expenditures
C_01	Medicare Premiums & Supplements[1]	$586,775,028
C_02	Part D Clawback	$151,537,335
Total Buy-Ins and Supplements		**$738,312,363**

D – Uncompensated Care Costs		Expenditures
D_01	LSU – Facilities	$10,229,231
D_02	LDH – Office of Behavioral Health	$94,158,795
D_03	Private Hospitals	$324,863,163
Total Uncompensated Care Costs		**$429,251,189**

GRAND TOTAL MEDICAL VENDOR PROGRAM	**$16,795,677,562**

[1] Includes payments to CMS for Medicare Part A & B premiums, payments to providers for deductibles, coinsurance and co-payments; Optional State Supplement (OSS); and LaHIPP reimbursements.

MEDICAID ELIGIBILITY

Medicaid provides funding for health care to individuals and families who meet the eligibility criteria established by the state and approved by CMS. This section of the report provides an overview of Louisiana Medicaid eligibility. For further details about the Louisiana Medicaid Program please visit our website at www.medicaid.la.gov. The **Medicaid Eligibility Manual** is available online at http://ldh.la.gov/index.cfm/page/1681. Information is also available when calling the toll-free line at **1-888-342-6207** or **1-877-252-2447**, or by e-mail at **MyMedicaid@la.gov**.

Eligibility Requirements and the Enrollment Process

Medicaid is an entitlement program that pays for health care on behalf of those who meet the established criteria and are enrolled. Louisiana is a Section 1634 state, which means that all individuals who receive **Supplemental Security Income** (**SSI**) are automatically enrolled in Medicaid. In addition, families who receive financial assistance through Louisiana's **Temporary Aid to Needy Families** (**TANF**) program, also known as **Family Independence Temporary Assistance Program** (**FITAP**), are automatically enrolled in Medicaid.

For an individual or family who does not receive SSI or FITAP (TANF), the eligibility process begins with the completion of a Medicaid application. Either the prospective beneficiary or an authorized representative may apply online, by mail, at a local Medicaid office or at a Medicaid Application Center. A face-to-face interview is not required. Contact information for local offices is listed on page 117 in **Appendix E**.

Individuals who are not automatically eligible and apply for Medicaid must meet all of the eligibility requirements of one or more programs. An overview of the Medicaid programs offered in Louisiana is presented in **Table 6**. For definitions of the abbreviations in this table please see **Appendix C** and **Appendix D** starting on page 109.

Table 6: Eligibility Requirements for Louisiana Medicaid[1]

	Program	Description	Income Limit
A. Children	A1. CHAMP – Low Income Children	Ages 0 to 18 (through 19th birthday) with other insurance	147% of poverty; No assets test
		Ages 6 to 18 (through 19th birthday). Uninsured. Individuals receive an enhanced LaCHIP rate	>108 and up to 147% of poverty; No assets test
		Ages 0 to 5. Uninsured	147% of poverty; No assets test
	A2. LaCHIP (Title XXI)	Ages 6 to 18 (through 19th birthday). Uninsured	>147% and up to 217% of poverty; No assets test
	A3. LaCHIP Affordable Plan (LAP)	Ages 0 to 18 (through 19th birthday). Uninsured	>217% and up to 255% of poverty; Some cost sharing involved; No assets test
	A4. Deemed Eligible Child	Age 0 (through first birthday)	Infants born to Medicaid eligible pregnant women; No assets test
	A5. CWO Children	Children under age 21 in Foster Care programs through the Department of Children & Family Services' Child Welfare Office (CWO)	Eligibility determined by the Child Welfare Office; No assets test
B. Families	B1. Parent/Caretaker Relative (PCR) Group	Parent/Caretaker relative who lives with a dependent child	24% of poverty; No assets test
	B2. MAGI – Related Medically Needy	Children and families who have income below regular Medically Needy income standards and are ineligible for other MAGI-related groups	10% of poverty (individuals and couples); No assets test
	B3. MAGI – Related Spend Down Medically Needy	Children and families who have more income than allowed but qualify once the amount spent on medical expenses is considered	No Limit. All income over 10% of poverty considered available to meet medical expenses for quarter; No assets test

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	Program	Description	Income Limit
B. Families	B4. Temporary Aid for Needy Families (TANF) Recipients	Recipients of cash assistance as determined by the Department of Children & Family Services	10% of poverty; Assets limit: $2,000
	B5. Transitional Medicaid	Continues coverage for families who lost PCR or TANF eligibility because of an increase in earnings	No limit for first six months and 190% of poverty for coverage in seventh through twelfth month of transitional eligibility period; No assets test
C. Women	C1. CHAMP/LaMOMS – Pregnant Women	Covers each month of a verified pregnancy and 2-month postpartum period	138% of poverty; No assets test
	C2. LaCHIP IV (Title XXI)	Covers conception to birth for low-income, pregnant mothers who are not otherwise eligible for Medicaid regardless of citizenship. Uninsured	214% of poverty; No assets test
	C3. Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, in a precancerous condition or early stage cancer	255% of poverty; No assets test
D. Aged, Blind, or Disabled	D1. Disabled Adult Child (DAC)	Individuals over age 18 who become blind or disabled before age 22, and lost SSI eligibility on or after 7/1/87, as a result of entitlement to or increase in Social Security Administration Child Insurance Benefits	Social Security benefits are disregarded in determining countable income with limit 74% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple
	D2. Disabled Widows/Widowers	Individuals who lost SSI because of the 1984 Social Security Widow/er's re-computation	Social Security 1984 Widow/er's adjustment is disregarded in determining countable income with limit 74% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple
	D3. SSI Recipients	Aged and disabled recipients of federal SSI cash payments as determined by SSA	74% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple
	D4. SGA Disabled Widows/Widowers/ Surviving Divorced Spouses	Individuals who are not entitled to Part A and lost SSI because of receipt of Social Security Disabled Widow/er's benefits	All cost of living raises and Social Security Disabled Widow/er's benefits are disregarded in determining countable income with 74% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple
	D5. PICKLE	Former SSI Recipients of two different groups of aged, blind and disabled who lost SSI eligibility due to Retirement, Survivors' and Disability (RSDI) cost of living increase	All cost of living raises are disregarded in determining countable income with limit 74% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple
	D6. Provisional Medicaid	Aged and disabled individuals who meet SSI criteria without first having a SSI determination made by SSA	~74% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple
	D7. Early Widows/Widowers	Individuals who lost SSI because of receipt of RSDI Early Widow/er's benefits	Social Security Early Widow/er's benefits are disregarded in determining countable income with limit 75% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple
	D8. QMB – Qualified Medicare Beneficiary	Pays Medicare Part A and B premiums, deductibles and co-insurance	100% of poverty (+$20); No assets test
	D9. SLMB – Specified Low-Income Medicare Beneficiary	Pays Medicare Part B premium only	>100% and up to 120% of poverty (+$20); No assets test
	D10. QI-1 – Qualified Individual Category 1	Pays Medicare Part B premium only	>120% and up to 135% of poverty (+$20); No assets test
	D11. QDWI – Qualified Disabled Working Individual	Pays Medicare Part A for non-aged individuals who lost SSA disability benefits and premium free Part A coverage	200% of poverty; No assets test

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	Program	Description	Income Limit
D. Aged, Blind, or Disabled	D12. Long Term Care (Home and Community Based)	Individuals who meet criteria for institutional level of care (nursing homes and ICF/ID) or home and community-based services	223% of poverty (3 times the limit for SSI recipients); Assets limit: $2,000 individual and $3,000 couple (both reside in an institution) or $137,400 for an institutionalized individual with a community spouse (one not residing in an institution)
	D13. Long Term Care and Home and Community-Based Services Medically Needy Spend-Down	Individuals who meet criteria for institutional level of care (nursing homes and ICF/ID) or home and community-based services	All income over 223% of poverty is considered available to meet medical expense; Assets limit: $2,000 individual and $3,000 couple or $137,400 for an institutionalized individual with a community spouse
	D14. Non-MAGI Medically Needy Spend-Down	Qualified individuals who have more than allowed but qualify once the amount spent on medical expenses is considered	All income over 10% of poverty is considered available to meet medical expenses for quarter; For Long Term Care (institutions only) all income over 223% of poverty; Asset limit: $2,000 individual or $137,400 for an institutionalized individual with a community spouse
	D15. Acute Care	Individuals who have been or expected to be in a medical institution for a continuous period of 30 days	74% of poverty (+$20); Assets limit: $2,000 individual and $3,000 couple or $137,400 for an institutionalized individual with a community spouse
	D16. Medicaid Purchase Plan (MPP)	Working individuals that are age 16 to 64 with disabilities that matches SSA standards that can buy health coverage offered by Louisiana Medicaid	100% of poverty; Assets limit: $10,000 individual/couple
	D17. Family Opportunity Act (FOA)	Offers Medicaid Buy-in to families for children under age 19 with disabilities who are not eligible for SSI disability benefits due to income	300% of poverty; Families above 200% of poverty must pay a premium; No assets test
	D18. Act 421 Children's Medicaid Option (TEFRA)	Age birth through age 18 who meet criteria for institutional level of care (nursing homes and ICF/ID) or home and community-based services	223% of poverty (3 times the SSI amount); Assets limit: $2,000 individual. Income of parents not counted.
E. Other	E1. TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	155% of poverty; No assets test
	E2. Emergency Services for Illegal/ Ineligible Aliens	Coverage of illegal/undocumented non-citizens and documented qualified non-citizens under the Medicaid 5-year bar for life-threatening emergency situations and labor/delivery of newborns	Must meet all requirements of another Medicaid program except for U.S. citizenship
	E3. Youth Aging Out of Foster Care	Individuals age 18 to 21 released from the Foster Care program due to turning age 18	No income or assets test
	E4. Former Foster Children	Individuals age 18 to 26 released from the Foster Care program due to turning age 18	No income or assets test
	E5. Take Charge Plus	Women and men of any age for family planning-related services	138% of poverty; No assets test
F. Adult	F1. Adult Group – Expansion	Individuals age 19 through 64 who are not eligible for Medicaid in another program and are not eligible for or enrolled in Medicare.	138% of poverty; No assets test

[1] Effective income limits for Groups A, B, C, E5, and F, including the CMS mandated 5% disregard. Percentages based on 2023 Federal Poverty Guidelines (FPG). https://ldh.la.gov/assets/medicaid/MedicaidEligibilityPolicy/Z-200m.pdf.

To participate in Medicaid, federal law requires states to cover certain groups of individuals at certain income levels. Through state plan amendments or waivers, which are contingent on CMS approval, states have options to cover other groups, expand income guidelines or allow additional disregards. Part of the financial qualification for Medicaid is based upon the family size and relation of monthly income to the Federal Poverty Guidelines (FPG). Federal Poverty Guidelines are established by the federal government regarding what is considered the poverty level standard of living. **Table 7** shows 2023 Federal Poverty Guidelines, with annual and monthly incomes according to family size. For example, a four-person family with an annual income of $30,000 is considered to be living at 100% of FPG.

Table 7: 2023 Federal Poverty Guidelines for All States (Except Alaska and Hawaii)

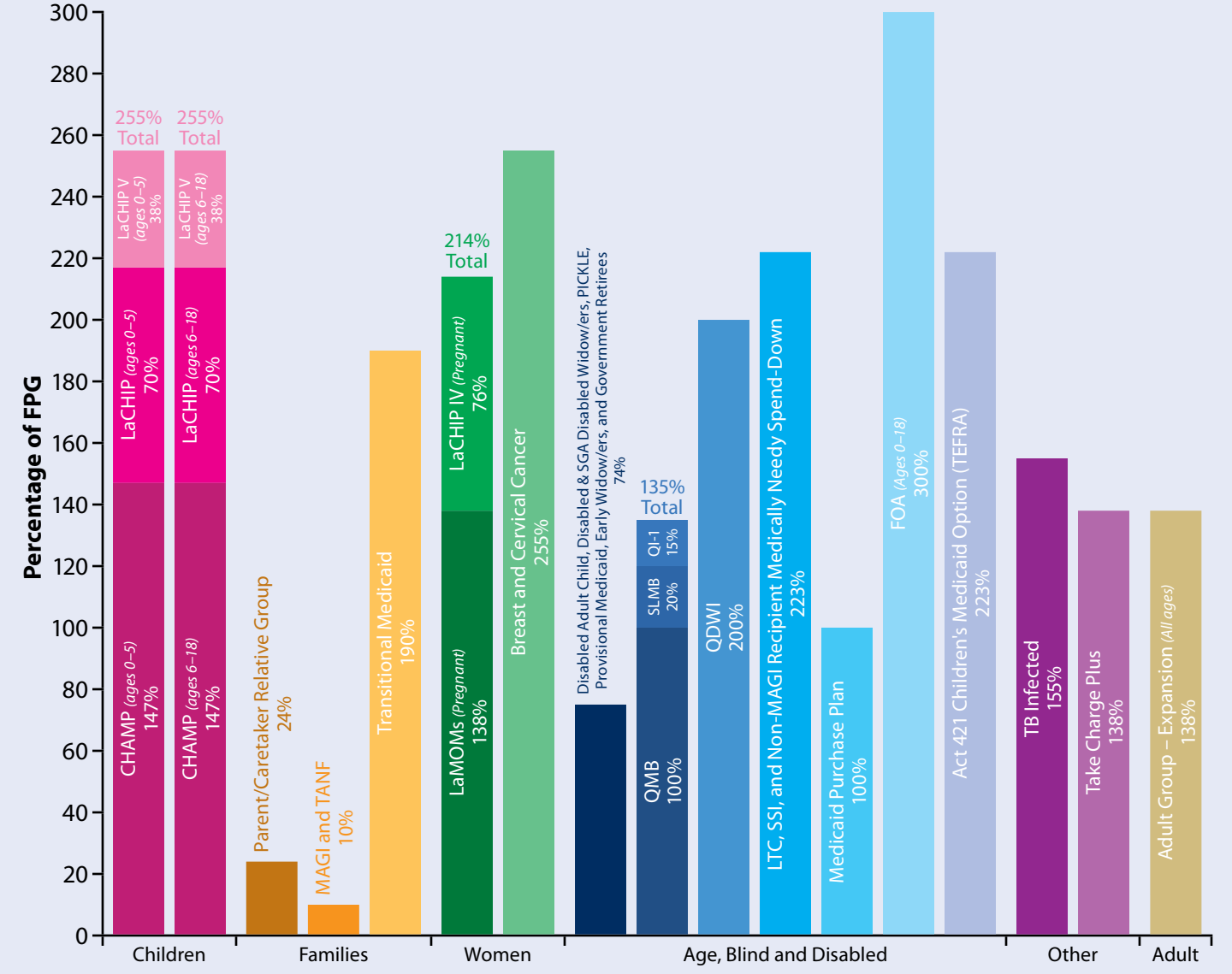
Family Size	Monthly Income in Dollars[1]									
	75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	$911	$1,215	$1,458	$1,616	$1,640	$1,823	$2,248	$2,430	$3,038	$3,645
2	$1,233	$1,643	$1,972	$2,186	$2,219	$2,465	$3,040	$3,287	$4,108	$4,930
3	$1,554	$2,072	$2,486	$2,755	$2,797	$3,108	$3,833	$4,143	$5,179	$6,215
4	$1,875	$2,500	$3,000	$3,325	$3,375	$3,750	$4,625	$5,000	$6,250	$7,500
5	$2,196	$2,928	$3,514	$3,895	$3,953	$4,393	$5,417	$5,857	$7,321	$8,785
6	$2,518	$3,357	$4,028	$4,464	$4,532	$5,035	$6,210	$6,713	$8,392	$10,070
7	$2,839	$3,785	$4,542	$5,034	$5,110	$5,678	$7,002	$7,570	$9,463	$11,355
8[2]	$3,160	$4,213	$5,056	$5,604	$5,688	$6,320	$7,795	$8,427	$10,533	$12,640
Family Size	**Annual Income in Dollars[1]**									
	75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	$10,935	$14,580	$17,496	$19,391	$19,683	$21,870	$26,973	$29,160	$36,450	$43,740
2	$14,790	$19,720	$23,664	$26,228	$26,622	$29,580	$36,482	$39,440	$49,300	$59,160
3	$18,645	$24,860	$29,832	$33,064	$33,561	$37,290	$45,991	$49,720	$62,150	$74,580
4	$22,500	$30,000	$36,000	$39,900	$40,500	$45,000	$55,500	$60,000	$75,000	$90,000
5	$26,355	$35,140	$42,168	$46,736	$47,439	$52,710	$65,009	$70,280	$87,850	$105,420
6	$30,210	$40,280	$48,336	$53,572	$54,378	$60,420	$74,518	$80,560	$100,700	$120,840
7	$34,065	$45,420	$54,504	$60,409	$61,317	$68,130	$84,027	$90,840	$113,550	$136,260
8[2]	$37,920	$50,560	$60,672	$67,245	$68,256	$75,840	$93,536	$101,120	$126,400	$151,680

[1] U.S. Department of Health and Human Services, Annual Update of the HHS Poverty Guidelines (2023). Retrieved from https://www.govinfo.gov/content/pkg/FR-2023-01-19/pdf/2023-00885.pdf.

[2] For families/households with more than 8 persons, add $5,140 annually ($428 monthly) for each additional member.

Figure 6 summarizes income requirements for many of the Medicaid programs. The major qualifying categories are listed along the bottom of the chart. Along the left axis of the chart is income as a percentage of the FPG. As shown in the eligibility chart, maximum income levels for different groupings of eligibility, such as age, disability and parental status, allow access to the Medicaid program depending upon the group in which the individual falls. While most eligibility categories allow access to the full array of Medicaid services, the individual's economic and medical circumstances may assign an enrollee to a more limited set of benefits.

Figure 6: Louisiana Medicaid Coverage Groups and Income Eligibility Requirements

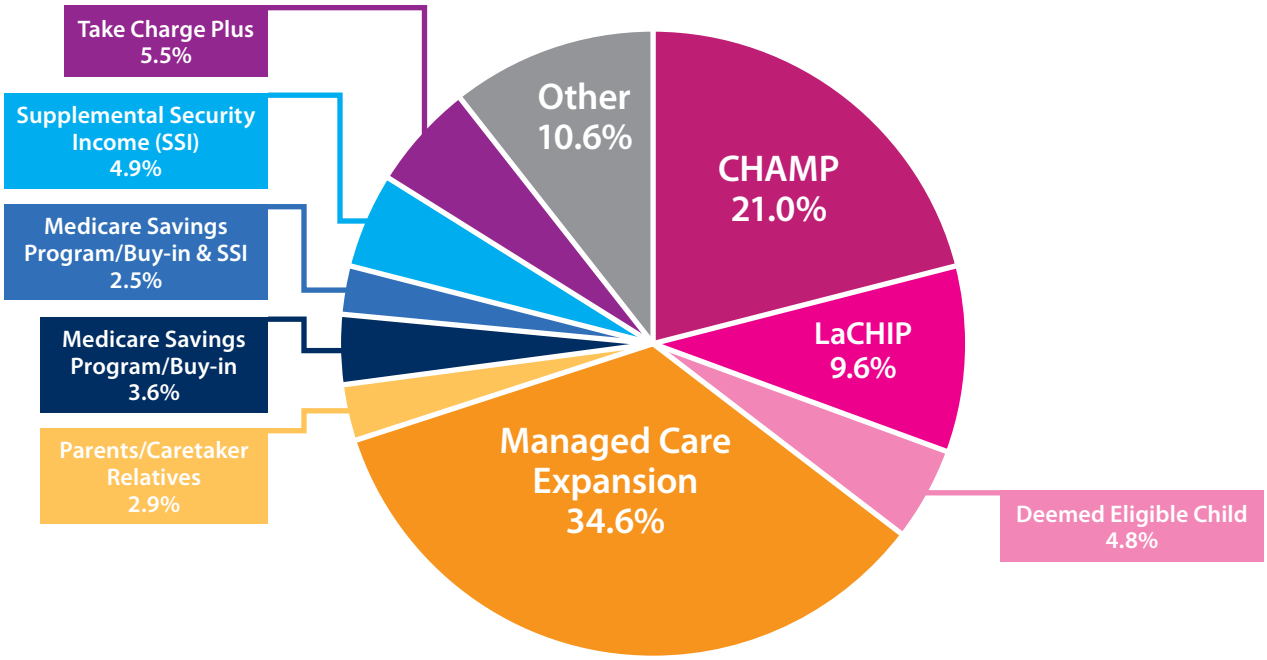


Eligibility determination is a federally approved process which is operated in the same manner throughout the state. In Louisiana, caseworkers in each of the nine regions of the Department of Health determine an individual's eligibility for Medicaid in accordance with standardized written policy. Processing times for applications vary depending on the coverage group and program under consideration, the amount of information the person is able to provide and how quickly all needed information is made available to Medicaid staff. Eligibility can be retroactive up to three months prior to the date of application. Eligibility is reviewed annually for most cases but more often in some programs. Decisions must be made within 45 days (90 days if a disability determination by the agency is required) from the date of application in most cases. Eligible individuals and families enrolled in the Louisiana Medicaid Program are issued a Medicaid identification card.

Leading Enrollment Categories

Figure 7 provides a graphical representation of the distribution of enrollees across major eligibility groupings. All eligibility categories that individually account for 2% or less of total enrollment are depicted as "Other" eligibility groupings, together accounting for 10.6% of total enrollment.

Figure 7: Enrollment by Major Eligibility Groupings



Louisiana Medicaid Coverage for Children

The **Child Health and Maternity Program**, or **CHAMP**, provides Medicaid benefits to pregnant women and children under age 19 who meet income and non-financial eligibility criteria. The **Affordable Care Act** (**ACA**) expanded mandatory coverage to all children under age 19 with household MAGI-based income at or below 147% of the Federal Poverty Level. These CHAMP children make up the largest children's group covered by Medicaid.

LaCHIP is Louisiana's version of the federal State Children's Health Insurance Program (SCHIP) authorized by Title XXI of the Social Security Act. LaCHIP enrollees have the same enrollment process and benefit package as Title XIX Medicaid. To ensure stability of coverage and reduce "churning," the program provides twelve months of continuous eligibility, with the exception of LaCHIP IV, in which coverage is based on pregnancy. CMS pays enhanced FMAP for both services and program administration costs. LaCHIP is set up as a combination of a Medicaid model for LaCHIP I, II & III, and a separate SCHIP model for LaCHIP IV and LaCHIP V. LDH initiated the LaCHIP model (LaCHIP I, II and III) in 1998 to provide quality health care coverage to additional uninsured children below 217% FPG and up to age 19 who are not covered by health insurance. In May 2007, Louisiana implemented LaCHIP IV to extend coverage for children from conception to birth if their mothers were non-citizens and otherwise ineligible for Medicaid. Since December 2013, LaCHIP IV has covered unborn children of citizens and non-citizens with an income of up to 214% FPG. Since SFY 2016/17, LaCHIP IV recipients are also eligible for behavioral health services under LBHP.

In June 2008, Louisiana expanded coverage for children up to age 19 between 217% and 255% FPG, known as the LaCHIP Affordable Plan (LAP) or LaCHIP V. Some cost sharing is associated with LAP through monthly premiums of $50 a month. In SFY 2022/23 a total of $489,689 was collected in premiums charged to these families for their children's coverage. In SFY 2022/23 LAP paid $6,020,820 on behalf of 2,305 recipients.

Table 8 presents Regular Medicaid (XIX) children and LaCHIP enrollees, recipients and payments by major age groupings. Of the age groups, those between the age 6 and 14 had the most recipients, making up about 59% of the total recipient children under the age of 19. Also, children and LaCHIP enrollees, recipients and payments by parish are presented in **Table AA11** (which can be found on page 88 in **Appendix A**). For SFY 2022/23, LaCHIP provided $582.6 million in payments made on behalf of 232,072 recipients, while Regular Medicaid provided $3.2 billion in payments on behalf of 786,334 recipients.

Table 8: Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Age Group

Age Group[1]	LaCHIP Payments	LaCHIP Enrollees[2]	LaCHIP Recipients[2]	Medicaid Payments	Medicaid Enrollees[2]	Medicaid Recipients[2]	Total Payments	Total Enrollees[2]	Total Recipients[2]
Under 1	$6,088,433	1,129	1,083	$514,806,734	60,105	56,931	$520,895,167	60,869	57,638
1–5	$48,254,433	24,608	26,203	$634,306,756	204,509	208,814	$682,561,189	216,825	218,669
6–14	$283,147,617	122,619	129,129	$1,034,858,225	302,230	318,430	$1,318,005,842	384,180	386,986
15–18	$140,893,170	59,353	62,376	$492,633,760	127,138	133,075	$633,526,931	166,941	167,738
Total <19	$478,383,654	207,709	218,791	$2,676,605,475	693,982	717,250	$3,154,989,129	828,815	831,031
19+[3]	$104,178,265	24,363	30,089	$491,475,923	68,489	69,084	$595,654,188	87,853	90,119
Total	**$582,561,919**	**232,072**	**248,880**	**$3,168,081,398**	**762,471**	**786,334**	**$3,750,643,317**	**916,668**	**921,150**

[1] Age as of January 1, 2023.
[2] Enrollee and recipient counts of LaCHIP and Regular Medicaid will not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY. The figures are unduplicated for each Medicaid type, while numbers are unduplicated for total Medicaid children.
[3] Since LaCHIP IV is based on pregnancy, some LaCHIP enrollees may be older than 20, whereas Medicaid Children are younger than 21.

Adult Group – Expansion

In 2016, Louisiana expanded Medicaid coverage through the Affordable Care Act to include adults with a household income up to 138% of the Federal Poverty Level (FPL). The Expansion Group began enrollment in June 2016, with enrollees beginning to receive services in July 2016. This group now accounts for approximately 34.6% of Louisiana Medicaid enrollment groups (**Figure 7**). Expansion Group enrollees receive care through Medicaid's managed care program, Healthy Louisiana. This includes full Medicaid benefits as well as access to the value added benefits provided by the managed care organizations that deliver care. Detailed information about enrollment levels and health outcomes for the Expansion Group are available online with an online dashboard created to offer real-time data in an easy-to-understand format. Found at www.ldh.la.gov/healthyladashboard, the dashboard provides the most up-to-date enrollment metrics as well as outcome measures that are consistent with nationally accepted quality measures. The enrollment data is updated weekly and can be viewed at both the state and parish level.

Medicare Buy-In and Medicare Savings Program

Medicare Buy-in results in major cost avoidance for Louisiana Medicaid by making Medicare the primary payer for people who are eligible for both Medicare and Medicaid ("full" dual eligibles). The State pays **Medicare Part A** premiums for those Medicaid enrollees receiving Supplemental Security Income (SSI) payments who become entitled to Medicare at age 65. The State also pays **Medicare Part B** premiums for certain low income "full" dual eligibles and **Medicare Part D** (**Clawback**) payments for individuals receiving Part D who are dual eligible.

The **Medicare Savings Program** also provides Medicare Buy-in benefits to people with Medicare who are not eligible for full Medicaid services but have limited income and assets. Depending on income, an individual may be classified as a **Qualified Medicare Beneficiary** (**QMB**), which covers both the Medicare Part A and B premiums and some co-payments and deductibles; **Specified Low-Income Medicare Beneficiary** (**SLMB**), which covers the Medicare Part B premium only; or **Qualified Individual** (**QI-1**), which covers the Medicare Part B premium through 100% federal dollars. All three programs automatically entitle the enrollee to **Low Income Subsidy** (**LIS**) or "Extra Help" status for the **Medicare Prescription Drug Plan** (Part D), which is funded by state funds only.

Medicare standard base premium and deductible amounts are presented in **Table 9**. Due to the cost efficiency of having Medicare as the first payer, a concerted effort is ongoing to ensure that anyone meeting the Medicare Savings Program eligibility criteria is enrolled. All recipients must be currently enrolled in Part A Medicare to receive assistance on Part B or Part D. **Table 10** presents the income eligibility requirements for each buy-in program. **Table 11** presents the expenditures and recipients for the Medicare Buy-In program over three State Fiscal Years. During SFY 2022/23, Louisiana Medicaid paid $58,968,692 on behalf of 11,826 individuals for Part A, $489,031,837 on behalf of 261,692 individuals for Part B and $171,444,280 on behalf of 160,287 individuals for Part D (all state funds).

Table 9: Medicare Premiums and Deductibles[1]

Calendar Year	Part A Monthly Premiums[2] by Eligible Work History		Part A Deductible	Part B Monthly Premium	Part B Deductible	Part D Base Monthly Premium[3]	Part D Deductible
	7½ years or fewer	7½–10 years					
2020	$458	$252	$1,408.00	$144.60	$198.00	$32.74	$435.00
2021	$471	$259	$1,484.00	$148.50	$203.00	$33.06	$445.00
2022	$499	$274	$1,556.00	$170.10	$233.00	$33.37	$480.00
2023	$506	$278	$1,600.00	$164.90	$226.00	$32.74	$505.00

[1] 2023 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. Retrieved on April 9, 2024 from https://www.cms.gov/oact/tr/2023.
[2] Part A is free to those who have worked for more than 10 years of Medicare-covered employment.
[3] Premiums listed is the premium paid by a non-dual Medicaid beneficiary. It is not the premium paid by Medicaid for a dual enrollee beneficiary.

Table 10: Medicare Buy-In Requirements and Coverage[1]

Eligible Group	Coverage	Income Requirement	Asset Limit[3]
Qualified Medicare Beneficiary (QMB)	Medicaid payment of Medicare Part A[2] and Part B premiums; deductible and co-insurance for Medicaid covered services; and Medicare Prescription Drug Plan monthly premium (up to $35 a month)	≥100% of FPIG[4]	Not Applicable
Specified Low Income Beneficiary (SLMB)	Medicaid payment of Medicare Part B premium and Medicare Prescription Drug Plan monthly premium (up to $35 a month)	>100% but <120% of FPIG[4]	Not Applicable
Qualified Individual (QI-1)	Medicaid payment of Medicare Part B premium and Medicare Prescription Drug Plan monthly premium (up to $35 a month)	≥120% but <135% of FPIG[4]	Not Applicable

[1] Retrieved on April 9, 2024 from https://ldh.la.gov/assets/medicaid/MedicaidEligibilityPolicy/Z-200m.pdf.
[2] Part A is paid for only those who have not worked for more than 10 years of Medicare-covered employment.
[3] Effective October 1, 2019 State Plans changed the asset limit for MSP programs to not applicable.
[4] Federal Poverty Income Guidelines

Table 11: Expenditures and Recipients for the Medicare Buy-In Program

State Fiscal Year	Part A		Part B		Part D[1]	
	Expenditures	Recipients[2]	Expenditures	Recipients[2]	Expenditures	Recipients[2]
2019/20	$43,061,650	9,683	$366,056,572	247,221	$165,722,646	156,466
2020/21	$53,840,382	10,896	$394,148,585	245,240	$150,413,662	158,746
2021/22	$53,365,720	11,087	$449,516,136	254,715	$149,460,773	165,058
2022/23	$58,968,692	11,826	$489,031,837	261,692	$171,444,280	160,287

[1] Part D expenditures are all state funds. SFY 2022/23 Part D data currently under internal review with CMS.
[2] Recipient data comes from MMA Response File from CMS and is unduplicated by each type.

Enrollment Statistics

Before presenting the statistical data, it is important to establish the difference between the terms "eligible", "enrollee" and "recipient". These terms can seem synonymous, but they have distinct meanings within the context of Medicaid.

A "**Medicaid eligible**" is a person who fits the established eligibility criteria of the program, whether or not the person applied for Medicaid. A "**Medicaid enrollee**" is a Medicaid eligible person who applied for and was approved by the Medicaid program to receive benefits regardless of whether he or she received any service and/or any claims or managed care encounters were filed on his or her behalf. A "**Medicaid recipient**" is an enrollee with at least one payment to a Managed Care Organization, a Fee-for-Service processed claim or any person with Medicare Buy-in and Part D premiums paid on his or her behalf during the time period involved, in this case during SFY 2022/23 (July 1, 2022 to June 30, 2023). The recipient may not have been enrolled during the time the PMPM or claim was paid. For example, there may be a processed claim during this particular period for services that were provided in a prior period for an individual though his or her eligibility ended before this SFY.

The number of recipients reported in some categories (e.g. within a parish) may exceed the number of enrollees. An enrollee's case may have closed before SFY 2022/23 but a claim was paid on his or her behalf during SFY 2022/23. Thus, when a claim was paid in SFY 2022/23 for a person who received a service before SFY 2022/23, she or he will be counted as a recipient in SFY 2022/23 although this person is no longer eligible for Medicaid in SFY 2022/23. Providers may delay the submission of claims for many months. Medicaid's timely filing rule gives providers up to one year to submit a claim and up to two years for payment of the timely filed claim. Thus, it is possible for a claim paid in SFY 2022/23 to be for a service rendered before SFY 2022/23. The payment could, therefore, occur long after the person identified as the recipient on the claim has left the program and is no longer an enrollee. There are many ways to interpret enrollment under Medicaid, which will be discussed in the following sections.

Percentage of the Population

The percentage of the population enrolled in Louisiana Medicaid has consistently increased through the years (**Table 12**). During SFY 2022/23, 46.5% of Louisianans were enrolled in Medicaid. **Figure 8** shows Medicaid enrollment percentages for the populations of each parish in Louisiana.

Table 12: Enrollment, Population and Percentage of Population Enrolled by State Fiscal Year

State Fiscal Year (SFY)	SFY Population Estimate[1]	Medicaid Enrollment[2]	Percent of Population Enrolled
2017/18	4,685,245	1,856,480	39.6%
2018/19	4,659,690	1,853,660	39.8%
2019/20	4,648,794	1,883,015	40.5%
2020/21	4,645,318	1,953,276	42.0%
2021/22	4,624,047	2,057,869	44.5%
2022/23	4,590,241	2,136,072	46.5%

[1] SFY Population estimates are based on the most recent census population estimates. U.S. Census Bureau, Population Division (Updated March 2023). Annual Estimates of the Resident Population for Counties: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-22). Retrieved on October 15, 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.

[2] Enrollment data was obtained on October 30, 2023 from MARS Data Warehouse and includes all "premium only" dual eligibles. Enrollment will vary depending on the date extracted due to processing. Enrollment counts are unduplicated for each SFY.

Table AA1 (which can be found on page 58 in **Appendix A**) presents total population, enrollees, percentage of the population enrolled in Medicaid, percentage of the population in poverty, recipients, payments and payments per recipient by parish during SFY 2022/23. In general, parishes with high poverty rates have large percentages of Medicaid enrollment. More than 50% of the population in 37 of 64 parishes are enrolled in Medicaid, as shown in **Figure 8**. Cameron Parish had the smallest percentage of Medicaid enrolled with only 20.9% of the parish's population enrolled in Medicaid.

Figure 8: Parish Percentage of Population Enrolled in Medicaid

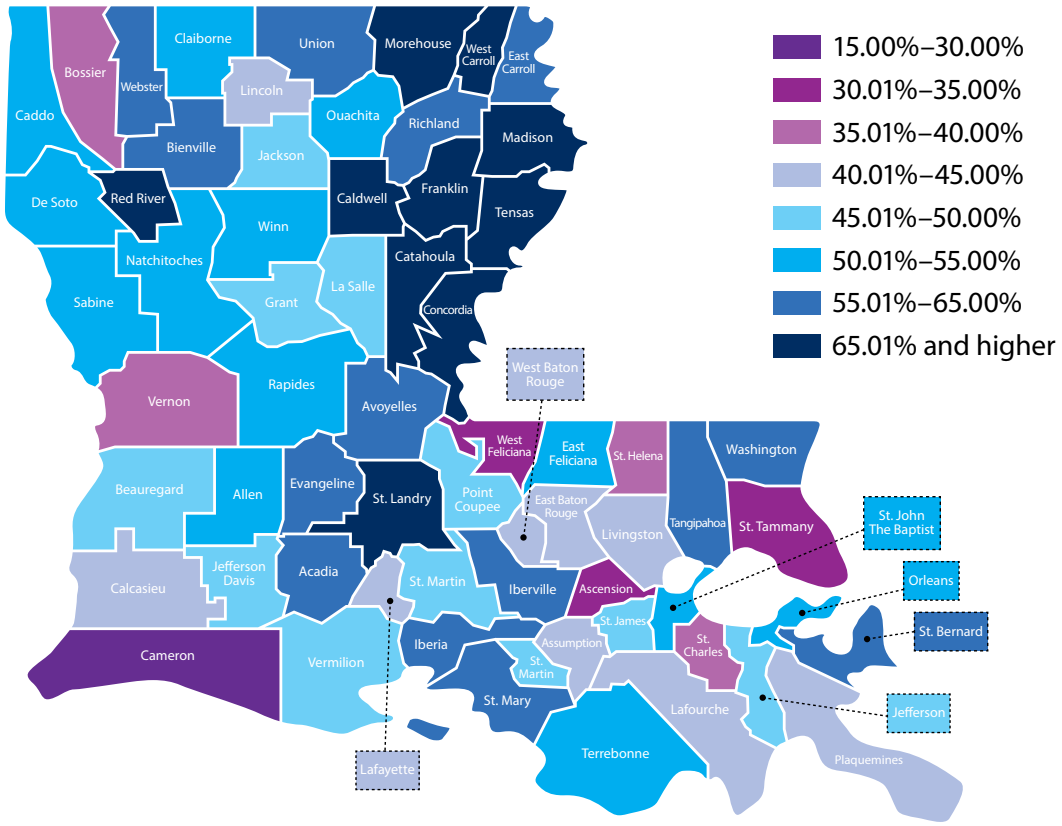
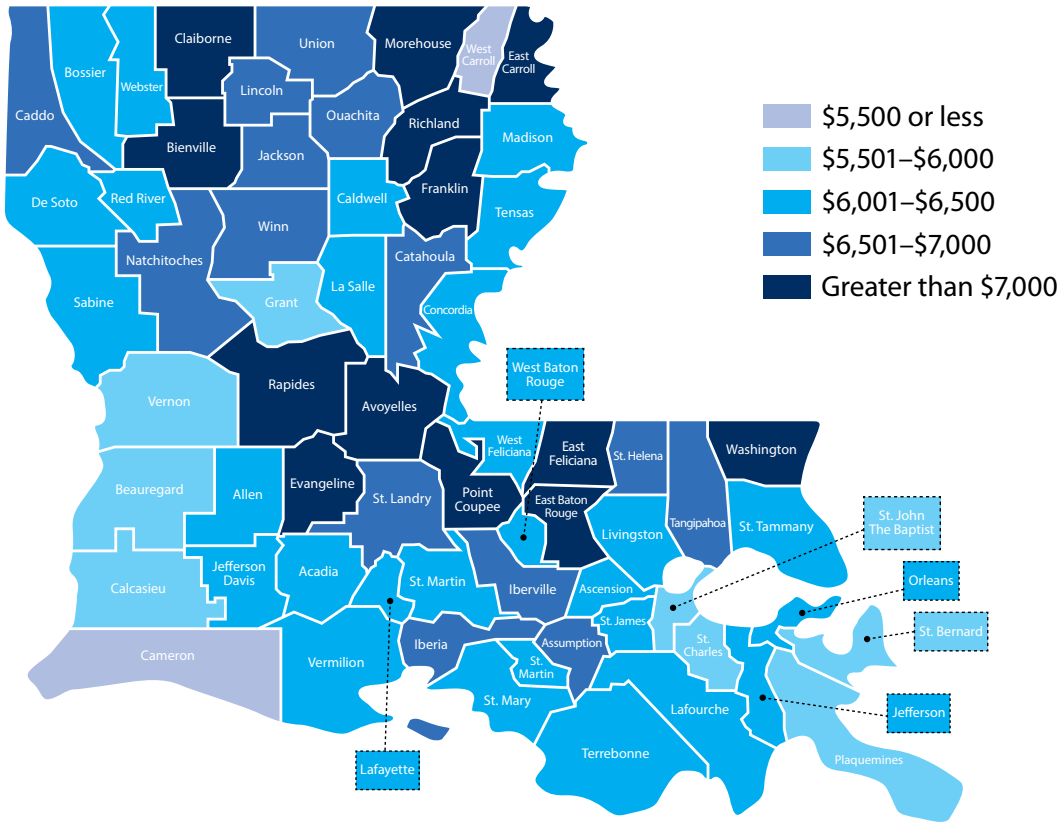


Figure 9: Parish Payments Per Recipient



East Baton Rouge Parish had the highest payments at about $1.4 billion, while Cameron Parish had the least amount paid on behalf of their recipients at about $5.1 million. However, on a per recipient basis, Rapides Parish is highest with $9,001 while Cameron Parish ranks lowest with $4,718 per recipient. The per recipient numbers show the average amount spent on each person in the given parish throughout the year (**Figure 9**).

Table AA2 (which can be found on page 60 in **Appendix A**) shows population, enrollment, recipients and payment in each parish by race. The "Other" column includes individuals of American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific Islanders, as well as those races unspecified in the system. Enrollees listed as "Other" accounted for 378,056 (17.7%) of the Medicaid population with 378,708 (17.7%) recipients who received Medicaid services totaling $2.5 billion (16.8%) in payments.

Table 13 presents total population, enrollees, percentage of population enrolled, recipients, payments and payments per recipient by region during SFY 2022/23. Northeast Louisiana had 55.1% of their population enrolled in Medicaid, the highest in the state. The Capital Area had the smallest percentage of population enrolled in Medicaid at 41.8%.

Table 13: Population, Enrollees, Recipients and Payments by Region

	Region	2022 Population[1]	Medicaid Enrollees[2]	Enrollees/Population Ratio	Enrollees/Population Rank	Medicaid Recipients[2]	Payments[3]	Payment per Recipient
1	Greater New Orleans Area	862,628	425,508	49.3	4	431,296	$2,735,980,716	$6,344
2	Capital Area	693,209	289,567	41.8	9	293,896	$2,088,370,794	$7,106
3	South Central Louisiana	379,334	180,428	47.6	6	184,259	$1,156,196,030	$6,275
4	Acadiana	594,884	295,177	49.6	3	298,302	$2,011,762,743	$6,744
5	Southwest Louisiana	298,236	133,811	44.9	7	135,872	$819,241,419	$6,030
6	Central Louisiana	289,803	148,558	51.3	2	150,794	$1,172,820,885	$7,778
7	Northwest Louisiana	513,250	251,384	49.0	5	253,823	$1,726,487,197	$6,802
8	Northeast Louisiana	344,314	189,667	55.1	1	194,648	$1,343,305,339	$6,901
9	Northshore Area	614,583	260,433	42.4	8	264,086	$1,757,461,525	$6,655
	Out of State	—	12,135	—	—	16,568	$20,461,749	$1,235
	State Total	**4,590,241**	**2,136,072**	**46.5**	—	**2,145,426**	**$14,832,088,397**	**$6,913**

[1] Population estimates are based on the most recent census population estimates. U.S.Census Bureau, Population Division (Updated March 2023). Annual Estimates of the Resident Population for Counties in Louisiana: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-22); Retrieved on October 15, 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.

[2] Individual region enrollee and recipient counts will not sum to the total state count due to movement between regions during the SFY; the state figures are unduplicated for the entire state, while numbers are unduplicated within the region.

[3] Payments are based on recipient region payments.

The Greater New Orleans Area had the highest total payments paid on behalf of their recipients at $2.7 billion, while Southwest Louisiana had the least amount paid on behalf of their recipients at $819 million. Southwest Louisiana had the lowest average rate of payments per recipient at $6,030, while the highest average rate of payment was in Central Louisiana with $7,778 per recipient. **Table AA1** (which can be found on page 58 in **Appendix A**) shows more detail in the payments per recipient by parish.

Age, Gender and Race

The breakdown of enrollees by age group (**Tables 14**–**17** and **Figure 10**) shows that Medicaid enrollees who are children, those aged 20 and under make up 42.4% of the total enrolled and 24.8% payments. Those between the ages of 21 and 64 comprised 49.3% of the enrolled population and account for 61.9% of payments; and those 65 and over made up the smallest component at 8.3% of enrollment but account for 13.3% of payments. Also, as expected, statistics reveal that certain age groups account for more costs than others. The reason for this is that the medical needs of these age groups tend to require more expensive services.

Table 14: Enrollees, Recipients and Payments by Age Group and Gender

Age Group[1]	Enrollees			Recipients			Payments		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Under 1	31,051	29,818	60,869	29,393	28,245	57,638	$267,066,101	$253,829,066	$520,895,168
1–5	110,540	106,285	216,825	111,443	107,226	218,669	$358,768,881	$323,792,308	$682,561,189
6–14	195,909	188,271	384,180	197,287	189,699	386,986	$715,401,910	$602,603,932	$1,318,005,842
15–18	84,069	82,872	166,941	84,474	83,264	167,738	$332,578,576	$300,948,355	$633,526,931
19–20	37,233	40,156	77,389	37,406	40,370	77,776	$248,330,137	$276,687,505	$525,017,642
21–44	268,604	411,266	679,870	265,741	414,505	680,246	$2,258,534,476	$3,378,990,990	$5,637,525,466
45–64	167,810	204,724	372,534	167,348	206,290	373,638	$1,643,342,872	$1,904,460,327	$3,547,803,200
65+	66,253	111,211	177,464	67,688	115,047	182,735	$699,738,658	$1,267,014,303	$1,966,752,960
Total	**961,469**	**1,174,603**	**2,136,072**	**960,780**	**1,184,646**	**2,145,426**	**$6,523,761,611**	**$8,308,326,787**	**$14,832,088,397**

[1] Age as of January 1, 2023.

Table 15: Recipients by Age Group, Race[1] and Gender

Age Group[2]	Black/African-American			White			Other[3]			Total *(all races)*
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Under 1	9,246	8,988	18,234	6,044	5,795	11,839	14,103	13,462	27,565	57,638
1–5	43,112	42,135	85,247	31,845	30,388	62,233	36,486	34,703	71,189	218,669
6–14	95,581	93,414	188,995	76,759	72,515	149,274	24,947	23,770	48,717	386,986
15–18	42,491	42,021	84,512	32,805	31,722	64,527	9,178	9,521	18,699	167,738
19–20	18,928	19,850	38,778	14,467	15,571	30,038	4,011	4,949	8,960	77,776
21–44	120,444	196,202	316,646	102,908	166,223	269,131	42,389	52,080	94,469	680,246
45–64	65,854	87,924	153,778	66,179	87,478	153,657	35,315	30,888	66,203	373,638
65+	27,460	48,515	75,975	22,978	40,876	63,854	17,250	25,656	42,906	182,735
Total	**423,116**	**539,049**	**962,165**	**353,985**	**450,568**	**804,553**	**183,679**	**195,029**	**378,708**	**2,145,426**

[1] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[2] Age as of January 1, 2023.
[3] Other includes all individuals not in Black/African-American or White.

Table 16: Enrollees by Age Group, Race[1] and Gender

Age Group[2]	Black/African-American Male	Black/African-American Female	Black/African-American Total	White Male	White Female	White Total	Other[3] Male	Other[3] Female	Other[3] Total	Total *(all races)*
Under 1	9,765	9,480	19,245	6,407	6,142	12,549	14,879	14,196	29,075	60,869
1–5	42,804	41,771	84,575	31,669	30,206	61,875	36,067	34,308	70,375	216,825
6–14	94,833	92,674	187,507	76,331	72,020	148,351	24,745	23,577	48,322	384,180
15–18	42,258	41,786	84,044	32,648	31,584	64,232	9,163	9,502	18,665	166,941
19–20	18,855	19,776	38,631	14,358	15,495	29,853	4,020	4,885	8,905	77,389
21–44	122,416	195,336	317,752	103,352	165,175	268,527	42,836	50,755	93,591	679,870
45–64	65,836	87,293	153,129	66,135	86,759	152,894	35,839	30,672	66,511	372,534
65+	26,610	46,960	73,570	22,303	38,979	61,282	17,340	25,272	42,612	177,464
Total	**423,377**	**535,076**	**958,453**	**353,203**	**446,360**	**799,563**	**184,889**	**193,167**	**378,056**	**2,136,072**

[1] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[2] Age as of January 1, 2023.
[3] Other includes all individuals not in Black/African-American or White.

Table 17: Payments by Age Group, Race[1] and Gender

Age Group[2]	Black/African-American Male	Black/African-American Female	Black/African-American Total	White Male	White Female	White Total
Under 1	$83,360,572	$80,513,053	$163,873,625	$52,377,196	$49,267,361	$101,644,557
1–5	$141,932,412	$128,218,792	$270,151,204	$101,066,016	$89,835,432	$190,901,447
6–14	$357,780,847	$302,213,557	$659,994,404	$273,240,325	$228,433,845	$501,674,170
15–18	$171,244,093	$152,630,973	$323,875,066	$127,134,620	$114,421,387	$241,556,007
19–20	$123,885,356	$139,228,309	$263,113,666	$98,000,270	$105,340,960	$203,341,230
21–44	$1,046,039,517	$1,630,711,498	$2,676,751,015	$856,959,839	$1,325,181,510	$2,182,141,349
45–64	$727,667,044	$865,095,112	$1,592,762,156	$635,355,832	$806,003,491	$1,441,359,323
65+	$290,345,247	$489,431,094	$779,776,341	$250,415,524	$494,293,593	$744,709,117
Total	**$2,942,255,088**	**$3,788,042,389**	**$6,730,297,477**	**$2,394,549,622**	**$3,212,777,579**	**$5,607,327,201**

Age Group[2]	Other[3] Male	Other[3] Female	Other[3] Total	Total *(across all races)*
Under 1	$131,328,333	$124,048,653	$255,376,986	$520,895,168
1–5	$115,770,453	$105,738,084	$221,508,537	$682,561,189
6–14	$84,380,738	$71,956,531	$156,337,269	$1,318,005,842
15–18	$34,199,864	$33,895,994	$68,095,857	$633,526,931
19–20	$26,444,510	$32,118,236	$58,562,746	$525,017,642
21–44	$355,535,120	$423,097,982	$778,633,102	$5,637,525,466
45–64	$280,319,997	$233,361,724	$513,681,721	$3,547,803,200
65+	$158,977,887	$283,289,616	$442,267,502	$1,966,752,960
Total	**$1,186,956,901**	**$1,307,506,819**	**$2,494,463,720**	**$14,832,088,398**

[1] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[2] Age as of January 1, 2023.
[3] Other includes all individuals not in Black/African-American or White.

Figure 10: Enrollment by Age Group

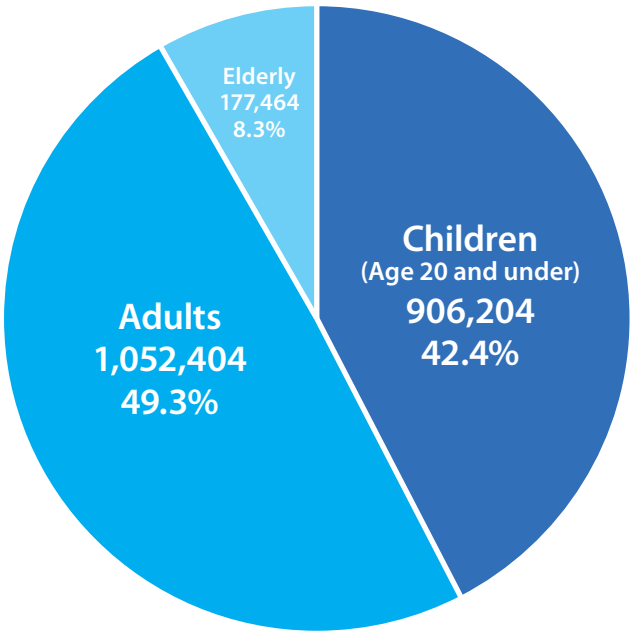


Figure 11: Enrollment by Gender

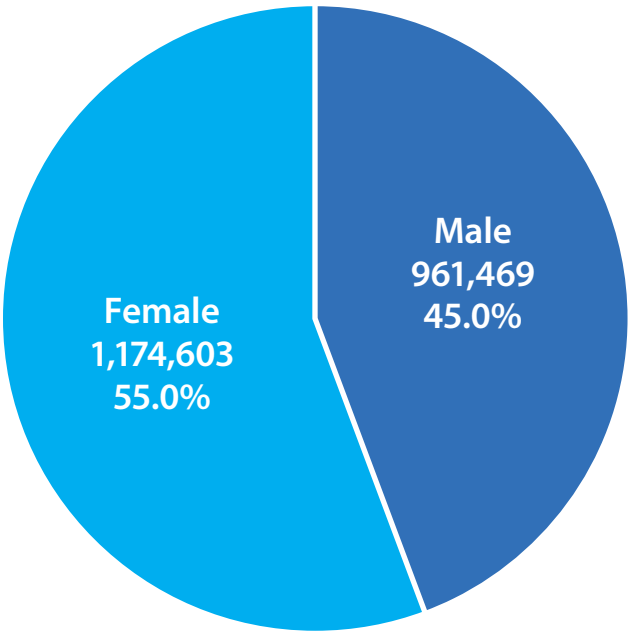
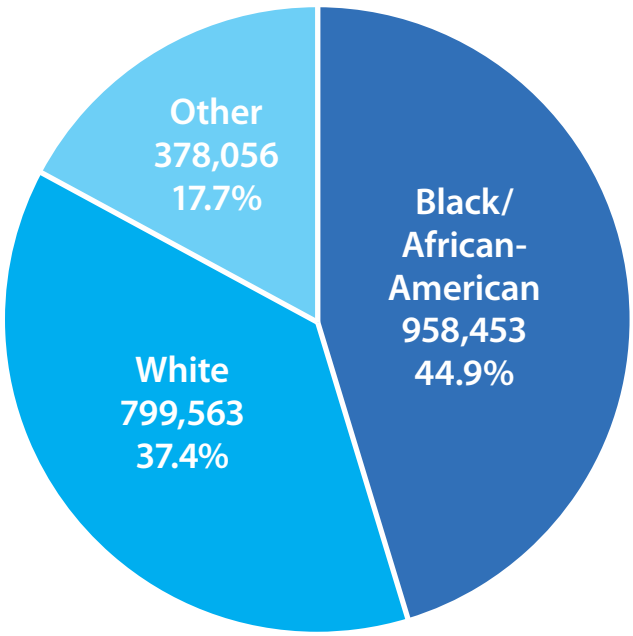


Figure 12: Enrollment by Race



Overall, there are more females (55.0%) than males (45.0%) enrolled in Medicaid (**Figure 11**). Though children age 18 and under are almost evenly split between female (49.1%) and male (50.9%), for enrollees of ages 19 and above, women account for 58.7% of enrollment (**Table 14**). This can probably be explained by the pregnant women programs, disproportionate number of female enrollees in very low income households, and longer life expectancy of females. These trends are true of all racial groups. **Tables 18–20** break down regional payments, enrollees and recipients by race and gender. **Figure 12** shows the percentage of enrollment by race: about 44.9% are Black or African American, 37.4% are White and 17.7% are other.

Table 18: Enrollees by Region[1], Race[2] and Gender

Race	Gender	1 Greater New Orleans Area	2 Capital Area	3 South Central Louisiana	4 Acadiana	5 Southwest Louisiana
Black/ African-American	Male	94,998	75,553	30,037	54,741	18,326
	Female	121,075	95,099	38,408	68,021	22,327
	Total	216,073	170,652	68,445	122,762	40,653
White	Male	45,548	30,293	32,683	56,348	31,750
	Female	53,834	37,369	43,726	73,401	41,459
	Total	99,382	67,662	76,409	129,749	73,209
Other[3]	Male	53,311	25,063	17,177	20,935	9,776
	Female	56,742	26,190	18,397	21,731	10,173
	Total	110,053	51,253	35,574	42,666	19,949
Total	**Male**	**193,857**	**130,909**	**79,897**	**132,024**	**59,852**
	Female	**231,651**	**158,658**	**100,531**	**163,153**	**73,959**
	Total	**425,508**	**289,567**	**180,428**	**295,177**	**133,811**

Race	Gender	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Out of State	Total *(across all regions)*
Black/ African-American	Male	23,529	57,814	41,407	34,445	1,855	423,377
	Female	28,348	75,042	51,394	43,721	2,884	535,076
	Total	51,877	132,856	92,801	78,166	4,739	958,453
White	Male	33,389	36,211	32,589	62,030	1,791	353,203
	Female	42,048	45,672	40,021	78,440	2,621	446,360
	Total	75,437	81,883	72,610	140,470	4,412	799,563
Other[3]	Male	10,818	17,929	12,228	20,408	1,332	184,889
	Female	10,426	18,716	12,028	21,389	1,652	193,167
	Total	21,244	36,645	24,256	41,797	2,984	378,056
Total	**Male**	**67,736**	**111,954**	**86,224**	**116,883**	**4,978**	**961,469**
	Female	**80,822**	**139,430**	**103,443**	**143,550**	**7,157**	**1,174,603**
	Total	**148,558**	**251,384**	**189,667**	**260,433**	**12,135**	**2,136,072**

[1] Individual region enrollee and recipient counts may not sum to the total state count due to movement between regions during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the region.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table 19: Recipients by Region[1], Race[2] and Gender

Race	Gender	1 Greater New Orleans Area	2 Capital Area	3 South Central Louisiana	4 Acadiana	5 Southwest Louisiana
Black/ African-American	Male	95,996	75,957	30,652	55,085	18,541
	Female	123,054	96,355	39,499	68,864	22,762
	Total	219,050	172,312	70,151	123,949	41,303
White	Male	46,431	31,176	33,241	56,894	32,155
	Female	55,139	38,828	44,781	74,511	42,236
	Total	101,570	70,004	78,022	131,405	74,391
Other[3]	Male	53,224	24,783	17,298	20,971	9,813
	Female	57,452	26,797	18,788	21,977	10,365
	Total	110,676	51,580	36,086	42,948	20,178
Total	**Male**	**195,651**	**131,916**	**81,191**	**132,950**	**60,509**
	Female	**235,645**	**161,980**	**103,068**	**165,352**	**75,363**
	Total	**431,296**	**293,896**	**184,259**	**298,302**	**135,872**

Race	Gender	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Out of State	Total *(across all regions)*
Black/ African-American	Male	23,686	58,127	42,174	34,683	2,478	423,116
	Female	28,880	75,886	52,880	44,412	3,888	539,049
	Total	52,566	134,013	95,054	79,095	6,366	962,165
White	Male	33,831	36,547	33,298	62,747	2,393	353,985
	Female	43,031	46,431	41,326	79,924	3,561	450,568
	Total	76,862	82,978	74,624	142,671	5,954	804,553
Other[3]	Male	10,786	17,931	12,486	20,536	1,867	183,679
	Female	10,580	18,901	12,484	21,784	2,381	195,029
	Total	21,366	36,832	24,970	42,320	4,248	378,708
Total	**Male**	**68,303**	**112,605**	**87,958**	**117,966**	**6,738**	**960,780**
	Female	**82,491**	**141,218**	**106,690**	**146,120**	**9,830**	**1,184,646**
	Total	**150,794**	**253,823**	**194,648**	**264,086**	**16,568**	**2,145,426**

[1] Individual region enrollee and recipient counts may not sum to the total state count due to movement between regions during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the region.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table 20: Payments[1] by Region[2], Race[3] and Gender

Race	Gender	1 Greater New Orleans Area	2 Capital Area	3 South Central Louisiana	4 Acadiana	5 Southwest Louisiana
Black/ African-American	Male	$623,371,873	$541,603,109	$193,741,372	$361,294,837	$108,801,008
	Female	$799,784,807	$690,478,779	$253,868,802	$479,989,544	$138,490,498
	Total	$1,423,156,680	$1,232,081,888	$447,610,175	$841,284,381	$247,291,506
White	Male	$300,256,651	$224,260,600	$196,582,808	$359,992,477	$184,848,019
	Female	$360,287,127	$284,870,987	$298,102,462	$518,877,088	$264,302,578
	Total	$660,543,778	$509,131,586	$494,685,270	$878,869,564	$449,150,597
Other[4]	Male	$310,738,808	$168,836,756	$97,914,170	$136,033,043	$57,212,710
	Female	$341,541,451	$178,320,565	$115,986,415	$155,575,754	$65,586,606
	Total	$652,280,258	$347,157,320	$213,900,585	$291,608,797	$122,799,316
Total	**Male**	**$1,234,367,332**	**$934,700,464**	**$488,238,351**	**$857,320,357**	**$350,861,737**
	Female	**$1,501,613,384**	**$1,153,670,330**	**$667,957,679**	**$1,154,442,386**	**$468,379,682**
	Total	**$2,735,980,716**	**$2,088,370,794**	**$1,156,196,030**	**$2,011,762,743**	**$819,241,419**

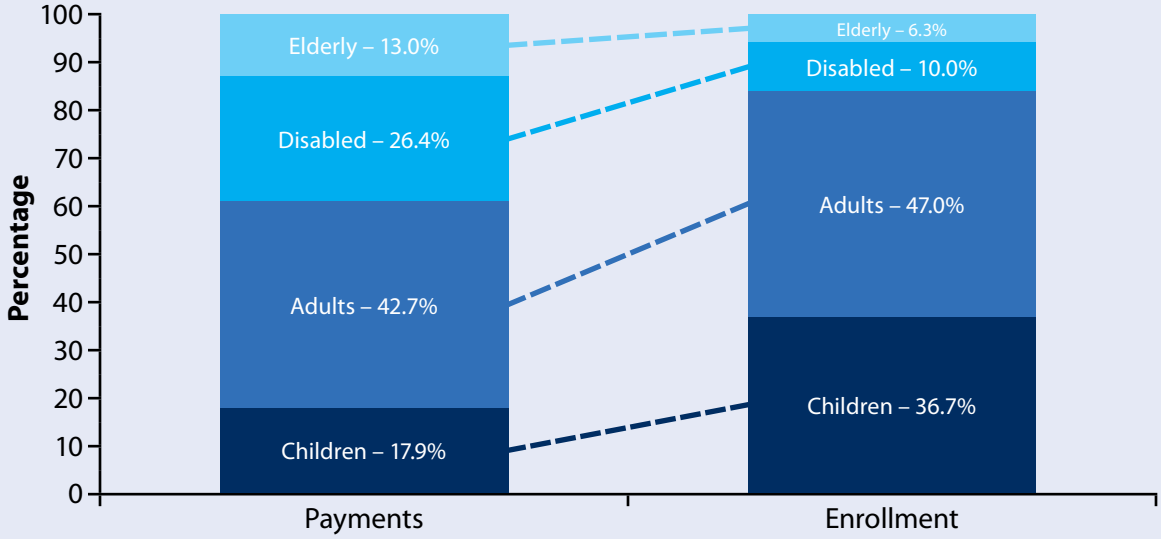
Race	Gender	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Out of State	Total *(across all regions)*
Black/ African-American	Male	$194,116,283	$394,024,973	$296,868,917	$225,331,447	$3,101,268	$2,942,255,088
	Female	$219,774,652	$521,390,598	$377,872,557	$301,776,181	$4,615,970	$3,788,042,388
	Total	$413,890,935	$915,415,572	$674,741,474	$527,107,627	$7,717,239	$6,730,297,476
White	Male	$270,337,259	$238,422,262	$217,309,070	$399,371,283	$3,169,193	$2,394,549,622
	Female	$319,205,220	$319,686,605	$287,692,281	$555,333,212	$4,420,020	$3,212,777,579
	Total	$589,542,479	$558,108,867	$505,001,351	$954,704,495	$7,589,214	$5,607,327,201
Other[4]	Male	$84,286,477	$120,772,666	$77,544,903	$131,152,019	$2,465,349	$1,186,956,901
	Female	$85,100,994	$132,190,093	$86,017,611	$144,497,384	$2,689,947	$1,307,506,819
	Total	$169,387,471	$252,962,759	$163,562,514	$275,649,403	$5,155,296	$2,494,463,720
Total	**Male**	**$548,740,019**	**$753,219,901**	**$591,722,890**	**$755,854,749**	**$8,735,811**	**$6,523,761,610**
	Female	**$624,080,866**	**$973,267,296**	**$751,582,449**	**$1,001,606,776**	**$11,725,938**	**$8,308,326,786**
	Total	**$1,172,820,885**	**$1,726,487,197**	**$1,343,305,339**	**$1,757,461,525**	**$20,461,749**	**$14,832,088,397**

[1] Payments are based on recipient region payments.
[2] Individual region enrollee and recipient counts may not sum to the total state count due to movement between regions during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the region.
[3] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[4] Other includes all individuals not in Black/African-American or White.

Basis of Eligibility

During SFY 2022/23, there were 2,136,072 unduplicated Medicaid enrollees. All enrollees are placed into one of four **Basis of Eligibility** (**BOE**) categories depending on age or disability according to the hierarchy shown in **Figure 13** below. Based on total payments by BOE, children and adults together made up 83.8% of enrollment, but only 60.5% of payments. The elderly and disabled collectively accounted for 16.2% of enrollment, but 39.5% of payments.

Figure 13: Percentage of Payments and Enrollment by Basis of Eligibility



Tables 21–**23** present BOE by race and gender. **Table 21** shows the payments for each BOE by race and gender. The highest portion of payments were expended on behalf of adults with $6.3 billion (42.7%), while the lowest were on behalf of the elderly with $1.9 billion (13.0%). As shown in **Tables 22** and **23**, adults account for the highest number of Medicaid recipients and enrollees. For the SFY, there were 959,645 (44.7%) adult recipients and 1,067,896 (50.0%) adult enrollees.

Table 21: Payments by Basis of Eligibility, Race[1] and Gender

Race	Gender	Basis of Eligibility				Total
		Elderly	Disabled	Children	Adults	
Black/ African-American	Male	$283,672,272	$1,107,553,976	$561,299,085	$989,729,756	$2,942,255,088
	Female	$481,128,891	$906,781,132	$571,801,295	$1,828,331,070	$3,788,042,388
	Total	$764,801,163	$2,014,335,108	$1,133,100,380	$2,818,060,826	$6,730,297,476
White	Male	$244,347,892	$757,243,393	$460,172,800	$932,785,537	$2,394,549,622
	Female	$488,199,589	$685,049,083	$439,272,273	$1,600,256,635	$3,212,777,579
	Total	$732,547,481	$1,442,292,476	$899,445,073	$2,533,042,172	$5,607,327,200
Other[2]	Male	$156,193,120	$275,511,941	$314,874,264	$440,377,575	$1,186,956,901
	Female	$281,093,691	$185,710,285	$303,740,733	$536,962,110	$1,307,506,819
	Total	$437,286,811	$461,222,226	$618,614,998	$977,339,686	$2,494,463,720
Total	**Male**	**$684,213,284**	**$2,140,309,310**	**$1,336,346,149**	**$2,362,892,868**	**$6,523,761,610**
	Female	**$1,250,422,170**	**$1,777,540,499**	**$1,314,814,302**	**$3,965,549,815**	**$8,308,326,786**
	Total	**$1,934,635,454**	**$3,917,849,809**	**$2,651,160,451**	**$6,328,442,683**	**$14,832,088,398**

[1] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[2] Other includes all individuals not in Black/African-American or White.

Table 22: Recipients[1] by Basis of Eligibility, Race[2] and Gender

Race	Gender	Basis of Eligibility				Total
		Elderly	Disabled	Children	Adults	
Black/ African-American	Male	28,112	72,749	187,257	159,314	423,116
	Female	49,495	65,083	190,965	259,230	539,049
	Total	77,607	137,832	378,222	418,544	962,165
White	Male	23,580	45,446	150,868	152,958	353,985
	Female	41,677	46,073	146,571	236,227	450,568
	Total	65,257	91,519	297,439	389,185	804,553
Other[3]	Male	17,645	18,220	84,391	71,311	183,679
	Female	26,033	12,799	82,443	80,605	195,029
	Total	43,678	31,019	166,834	151,916	378,708
Total	**Male**	**69,337**	**136,415**	**422,516**	**383,583**	**960,780**
	Female	**117,205**	**123,955**	**419,979**	**576,062**	**1,184,646**
	Total	**186,542**	**260,370**	**842,495**	**959,645**	**2,145,426**

[1] Enrollee and recipient counts may not sum to the total due to movement between BOE categories during the SFY. The figures are unduplicated for each BOE, while numbers are unduplicated for total enrollee and recipient count.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table 23: Enrollees[1] by Basis of Eligibility, Race[2] and Gender

Race	Gender	Basis of Eligibility				Total
		Elderly	Disabled	Children	Adults	
Black/ African-American	Male	21,868	65,793	184,776	178,826	423,377
	Female	37,986	55,938	188,306	286,152	535,076
	Total	59,854	121,731	373,082	464,978	958,453
White	Male	17,482	38,965	149,237	171,157	353,203
	Female	30,732	38,713	144,665	260,546	446,360
	Total	48,214	77,678	293,902	431,703	799,563
Other[3]	Male	13,848	16,099	84,032	81,052	184,889
	Female	20,592	10,910	82,482	90,163	193,167
	Total	34,440	27,009	166,514	171,215	378,056
Total	**Male**	**53,198**	**120,857**	**418,045**	**431,035**	**961,469**
	Female	**89,310**	**105,561**	**415,453**	**636,861**	**1,174,603**
	Total	**142,508**	**226,418**	**833,498**	**1,067,896**	**2,136,072**

[1] Enrollee and recipient counts may not sum to the total due to movement between BOE categories during the SFY. The figures are unduplicated for each BOE, while numbers are unduplicated for total enrollee and recipient count.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Enrollment data for the last two state fiscal years by BOE are presented in **Table 24**. Monthly and SFY total enrollment numbers are unduplicated for their respective periods of time. All categories except Disabled saw their enrollment numbers increase in SFY 2022/23. The highest increase was in the Elderly category with 6.19%. Overall enrollment increased by 3.80% compared to SFY 2021/22.

Table 24: Enrollees per Month by Basis of Eligibility for SFY 2021/22 and SFY 2022/23[1]

	Month	Elderly	Disabled	Children	Adults	Total
SFY 2021/22	July 2021	112,063	210,464	753,054	887,275	1,900,443
	August 2021	113,014	209,453	751,858	899,900	1,911,345
	September 2021	113,528	208,711	752,766	905,660	1,918,028
	October 2021	114,079	207,938	754,644	911,474	1,925,223
	November 2021	114,595	206,052	755,751	919,732	1,933,416
	December 2021	115,451	205,760	756,855	926,741	1,942,205
	January 2022	117,225	207,177	758,556	926,771	1,951,053
	February 2022	117,307	206,693	758,733	930,469	1,955,130
	March 2022	117,767	206,271	760,359	937,181	1,962,019
	April 2022	118,210	206,129	761,869	942,167	1,968,831
	May 2022	118,838	205,061	763,063	949,552	1,976,108
	June 2022	119,316	204,148	764,676	954,662	1,982,853
	Total[2]	**134,203**	**229,424**	**818,813**	**1,011,790**	**2,057,869**
	Month	**Elderly**	**Disabled**	**Children**	**Adults**	**Total**
SFY 2022/23	July 2022	120,229	208,231	767,063	960,720	1,991,585
	August 2022	121,355	208,094	769,433	967,682	2,000,521
	September 2022	121,981	207,640	771,225	972,049	2,006,842
	October 2022	122,736	207,318	772,871	977,204	2,013,683
	November 2022	123,430	206,647	775,243	984,001	2,023,238
	December 2022	124,114	206,081	777,600	990,473	2,032,424
	January 2023	126,701	207,338	779,878	984,904	2,041,494
	February 2023	126,920	206,867	780,758	988,097	2,045,961
	March 2023	127,486	206,071	782,264	996,113	2,052,504
	April 2023	127,857	205,659	783,311	1,000,724	2,057,937
	May 2023	128,350	204,456	784,972	1,007,946	2,063,946
	June 2023	128,580	199,344	785,302	1,010,151	2,060,971
	Total[2]	**142,508**	**226,418**	**833,498**	**1,067,896**	**2,136,072**
Total Change Between SFYs		**6.19%**	**-1.31%**	**1.79%**	**5.55%**	**3.80%**

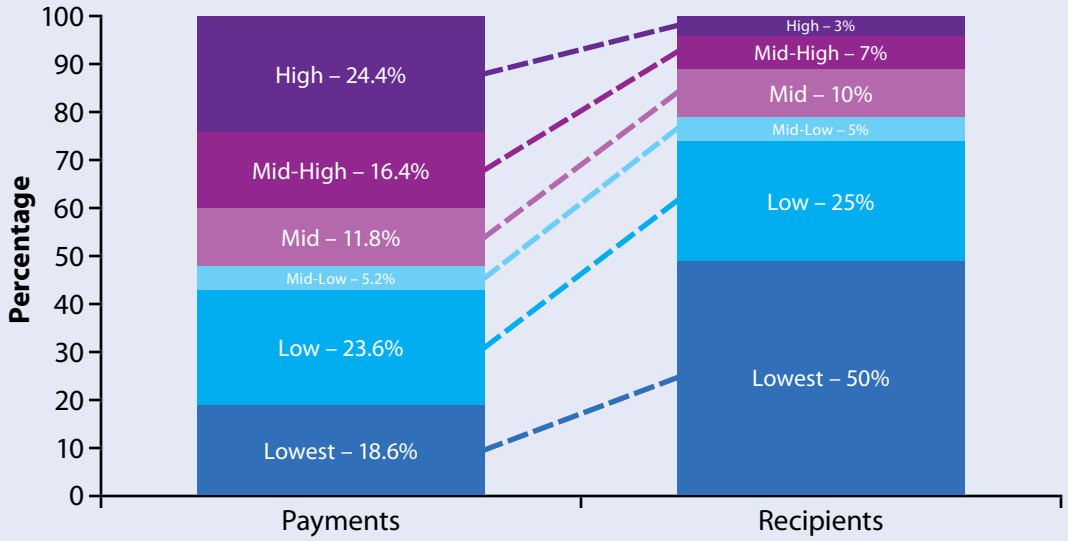
[1] SFY totals may not equal the sum of monthly basis of eligibility category totals due to movement across categories and duplication across months. All numbers are pure unduplicated enrollee counts.

[2] All enrollment totals were extracted on October 30, 2023 to capture the majority of retro enrollments for the SFY. These totals will not match monthly enrollment reports produced by Medicaid, which represent a snapshot of enrollment within a few days following the end of each month.

Recipients Ranked by Payments

Medicaid provides health care coverage to elderly, disabled and low income families. Since Medicaid is an entitlement program, Louisiana cannot limit the number of enrollees in Medicaid, nor can they be selective in who is allowed to receive services as long as the Medicaid eligibility requirements are met. **Figure 14** shows the percentage of payments and recipients ranked by payments. The majority of recipients only require minimal services. A few recipients with intensive care needs account for a disproportionate share of total payments. During SFY 2022/23, of all Medicaid recipients, the top 3% of recipients accounted for 24.4% of all payments. The cumulative top 50% of recipients accounted for approximately 81.4% of total payments, while the least expensive recipients, the other 50%, only made up approximately 18.6% of total payments.

Figure 14: Percentage of Recipients and Payments Ranked by Payments



Cumulative

Percent of Recipients	Percent of Payments
3%	23%
10%	40%
20%	53%
25%	58%
50%	82%
100%	100%

Table 25 breaks down the top 3% of recipients by payment based on their top 10 type cases ranked by payment. Long-Term Care (LTC) is the highest paid case type in this recipient group, accounting for about $984.6 million in payment.

Table 25: Top 10 Case Types of Top 3 Percent of Medicaid Recipients

Case Types	Recipients[1]	Provider Types						Total
		Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospice Services	All Other Providers[2]	
LTC	17,271	$879,304,856	$14,845	$409,585	$28,597	$58,390,736	$46,493,132	$984,641,750
SSI	17,202	$2,428,423	$684,922	$1,309,119	$157,419,119	$157,703	$273,700,310	$435,699,595
New Opportunities Waiver/SSI	3,081	$26,726	$182,162,487	$25,312	$29,420	$192,657	$83,570,866	$266,007,468
SSI/LTC	3,661	$173,141,809	$12,123	$98,429	$80,872	$7,192,628	$33,698,357	$214,224,218
Private ICF/ID	2,407	$126,473	$12,715	$161,778,017	$2,222	$257,831	$3,032,873	$165,210,131
Community Choices Waiver	3,442	$5,801,400	$109,210,290	—	$260,143	$112,144	$20,634,415	$136,018,393
New Opportunities Waiver/Non-SSI	1,664	$31,745	$95,607,361	$27,081	—	$2,192	$33,742,394	$129,410,773
SSI New Opportunities Waiver Fund	1,687	$0	$84,033,938	$11,405	$53,245	$95,131	$42,391,319	$126,585,038
Medicaid Expansion	6,304	$137,628	—	—	$6,409,849	—	$119,223,245	$125,770,722
SSI/Private ICF/ID	1,363	$120,298	—	$99,727,552	$1,866	$23,068	$11,366,144	$111,238,927
All Other Case Types	45,873	$59,615,100	$171,154,051	$145,681,414	$44,568,628	$4,759,889	$486,443,782	$912,222,864
Total	**64,362**	**$1,120,734,458**	**$642,892,732**	**$409,067,913**	**$208,853,961**	**$71,183,978**	**$1,154,296,839**	**$3,607,029,880**

[1] Recipient counts may not sum to the total due to movement between case types categories during the SFY. Total represents the total unduplicated count, while the rest of the recipients counts are unduplicated count for each case type.
[2] All Other Providers includes all payments not in five provider types listed.

MANAGED CARE IN LOUISIANA

Fee-for-Service (**FFS**) is a model of payment in which Louisiana Medicaid pays each service provider directly based on the services provided to Medicaid recipients. Providers submit claims to Medicaid, which list the services provided, recipients, and costs of the services. Medicaid then pays the providers directly based on the fee schedule for the billed service and on the claims information. Currently, only 7.6% of the Medicaid population gets their care through a FFS model.

In February 2012, Louisiana Medicaid initiated its transition from a predominately legacy FFS program to a managed health care delivery system. This original Medicaid Managed Care Program included two models of coordinated care networks: a full-risk, managed care organization (MCO) model delivered by "prepaid health plans" and **primary care case management** (**PCCM**) model delivered by "shared savings health plans." Not all Medicaid services were available through these health plans, and some enrollees continued to receive certain services under the FFS program.

Over time, coverage provided by the health plans expanded to include additional services and populations, most notably specialized behavioral health, pharmacy and adult (expansion) populations made eligible through the Affordable Care Act. In February 2015, the delivery model transitioned from the combination MCO/PCCM model to a full-risk model with five MCOs. The six currently contracted MCOs are collectively referred to as "**Healthy Louisiana**" (see page 37 for more details).

In addition to the Healthy Louisiana MCOs, there are other managed care entities contracted with the department to provide limited benefits to specific populations through a managed care delivery model including: **Dental Benefits Plan Manager** (**DBPM**), and the **Louisiana Behavioral Health Partnership** (**LBHP**). All contractors providing member coverage and benefit management through any of the managed care delivery systems, including MCOs, DBPMs and the LBHP, are considered **managed care entities** (**MCE**). Details for each model are provided below.

The managed care programs use a **Per-Member-Per-Month** (**PMPM**) payment model, in which Louisiana Medicaid pays the MCEs a monthly fee/premium to manage the health needs of the Medicaid population. MCEs also receive a one-time kick-payment for each obstetrical delivery. Maternity Kick Payments are intended to cover prenatal care, delivery, post-partum care, and normal newborn hospital costs. Managed care providers who deliver care to recipients are paid by the MCEs rather than being paid directly by Louisiana Medicaid.

Today, most Medicaid enrollees receive their health care through one or more of the MCEs, with the exception of the following that are excluded from managed care: individuals with a limited period of eligibility and individuals in specific programs. All of the services for these individuals are provided directly through the FFS program. In addition, some services are excluded from the MCE contracts for all Medicaid enrollees and are provided directly through FFS, including long-term care and waiver services (see page 54 for more details).

HEALTHY LOUISIANA

Healthy Louisiana MCOs provide full coverage of both physical and **specialized behavioral health** (**SBH**) including **non-emergency medical transportation** (**NEMT**) to 85.3% of Medicaid enrollees. An additional 7.1% of enrollees receive SBH and NEMT coverage through the MCEs, with all other covered services provided under FFS, as shown below in **Figure 15**. Specialized behavioral health services are mental health services and substance use/addiction disorder services, specifically defined in the Medicaid State Plan and/or applicable waivers. Some managed care enrollees may receive services through FFS. For example, individuals enrolled in Healthy Louisiana for specialized behavioral health only will continue to receive all eligible coverage for physical health, pharmacy, long-term care and waiver services under FFS.

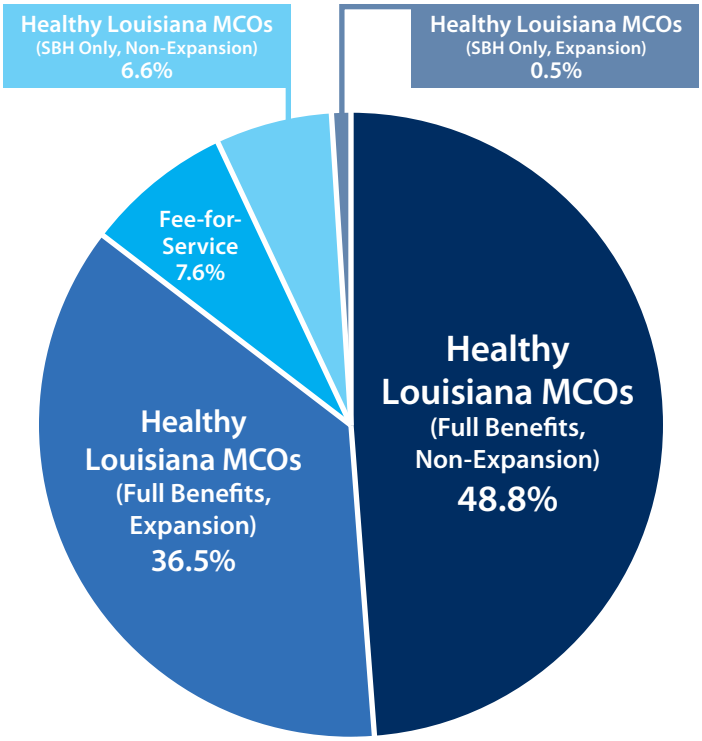
Payments made to MCOs for dates of service in SFY 2022/23 totaled $10,595,619,379 for care to 1,978,599 recipients enrolled in Healthy Louisiana. **Table AA3** (which can be found on page 64 in **Appendix A**) presents the payments made to the Healthy Louisiana plans and the number of recipients by parish for services provided in SFY 2022/23. **Tables AA4** and **AA5** (which can be found on pages 68 and 72) show the payments by date of service and recipients by parish, race and gender. Note that some Healthy Louisiana recipients may also receive services through the Dental Benefits, LBHP or Fee-for-Service programs.

Healthy Louisiana Enrollment

Beginning in July 2016, Louisiana expanded Medicaid to New Adults as authorized under the Affordable Care Act. Medicaid expansion allows adults with incomes at or below 138%[6] of the Federal Poverty Guidelines (FPG) to receive Medicaid. All expansion recipients were enrolled in Healthy Louisiana plans. Medicaid expansion coverage is equivalent to the full benefit care coverage that is available to regular managed care recipients. All expansion recipients have access to full Medicaid benefits as well as additional benefits as offered by each plan.

Out of the total 2,136,072 unduplicated individuals enrolled in Louisiana Medicaid, 1,985,845 were enrolled in Healthy Louisiana. **Table 26** reflects the enrollment by region, health plan and service enrollment type. The majority of Healthy Louisiana enrollees received full benefit coverage. Only 166,686 of the total enrollees received SBH-Only coverage. **Table 27** breaks down enrollment by health plan, age group and gender. **Table 28** breaks down enrollment by age group, race and gender. **Figure 16** shows the proportion of enrollee groups by health plan and **Figure 17** shows the proportion of enrollment by age group. **Figure 18** shows the number of expansion enrollees by parish.

Figure 15: Percentage of Enrollees by Medicaid Enrollment Groups



[6] Limit includes additional 5% income disregard.

Table 26: Healthy Louisiana Enrollment per Plan by Region and Type of Service[1]

	Region	Aetna Better Health of Louisiana					AmeriHealth Caritas of Louisiana				
		Full Benefits		SBH Only		Total	Full Benefits		SBH Only		Total
		Expansion	Non-Expansion	Expansion	Non-Expansion		Expansion	Non-Expansion	Expansion	Non-Expansion	
1	Greater New Orleans Area	37,494	37,091	470	5,272	78,780	32,940	42,775	360	5,018	79,513
2	Capital Area	15,316	13,277	219	3,386	31,508	15,269	23,019	176	3,258	40,738
3	South Central Louisiana	11,420	12,880	165	1,894	25,840	10,772	17,470	150	1,971	29,711
4	Acadiana	13,056	13,016	264	3,314	28,977	17,064	24,297	202	3,387	43,941
5	Southwest Louisiana	4,851	3,811	97	1,231	9,766	6,599	7,745	92	1,206	15,308
6	Central Louisiana	5,797	6,010	142	1,785	13,396	10,108	17,066	125	1,886	28,507
7	Northwest Louisiana	12,922	13,564	246	3,472	29,510	18,650	31,657	179	3,206	52,506
8	Northeast Louisiana	7,301	6,623	102	2,169	15,844	15,747	19,665	117	2,265	36,997
9	Northshore Area	12,796	12,897	226	2,487	27,826	12,292	16,060	195	2,603	30,402
	Out of State	484	706	14	136	1,339	506	942	4	106	1,557
	Total	**119,459**	**117,865**	**1,923**	**24,674**	**258,251**	**137,811**	**197,615**	**1,588**	**24,488**	**353,456**

	Region	Healthy Blue					Humana Healthy Horizons[2]				
		Full Benefits		SBH Only		Total	Full Benefits		SBH Only		Total
		Expansion	Non-Expansion	Expansion	Non-Expansion		Expansion	Non-Expansion	Expansion	Non-Expansion	
1	Greater New Orleans Area	44,777	47,542	598	5,859	96,537	17,692	23,868	47	1,323	42,441
2	Capital Area	30,504	34,112	387	3,747	67,238	13,940	26,403	39	883	40,814
3	South Central Louisiana	16,776	19,156	278	2,277	37,536	6,565	8,375	32	533	15,296
4	Acadiana	33,610	41,496	474	4,060	77,671	8,398	8,877	22	976	18,114
5	Southwest Louisiana	13,633	15,327	193	1,451	29,918	2,876	4,296	9	401	7,498
6	Central Louisiana	16,321	20,772	241	2,279	38,613	1,914	1,794	7	579	4,264
7	Northwest Louisiana	27,012	32,095	336	3,515	61,509	2,716	2,815	20	1,028	6,519
8	Northeast Louisiana	21,898	25,329	281	2,867	49,090	948	862	9	773	2,563
9	Northshore Area	31,740	39,968	479	3,520	73,932	11,049	18,337	31	765	29,858
	Out of State	900	1,683	26	139	2,739	257	423	1	19	700
	Total	**232,933**	**272,487**	**3,259**	**29,177**	**524,875**	**65,289**	**94,491**	**211**	**7,177**	**165,309**

	Region	Louisiana Healthcare Connections					United Healthcare of Louisiana				
		Full Benefits		SBH Only		Total	Full Benefits		SBH Only		Total
		Expansion	Non-Expansion	Expansion	Non-Expansion		Expansion	Non-Expansion	Expansion	Non-Expansion	
1	Greater New Orleans Area	49,540	68,086	503	6,148	121,365	56,957	73,626	751	7,414	135,413
2	Capital Area	32,725	48,529	333	4,177	83,750	44,060	65,511	550	5,216	112,443
3	South Central Louisiana	18,187	29,269	237	2,467	48,922	27,424	40,557	499	3,262	69,675
4	Acadiana	39,920	62,057	568	5,166	104,630	34,691	53,696	557	5,066	91,613
5	Southwest Louisiana	25,452	47,254	386	2,486	73,436	11,479	12,705	180	1,566	25,298
6	Central Louisiana	19,521	32,248	242	3,007	53,485	16,024	23,490	240	2,550	41,305
7	Northwest Louisiana	28,120	47,043	339	4,376	77,801	35,024	53,802	470	4,849	91,719
8	Northeast Louisiana	26,459	40,359	314	3,612	68,773	25,499	33,922	315	3,361	61,484
9	Northshore Area	35,781	60,372	330	3,538	97,562	28,758	37,907	442	3,544	68,946
	Out of State	757	1,871	22	156	2,803	895	1,923	24	171	3,008
	Total	**272,554**	**429,758**	**3,230**	**34,514**	**720,451**	**276,706**	**391,109**	**3,993**	**36,375**	**689,961**

continued on next page...

	Region	Total[1] (across all plans)				
		Full Benefits		SBH Only		Total
		Expansion	Non-Expansion	Expansion	Non-Expansion	
1	Greater New Orleans Area	172,981	201,792	2,695	30,456	395,244
2	Capital Area	110,503	146,926	1,669	20,223	270,434
3	South Central Louisiana	68,085	91,945	1,335	12,154	167,665
4	Acadiana	111,263	150,088	2,057	21,466	275,234
5	Southwest Louisiana	49,647	70,239	942	8,121	124,689
6	Central Louisiana	53,267	75,041	983	11,794	136,348
7	Northwest Louisiana	91,499	128,491	1,562	19,821	233,143
8	Northeast Louisiana	73,618	93,032	1,121	14,645	176,153
9	Northshore Area	99,220	133,720	1,679	16,101	242,839
	Out of State	3,622	6,779	91	722	11,193
	Total	**815,837**	**1,072,367**	**13,980**	**152,706**	**1,985,845**

[1] The number of enrollees may not sum to the totals provided due to movement between plans and types of care during the SFY. Numbers are unduplicated.
[2] Effective January 1, 2023, Humana Healthy Horizons joined as the sixth Managed Care Organization (MCO).
[3] During the SFY 2022/23, Medicaid recipients have the option to select their health plan when Humana Healthy Horizons is onboarded, leading to a significant increase in the recipient by MCOs. However, the total recipient at the state level may not show a significant increase.

Table 27: Healthy Louisiana Enrollment per Plan by Age Group, Health Plan and Gender

Age Group[1]	Aetna Better Health of Louisiana			AmeriHealth Caritas of Louisiana		
	Male	Female	Total	Male	Female	Total
Under 1	2,970	2,804	5,774	5,268	5,079	10,347
1–5	13,042	12,546	25,588	20,846	20,582	41,428
6–14	20,161	20,103	40,264	35,918	36,507	72,425
15–18	8,597	8,366	16,963	15,943	15,736	31,679
19–20	4,100	4,124	8,224	7,190	7,263	14,453
21–44	40,538	55,075	95,613	47,419	68,825	116,244
45–64	24,160	26,086	50,246	23,611	27,961	51,572
65+	5,695	9,884	15,579	5,643	9,665	15,308
Total	**119,263**	**138,988**	**258,251**	**161,838**	**191,618**	**353,456**

Age Group[1]	Healthy Blue			Humana Healthy Horizons[2]		
	Male	Female	Total	Male	Female	Total
Under 1	7,913	7,735	15,648	2,797	2,827	5,624
1–5	29,638	28,554	58,192	10,314	10,777	21,091
6–14	47,357	46,514	93,871	17,971	19,141	37,112
15–18	20,362	19,544	39,906	7,864	7,660	15,524
19–20	9,617	10,097	19,714	3,636	3,319	6,955
21–44	80,953	114,820	195,773	24,603	30,245	54,848
45–64	39,044	44,633	83,677	10,200	9,150	19,350
65+	6,846	11,248	18,094	1,761	3,044	4,805
Total	**241,730**	**283,145**	**524,875**	**79,146**	**86,163**	**165,309**

continued on next page...

Age Group[1]	Louisiana Healthcare Connections			United Healthcare of Louisiana		
	Male	Female	Total	Male	Female	Total
Under 1	11,149	10,590	21,739	9,196	8,734	17,930
1–5	44,583	43,434	88,017	39,310	38,541	77,851
6–14	82,844	81,548	164,392	75,395	74,625	150,020
15–18	35,313	34,911	70,224	32,896	32,164	65,060
19–20	15,709	16,705	32,414	14,603	14,782	29,385
21–44	86,393	143,911	230,304	87,820	139,291	227,111
45–64	39,983	52,581	92,564	43,636	57,055	100,691
65+	7,700	13,097	20,797	7,934	13,979	21,913
Total	**323,674**	**396,777**	**720,451**	**310,790**	**379,171**	**689,961**

Age Group[1]	Total[3] *(across all plans)*		
	Male	Female	Total
Under 1	30,710	29,498	60,208
1–5	109,713	105,471	215,184
6–14	195,576	187,953	383,529
15–18	83,793	82,687	166,480
19–20	36,913	39,976	76,889
21–44	256,503	404,789	661,292
45–64	145,036	184,105	329,141
65+	34,126	58,996	93,122
Total	**892,370**	**1,093,475**	**1,985,845**

[1] Age as of January 1, 2023.
[2] Effective January 1, 2023, Humana Healthy Horizons joined as the sixth Managed Care Organization (MCO).
[3] The number of enrollees may not sum to the totals provided due to movement between plans during the SFY. Numbers are unduplicated.

Table 28: Healthy Louisiana Enrollment by Age Group, Race[1] and Gender

Age Group[2]	Black/African-American			White		
	Male	Female	Total	Male	Female	Total
Under 1	9,623	9,363	18,986	6,295	6,028	12,323
1–5	42,483	41,425	83,908	31,387	29,932	61,319
6–14	94,755	92,600	187,355	76,229	71,924	148,153
15–18	42,129	41,760	83,889	32,579	31,528	64,107
19–20	18,694	19,749	38,443	14,300	15,444	29,744
21–44	116,777	192,744	309,521	99,105	162,591	261,696
45–64	56,883	78,210	135,093	56,513	77,862	134,375
65+	14,942	26,447	41,389	10,475	19,452	29,927
Total	**396,286**	**502,298**	**898,584**	**326,883**	**414,761**	**741,644**

Age Group[2]	Other[3]			Total[4] *(across all plans)*		
	Male	Female	Total	Male	Female	Total
Under 1	14,792	14,107	28,899	30,710	29,498	60,208
1–5	35,843	34,114	69,957	109,713	105,471	215,184
6–14	24,592	23,429	48,021	195,576	187,953	383,529
15–18	9,085	9,399	18,484	83,793	82,687	166,480
19–20	3,919	4,783	8,702	36,913	39,976	76,889
21–44	40,621	49,454	90,075	256,503	404,789	661,292
45–64	31,640	28,033	59,673	145,036	184,105	329,141
65+	8,709	13,097	21,806	34,126	58,996	93,122
Total	**169,201**	**176,416**	**345,617**	**892,370**	**1,093,475**	**1,985,845**

[1] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[2] Age as of January 1, 2023.
[3] Other includes all individuals not in Black/African-American or White.
[4] The number of enrollees may not sum to the totals provided due to movement between plans during the SFY. Numbers are unduplicated.

Figure 16: Healthy Louisiana Enrollee Groups by Healthy Louisiana Plans

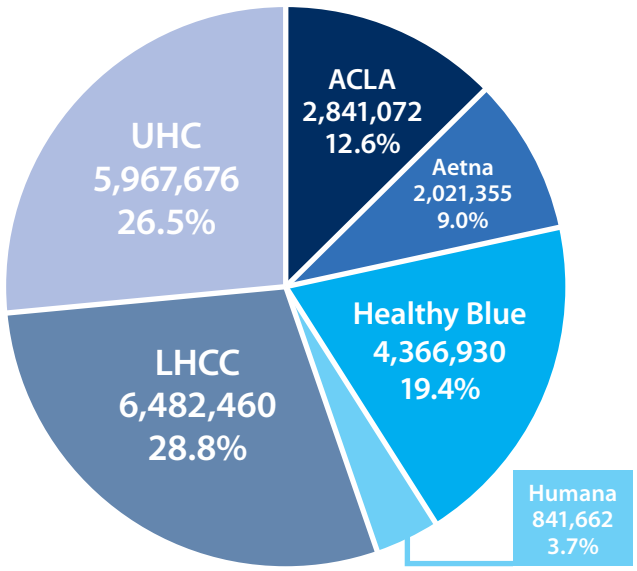


Figure 17: Healthy Louisiana Enrollee Groups by Age Group

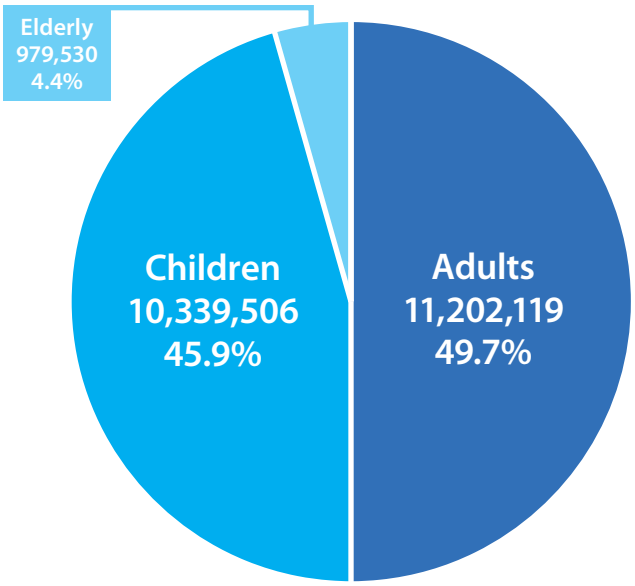
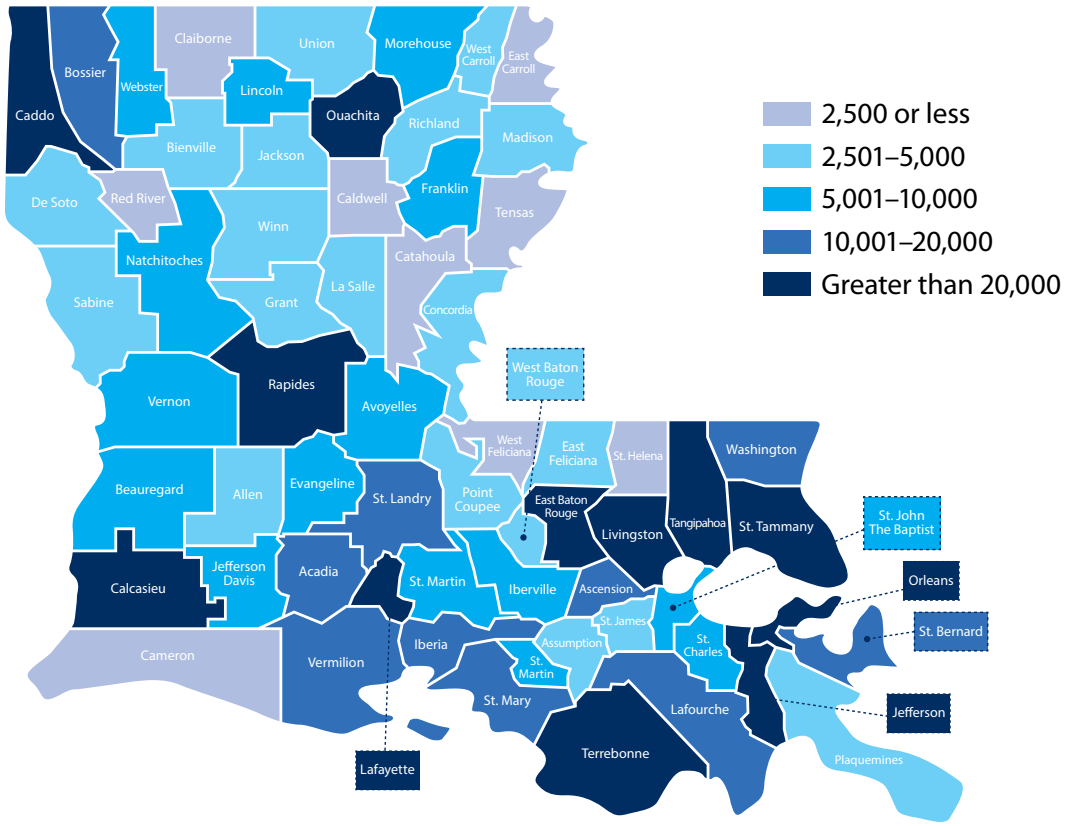


Figure 18: Expansion Enrollment by Parish



In regards to Medicaid Expansion, there were 812,783 unduplicated enrollees, as shown in **Table 29**. Of these, 461,862 were female and 350,921 were male. The largest age group was ages 25-39 with 316,428 enrollees, and the smallest was ages 40-49 with 151,906. A full parish breakdown of expansion enrollment is available in **Table AA6** (which can be found on page 74 in **Appendix A**).

Table 29: Expansion Enrollees by Age Group, Race[1] and Gender

Age Group[2]	Black/African-American			White			Other[3]			Grand Total[4]
	Male	Female	Total	Male	Female	Total	Male	Female	Total	
Under 25	40,859	47,412	88,271	29,113	35,896	65,009	7,839	9,585	17,424	170,704
Ages 25–39	56,333	90,637	146,970	51,439	74,194	125,633	22,109	21,716	43,825	316,428
Ages 40–49	24,822	38,971	63,793	26,866	36,816	63,682	13,973	10,458	24,431	151,906
50+	25,356	35,600	60,956	31,339	41,035	72,374	20,873	19,542	40,415	173,745
Total[4]	**147,370**	**212,620**	**359,990**	**138,757**	**187,941**	**326,698**	**64,794**	**61,301**	**126,095**	**812,783**

[1] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[2] Age as of January 1, 2023.
[3] Other includes all individuals not in Black/African-American or White.
[4] All enrollment totals were extracted October 30, 2023 to capture the majority of retro enrollments for the SFY. These totals will not match monthly enrollment reports produced by Medicaid, which represent a snapshot of enrollment within a few days following the end of each month.

Categories of Assistance for Healthy Louisiana

Healthy Louisiana enrollees are grouped into the following **Categories of Assistance** (**CoA**) for payment purposes:

Supplemental Security Income (SSI) Related Seniors and People with Disabilities

SSI includes individuals who are aged 65 and above as well as individuals of any age with disabilities.

Breast and Cervical Cancer

Includes uninsured women who have already been diagnosed by a **Centers for Disease Control and Prevention** (**CDC**) approved screening entity with breast or cervical cancer or a precancerous condition and who are not otherwise eligible for Medicaid.

Home and Community-Based Services

Includes individuals under age 21 who require in-home personal care, community hospice care, **Applied Behavior Analysis** (**ABA**) recipients covered by the **Chisholm v. Abraham** court ruling and individuals who receive **Home and Community-Based Services** (**HCBS**) waivers for acute care and have opted to join the managed care program.

Act 421-TEFRA

This program allows certain children who have a disability and meet the criteria for an institutional level of care to receive Medicaid coverage, even if their parent's income is above the limit to qualify for regular Medicaid.

Expansion

The Medicaid expansion group covers individuals between the ages of 19 and 64 who do not meet other Medicaid criteria but have incomes of up to 138%[7] of the Federal Poverty Guidelines (FPG).

Families and Children

The Families and Children group includes children and teens under the age of 19 whose basis of Medicaid or CHIP eligibility is age, as well as their parents/caregivers. It also includes pregnant women whose sole basis of eligibility for Medicaid is pregnancy. This group does not include children who are eligible based on disability.

Foster Children

Foster Children are those who receive 24-hour substitute care from someone other than their parents or guardians and for whom the **Department of Children and Family Services** has responsibility for placement and care.

LaCHIP Affordable Plan (LAP)

The LaCHIP Affordable Plan group includes children and youth under the age of 19 with incomes over the limit of 217%[8] of FPG for regular CHIP enrollment but with incomes lower than 255%[7] of FPG. Families pay a monthly premium of $50.

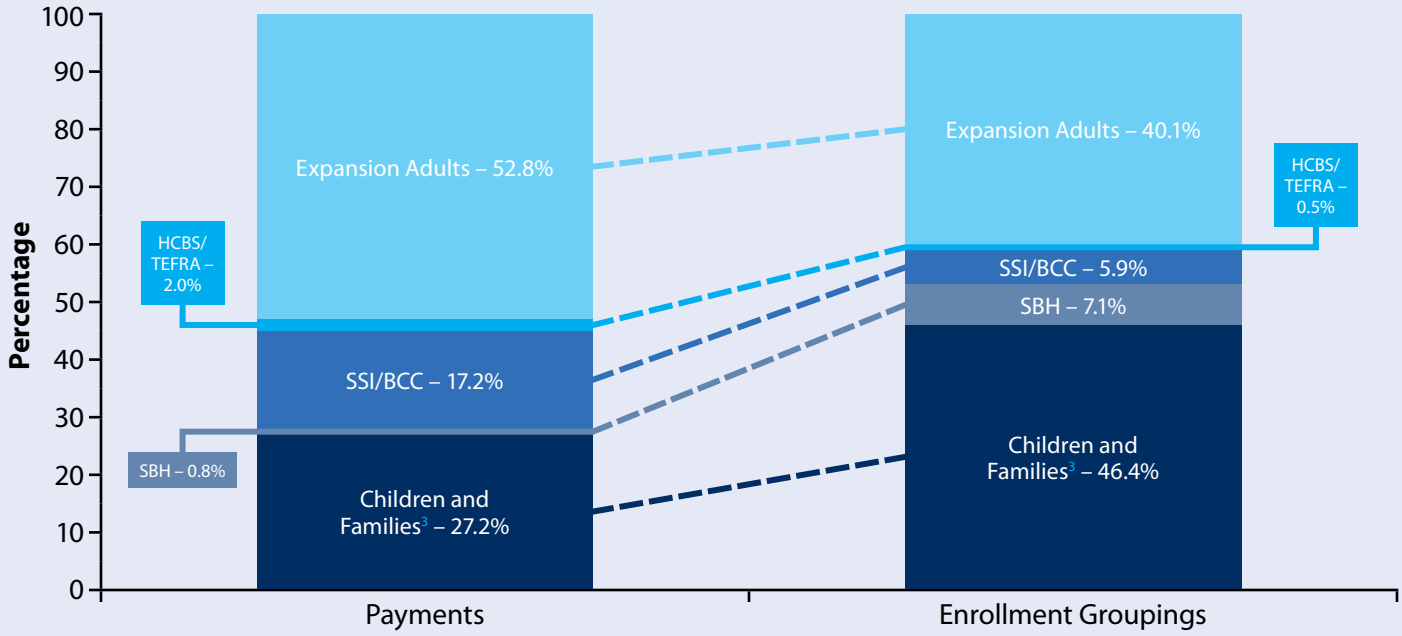
Specialized Behavioral Health Services

Adults and Children who primarily require aid for specialized behavioral health services. The majority of the people in this category were enrolled in Louisiana Behavioral Health Partnership (LBHP) prior to December 2015. Specialized behavioral health services are provided to all managed care recipients, but this population is ineligible for full physical care services.

Appendix **Table AA7** (which can be found on page 76 in **Appendix A**) shows the Healthy Louisiana payments and recipients broken down by the Categories of Assistance. **Figure 19** compares the payments to enrollment for groupings of category of assistance. Family and Children group has the majority of recipients (46.4%) and 27.2% of all payments. Maternity Kick is not included in this figure since it is a one-time payment.

[7] Limit includes additional 5% income disregard.

Figure 19: Healthy Louisiana Payments Compared with Enrollment[1] for Groupings of Categories of Assistance[2]



[1] Enrollment percentages are based on total member months of enrollment.
[2] This figure excludes Maternity Kick because they are one-time payments.
[3] Children and Families grouping includes Family & Children, LaCHIP Affordable Plan (LAP) and Foster Children (non-disabled).

DENTAL BENEFITS PLAN MANAGER

In SFY 2022/23, the department contracted with two **Dental Benefits Plan Managers** (**DBPM**), **DentaQuest** (**DQ**) and **Managed Care of North America** (**MCNA**), for state plan covered dental benefits. The program covered 2,017,045 recipients for a total cost of $260.8 million. **Table AA8** (which can be found on page 80 in **Appendix A**) shows DBPM payments and recipients based on eligibility group.

Most individuals who are eligible for full Medicaid benefits were enrolled in one of the two DBPMs for covered dental services and received state plan covered services based on enrollment category:

EPSDT Dental

Medicaid enrollees under the age of 21 are eligible for diagnostic, preventive, restorative, endodontic, periodontal, prosthodontics, maxillofacial prosthetics, oral and maxillofacial surgery, orthodontic and other screening and treatment services applicable under the **Early and Periodic Screening, Diagnostic and Treatment** (**EPSDT**) program.

Adult Dentures

Medicaid enrollees 21 years or older are eligible for dentures and related services.

Adult Waiver/ICF Dental

Medicaid enrollees 21 years or older with developmental or intellectual disabilities (DD/ID) who are enrolled in the New Opportunities Waiver, Residential Options Waiver or the Supports Waiver or who reside in an Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/ID) are eligible for diagnostic, preventive, restorative, endodontic, periodontal, prosthodontics, maxillofacial prosthetics, oral and maxillofacial surgery, orthodontic and adjunctive general services.

The majority of payments and recipients were for children under the EPSDT program, with $244.5 million out of $260.8 million total dental (93.8%) in payments on behalf of 950,266 recipients. Similarly, Adult Dentures made up $13.1 million (5.0%) in payments for 1,122,471 recipients. Adult Waiver/ICF made $3.1 million (1.2%) in payments for 15,723 recipients. **Tables AA9** and **AA10** (which can be found on pages 82 and 86 in **Appendix A**) break down DBPM payments and recipients by Parish, Race and Gender. **Figures 20** and **21** below compare the eligibility groups by payment and recipients. An explanation of the differences between payments and expenditures can be found in the technical notes on page 6.

Figure 20: Dental Benefits Plan Manager Payments by Eligibility Group

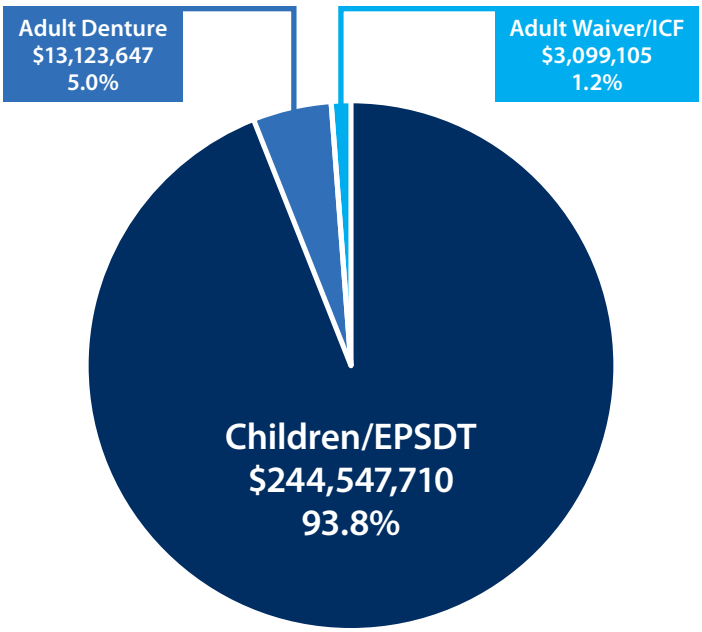
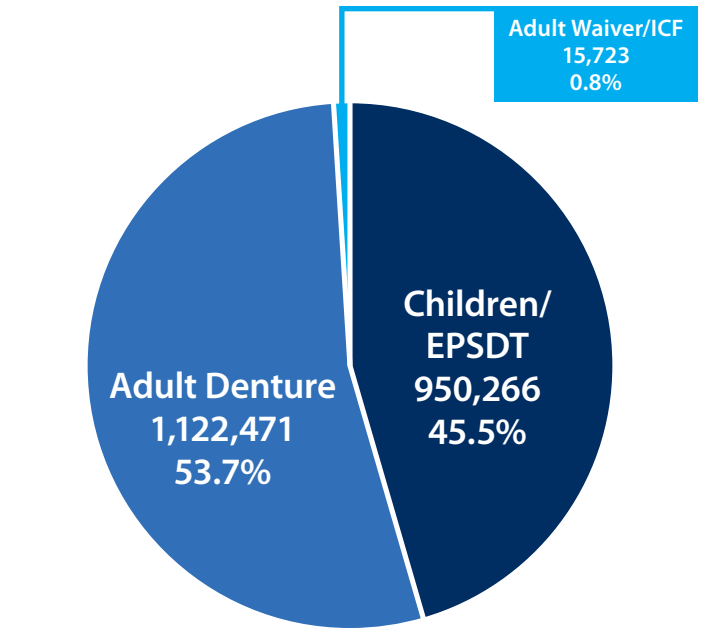


Figure 21: Dental Benefits Plan Manager Recipients by Eligibility Group



LOUISIANA BEHAVIORAL HEALTH PARTNERSHIP

The majority of Behavioral Health services were transferred to Healthy Louisiana beginning in December 2015, with the exception of the **Coordinated System of Care** (**CSoC**) services. CSoC is a specialized program for children and youth with the most complex behavioral health needs, with the goal of enabling these children to remain in or return to their homes and communities. **Wraparound Agencies** (**WAA**) are the point of accountability for developing a single plan of care and providing intensive care coordination and management for children enrolled in CSoC. **Child and Family Teams** (**CFT**), which include the member, parent/legal guardian/caretakers, behavioral health providers, and other individuals chosen by the member or family, are charged with developing the plan of care. **Family Support Organizations** (**FSO**) provide support, education and advocacy through intensive face-to-face support to families and caregivers of CSoC children at the time and place that is most convenient for the family. In SFY 2022/23, CSoC provided $71,137,025 in services to 25,775 recipients groups.

MANAGED CARE PAYMENTS

Louisiana Medicaid pays each of the MCEs a PMPM fee/premium to manage the health needs of the Medicaid population they are contracted to serve. Health care providers are paid by the managed care plans rather than being paid directly by Louisiana Medicaid. The information in this section on how much the MCEs paid to providers comes from managed care encounter records submitted by the five MCOs, the DBPMs and the LBHP.

The top ten provider types of total Medicaid managed care payments grouped by in-state and **out-of-state** (**OOS**) are presented in **Table 30**. Due to the delay in processing encounters, the information provided in this section may be less than the actuals. Approximately $7.7 billion (93.4%) of the total $8.2 billion in payments were paid by managed care organizations to providers within Louisiana, while approximately $541.6 million (6.6%) of payments were made to out-of-state providers.

Table 31 presents the number of managed care in-state and out-of-state providers grouped by the top ten provider types based on total encounter payments. Physician provider type accounted for 34,469 (49.4%) of the 68,966 total participating providers, making up the highest number of individual providers. With respect to in-state and out-of-state provider distribution, 49.4% of participating providers of all types are from out-of-state.

Table 30: Managed Care Encounter Payments for the Top Ten Provider Types Ranked by Payment

Provider Type[1]	Payments			Ratio of Each Program			Ratio Between IS & OOS	
	In-State[2]	Out-of-State	Total	In-State	Out-of-State	Total	In-State	Out-of-State
Pharmacy	$2,512,273,543	$308,337,531	$2,820,611,075	32.61%	56.93%	34.21%	89.07%	10.93%
Hospital	$2,318,841,984	$112,366,645	$2,431,208,630	30.10%	20.75%	29.49%	95.38%	4.62%
Physician (MD)	$935,801,069	$13,726,194	$949,527,263	12.15%	2.53%	11.52%	98.55%	1.45%
Nurse Practitioner	$285,797,394	$966,488	$286,763,882	3.71%	0.18%	3.48%	99.66%	0.34%
Mental Health Hospital	$230,256,011	$898,451	$231,154,462	2.99%	0.17%	2.80%	99.61%	0.39%
Dentist	$171,611,758	$307,651	$171,919,409	2.23%	0.06%	2.09%	99.82%	0.18%
Substance Use Residential Treatment Facility	$144,927,252	$52,498	$144,979,750	1.88%	0.01%	1.76%	99.96%	0.04%
Non-Licensed Behavioral Health Staff	$136,992,207	$174,538	$137,166,744	1.78%	0.03%	1.66%	99.87%	0.13%
Independent Lab	$59,335,480	$70,770,978	$130,106,458	0.77%	13.07%	1.58%	45.61%	54.39%
Durable Medical Equipment	$82,815,578	$21,878,322	$104,693,900	1.08%	4.04%	1.27%	79.10%	20.90%
All Others[3]	$824,917,882	$12,122,892	$837,040,774	10.71%	2.24%	10.15%	98.55%	1.45%
Total	**$7,703,570,159**	**$541,602,189**	**$8,245,172,348**	**100.00%**	**100.00%**	**100.00%**	**93.43%**	**6.57%**

[1] Used other provider types based on attending NPIs when provider types were error.
[2] Providers with no parish listed are included in In-State.
[3] All Others includes all provider types not in the top ten provider types.

Table 31: Number of Managed Care Providers for the Top Ten Provider Types Ranked by Payment

Provider Type[1]	Number of Providers[2]			Ratio Between IS & OOS	
	In-State[3]	Out-of-State	Total	In-State	Out-of-State
Pharmacy	1,480	7,989	9,213	15.63%	84.37%
Hospital	269	2,385	2,642	10.14%	89.86%
Physician (MD)	16,012	18,783	34,469	46.02%	53.98%
Nurse Practitioner	5,039	2,094	7,079	70.64%	29.36%
Mental Health Hospital	69	55	124	55.65%	44.35%
Dentist	1,025	20	1,035	98.09%	1.91%
Substance Use Residential Treatment Facility	80	4	84	95.24%	4.76%
Non-Licensed Behavioral Health Staff	4,331	32	4,333	99.27%	0.73%
Independent Lab	176	489	650	26.47%	73.53%
Durable Medical Equipment	348	204	543	63.04%	36.96%
All Others[4]	14,962	2,898	17,686	83.77%	16.23%
Total	**35,381**	**34,473**	**68,966**	**50.65%**	**49.35%**

[1] Used other provider types based on attending NPIs when provider types were error.
[2] Provider numbers may not add up to Total because providers can be listed under multiple provider types. Providers are unduplicated.
[3] Providers with no parish listed are included in In-State.
[4] All Others includes all provider types not in the top ten provider types.

Table 32 presents a regional comparison of Managed Care payments made to the top ten provider types based on total payments. The Greater New Orleans Area ranked number one, with about $2.1 billion in payments going into the region. Payments to the top ten providers in each region will differ according to a variety of factors (e.g., availability of providers, medical need of the population, etc.).

Table 32: Managed Care Encounter Payments by Region for the Top Ten Provider Types[1] Ranked by Payment

	Region	Pharmacy	Hospital	Physician (MD)	Nurse Practitioner	Mental Health Hospital	Dentist
1	Greater New Orleans Area	$791,669,323	$710,664,528	$230,678,111	$36,120,030	$38,364,050	$34,011,736
2	Capital Area	$368,521,713	$440,760,918	$147,287,188	$34,239,287	$30,025,420	$23,594,107
3	South Central Louisiana	$143,071,634	$98,866,679	$55,666,096	$17,052,658	$21,908,616	$12,009,821
4	Acadiana	$291,674,762	$253,268,152	$134,839,031	$55,648,985	$25,053,776	$24,308,825
5	Southwest Louisiana	$127,261,699	$99,472,224	$44,731,646	$16,480,992	$6,283,140	$7,264,702
6	Central Louisiana	$131,578,039	$120,826,397	$44,589,549	$29,788,016	$26,125,386	$9,249,307
7	Northwest Louisiana	$190,573,721	$301,351,956	$140,338,862	$28,333,842	$42,771,948	$20,814,403
8	Northeast Louisiana	$191,102,179	$150,776,038	$63,587,094	$36,365,210	$11,383,181	$16,132,637
9	Northshore Area	$276,820,474	$142,855,092	$74,083,492	$31,768,373	$28,340,494	$24,226,220
	Total In-State[3]	**$2,512,273,543**	**$2,318,841,984**	**$935,801,069**	**$285,797,394**	**$230,256,011**	**$171,611,758**
	Total Out-of-State	**$308,337,531**	**$112,366,645**	**$13,726,194**	**$966,488**	**$898,451**	**$307,651**
	Total	**$2,820,611,075**	**$2,431,208,630**	**$949,527,263**	**$286,763,882**	**$231,154,462**	**$171,919,409**

	Region	Substance Use Residential Treatment Facility	Non-Licensed Behavioral Health Staff	Independent Lab	Durable Medical Equipment	All Others[2]	Total *(across all providers)*	Overall Rank
1	Greater New Orleans Area	$23,487,095	$18,632,673	$6,686,316	$32,892,272	$153,481,397	$2,076,687,532	1
2	Capital Area	$31,350,975	$23,468,767	$3,522,332	$8,676,425	$134,605,270	$1,246,052,401	2
3	South Central Louisiana	$1,653,635	$8,972,929	$30,494,746	$1,153,419	$55,734,475	$446,584,709	7
4	Acadiana	$6,021,930	$9,802,732	$4,507,419	$11,146,778	$144,516,648	$960,789,038	3
5	Southwest Louisiana	$7,301,333	$7,052,480	$204,024	$2,408,360	$52,017,798	$370,478,398	9
6	Central Louisiana	$8,569,196	$8,911,569	$179	$1,770,784	$49,090,313	$430,498,736	8
7	Northwest Louisiana	$13,762,081	$30,383,342	$6,153,164	$9,607,392	$83,870,472	$867,961,181	4
8	Northeast Louisiana	$50,337,301	$23,657,531	$7,459,947	$7,242,633	$92,162,258	$650,206,010	6
9	Northshore Area	$2,443,706	$6,110,184	$307,352	$7,917,516	$59,439,252	$654,312,155	5
	Total In-State[3]	**$144,927,252**	**$136,992,207**	**$59,335,480**	**$82,815,578**	**$824,917,882**	**$7,703,570,159**	—
	Total Out-of-State	**$52,498**	**$174,538**	**$70,770,978**	**$21,878,322**	**$12,122,892**	**$541,602,189**	—
	Total	**$144,979,750**	**$137,166,744**	**$130,106,458**	**$104,693,900**	**$837,040,774**	**$8,245,172,348**	—

[1] Used other provider types based on attending NPIs when provider types were error.
[2] All Others includes all provider types not in the top ten provider types.
[3] Providers with no parish listed are included in In-State.

Table 33 presents managed care payments made to out-of-state providers, as well as the number of providers and recipients by state and territory. Texas ranked the highest in out-of-state payments with $144,985,530 (26.8%). Provider participation was represented by all 50 states as well as Washington D.C., and Puerto Rico. Texas had the highest number of Louisiana recipients (202,217). Pennsylvania is an outlier due to a large number of providers whose billing locations are in Pennsylvania but mostly provide services in Louisiana.

Table 33: Payments, Number of Providers and Recipients by State for Out-of-State MCO Providers[1]

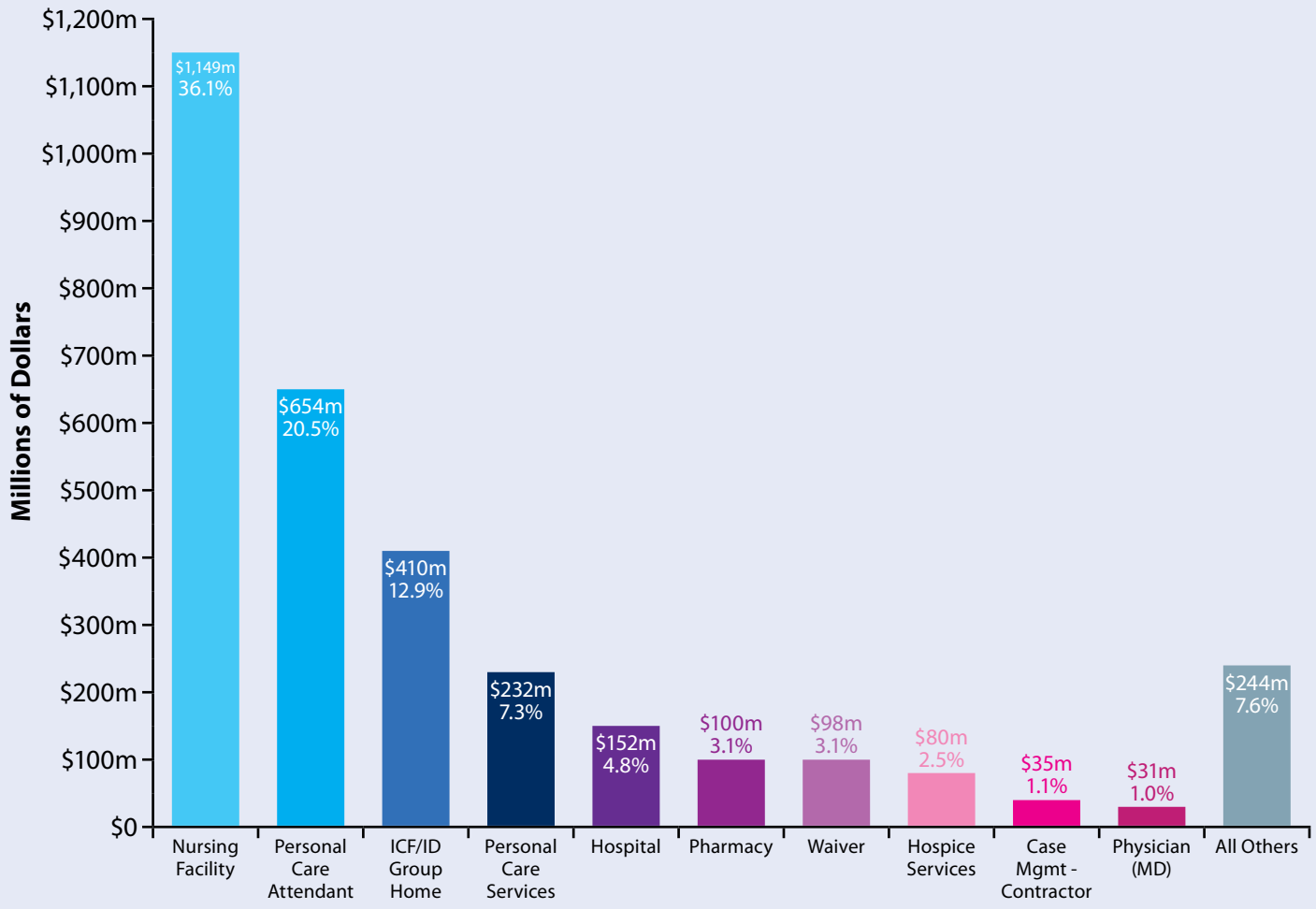
	State	Payments	Providers	Recipients
1	AK	$64,798	50	69
2	AL	$22,311,901	991	172,869
3	AR	$3,253,197	1,136	4,904
4	AZ	$1,559,301	468	5,405
5	CA	$13,503,347	1,356	25,455
6	CO	$1,824,118	663	16,627
7	CT	$46,674	122	345
8	DC	$290,355	78	102
9	DE	$24,874	43	41
10	FL	$17,426,658	2,753	15,947
11	GA	$5,993,122	1,576	20,218
12	HI	$15,902	63	215
13	IA	$260,362	262	337
14	ID	$53,624	51	65
15	IL	$14,217,605	770	3,601
16	IN	$2,211,482	387	1,033
17	KS	$3,588,339	303	408
18	KY	$4,651,041	374	1,052
19	MA	$509,693	355	1,256
20	MD	$3,066,181	296	1,769
21	ME	$66,459	76	912
22	MI	$25,864,760	523	3,336
23	MN	$2,550,759	432	6,453
24	MO	$31,619,283	626	2,381
25	MS	$39,910,619	2,206	27,543
26	MT	$58,042	92	337
27	NC	$17,326,889	676	38,037
28	ND	$192,425	104	305
29	NE	$606,837	172	218
30	NH	$601,958	81	104
31	NJ	$9,708,423	308	36,021
32	NM	$332,905	181	542
33	NV	$1,491,504	309	1,163
34	NY	$2,621,612	948	2,303
35	OH	$2,662,353	822	5,035
36	OK	$924,009	534	1,527
37	OR	$156,854	163	250
38	PA	$126,281,947	677	13,270
39	PR	$3,420	33	36
40	RI	$154,436	88	374
41	SC	$1,246,305	338	2,752
42	SD	$207,632	77	83
43	TN	$32,959,456	1,633	17,924
44	TX	$144,985,530	10,755	202,217
45	UT	$613,466	124	1,046
46	VA	$985,551	521	1,835
47	VT	$35,200	58	40
48	WA	$420,525	323	558
49	WI	$2,019,047	324	5,823
50	WV	$81,590	149	133
51	WY	$39,819	54	72
Total		**$541,602,189**	**34,473**	**495,237**

[1] State provider and recipient counts may not sum to the total out-of-state count due to providers offering services in more than one state during the SFY and recipients receiving services in more than one state during the SFY. Total out-of-state figures are unduplicated for the entire out-of-state count, while other numbers are unduplicated for each state.

FEE-FOR-SERVICE PROVIDERS

During SFY 2022/23, over 25,939 providers participated and offered services to Louisiana Medicaid enrollees directly through the Fee-for-Service (FFS) program. **Figure 22** represents total FFS payments to private and public providers for claims billed directly to the state, via its fiscal intermediary (FI). These payments do not include payments made to or by CMS or Managed Care Entities for Louisiana Medicaid recipients.

Figure 22: Top Ten Provider Types (Public and Private) Based on Total Payments Fee-for-Service Only



Total Medicaid FFS payments grouped by the top ten provider types in-state and out-of-state (OOS) are presented in **Table 34**. Nursing facility payments rank at the top with 36.1%, personal care attendant payments in second with 20.5% and ICF/ID group home payments in third place with 12.9% of total payments. Just under $3.1 billion (96.4%) of the total $3.2 billion in payments were paid to providers within Louisiana, while about $115.7 million (3.6%) of payments were made to out-of-state providers.

Table 35 presents the number of participating in-state and out-of-state providers grouped by the top ten provider types based on total FFS payments. Physician provider type accounted for 12,399 (46.7%) of the 26,532 total participating providers, making up the highest number of individual providers. With respect to in-state and out-of-state provider distribution, about 2.4% of participating providers of all types are from out-of-state.

Table 34: Payments for the Top Ten Provider Types Ranked by Fee-for-Service Payments

Provider Type	Payments			Ratio of Each Program			Ratio Between IS & OOS	
	In-State[1]	Out-of-State	Total	In-State	Out-of-State	Total	In-State	Out-of-State
Nursing Facilities	$1,148,992,062	—	$1,148,992,062	37.44%	—	36.08%	100.00%	—
Personal Care Attendant	$653,940,602	—	$653,940,602	21.31%	—	20.53%	100.00%	—
ICF/ID Group Home	$409,625,819	—	$409,625,819	13.35%	—	12.86%	100.00%	—
Personal Care Services	$231,894,305	—	$231,894,305	7.56%	—	7.28%	100.00%	—
Hospital	$149,693,451	$2,119,943	$151,813,394	4.88%	1.83%	4.77%	98.60%	1.40%
Pharmacy	$86,145,300	$14,027,886	$100,173,186	2.81%	12.12%	3.15%	86.00%	14.00%
Waiver	—	$97,594,847	$97,594,847	—	84.35%	3.06%	—	100.00%
Hospice Services	$80,189,365	—	$80,189,365	2.61%	—	2.52%	100.00%	—
Case Management - Contractor	$35,116,553	—	$35,116,553	1.14%	—	1.10%	100.00%	—
Physician (MD)	$31,320,695	$34,502	$31,355,197	1.02%	0.03%	0.98%	99.89%	0.11%
All Others[2]	$242,203,980	$1,925,967	$244,129,947	7.89%	1.66%	7.67%	99.21%	0.79%
Total	**$3,069,122,132**	**$115,703,145**	**$3,184,825,278**	**100.00%**	**100.00%**	**100.00%**	**96.37%**	**3.63%**
CMS	—	**$719,444,808**	**$719,444,808**	—	—	—	—	—
Grand Total	**$3,069,122,132**	**$835,147,954**	**$3,904,270,086**	**100.00%**	**100.00%**	**100.00%**	**78.61%**	**21.39%**

[1] Providers with no parish listed are included in In-State.
[2] All Others includes all provider types not in the top ten provider types.

Table 35: Number of Providers for the Top Ten Provider Types Ranked by Fee-for-Service Payments

Provider Type	Number of Providers[1]			Ratio Between IS & OOS	
	In-State[2]	Out-of-State	Total	In-State	Out-of-State
Nursing Facilities	344	1	345	99.71%	0.29%
Personal Care Attendant	485	—	485	100.00%	—
ICF/ID Group Home	688	—	688	100.00%	—
Personal Care Services	432	—	432	100.00%	—
Hospital	296	98	390	75.13%	24.87%
Pharmacy	1,196	49	1,244	96.06%	3.94%
Waiver	—	2	2	—	100.00%
Hospice Services	180	—	180	100.00%	—
Case Management - Contractor	35	—	35	100.00%	—
Physician (MD)	12,165	265	12,399	97.87%	2.13%
All Others[3]	11,122	223	11,339	98.03%	1.97%
Total	**25,939**	**633**	**26,532**	**97.62%**	**2.38%**

[1] Total number of providers may not sum to the total count due to providers offering services in more than one state during the SFY. The total counts are unduplicated for the entire state, while other numbers are unduplicated for each provider type.
[2] Providers with no parish listed are included in In-State.
[3] All Others includes all provider types not in the top ten provider types.

Table 36 shows a regional comparison of payments made on behalf of the top ten provider types based on total payments. For the remainder of this section, unless otherwise stated, all data is based on the service providers' enrolled location (parish/region/state) on file at the time of payment. The Acadiana region ranked number one, with about $469.7 million in payments going into the region. Payments to the top ten providers in each region will differ according to a variety of factors (e.g., availability of providers, medical need of the population, etc.).

Table 36: Payments by Region for the Top Ten Provider Types Based on Payments

	Region	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Hospital	Personal Care Services	Waiver
1	Greater New Orleans Area	$127,365,248	$98,867,998	$32,623,082	$43,712,573	$29,661,429	—
2	Capital Area	$181,243,448	$91,500,710	$33,712,412	$31,596,076	$32,737,681	—
3	South Central Louisiana	$67,491,872	$42,957,969	$7,583,906	$5,316,116	$10,423,535	—
4	Acadiana	$175,681,380	$113,164,196	$21,197,714	$12,959,851	$60,530,951	—
5	Southwest Louisiana	$61,555,952	$33,115,011	$13,540,760	$4,412,110	$7,900,208	—
6	Central Louisiana	$113,335,650	$49,925,555	$202,174,839	$9,813,862	$14,021,446	—
7	Northwest Louisiana	$185,606,040	$76,734,455	$39,327,521	$21,311,807	$34,889,609	—
8	Northeast Louisiana	$128,329,454	$85,325,413	$31,026,476	$11,057,229	$26,549,948	—
9	Northshore Area	$108,383,019	$62,349,295	$28,439,108	$9,513,828	$15,179,497	—
	Total In-State[1]	**$1,148,992,062**	**$653,940,602**	**$409,625,819**	**$149,693,451**	**$231,894,305**	—
	Total Out-of-State[2]	—	—	—	**$2,119,943**	—	**$97,594,847**
	Total	**$1,148,992,062**	**$653,940,602**	**$409,625,819**	**$151,813,394**	**$231,894,305**	**$97,594,847**

	Region	Hospice Services	Pharmacy	Physician (MD)	Case Mgmt - Contractor	All Others[3]	Total *(across all providers)*	Overall Rank
1	Greater New Orleans Area	$5,943,189	$24,597,092	$8,151,612	$6,155,938	$36,324,185	$413,402,347	4
2	Capital Area	$16,217,935	$12,369,625	$5,115,405	$4,906,873	$43,848,084	$453,248,249	2
3	South Central Louisiana	$4,112,770	$2,759,004	$1,603,779	$3,350,438	$17,729,258	$163,328,646	8
4	Acadiana	$12,659,416	$7,917,589	$4,117,161	$6,209,124	$55,244,187	$469,681,570	1
5	Southwest Louisiana	$6,541,049	$2,609,428	$1,327,406	$1,855,131	$8,476,526	$141,333,580	9
6	Central Louisiana	$11,365,710	$11,879,340	$1,588,473	$2,146,952	$13,009,791	$429,261,618	3
7	Northwest Louisiana	$11,281,767	$7,952,729	$4,684,433	$3,116,884	$24,500,288	$409,405,532	5
8	Northeast Louisiana	$7,992,826	$7,271,014	$2,042,440	$2,977,199	$22,105,787	$324,677,785	6
9	Northshore Area	$4,074,703	$8,789,478	$2,689,988	$4,398,014	$20,965,874	$264,782,805	7
	Total In-State[1]	**$80,189,365**	**$86,145,300**	**$31,320,695**	**$35,116,553**	**$242,203,980**	**$3,069,122,132**	—
	Total Out-of-State[2]	—	**$14,027,886**	**$34,502**	—	**$1,925,967**	**$115,703,145**	—
	Total	**$80,189,365**	**$100,173,186**	**$31,355,197**	**$35,116,553**	**$244,129,947**	**$3,184,825,278**	—

[1] Providers with no parish listed are included in In-State.
[2] Excluding payments to CMS.
[3] All Others includes all provider types not in the top ten provider types.

Table AA12–**AA15** (which can be found starting on page 90 in **Appendix A**) show parish-level data about the top ten provider types. **Table AA12** reports payment distribution across provider parishes to the top ten provider types in the state based on total payments. East Baton Rouge Parish ranked number one with about $339.5 million (10.7% of total) in payments going into the parish, while Cameron Parish ranked last with $6,204 in payments. **Table AA13** presents the number of service providers by parish, **Table AA14** presents the number of recipients by parish and **Table AA15** presents payments per recipient by parish for the top ten provider types based on payments during this SFY.

Table 37 presents FFS payments made to out-of-state providers, as well as the number of providers and recipients by state. Arizona (AZ) ranked the highest in out-of-state FFS payments with $85.7 million (74.0%). The majority of this amount reflects payments to Acumen (located in Arizona) for fiscal intermediary services including payment of claims to Louisiana direct service workers for services to waiver recipients. Out-of-state provider participation in FFS was represented by 34 states. Texas had the highest number of Louisiana recipients (2,661).

Table 37: FFS Payments, Number of Providers and Recipients by State Based on Out-of-State Payments

State		Payments[1]	Providers	Recipients
1	AL	$67,385	14	703
2	AR	$37,088	27	458
3	AZ	$85,660,341	6	2,042
4	CA	$144,390	24	1,494
5	CO	$40,280	13	53
6	CT	$62	4	18
7	FL	$586,861	40	2,637
8	GA	$449	8	75
9	IA	-$144	1	1
10	IL	$6,300,936	4	53
11	IN	$361	1	2
12	KY	$96,801	3	13
13	MA	$42	3	4
14	MD	$21,611	2	128
15	MI	$177,530	4	126
16	MN	$12,087,476	13	565
17	MO	$163,502	8	136
18	MS	$675,239	185	1,486
19	NC	$331,338	12	357
20	ND	-$345	1	1
21	NJ	$21,434	8	202
22	NM	$124	1	7
23	NV	$818	3	98
24	NY	$70,786	10	77
25	OH	$31,723	8	58
26	OK	$1,733	4	12
27	OR	$60	2	16
28	PA	$3,388,395	9	518
29	TN	$1,436,717	24	347
30	TX	$4,329,448	178	2,661
31	UT	$158	2	26
32	VA	$1,698	7	133
33	WA	$3,490	3	20
34	WI	$25,358	2	75
Total[2]		**$115,703,145**	**634**	**13,360**

[1] Any negative amounts reflect a net negative payment due to recoupment of prior year payments.
[2] State provider counts may not sum to the total out-of-state count due to providers offering services in more than one state during the SFY. Also, state recipient counts may not sum to the total out-of-state count due to recipients receiving services in more than one state during the SFY. Total out-of-state figures are unduplicated for the entire out-of-state count, while other numbers are unduplicated for each state.

MEDICAID HOME AND COMMUNITY-BASED SERVICE WAIVERS

In 1981, the Federal Government created Title XIX, Home and Community-Based Services (HCBS), to provide home and community-based services to the elderly and persons with physical disabilities, developmental disabilities and/or mental illnesses. Since this act made an exception to the traditional Medicaid requirements, it required a waiver. **Waivers** allow flexibility for states to develop and test creative alternatives for operating their Medicaid programs that are cost-neutral compared to what Medicaid would have paid in the absence of the waiver.

The administration of the HCBS programs was divided between two offices, the **Office for Citizens with Developmental Disabilities** (**OCDD**) and the **Office of Aging and Adult Services** (**OAAS**). OCDD has the responsibility of administering the waiver programs that serve persons with developmental disabilities, which include the Children's Choice Waiver, New Opportunities Waiver, Residential Options Waiver and Supports Waiver. OAAS has the responsibility of administering the waivers that serve the elderly and persons with adult-onset disabilities, which includes the Adult Day Health Care Waiver and the Community Choices Waiver.

These waiver programs allow Louisiana residents to receive Medicaid State Plan benefits while having greater flexibility to choose where they want to live and to choose the waiver services and supports that best suit their needs. They also allow individuals to preserve their independence by staying out of institutional settings and maintaining ties to families and friends. Medicaid Waivers are limited to a certain number of recipients based on funding availability and recommendations by CMS. The available positions are referred to as **slots**. The types of HCBS Waivers available in Louisiana included:

Adult Day Health Care Waiver

The **Adult Day Health Care** (**ADHC**) **Waiver** provides health care services and activities for elderly and disabled adults at a licensed facility for five or more hours per day. Transportation is provided to and from the facility. This waiver allows family members to assist in the care of the recipient while maintaining employment and other daily responsibilities. A total of 361 slots were filled in SFY 2022/23 for total payments of $16.7 million ($6.4 million for waiver services and $10.2 million for state plan covered services).

Children's Choice Waiver

The **Children's Choice (CC) Waiver** is designed to help families who provide in-home care and support for their children with developmental disabilities. The waiver, which is capped at $16,410 for direct waiver payments per year for each waiver slot, provides family support, support coordination, family training, environmental accessibility adaptations and center-based respite to disabled children from birth through age 18. A total of 2,669 slots were filled in SFY 2022/23 for total payments of $117.8 million ($45.7 million for waiver services and $72.0 million for state plan covered services).

Community Choices Waiver

The **Community Choices Waiver (CCW)**, which was transitioned from the **Elderly and Disabled Adult** (**EDA**) **Waiver** on October 1, 2011, provides a more diverse and flexible array of cost-effective services such as home-delivered meals, in-home sensor monitoring, assistive devices/technology and nursing and skilled maintenance therapies. CCW also provides the services offered under the EDA waiver including support coordination, transition intensive support coordination, companion services, environmental accessibility adaptations, personal emergency response system, adult day health care and transitional services. A total of 5,738 slots were filled in SFY 2022/23 for total payments of $252.4 million ($216.9 million for waiver services and $35.5 million for state plan covered services).

New Opportunities Waiver

The **New Opportunities Waiver** (**NOW**) provides individual and family support services, center-based respite, accessibilities adaptations modifications, employment training and transportation, community integration and development, day habilitation, emergency response systems and specialized medical equipment to disabled children and adults from age 3 and up. A total of 7,434 slots were filled in SFY 2022/23 for total payments of $587.1 million ($515.6 million for waiver services and $71.5 million for state plan covered services).

Residential Options Waiver

The **Residential Options Waiver** (**ROW**) provides an opportunity for individuals with developmental disabilities to transition from ICF/ID and provides residential and other comprehensive supports for people with complex needs. Some of the services provided by the waiver are support coordination, community living supports, prevocational services, respite, day habilitation and supported employment. ROW also focuses on the prevention of institutionalization through "crisis diversion" services and rebalancing the system by converting private ICF/ID beds into ROW shared living waiver homes. A total of 1,585 slots were filled in SFY 2022/23 for total payments of $85.5 million ($70.2 million for waiver services and $15.3 million for state plan covered services).

Supports Waiver

The **Supports Waiver** (**SW**) provides supported employment, day habilitation, prevocational services, respite, habilitation and personal emergency response systems to recipients age 18 and older with a developmental disability that manifested prior to age 22. A total of 2,386 slots were filled in SFY 2022/23 for total payments of $44.9 million ($16.3 million for waiver services and $28.5 million for state plan covered services).

Waivers are offered on a first-come, first-served basis (except for the limited number of emergency slots) through the developmental disability **Request for Services Registry** (**RFSR**). This registry is a list of people in Louisiana who need waiver services from OCDD. Each waiver has limitations on the number of participants and approval for participation is subject to CMS criteria and the availability of slots and/or state funds.

Table 38 shows the types of HCBS Waivers, with the eligible population description and income limit of each waiver available during SFY 2022/23 in Louisiana. **Table 39** shows the number of allocated and filled slots along with the recipients and payments for the last five state fiscal years (**Figures 23**, **24** and **25**). Due to recipients leaving and joining waiver programs throughout the year, some waivers may have higher total recipients than the number of slots available and waiver recipients are Direct Waiver only. During SFY 2022/23, 20,173 slots were filled with total payments for waivers about $1.1 billion, for waiver services ($871.2 million) and non-waiver services ($233.2 million).

Table 38: Home and Community-Based Service Waivers, Eligible Populations and Income Limits

Waiver	Eligible Population	Income Limit
Adult Day Health Care Waiver[1]	Age 22 or older with a disability that meets nursing facility level of care	223% of poverty (3 times the SSI amount); Assets limit: $2,000 for individual, $3,000 for a couple who needs LTC, and $137,400 for a community spouse not receiving LTC
Children's Choice Waiver[2]	Age birth through age 18; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: $2,000 individual
Community Choice Waiver/EDA[1]	Age 21 or older with a disability that meets nursing facility level of care	223% of poverty (3 times the SSI amount); Assets limit: $2,000 for individual, $3,000 for a couple who needs LTC, and $137,400 for a community spouse not receiving LTC
New Opportunities Waiver[2]	Age 3 and older with a developmental disability which manifested prior to age 22; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: $2,000 individual and $3,000 for a couple who needs ICF/ID level of care, and $137,400 for a community spouse not receiving LTC
Residential Options Waiver[2]	Age birth and older with a developmental disability which manifested prior to age 22; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: $2,000 individual and $3,000 for a couple who needs ICF/ID level of care, and $137,400 for a community spouse not receiving LTC
Supports Waiver[2]	Age 18 and older with a developmental disability which manifested prior to age 22; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: $2,000 individual and $3,000 for a couple who needs ICF/ID level of care, and $137,400 for a community spouse not receiving LTC

[1] Obtained February 14, 2024 from http://ldh.la.gov/index.cfm/newsroom/detail/1433.
[2] Obtained March 29, 2023 from http://ldh.la.gov/index.cfm/page/136.

Table 39: Home and Community-Based Service Waiver Slots, Recipients and Payments by State Fiscal Year

Waiver	State Fiscal Year	Allocated Slots	Filled Slots	Recipients[1]	Direct Waiver	Non-Waiver	Total Payments[2]
Adult Day Health Care	2018/19	825	524	735	$6,417,843	$7,283,871	$13,701,714
	2019/20	825	535	732	$7,048,102	$9,408,452	$16,456,554
	2020/21	825	450	610	$4,006,803	$9,934,188	$13,940,991
	2021/22	825	364	491	$4,748,123	$7,495,683	$12,243,805
	2022/23	825	361	515	$6,430,082	$10,232,329	$16,662,411
Children's Choice[3]	2018/19	1475	1,854	1,865	$13,176,483	$37,829,603	$51,006,086
	2019/20	14,184	2,193	2,240	$19,261,041	$48,599,653	$67,860,694
	2020/21	14,184	2,290	2,495	$29,562,889	$52,392,211	$81,955,100
	2021/22	14,184	2,415	2,667	$36,969,025	$67,487,146	$104,456,172
	2022/23	14,184	2,669	2,973	$45,744,828	$72,044,242	$117,789,070
Community Choices/EDA	2018/19	5,303	4,158	5,172	$99,101,933	$21,759,206	$120,861,139
	2019/20	5,303	4,602	5,657	$105,739,885	$24,369,708	$130,109,594
	2020/21	5,303	4,480	5,582	$115,748,634	$24,033,627	$139,782,261
	2021/22	5,803	4,846	5,678	$115,325,610	$29,026,413	$144,352,023
	2022/23	6,053	5,738	7,166	$216,886,594	$35,488,371	$252,374,965
New Opportunities[3]	2018/19	9,032	8,366	8,767	$472,664,470	$47,860,346	$520,524,816
	2019/20	14,184	8,106	8,461	$502,093,083	$45,373,564	$547,466,646
	2020/21	14,184	7,887	8,288	$469,371,228	$58,465,098	$527,836,326
	2021/22	14,184	7,626	7,742	$492,826,656	$63,547,363	$556,374,019
	2022/23	14,184	7,434	7,532	$515,569,836	$71,517,628	$587,087,464
Residential Options[3]	2018/19	210	487	486	$11,167,214	$2,594,944	$13,762,158
	2019/20	14,184	704	735	$23,444,488	$4,942,768	$28,387,256
	2020/21	14,184	980	1,035	$33,581,904	$7,329,150	$40,911,054
	2021/22	14,184	1,261	1,346	$49,609,380	$11,265,045	$60,874,425
	2022/23	14,184	1,585	1,693	$70,212,365	$15,335,657	$85,548,022
Supports[3]	2018/19	2050	1,955	2,078	$13,541,938	$16,378,328	$29,920,266
	2019/20	14,184	2,018	2,197	$12,876,014	$17,686,186	$30,562,200
	2020/21	14,184	2,163	2,366	$10,376,690	$19,281,415	$29,658,105
	2021/22	14,184	2,241	2,425	$12,440,723	$24,159,270	$36,599,994
	2022/23	14,184	2,386	2,659	$16,336,862	$28,545,737	$44,882,599

[1] Recipient counts are based on waiver services payments.
[2] Total payments including Medicare Buy-in premiums, Part D and LBHP are based on Type Case. Waiver services payments are based on waiver Budget Category of Service (BCOS) while non-waiver payments represent all other payments other than waiver services payments.
[3] Through an innovative approach to providing services to people with developmental disabilities, the tiered waiver (Most Appropriate Waiver), means that individuals with a greater urgency of need will now be prioritized for receiving the most appropriate home and community-based services. The allocated slots for those waivers were in a allocated waiver slots pool.

Figure 23: Historical Waiver Filled Slots by State Fiscal Year

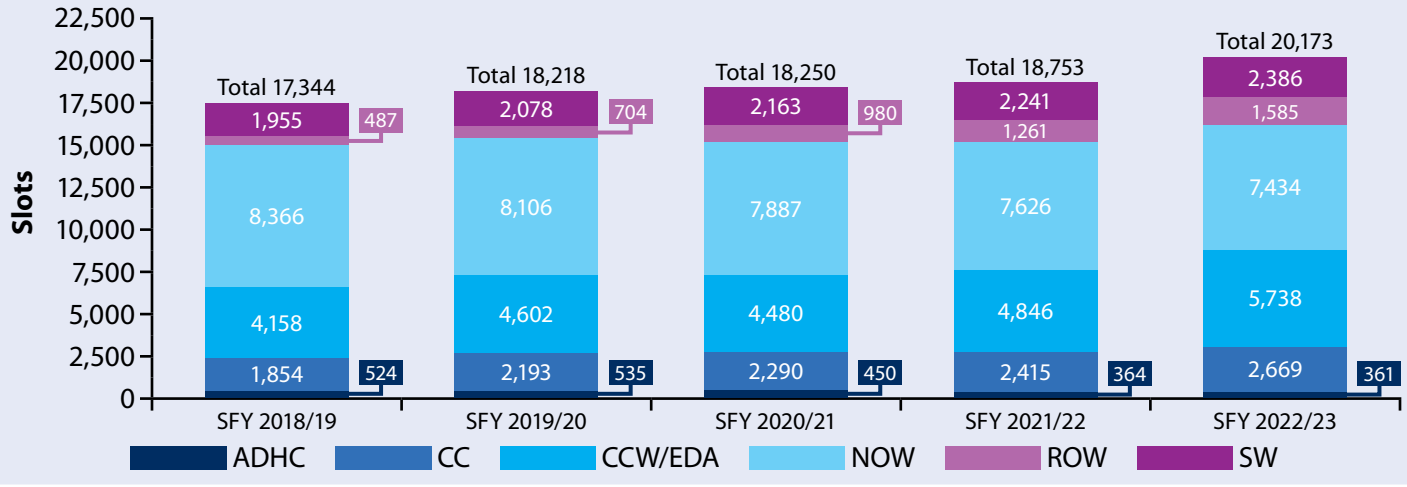


Figure 24: Historical Waiver Recipients by State Fiscal Year

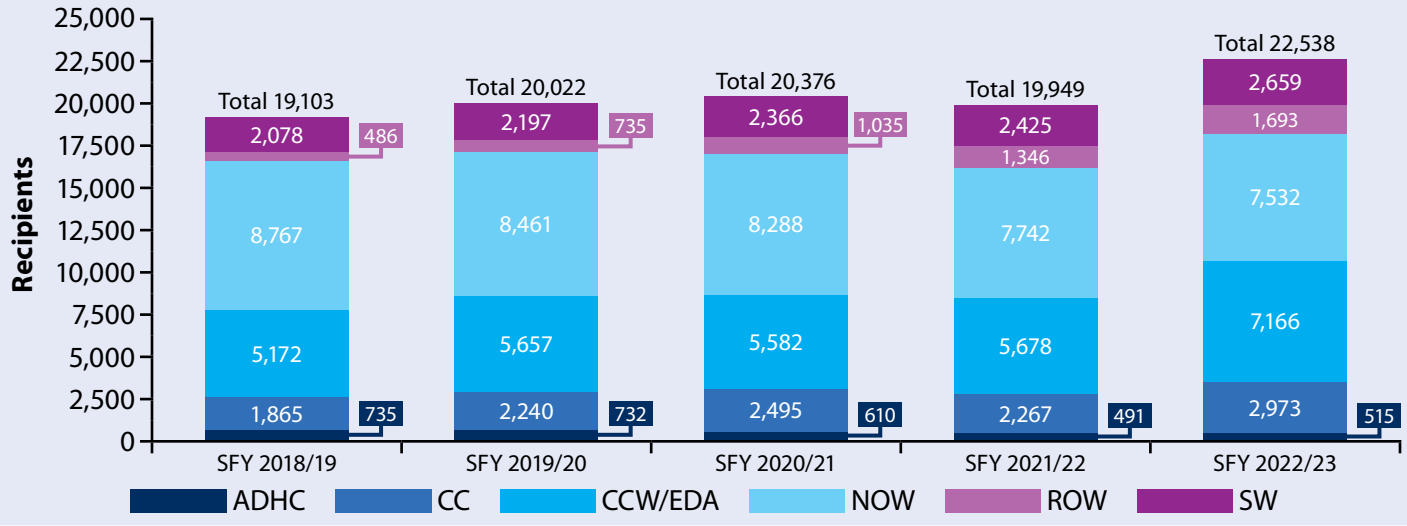
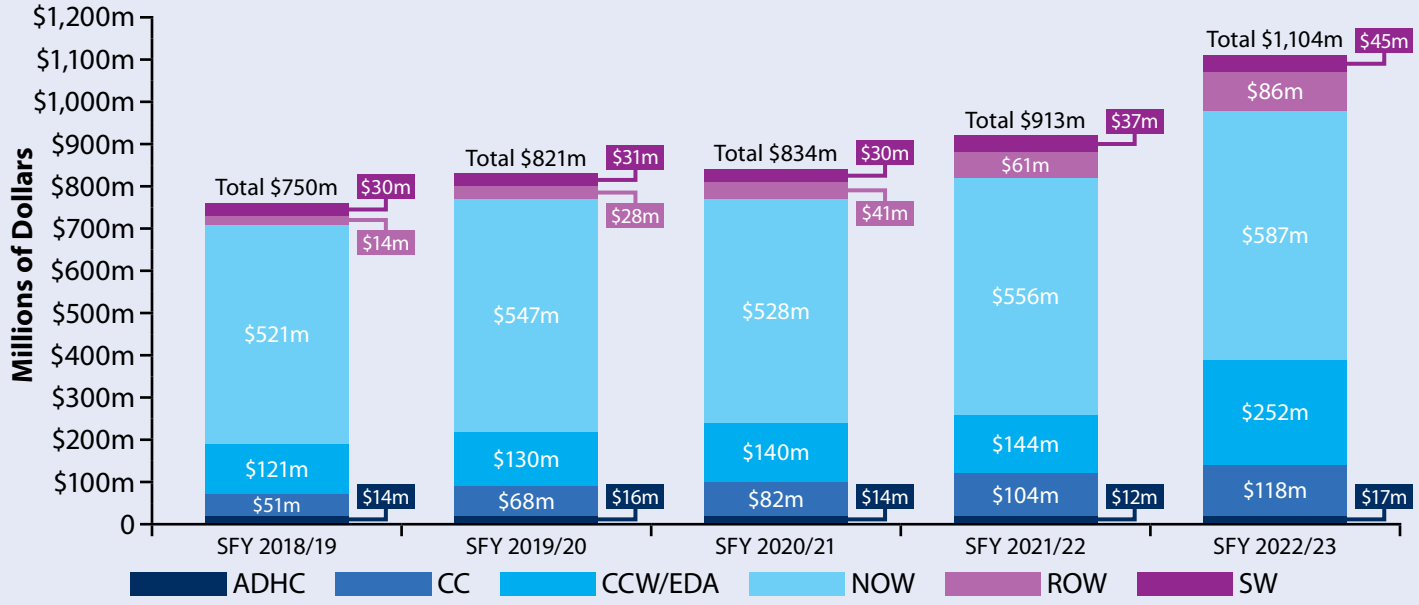


Figure 25: Historical Waiver Total Payments by State Fiscal Year



APPENDIX A: PARISH LEVEL TABLES

Table AA1: Population, Enrollees, Recipients and Payments by Parish

	Parish	2022 Population[1]	Medicaid Enrollees[2]	Poverty Percentage[3]	Enrollees/Population Ratio	Rank	Medicaid Recipients[2]	Payments[4]	Payment per Recipient
1	Acadia	56,744	33,509	24.9	59.1%	22	34,444	$215,294,723	$6,251
2	Allen	22,320	11,413	20.9	51.1%	36	11,587	$72,109,995	$6,223
3	Ascension	130,458	44,164	10.3	33.9%	62	45,312	$281,944,656	$6,222
4	Assumption	20,604	8,972	18.3	43.5%	50	9,251	$60,781,331	$6,570
5	Avoyelles	38,751	23,094	27.2	59.6%	15	23,426	$169,940,164	$7,254
6	Beauregard	36,570	17,380	14.9	47.5%	44	17,850	$100,675,941	$5,640
7	Bienville	12,641	8,186	25.5	64.8%	11	8,516	$63,361,496	$7,440
8	Bossier	129,276	48,494	13.1	37.5%	59	50,043	$306,939,663	$6,134
9	Caddo	229,025	124,129	22.2	54.2%	26	126,606	$849,887,619	$6,713
10	Calcasieu	202,418	90,454	16.5	44.7%	48	92,264	$541,183,420	$5,866
11	Caldwell	9,554	6,310	21.1	66.0%	8	6,468	$41,728,320	$6,452
12	Cameron	4,902	1,025	14.1	20.9%	64	1,071	$5,053,062	$4,718
13	Catahoula	8,566	5,869	25.3	68.5%	6	6,033	$39,931,496	$6,619
14	Claiborne	13,744	7,082	28.9	51.5%	35	7,169	$50,986,274	$7,112
15	Concordia	18,116	11,952	27.7	66.0%	9	12,269	$78,228,995	$6,376
16	De Soto	26,853	13,525	19.8	50.4%	37	13,843	$83,219,231	$6,012
17	East Baton Rouge	450,544	196,899	18.5	43.7%	49	200,782	$1,412,209,237	$7,034
18	East Carroll	6,990	4,499	41.5	64.4%	12	4,598	$35,558,548	$7,733
19	East Feliciana	19,135	9,948	16.3	52.0%	33	10,182	$87,959,168	$8,639
20	Evangeline	31,986	18,984	24.0	59.4%	18	19,452	$141,853,912	$7,293
21	Franklin	19,308	13,464	24.8	69.7%	4	13,508	$96,087,580	$7,113
22	Grant	22,000	10,149	18.3	46.1%	46	10,498	$60,423,029	$5,756
23	Iberia	68,327	40,479	22.8	59.2%	21	41,476	$275,802,191	$6,650
24	Iberville	29,506	16,611	19.1	56.3%	24	16,909	$114,280,362	$6,759
25	Jackson	14,839	6,689	24.1	45.1%	47	7,144	$49,895,222	$6,984
26	Jefferson	425,884	202,137	15.0	47.5%	45	206,704	$1,253,897,902	$6,066
27	Jefferson Davis	32,026	15,353	18.9	47.9%	42	15,815	$100,219,002	$6,337
28	Lafayette	247,866	102,980	17.0	41.5%	53	105,601	$656,456,340	$6,216
29	Lafourche	95,870	38,718	17.4	40.4%	56	39,867	$254,666,559	$6,388
30	La Salle	14,729	7,015	18.8	47.6%	43	7,234	$46,165,365	$6,382
31	Lincoln	48,129	19,617	32.4	40.8%	55	20,187	$136,860,183	$6,780
32	Livingston	148,425	60,542	13.4	40.8%	54	62,101	$376,997,207	$6,071
33	Madison	9,478	7,397	37.0	78.0%	1	7,597	$49,108,389	$6,464

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	Parish	2022 Population[1]	Medicaid Enrollees[2]	Poverty Percentage[3]	Enrollees/Population Ratio	Rank	Medicaid Recipients[2]	Payments[4]	Payment per Recipient
34	Morehouse	24,446	16,796	26.8	68.7%	5	17,191	$122,086,473	$7,102
35	Natchitoches	36,663	19,015	28.9	51.9%	34	19,555	$127,544,240	$6,522
36	Orleans	369,749	196,960	22.6	53.3%	28	202,607	$1,279,450,977	$6,315
37	Ouachita	157,702	85,145	23.5	54.0%	27	86,848	$566,745,251	$6,526
38	Plaquemines	22,516	9,371	16.4	41.6%	52	9,539	$55,799,695	$5,850
39	Pointe Coupee	20,151	9,847	17.1	48.9%	41	10,101	$75,346,104	$7,459
40	Rapides	127,189	67,515	18.7	53.1%	29	68,869	$619,870,253	$9,001
41	Red River	7,420	4,878	24.7	65.7%	10	5,041	$32,072,992	$6,362
42	Richland	19,826	12,561	20.6	63.4%	13	12,847	$96,592,688	$7,519
43	Sabine	21,985	11,631	25.6	52.9%	31	11,897	$75,767,282	$6,369
44	St. Bernard	44,479	25,750	22.4	57.9%	23	26,404	$146,832,142	$5,561
45	St. Charles	50,998	18,610	11.3	36.5%	60	19,327	$108,056,244	$5,591
46	St. Helena	10,822	4,244	25.2	39.2%	57	4,371	$30,458,978	$6,968
47	St. James	19,423	9,607	15.8	49.5%	40	9,877	$61,541,909	$6,231
48	St. John	39,864	23,625	15.7	59.3%	20	24,536	$141,651,021	$5,773
49	St. Landry	81,773	54,420	28.0	66.6%	7	55,618	$373,627,871	$6,718
50	St. Martin	51,236	25,361	18.2	49.5%	39	26,051	$166,874,509	$6,406
51	St. Mary	47,789	28,364	24.6	59.4%	17	28,986	$178,844,250	$6,170
52	St. Tammany	273,263	94,306	10.7	34.5%	61	96,332	$608,646,013	$6,318
53	Tangipahoa	137,048	76,589	19.5	55.9%	25	78,172	$538,159,131	$6,884
54	Tensas	3,846	2,741	35.0	71.3%	2	2,788	$17,202,895	$6,170
55	Terrebonne	104,786	55,471	16.4	52.9%	30	57,176	$350,654,716	$6,133
56	Union	20,721	12,309	23.3	59.4%	16	12,603	$82,797,968	$6,570
57	Vermilion	56,952	28,393	20.5	49.9%	38	29,192	$181,853,196	$6,230
58	Vernon	47,247	18,389	18.3	38.9%	58	18,837	$108,317,228	$5,750
59	Washington	45,025	28,446	23.1	63.2%	14	28,825	$203,200,195	$7,049
60	Webster	35,643	21,129	22.5	59.3%	19	21,516	$136,708,399	$6,354
61	West Baton Rouge	28,034	12,094	12.1	43.1%	51	12,531	$80,734,909	$6,443
62	West Carroll	9,475	6,701	19.8	70.7%	3	9,929	$48,641,823	$4,899
63	West Feliciana	15,381	5,102	19.8	33.2%	63	5,601	$35,896,358	$6,409
64	Winn	13,205	6,906	24.0	52.3%	32	7,145	$49,944,356	$6,990
	Out of State	—	12,135	—	—	65	16,568	$20,461,749	$1,235
	Total	**4,590,241**	**2,136,072**	**18.6**	**46.5%**	—	**2,145,426**	**$14,832,088,398**	**$6,913**

[1] SFY Population estimates are based on the most recent census population estimates. U.S. Census Bureau, Population Division (Updated March 2023). Annual Estimates of the Resident Population for Counties in Louisiana: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-22); Retrieved by October 15, 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.

[2] Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish.

[3] Poverty estimates are from U.S. Census Bureau, (Updated December 2023). SAIPE State and County Estimates for 2022. Retrieved on January 25, 2024 from https://www.census.gov/data/datasets/2022/demo/saipe/2022-state-and-county.html.

[4] Payments are based on recipient parish payments.

Table AA2: Enrollees, Recipients and Payments by Race[1] and Parish *(Part 1)*

	Parish	2022/23 Population[2]				Enrollees[3]			
		Black/African-American	White	Other[4]	Total	Black/African-American	White	Other[5]	Total
1	Acadia	9,959	45,222	1,563	56,744	9,807	19,676	4,026	33,509
2	Allen	4,858	16,160	1,302	22,320	2,643	7,260	1,510	11,413
3	Ascension	32,856	92,814	4,788	130,458	17,370	18,414	8,380	44,164
4	Assumption	5,938	14,085	581	20,604	4,366	3,612	994	8,972
5	Avoyelles	11,366	25,801	1,584	38,751	8,868	11,243	2,983	23,094
6	Beauregard	4,169	30,637	1,764	36,570	2,367	12,821	2,192	17,380
7	Bienville	5,204	7,065	372	12,641	3,854	3,354	978	8,186
8	Bossier	31,583	90,659	7,034	129,276	18,373	20,673	9,448	48,494
9	Caddo	115,112	105,034	8,879	229,025	77,302	29,716	17,111	124,129
10	Calcasieu	50,165	143,433	8,820	202,418	32,048	43,953	14,453	90,454
11	Caldwell	1,574	7,734	246	9,554	1,000	4,611	699	6,310
12	Cameron	192	4,520	190	4,902	36	875	114	1,025
13	Catahoula	2,575	5,797	194	8,566	1,884	3,354	631	5,869
14	Claiborne	6,851	6,473	420	13,744	4,388	1,869	825	7,082
15	Concordia	7,101	10,588	427	18,116	5,934	4,790	1,228	11,952
16	De Soto	9,101	16,736	1,016	26,853	6,701	5,046	1,778	13,525
17	East Baton Rouge	212,706	213,189	24,649	450,544	127,114	33,451	36,334	196,899
18	East Carroll	4,783	2,002	205	6,990	3,427	703	369	4,499
19	East Feliciana	7,903	10,763	469	19,135	5,071	3,604	1,273	9,948
20	Evangeline	8,955	22,173	858	31,986	7,676	9,600	1,708	18,984
21	Franklin	6,049	12,867	392	19,308	5,723	6,254	1,487	13,464
22	Grant	3,397	17,722	881	22,000	1,391	7,347	1,411	10,149
23	Iberia	22,497	42,089	3,741	68,327	18,782	16,241	5,456	40,479
24	Iberville	13,901	14,944	661	29,506	10,013	4,593	2,005	16,611
25	Jackson	3,979	10,424	436	14,839	2,540	3,358	791	6,689
26	Jefferson	122,724	272,127	31,033	425,884	75,627	61,684	64,826	202,137
27	Jefferson Davis	5,261	25,506	1,259	32,026	3,909	9,553	1,891	15,353
28	Lafayette	68,353	168,858	10,655	247,866	44,481	39,706	18,793	102,980
29	Lafourche	13,535	76,351	5,984	95,870	10,855	20,380	7,483	38,718
30	La Salle	2,068	12,205	456	14,729	833	5,278	904	7,015
31	Lincoln	19,399	27,034	1,696	48,129	10,415	6,216	2,986	19,617
32	Livingston	14,381	129,776	4,268	148,425	8,771	41,553	10,218	60,542
33	Madison	5,832	3,370	276	9,478	5,301	1,296	800	7,397
34	Morehouse	11,818	12,024	604	24,446	9,417	5,660	1,719	16,796
35	Natchitoches	15,177	19,915	1,571	36,663	10,684	6,117	2,214	19,015

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	Parish	2022/23 Population[2]				Enrollees[3]			
		Black/African-American	White	Other[4]	Total	Black/African-American	White	Other[5]	Total
36	Orleans	216,849	133,347	19,553	369,749	134,111	23,579	39,270	196,960
37	Ouachita	59,968	93,291	4,443	157,702	43,615	30,054	11,476	85,145
38	Plaquemines	4,963	15,403	2,150	22,516	2,816	4,194	2,361	9,371
39	Pointe Coupee	6,926	12,791	434	20,151	5,108	3,560	1,179	9,847
40	Rapides	40,665	80,871	5,653	127,189	28,266	28,420	10,829	67,515
41	Red River	2,901	4,306	213	7,420	2,381	1,996	501	4,878
42	Richland	7,074	12,368	384	19,826	5,960	5,101	1,500	12,561
43	Sabine	3,512	15,331	3,142	21,985	3,096	6,509	2,026	11,631
44	St. Bernard	11,568	30,126	2,785	44,479	9,010	11,387	5,353	25,750
45	St. Charles	13,170	35,992	1,836	50,998	7,304	7,417	3,889	18,610
46	St. Helena	5,526	5,054	242	10,822	2,743	1,106	395	4,244
47	St. James	9,170	9,935	318	19,423	6,493	2,016	1,098	9,607
48	St. John	23,651	14,710	1,503	39,864	14,671	4,655	4,299	23,625
49	St. Landry	34,381	45,312	2,080	81,773	27,502	20,754	6,164	54,420
50	St. Martin	15,078	34,415	1,743	51,236	10,849	11,237	3,275	25,361
51	St. Mary	15,097	29,658	3,034	47,789	11,147	12,266	4,951	28,364
52	St. Tammany	39,842	221,569	11,852	273,263	23,657	52,641	18,008	94,306
53	Tangipahoa	42,124	90,788	4,136	137,048	33,725	32,432	10,432	76,589
54	Tensas	2,101	1,659	86	3,846	1,754	688	299	2,741
55	Terrebonne	19,743	74,138	10,905	104,786	14,721	27,376	13,374	55,471
56	Union	4,857	15,376	488	20,721	4,194	6,285	1,830	12,309
57	Vermilion	8,213	46,261	2,478	56,952	7,110	17,039	4,244	28,393
58	Vernon	6,521	36,946	3,780	47,247	2,865	12,799	2,725	18,389
59	Washington	13,724	30,096	1,205	45,025	10,219	15,069	3,158	28,446
60	Webster	11,971	22,605	1,067	35,643	9,087	9,486	2,556	21,129
61	West Baton Rouge	11,624	15,697	713	28,034	6,596	3,788	1,710	12,094
62	West Carroll	1,388	7,779	308	9,475	1,329	4,616	756	6,701
63	West Feliciana	6,809	8,229	343	15,381	2,274	1,770	1,058	5,102
64	Winn	4,012	8,795	398	13,205	2,386	3,711	809	6,906
	Out of State	—	—	—	—	4,739	4,412	2,984	12,135
	Total	**1,504,750**	**2,868,945**	**216,546**	**4,590,241**	**958,453**	**799,563**	**378,056**	**2,136,072**

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Table AA2: Enrollees, Recipients and Payments by Race[1] and Parish *(Part 2)*

	Parish	Recipients[3]				Payments[5]			
		Black/African-American	White	Other[4]	Total	Black/African-American	White	Other[4]	Total
1	Acadia	10,121	20,215	4,108	34,444	$63,174,306	$124,508,409	$27,612,007	$215,294,723
2	Allen	2,611	7,450	1,526	11,587	$16,737,878	$44,594,608	$10,777,509	$72,109,995
3	Ascension	17,763	19,030	8,519	45,312	$111,013,070	$119,750,171	$51,181,415	$281,944,656
4	Assumption	4,489	3,724	1,038	9,251	$30,629,046	$23,615,820	$6,536,465	$60,781,331
5	Avoyelles	8,939	11,501	2,986	23,426	$63,643,302	$81,268,358	$25,028,503	$169,940,164
6	Beauregard	2,465	13,149	2,236	17,850	$16,006,678	$71,800,251	$12,869,012	$100,675,941
7	Bienville	3,981	3,513	1,022	8,516	$30,635,754	$23,787,833	$8,937,909	$63,361,496
8	Bossier	18,993	21,428	9,622	50,043	$116,126,193	$132,563,735	$58,249,735	$306,939,663
9	Caddo	78,508	30,681	17,417	126,606	$520,331,368	$211,280,140	$118,276,112	$849,887,619
10	Calcasieu	32,691	44,895	14,678	92,264	$189,852,296	$265,445,674	$85,885,450	$541,183,420
11	Caldwell	1,015	4,724	729	6,468	$6,429,629	$30,885,277	$4,413,414	$41,728,320
12	Cameron	38	914	119	1,071	$91,063	$4,439,878	$522,121	$5,053,062
13	Catahoula	1,918	3,463	652	6,033	$13,870,198	$21,114,678	$4,946,620	$39,931,496
14	Claiborne	4,452	1,920	797	7,169	$31,266,700	$13,434,881	$6,284,693	$50,986,274
15	Concordia	6,080	4,950	1,239	12,269	$42,394,327	$28,096,112	$7,738,556	$78,228,995
16	De Soto	6,837	5,203	1,803	13,843	$43,435,734	$28,131,035	$11,652,463	$83,219,231
17	East Baton Rouge	129,154	34,688	36,940	200,782	$908,128,518	$263,061,758	$241,018,961	$1,412,209,237
18	East Carroll	3,494	727	377	4,598	$27,545,982	$4,687,416	$3,325,151	$35,558,548
19	East Feliciana	5,142	3,763	1,277	10,182	$45,210,228	$29,543,728	$13,205,212	$87,959,168
20	Evangeline	7,810	9,894	1,748	19,452	$60,540,145	$66,297,900	$15,015,867	$141,853,912
21	Franklin	5,708	6,345	1,455	13,508	$42,135,816	$43,975,399	$9,976,365	$96,087,580
22	Grant	1,448	7,616	1,434	10,498	$9,088,158	$41,691,069	$9,643,802	$60,423,029
23	Iberia	19,212	16,700	5,564	41,476	$130,529,410	$109,260,730	$36,012,051	$275,802,191
24	Iberville	10,215	4,733	1,961	16,909	$69,564,827	$30,691,448	$14,024,088	$114,280,362
25	Jackson	2,644	3,639	861	7,144	$17,879,589	$25,978,509	$6,037,124	$49,895,222
26	Jefferson	77,843	63,378	65,483	206,704	$476,831,434	$410,368,650	$366,697,819	$1,253,897,902
27	Jefferson Davis	4,012	9,894	1,909	15,815	$24,603,591	$62,870,185	$12,745,225	$100,219,002
28	Lafayette	45,540	40,973	19,088	105,601	$279,908,014	$260,169,335	$116,378,991	$656,456,340
29	Lafourche	11,199	21,025	7,643	39,867	$73,038,438	$134,844,367	$46,783,754	$254,666,559
30	La Salle	857	5,443	934	7,234	$6,640,585	$32,357,729	$7,167,051	$46,165,365
31	Lincoln	10,692	6,434	3,061	20,187	$73,964,558	$42,222,184	$20,673,441	$136,860,183
32	Livingston	9,029	42,648	10,424	62,101	$49,466,431	$266,602,257	$60,928,520	$376,997,207
33	Madison	5,444	1,351	802	7,597	$36,453,140	$7,518,493	$5,136,755	$49,108,389
34	Morehouse	9,610	5,835	1,746	17,191	$70,715,873	$38,742,387	$12,628,213	$122,086,473
35	Natchitoches	10,926	6,363	2,266	19,555	$73,317,560	$39,351,328	$14,875,352	$127,544,240

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	Parish	Recipients[3]				Payments[5]			
		Black/African-American	White	Other[4]	Total	Black/African-American	White	Other[5]	Total
36	Orleans	137,497	25,013	40,097	202,607	$877,528,466	$159,605,340	$242,317,171	$1,279,450,977
37	Ouachita	44,280	30,908	11,660	86,848	$294,939,198	$200,079,225	$71,726,828	$566,745,251
38	Plaquemines	2,822	4,302	2,415	9,539	$16,949,546	$25,942,330	$12,907,818	$55,799,695
39	Pointe Coupee	5,227	3,661	1,213	10,101	$38,944,303	$27,458,559	$8,943,242	$75,346,104
40	Rapides	28,766	29,160	10,943	68,869	$244,225,583	$283,516,039	$92,128,631	$619,870,253
41	Red River	2,454	2,074	513	5,041	$15,971,934	$12,246,962	$3,854,095	$32,072,992
42	Richland	6,088	5,250	1,509	12,847	$49,572,162	$36,704,156	$10,316,370	$96,592,688
43	Sabine	3,165	6,664	2,068	11,897	$22,582,920	$39,889,983	$13,294,379	$75,767,282
44	St. Bernard	9,327	11,667	5,410	26,404	$51,847,234	$64,627,457	$30,357,450	$146,832,142
45	St. Charles	7,659	7,704	3,964	19,327	$42,077,115	$43,958,766	$22,020,363	$108,056,244
46	St. Helena	2,808	1,156	407	4,371	$20,424,312	$7,249,287	$2,785,379	$30,458,978
47	St. James	6,668	2,089	1,120	9,877	$40,869,573	$12,858,059	$7,814,277	$61,541,909
48	St. John	15,265	4,884	4,387	24,536	$90,530,265	$27,696,416	$23,424,341	$141,651,021
49	St. Landry	28,014	21,381	6,223	55,618	$191,971,520	$136,314,445	$45,341,906	$373,627,871
50	St. Martin	11,148	11,594	3,309	26,051	$71,479,642	$72,488,070	$22,906,797	$166,874,509
51	St. Mary	11,386	12,560	5,040	28,986	$73,232,730	$75,410,150	$30,201,370	$178,844,250
52	St. Tammany	24,168	53,781	18,383	96,332	$146,079,543	$343,858,847	$118,707,623	$608,646,013
53	Tangipahoa	34,203	33,424	10,545	78,172	$234,612,998	$232,801,643	$70,744,490	$538,159,131
54	Tensas	1,796	704	288	2,788	$11,877,221	$3,713,568	$1,612,105	$17,202,895
55	Terrebonne	15,367	28,134	13,675	57,176	$97,233,008	$176,301,693	$77,120,014	$350,654,716
56	Union	4,288	6,466	1,849	12,603	$31,244,951	$39,682,294	$11,870,723	$82,797,968
57	Vermilion	7,245	17,633	4,314	29,192	$43,681,345	$109,830,673	$28,341,177	$181,853,196
58	Vernon	2,925	13,137	2,775	18,837	$16,895,978	$74,548,834	$16,872,415	$108,317,228
59	Washington	10,303	15,355	3,167	28,825	$76,524,343	$104,192,462	$22,483,390	$203,200,195
60	Webster	9,278	9,684	2,554	21,516	$61,747,408	$57,422,971	$17,538,019	$136,708,399
61	West Baton Rouge	6,807	3,968	1,756	12,531	$43,904,678	$26,025,964	$10,804,267	$80,734,909
62	West Carroll	2,847	5,773	1,309	9,929	$11,983,355	$30,812,443	$5,846,025	$48,641,823
63	West Feliciana	2,313	2,411	877	5,601	$15,316,264	$12,599,959	$7,980,136	$35,896,358
64	Winn	2,462	3,859	824	7,145	$17,132,803	$26,949,662	$5,861,892	$49,944,356
	Out of State	6,366	5,954	4,248	16,568	$7,717,239	$7,589,214	$5,155,296	$20,461,749
	Total	**962,165**	**804,553**	**378,708**	**2,145,426**	**$6,730,297,476**	**$5,607,327,200**	**$2,494,463,720**	**$14,832,088,398**

[1] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[2] SFY Population estimates are based on the most recent census population estimates. U.S. Census Bureau, Population Division (Updated March 2023). Annual Estimates of the Resident Population for Counties in Louisiana: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-22); Retrieved by October 15, 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.
[3] Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish.
[4] Other includes all individuals not in Black/African-American or White.
[5] Payments are based on recipient parish payments.

Table AA3: Healthy Louisiana Payments[1] and Recipients[2] by Parish and Health Plan *(Part 1)*

	Parish	Aetna Better Health of Louisiana		AmeriHealth Caritas of Louisiana		Healthy Blue		Humana Healthy Horizons[3]	
		Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments
1	Acadia	2,963	$10,627,153	4,332	$16,030,935	8,295	$30,306,790	1,684	$2,369,349
2	Allen	906	$2,660,752	1,639	$5,963,863	2,488	$8,562,015	394	$502,827
3	Ascension	4,455	$17,008,256	6,910	$28,753,831	10,751	$43,284,259	7,408	$10,799,744
4	Assumption	1,173	$3,941,781	1,451	$5,626,595	1,610	$7,179,265	767	$1,124,837
5	Avoyelles	1,733	$6,087,508	4,078	$14,826,022	5,872	$23,303,257	785	$1,073,017
6	Beauregard	1,329	$4,685,848	2,362	$8,058,666	4,119	$15,012,487	760	$1,039,232
7	Bienville	674	$2,362,811	1,583	$5,847,282	1,810	$7,108,233	106	$94,187
8	Bossier	6,139	$22,096,801	9,758	$31,918,785	11,439	$38,679,790	757	$1,110,407
9	Caddo	15,010	$55,429,637	26,989	$94,056,149	30,461	$115,035,521	1,687	$1,956,358
10	Calcasieu	6,582	$23,009,504	9,696	$37,274,401	20,701	$73,693,772	5,145	$6,749,522
11	Caldwell	587	$2,054,317	985	$3,897,730	1,293	$5,231,871	57	$37,100
12	Cameron	74	$268,972	107	$386,172	230	$817,427	44	$47,969
13	Catahoula	513	$1,942,796	1,097	$3,885,330	1,070	$4,271,206	46	$40,990
14	Claiborne	709	$2,851,879	1,449	$5,798,220	1,544	$6,455,802	102	$86,630
15	Concordia	898	$3,041,284	3,489	$12,148,004	2,277	$8,611,958	236	$354,492
16	De Soto	1,649	$5,809,597	2,562	$8,141,271	2,847	$10,370,974	133	$152,224
17	East Baton Rouge	22,215	$90,384,720	26,720	$113,465,075	45,049	$191,990,010	26,920	$39,705,370
18	East Carroll	183	$517,172	630	$2,020,685	878	$3,209,256	35	$25,769
19	East Feliciana	1,092	$4,243,495	1,220	$5,455,661	2,331	$9,869,263	902	$1,168,101
20	Evangeline	1,512	$4,936,811	2,593	$9,470,306	4,629	$16,755,964	766	$967,904
21	Franklin	1,041	$3,717,070	2,769	$10,017,774	2,960	$10,768,949	154	$139,292
22	Grant	829	$2,993,465	1,878	$6,970,620	2,831	$10,908,300	302	$348,307
23	Iberia	4,345	$16,114,580	5,186	$18,894,833	11,326	$42,958,816	2,141	$3,234,826
24	Iberville	1,469	$5,994,743	2,296	$10,381,347	3,744	$16,405,423	2,407	$3,385,804
25	Jackson	632	$1,953,658	1,023	$3,342,486	1,219	$4,137,898	81	$70,329
26	Jefferson	36,155	$125,918,292	38,710	$140,670,130	45,488	$190,900,154	19,319	$27,637,855
27	Jefferson Davis	952	$3,261,717	1,659	$5,739,511	2,669	$9,274,851	745	$1,026,156
28	Lafayette	10,800	$39,608,142	16,363	$57,640,287	28,850	$107,758,864	6,437	$9,254,742
29	Lafourche	4,899	$17,758,154	5,895	$20,180,057	7,765	$35,516,039	2,747	$3,890,638
30	La Salle	652	$2,736,135	890	$3,340,543	1,635	$6,328,411	110	$102,402
31	Lincoln	1,809	$6,290,031	3,763	$12,311,068	4,410	$16,042,355	261	$288,893
32	Livingston	5,694	$22,607,700	7,423	$30,895,334	16,102	$67,241,984	6,751	$9,322,111
33	Madison	601	$1,954,851	1,254	$4,197,683	2,079	$8,129,520	76	$72,261
34	Morehouse	1,499	$5,362,593	3,669	$12,892,808	5,153	$20,680,449	197	$183,582
35	Natchitoches	1,805	$6,321,965	4,517	$17,091,371	5,108	$19,246,719	734	$1,087,404

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	Parish	Aetna Better Health of Louisiana		AmeriHealth Caritas of Louisiana		Healthy Blue		Humana Healthy Horizons[3]	
		Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments
36	Orleans	37,399	$143,384,169	36,123	$139,276,989	45,479	$204,841,225	18,965	$27,544,126
37	Ouachita	7,021	$24,498,948	17,255	$58,629,112	24,184	$96,417,307	952	$1,035,916
38	Plaquemines	1,543	$5,191,640	1,576	$5,325,219	1,925	$7,470,351	1,081	$1,386,560
39	Pointe Coupee	901	$3,446,256	2,108	$9,771,781	2,082	$8,586,044	972	$1,560,861
40	Rapides	6,208	$22,515,371	13,312	$47,711,476	19,183	$73,245,321	1,849	$2,782,348
41	Red River	480	$1,459,593	843	$3,244,541	1,120	$3,954,528	506	$850,781
42	Richland	1,026	$3,829,484	2,485	$8,733,062	3,222	$12,988,443	122	$118,491
43	Sabine	1,372	$5,298,357	2,292	$7,854,046	2,773	$10,618,711	552	$878,830
44	St. Bernard	4,421	$15,165,324	4,405	$15,491,223	5,371	$23,043,350	2,149	$3,109,562
45	St. Charles	3,436	$11,949,516	3,197	$11,770,205	4,757	$20,385,472	2,653	$3,563,507
46	St. Helena	336	$1,122,322	483	$2,150,537	1,042	$4,466,757	303	$399,873
47	St. James	1,604	$4,998,481	1,667	$6,557,946	1,874	$8,205,429	994	$1,407,296
48	St. John	4,353	$14,146,857	3,867	$14,296,489	6,561	$28,372,339	1,990	$2,412,039
49	St. Landry	4,280	$15,283,790	8,464	$29,136,026	12,552	$47,532,347	2,765	$4,002,057
50	St. Martin	2,489	$8,327,053	3,924	$14,089,560	6,707	$24,758,450	1,650	$2,407,845
51	St. Mary	4,560	$13,790,321	4,600	$18,797,167	6,546	$27,784,563	1,920	$3,009,386
52	St. Tammany	13,596	$54,714,569	11,565	$48,402,373	28,255	$120,301,666	10,539	$16,451,596
53	Tangipahoa	5,563	$21,042,236	7,361	$34,546,079	20,973	$97,831,437	8,982	$12,542,595
54	Tensas	235	$887,705	588	$2,151,603	608	$2,396,892	26	$30,998
55	Terrebonne	5,915	$20,737,919	9,417	$32,259,242	8,981	$38,832,580	3,861	$6,372,271
56	Union	945	$3,053,960	2,277	$6,987,296	2,797	$10,898,591	127	$174,824
57	Vermilion	3,060	$10,739,829	4,133	$13,833,939	7,003	$24,757,658	2,039	$2,812,257
58	Vernon	1,973	$7,604,648	3,018	$11,526,877	4,552	$16,725,349	361	$417,554
59	Washington	2,803	$12,373,566	3,974	$18,213,754	8,314	$39,326,128	2,660	$4,038,531
60	Webster	2,059	$7,663,416	3,569	$12,677,172	5,634	$21,397,099	1,249	$1,947,627
61	West Baton Rouge	1,130	$4,355,127	1,607	$6,703,772	3,043	$12,474,878	1,433	$1,831,498
62	West Carroll	437	$1,354,805	867	$2,828,839	1,146	$4,203,656	57	$61,949
63	West Feliciana	466	$1,694,413	531	$2,235,987	1,124	$4,560,124	342	$395,415
64	Winn	645	$2,115,429	1,111	$4,032,365	1,667	$6,020,941	158	$197,357
	Out of State	1,387	$1,971,107	1,520	$2,004,920	2,700	$4,794,589	660	$364,822
	Total	**257,189**	**$971,270,401**	**354,162**	**$1,358,830,433**	**524,339**	**$2,193,240,071**	**159,316**	**$233,559,400**

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Table AA3: Healthy Louisiana Payments[1] and Recipients[2] by Parish and Health Plan *(Part 2)*

	Parish	Louisiana Healthcare Connections		United Healthcare of Louisiana		Total *(across all plans)*	
		Recipients	Payments	Recipients	Payments	Recipients	Payments
1	Acadia	12,292	$48,164,553	10,322	$40,627,417	30,958	$148,126,197
2	Allen	4,596	$18,543,839	3,065	$12,016,297	10,296	$48,249,593
3	Ascension	10,441	$39,969,108	17,815	$76,097,225	41,609	$215,912,422
4	Assumption	2,137	$8,829,995	3,462	$15,856,229	8,142	$42,558,702
5	Avoyelles	8,480	$36,085,114	5,902	$23,264,901	20,828	$104,639,818
6	Beauregard	7,677	$29,614,616	4,312	$17,104,778	15,988	$75,515,627
7	Bienville	2,574	$10,242,641	3,057	$11,397,682	7,547	$37,052,836
8	Bossier	13,954	$50,903,775	19,925	$69,540,987	45,256	$214,250,545
9	Caddo	37,420	$142,071,596	47,338	$180,425,108	114,839	$588,974,369
10	Calcasieu	53,376	$216,488,942	14,135	$52,889,836	84,411	$410,105,977
11	Caldwell	1,799	$7,634,079	2,245	$9,306,378	5,755	$28,161,476
12	Cameron	540	$2,067,170	218	$851,932	949	$4,439,643
13	Catahoula	2,317	$9,875,261	1,526	$6,325,726	5,304	$26,341,309
14	Claiborne	2,357	$9,326,760	2,089	$7,253,280	6,375	$31,772,570
15	Concordia	5,294	$22,592,539	2,527	$9,856,852	11,047	$56,605,128
16	De Soto	3,862	$15,336,146	5,454	$21,762,525	12,414	$61,572,738
17	East Baton Rouge	60,173	$245,638,675	77,598	$342,362,533	184,593	$1,023,546,383
18	East Carroll	2,213	$9,241,031	1,434	$5,592,140	4,182	$20,606,053
19	East Feliciana	3,157	$12,815,750	2,820	$12,222,610	8,795	$45,774,881
20	Evangeline	5,551	$22,604,746	7,072	$31,783,430	17,455	$86,519,161
21	Franklin	4,731	$19,207,223	3,853	$14,997,808	12,048	$58,848,115
22	Grant	3,531	$13,865,763	2,516	$9,852,664	9,326	$44,939,118
23	Iberia	16,807	$71,259,550	9,949	$34,642,203	37,649	$187,104,809
24	Iberville	4,126	$17,472,762	5,960	$26,322,959	15,023	$79,963,038
25	Jackson	1,498	$5,528,872	3,385	$15,260,636	6,174	$30,293,878
26	Jefferson	55,271	$204,734,477	66,328	$262,693,831	187,386	$952,554,739
27	Jefferson Davis	7,964	$33,665,503	3,824	$15,397,642	14,190	$68,365,380
28	Lafayette	36,052	$139,490,964	30,383	$114,352,096	96,209	$468,105,095
29	Lafourche	10,781	$42,053,566	15,566	$68,489,420	35,754	$187,887,874
30	La Salle	2,170	$8,298,999	2,573	$10,319,076	6,479	$31,125,565
31	Lincoln	4,799	$17,881,391	9,645	$39,723,660	18,409	$92,537,398
32	Livingston	18,596	$73,381,269	21,860	$93,878,973	56,856	$297,327,372
33	Madison	3,450	$14,537,375	1,217	$4,411,884	6,830	$33,303,574
34	Morehouse	5,693	$23,770,938	4,599	$16,755,157	15,491	$79,645,528
35	Natchitoches	6,587	$25,738,162	4,694	$19,281,208	17,653	$88,766,829

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	Parish	Louisiana Healthcare Connections Recipients	Louisiana Healthcare Connections Payments	United Healthcare of Louisiana Recipients	United Healthcare of Louisiana Payments	Total *(across all plans)* Recipients	Total *(across all plans)* Payments
36	Orleans	57,176	$230,712,567	59,557	$247,439,910	182,470	$993,198,985
37	Ouachita	33,290	$130,206,611	25,367	$95,152,977	79,747	$405,940,871
38	Plaquemines	2,361	$9,342,155	3,546	$13,377,047	8,615	$42,092,973
39	Pointe Coupee	2,144	$8,731,631	3,807	$17,277,812	9,085	$49,374,384
40	Rapides	23,652	$95,657,593	18,353	$65,797,134	61,699	$307,709,242
41	Red River	1,219	$4,131,146	2,027	$9,060,871	4,539	$22,701,461
42	Richland	4,746	$19,253,704	2,959	$11,117,835	11,413	$56,041,019
43	Sabine	4,162	$16,626,947	2,782	$11,336,529	10,740	$52,613,420
44	St. Bernard	8,602	$32,645,348	8,293	$33,209,371	24,159	$122,664,177
45	St. Charles	4,685	$17,694,681	5,331	$19,939,393	17,394	$85,302,773
46	St. Helena	1,892	$8,042,224	1,101	$5,224,537	3,948	$21,406,250
47	St. James	2,504	$9,939,946	3,382	$15,006,970	8,951	$46,116,069
48	St. John	6,707	$25,360,706	6,978	$28,382,986	22,090	$112,971,415
49	St. Landry	17,355	$70,644,942	20,036	$84,081,837	50,394	$250,680,999
50	St. Martin	9,173	$37,526,086	6,752	$24,754,261	23,375	$111,863,255
51	St. Mary	8,674	$36,292,488	8,806	$37,071,788	26,263	$136,745,713
52	St. Tammany	29,878	$118,257,028	26,785	$109,855,150	87,509	$467,982,381
53	Tangipahoa	38,164	$164,683,965	13,360	$59,018,942	71,050	$389,665,255
54	Tensas	999	$4,041,293	729	$2,919,443	2,424	$12,427,935
55	Terrebonne	14,123	$56,077,150	27,141	$117,516,278	51,419	$271,795,440
56	Union	3,222	$12,166,426	5,443	$21,941,078	11,292	$55,222,176
57	Vermilion	9,875	$40,273,659	8,929	$35,387,339	26,355	$127,804,681
58	Vernon	6,447	$25,380,840	6,074	$21,569,014	17,160	$83,224,282
59	Washington	10,181	$44,529,246	6,386	$29,056,762	25,801	$147,537,986
60	Webster	7,237	$28,585,379	5,971	$23,403,631	19,305	$95,674,325
61	West Baton Rouge	3,368	$13,193,610	4,680	$20,333,424	11,264	$58,892,311
62	West Carroll	3,678	$15,610,907	1,598	$5,052,678	6,086	$29,112,834
63	West Feliciana	1,335	$5,130,679	1,293	$5,229,484	3,868	$19,246,100
64	Winn	2,274	$8,699,684	2,325	$9,645,898	6,318	$30,711,674
	Out of State	2,642	$3,860,567	2,965	$4,409,252	11,003	$17,405,257
	Total	**720,289**	**$2,962,232,359**	**690,188**	**$2,876,486,714**	**1,978,599**	**$10,595,619,379**

[1] Payments are based on recipient parish payments.
[2] Individual parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish. Also, the individual plans recipient counts may not sum to the total plan type counts due to movement between the plans during the SFY.
[3] Effective January 1, 2023, Humana Healthy Horizons joined as the sixth Managed Care Organization (MCO) offering services to Louisiana Medicaid recipients.

Table AA4: Healthy Louisiana Payments[1] by Parish, Race[2] and Gender *(Part 1)*

	Parish	Black/African-American			White		
		Male	Female	Total	Male	Female	Total
1	Acadia	$18,793,554	$25,775,176	$44,568,730	$34,521,452	$52,377,521	$86,898,973
2	Allen	$5,015,967	$6,087,754	$11,103,720	$12,238,037	$18,626,240	$30,864,278
3	Ascension	$34,273,195	$52,437,895	$86,711,090	$35,733,394	$54,507,283	$90,240,676
4	Assumption	$8,752,474	$12,831,181	$21,583,655	$6,455,594	$10,241,990	$16,697,584
5	Avoyelles	$18,765,474	$23,463,924	$42,229,398	$19,171,197	$29,730,002	$48,901,199
6	Beauregard	$4,425,410	$6,252,017	$10,677,427	$22,011,742	$33,701,949	$55,713,691
7	Bienville	$7,337,971	$11,296,316	$18,634,288	$5,781,953	$8,474,240	$14,256,193
8	Bossier	$32,725,221	$49,233,458	$81,958,679	$36,789,663	$54,809,305	$91,598,968
9	Caddo	$161,133,308	$217,771,151	$378,904,459	$58,047,182	$76,756,772	$134,803,954
10	Calcasieu	$62,601,709	$83,022,954	$145,624,663	$80,571,792	$119,389,783	$199,961,575
11	Caldwell	$1,926,307	$2,505,631	$4,431,938	$8,535,611	$12,269,126	$20,804,736
12	Cameron	$35,959	$39,787	$75,746	$1,607,402	$2,298,125	$3,905,528
13	Catahoula	$4,212,181	$4,741,446	$8,953,627	$6,030,530	$8,649,068	$14,679,598
14	Claiborne	$8,449,993	$11,892,517	$20,342,510	$3,437,043	$4,482,611	$7,919,654
15	Concordia	$12,701,689	$16,591,020	$29,292,709	$8,832,811	$13,071,998	$21,904,809
16	De Soto	$13,228,822	$18,423,080	$31,651,902	$8,904,676	$13,528,401	$22,433,077
17	East Baton Rouge	$286,677,531	$393,194,789	$679,872,321	$72,229,496	$92,712,484	$164,941,980
18	East Carroll	$7,127,802	$9,102,370	$16,230,172	$1,226,296	$1,706,344	$2,932,640
19	East Feliciana	$11,702,005	$12,050,527	$23,752,532	$7,190,719	$9,330,695	$16,521,413
20	Evangeline	$16,082,730	$20,375,931	$36,458,661	$17,569,984	$25,058,077	$42,628,061
21	Franklin	$11,744,890	$14,283,113	$26,028,003	$11,177,533	$15,946,605	$27,124,139
22	Grant	$2,604,257	$3,315,322	$5,919,579	$13,031,576	$19,547,622	$32,579,198
23	Iberia	$38,716,238	$50,199,148	$88,915,386	$29,681,798	$44,530,430	$74,212,227
24	Iberville	$21,008,987	$28,547,307	$49,556,294	$8,601,559	$13,417,454	$22,019,013
25	Jackson	$4,868,889	$6,814,427	$11,683,316	$5,989,809	$9,141,814	$15,131,623
26	Jefferson	$153,894,111	$214,997,685	$368,891,796	$125,325,484	$167,675,952	$293,001,437
27	Jefferson Davis	$7,916,146	$9,953,606	$17,869,753	$16,669,861	$26,200,821	$42,870,682
28	Lafayette	$85,130,166	$118,979,621	$204,109,787	$73,423,288	$104,692,790	$178,116,078
29	Lafourche	$23,877,000	$32,397,842	$56,274,842	$38,041,729	$61,435,839	$99,477,568
30	La Salle	$1,444,317	$2,216,263	$3,660,581	$9,630,992	$14,001,937	$23,632,929
31	Lincoln	$20,739,506	$29,952,037	$50,691,544	$11,490,075	$16,594,594	$28,084,669
32	Livingston	$16,392,096	$23,843,256	$40,235,352	$84,471,624	$124,971,507	$209,443,131
33	Madison	$11,095,864	$14,078,343	$25,174,208	$2,067,006	$2,731,579	$4,798,585
34	Morehouse	$20,374,088	$25,659,378	$46,033,466	$11,043,221	$15,203,363	$26,246,584
35	Natchitoches	$21,345,182	$29,995,829	$51,341,011	$10,807,708	$16,969,931	$27,777,639

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	Parish	Black/African-American			White		
		Male	Female	Total	Male	Female	Total
36	Orleans	$296,827,070	$384,289,370	$681,116,440	$59,369,548	$62,667,349	$122,036,897
37	Ouachita	$92,007,384	$123,779,726	$215,787,110	$60,245,408	$79,565,942	$139,811,350
38	Plaquemines	$5,133,998	$7,272,754	$12,406,752	$7,691,558	$11,592,906	$19,284,464
39	Pointe Coupee	$11,655,445	$14,778,007	$26,433,451	$6,739,707	$10,492,270	$17,231,977
40	Rapides	$57,855,598	$74,585,308	$132,440,906	$51,115,147	$72,345,569	$123,460,716
41	Red River	$4,681,883	$6,919,859	$11,601,742	$3,564,446	$5,439,783	$9,004,230
42	Richland	$11,822,662	$16,136,987	$27,959,649	$8,924,709	$12,951,519	$21,876,229
43	Sabine	$6,562,172	$8,480,996	$15,043,168	$11,739,759	$16,951,788	$28,691,547
44	St. Bernard	$17,622,357	$25,121,344	$42,743,701	$24,043,583	$31,644,313	$55,687,896
45	St. Charles	$14,143,057	$19,834,254	$33,977,312	$13,563,082	$20,429,740	$33,992,821
46	St. Helena	$6,005,676	$7,943,831	$13,949,507	$2,226,048	$3,298,915	$5,524,963
47	St. James	$12,970,570	$18,568,845	$31,539,415	$3,942,732	$5,765,768	$9,708,500
48	St. John	$29,759,845	$41,804,978	$71,564,822	$9,377,334	$13,079,536	$22,456,870
49	St. Landry	$57,283,055	$74,352,399	$131,635,454	$36,796,470	$55,799,026	$92,595,496
50	St. Martin	$20,427,147	$27,206,647	$47,633,794	$19,453,204	$29,656,635	$49,109,839
51	St. Mary	$24,132,892	$31,222,772	$55,355,663	$21,734,343	$37,151,318	$58,885,661
52	St. Tammany	$49,551,067	$67,827,223	$117,378,290	$110,366,517	$152,076,936	$262,443,453
53	Tangipahoa	$73,495,374	$105,145,983	$178,641,356	$64,882,918	$96,044,244	$160,927,162
54	Tensas	$3,544,213	$4,844,707	$8,388,920	$1,251,108	$1,727,607	$2,978,714
55	Terrebonne	$33,442,064	$43,367,724	$76,809,789	$52,751,246	$81,759,058	$134,510,304
56	Union	$8,549,079	$11,270,056	$19,819,134	$11,951,750	$15,935,304	$27,887,054
57	Vermilion	$14,491,896	$18,439,039	$32,930,935	$30,099,509	$46,495,828	$76,595,336
58	Vernon	$5,663,465	$7,081,363	$12,744,827	$23,745,009	$34,320,790	$58,065,799
59	Washington	$23,385,265	$30,931,854	$54,317,118	$31,978,069	$45,770,707	$77,748,776
60	Webster	$17,271,100	$25,192,825	$42,463,925	$16,458,144	$25,445,480	$41,903,624
61	West Baton Rouge	$12,633,601	$19,182,438	$31,816,039	$7,339,897	$11,360,187	$18,700,085
62	West Carroll	$2,460,648	$3,099,530	$5,560,178	$8,586,340	$11,916,987	$20,503,327
63	West Feliciana	$3,973,426	$5,477,865	$9,451,291	$2,897,338	$4,492,785	$7,390,123
64	Winn	$4,425,296	$6,529,093	$10,954,390	$6,372,925	$9,659,039	$16,031,964
	Out of State	$2,747,807	$3,869,583	$6,617,390	$2,655,263	$3,853,735	$6,508,998
	Total	**$2,081,646,148**	**$2,816,879,465**	**$4,898,525,613**	**$1,610,202,949**	**$2,304,475,317**	**$3,914,678,267**

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Table AA4: Healthy Louisiana Payments[1] by Parish, Race[2] and Gender *(Part 2)*

	Parish	Other[3]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total
1	Acadia	$8,400,473	$8,258,021	$16,658,494	$61,715,479	$86,410,718	$148,126,197
2	Allen	$3,092,173	$3,189,422	$6,281,595	$20,346,177	$27,903,416	$48,249,593
3	Ascension	$18,207,679	$20,752,977	$38,960,656	$88,214,268	$127,698,155	$215,912,422
4	Assumption	$2,263,534	$2,013,930	$4,277,464	$17,471,601	$25,087,101	$42,558,702
5	Avoyelles	$7,025,255	$6,483,965	$13,509,220	$44,961,926	$59,677,892	$104,639,818
6	Beauregard	$4,469,548	$4,654,960	$9,124,508	$30,906,700	$44,608,927	$75,515,627
7	Bienville	$2,068,343	$2,094,012	$4,162,355	$15,188,267	$21,864,569	$37,052,836
8	Bossier	$18,574,853	$22,118,046	$40,692,898	$88,089,737	$126,160,808	$214,250,545
9	Caddo	$38,399,224	$36,866,732	$75,265,955	$257,579,714	$331,394,655	$588,974,369
10	Calcasieu	$31,129,892	$33,389,847	$64,519,739	$174,303,394	$235,802,584	$410,105,977
11	Caldwell	$1,350,763	$1,574,038	$2,924,801	$11,812,680	$16,348,796	$28,161,476
12	Cameron	$240,646	$217,724	$458,370	$1,884,007	$2,555,636	$4,439,643
13	Catahoula	$1,411,469	$1,296,616	$2,708,084	$11,654,180	$14,687,129	$26,341,309
14	Claiborne	$1,712,714	$1,797,692	$3,510,406	$13,599,750	$18,172,820	$31,772,570
15	Concordia	$2,779,397	$2,628,213	$5,407,610	$24,313,897	$32,291,231	$56,605,128
16	De Soto	$3,635,719	$3,852,040	$7,487,759	$25,769,217	$35,803,521	$61,572,738
17	East Baton Rouge	$83,284,677	$95,447,405	$178,732,082	$442,191,705	$581,354,679	$1,023,546,383
18	East Carroll	$765,836	$677,404	$1,443,240	$9,119,934	$11,486,118	$20,606,053
19	East Feliciana	$2,952,846	$2,548,089	$5,500,936	$21,845,570	$23,929,311	$45,774,881
20	Evangeline	$3,963,352	$3,469,087	$7,432,439	$37,616,065	$48,903,096	$86,519,161
21	Franklin	$3,135,897	$2,560,077	$5,695,973	$26,058,320	$32,789,795	$58,848,115
22	Grant	$3,365,612	$3,074,729	$6,440,341	$19,001,445	$25,937,674	$44,939,118
23	Iberia	$11,844,993	$12,132,203	$23,977,196	$80,243,028	$106,861,781	$187,104,809
24	Iberville	$4,289,626	$4,098,105	$8,387,731	$33,900,173	$46,062,866	$79,963,038
25	Jackson	$1,877,961	$1,600,978	$3,478,939	$12,736,659	$17,557,219	$30,293,878
26	Jefferson	$130,703,728	$159,957,779	$290,661,507	$409,923,322	$542,631,417	$952,554,739
27	Jefferson Davis	$3,836,121	$3,788,824	$7,624,945	$28,422,128	$39,943,251	$68,365,380
28	Lafayette	$40,828,711	$45,050,519	$85,879,230	$199,382,165	$268,722,930	$468,105,095
29	Lafourche	$15,179,443	$16,956,020	$32,135,463	$77,098,173	$110,789,701	$187,887,874
30	La Salle	$2,122,658	$1,709,397	$3,832,055	$13,197,968	$17,927,597	$31,125,565
31	Lincoln	$6,663,793	$7,097,392	$13,761,185	$38,893,374	$53,644,023	$92,537,398
32	Livingston	$22,301,821	$25,347,068	$47,648,889	$123,165,541	$174,161,831	$297,327,372
33	Madison	$1,711,112	$1,619,670	$3,330,781	$14,873,982	$18,429,592	$33,303,574
34	Morehouse	$4,052,908	$3,312,570	$7,365,478	$35,470,218	$44,175,310	$79,645,528
35	Natchitoches	$4,716,087	$4,932,091	$9,648,179	$36,868,977	$51,897,852	$88,766,829

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Parish		Other[3]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total
36	Orleans	$96,501,739	$93,543,908	$190,045,647	$452,698,357	$540,500,628	$993,198,985
37	Ouachita	$25,077,755	$25,264,656	$50,342,411	$177,330,547	$228,610,324	$405,940,871
38	Plaquemines	$4,888,691	$5,513,066	$10,401,757	$17,714,247	$24,378,726	$42,092,973
39	Pointe Coupee	$2,815,524	$2,893,431	$5,708,955	$21,210,676	$28,163,708	$49,374,384
40	Rapides	$27,193,154	$24,614,466	$51,807,620	$136,163,898	$171,545,344	$307,709,242
41	Red River	$1,136,364	$959,125	$2,095,488	$9,382,694	$13,318,767	$22,701,461
42	Richland	$3,211,316	$2,993,825	$6,205,141	$23,958,687	$32,082,332	$56,041,019
43	Sabine	$3,856,139	$5,022,566	$8,878,705	$22,158,070	$30,455,350	$52,613,420
44	St. Bernard	$11,837,679	$12,394,901	$24,232,580	$53,503,619	$69,160,558	$122,664,177
45	St. Charles	$8,716,752	$8,615,889	$17,332,640	$36,422,891	$48,879,883	$85,302,773
46	St. Helena	$1,086,313	$845,467	$1,931,780	$9,318,036	$12,088,213	$21,406,250
47	St. James	$2,639,973	$2,228,181	$4,868,154	$19,553,275	$26,562,794	$46,116,069
48	St. John	$8,884,465	$10,065,258	$18,949,723	$48,021,644	$64,949,771	$112,971,415
49	St. Landry	$13,650,919	$12,799,131	$26,450,050	$107,730,443	$142,950,556	$250,680,999
50	St. Martin	$7,541,409	$7,578,213	$15,119,622	$47,421,760	$64,441,495	$111,863,255
51	St. Mary	$10,553,162	$11,951,226	$22,504,388	$56,420,397	$80,325,316	$136,745,713
52	St. Tammany	$42,182,360	$45,978,278	$88,160,639	$202,099,944	$265,882,438	$467,982,381
53	Tangipahoa	$25,288,429	$24,808,307	$50,096,736	$163,666,721	$225,998,534	$389,665,255
54	Tensas	$572,047	$488,254	$1,060,301	$5,367,367	$7,060,567	$12,427,935
55	Terrebonne	$27,549,952	$32,925,395	$60,475,347	$113,743,263	$158,052,178	$271,795,440
56	Union	$3,822,644	$3,693,343	$7,515,987	$24,323,473	$30,898,703	$55,222,176
57	Vermilion	$9,141,659	$9,136,750	$18,278,409	$53,733,064	$74,071,617	$127,804,681
58	Vernon	$5,984,950	$6,428,706	$12,413,655	$35,393,423	$47,830,858	$83,224,282
59	Washington	$7,942,816	$7,529,276	$15,472,092	$63,306,150	$84,231,837	$147,537,986
60	Webster	$5,843,761	$5,463,015	$11,306,776	$39,573,004	$56,101,320	$95,674,325
61	West Baton Rouge	$3,894,235	$4,481,951	$8,376,187	$23,867,734	$35,024,577	$58,892,311
62	West Carroll	$1,488,458	$1,560,871	$3,049,329	$12,535,446	$16,577,388	$29,112,834
63	West Feliciana	$1,188,704	$1,215,982	$2,404,686	$8,059,468	$11,186,632	$19,246,100
64	Winn	$1,823,241	$1,902,079	$3,725,320	$12,621,462	$18,090,211	$30,711,674
	Out of State	$1,957,228	$2,321,640	$4,278,869	$7,360,299	$10,044,958	$17,405,257
	Total	**$860,630,701**	**$921,784,798**	**$1,782,415,499**	**$4,552,479,799**	**$6,043,139,580**	**$10,595,619,379**

[1] Payments are based on recipient parish payments.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table AA5: Healthy Louisiana Recipients[1] by Parish, Race[2] and Gender

	Parish	Black/African-American			White			Other[3]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Acadia	4,082	5,074	9,156	7,821	10,389	18,210	1,815	1,777	3,592	13,718	17,240	30,958
2	Allen	1,115	1,227	2,342	2,874	3,775	6,649	665	640	1,305	4,654	5,642	10,296
3	Ascension	6,995	9,484	16,479	7,498	9,897	17,395	3,685	4,050	7,735	18,178	23,431	41,609
4	Assumption	1,711	2,290	4,001	1,385	1,887	3,272	446	423	869	3,542	4,600	8,142
5	Avoyelles	3,733	4,408	8,141	4,286	5,894	10,180	1,293	1,214	2,507	9,312	11,516	20,828
6	Beauregard	984	1,223	2,207	5,106	6,719	11,825	971	985	1,956	7,061	8,927	15,988
7	Bienville	1,564	2,032	3,596	1,367	1,740	3,107	430	414	844	3,361	4,186	7,547
8	Bossier	7,365	9,910	17,275	8,390	10,954	19,344	4,101	4,536	8,637	19,856	25,400	45,256
9	Caddo	31,617	40,708	72,325	12,405	14,927	27,332	7,599	7,583	15,182	51,621	63,218	114,839
10	Calcasieu	13,423	16,565	29,988	17,835	23,318	41,153	6,515	6,755	13,270	37,773	46,638	84,411
11	Caldwell	408	500	908	1,892	2,333	4,225	309	313	622	2,609	3,146	5,755
12	Cameron	12	13	25	371	456	827	55	42	97	438	511	949
13	Catahoula	800	891	1,691	1,341	1,728	3,069	268	276	544	2,409	2,895	5,304
14	Claiborne	1,750	2,277	4,027	759	932	1,691	326	331	657	2,835	3,540	6,375
15	Concordia	2,510	3,052	5,562	1,935	2,510	4,445	529	511	1,040	4,974	6,073	11,047
16	De Soto	2,675	3,471	6,146	2,029	2,695	4,724	770	774	1,544	5,474	6,940	12,414
17	E. Baton Rouge	52,844	67,273	120,117	14,294	16,789	31,083	15,966	17,427	33,393	83,104	101,489	184,593
18	East Carroll	1,432	1,786	3,218	287	349	636	172	156	328	1,891	2,291	4,182
19	East Feliciana	2,282	2,211	4,493	1,545	1,721	3,266	572	464	1,036	4,399	4,396	8,795
20	Evangeline	3,254	3,931	7,185	3,877	4,891	8,768	785	717	1,502	7,916	9,539	17,455
21	Franklin	2,455	2,750	5,205	2,504	3,117	5,621	667	555	1,222	5,626	6,422	12,048
22	Grant	583	674	1,257	2,954	3,870	6,824	638	607	1,245	4,175	5,151	9,326
23	Iberia	7,912	9,733	17,645	6,492	8,602	15,094	2,431	2,479	4,910	16,835	20,814	37,649
24	Iberville	4,160	5,080	9,240	1,781	2,379	4,160	827	796	1,623	6,768	8,255	15,023
25	Jackson	1,019	1,342	2,361	1,361	1,759	3,120	363	330	693	2,743	3,431	6,174
26	Jefferson	30,804	40,040	70,844	25,540	31,273	56,813	28,134	31,595	59,729	84,478	102,908	187,386
27	Jefferson Davis	1,668	1,954	3,622	3,803	5,077	8,880	828	860	1,688	6,299	7,891	14,190
28	Lafayette	18,249	23,709	41,958	16,278	20,745	37,023	8,292	8,936	17,228	42,819	53,390	96,209
29	Lafourche	4,375	5,749	10,124	7,801	10,955	18,756	3,308	3,566	6,874	15,484	20,270	35,754
30	La Salle	330	439	769	2,207	2,701	4,908	407	395	802	2,944	3,535	6,479
31	Lincoln	4,215	5,621	9,836	2,583	3,260	5,843	1,364	1,366	2,730	8,162	10,247	18,409
32	Livingston	3,654	4,639	8,293	17,107	22,012	39,119	4,540	4,904	9,444	25,301	31,555	56,856
33	Madison	2,223	2,733	4,956	498	668	1,166	352	356	708	3,073	3,757	6,830
34	Morehouse	3,997	4,816	8,813	2,277	2,900	5,177	782	719	1,501	7,056	8,435	15,491
35	Natchitoches	4,354	5,683	10,037	2,430	3,262	5,692	946	978	1,924	7,730	9,923	17,653

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	Parish	Black/African-American			White			Other[3]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
36	Orleans	55,401	69,293	124,694	10,795	11,315	22,110	17,976	17,690	35,666	84,172	98,298	182,470
37	Ouachita	18,320	23,042	41,362	12,656	15,293	27,949	5,260	5,176	10,436	36,236	43,511	79,747
38	Plaquemines	1,151	1,381	2,532	1,699	2,220	3,919	1,062	1,102	2,164	3,912	4,703	8,615
39	Pointe Coupee	2,153	2,580	4,733	1,406	1,894	3,300	516	536	1,052	4,075	5,010	9,085
40	Rapides	11,741	14,432	26,173	11,495	14,315	25,810	5,040	4,676	9,716	28,276	33,423	61,699
41	Red River	978	1,264	2,242	813	1,053	1,866	230	201	431	2,021	2,518	4,539
42	Richland	2,482	3,014	5,496	2,029	2,570	4,599	660	658	1,318	5,171	6,242	11,413
43	Sabine	1,291	1,612	2,903	2,665	3,338	6,003	840	994	1,834	4,796	5,944	10,740
44	St. Bernard	3,631	4,916	8,547	4,905	5,760	10,665	2,437	2,510	4,947	10,973	13,186	24,159
45	St. Charles	2,999	3,840	6,839	2,998	3,965	6,963	1,731	1,861	3,592	7,728	9,666	17,394
46	St. Helena	1,129	1,438	2,567	442	590	1,032	184	165	349	1,755	2,193	3,948
47	St. James	2,605	3,462	6,067	872	1,029	1,901	515	468	983	3,992	4,959	8,951
48	St. John	5,936	7,838	13,774	1,902	2,469	4,371	1,910	2,035	3,945	9,748	12,342	22,090
49	St. Landry	11,628	14,191	25,819	8,238	10,906	19,144	2,695	2,736	5,431	22,561	27,833	50,394
50	St. Martin	4,493	5,611	10,104	4,424	5,936	10,360	1,476	1,435	2,911	10,393	12,982	23,375
51	St. Mary	4,617	5,724	10,341	4,683	6,684	11,367	2,240	2,315	4,555	11,540	14,723	26,263
52	St. Tammany	9,819	12,402	22,221	21,822	27,047	48,869	7,969	8,450	16,419	39,610	47,899	87,509
53	Tangipahoa	13,819	17,979	31,798	13,029	16,905	29,934	4,668	4,650	9,318	31,516	39,534	71,050
54	Tensas	672	943	1,615	273	309	582	120	107	227	1,065	1,359	2,424
55	Terrebonne	6,133	7,543	13,676	10,835	14,428	25,263	5,947	6,533	12,480	22,915	28,504	51,419
56	Union	1,726	2,144	3,870	2,627	3,157	5,784	823	815	1,638	5,176	6,116	11,292
57	Vermilion	3,038	3,665	6,703	6,660	9,155	15,815	1,950	1,887	3,837	11,648	14,707	26,355
58	Vernon	1,233	1,475	2,708	5,262	6,699	11,961	1,223	1,268	2,491	7,718	9,442	17,160
59	Washington	4,168	5,149	9,317	6,136	7,647	13,783	1,383	1,318	2,701	11,687	14,114	25,801
60	Webster	3,599	4,756	8,355	3,758	5,001	8,759	1,128	1,063	2,191	8,485	10,820	19,305
61	W. Baton Rouge	2,634	3,520	6,154	1,511	2,055	3,566	751	793	1,544	4,896	6,368	11,264
62	West Carroll	547	672	1,219	1,891	2,307	4,198	329	340	669	2,767	3,319	6,086
63	West Feliciana	822	985	1,807	685	895	1,580	268	213	481	1,775	2,093	3,868
64	Winn	918	1,300	2,218	1,486	1,897	3,383	365	352	717	2,769	3,549	6,318
	Out of State	1,621	2,510	4,131	1,633	2,394	4,027	1,249	1,596	2,845	4,503	6,500	11,003
	Total	**395,573**	**501,025**	**896,598**	**326,066**	**413,472**	**739,538**	**167,594**	**174,869**	**342,463**	**889,233**	**1,089,366**	**1,978,599**

[1] Individual parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish. Also, the individual plans recipient counts may not sum to the total plan type counts due to movement between the plans during the SFY.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table AA6: Expansion Enrollees[1] by Parish, Race[2] and Gender

	Parish	Black/African-American			White			Other[3]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Acadia	1,564	2,013	3,577	3,119	4,555	7,674	661	523	1,184	5,344	7,091	12,435
2	Allen	424	515	939	1,084	1,577	2,661	245	212	457	1,753	2,304	4,057
3	Ascension	2,485	4,044	6,529	2,962	4,343	7,305	1,315	1,375	2,690	6,762	9,762	16,524
4	Assumption	655	987	1,642	574	912	1,486	189	173	362	1,418	2,072	3,490
5	Avoyelles	1,332	1,733	3,065	1,583	2,470	4,053	437	375	812	3,352	4,578	7,930
6	Beauregard	374	473	847	1,899	2,815	4,714	349	306	655	2,622	3,594	6,216
7	Bienville	559	841	1,400	494	695	1,189	177	137	314	1,230	1,673	2,903
8	Bossier	2,385	3,981	6,366	3,264	4,731	7,995	1,464	1,586	3,050	7,113	10,298	17,411
9	Caddo	10,522	16,621	27,143	5,605	6,807	12,412	3,248	3,014	6,262	19,375	26,442	45,817
10	Calcasieu	4,990	6,949	11,939	7,359	10,486	17,845	2,410	2,273	4,683	14,759	19,708	34,467
11	Caldwell	130	194	324	857	1,082	1,939	98	81	179	1,085	1,357	2,442
12	Cameron	4	7	11	164	211	375	20	16	36	188	234	422
13	Catahoula	343	386	729	593	803	1,396	111	101	212	1,047	1,290	2,337
14	Claiborne	614	887	1,501	327	394	721	140	117	257	1,081	1,398	2,479
15	Concordia	948	1,252	2,200	821	1,090	1,911	232	196	428	2,001	2,538	4,539
16	De Soto	888	1,457	2,345	799	1,159	1,958	296	277	573	1,983	2,893	4,876
17	E. Baton Rouge	20,451	29,277	49,728	6,901	8,164	15,065	6,140	6,061	12,201	33,492	43,502	76,994
18	East Carroll	519	727	1,246	136	151	287	50	45	95	705	923	1,628
19	East Feliciana	1,026	911	1,937	649	726	1,375	251	180	431	1,926	1,817	3,743
20	Evangeline	1,142	1,525	2,667	1,479	2,086	3,565	297	200	497	2,918	3,811	6,729
21	Franklin	930	1,206	2,136	1,173	1,409	2,582	259	141	400	2,362	2,756	5,118
22	Grant	190	271	461	1,172	1,611	2,783	222	171	393	1,584	2,053	3,637
23	Iberia	3,065	4,062	7,127	2,703	3,874	6,577	988	909	1,897	6,756	8,845	15,601
24	Iberville	1,638	2,162	3,800	750	1,040	1,790	324	281	605	2,712	3,483	6,195
25	Jackson	387	589	976	544	739	1,283	159	112	271	1,090	1,440	2,530
26	Jefferson	12,235	18,147	30,382	11,924	15,017	26,941	10,220	10,971	21,191	34,379	44,135	78,514
27	Jefferson Davis	642	757	1,399	1,502	2,216	3,718	278	230	508	2,422	3,203	5,625
28	Lafayette	6,726	10,198	16,924	7,139	9,917	17,056	3,256	3,250	6,506	17,121	23,365	40,486
29	Lafourche	1,647	2,344	3,991	3,360	5,145	8,505	1,021	1,093	2,114	6,028	8,582	14,610
30	La Salle	123	183	306	870	1,158	2,028	141	105	246	1,134	1,446	2,580
31	Lincoln	1,631	2,606	4,237	1,171	1,511	2,682	497	514	1,011	3,299	4,631	7,930
32	Livingston	1,141	1,834	2,975	7,038	9,798	16,836	1,551	1,496	3,047	9,730	13,128	22,858
33	Madison	848	1,162	2,010	218	337	555	115	101	216	1,181	1,600	2,781
34	Morehouse	1,547	2,054	3,601	998	1,349	2,347	299	238	537	2,844	3,641	6,485
35	Natchitoches	1,430	2,248	3,678	1,006	1,417	2,423	409	390	799	2,845	4,055	6,900

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	Parish	Black/African-American			White			Other[2]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
36	Orleans	22,861	30,676	53,537	7,051	7,159	14,210	9,295	8,022	17,317	39,207	45,857	85,064
37	Ouachita	6,882	9,747	16,629	5,851	7,355	13,206	2,042	1,646	3,688	14,775	18,748	33,523
38	Plaquemines	475	633	1,108	674	1,033	1,707	442	417	859	1,591	2,083	3,674
39	Pointe Coupee	810	1,029	1,839	560	841	1,401	218	192	410	1,588	2,062	3,650
40	Rapides	4,128	5,711	9,839	4,655	6,166	10,821	1,957	1,525	3,482	10,740	13,402	24,142
41	Red River	324	523	847	316	430	746	100	74	174	740	1,027	1,767
42	Richland	964	1,357	2,321	864	1,223	2,087	210	200	410	2,038	2,780	4,818
43	Sabine	462	616	1,078	1,090	1,442	2,532	345	424	769	1,897	2,482	4,379
44	St. Bernard	1,342	2,107	3,449	2,143	2,764	4,907	925	797	1,722	4,410	5,668	10,078
45	St. Charles	1,105	1,674	2,779	1,244	1,820	3,064	614	595	1,209	2,963	4,089	7,052
46	St. Helena	397	577	974	193	272	465	90	62	152	680	911	1,591
47	St. James	1,078	1,560	2,638	436	485	921	246	157	403	1,760	2,202	3,962
48	St. John	2,308	3,601	5,909	837	1,145	1,982	657	685	1,342	3,802	5,431	9,233
49	St. Landry	4,163	5,621	9,784	3,290	4,681	7,971	1,126	926	2,052	8,579	11,228	19,807
50	St. Martin	1,631	2,356	3,987	1,825	2,679	4,504	594	479	1,073	4,050	5,514	9,564
51	St. Mary	1,886	2,496	4,382	1,958	3,042	5,000	743	709	1,452	4,587	6,247	10,834
52	St. Tammany	3,664	5,213	8,877	9,294	12,518	21,812	3,397	3,220	6,617	16,355	20,951	37,306
53	Tangipahoa	4,944	7,491	12,435	5,406	7,548	12,954	2,101	1,826	3,927	12,451	16,865	29,316
54	Tensas	260	395	655	130	157	287	57	35	92	447	587	1,034
55	Terrebonne	2,308	3,145	5,453	4,592	6,663	11,255	1,849	1,977	3,826	8,749	11,785	20,534
56	Union	696	922	1,618	1,197	1,462	2,659	273	243	516	2,166	2,627	4,793
57	Vermilion	1,096	1,499	2,595	2,668	3,941	6,609	792	691	1,483	4,556	6,131	10,687
58	Vernon	436	552	988	2,039	2,938	4,977	455	441	896	2,930	3,931	6,861
59	Washington	1,520	2,101	3,621	2,410	3,270	5,680	603	449	1,052	4,533	5,820	10,353
60	Webster	1,301	1,997	3,298	1,541	2,232	3,773	486	425	911	3,328	4,654	7,982
61	W. Baton Rouge	985	1,516	2,501	614	870	1,484	270	275	545	1,869	2,661	4,530
62	West Carroll	205	288	493	883	1,101	1,984	108	86	194	1,196	1,475	2,671
63	West Feliciana	321	434	755	261	328	589	111	74	185	693	836	1,529
64	Winn	336	534	870	554	811	1,365	160	143	303	1,050	1,488	2,538
	Out of State	409	902	1,311	551	962	1,513	381	505	886	1,341	2,369	3,710
	Total	**149,405**	**214,240**	**363,645**	**140,870**	**190,080**	**330,950**	**66,512**	**62,456**	**128,968**	**356,787**	**466,776**	**823,563**

[1] Individual parish enrollee counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish. Also, the individual plans enrollee counts may not sum to the total plan type counts due to movement between the plans during the SFY.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table AA7: Healthy Louisiana Payments[1] and Recipients[2] by Category of Assistance *(Part 1)*

	Parish	Family and Children		Home and Community-Based Services/Chisholm		Maternity Kick Payments		Social Security Income/ Breast and Cervical Cancer	
		Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients
1	Acadia	$42,285,578	15,208	$2,137,432	135	$2,870,214	288	$23,381,903	1,717
2	Allen	$14,694,063	5,151	$691,725	41	$1,162,707	117	$6,703,278	501
3	Ascension	$60,749,117	21,902	$3,762,562	220	$5,198,385	472	$25,316,319	1,775
4	Assumption	$9,040,907	3,446	$1,172,202	61	$711,210	62	$8,612,764	604
5	Avoyelles	$27,458,304	9,569	$1,996,186	110	$1,904,986	193	$23,254,575	1,737
6	Beauregard	$23,857,450	8,398	$1,124,949	67	$1,742,503	176	$10,773,848	775
7	Bienville	$9,815,468	3,435	$445,545	26	$782,054	70	$7,666,288	567
8	Bossier	$65,293,553	23,250	$3,838,094	233	$5,699,949	506	$33,317,818	2,723
9	Caddo	$150,795,194	52,551	$8,297,495	477	$11,786,681	1,038	$129,847,211	10,076
10	Calcasieu	$120,111,413	42,762	$8,144,531	497	$9,648,543	974	$55,382,234	4,319
11	Caldwell	$7,664,555	2,668	$560,795	28	$529,199	47	$4,887,309	365
12	Cameron	$1,183,884	455	—	—	$69,117	7	$688,364	46
13	Catahoula	$6,633,014	2,341	$468,193	22	$358,136	36	$4,589,789	338
14	Claiborne	$7,969,235	2,779	$527,609	31	$788,435	70	$7,212,941	556
15	Concordia	$14,561,118	5,100	$967,674	55	$1,101,220	110	$11,361,318	852
16	De Soto	$17,376,559	6,033	$952,554	56	$1,288,470	115	$11,700,279	885
17	E. Baton Rouge	$247,994,968	87,587	$18,789,804	1,071	$23,460,041	2,128	$160,006,823	11,000
18	East Carroll	$5,218,152	1,859	$619,689	32	$323,131	29	$4,171,857	327
19	East Feliciana	$9,717,420	3,534	$523,784	38	$744,859	67	$9,257,444	634
20	Evangeline	$22,642,428	8,144	$1,929,854	105	$1,301,638	132	$17,799,855	1,296
21	Franklin	$15,225,168	5,259	$915,306	56	$1,067,069	95	$10,412,711	822
22	Grant	$13,208,923	4,691	$743,988	46	$858,181	87	$7,498,580	551
23	Iberia	$50,711,169	18,004	$3,331,100	193	$3,665,309	369	$30,176,474	2,269
24	Iberville	$19,127,105	6,990	$1,368,245	78	$1,534,727	138	$12,898,089	896
25	Jackson	$7,884,588	2,766	$689,132	44	$455,489	41	$5,438,157	411
26	Jefferson	$242,297,010	90,040	$18,002,767	1,013	$28,881,591	2,431	$139,155,249	9,622
27	Jefferson Davis	$20,203,774	7,143	$1,268,513	77	$1,563,364	157	$10,319,570	750
28	Lafayette	$131,512,377	47,359	$11,883,557	664	$10,790,793	1,089	$60,847,093	4,598
29	Lafourche	$47,985,040	17,182	$4,535,967	267	$4,490,054	374	$34,596,753	2,342
30	La Salle	$9,036,453	3,185	$733,270	37	$559,214	55	$4,752,168	348
31	Lincoln	$24,869,628	8,462	$1,905,004	106	$2,236,335	197	$14,093,267	1,135
32	Livingston	$86,418,882	30,090	$4,943,109	279	$7,099,686	648	$35,249,090	2,308
33	Madison	$8,882,086	3,163	$882,077	47	$554,623	50	$6,231,345	506
34	Morehouse	$19,082,571	6,621	$2,414,242	143	$1,354,804	122	$16,035,449	1,243
35	Natchitoches	$24,299,713	8,351	$1,069,918	73	$2,101,000	188	$17,936,230	1,391

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	Parish	Family and Children		Home and Community-Based Services/Chisholm		Maternity Kick Payments		Social Security Income/ Breast and Cervical Cancer	
		Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients
36	Orleans	$192,329,969	72,275	$12,382,204	701	$17,690,451	1,496	$203,479,033	13,748
37	Ouachita	$109,721,108	37,405	$11,957,273	673	$9,072,878	806	$67,560,865	5,402
38	Plaquemines	$11,088,741	4,163	$369,383	22	$969,129	82	$5,885,607	403
39	Pointe Coupee	$11,620,752	4,100	$725,234	44	$791,690	72	$9,576,835	609
40	Rapides	$85,127,295	29,610	$6,047,525	347	$5,699,271	575	$57,981,215	4,400
41	Red River	$6,198,245	2,203	$239,539	12	$451,332	40	$4,541,319	355
42	Richland	$14,976,817	5,184	$1,023,318	56	$1,072,127	94	$9,293,475	747
43	Sabine	$14,645,222	5,130	$442,305	27	$1,025,617	90	$9,345,065	695
44	St. Bernard	$31,629,240	11,996	$1,808,719	110	$2,840,169	238	$19,868,455	1,367
45	St. Charles	$22,229,083	8,780	$1,683,287	96	$1,682,759	142	$12,468,688	863
46	St. Helena	$5,264,590	1,836	$302,917	16	$410,056	37	$3,933,932	241
47	St. James	$10,700,724	3,980	$1,083,776	70	$727,833	62	$7,423,009	506
48	St. John	$27,594,725	10,609	$1,989,120	121	$2,211,378	188	$19,403,415	1,356
49	St. Landry	$67,776,284	24,143	$4,853,461	282	$5,185,017	522	$47,065,806	3,487
50	St. Martin	$31,633,126	11,509	$2,088,408	124	$2,124,873	214	$15,914,175	1,178
51	St. Mary	$34,765,203	12,533	$2,397,983	144	$3,477,495	292	$24,030,624	1,606
52	St. Tammany	$121,433,655	42,730	$7,673,853	421	$9,021,766	816	$60,566,773	4,036
53	Tangipahoa	$100,962,656	34,766	$6,502,797	345	$8,093,535	735	$58,161,402	3,799
54	Tensas	$2,668,958	958	$183,206	11	$186,407	17	$2,922,979	214
55	Terrebonne	$71,374,520	25,176	$5,476,279	333	$7,046,203	593	$50,866,448	3,508
56	Union	$15,203,972	5,224	$856,350	57	$1,069,116	96	$8,173,839	637
57	Vermilion	$35,520,630	12,851	$2,317,326	135	$2,570,966	259	$20,016,786	1,446
58	Vernon	$24,597,323	8,705	$783,225	48	$1,529,947	154	$13,480,041	979
59	Washington	$35,637,419	11,896	$2,189,024	112	$2,910,210	262	$30,256,007	1,886
60	Webster	$24,768,336	8,820	$1,487,965	83	$1,865,255	166	$17,558,568	1,388
61	W. Baton Rouge	$15,193,240	5,545	$869,031	52	$1,055,443	96	$8,619,810	594
62	West Carroll	$7,762,590	2,720	$375,083	26	$553,458	48	$4,166,358	329
63	West Feliciana	$5,294,082	1,884	$220,956	12	$316,054	29	$3,006,610	220
64	Winn	$8,132,468	2,953	$594,377	35	$578,531	57	$5,919,333	438
	Out of State	$5,673,225	5,123	$195,917	28	$215,139	19	$5,017,638	592
	Total	**$2,737,331,060**	**938,362**	**$190,756,710**	**10,518**	**$231,127,824**	**20,973**	**$1,768,076,553**	**123,021**

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Table AA7: Healthy Louisiana Payments[1] and Recipients[2] by Category of Assistance *(Part 2)*

	Parish	Specialized Behavioral Health Services		Expansion		Children Medicaid Option[3]		Total *(across all categories)*	
		Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients
1	Acadia	$1,001,561	2,430	$73,872,867	12,307	$207,291	20	$145,756,848	30,676
2	Allen	$421,172	882	$24,024,625	4,006	$49,197	5	$47,746,766	10,215
3	Ascension	$1,013,299	2,152	$108,361,379	16,205	$711,617	71	$205,112,678	40,981
4	Assumption	$374,750	800	$21,511,943	3,458	$10,090	3	$41,433,865	8,067
5	Avoyelles	$882,620	2,153	$48,033,704	7,841	$36,424	6	$103,566,800	20,626
6	Beauregard	$447,547	1,019	$36,486,307	6,124	$43,789	7	$74,476,395	15,831
7	Bienville	$626,470	837	$17,622,823	2,891	—	—	$36,958,649	7,487
8	Bossier	$1,657,317	2,852	$102,780,587	17,218	$552,821	47	$213,140,138	44,753
9	Caddo	$6,355,365	9,801	$279,564,888	45,430	$371,177	40	$587,018,011	113,782
10	Calcasieu	$2,445,629	4,926	$206,862,977	34,038	$761,128	75	$403,356,455	83,511
11	Caldwell	$201,056	454	$14,267,588	2,436	$13,874	2	$28,124,376	5,714
12	Cameron	$17,768	51	$2,432,541	418	—	—	$4,391,674	940
13	Catahoula	$200,617	473	$14,050,569	2,317	—	—	$26,300,319	5,279
14	Claiborne	$406,378	699	$14,774,024	2,454	$7,319	2	$31,685,941	6,303
15	Concordia	$381,474	858	$27,852,102	4,497	$25,732	2	$56,250,636	10,958
16	De Soto	$608,208	985	$29,423,066	4,845	$71,379	8	$61,420,514	12,312
17	E. Baton Rouge	$6,714,217	13,222	$525,917,498	75,950	$957,663	105	$983,841,014	182,271
18	East Carroll	$274,738	469	$9,972,717	1,630	—	—	$20,580,284	4,160
19	East Feliciana	$491,830	1,031	$23,852,904	3,741	$18,539	4	$44,606,780	8,674
20	Evangeline	$861,834	1,759	$40,988,971	6,701	$26,677	5	$85,551,257	17,338
21	Franklin	$601,568	1,174	$30,440,600	5,099	$46,401	5	$58,708,823	11,959
22	Grant	$352,137	682	$21,910,510	3,598	$18,492	5	$44,590,812	9,235
23	Iberia	$1,438,855	2,862	$94,476,076	15,475	$71,000	10	$183,869,983	37,344
24	Iberville	$567,046	1,290	$40,977,112	6,116	$104,909	11	$76,577,234	14,857
25	Jackson	$316,952	614	$15,394,592	2,504	$44,639	5	$30,223,549	6,124
26	Jefferson	$6,664,602	12,328	$488,453,326	77,463	$1,462,340	109	$924,916,884	184,835
27	Jefferson Davis	$445,550	1,029	$33,498,925	5,586	$39,530	7	$67,339,224	14,091
28	Lafayette	$2,960,519	5,925	$240,192,608	39,865	$663,406	90	$458,850,353	95,227
29	Lafourche	$1,205,240	2,512	$90,776,829	14,470	$407,353	32	$183,997,236	35,464
30	La Salle	$231,285	523	$15,584,001	2,550	$126,773	4	$31,023,163	6,418
31	Lincoln	$713,458	1,331	$48,254,853	7,858	$175,959	14	$92,248,504	18,234
32	Livingston	$1,232,952	2,736	$152,673,519	22,509	$388,023	45	$288,005,261	56,143
33	Madison	$273,324	545	$16,407,858	2,787	—	—	$33,231,313	6,778
34	Morehouse	$820,357	1,521	$39,731,769	6,473	$22,755	4	$79,461,946	15,351
35	Natchitoches	$838,373	1,518	$41,393,666	6,858	$40,524	4	$87,679,425	17,522

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Parish		Specialized Behavioral Health Services		Expansion		Children Medicaid Option[3]		Total *(across all categories)*	
		Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients
36	Orleans	$7,759,650	15,525	$531,562,196	84,143	$451,356	47	$965,654,859	180,336
37	Ouachita	$3,051,119	5,493	$203,275,900	33,262	$265,812	33	$404,904,955	79,054
38	Plaquemines	$262,515	570	$22,112,595	3,616	$18,442	2	$40,706,413	8,512
39	Pointe Coupee	$389,221	968	$24,704,193	3,608	$5,599	3	$47,813,523	8,996
40	Rapides	$2,830,442	5,223	$147,013,459	23,909	$227,687	20	$304,926,894	61,135
41	Red River	$216,722	363	$10,203,523	1,753	—	—	$21,850,680	4,507
42	Richland	$466,395	977	$29,047,943	4,803	$42,453	4	$55,922,528	11,329
43	Sabine	$412,448	838	$25,863,934	4,324	—	—	$51,734,590	10,640
44	St. Bernard	$702,042	1,304	$62,655,580	9,968	$50,412	10	$119,554,615	23,908
45	St. Charles	$472,717	1,007	$42,918,004	6,971	$284,728	25	$81,739,266	17,203
46	St. Helena	$162,813	362	$10,917,791	1,581	$14,277	1	$21,006,376	3,913
47	St. James	$338,078	706	$24,388,215	3,949	$47,138	5	$44,708,773	8,871
48	St. John	$687,045	1,396	$58,627,803	9,098	$45,891	9	$110,559,376	21,845
49	St. Landry	$2,093,671	4,456	$119,527,413	19,598	$177,291	20	$246,678,942	50,028
50	St. Martin	$844,210	1,762	$56,760,964	9,427	$89,654	7	$109,455,410	23,188
51	St. Mary	$925,438	1,962	$68,086,963	10,716	$52,622	8	$133,736,327	26,041
52	St. Tammany	$2,778,250	5,285	$249,124,128	36,802	$932,361	87	$451,530,785	86,475
53	Tangipahoa	$2,203,534	4,953	$200,813,104	28,905	$385,633	39	$377,122,660	70,330
54	Tensas	$129,430	286	$6,305,955	1,035	—	—	$12,396,936	2,406
55	Terrebonne	$2,032,100	3,498	$128,449,392	20,377	$178,227	25	$265,423,170	50,993
56	Union	$565,300	946	$29,039,692	4,742	$139,083	4	$55,047,351	11,198
57	Vermilion	$916,458	1,956	$63,500,976	10,584	$149,282	18	$124,992,424	26,072
58	Vernon	$485,014	1,037	$41,907,364	6,775	$23,813	3	$82,806,728	16,950
59	Washington	$964,665	2,310	$71,521,791	10,286	$20,341	4	$143,499,456	25,555
60	Webster	$876,210	1,665	$47,140,316	7,918	$30,049	6	$93,726,697	19,137
61	W. Baton Rouge	$341,239	791	$30,787,025	4,466	$195,024	12	$57,060,812	11,109
62	West Carroll	$233,586	502	$15,958,682	2,676	$1,128	1	$29,050,885	6,046
63	West Feliciana	$215,349	333	$9,756,727	1,499	$40,909	4	$18,850,686	3,810
64	Winn	$246,607	582	$15,042,437	2,494	$564	1	$30,514,317	6,273
	Out of State	$222,229	1,345	$5,710,144	3,343	$6,141	4	$17,040,435	10,358
	Total	**$77,870,567**	**147,417**	**$5,345,544,531**	**814,704**	**$11,352,733**	**1,126**	**$10,362,059,979**	**1,960,665**

[1] Payments are based on recipient parish payments.
[2] Individual parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish. Also, the individual plans recipient counts may not sum to the total plan type counts due to movement between the plans during the SFY.
[3] The new category of Children Medicaid option (Act 421-CMO/TEFRA) program became effective January 1, 2022. Source: https://ldh.la.gov/page/3985.

Table AA8: Dental Benefits Plan Manager Payments[1] and Recipients[2] by Eligibility Group

	Parish	Children/EPSDT		Adult Denture		Adult Waiver/ICF[3]		Total *(across all groups)*	
		Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients
1	Acadia	$3,731,563	15,565	$193,280	17,474	$42,350	214	$3,967,193	32,224
2	Allen	$1,241,475	5,193	$63,932	5,869	$9,645	50	$1,315,052	10,767
3	Ascension	$5,408,432	22,458	$232,623	21,918	$61,298	297	$5,702,352	43,275
4	Assumption	$877,860	3,707	$55,853	5,024	$17,158	83	$950,871	8,496
5	Avoyelles	$2,471,018	10,035	$139,156	12,097	$27,644	119	$2,637,818	21,563
6	Beauregard	$2,018,662	8,445	$94,713	8,727	$19,287	90	$2,132,662	16,727
7	Bienville	$827,719	3,518	$51,161	4,556	$4,287	17	$883,168	7,861
8	Bossier	$5,775,641	24,373	$260,532	24,320	$60,571	401	$6,096,744	47,485
9	Caddo	$13,704,220	55,670	$755,570	66,332	$123,285	698	$14,583,075	118,808
10	Calcasieu	$10,610,083	43,257	$512,327	46,381	$119,410	594	$11,241,819	87,300
11	Caldwell	$633,425	2,697	$37,842	3,456	$11,265	45	$682,533	5,993
12	Cameron	$103,189	451	$5,773	577	$1,050	4	$110,013	1,006
13	Catahoula	$566,350	2,359	$37,027	3,328	$8,618	37	$611,995	5,550
14	Claiborne	$700,917	2,918	$44,301	3,867	$6,052	29	$751,270	6,616
15	Concordia	$1,304,961	5,353	$71,999	6,386	$11,553	47	$1,388,513	11,416
16	De Soto	$1,507,311	6,212	$77,914	7,008	$11,110	55	$1,596,335	12,868
17	East Baton Rouge	$22,267,220	91,038	$1,149,050	104,991	$293,299	1,491	$23,709,569	190,841
18	East Carroll	$491,216	1,980	$28,622	2,426	$7,172	30	$527,011	4,301
19	East Feliciana	$855,096	3,689	$59,963	5,870	$13,543	80	$928,601	9,352
20	Evangeline	$2,055,758	8,410	$117,769	10,144	$27,681	147	$2,201,207	18,125
21	Franklin	$1,346,411	5,516	$80,551	7,346	$15,039	88	$1,442,001	12,532
22	Grant	$1,105,454	4,694	$58,639	5,312	$7,501	38	$1,171,594	9,757
23	Iberia	$4,507,631	18,461	$239,746	21,623	$82,014	372	$4,829,391	39,060
24	Iberville	$1,754,236	7,367	$92,467	8,764	$20,705	87	$1,867,408	15,724
25	Jackson	$686,681	2,914	$42,346	3,753	$9,998	49	$739,025	6,488
26	Jefferson	$22,320,761	91,980	$1,177,521	107,518	$327,151	1,595	$23,825,433	194,818
27	Jefferson Davis	$1,739,608	7,243	$86,204	7,945	$20,769	107	$1,846,581	14,798
28	Lafayette	$11,708,174	48,608	$579,065	54,139	$199,895	915	$12,487,133	100,231
29	Lafourche	$4,260,208	17,660	$228,947	20,533	$79,029	364	$4,568,184	37,239
30	La Salle	$768,199	3,203	$42,182	3,748	$13,950	55	$824,331	6,749
31	Lincoln	$2,123,506	8,893	$116,648	10,879	$32,643	204	$2,272,797	19,234
32	Livingston	$7,230,055	30,231	$324,933	30,392	$61,389	287	$7,616,377	59,160
33	Madison	$779,394	3,495	$41,459	3,880	$8,363	48	$829,216	7,185
34	Morehouse	$1,680,716	6,998	$109,373	9,477	$21,926	102	$1,812,015	16,041
35	Natchitoches	$2,138,024	8,821	$110,868	10,006	$19,586	91	$2,268,478	18,273

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	Parish	Children/EPSDT		Adult Denture		Adult Waiver/ICF[3]		Total *(across all groups)*	
		Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients
36	Orleans	$18,312,728	75,567	$1,352,855	117,658	$194,957	889	$19,860,540	189,027
37	Ouachita	$9,510,365	38,962	$506,381	45,765	$141,239	662	$10,157,986	82,510
38	Plaquemines	$1,038,765	4,301	$52,318	4,966	$8,228	53	$1,099,311	9,023
39	Pointe Coupee	$1,029,255	4,265	$61,786	5,406	$13,079	51	$1,104,120	9,417
40	Rapides	$7,557,882	30,653	$409,516	35,709	$147,690	1,520	$8,115,088	64,529
41	Red River	$556,865	2,338	$28,026	2,489	$6,404	24	$591,296	4,708
42	Richland	$1,306,669	5,440	$75,286	6,887	$21,469	206	$1,403,424	11,993
43	Sabine	$1,265,178	5,168	$70,627	6,262	$10,739	71	$1,346,544	11,140
44	St. Bernard	$3,013,215	12,434	$146,952	13,254	$23,755	114	$3,183,923	25,052
45	St. Charles	$2,192,547	9,221	$99,636	9,524	$29,504	128	$2,321,686	18,302
46	St. Helena	$452,191	1,880	$26,224	2,282	$5,710	26	$484,125	4,081
47	St. James	$1,012,806	4,156	$57,980	5,365	$15,470	66	$1,086,255	9,276
48	St. John	$2,669,209	11,391	$131,998	12,438	$31,113	136	$2,832,321	23,182
49	St. Landry	$6,109,508	25,035	$323,639	28,592	$90,291	399	$6,523,438	52,127
50	St. Martin	$2,824,977	11,754	$144,065	13,200	$40,782	187	$3,009,824	24,299
51	St. Mary	$3,149,811	12,874	$167,789	14,987	$28,767	117	$3,346,367	27,137
52	St. Tammany	$10,699,903	44,017	$527,693	49,335	$133,850	669	$11,361,446	90,901
53	Tangipahoa	$8,670,589	35,266	$445,228	40,237	$110,597	630	$9,226,414	73,599
54	Tensas	$242,101	1,039	$17,767	1,568	$2,444	10	$262,312	2,527
55	Terrebonne	$6,311,398	26,080	$321,900	28,942	$77,911	346	$6,711,209	53,599
56	Union	$1,307,084	5,380	$72,702	6,632	$12,336	52	$1,392,122	11,682
57	Vermilion	$3,181,826	13,212	$165,550	14,900	$35,802	152	$3,383,178	27,387
58	Vernon	$2,096,519	8,777	$105,863	9,521	$11,948	56	$2,214,330	17,824
59	Washington	$3,005,941	12,216	$171,352	15,128	$47,660	203	$3,224,952	26,633
60	Webster	$2,180,456	9,162	$129,626	11,530	$25,990	164	$2,336,072	20,161
61	West Baton Rouge	$1,361,493	5,830	$67,040	6,265	$16,207	77	$1,444,740	11,833
62	West Carroll	$642,285	2,765	$40,081	3,726	$7,543	34	$689,909	6,308
63	West Feliciana	$453,478	1,904	$22,760	2,285	$2,879	13	$479,117	4,091
64	Winn	$718,313	3,049	$41,990	3,773	$4,005	34	$764,308	6,644
	Out of State	$373,180	6,651	$18,663	7,653	$4,502	37	$396,345	14,140
	Total	**$244,547,710**	**950,266**	**$13,123,647**	**1,122,471**	**$3,099,105**	**15,723**	**$260,770,462**	**2,017,045**

[1] Payments are based on recipient parish payments.

[2] Individual parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish. Also, the individual plans recipient counts may not sum to the total plan type counts due to movement between the plans during the SFY.

[3] Louisiana Medicaid has extended its comprehensive dental care services to adults aged 21 and above with intellectual or developmental disabilities who are enrolled in the New Opportunities Waiver, Residential Options Waiver, or the Supports Waiver (effective July 1, 2022), as well as those residing in an Intermediate Care Facility (effective May 1, 2023). Sources: https://ldh.la.gov/news/dentalexpansion, https://ldh.la.gov/assets/BayouHealth/Information_Bulletins/2023/IB23-07.pdf.

Table AA9: Dental Benefits Plan Manager Payments[1] by Parish, Race[2] and Gender *(Part 1)*

	Parish	Black/African-American			White		
		Male	Female	Total	Male	Female	Total
1	Acadia	$580,993	$609,364	$1,190,357	$1,127,947	$1,155,000	$2,282,946
2	Allen	$156,139	$147,617	$303,756	$429,533	$413,895	$843,427
3	Ascension	$1,131,670	$1,158,107	$2,289,777	$1,145,270	$1,129,157	$2,274,427
4	Assumption	$239,089	$241,470	$480,559	$182,625	$180,329	$362,954
5	Avoyelles	$536,645	$533,900	$1,070,545	$622,936	$643,937	$1,266,873
6	Beauregard	$138,914	$146,702	$285,616	$781,244	$781,856	$1,563,100
7	Bienville	$205,551	$211,346	$416,897	$188,342	$191,993	$380,335
8	Bossier	$1,173,119	$1,229,220	$2,402,339	$1,227,023	$1,237,171	$2,464,194
9	Caddo	$4,825,097	$4,925,862	$9,750,959	$1,537,499	$1,511,914	$3,049,413
10	Calcasieu	$2,051,803	$2,066,838	$4,118,641	$2,615,270	$2,606,956	$5,222,226
11	Caldwell	$58,959	$55,375	$114,334	$242,847	$230,302	$473,149
12	Cameron	$1,737	$1,418	$3,155	$48,274	$48,176	$96,450
13	Catahoula	$102,393	$91,863	$194,256	$178,473	$174,432	$352,905
14	Claiborne	$240,947	$262,065	$503,012	$93,014	$91,042	$184,056
15	Concordia	$348,860	$355,585	$704,446	$281,964	$281,316	$563,280
16	De Soto	$399,153	$389,640	$788,793	$302,625	$302,584	$605,209
17	East Baton Rouge	$7,876,802	$7,997,629	$15,874,431	$1,636,725	$1,594,766	$3,231,491
18	East Carroll	$202,938	$204,804	$407,743	$33,737	$39,533	$73,269
19	East Feliciana	$228,837	$239,824	$468,661	$178,196	$178,047	$356,243
20	Evangeline	$461,267	$454,427	$915,694	$566,923	$530,149	$1,097,073
21	Franklin	$324,964	$309,262	$634,227	$304,813	$322,908	$627,721
22	Grant	$84,982	$75,879	$160,861	$411,519	$427,039	$838,557
23	Iberia	$1,167,958	$1,171,236	$2,339,194	$928,120	$918,120	$1,846,239
24	Iberville	$596,332	$582,785	$1,179,116	$239,056	$245,358	$484,414
25	Jackson	$141,506	$146,307	$287,813	$185,267	$186,964	$372,231
26	Jefferson	$4,350,284	$4,388,359	$8,738,643	$3,276,783	$3,204,301	$6,481,085
27	Jefferson Davis	$237,155	$240,338	$477,493	$560,280	$560,137	$1,120,416
28	Lafayette	$2,824,068	$2,874,498	$5,698,566	$2,267,665	$2,183,362	$4,451,027
29	Lafourche	$621,565	$657,254	$1,278,819	$1,088,563	$1,115,391	$2,203,954
30	La Salle	$46,288	$48,738	$95,026	$317,676	$300,058	$617,735
31	Lincoln	$608,453	$617,006	$1,225,459	$341,867	$355,673	$697,541
32	Livingston	$609,716	$586,702	$1,196,418	$2,530,620	$2,493,628	$5,024,248
33	Madison	$305,935	$306,830	$612,765	$57,994	$51,738	$109,733
34	Morehouse	$533,272	$517,642	$1,050,914	$282,390	$285,390	$567,781
35	Natchitoches	$683,895	$673,678	$1,357,573	$346,577	$343,019	$689,596

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	Parish	Black/African-American Male	Black/African-American Female	Black/African-American Total	White Male	White Female	White Total
36	Orleans	$7,247,602	$7,332,293	$14,579,895	$744,443	$730,140	$1,474,583
37	Ouachita	$2,723,096	$2,745,628	$5,468,725	$1,620,573	$1,564,766	$3,185,339
38	Plaquemines	$166,155	$151,041	$317,196	$249,732	$242,536	$492,268
39	Pointe Coupee	$299,429	$290,748	$590,177	$189,588	$192,793	$382,381
40	Rapides	$1,762,729	$1,790,610	$3,553,339	$1,655,065	$1,599,245	$3,254,309
41	Red River	$151,409	$153,353	$304,762	$120,245	$114,946	$235,192
42	Richland	$351,628	$329,331	$680,959	$269,331	$256,228	$525,559
43	Sabine	$188,551	$195,687	$384,239	$373,561	$361,054	$734,615
44	St. Bernard	$569,508	$589,721	$1,159,228	$674,373	$611,475	$1,285,848
45	St. Charles	$454,974	$446,106	$901,079	$439,848	$433,835	$873,682
46	St. Helena	$160,758	$170,216	$330,974	$56,291	$58,435	$114,727
47	St. James	$362,979	$381,423	$744,401	$109,969	$103,666	$213,635
48	St. John	$878,744	$888,746	$1,767,490	$247,174	$252,320	$499,494
49	St. Landry	$1,735,983	$1,701,274	$3,437,257	$1,200,217	$1,218,157	$2,418,373
50	St. Martin	$687,957	$673,099	$1,361,055	$625,365	$643,643	$1,269,009
51	St. Mary	$640,239	$652,231	$1,292,470	$660,315	$704,401	$1,364,716
52	St. Tammany	$1,500,528	$1,526,604	$3,027,132	$3,130,609	$3,063,645	$6,194,253
53	Tangipahoa	$2,145,284	$2,224,371	$4,369,655	$1,854,923	$1,819,910	$3,674,833
54	Tensas	$84,151	$94,853	$179,004	$32,304	$25,195	$57,499
55	Terrebonne	$863,086	$852,325	$1,715,412	$1,538,792	$1,482,623	$3,021,416
56	Union	$235,084	$242,416	$477,500	$336,392	$331,561	$667,953
57	Vermilion	$466,504	$459,645	$926,149	$963,094	$995,582	$1,958,676
58	Vernon	$179,202	$181,258	$360,460	$777,114	$746,888	$1,524,001
59	Washington	$611,395	$595,991	$1,207,386	$855,045	$838,688	$1,693,732
60	Webster	$517,275	$532,606	$1,049,881	$522,086	$529,993	$1,052,079
61	West Baton Rouge	$385,133	$410,311	$795,444	$214,896	$225,488	$440,384
62	West Carroll	$65,622	$69,639	$135,261	$226,386	$228,145	$454,532
63	West Feliciana	$114,671	$108,623	$223,294	$97,694	$105,204	$202,897
64	Winn	$132,276	$135,574	$267,850	$217,639	$201,170	$418,809
	Out of State	$77,869	$79,836	$157,705	$65,932	$65,030	$130,962
	Total	**$59,857,106**	**$60,525,130**	**$120,382,236**	**$46,628,652**	**$46,062,400**	**$92,691,052**

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Table AA9: Dental Benefits Plan Manager Payments[1] by Parish, Race[2] and Gender *(Part 2)*

Parish		Other[3]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total
1	Acadia	$257,463	$236,427	$493,890	$1,966,402	$2,000,790	$3,967,193
2	Allen	$88,351	$79,518	$167,868	$674,023	$641,029	$1,315,052
3	Ascension	$585,757	$552,390	$1,138,148	$2,862,698	$2,839,655	$5,702,352
4	Assumption	$56,421	$50,937	$107,358	$478,135	$472,736	$950,871
5	Avoyelles	$157,679	$142,720	$300,400	$1,317,260	$1,320,557	$2,637,818
6	Beauregard	$143,774	$140,172	$283,946	$1,063,931	$1,068,730	$2,132,662
7	Bienville	$43,332	$42,604	$85,936	$437,225	$445,942	$883,168
8	Bossier	$625,762	$604,449	$1,230,211	$3,025,904	$3,070,840	$6,096,744
9	Caddo	$914,527	$868,175	$1,782,702	$7,277,123	$7,305,952	$14,583,075
10	Calcasieu	$969,833	$931,119	$1,900,952	$5,636,906	$5,604,913	$11,241,819
11	Caldwell	$47,199	$47,850	$95,050	$349,005	$333,528	$682,533
12	Cameron	$6,529	$3,879	$10,408	$56,539	$53,473	$110,013
13	Catahoula	$33,656	$31,178	$64,834	$314,522	$297,474	$611,995
14	Claiborne	$30,150	$34,051	$64,202	$364,111	$387,159	$751,270
15	Concordia	$62,360	$58,427	$120,787	$693,184	$695,329	$1,388,513
16	De Soto	$103,069	$99,263	$202,333	$804,848	$791,487	$1,596,335
17	East Baton Rouge	$2,305,651	$2,297,996	$4,603,647	$11,819,179	$11,890,390	$23,709,569
18	East Carroll	$22,850	$23,149	$45,999	$259,525	$267,486	$527,011
19	East Feliciana	$55,249	$48,448	$103,697	$462,283	$466,319	$928,601
20	Evangeline	$100,203	$88,238	$188,441	$1,128,393	$1,072,814	$2,201,207
21	Franklin	$91,932	$88,122	$180,054	$721,709	$720,292	$1,442,001
22	Grant	$89,362	$82,814	$172,176	$585,863	$585,731	$1,171,594
23	Iberia	$327,770	$316,188	$643,958	$2,423,847	$2,405,544	$4,829,391
24	Iberville	$105,315	$98,563	$203,878	$940,702	$926,706	$1,867,408
25	Jackson	$40,626	$38,356	$78,982	$367,399	$371,627	$739,025
26	Jefferson	$4,402,872	$4,202,834	$8,605,705	$12,029,938	$11,795,494	$23,825,433
27	Jefferson Davis	$118,166	$130,506	$248,672	$915,600	$930,981	$1,846,581
28	Lafayette	$1,171,336	$1,166,204	$2,337,540	$6,263,069	$6,224,064	$12,487,133
29	Lafourche	$556,014	$529,396	$1,085,411	$2,266,142	$2,302,042	$4,568,184
30	La Salle	$55,184	$56,386	$111,570	$419,149	$405,182	$824,331
31	Lincoln	$188,394	$161,403	$349,797	$1,138,715	$1,134,082	$2,272,797
32	Livingston	$700,176	$695,535	$1,395,711	$3,840,512	$3,775,865	$7,616,377
33	Madison	$52,709	$54,008	$106,717	$416,639	$412,577	$829,216
34	Morehouse	$99,020	$94,301	$193,321	$914,682	$897,333	$1,812,015
35	Natchitoches	$110,300	$111,009	$221,309	$1,140,772	$1,127,706	$2,268,478

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	Parish	Other[3] Male	Other[3] Female	Other[3] Total	Total *(across all races)* Male	Total *(across all races)* Female	Total *(across all races)* Total
36	Orleans	$1,881,297	$1,924,764	$3,806,061	$9,873,343	$9,987,197	$19,860,540
37	Ouachita	$750,319	$753,604	$1,503,922	$5,093,988	$5,063,998	$10,157,986
38	Plaquemines	$147,858	$141,989	$289,847	$563,745	$535,566	$1,099,311
39	Pointe Coupee	$65,777	$65,785	$131,561	$554,794	$549,326	$1,104,120
40	Rapides	$683,636	$623,804	$1,307,440	$4,101,430	$4,013,658	$8,115,088
41	Red River	$27,737	$23,605	$51,342	$299,392	$291,904	$591,296
42	Richland	$101,070	$95,836	$196,906	$722,029	$681,395	$1,403,424
43	Sabine	$114,636	$113,055	$227,690	$676,748	$669,796	$1,346,544
44	St. Bernard	$366,793	$372,053	$738,846	$1,610,674	$1,573,249	$3,183,923
45	St. Charles	$268,431	$278,494	$546,925	$1,163,252	$1,158,434	$2,321,686
46	St. Helena	$17,370	$21,055	$38,425	$234,419	$249,706	$484,125
47	St. James	$62,949	$65,270	$128,219	$535,896	$550,359	$1,086,255
48	St. John	$287,705	$277,631	$565,337	$1,413,624	$1,418,697	$2,832,321
49	St. Landry	$334,133	$333,674	$667,807	$3,270,333	$3,253,105	$6,523,438
50	St. Martin	$189,402	$190,358	$379,760	$1,502,724	$1,507,100	$3,009,824
51	St. Mary	$355,711	$333,470	$689,181	$1,656,265	$1,690,102	$3,346,367
52	St. Tammany	$1,072,241	$1,067,820	$2,140,061	$5,703,377	$5,658,068	$11,361,446
53	Tangipahoa	$598,495	$583,431	$1,181,926	$4,598,701	$4,627,713	$9,226,414
54	Tensas	$13,440	$12,369	$25,810	$129,895	$132,417	$262,312
55	Terrebonne	$1,004,539	$969,843	$1,974,381	$3,406,417	$3,304,791	$6,711,209
56	Union	$125,777	$120,892	$246,669	$697,252	$694,869	$1,392,122
57	Vermilion	$261,161	$237,192	$498,353	$1,690,759	$1,692,419	$3,383,178
58	Vernon	$175,012	$154,857	$329,868	$1,131,327	$1,083,002	$2,214,330
59	Washington	$162,011	$161,823	$323,834	$1,628,451	$1,596,502	$3,224,952
60	Webster	$123,680	$110,432	$234,112	$1,163,041	$1,173,031	$2,336,072
61	West Baton Rouge	$106,248	$102,664	$208,912	$706,277	$738,463	$1,444,740
62	West Carroll	$50,541	$49,574	$100,116	$342,550	$347,359	$689,909
63	West Feliciana	$26,501	$26,425	$52,926	$238,865	$240,251	$479,117
64	Winn	$39,641	$38,008	$77,649	$389,557	$374,751	$764,308
	Out of State	$53,282	$54,395	$107,677	$197,083	$199,262	$396,345
	Total	**$24,186,385**	**$23,510,789**	**$47,697,174**	**$130,672,142**	**$130,098,320**	**$260,770,462**

[1] Payments are based on recipient parish payments.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table AA10: Dental Benefits Recipients[1] by Parish, Race[2] and Gender

	Parish	Black/African-American			White			Other[3]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
1	Acadia	4,266	5,279	9,545	8,128	10,806	18,934	1,890	1,855	3,745	14,284	17,940	32,224
2	Allen	1,173	1,272	2,445	3,004	3,940	6,944	702	676	1,378	4,879	5,888	10,767
3	Ascension	7,255	9,811	17,066	7,814	10,333	18,147	3,813	4,249	8,062	18,882	24,393	43,275
4	Assumption	1,787	2,373	4,160	1,453	1,955	3,408	469	459	928	3,709	4,787	8,496
5	Avoyelles	3,874	4,511	8,385	4,438	6,111	10,549	1,350	1,279	2,629	9,662	11,901	21,563
6	Beauregard	1,028	1,283	2,311	5,322	7,029	12,351	1,018	1,047	2,065	7,368	9,359	16,727
7	Bienville	1,611	2,100	3,711	1,429	1,823	3,252	456	442	898	3,496	4,365	7,861
8	Bossier	7,759	10,383	18,142	8,805	11,510	20,315	4,270	4,758	9,028	20,834	26,651	47,485
9	Caddo	32,552	41,791	74,343	12,991	15,661	28,652	7,899	7,914	15,813	53,442	65,366	118,808
10	Calcasieu	13,901	17,074	30,975	18,443	24,084	42,527	6,763	7,035	13,798	39,107	48,193	87,300
11	Caldwell	429	518	947	1,967	2,431	4,398	324	324	648	2,720	3,273	5,993
12	Cameron	17	14	31	391	481	872	58	45	103	466	540	1,006
13	Catahoula	835	926	1,761	1,403	1,813	3,216	276	297	573	2,514	3,036	5,550
14	Claiborne	1,828	2,330	4,158	790	986	1,776	337	345	682	2,955	3,661	6,616
15	Concordia	2,573	3,128	5,701	2,015	2,598	4,613	563	539	1,102	5,151	6,265	11,416
16	De Soto	2,752	3,576	6,328	2,122	2,809	4,931	799	810	1,609	5,673	7,195	12,868
17	E. Baton Rouge	54,393	68,943	123,336	15,072	17,656	32,728	16,546	18,231	34,777	86,011	104,830	190,841
18	East Carroll	1,474	1,827	3,301	299	365	664	178	158	336	1,951	2,350	4,301
19	East Feliciana	2,449	2,294	4,743	1,666	1,823	3,489	629	491	1,120	4,744	4,608	9,352
20	Evangeline	3,333	4,064	7,397	4,060	5,098	9,158	815	755	1,570	8,208	9,917	18,125
21	Franklin	2,573	2,822	5,395	2,611	3,239	5,850	700	587	1,287	5,884	6,648	12,532
22	Grant	620	709	1,329	3,086	4,040	7,126	671	631	1,302	4,377	5,380	9,757
23	Iberia	8,175	10,024	18,199	6,784	8,943	15,727	2,525	2,609	5,134	17,484	21,576	39,060
24	Iberville	4,323	5,295	9,618	1,888	2,516	4,404	867	835	1,702	7,078	8,646	15,724
25	Jackson	1,071	1,411	2,482	1,428	1,836	3,264	391	351	742	2,890	3,598	6,488
26	Jefferson	32,116	41,736	73,852	26,530	32,603	59,133	28,934	32,899	61,833	87,580	107,238	194,818
27	Jefferson Davis	1,741	2,010	3,751	3,994	5,302	9,296	856	895	1,751	6,591	8,207	14,798
28	Lafayette	18,950	24,571	43,521	17,012	21,738	38,750	8,622	9,338	17,960	44,584	55,647	100,231
29	Lafourche	4,544	6,007	10,551	8,125	11,412	19,537	3,417	3,734	7,151	16,086	21,153	37,239
30	La Salle	348	452	800	2,291	2,807	5,098	428	423	851	3,067	3,682	6,749
31	Lincoln	4,409	5,814	10,223	2,717	3,413	6,130	1,433	1,448	2,881	8,559	10,675	19,234
32	Livingston	3,837	4,870	8,707	17,774	22,797	40,571	4,742	5,140	9,882	26,353	32,807	59,160
33	Madison	2,333	2,850	5,183	538	730	1,268	366	368	734	3,237	3,948	7,185
34	Morehouse	4,110	4,957	9,067	2,380	3,023	5,403	816	755	1,571	7,306	8,735	16,041
35	Natchitoches	4,487	5,850	10,337	2,539	3,402	5,941	983	1,012	1,995	8,009	10,264	18,273

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	Parish	Black/African-American			White			Other[2]			Total *(across all races)*		
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
36	Orleans	57,208	71,472	128,680	11,308	11,911	23,219	18,622	18,506	37,128	87,138	101,889	189,027
37	Ouachita	18,850	23,654	42,504	13,196	15,956	29,152	5,453	5,401	10,854	37,499	45,011	82,510
38	Plaquemines	1,236	1,432	2,668	1,774	2,325	4,099	1,103	1,153	2,256	4,113	4,910	9,023
39	Pointe Coupee	2,231	2,658	4,889	1,452	1,967	3,419	541	568	1,109	4,224	5,193	9,417
40	Rapides	12,284	14,909	27,193	12,258	14,986	27,244	5,222	4,870	10,092	29,764	34,765	64,529
41	Red River	1,010	1,303	2,313	851	1,096	1,947	238	210	448	2,099	2,609	4,708
42	Richland	2,609	3,118	5,727	2,164	2,719	4,883	696	687	1,383	5,469	6,524	11,993
43	Sabine	1,354	1,642	2,996	2,784	3,456	6,240	870	1,034	1,904	5,008	6,132	11,140
44	St. Bernard	3,799	5,147	8,946	5,041	5,932	10,973	2,525	2,608	5,133	11,365	13,687	25,052
45	St. Charles	3,159	4,080	7,239	3,155	4,146	7,301	1,803	1,959	3,762	8,117	10,185	18,302
46	St. Helena	1,159	1,474	2,633	469	619	1,088	191	169	360	1,819	2,262	4,081
47	St. James	2,698	3,574	6,272	907	1,076	1,983	536	485	1,021	4,141	5,135	9,276
48	St. John	6,211	8,256	14,467	1,979	2,618	4,597	1,992	2,126	4,118	10,182	13,000	23,182
49	St. Landry	11,972	14,545	26,517	8,604	11,354	19,958	2,813	2,839	5,652	23,389	28,738	52,127
50	St. Martin	4,649	5,825	10,474	4,613	6,192	10,805	1,531	1,489	3,020	10,793	13,506	24,299
51	St. Mary	4,766	5,884	10,650	4,838	6,924	11,762	2,314	2,411	4,725	11,918	15,219	27,137
52	St. Tammany	10,256	12,890	23,146	22,547	28,055	50,602	8,303	8,850	17,153	41,106	49,795	90,901
53	Tangipahoa	14,215	18,377	32,592	13,665	17,617	31,282	4,861	4,864	9,725	32,741	40,858	73,599
54	Tensas	699	966	1,665	297	327	624	127	111	238	1,123	1,404	2,527
55	Terrebonne	6,453	7,962	14,415	11,256	15,000	26,256	6,144	6,784	12,928	23,853	29,746	53,599
56	Union	1,771	2,202	3,973	2,719	3,300	6,019	849	841	1,690	5,339	6,343	11,682
57	Vermilion	3,128	3,780	6,908	6,940	9,562	16,502	2,014	1,963	3,977	12,082	15,305	27,387
58	Vernon	1,273	1,529	2,802	5,465	6,967	12,432	1,268	1,322	2,590	8,006	9,818	17,824
59	Washington	4,305	5,281	9,586	6,341	7,897	14,238	1,427	1,382	2,809	12,073	14,560	26,633
60	Webster	3,740	4,893	8,633	3,978	5,266	9,244	1,181	1,103	2,284	8,899	11,262	20,161
61	W. Baton Rouge	2,771	3,669	6,440	1,601	2,168	3,769	791	833	1,624	5,163	6,670	11,833
62	West Carroll	575	697	1,272	1,948	2,397	4,345	337	354	691	2,860	3,448	6,308
63	West Feliciana	883	1,030	1,913	725	924	1,649	304	225	529	1,912	2,179	4,091
64	Winn	962	1,345	2,307	1,583	2,008	3,591	378	368	746	2,923	3,721	6,644
	Out of State	2,131	3,334	5,465	2,046	3,005	5,051	1,581	2,043	3,624	5,758	8,382	14,140
	Total	**402,372**	**508,244**	**910,616**	**333,075**	**421,491**	**754,566**	**171,618**	**180,245**	**351,863**	**907,065**	**1,109,980**	**2,017,045**

[1] Individual parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish.
[2] From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.
[3] Other includes all individuals not in Black/African-American or White.

Table AA11: LaCHIP and Regular Medicaid Children by Enrollees, Recipients and Payments by Parish[1]

	Parish	LaCHIP *(XXI)*[2]			Medicaid *(XIX)*			Total *(XXI and XIX)*		
		Payments	Enrollees[3,4]	Recipients[4]	Payments	Enrollees[4]	Recipients[4]	Payments	Enrollees[4]	Recipients[4]
1	Acadia	$7,915,151	3,433	3,686	$45,170,337	12,364	13,037	$53,085,488	14,674	15,088
2	Allen	$2,477,318	1,108	1,215	$14,956,853	4,119	4,333	$17,434,171	4,858	4,997
3	Ascension	$14,629,704	5,833	6,267	$71,486,265	17,372	18,254	$86,115,969	21,441	21,958
4	Assumption	$1,924,279	788	857	$12,226,179	2,880	3,091	$14,150,458	3,419	3,554
5	Avoyelles	$4,905,237	2,146	2,332	$34,039,768	8,041	8,424	$38,945,005	9,475	9,650
6	Beauregard	$4,210,156	1,829	1,999	$23,708,589	6,603	6,954	$27,918,746	7,915	8,144
7	Bienville	$1,582,841	658	719	$10,306,921	2,801	2,969	$11,889,762	3,259	3,365
8	Bossier	$14,899,527	5,817	6,273	$70,681,388	18,918	19,985	$85,580,916	23,049	23,740
9	Caddo	$28,529,300	12,320	13,320	$177,912,337	44,580	46,655	$206,441,637	52,592	53,652
10	Calcasieu	$24,333,792	10,459	11,203	$129,348,350	34,379	35,983	$153,682,142	41,266	41,989
11	Caldwell	$1,082,165	518	567	$8,436,878	2,211	2,303	$9,519,043	2,529	2,589
12	Cameron	$125,702	63	77	$1,112,379	383	397	$1,238,081	420	435
13	Catahoula	$892,764	445	487	$6,924,548	1,929	2,033	$7,817,311	2,193	2,260
14	Claiborne	$1,158,880	526	560	$9,539,038	2,395	2,514	$10,697,918	2,738	2,807
15	Concordia	$2,331,884	973	1,057	$17,175,098	4,396	4,587	$19,506,982	5,040	5,153
16	De Soto	$3,334,586	1,457	1,547	$18,397,238	4,929	5,154	$21,731,823	5,861	5,982
17	E. Baton Rouge	$59,276,354	22,946	24,843	$302,065,314	71,776	74,968	$361,341,669	87,190	88,824
18	East Carroll	$768,601	346	378	$6,630,088	1,646	1,719	$7,398,689	1,866	1,903
19	East Feliciana	$2,156,755	942	1,017	$10,375,912	2,783	2,966	$12,532,667	3,421	3,558
20	Evangeline	$3,966,409	1,762	1,904	$27,267,089	6,797	7,120	$31,233,498	7,919	8,112
21	Franklin	$2,605,451	1,116	1,210	$18,170,752	4,484	4,680	$20,776,203	5,183	5,288
22	Grant	$2,217,434	1,021	1,114	$13,467,098	3,703	3,897	$15,684,531	4,396	4,530
23	Iberia	$8,436,208	3,717	4,055	$56,881,642	14,959	15,700	$65,317,850	17,345	17,768
24	Iberville	$3,954,764	1,728	1,877	$22,725,014	5,766	6,118	$26,679,778	6,879	7,092
25	Jackson	$1,499,024	643	704	$8,600,262	2,235	2,418	$10,099,286	2,682	2,797
26	Jefferson	$68,638,129	24,575	26,706	$273,288,332	71,561	75,165	$341,926,462	89,112	91,470
27	Jefferson Davis	$3,453,121	1,519	1,661	$21,646,099	5,769	6,085	$25,099,220	6,790	6,984
28	Lafayette	$28,677,708	11,735	12,724	$148,212,450	38,263	40,190	$176,890,158	46,254	47,419
29	Lafourche	$8,987,519	3,547	3,868	$57,687,749	14,198	14,977	$66,675,268	16,605	17,142
30	La Salle	$1,706,452	730	812	$9,564,183	2,486	2,608	$11,270,635	2,992	3,073
31	Lincoln	$4,592,948	1,856	2,033	$28,943,478	7,148	7,496	$33,536,426	8,394	8,596
32	Livingston	$20,384,312	7,982	8,520	$94,262,816	23,123	24,264	$114,647,127	28,854	29,571
33	Madison	$1,216,152	497	549	$11,374,607	2,863	3,101	$12,590,759	3,172	3,348
34	Morehouse	$3,198,931	1,382	1,507	$23,637,054	5,676	5,940	$26,835,985	6,551	6,700
35	Natchitoches	$4,455,050	1,937	2,062	$27,631,796	6,996	7,402	$32,086,846	8,255	8,485

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	Parish	LaCHIP *(XXI)*[2]			Medicaid *(XIX)*			Total *(XXI and XIX)*		
		Payments	Enrollees[3,4]	Recipients[1]	Payments	Enrollees[3]	Recipients[1]	Payments	Enrollees[4]	Recipients[1]
36	Orleans	$41,238,785	17,286	18,851	$232,355,427	60,248	63,308	$273,594,212	71,704	73,550
37	Ouachita	$20,991,617	8,479	9,081	$132,082,337	31,261	32,719	$153,073,954	36,829	37,554
38	Plaquemines	$2,810,948	1,155	1,255	$12,773,966	3,232	3,425	$15,584,914	4,046	4,173
39	Pointe Coupee	$2,271,296	1,026	1,113	$13,244,490	3,352	3,549	$15,515,786	4,012	4,112
40	Rapides	$16,961,017	7,304	7,845	$119,177,182	24,134	25,217	$136,138,199	29,033	29,523
41	Red River	$1,035,147	473	514	$7,046,326	1,888	1,990	$8,081,473	2,182	2,248
42	Richland	$2,656,815	1,116	1,191	$17,488,979	4,359	4,539	$20,145,794	5,107	5,204
43	Sabine	$2,279,352	1,016	1,090	$15,007,637	4,163	4,388	$17,286,989	4,869	4,989
44	St. Bernard	$8,429,209	3,328	3,571	$35,712,891	9,548	10,114	$44,142,100	11,846	12,199
45	St. Charles	$6,026,015	2,581	2,787	$26,740,375	6,858	7,311	$32,766,389	8,649	8,981
46	St. Helena	$972,051	444	483	$5,679,972	1,485	1,585	$6,652,023	1,771	1,832
47	St. James	$2,348,840	1,077	1,155	$13,237,839	3,203	3,401	$15,586,678	3,905	4,005
48	St. John	$6,696,381	2,867	3,125	$33,232,906	8,600	9,209	$39,929,287	10,578	11,016
49	St. Landry	$12,227,257	5,403	5,819	$79,381,525	20,099	21,011	$91,608,783	23,599	24,086
50	St. Martin	$6,229,542	2,683	2,898	$34,806,375	9,235	9,776	$41,035,918	11,054	11,338
51	St. Mary	$6,644,953	2,683	2,918	$40,579,132	10,437	10,928	$47,224,086	12,212	12,493
52	St. Tammany	$31,805,546	12,482	13,397	$136,724,448	32,982	34,525	$168,529,994	41,876	42,754
53	Tangipahoa	$20,026,577	8,307	8,949	$113,679,211	28,126	29,436	$133,705,788	33,538	34,164
54	Tensas	$347,322	164	181	$3,175,598	860	904	$3,522,920	957	985
55	Terrebonne	$12,979,671	5,248	5,685	$85,665,611	20,984	22,151	$98,645,282	24,492	25,295
56	Union	$2,945,685	1,199	1,326	$17,034,486	4,324	4,517	$19,980,171	5,080	5,180
57	Vermilion	$6,883,235	2,893	3,114	$39,451,613	10,519	11,052	$46,334,848	12,444	12,769
58	Vernon	$3,888,330	1,757	1,918	$24,762,151	7,115	7,479	$28,650,481	8,275	8,486
59	Washington	$6,505,265	2,698	2,958	$41,193,698	9,794	10,215	$47,698,963	11,563	11,747
60	Webster	$4,719,118	1,990	2,155	$26,704,557	7,180	7,622	$31,423,675	8,544	8,815
61	W. Baton Rouge	$3,568,263	1,475	1,572	$19,521,035	4,466	4,745	$23,089,299	5,491	5,688
62	West Carroll	$1,334,025	559	606	$8,063,833	2,186	2,324	$9,397,859	2,555	2,643
63	West Feliciana	$1,207,756	534	559	$5,131,761	1,415	1,507	$6,339,517	1,783	1,835
64	Winn	$1,422,074	669	730	$9,375,316	2,369	2,536	$10,797,390	2,826	2,937
	Out of State	$585,215	847	1,093	$5,196,820	4,652	5,846	$5,782,035	5,497	6,828
	Total	**$582,561,919**	**232,072**	**248,880**	**$3,168,081,398**	**762,471**	**786,334**	**$3,750,643,317**	**916,668**	**921,150**

[1] Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish.
[2] LaCHIP payment and recipient amounts are underestimated due to LaCHIP's previous payment methodology.
[3] Since LaCHIP IV is based on pregnancy, some enrollees may be older than 20.
[4] Individual parish enrollee and recipient counts of LaCHIP and Regular Medicaid will not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY. The figures are unduplicated for each Medicaid type, while numbers are unduplicated for total Medicaid children.

Table AA12: Payments by Parish for the Top Ten Provider Types Based on Payments *(Part 1)*

	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
1	Acadia	$24,015,223	$4,183,253	$4,824,187	$4,129,682	$789,350	$1,330,443
2	Allen	$10,471,788	$330,174	$1,090,733	$291,551	$441,964	$99,533
3	Ascension	$12,944,260	$6,154,881	$2,891,688	$2,521,792	$53,179	$1,904,152
4	Assumption	$3,884,708	$1,310,607	$973,855	$172,999	$98,501	$94,462
5	Avoyelles	$29,979,000	$6,432,327	$370,308	$3,990,250	$1,084,010	$281,987
6	Beauregard	$6,937,953	$2,755,072	$1,163,098	$714,673	$620,023	$72,625
7	Bienville	$15,867,159	$135,207	$358,996	$185,820	$204,290	$37,337
8	Bossier	$24,856,590	$8,479,451	$9,908,090	$2,645,971	$26,250	$557,492
9	Caddo	$93,019,736	$42,429,562	$18,414,657	$19,375,556	$17,593,356	$6,295,050
10	Calcasieu	$31,589,636	$28,693,157	$9,295,122	$5,963,570	$2,763,674	$2,222,727
11	Caldwell	$3,920,225	$3,906,600	$500,599	$413,921	$813,337	$44,025
12	Cameron	—	—	—	—	$1,500	—
13	Catahoula	$4,198,867	$4,412,001	—	$1,444,118	—	$43,147
14	Claiborne	$5,929,171	$4,710,358	$356,975	$1,257,470	$742,523	$131,348
15	Concordia	$4,851,784	$1,940,572	—	$1,009,676	$1,123,646	$114,079
16	De Soto	$5,234,633	$1,603,386	$589,843	$1,182,563	$342,978	$75,136
17	East Baton Rouge	$109,227,625	$75,743,996	$26,574,291	$24,925,109	$30,648,648	$9,857,487
18	East Carroll	$4,043,063	$854,647	-$3,752	$638,518	$267,500	$80,679
19	East Feliciana	$24,332,142	$1,129,326	$4,246,433	$1,617,845	—	$93,480
20	Evangeline	$16,575,032	$10,296,335	$1,857,401	$6,941,551	$683,545	$554,889
21	Franklin	$14,016,038	$812,052	$2,196,931	$182,682	$710,751	$158,073
22	Grant	$6,567,621	—	$327,677	—	—	$30,399
23	Iberia	$20,461,575	$17,801,070	$3,726,947	$7,594,370	$975,173	$428,023
24	Iberville	$10,336,327	$2,358,642	—	$1,233,222	$130,267	$256,001
25	Jackson	$9,588,524	$830,057	$427,396	$392,644	$272,206	$215,034
26	Jefferson	$62,384,357	$61,341,008	$20,193,909	$13,514,450	$16,659,117	$15,966,355
27	Jefferson Davis	$12,556,573	$1,336,608	$1,991,807	$930,414	$584,949	$214,543
28	Lafayette	$43,253,150	$61,785,354	$6,195,635	$24,036,182	$6,978,743	$4,050,073
29	Lafourche	$17,990,957	$16,106,057	$3,715,539	$3,557,589	$1,886,036	$591,535
30	La Salle	$6,443,887	$939,285	—	$167,368	$1,047,876	$140,705
31	Lincoln	$14,212,143	$3,730,426	$4,933,353	$389,656	$647,766	$2,757,111
32	Livingston	$18,149,526	$5,957,858	$1,853,192	$1,546,004	$1,376,191	$2,901,907
33	Madison	$4,679,381	$3,867,429	$2,881,270	$3,143,918	$500,722	$112,829
34	Morehouse	$14,535,152	$6,467,263	$783,932	$4,094,294	$544,328	$369,209
35	Natchitoches	$12,017,501	$6,633,710	$1,025,696	$4,840,173	$955,932	$181,037

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	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
36	Orleans	$59,739,116	$30,171,926	$8,893,212	$14,143,327	$26,579,380	$8,093,070
37	Ouachita	$37,794,144	$55,177,818	$9,205,196	$13,903,540	$4,995,680	$2,350,522
38	Plaquemines	$5,241,775	—	$2,988,876	—	—	$107,366
39	Pointe Coupee	$11,300,682	$2,250,389	—	$1,744,149	$307,400	$119,368
40	Rapides	$42,611,759	$34,313,856	$198,202,406	$6,428,964	$5,986,134	$11,096,784
41	Red River	$4,444,962	$3,809,241	—	$616,014	$620,727	$137,827
42	Richland	$7,522,200	$9,297,948	$9,658,231	$2,952,647	$1,137,838	$436,855
43	Sabine	$8,845,115	$1,301,156	$2,701,297	$382,810	$198,218	$171,568
44	St. Bernard	—	$7,355,065	$547,084	$2,003,652	$474,076	$430,301
45	St. Charles	$4,581,436	$2,017,777	$356,537	$281,000	$405,356	$407,109
46	St. Helena	$2,180,659	$1,825,115	$331,008	$639,734	$131,061	$83,759
47	St. James	$4,365,658	$1,219,026	—	$378,776	$333,703	$81,314
48	St. John	$2,025,328	$9,200,767	$450,146	$2,091,995	—	$403,602
49	St. Landry	$33,792,906	$13,385,832	$2,284,949	$11,029,726	$1,309,969	$884,658
50	St. Martin	$11,998,648	$5,712,353	$1,784,484	$6,799,440	$1,059,925	$315,863
51	St. Mary	$13,235,997	$6,242,560	—	$2,648,178	$864,764	$361,321
52	St. Tammany	$42,318,586	$8,394,194	$7,325,328	$1,749,162	$2,842,772	$3,431,658
53	Tangipahoa	$34,685,181	$35,204,090	$17,085,594	$7,721,635	$3,910,094	$1,546,333
54	Tensas	—	—	—	—	—	$1,665
55	Terrebonne	$21,407,789	$6,861,175	$2,087,829	$1,292,998	$1,727,756	$819,661
56	Union	$12,873,182	—	$443,320	—	$741,449	$241,190
57	Vermilion	$25,584,846	—	$524,111	—	$1,163,146	$353,641
58	Vernon	$9,423,442	$458,536	$1,432,021	$453,037	$319,462	$28,303
59	Washington	$11,049,067	$10,968,038	$1,843,986	$3,522,962	$1,253,709	$825,821
60	Webster	$15,391,175	$7,632,384	$5,971,967	$4,403,232	$627,534	$365,935
61	West Baton Rouge	$6,630,512	$3,139,701	—	$602,223	—	$116,753
62	West Carroll	$5,145,401	$381,173	—	$438,129	$425,652	$503,822
63	West Feliciana	$6,471,900	$723,775	—	$93,342	$456,583	$22,383
64	Winn	$9,259,290	$1,428,979	$1,842,428	$528,033	$252,733	$143,936
	Total In-State[1]	**$1,148,992,062**	**$653,940,602**	**$409,625,819**	**$231,894,305**	**$149,693,451**	**$86,145,300**
	Total Out-of-State[2]	—	—	—	—	**$2,119,943**	**$14,027,886**
	Total	**$1,148,992,062**	**$653,940,602**	**$409,625,819**	**$231,894,305**	**$151,813,394**	**$100,173,186**

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Table AA12: Payments by Parish for the Top Ten Provider Types Based on Payments *(Part 2)*

	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others	Total *(across all providers)*	Overall Rank
1	Acadia	—	$1,893,015	—	$240,963	$2,258,122	$43,664,236	17
2	Allen	—	$3,533,956	—	$53,203	$399,003	$16,711,906	36
3	Ascension	—	$204,949	—	$98,782	$2,740,760	$29,514,443	26
4	Assumption	—	—	—	$26,903	$645,683	$7,207,717	59
5	Avoyelles	—	$2,989,903	—	$43,466	$1,979,560	$47,150,809	15
6	Beauregard	—	—	—	$89,008	$867,420	$13,219,873	43
7	Bienville	—	$867,406	—	$3,446	$94,526	$17,754,186	34
8	Bossier	—	$779,968	—	$201,472	$3,359,108	$50,814,391	14
9	Caddo	—	$5,518,902	$3,116,884	$4,141,696	$12,858,914	$222,764,311	3
10	Calcasieu	—	$2,859,089	$1,855,131	$1,099,496	$6,200,750	$92,542,352	9
11	Caldwell	—	—	—	$18,091	$1,205,943	$10,822,741	50
12	Cameron	—	—	—	—	$4,704	$6,204	64
13	Catahoula	—	—	—	$1,265	$441,771	$10,541,170	51
14	Claiborne	—	—	—	$20,499	$646,367	$13,794,712	42
15	Concordia	—	$414,658	—	$82,934	$395,301	$9,932,651	52
16	De Soto	—	$1,089,475	—	$5,394	$944,489	$11,067,896	48
17	East Baton Rouge	—	$15,285,602	$4,906,873	$4,946,754	$37,410,696	$339,527,081	1
18	East Carroll	—	—	—	$3,479	$231,227	$6,115,361	61
19	East Feliciana	—	—	—	$6,499	$684,759	$32,110,484	22
20	Evangeline	—	—	$3,461,821	$174,774	$3,423,290	$43,968,637	16
21	Franklin	—	$1,033,724	—	$336,046	$764,296	$20,210,593	31
22	Grant	—	—	—	$46	$120,532	$7,046,276	60
23	Iberia	—	—	—	$297,301	$6,921,311	$58,205,771	12
24	Iberville	—	$477,915	—	$16,025	$697,003	$15,505,403	37
25	Jackson	—	—	—	$66,507	$416,238	$12,208,606	45
26	Jefferson	—	$2,772,305	$6,139,400	$3,004,395	$18,741,114	$220,716,410	4
27	Jefferson Davis	—	$148,004	—	$85,699	$1,004,649	$18,853,245	32
28	Lafayette	—	$9,502,349	$2,747,303	$2,503,196	$33,526,455	$194,578,439	5
29	Lafourche	—	$96,096	$3,350,438	$606,109	$6,881,755	$54,782,110	13
30	La Salle	—	—	—	$15,285	$753,525	$9,507,930	54
31	Lincoln	—	$422,128	—	$413,615	$2,513,973	$30,020,171	24
32	Livingston	—	—	$324,373	$64,398	$4,239,188	$36,412,639	20
33	Madison	—	—	—	$1,645	$224,359	$15,411,553	38
34	Morehouse	—	$668,412	—	$109,042	$1,204,381	$28,776,013	29
35	Natchitoches	—	$1,583,106	—	$127,529	$1,477,619	$28,842,305	28

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	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others[3]	Total *(across all providers)*	Overall Rank
36	Orleans	—	$3,170,884	—	$5,050,744	$16,694,735	$172,536,393	6
37	Ouachita	—	$4,234,351	$2,974,651	$960,844	$11,738,968	$143,335,714	7
38	Plaquemines	—	—	—	$26,351	$153,661	$8,518,030	55
39	Pointe Coupee	—	$249,468	—	$6,585	$1,475,933	$17,453,973	35
40	Rapides	—	$7,748,226	$2,146,952	$1,348,185	$8,643,821	$318,527,086	2
41	Red River	—	—	—	$29,586	$1,271,276	$10,929,634	49
42	Richland	—	$1,634,210	$2,548	$76,183	$2,991,876	$35,710,535	21
43	Sabine	—	—	—	$45,399	$902,784	$14,548,347	40
44	St. Bernard	—	—	$16,539	$70,122	$734,675	$11,631,514	46
45	St. Charles	—	—	—	$46,311	$1,689,368	$9,784,894	53
46	St. Helena	—	—	—	$1,684	$26,474	$5,219,493	62
47	St. James	—	—	—	$30,786	$816,430	$7,225,693	58
48	St. John	—	$2,752,795	—	$51,757	$1,798,180	$18,774,569	33
49	St. Landry	—	$1,264,052	—	$658,941	$5,620,024	$70,231,056	11
50	St. Martin	—	—	—	$95,607	$1,980,556	$29,746,877	25
51	St. Mary	—	$319,002	—	$139,322	$2,204,168	$26,015,314	30
52	St. Tammany	—	$2,238,145	$4,073,641	$1,256,629	$8,066,223	$81,696,339	10
53	Tangipahoa	—	$1,836,558	—	$1,000,456	$6,807,469	$109,797,410	8
54	Tensas	—	—	—	$3,138	$20,317	$25,120	63
55	Terrebonne	—	$944,877	—	$702,591	$3,693,673	$39,538,349	18
56	Union	—	—	—	$32,404	$319,602	$14,651,147	39
57	Vermilion	—	—	—	$146,379	$1,514,429	$29,286,553	27
58	Vernon	—	$212,924	—	$77,278	$315,651	$12,720,653	44
59	Washington	—	—	—	$366,820	$1,826,520	$31,656,925	23
60	Webster	—	$1,442,909	—	$109,411	$2,945,205	$38,889,750	19
61	West Baton Rouge	—	—	—	$3,649	$659,355	$11,152,192	47
62	West Carroll	—	—	—	$21,444	$474,608	$7,390,229	57
63	West Feliciana	—	—	—	$37,111	$179,578	$7,984,672	56
64	Winn	—	—	—	$20,013	$359,631	$13,835,043	41
	Total In-State[1]	—	**$80,189,365**	**$35,116,553**	**$31,320,695**	**$242,203,980**	**$3,069,122,132**	—
	Total Out-of-State[2]	**$97,594,847**	—	—	**$34,502**	**$1,925,967**	**$115,703,145**	—
	Total	**$97,594,847**	**$80,189,365**	**$35,116,553**	**$31,355,197**	**$244,129,947**	**$3,184,825,278**	—

[1] Providers with no parish listed are included in In-State.
[2] Excluding payments to CMS.
[3] All Others includes all provider types not in the top ten provider types.

Table AA13: Number of Providers by Parish for the Top Ten Provider Types[1] Based on Payments *(Part 1)*

	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
1	Acadia	10	3	10	2	5	31
2	Allen	4	1	5	2	4	5
3	Ascension	6	8	9	7	2	30
4	Assumption	7	3	8	2	2	5
5	Avoyelles	11	3	1	3	4	14
6	Beauregard	3	2	2	2	2	5
7	Bienville	4	1	2	1	2	4
8	Bossier	9	6	14	6	2	24
9	Caddo	27	24	26	25	31	57
10	Calcasieu	11	22	25	20	16	51
11	Caldwell	2	2	1	2	3	4
12	Cameron	—	—	—	—	1	—
13	Catahoula	2	2	—	2	—	6
14	Claiborne	4	2	2	2	6	5
15	Concordia	3	1	—	1	6	6
16	De Soto	4	4	1	4	2	7
17	East Baton Rouge	34	62	58	59	26	117
18	East Carroll	1	2	2	1	2	3
19	East Feliciana	7	2	10	2	—	4
20	Evangeline	6	10	6	10	10	14
21	Franklin	5	1	5	1	2	5
22	Grant	4	—	5	—	—	3
23	Iberia	7	10	8	10	5	16
24	Iberville	4	2	—	1	1	10
25	Jackson	5	1	3	1	3	5
26	Jefferson	16	43	46	36	19	125
27	Jefferson Davis	5	4	6	4	5	15
28	Lafayette	15	30	13	28	16	70
29	Lafourche	5	8	13	5	7	22
30	La Salle	3	1	—	1	5	6
31	Lincoln	4	3	10	2	5	14
32	Livingston	3	9	9	7	1	30
33	Madison	2	3	6	3	4	4
34	Morehouse	5	5	3	3	4	8
35	Natchitoches	4	4	3	5	6	9

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	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
36	Orleans	23	32	18	32	9	81
37	Ouachita	26	31	23	29	12	47
38	Plaquemines	1	—	1	—	—	4
39	Pointe Coupee	4	2	—	2	2	7
40	Rapides	12	21	227	18	13	40
41	Red River	1	2	—	2	4	2
42	Richland	6	7	22	6	6	11
43	Sabine	4	2	8	2	3	7
44	St. Bernard	—	6	2	7	4	12
45	St. Charles	2	4	1	3	4	11
46	St. Helena	2	2	1	2	3	2
47	St. James	2	1	—	2	2	5
48	St. John	1	9	3	8	—	9
49	St. Landry	9	9	11	10	8	31
50	St. Martin	4	7	4	6	4	14
51	St. Mary	7	3	—	4	5	17
52	St. Tammany	13	9	8	8	13	73
53	Tangipahoa	11	23	43	17	12	36
54	Tensas	—	—	—	—	—	3
55	Terrebonne	4	8	6	7	9	27
56	Union	4	—	2	—	9	8
57	Vermilion	8	—	1	—	5	16
58	Vernon	3	2	4	2	5	7
59	Washington	4	9	4	9	8	29
60	Webster	5	7	15	7	5	9
61	West Baton Rouge	2	3	—	1	—	7
62	West Carroll	3	1	—	1	4	5
63	West Feliciana	2	1	—	1	1	2
64	Winn	4	1	4	1	3	3
	Total In-State[2]	**344**	**485**	**688**	**432**	**296**	1,196
	Total Out-of-State	**1**	—	—	**—**	98	**49**
	Total[3]	**345**	**485**	**688**	**432**	**390**	**1,244**

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Table AA13: Number of Providers by Parish for the Top Ten Provider Types[1] Based on Payments *(Part 2)*

	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others[4]	Total *(across all providers)*	Overall Rank
1	Acadia	—	1	—	92	101	241	18
2	Allen	—	15	—	36	46	107	34
3	Ascension	—	1	—	58	105	221	20
4	Assumption	—	—	—	11	15	49	51
5	Avoyelles	—	2	—	38	86	148	27
6	Beauregard	—	—	—	58	63	126	29
7	Bienville	—	1	—	4	21	38	55
8	Bossier	—	3	—	141	156	342	15
9	Caddo	—	14	2	1,397	957	2,410	4
10	Calcasieu	—	6	2	557	461	1,123	7
11	Caldwell	—	—	—	13	29	49	50
12	Cameron	—	—	—	1	15	17	63
13	Catahoula	—	—	—	1	31	43	53
14	Claiborne	—	—	—	9	28	51	49
15	Concordia	—	1	—	42	45	99	38
16	De Soto	—	1	—	12	48	75	41
17	East Baton Rouge	—	32	6	1,706	1,824	3,789	1
18	East Carroll	—	—	—	8	13	27	61
19	East Feliciana	—	—	—	4	32	57	47
20	Evangeline	—	—	1	82	100	223	19
21	Franklin	—	1	—	37	59	106	36
22	Grant	—	—	—	1	26	37	57
23	Iberia	—	—	—	183	293	510	13
24	Iberville	—	3	—	6	44	67	44
25	Jackson	—	—	—	39	47	98	39
26	Jefferson	—	12	5	1,426	984	2,661	3
27	Jefferson Davis	—	1	—	39	65	129	28
28	Lafayette	—	15	3	964	896	1,992	5
29	Lafourche	—	1	2	262	210	516	12
30	La Salle	—	—	—	20	45	72	42
31	Lincoln	—	3	—	106	127	259	17
32	Livingston	—	—	1	23	104	179	23
33	Madison	—	—	—	8	17	39	54
34	Morehouse	—	1	—	40	59	119	33
35	Natchitoches	—	8	—	60	68	157	26

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	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others[4]	Total *(across all providers)*	Overall Rank
36	Orleans	—	4	—	1,972	1,354	3,467	2
37	Ouachita	—	16	5	426	521	1,095	9
38	Plaquemines	—	—	—	8	17	29	60
39	Pointe Coupee	—	1	—	7	40	59	46
40	Rapides	—	12	3	415	430	1,122	8
41	Red River	—	—	—	26	23	55	48
42	Richland	—	2	1	38	91	168	25
43	Sabine	—	—	—	16	52	86	40
44	St. Bernard	—	—	1	43	49	122	31
45	St. Charles	—	—	—	32	55	106	35
46	St. Helena	—	—	—	3	9	22	62
47	St. James	—	—	—	19	38	65	45
48	St. John	—	2	—	39	60	124	30
49	St. Landry	—	1	—	209	227	493	14
50	St. Martin	—	—	—	29	43	103	37
51	St. Mary	—	1	—	64	95	187	22
52	St. Tammany	—	9	4	759	597	1,449	6
53	Tangipahoa	—	10	—	377	428	909	10
54	Tensas	—	—	—	2	6	11	64
55	Terrebonne	—	5	—	301	230	582	11
56	Union	—	—	—	12	39	69	43
57	Vermilion	—	—	—	70	95	174	24
58	Vernon	—	1	—	41	63	120	32
59	Washington	—	—	—	120	93	265	16
60	Webster	—	8	—	57	88	187	21
61	West Baton Rouge	—	—	—	3	24	38	56
62	West Carroll	—	—	—	14	14	34	58
63	West Feliciana	—	—	—	10	15	30	59
64	Winn	—	—	—	8	29	47	52
	Total In-State[2]	**—**	**180**	**35**	**12,165**	**11,122**	**25,939**	—
	Total Out-of-State	**2**	**—**	**—**	265	**223**	**633**	—
	Total[3]	**2**	**180**	**35**	**12,399**	**11,339**	**26,532**	—

[1] Used other provider types based on attending NPIs when provider types resulted in an error.
[2] Providers with no parish listed are included in In-State.
[3] Total number of providers may not sum to the total count due to providers offering services in more than one state during the (SFY). The total counts are unduplicated for the entire state, while other numbers are unduplicated for each provider type.
[4] All Others includes all provider types not in the top ten provider types.

Table AA14: Number of Recipients[1] by Parish for the Top Ten Provider Types[2] Based on Payments *(Part 1)*

	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
1	Acadia	620	128	66	247	2,189	1,652
2	Allen	275	9	15	23	910	224
3	Ascension	353	148	34	138	191	2,740
4	Assumption	111	31	15	12	355	218
5	Avoyelles	738	179	6	220	1,701	567
6	Beauregard	163	47	17	50	1,002	195
7	Bienville	418	6	6	14	273	45
8	Bossier	745	181	117	174	49	766
9	Caddo	2,586	928	258	1,118	17,110	3,075
10	Calcasieu	913	588	152	362	5,920	2,628
11	Caldwell	101	81	6	31	613	41
12	Cameron	—	—	—	—	11	—
13	Catahoula	104	103	—	84	—	63
14	Claiborne	187	89	6	75	572	135
15	Concordia	143	51	—	68	1,171	134
16	De Soto	143	58	9	77	1,000	91
17	East Baton Rouge	2,720	1,528	412	1,492	22,242	9,179
18	East Carroll	89	24	1	38	239	253
19	East Feliciana	245	22	30	103	—	357
20	Evangeline	431	275	26	401	1,947	678
21	Franklin	422	16	36	12	1,326	177
22	Grant	196	—	5	—	—	121
23	Iberia	541	378	65	437	2,936	936
24	Iberville	262	64	—	84	116	816
25	Jackson	292	21	6	24	466	149
26	Jefferson	1,559	1,217	307	769	25,418	10,101
27	Jefferson Davis	331	54	32	65	1,041	371
28	Lafayette	1,092	1,371	110	1,435	12,404	3,905
29	Lafourche	524	358	65	210	4,347	1,171
30	La Salle	221	21	—	15	889	95
31	Lincoln	450	96	71	36	1,413	1,404
32	Livingston	427	144	28	94	71	3,170
33	Madison	117	118	43	193	390	113
34	Morehouse	383	167	12	233	1,307	386
35	Natchitoches	322	160	14	271	1,893	308

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	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
36	Orleans	1,393	669	127	836	14,735	5,904
37	Ouachita	1,103	1,107	125	854	8,672	1,393
38	Plaquemines	153	—	31	—	—	181
39	Pointe Coupee	281	57	—	101	904	344
40	Rapides	1,174	730	1,290	407	6,918	4,239
41	Red River	115	60	—	40	519	189
42	Richland	207	211	141	193	1,644	365
43	Sabine	214	28	39	32	595	361
44	St. Bernard	—	181	10	120	1,847	763
45	St. Charles	135	60	11	16	896	804
46	St. Helena	59	56	4	50	384	164
47	St. James	117	34	—	27	625	282
48	St. John	59	182	6	134	—	620
49	St. Landry	860	397	37	659	4,859	1,516
50	St. Martin	299	163	26	385	1,274	753
51	St. Mary	371	159	—	176	2,103	814
52	St. Tammany	1,149	253	109	120	6,529	3,971
53	Tangipahoa	849	702	244	441	6,854	3,858
54	Tensas	—	—	—	—	—	20
55	Terrebonne	529	168	37	95	4,955	1,330
56	Union	394	—	6	—	759	160
57	Vermilion	646	—	8	—	2,004	830
58	Vernon	261	24	18	33	1,277	161
59	Washington	341	245	31	216	2,421	1,456
60	Webster	448	168	85	257	2,254	438
61	West Baton Rouge	153	69	—	48	—	515
62	West Carroll	149	10	—	28	608	288
63	West Feliciana	144	16	—	7	413	113
64	Winn	237	37	26	34	546	168
	Total In-State	**28,533**	**13,828**	**4,219**	**13,263**	**147,869**	**71,517**
	Total Out-of-State	**1**	—	—	—	**539**	**1,357**
	Total	**28,534**	**13,828**	**4,219**	**13,263**	**148,043**	**72,349**

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Table AA14: Number of Recipients[1] by Parish for the Top Ten Provider Types[2] Based on Payments *(Part 2)*

	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others[3]	Total *(across all providers)*	Overall Rank
1	Acadia	—	154	—	6,139	6,202	13,399	18
2	Allen	—	226	—	1,846	1,496	3,817	37
3	Ascension	—	34	—	2,332	5,730	10,435	21
4	Assumption	—	—	—	631	1,550	2,539	47
5	Avoyelles	—	174	—	1,326	6,191	7,940	23
6	Beauregard	—	—	—	2,642	1,941	4,728	33
7	Bienville	—	52	—	174	796	1,526	53
8	Bossier	—	48	—	4,955	8,122	12,648	19
9	Caddo	—	413	1,376	30,448	21,809	43,196	5
10	Calcasieu	—	142	840	15,939	10,921	23,947	10
11	Caldwell	—	—	—	537	1,312	1,852	52
12	Cameron	—	—	—	51	83	144	64
13	Catahoula	—	—	—	38	785	1,033	60
14	Claiborne	—	—	—	388	568	1,299	58
15	Concordia	—	36	—	2,122	1,166	3,672	38
16	De Soto	—	70	—	146	1,475	2,128	48
17	East Baton Rouge	—	1,000	2,229	40,033	36,447	69,364	1
18	East Carroll	—	—	—	192	526	746	61
19	East Feliciana	—	—	—	183	616	1,389	57
20	Evangeline	—	—	1,483	4,421	8,267	14,031	17
21	Franklin	—	80	—	4,977	2,846	7,192	26
22	Grant	—	—	—	82	1,129	1,502	54
23	Iberia	—	—	—	5,607	11,870	16,880	13
24	Iberville	—	25	—	232	1,827	3,012	43
25	Jackson	—	—	—	1,796	974	3,014	42
26	Jefferson	—	249	2,668	35,306	29,413	66,567	2
27	Jefferson Davis	—	13	—	1,978	3,786	6,085	29
28	Lafayette	—	661	1,237	30,231	37,740	58,921	3
29	Lafourche	—	15	1,530	10,170	7,334	17,601	12
30	La Salle	—	—	—	791	2,132	3,251	39
31	Lincoln	—	57	—	4,111	7,633	11,478	20
32	Livingston	—	—	176	1,160	11,223	15,455	14
33	Madison	—	—	—	115	775	1,484	55
34	Morehouse	—	60	—	2,622	1,707	4,544	35
35	Natchitoches	—	91	—	3,432	2,899	6,222	28

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	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others[3]	Total *(across all providers)*	Overall Rank
36	Orleans	—	227	—	33,641	22,410	53,241	4
37	Ouachita	—	303	1,394	11,971	18,201	27,321	8
38	Plaquemines	—	—	—	635	1,002	1,878	51
39	Pointe Coupee	—	26	—	219	2,004	3,066	41
40	Rapides	—	469	938	13,668	17,542	28,512	7
41	Red River	—	—	—	1,429	1,045	2,696	45
42	Richland	—	114	6	2,476	2,650	5,178	32
43	Sabine	—	—	—	912	1,795	3,150	40
44	St. Bernard	—	—	15	1,693	1,145	4,682	34
45	St. Charles	—	—	—	1,822	4,010	7,042	27
46	St. Helena	—	—	—	68	131	731	62
47	St. James	—	—	—	749	1,395	2,655	46
48	St. John	—	311	—	1,373	2,189	4,523	36
49	St. Landry	—	75	—	10,915	8,451	17,722	11
50	St. Martin	—	—	—	1,992	1,821	5,386	31
51	St. Mary	—	33	—	2,764	3,911	7,557	24
52	St. Tammany	—	188	1,795	18,945	12,608	32,501	6
53	Tangipahoa	—	128	—	12,066	12,933	24,714	9
54	Tensas	—	—	—	102	229	338	63
55	Terrebonne	—	81	—	10,514	5,981	14,932	15
56	Union	—	—	—	662	1,034	2,008	50
57	Vermilion	—	—	—	3,649	3,136	7,523	25
58	Vernon	—	5	—	2,647	3,215	5,838	30
59	Washington	—	—	—	9,593	4,952	14,763	16
60	Webster	—	126	—	3,861	4,999	9,119	22
61	West Baton Rouge	—	—	—	103	326	1,175	59
62	West Carroll	—	—	—	493	1,476	2,037	49
63	West Feliciana	—	—	—	281	754	1,452	56
64	Winn	—	—	—	548	2,042	2,755	44
	Total In-State	—	**5,611**	**15,507**	**168,619**	**252,263**	**363,897**	—
	Total Out-of-State	**2,342**	—	—	**1,210**	**8,818**	**13,360**	—
	Total	**2,342**	**5,611**	**15,507**	**168,719**	**253,178**	**364,293**	—

[1] Individual parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish. Also, the individual plans recipient counts may not sum to the total plan type counts due to movement between the plans during the SFY.
[2] Used other provider types based on attending NPIs when provider types resulted in an error.
[3] All Others includes all provider types not in the top ten provider types.

Table AA15: Payments per Recipient by Parish for the Top Ten Provider Types[1] Based on Payments *(Part 1)*

	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
1	Acadia	$38,734	$32,682	$73,094	$16,719	$361	$805
2	Allen	$38,079	$36,686	$72,716	$12,676	$486	$444
3	Ascension	$36,669	$41,587	$85,050	$18,274	$278	$695
4	Assumption	$34,997	$42,278	$64,924	$14,417	$277	$433
5	Avoyelles	$40,622	$35,935	$61,718	$18,137	$637	$497
6	Beauregard	$42,564	$58,619	$68,418	$14,293	$619	$372
7	Bienville	$37,960	$22,534	$59,833	$13,273	$748	$830
8	Bossier	$33,365	$46,848	$84,685	$15,207	$536	$728
9	Caddo	$35,971	$45,722	$71,375	$17,331	$1,028	$2,047
10	Calcasieu	$34,600	$48,798	$61,152	$16,474	$467	$846
11	Caldwell	$38,814	$48,230	$83,433	$13,352	$1,327	$1,074
12	Cameron	—	—	—	—	$136	—
13	Catahoula	$40,374	$42,835	—	$17,192	—	$685
14	Claiborne	$31,707	$52,925	$59,496	$16,766	$1,298	$973
15	Concordia	$33,929	$38,050	—	$14,848	$960	$851
16	De Soto	$36,606	$27,645	$65,538	$15,358	$343	$826
17	East Baton Rouge	$40,157	$49,571	$64,501	$16,706	$1,378	$1,074
18	East Carroll	$45,428	$35,610	-$3,752	$16,803	$1,119	$319
19	East Feliciana	$99,315	$51,333	$141,548	$15,707	—	$262
20	Evangeline	$38,457	$37,441	$71,438	$17,311	$351	$818
21	Franklin	$33,213	$50,753	$61,026	$15,223	$536	$893
22	Grant	$33,508	—	$65,535	—	—	$251
23	Iberia	$37,822	$47,093	$57,338	$17,378	$332	$457
24	Iberville	$39,452	$36,854	—	$14,681	$1,123	$314
25	Jackson	$32,837	$39,527	$71,233	$16,360	$584	$1,443
26	Jefferson	$40,016	$50,403	$65,778	$17,574	$655	$1,581
27	Jefferson Davis	$37,935	$24,752	$62,244	$14,314	$562	$578
28	Lafayette	$39,609	$45,066	$56,324	$16,750	$563	$1,037
29	Lafourche	$34,334	$44,989	$57,162	$16,941	$434	$505
30	La Salle	$29,158	$44,728	—	$11,158	$1,179	$1,481
31	Lincoln	$31,583	$38,859	$69,484	$10,824	$458	$1,964
32	Livingston	$42,505	$41,374	$66,185	$16,447	$19,383	$915
33	Madison	$39,995	$32,775	$67,006	$16,290	$1,284	$998
34	Morehouse	$37,951	$38,726	$65,328	$17,572	$416	$956
35	Natchitoches	$37,321	$41,461	$73,264	$17,860	$505	$588

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	Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
36	Orleans	$42,885	$45,100	$70,025	$16,918	$1,804	$1,371
37	Ouachita	$34,265	$49,844	$73,642	$16,280	$576	$1,687
38	Plaquemines	$34,260	—	$96,415	—	—	$593
39	Pointe Coupee	$40,216	$39,481	—	$17,269	$340	$347
40	Rapides	$36,296	$47,005	$153,645	$15,796	$865	$2,618
41	Red River	$38,652	$63,487	—	$15,400	$1,196	$729
42	Richland	$36,339	$44,066	$68,498	$15,299	$692	$1,197
43	Sabine	$41,332	$46,470	$69,264	$11,963	$333	$475
44	St. Bernard	—	$40,636	$54,708	$16,697	$257	$564
45	St. Charles	$33,937	$33,630	$32,412	$17,562	$452	$506
46	St. Helena	$36,960	$32,591	$82,752	$12,795	$341	$511
47	St. James	$37,313	$35,854	—	$14,029	$534	$288
48	St. John	$34,328	$50,554	$75,024	$15,612	—	$651
49	St. Landry	$39,294	$33,717	$61,755	$16,737	$270	$584
50	St. Martin	$40,129	$35,045	$68,634	$17,661	$832	$419
51	St. Mary	$35,677	$39,261	—	$15,046	$411	$444
52	St. Tammany	$36,831	$33,179	$67,205	$14,576	$435	$864
53	Tangipahoa	$40,854	$50,148	$70,023	$17,509	$570	$401
54	Tensas	—	—	—	—	—	$83
55	Terrebonne	$40,468	$40,840	$56,428	$13,611	$349	$616
56	Union	$32,673	—	$73,887	—	$977	$1,507
57	Vermilion	$39,605	—	$65,514	—	$580	$426
58	Vernon	$36,105	$19,106	$79,557	$13,728	$250	$176
59	Washington	$32,402	$44,768	$59,483	$16,310	$518	$567
60	Webster	$34,355	$45,431	$70,258	$17,133	$278	$835
61	West Baton Rouge	$43,337	$45,503	—	$12,546	—	$227
62	West Carroll	$34,533	$38,117	—	$15,647	$700	$1,749
63	West Feliciana	$44,944	$45,236	—	$13,335	$1,106	$198
64	Winn	$39,069	$38,621	$70,863	$15,530	$463	$857
	Total In-State	**$40,269**	**$47,291**	**$97,091**	**$17,484**	**$1,012**	**$1,205**
	Total Out-of-State	—	—	—	—	**$3,933**	**$10,337**
	Total	**$40,267**	**$47,291**	**$97,091**	**$17,484**	**$1,025**	**$1,385**

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Table AA15: Payments per Recipient by Parish for the Top Ten Provider Types[1] Based on Payments *(Part 2)*

	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others[2]	Total *(across all providers)*	Overall Rank
1	Acadia	—	$12,292	—	$39	$364	$3,259	43
2	Allen	—	$15,637	—	$29	$267	$4,378	29
3	Ascension	—	$6,028	—	$42	$478	$2,828	50
4	Assumption	—	—	—	$43	$417	$2,839	49
5	Avoyelles	—	$17,183	—	$33	$320	$5,938	13
6	Beauregard	—	—	—	$34	$447	$2,796	52
7	Bienville	—	$16,681	—	$20	$119	$11,634	2
8	Bossier	—	$16,249	—	$41	$414	$4,018	34
9	Caddo	—	$13,363	$2,265	$136	$590	$5,157	20
10	Calcasieu	—	$20,134	$2,208	$69	$568	$3,864	37
11	Caldwell	—	—	—	$34	$919	$5,844	14
12	Cameron	—	—	—	$0	$57	$43	64
13	Catahoula	—	—	—	$33	$563	$10,204	6
14	Claiborne	—	—	—	$53	$1,138	$10,619	4
15	Concordia	—	$11,518	—	$39	$339	$2,705	54
16	De Soto	—	$15,564	—	$37	$640	$5,201	19
17	East Baton Rouge	—	$15,286	$2,201	$124	$1,026	$4,895	23
18	East Carroll	—	—	—	$18	$440	$8,198	8
19	East Feliciana	—	—	—	$36	$1,112	$23,118	1
20	Evangeline	—	—	$2,334	$40	$414	$3,134	45
21	Franklin	—	$12,922	—	$68	$269	$2,810	51
22	Grant	—	—	—	$1	$107	$4,691	24
23	Iberia	—	—	—	$53	$583	$3,448	39
24	Iberville	—	$19,117	—	$69	$382	$5,148	21
25	Jackson	—	—	—	$37	$427	$4,051	33
26	Jefferson	—	$11,134	$2,301	$85	$637	$3,316	41
27	Jefferson Davis	—	$11,385	—	$43	$265	$3,098	47
28	Lafayette	—	$14,376	$2,221	$83	$888	$3,302	42
29	Lafourche	—	$6,406	$2,190	$60	$938	$3,112	46
30	La Salle	—	—	—	$19	$353	$2,925	48
31	Lincoln	—	$7,406	—	$101	$329	$2,615	56
32	Livingston	—	—	$1,843	$56	$378	$2,356	59
33	Madison	—	—	—	$14	$289	$10,385	5
34	Morehouse	—	$11,140	—	$42	$706	$6,333	12
35	Natchitoches	—	$17,397	—	$37	$510	$4,636	25

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	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others[2]	Total *(across all providers)*	Overall Rank
36	Orleans	—	$13,969	—	$150	$745	$3,241	44
37	Ouachita	—	$13,975	$2,134	$80	$645	$5,246	18
38	Plaquemines	—	—	—	$41	$153	$4,536	27
39	Pointe Coupee	—	$9,595	—	$30	$736	$5,693	15
40	Rapides	—	$16,521	$2,289	$99	$493	$11,172	3
41	Red River	—	—	—	$21	$1,217	$4,054	32
42	Richland	—	$14,335	$425	$31	$1,129	$6,897	11
43	Sabine	—	—	—	$50	$503	$4,619	26
44	St. Bernard	—	—	$1,103	$41	$642	$2,484	58
45	St. Charles	—	—	—	$25	$421	$1,390	62
46	St. Helena	—	—	—	$25	$202	$7,140	10
47	St. James	—	—	—	$41	$585	$2,722	53
48	St. John	—	$8,851	—	$38	$821	$4,151	31
49	St. Landry	—	$16,854	—	$60	$665	$3,963	35
50	St. Martin	—	—	—	$48	$1,088	$5,523	16
51	St. Mary	—	$9,667	—	$50	$564	$3,443	40
52	St. Tammany	—	$11,905	$2,269	$66	$640	$2,514	57
53	Tangipahoa	—	$14,348	—	$83	$526	$4,443	28
54	Tensas	—	—	—	$31	$89	$74	63
55	Terrebonne	—	$11,665	—	$67	$618	$2,648	55
56	Union	—	—	—	$49	$309	$7,296	9
57	Vermilion	—	—	—	$40	$483	$3,893	36
58	Vernon	—	$42,585	—	$29	$98	$2,179	60
59	Washington	—	—	—	$38	$369	$2,144	61
60	Webster	—	$11,452	—	$28	$589	$4,265	30
61	West Baton Rouge	—	—	—	$35	$2,023	$9,491	7
62	West Carroll	—	—	—	$43	$322	$3,628	38
63	West Feliciana	—	—	—	$132	$238	$5,499	17
64	Winn	—	—	—	$37	$176	$5,022	22
	Total In-State	—	**$14,291**	**$2,265**	**$186**	**$960**	**$8,434**	—
	Total Out-of-State	**$41,672**	—	—	**$29**	**$218**	**$8,660**	—
	Total	**$41,672**	**$14,291**	**$2,265**	**$186**	**$964**	**$8,742**	—

[1] Used other provider types based on attending NPIs when provider types resulted in an error.
[2] All Others includes all provider types not in the top ten provider types.

APPENDIX B: BUDGET CATEGORY OF SERVICES

Private Providers

A_01. Ambulatory Surgical Clinics
Provides surgical services not requiring hospitalization where expected stay of recipient does not exceed 24 hours.

A_02. Case Management Services
Assists the recipient in prioritizing and defining desired personal outcomes, defining appropriate supports and services and accessing these supports and services.

A_03. Durable Medical Equipment (DME)
Medically necessary equipment, appliances and supplies. Providers must obtain prior authorization.

A_04. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
The child-specific component of Louisiana Medicaid designed to make health care available and accessible to children. The Health Services component of EPSDT provides evaluation and treatment for children, primarily through school-based and early intervention services providers. The Louisiana screening component of EPSDT provides a framework for routine health, mental health and developmental screening of children from birth to age 21 as well as evaluation and treatment for illness, conditions or disabilities.

A_05. Early Steps
Louisiana's Early Intervention System that provides services to families with infants and toddlers from birth to three years who have a medical condition likely to result in or have a developmental delay. Services include family support coordination, occupational therapy, physical therapy, speech therapy, psychology and audiology.

A_06. Family Planning
Services to Medicaid recipients for routine family planning services including doctor's visit, counseling, contraceptives, sexually transmitted infection (STI) screening and certain lab services.

A_07. Federally Qualified Health Centers (FQHC)
Services provided by a physician or other professional, as well as supplies incidental to the physician or other professional services. Commonly known as community health centers, migrant health centers and health care for the homeless programs. FQHCs must meet federal requirements of the U.S. DHHS prior to Medicaid enrollment.

A_08. Hemodialysis Services
Dialysis treatment (including routine laboratory services), medically necessary non-routine laboratory services and medically necessary injections reimbursed to free-standing End Stage Renal Disease (ESRD) facilities.

A_09. Home Health Services
Intermittent or part-time skilled nursing services, personal care services and physical, occupational and speech therapy services provided by a licensed home health agency in accordance with the plan of treatment ordered by a physician. Certain services may require prior authorization.

A_10. Hospice Services
Palliative care for the terminally ill patient and support for the family.

A_11. Hospital – Inpatient Services
Inpatient hospital care and services. Inpatient services must be pre-certified in most instances if provided by an in-state hospital.

A_12. Hospital – Outpatient Services
Outpatient hospital care and services. Some outpatient services must be prior authorized.

A_13. Intermediate Care Facilities for the Intellectually Disabled (ICF/ID) Community Homes
Homes for the long-term care of developmentally disabled recipients.

A_14. Laboratory and X-Ray Services
Diagnostic testing performed by an independent laboratory or physician's office.

A_15. Long Term Personal Care Services (LT-PCS)
Optional services for elderly or disabled recipients over age 21 who qualify for nursing facility level of care. Personal care services are defined as services that provide assistance with the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL).

A_16. Mental Health Inpatient Services
Inpatient hospital care provided for behavioral health treatment not covered by MCOs.

A_17. Nursing Homes
Facilities that provide professional nursing and rehabilitation services on a 24-hours-a-day basis.

A_18. Program for All Inclusive Care for the Elderly (PACE)
A service model that provides health services, as well as in-home supports to individuals who are 55 years of age or older, meet certain qualifications and choose to participate.

A_19. Pediatric Day Health Care (PDHC)
Facilities that provide an array of services to meet the medical, social and developmental needs of children from birth until 21 years of age who have complex medical conditions requiring skilled nursing care and medical intervention on an ongoing basis. Services require prior authorization.

A_20. Pharmaceutical Products and Services
Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.

A_21. Physician Services
Physician and other professional services, including those of the following professionals: physicians (including specialists), certified registered nurse anesthetists, nurse midwives, nurse practitioners, optometrists and podiatrists.

A_22. Rural Health Clinics
Provides physician or other professional services and supplies incidental to the physician or other professional services. Rural health clinics must meet federal requirements of the U.S. DHHS prior to Medicaid enrollment.

A_23. Transportation: Emergency – Ambulance
Transportation provided by an ambulance for an unforeseen combination of circumstances which demands immediate attention at a medical facility to prevent serious impairment or loss of life. All services are subject to review for medical necessity of ambulance transportation.

A_24. Transportation: Non-Emergency – Ambulance
Transportation provided by an ambulance in which no other means of transportation is available and/or the recipient is unable to ride in any other type of vehicle. All services are subject to review for medical necessity of ambulance transportation.

A_25. Waiver: Adult Day Health Care (ADHC)
Provides supervised care during part of the day to adults 22 years of age or older with disabilities or elders in a licensed day care facility.

A_26. Waiver: Community Choices (CCW)
Provides services to elderly and disabled adults age 21 and older in their homes as an alternative to nursing home placement. Includes support coordination, personal assistance services, environmental modifications, adult day health care, home delivered meals and household supports.

A_27. Waiver: Most Appropriate (MAW)

Waiver: Children's Choice (CC)
Provides supplemental support to children from birth through age 18 with developmental disabilities in their homes. Includes support coordination, center-based respite, environmental accessibility adaptations and family training and family support.

Waiver: New Opportunities (NOW)
Provides home and community-based care services to individuals, age 3 and older, with developmental disabilities, as an alternative to institutional care. Includes individual/family support, respite, community integration and development, environmental accessibility adaptations, specialized medical equipment and supplies and others.

Waiver: Residential Options (ROW)
Allows recipients to utilize the principles of self-determination and supplements the family and/or the community supports that are available to maintain the individual in the community rather than institutional care. Includes support coordination, community living supports, companion care, host home, shared living, transitional services and others.

Waiver: Supports (SW)
Provides focused, individualized vocational services to individuals age 18 and older as an alternative to institutional care. Includes support coordination, day habilitation, pre-vocational services, respite, habilitation and personal emergency response system.

A_28. Other Private Provider Services
Audiology, chiropractic, personal care attendant, physical and occupational therapy, prenatal clinics, psychology, social work and other services not covered above are included here.

A_29. Supplemental Payments
Payments that the federal government allows states to reimburse set provider types (hospitals, physicians, graduate medical education, etc.) for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service.

Managed Care Providers

A_30. Managed Care – Regular
Per-Member-Per-Month (PMPM) payments for Louisiana Medicaid state plan core benefits and services provided through Medicaid managed care program. Healthy Louisiana Plans are operated by private providers.

A_31. Managed Care – Expansion
Per-Member-Per-Month (PMPM) payments for Louisiana Medicaid state plan core benefits and services provided through Medicaid managed care program to individuals made eligible for Medicaid coverage through Medicaid expansion beginning July 1, 2016. Healthy Louisiana Plans are operated by private providers.

A_32. Dental Benefit Program – Regular
Specialized dental care services for adults and children provided through a system of care managed by Managed Care of North America.

A_33. Dental Benefit Program – Expansion
Specialized dental care services for adults provided through a system of care managed by Managed Care of North America to individuals made eligible for Medicaid coverage through Medicaid expansion beginning July 1, 2016.

A_34. Louisiana Behavioral Health Partnership (LBHP)
Since December 2015, the Behavioral Health Partnership covers the Coordinated System of Care (CSoC), a specialized program for children and youth with complex behavioral health needs who are in or most at risk of out-of-home placement.

A_35. Pharmacy Rebates – Regular
The federal Medicaid Drug Rebate Program (begun in 1991) is used by states and the federal government as a means to offset costs associated with Medicaid non-Expansion pharmacy and outpatient drug claims. In addition to federal rebates, individual states are allowed to enter into agreements with drug manufacturers in order to secure additional rebates.

A_36. Pharmacy Rebates – Expansion
The federal Medicaid Drug Rebate Program is used by states and the federal government as a means to offset costs associated with Medicaid Expansion pharmacy and outpatient drug claims. In addition to federal rebates, individual states are allowed to enter into agreements with drug manufacturers in order to secure additional rebates.

Public Providers

B_01. LSU – Facilities
The LSU Medical Facilities have been transitioned to Private-Public Partnerships with the exception of Lallie Kemp Medical Center (Independence), which was still publicly operated as of SFY 2017/18.

B_02. LSU – Physicians
Services through LSU-related providers which are not associated with LSU hospitals or distinct part psychiatric units. These may include clinics, professional services, lab work, etc.

B_03. LDH – State Developmentally Disabled Facilities
State-operated homes for DD recipients.

B_04. LDH – Villa Feliciana Nursing Home
State-operated facility that provides professional nursing and rehabilitation services provided on a 24-hour basis at Villa Feliciana Medical Complex.

B_05. LDH – Office of Public Health
Provides preventive health services and screenings through community health programs.

B_06. LDH – Office of Behavioral Health
Provides services and supports for individuals with mental illness and addictive disorders.

B_07. LDH – Human Services Districts
10 Regional entities that provide resources and programs for community support and rehabilitation such as supported living, support coordination and vocational and rehabilitation services. The available programs vary by region.

B_08. State – Education
Louisiana Special Education Center and Louisiana School for the Deaf.

B_09. Local Education Agencies for School Based Health (SBH) Services
Services provided by local education agencies including physical therapy, occupational therapy, speech language therapy, audiology services, behavioral health services and nursing services.

Buy-Ins and Supplements

C_01. Medicare Premiums and Supplements
Payments made for or on behalf of other primary coverage that minimizes expenses and liability to Louisiana Medicaid including Medicare, Optional State Supplement (OSS) and Louisiana Health Insurance Premium Payment Program (LaHIPP).

Payments to CMS for Medicare
Permit the state, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet Medicare eligibility requirements. These payments are mostly Medicare Buy-in premiums paid on behalf of Medicaid-eligible recipients. In some cases, may also pay Part A and Part B deductibles, coinsurance and co-payments. This program helps people with Medicare who have limited income and resources.

Optional State Supplement (OSS)
A state funded payment, established from SCR 133, of up to $8.00 per month based on eligibility criteria to supplement federal SSI payments, which is made to individuals who are aged, blind or disabled and reside in a non-psychiatric Medicaid long-term care facility. These funds are designated for the personal care needs of the individual(s).

Louisiana Health Insurance Premium Payment Program (LaHIPP)
A Medicaid funded program that reimburses the policyholder some or all of their private health insurance premium, cover the out-of-pocket costs for the Medicaid members/beneficiaries, and allows access to a larger network of providers. To qualify, at least one member of the family must have Medicaid coverage and private health insurance: either employer sponsored Insurance (ESI) or Individual Health Insurance

C_02. Part D Clawback
Mandatory state dollars paid to CMS beginning in January 2006 to help finance Medicare prescription drug coverage offered under Part D for dual eligibles. The amount a state must pay depends on guidelines the federal government has established under the Medicare Modernization Act (MMA).

Uncompensated Care Costs

D_01. LSU – Facilities
For included hospitals refer to number B_01 under Public Providers.

D_02. LDH – Office of Behavioral Health

D_03. Private Hospitals

APPENDIX C: GLOSSARY

Applied Behavior Analysis (ABA): The program that provides community-based behavioral and psychological services to individuals under 21 years of age who have been diagnosed with a condition for which ABA services are considered appropriate, such as autism spectrum disorders. Services were made available through Medicaid in 2014. It was moved into managed care beginning February 2018.

Breast and Cervical Cancer Program: The program provides full Medicaid benefits to uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program. These women have been diagnosed with breast or cervical cancer or a pre-cancerous condition and are in need of treatment. The Medicaid program does not have income or resource limits, but the CDC requires that the income be less than 200% of the FPG. After February 2016 most individuals covered by this program were eligible for Healthy Louisiana.

Child Health and Maternity Program (CHAMP) – Child: Medicaid eligibility for poverty-level children under the age of 19 who are eligible for Medicaid if they meet all program requirements.

Child Health and Maternity Program (CHAMP) – Pregnant Woman: Medicaid eligibility for a CHAMP Pregnant Woman may begin at any time during a medically verified pregnancy and as early as three months prior to the month of the application if all requirements of the program are met.

Centers for Medicare and Medicaid Services (CMS): The federal agency charged with overseeing and approving states' implementation and administration of the Medicaid and Medicare programs.

Chisholm v. Abraham: A class action brought by Medicaid beneficiaries who fall into the EPSDT Program. The class is defined as Medicaid eligible beneficiaries under 21 years of age who are on the Developmental Disabilities Request for Services Registry. LDH is required to offer support coordination to all class members. The LDH Health Standards Section must also monitor all agencies that provide the support coordination services to assure the staff that provide the services are in compliance with all of the provisions of the settlement agreements, manuals, and training materials.

Clawback Payment: The 2003 Medicare Prescription Drug, Improvement, and Modernization Act (MMA) created Medicare Part D and transitioned, from Medicaid to Medicare, prescription drug coverage for those who were eligible for Medicare and full Medicaid benefits. It also required states to make payments to cover the cost of Medicare Part D benefits. These payments, known as state phased-down (SPD) contributions or clawback payments, are calculated based on prescription drug costs, the state's share of most Medicaid costs, a phased-down adjustment factor, and the number of full Medicaid benefit dual eligibles in the state. CMS annually notifies states of their payment amount for the following year.

Co-payment: A fixed dollar amount paid by a Medicaid enrollee at the time of receiving a covered service from a participating provider.

Department of Health and Human Services (DHHS): DHHS administers many of the "social" programs at the federal level that deal with the health and welfare of citizens of the United States. It is the federal department responsible for the Centers for Medicare and Medicaid Services.

Disproportionate Share Hospitals (DSH): Payments made by the Medicaid program to hospitals designated as serving a disproportionate share of low-income or uninsured patients. DSH payments are in addition to regular Medicaid payments for providing care to Medicaid beneficiaries. The maximum amount of federally matched funds available annually to individual states for DSH payments is specified in the federal Medicaid statute.

Disabled Adult Child (DAC): Provides Medicaid coverage to individuals over the age of 18 who became blind or disabled before the age of 22 and has lost SSI eligibility on or after July 1, 1987, as the result of entitlement to or increase in Retirement, Survivors and Disability Insurance (RSDI).

Disabled Widows and Widowers: Provides Medicaid coverage to disabled widows/widowers (between the ages of 50 and 59) who would be eligible for SSI had there been no elimination of the reduction factor in the federal formula and no subsequent cost-of-living adjustments.

Deficit Reduction Act of 2005 (DRA): Enacted in February 2006 to reduce the rate of federal and state Medicaid spending growth through new flexibility on Medicaid premiums, cost sharing and benefits, along with tighter controls on asset transfers in order to qualify for long-term care through Medicaid.

Direct Waiver Payments: Payments made on behalf of HCBS Waiver recipients for services, such as support coordination, assistive devices, home health care, respite care, personal care attendant, supported employment, environmental modifications, personal emergency response systems, companion service, transition and transportation to and from services or medical care, etc.

Dual Eligible: Individuals who are entitled to Medicare and are eligible for full or partial Medicaid benefits. Medicaid may pay for all or a portion of Medicare Part A and B premiums, co-payments and deductibles for dual eligibles.

Eligible: A person who is qualified for Medicaid but may or may not be enrolled.

Enrollee: A person who is Medicaid eligible, has applied for and was approved by the Medicaid program to receive benefits regardless of whether he or she received any service and/or any claims were filed on his or her behalf. Refer to the technical note on page 6 for more details.

Expansion: Medicaid expansion under the Affordable Care Act was put into place in Louisiana in SFY 2016/17. Individuals age 19 through 64 who are not eligible for Medicaid in another program and are not already enrolled in Medicaid may enroll through Medicaid expansion.

Expenditure: In this report, expenditure refers to fiscal information derived from the financial system of the LaGOV Enterprise Resource Planning System – Finance Module (LaGOV). LaGOV reports the program expenditures after all claims and financial adjustments have been taken into account.

Family Independence Temporary Assistance Program (FITAP): In Louisiana, Temporary Assistance for Needy Families (TANF) is provided under a program known as the FITAP. This program provides temporary assistance for needy pregnant women and families with minor children under Title IV-A of the Social Security Act. The program provides eligible individuals with cash assistance and supportive services if those families meet eligibility requirements and are otherwise complying with FITAP requirements.

Family Opportunity Act (FOA): Implemented in October 2007 under the DRA, FOA is a buy-in program that grants Medicaid access to children who have a disability, but have maxed out their private health insurance or are ineligible for Supplemental Security Income (SSI), Medicaid, or LaCHIP because of parent income or private health insurance. FOA covers children up to 300% of the FPG. Cost sharing is required. The program offers full Medicaid benefits, though most of FOA enrollees have other health care coverage and only use the Medicaid coverage for wrap-around of services and benefits not covered through their private plan. FOA enrollees are required to keep employer sponsored insurance if the employer is paying at least 50% of the total annual premium.

Federal Fiscal Year (FFY): The FFY starts October 1 and ends September 30 of the following calendar year.

Federal Medical Assistance Percentage (FMAP): FMAP is the percentage the federal government will match on state money spent on Medicaid; also known as Federal Financial Participation (FFP).

Fee-for-Service (FFS): A model of payment in which Louisiana Medicaid pays each service provider directly based on the services provided to Medicaid recipients. While Louisiana Medicaid has been moving away from the FFS model in favor of managed care; there are still FFS programs and enrollees. Some populations are excluded from managed care, and there are some services which are exclusive to payment under FFS such as waiver services, long-term care and services through intermediate care facilities for the developmentally disabled.

Financial Eligibility: Limits on the amount of income and the amount of resources an individual is allowed to have in order to qualify for coverage.

Full Dual Eligible: Medicare beneficiary who is eligible for full Medicaid services. Medicaid pays the deductible and co-payments for Medicare services and may cover other Medicaid services not covered by Medicare.

Healthy Louisiana: The term used for the managed care Health Plans which coordinate physical health care for Medicaid recipients. Healthy Louisiana consists of six health plans which have the same core benefits and services, but may offer recipients enhanced benefits.

Inflation: An overall general price level increase of goods and services in an economy, usually measured by the Consumer Price Index (CPI) and the Producer Price Index (PPI) by the Bureau of Economic Analysis.

LaMOMS: Medicaid program that provides pregnancy-related services, delivery and care up to 60 days after delivery for women with income up to 138% of the FPG.

Louisiana Behavioral Health Partnership (LBHP): A fully integrated managed care system for behavioral health. LBHP coordinates services across multiple agencies and is operated by Magellan Health Services, Inc.

Long-Term Care (LTC): An applicant/recipient may be eligible for Medicaid services in the LTC program if he or she requires medical assistance for a defined activity of daily living (ADL) such as dressing, eating, bathing, ambulation, etc. These services may be provided either in a facility, in an individual's home or in the community.

Louisiana Children's Health Insurance Program (LaCHIP): As a result of the Federal Balanced Budget Act of 1997 and the Social Security Act, the federal government has provided states with funding for a state children's health insurance program with enhanced FMAP. In Louisiana, the program is called LaCHIP. LaCHIP is a Medicaid expansion that covers children less than 19 years old and up to 217% of the FPG.

LaCHIP Affordable Plan (LAP): A stand-alone program that provides Medicaid coverage for children under the age of 19 not covered by health insurance and is below 255% FPG. Some cost sharing is associated with LAP through monthly premiums and co-payments.

Low Income and Needy Care Collaboration Agreement (LINCCA): Agreements between private hospitals, and public state and local hospitals and hospital districts that allow private hospitals to take on services for low-income and needy patients which alleviates the financial strain upon the government entities that can then utilize those funds to supplement the Medicaid program and draw down federal financial participation. There is no legal obligation to contribute funding to the Medicaid supplemental payment program and is done at their sole discretion.

Managed Care: A health care delivery system that manages the delivery of Medicaid services through contracted arrangements between state Medicaid and managed care entities (MCE).

Mandatory Services: In order to receive federal Medicaid funding, each state must agree to provide mandatory services to the Medicaid eligible population. Along with mandatory services, states are free to offer optional services and receive federally matched funds for all of them. Some programs are limited by eligibility requirements or service limits, but all Medicaid services must be provided to enrolled children under age 21 if the services are deemed medically necessary.

Medicaid Purchase Plan (MPP): Allows working individuals up to 100% of the FPG with disabilities to "buy in" to Louisiana Medicaid health coverage. It was implemented in January 2004. This optional Medicaid program was authorized by the Ticket to Work Act and Work Incentives Improvement Act of 1999. Before SFY 2014/15, individuals whose income exceeded 100% of FPG were allowed to pay a premium to gain access to this program. As of July 2014, individuals were only allowed to take part in this program if they had an income of 100% of the FPG or less and do not pay any premiums. MPP provides full medical coverage.

Medically Needy Program (MNP): Provides Medicaid coverage in a categorical assistance program when income and resources of the individual or family are sufficient to meet basic needs, but are not sufficient to meet medical needs according to the state's established Medically Needy standards. Within the MNP there are two groups of individuals or families whose medical expenses spend down (reduce) their income to levels at or below the Medically Needy Income Eligibility Standards (MNIES). The first of these is Spend-down Medically Needy, which can apply to Children, Parents and Caretaker Relatives as well as individuals who are aged, blind, or have a disability and are not institutionalized. The second Spend-down group is Long Term Care (LTC) Spend-down Medically Needy, which is available to individuals or couples residing in Medicaid LTC facilities whose resources are within Medicaid limits but whose income exceeds the special income limit. Similar to regular Spend-down Medically Needy, LTC Spend-down applicants must have a reduced income due to medical expenses.

Medical Vendor Administration (MVA): Responsible for the development, implementation, and enforcement of the administrative and programmatic policies of the Medicaid program with respect to eligibility.

Medical Vendor Payments (MVP): The financial entity from which all health care providers serving Medicaid enrollees and the uninsured and the managed care plans are paid.

Medicare: Like Medicaid, Medicare was created by the Social Security Act of 1965, but the two are different. Medicare is a federally paid and administrated insurance program that has four parts of coverage: Parts A, B, C, and D.

Medicare Part A: The hospital insurance portion of Medicare. Part A covers inpatient hospital care, skilled nursing facility care, some home health agency services and hospice care.

Medicare Part B: The supplementary or "physicians" insurance portion of Medicare. Part B covers services of physicians/other suppliers, outpatient care, medical equipment and supplies, and other medical services not covered by the hospital insurance part of Medicare.

Medicare Part C: Provides for a managed care delivery system for Medicare services.

Medicare Part D: Provides Medicare beneficiaries with assistance paying for prescription drugs. It was enacted as part of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) and went into effect on January 1, 2006. Unlike coverage in Medicare Parts A and B, Part D coverage is not provided within the traditional Medicare program. Instead, beneficiaries must affirmatively enroll in one of the many hundreds of Part D plans offered by private companies.

Non-Waiver Payments: All other payments, besides those for direct waiver services, made on behalf of HCBS Waiver recipients, such as physician, hospital, pharmacy, etc.

Parents and Caretaker Relative Group: Provides Medicaid coverage to individuals living with and assuming primary responsibility for the care of a dependent child under the age of 18. This group includes individuals with income less than or equal to 24% of the FPG.

Partial Dual Eligible: Medicare beneficiary who does not qualify for full Medicaid services. Medicare Savings Program serves the partial eligibles by assisting with Medicare premium and cost sharing programs through the Medicaid program.

Payment: Refers to information derived from the claims-based data sets produced by the Medicaid fiscal intermediary and the Medicare Buy-in and Part D premiums. Refer to the technical note on page 6 for a detailed explanation.

Personal Care Services (LTC/PCS/PAS): Services under the state plan, that offers EPSDT, Long Term Care, Personal Assistance Services and Personal Care Services.

Personal Care Waiver Services: Services that provide companion services offered by Home and Community-Based Service (HCBS) Waivers.

Prior Authorization: A management tool used to verify whether proposed treatments/services are medically necessary and appropriate for the patient.

Program for All-Inclusive Care for the Elderly (PACE): Program that coordinates and provides all needed preventive, primary, acute and long-term care services so that older individuals can continue to live in the community.

Provider: A person, group or agency that provides a covered Medicaid service to a Medicaid recipient.

Provisional Medicaid: Implemented in February 2014 to cover individuals with disabilities and those age 65 and older who meet criteria for Supplemental Security Income (SSI) but are not currently receiving it. Provisional Medicaid allows individuals to receive full Medicaid services while their application for SSI is being considered by the Social Security Administration (SSA). Provisional Medicaid covers individuals with incomes of up to 74% of the FPG and assets of up to $2,000 ($3,000 for couples).

Qualified Medicare Beneficiary (QMB): Individuals who have income up to 100% of the FPG or less, have resources that do not exceed twice the limit for SSI eligibility. Medicaid pays their Medicare Part A premiums, if any, Medicare Part B premiums, Part D, Medicare deductibles and coinsurance for Medicare services provided by Medicare providers.

Qualifying Individuals-1 (QI-1): Went into effect January 1, 1998. There is an annual cap on the amount of money available, which may limit the number of individuals in the group. These individuals are entitled to Medicare Part B, have income of 120% to 135% of FPG, have resources that do not exceed twice the limit for SSI eligibility and are not otherwise eligible for Medicaid.

Recipient: A person is considered a 'recipient' if any claims related transaction(s) or Medicare Buy-in or Part D premium payment(s) occurred on behalf of that person during the state fiscal year. The data for this report is based on a claim's date of payment (DOP). Refer to the technical note on page 6 for a detailed explanation.

Request for Services Registry (RFSR): A list of people in Louisiana who have requested waiver services from the Office for Citizens with Developmental Disabilities (OCDD), whether they need these services now or in the future. Everyone who has requested services that has a current statement of approval and has completed a screening for urgency of need is on the registry.

Slot: Medicaid Waivers are limited to a certain number of recipients based on funding availability and recommendations by CMS. The available positions are referred to as slots.

Specified Low-Income Medicare Beneficiary (SLMB): Medicaid pays their Medicare Part B premium only. The eligibility requirements are the same as for the Qualified Medicare Beneficiary (QMB) except that income limits fall between 100% and 120% of FPG.

State Fiscal Year (SFY): The SFY starts July 1 and ends June 30 of the following calendar year.

State Plan: The State Plan is the formal agreement between Louisiana and Centers for Medicare and Medicaid Services (CMS) regarding the policies governing the administration of the state's Medicaid program. Amendments to the State Plan must be submitted to CMS for review and approval no later than the end of the quarter in which the amendment becomes effective. Federal financial participation (FFP) for any added costs is not available to the state until the amendment is approved.

Supplemental Payments: Payments that the federal government allows states to reimburse set provider types (hospitals, physicians and ambulance) for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service.

Supplemental Security Income (SSI): A federal cash assistance program for low-income aged, blind and disabled individuals established by Title XVI of the Social Security Act. States may use SSI income limits to establish Medicaid eligibility.

System of Care: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families. It is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community and throughout life.

Take Charge Plus: Medicaid's Take Charge waiver program was replaced with the Take Charge Plus (TCP) state plan program in July 2014. Under this state plan program, women and men of any age with an income at or below 138% of the FPG are covered for testing and treatment for sexually transmitted infections, contraception and well visits and prescriptions related to family planning. Most individuals formerly covered under TCP now qualify for full Medicaid benefits under the Adult Group. TCP is maintained for those who do not qualify for full Medicaid benefits or enrollment in Healthy Louisiana. These benefits are provided under the FFS program only. These services include education and counseling, contraceptive medication and supplies, sexually transmitted infection (STI) screening and treatment, voluntary sterilization procedures and yearly physical exams.

Temporary Assistance for Needy Families (TANF): TANF, commonly known as welfare, is the monthly cash assistance program for poor families with children under the age of 18. The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (Pub. L. 104-193), as amended, is the welfare reform law that established the TANF program.

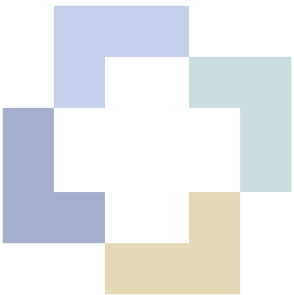
Uncompensated Care Costs (UCC): Payments to hospitals for providing inpatient and outpatient care for uninsured and low income individuals who are not financially capable of paying for the medical services they receive. These hospitals are Disproportionate Share Hospitals, meaning they provide a certain percentage of their total patient care to the indigent population.

Unduplicated (Eligible/Recipient): An unduplicated eligible/recipient is a uniquely counted eligible/recipient who is counted only once during a given period for any particular category of interest.

Upper Payment Limit (UPL): Payments that the federal government allows states to reimburse hospitals for certain uncompensated care provided under Medicaid at an amount equal to what Medicare would have paid for the same service, which is typically at a higher amount. UPL is financed with both state and federal matched funds.

Waiver: A Medicaid waiver grants states permission to waive certain federal requirements in order to operate a specific kind of program. Federal law allows states to enact two types of Medicaid waivers: Program Waivers [1915 (b), 1915 (c)] and Research and Demonstration Waivers [1115].

Youth Aging Out of Foster Care: Provides Medicaid coverage to youth between the ages of 18 and 21 who are transitioning out of foster care in Louisiana.

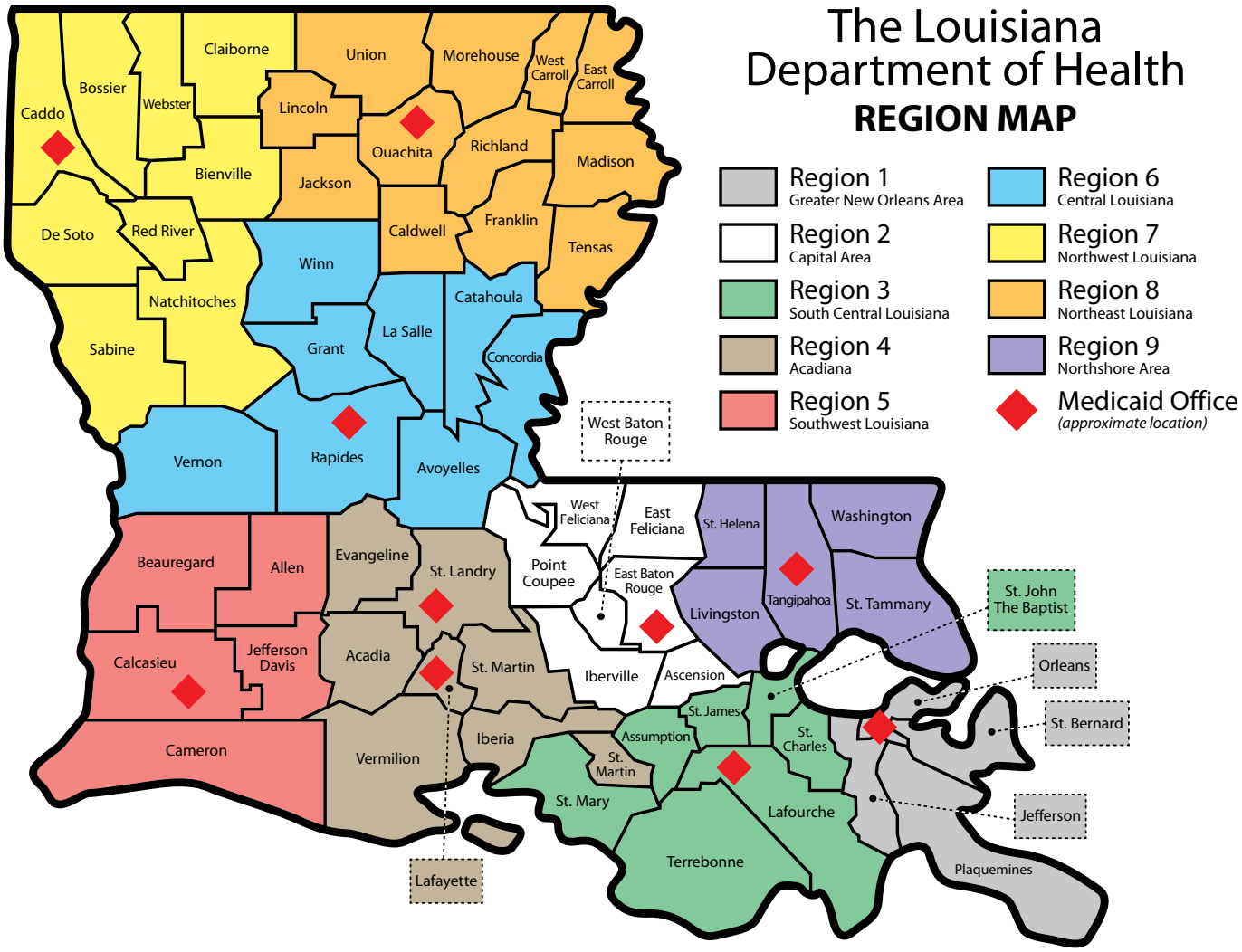


APPENDIX D: ACRONYMS

ABA	Applied Behavior Analysis
ACA	Affordable Care Act
ADHC	Adult Day Health Care
ADL	Activities of Daily Living
AFDC	Aid to Families with Dependent Children *(Now LIFC)*
BCOS	Budget Category of Service
BHSF	Bureau of Health Services Financing *(Also Medicaid)*
BOE	Basis of Eligibility
CC	Children's Choice Waiver
CCW	Community Choices Waiver
CDC	Centers for Disease Control
CHAMP	Child Health and Maternity Program
CMS	Center for Medicare and Medicaid Services
CPI	Consumer Price Index
CSoC	Coordinated System of Care
CWO	Child Welfare Office
CY	Calendar Year
DAC	Disabled Adult Child
DBPM	Dental Benefits Plan Manager
DD	Developmentally Disabled
DHHS	Department of Health and Human Services
DME	Durable Medical Equipment
DOE	Department of Education
DOP	Date of Payment
DOS	Date of Service
DRA	Deficit Reduction Act of 2005
DSH	Disproportionate Share Hospitals
ESO	Economic Stability Office
EDA	Elderly and Disabled Adult
EHR	Electronic Health Records
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESRD	End Stage Renal Disease
FFP	Federal Financial Participation *(Also FMAP)*
FFS	Fee-for-Service
FFY	Federal Fiscal Year
FITAP	Family Independence Temporary Assistance Program
FMAP	Federal Medical Assistance Percentage
FOA	Federal Opportunity Act
FPG	Federal Poverty Guidelines
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
FSO	Family Support Organizations
GNOCHC	Greater New Orleans Community Health Connection
HCBS	Home and Community-Based Services
HCSD	Health Care Services Division
HEDIS	Healthcare Effectiveness Data and Information Set
HIT	Health Information Technology
HSC	Health Sciences Center
IADL	Instrumental Activities of Daily Living
ICF/ID	Intermediate Care Facility – Intellectually Disabled
LaCHIP	Louisiana Children's Health Insurance Program
LaGOV	LaGOV Enterprise Resource Planning System – Finance Module
LaHIPP	Louisiana Health Insurance Premium Payment
LAP	LaCHIP Affordable Plan
LBHP	Louisiana Behavioral Health Partnership
LDH	Louisiana Department of Health
LIFC	Low Income Families with Children
LINCCA	Low Income and Needy Care Collaboration Agreement
LIS	Low Income Subsidy
LSU	Louisiana State University
LSUMC	Louisiana State University Medical Center
LTC	Long Term Care
LT-PCS	Long Term – Personal Care Services
LTSS	Long Term Services and Supports
MAGI	Modified Adjusted Gross Income

MARS	Management Administrative Reporting Subsystem
MCE	Managed Care Entity
MCO	Managed Care Organization
MD	Medical Doctor
MDW	MARS Data Warehouse
MLTSS	Managed Long Term Supports and Services
MMA	Medicare Modernization Act of 2003
MMIS	Medicaid Management Information System
MNP	Medically Needy Program
MPP	Medicaid Purchase Plan
MSP	Medicare Savings Program
MVA	Medical Vendor Administration
MVP	Medical Vendor Payment
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NCQA	National Committee for Quality Assurance
NEMT	Non-Emergency Medical Transportation
NOW	New Opportunities Waiver
OAAS	Office of Aging and Adult Services
OBH	Office of Behavioral Health
OCDD	Office For Citizens with Developmental Disabilities
OLOL	Our Lady of the Lake
OMF	Office of Management and Finance
OOS	Out-of-State
PACE	Program of All-Inclusive Care for the Elderly
PAS	Personal Assistance Services
PCCM	Primary Care Case Management
PCP	Primary Care Physician/Provider
PCS	Personal Care Services
PMPM	Per-Member-Per-Month
PSH	Permanent Supportive Housing
PSP	Prohibited SSI Provisions
QDWI	Qualified Disabled Working Individual
QI	Qualified Individuals
QMB	Qualified Medicare Beneficiary
RFP	Request for Proposal
RFSR	Request for Services Registry
ROW	Residential Options Waiver
RSDI	Retirement, Survivors and Disability Insurance
SBH	School Based Hospital
SCHIP	State Children's Health Insurance Program
SFY	State Fiscal Year
SGA	Substantial Gainful Activity
SLMB	Specified Low-Income Beneficiary
SMO	Statewide Management Organization
SSA	Social Security Administration
SSI	Supplemental Security Income
SW	Supports Waiver
TANF	Temporary Aid for Needy Families
TB	Tuberculosis
UCC	Uncompensated Care Costs
UPL	Upper Payment Limit
WAA	Wrap Around Agencies

APPENDIX E: MEDICAID OFFICE INFORMATION



ALEXANDRIA
Rapides Parish
1507 Lee Street
Alexandria, LA 71301

BATON ROUGE
Eat Baton Rouge Parish
2521 Wooddale Boulevard
Baton Rouge, LA 70805

HAMMOND
Tangipahoa Parish
45615 University Park Avenue
Hammond, LA 70401

LAFAYETTE
Lafayette Parish
117 Production Drive
Lafayette, LA 70508

LAKE CHARLES
Calcasieu Parish
620 Esplanade Street, Suite 201
Lake Charles, LA 70601

MONROE
Ouachita Parish
24 Accent Drive, Suite 119
Monroe, LA 71202

NEW ORLEANS
Orleans Parish
1450 Poydras Street, Suite 1018
New Orleans, LA 70112

OPELOUSAS
St. Landry Parish
6069 I-49 Service Road, Suite B
Opelousas, LA 70570

SHREVEPORT
Caddo Parish
3020 Knight Street, Suite 100
Shreveport, LA 71105

THIBODAUX
Lafourche Parish
1222 Tiger Drive
Thibodaux, LA 70301

EXHIBIT 96

Marc Roemer, HHS, Agency for Healthcare Research and Quality, *Costs of Emergency Department Visits in the United States, 2021* (September 2024)

AHRQ Agency for Healthcare Research and Quality
H·CUP HEALTHCARE COST AND UTILIZATION PROJECT

Costs of Treat-and-Release Emergency Department Visits in the United States, 2021

Statistical Brief #311 | September 2024

Marc Roemer, M.S.

Introduction

Expenditures on hospital care in the United States increased by 11.0 percent from 2019 to 2021[1] despite a decrease in the volume of inpatient stays[2] and emergency department (ED) visits[3,4] during the COVID-19 pandemic. Most hospital inpatient stays in 2021 (59.1 percent) included evidence of ED services prior to admission.[5] Further, in 2021, 18.0 percent of adults in the United States reported that they had an ED visit during the previous 12 months.[6] Therefore, the volume of patient visits to the ED, the associated service delivery costs, and the variation in the volume of ED visits by patient and hospital characteristics remain important health policy concerns.[7]

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents statistics on the cost of treat-and-release ED visits (i.e., visits that did not result in an admission to the same hospital) in the United States. The statistics are based on the 2021 HCUP Nationwide Emergency Department Sample (NEDS). Costs for ED visits were estimated using the HCUP Cost-to-Charge Ratios (CCRs) for ED files and they reflect the expenses incurred in the production of ED services such as wages, salaries, supplies, and utilities. ED visits considered in this Statistical Brief include only patients who were treated and released from the ED, not those who were admitted for an inpatient stay. Aggregate costs, the average cost, and the number of ED visits are presented by patient and hospital characteristics. Because of the large sample size of the NEDS, small differences can be statistically significant. Thus, only percentage differences greater than or equal to 10 percent are discussed in the text.

Highlights

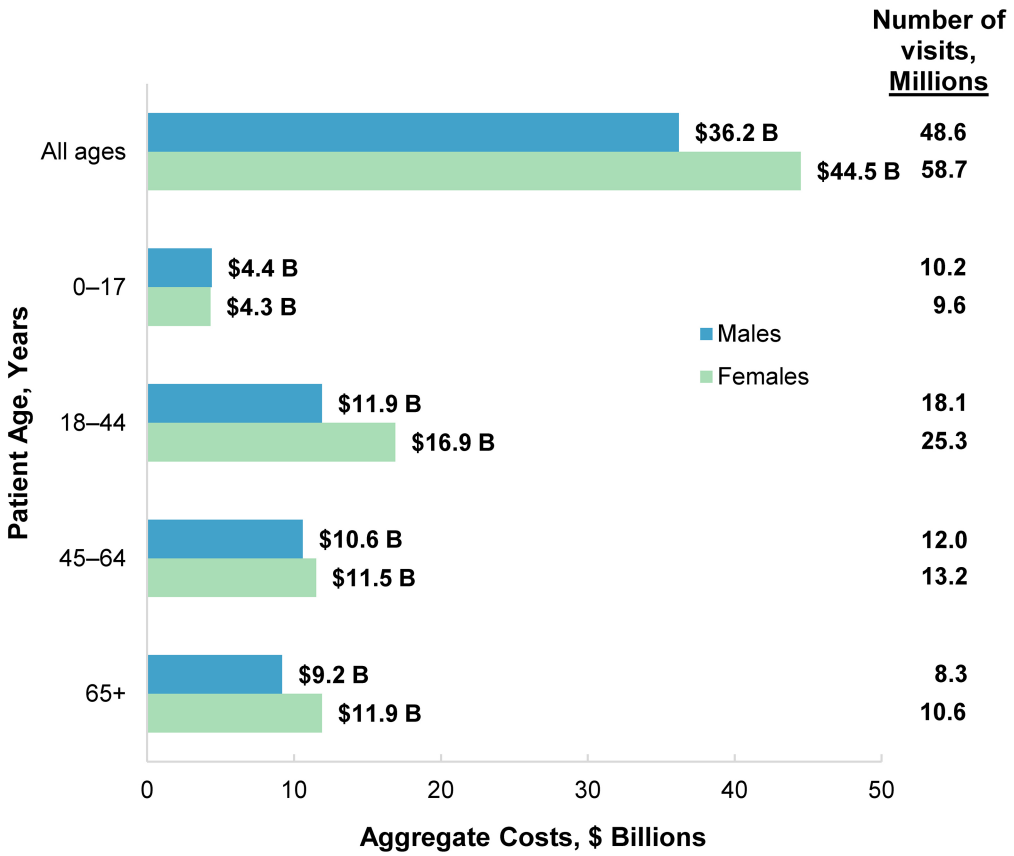
- In 2021, there were 107.4 million treat-and-release emergency department (ED) visits in the United States, with aggregate costs amounting to $80.3 billion (B).
- Aggregate costs were higher for females ($44.5 B) than for males ($36.2 B).
- ED costs for patients residing in large metropolitan areas totaled $42.0 billion in 2021, which represents 52.4 percent of the $80.3 billion spent on treat-and-release ED visits in the United States
- Patients aged 18–44 years represented the largest share of aggregate costs in large metro areas and small metro areas, at 37.1 percent and 36.0 percent, respectively. In rural areas, patients aged 65 and older accounted for the largest share at 35.2 percent.
- ED visits for which the expected payer was private insurance represented the largest share of aggregate ED costs among those living in large metropolitan areas at 34.5 percent. Medicare represented the largest expected cost share for micropolitan areas (33.8 percent) and rural areas (37.4 percent).
- The largest shares of ED visit volume and costs occurred in hospitals in the South, in nonprofit hospitals, in teaching hospitals, and in hospitals that were not trauma centers.

Findings

Aggregate Costs for Treat-and-Release ED Visits by Patient Sex and Age, 2021

Figure 1 presents aggregate costs for treat-and-release ED visits by patient sex and age in 2021.

Figure 1. Aggregate treat-and-release ED visit costs, by patient age and sex, 2021



Abbreviations: ED = emergency department; B = billion.

Notes: Statistics for treat-and-release ED visits with missing or invalid patient characteristics are not presented. Patient age and sex were each missing for <0.1 percent of ED visits. The order of data in the exhibit matches the order of labels in the legend.

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **Aggregate costs for ED visits in 2021 were higher overall for females than they were for males.**

  Of the $80.3 billion in aggregate costs for ED visits in 2021, females accounted for $44.5 billion (55.4 percent), and males accounted for $36.2 billion (45.1 percent). This cost differential was largely driven by a difference in ED visit volume, with females having a larger number of ED visits than males (58.7 visits versus 48.6 million visits). Females had higher aggregate costs for ED visits and a higher number of ED visits than males for the 18–44 and 65 and older age groups. The difference between the sexes was greatest among patients aged 18–44, with the number of ED visits being 39.8 percent greater and the aggregate ED visit costs being 42.0 percent greater for females.

Cost of Treat-and-Release ED Visits by Patient Characteristics, 2021

Table 1 presents the aggregate costs and the average cost for treat-and-release ED visits and the number of ED visits by select patient characteristics in 2021. The distribution of aggregate costs and visits is also presented.

Table 1. Aggregate costs, average cost per visit, and number of treat-and-release ED visits, by patient characteristic, 2021

Patient Characteristic	Aggregate costs		Average cost per visit, $	Number of visits	
	$, billions	%		N, millions	%
Total	**80.3**	**100.0**	**750**	**107.4**	**100.0**
Age group, years					
0–17	8.7	10.8	440	19.8	18.5
18–44	28.8	35.7	660	43.4	40.4
45–64	22.2	27.4	880	25.2	23.4
65+	21.1	26.1	1,110	19.0	17.7
Sex					
Female	44.5	55.1	760	58.7	54.7
Male	36.2	44.9	740	48.6	45.3
Primary expected payer					
Medicare	22.5	27.9	1,040	21.5	20.1
Medicaid	21.4	26.6	600	35.6	33.2
Private insurance	25.9	32.1	790	32.8	30.6
Self-pay/No charge*	7.6	9.5	610	12.5	11.7
Other	3.2	4.0	690	4.7	4.4
Community-level income					
Quartile 1 (lowest)	24.4	30.8	670	36.7	34.7
Quartile 2	20.3	25.6	720	28.2	26.8
Quartile 3	18.7	23.5	810	23.1	21.9
Quartile 4 (highest)	15.9	20.1	910	17.5	16.6
Location of patient's residence					
Large metropolitan area	42.0	52.4	790	53.2	49.9
Small metropolitan area	23.7	29.5	700	33.7	31.6
Micropolitan areas	8.4	10.5	710	11.8	11.1
Rural area	6.1	7.6	770	7.9	7.4
Discharge status					
Routine discharge	71.1	87.9	710	99.7	92.8
Transfer†	6.6	8.2	1,560	4.2	3.9
All other dispositions‡	3.1	3.9	900	3.5	3.2

Abbreviation: ED = emergency department.

Notes: Statistics for treat-and-release ED visits with missing or invalid patient characteristics are not presented. Patient age, sex, expected payer, and community-level income were missing for <0.1 percent, <0.1 percent, 0.2 percent, and 1.7 percent of ED visits, respectively. Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted); see Definitions section.

* Includes self-pay, no charge, charity, and no expected payment.

† Includes both transfer to a different short-term hospital and transfer to other facilities such as skilled nursing facilities, intermediate care facilities, and another type of facility.

‡ Includes home healthcare, against medical advice, died in the ED, and destination unknown.

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **In 2021, aggregate costs for ED visits totaled $80.3 billion across 107.4 million treat-and-release ED visits, with an average cost per visit of $750.**

  Aggregate costs for treat-and-release ED visits totaled $80.3 billion in the United States in 2021, encompassing 107.4 million ED visits with an average cost per visit of $750.

- **The average cost per visit was lowest for children and highest for those in the 65 and older age group.**

  The average cost per ED visit increased with age; the average cost was $440 for children and $1,110 for patients aged 65 and older.

- **Medicare and Medicaid together accounted for 54.4 percent of ED visits and 55.3 percent of aggregate costs.**

  Among primary expected payers, Medicare had the highest average cost per ED visit at $1,040. Medicaid as the primary expected payer had an average cost of $600, which was 42.3 percent lower than Medicare.

- **With increasing community-level income, the share of visits and aggregate costs decreased and the average cost per visit increased.**

  The share of ED visits and ED visit costs decreased as community-level income increased. Patients residing in the lowest income communities (quartile 1) represented 30.8 percent of aggregate ED visit costs and 36.7 percent of ED visits. Patients residing in the highest income communities (quartile 4) constituted 20.1 percent of aggregate ED costs and 17.5 percent of ED visits. However, the average cost per visit increased as community-level income increased, ranging from $670 in communities with the lowest income (quartile 1) to $910 in communities with the highest income (quartile 4).

- **The greatest proportion of ED visits and aggregate costs for ED visits was composed of patients residing in large metropolitan areas.**

  Aggregate costs for patients residing in large metropolitan areas totaled $42.0 billion in 2021, which was 52.4 percent of the $80.3 billion in costs for ED visits for the entire United States. In addition, about half of ED visits (53.2 percent) were for residents of these areas. The average cost ranged from $700 per visit for residents of small metropolitan areas to $790 per visit for residents of large metropolitan areas.

- **Routine discharge was the most frequent discharge status for patients who were treated and released from the ED. There were 99.7 million total routine discharge visits, which accounted for 92.8 percent of all treat-and-release ED visits in the United States.**

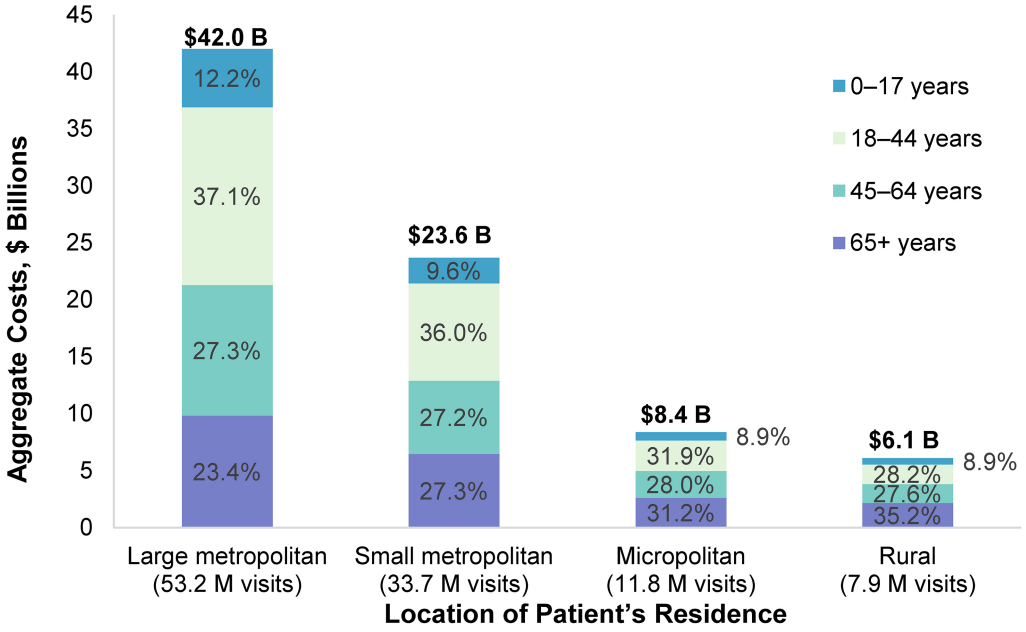
  Of the 107.4 million treat-and-release ED visits in the United States in 2021, 92.8 percent were routine discharges and 3.9 percent were transfers. The cost per visit was substantially higher for transfers than it was for routine discharges ($1,560 vs. $710).

Distribution of Aggregate Costs for ED Visits by Location of Patient Residence and Select Patient Characteristics, 2021

Figures 2, 3, and 4 present the distribution of aggregate costs for treat-and-release ED visits by the location of the patient's residence and patient age (Figure 2), by community-level income (Figure 3), and by primary expected payer (Figure 4).

Figure 2 presents the distribution of aggregate costs for treat-and-release ED visits by the location of the patient's residence in 2021 and patient age group.

Figure 2. Distribution of aggregate costs for treat-and-release ED visits by patient location and age group, 2021



Abbreviations: B = billion; M = million.

Notes: Statistics for the <0.1 percent of ED visits with missing or invalid patient age are not presented. Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted); see Definitions section. The order of data in the exhibit matches the order of labels in the legend.

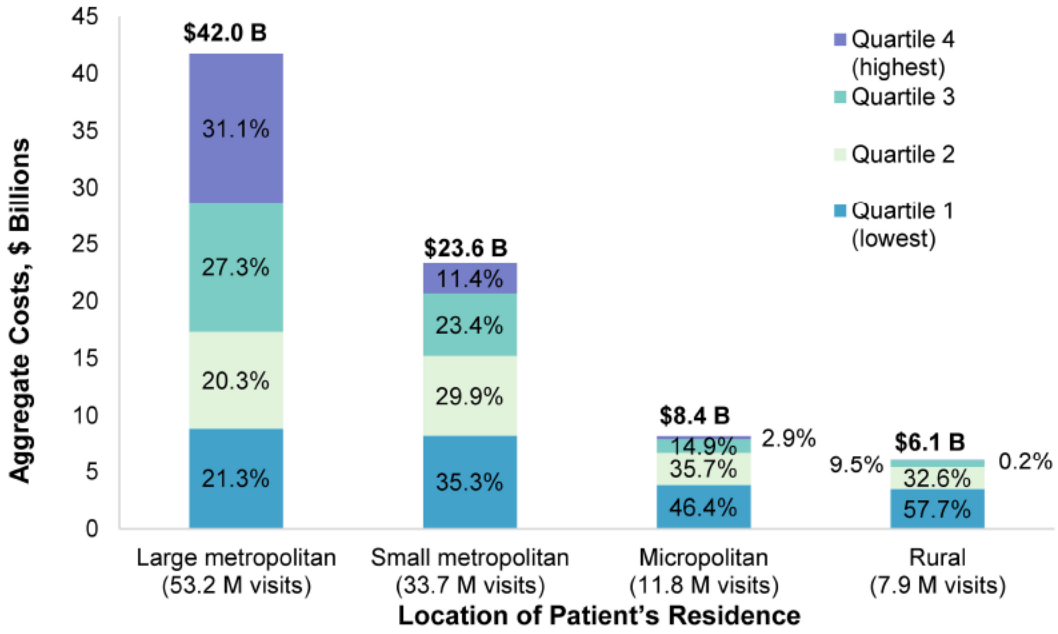
Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **In 2021, patients aged 65 and older accounted for 23.4 percent of costs for treat-and-release ED visits in large metropolitan areas and 35.2 percent of these costs in rural areas.**

  The composition of costs generally shifted to older age groups with increasing rurality and to younger age groups with increasing urbanization. In rural areas, patients aged 65 and older accounted for the largest share, at 35.2 percent, which decreased to 27.3 percent in small metropolitan areas and 23.4 percent in large metropolitan areas. In contrast, patients aged 18–44 accounted for 37.1 percent of the costs in large metropolitan areas and 28.2 percent of the costs in rural areas.

Figure 3 presents the distribution of aggregate costs for treat-and-release ED visits by quartile of median household income in the ZIP Code of the patient's residence in 2021.

Figure 3. Distribution of aggregate costs for treat-and-release ED visits by community-level income and patient location, 2021



Abbreviations: B = billion; M = million.

Notes: Statistics for the 1.7 percent of ED visits with missing community-level income are not presented. Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted); see Definitions section. The order of data in the exhibit matches the order of labels in the legend.

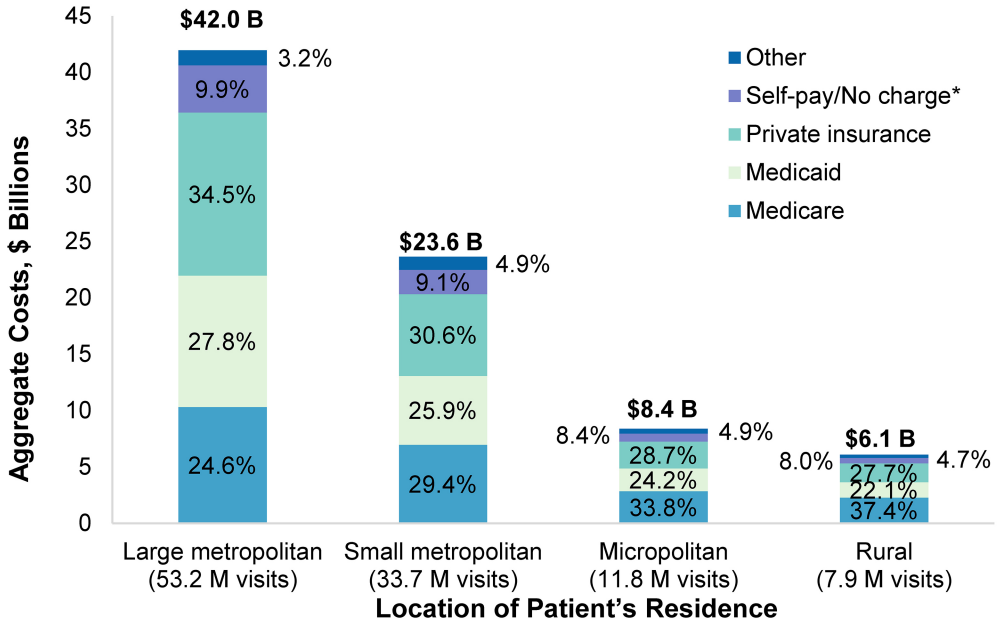
Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **In large metropolitan areas, patients residing in communities with the highest incomes represented the largest share of aggregate costs for treat-and-release ED visits at 31.1 percent.**

  Costs for treat-and-release ED visits generally shifted to lower income communities as rurality increased, and to higher income communities as urbanization increased. Patients residing in communities with the highest incomes (quartile 4) accounted for 31.1 percent of the $42.0 billion in aggregate costs in large metropolitan communities. In contrast, patients in the lowest community income quartile represented the largest share (57.7 percent) of costs in rural areas.

Figure 4 presents the distribution of aggregate costs for treat-and-release ED visits by primary expected payer and the location of the patient's residence in 2021.

Figure 4. Distribution of aggregate costs for treat-and-release ED visits by primary expected payer and patient location, 2021



Abbreviations: B = billion; M = million.

Notes: Statistics for ED visits with missing or invalid patient characteristics are not presented. Expected payer and patient location were missing for 0.2 percent and 0.7 percent of ED visits, respectively. Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted); see Definitions section. The order of data in the exhibit matches the order of labels in the legend.
* Includes self-pay, no charge, charity, and no expected payment.

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **Among primary expected payers, Medicare accounted for the largest share of aggregate costs for treat-and-release ED visits, at more than 30 percent, among patients living in micropolitan and rural areas.**

  Compared with other primary expected payers in 2021, private insurance represented the largest share of aggregate costs, at 34.5 percent, among those living in large metropolitan areas. The share of costs attributed to Medicare increased as rurality increased, from 24.6 percent in large metropolitan areas to 37.4 percent in rural areas.

Costs of ED Visits by Hospital Characteristics, 2021

Table 2 presents aggregate costs, average cost, and the number of treat-and-release ED visits in 2021 by select hospital characteristics.

Table 2. Aggregate costs, average cost per visit, and number of treat-and-release ED visits, by hospital characteristics, 2021

Hospital Characteristic	Aggregate costs		Average cost per visit, $	Number of visits	
	$, billions	%		N, millions	%
Total	**80.3**	**100.0**	**750**	**107.4**	**100.0**
Region					
Northeast	15.6	19.3	820	19.0	17.7
Midwest	18.3	22.7	740	24.9	23.2
South	27.8	34.4	650	42.9	40.0
West	19.1	23.6	930	20.5	19.1
Ownership					
Private, for-profit	7.9	9.7	510	15.3	14.3
Private, nonprofit	61.7	76.4	790	77.9	72.5
Public	11.2	13.9	790	14.2	13.2
Teaching status					
Nonteaching	25.4	31.5	720	35.3	32.8
Teaching	55.4	68.5	770	72.1	67.2
Trauma level designation					
Trauma center level I	15.7	19.4	880	17.8	16.6
Trauma center level II	12.6	15.5	760	16.5	15.4
Trauma center level III	9.7	12.0	660	14.7	13.7
Not a trauma center	42.9	53.1	740	58.3	54.3

Abbreviation: ED = emergency department.

Notes: Average cost has been rounded to the nearest $10. Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted); see Definitions section.

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **The number of treat-and-release ED visits and the aggregate costs for treat-and-release ED visits were highest and the average cost per visit was lowest for hospitals that were located in the South in 2021.**

  Aggregate costs in the South were $27.8 billion in 2021, accounting for 34.4 percent of the $80.3 billion in total ED visit costs in the United States. The share of ED visit volume in the South was even larger, accounting for 40.0 percent of the 107.4 million visits in the United States.

  The lowest average cost per ED visit in 2021 was in private, for-profit hospitals, at $510 per ED visit. The average cost for ED visits in private nonprofit and public hospitals, at $790 per visit, was more than 50 percent higher than the cost at private for-profit hospitals.

  The distribution of aggregate costs for ED visits across other hospital characteristics largely followed the pattern observed in the volume of ED visits. Shares of aggregate costs were highest in private nonprofit hospitals, teaching hospitals, and hospitals that were not designated as trauma centers (76.4 percent, 68.5 percent, and 53.1 percent of costs, respectively).

References

[1] Hartman M, Martin AB, Whittle L, Catlin A. National health care spending in 2022: growth similar to prepandemic rates. Health Aff (Millwood). 2024 Jan;43(1):6-17. doi:10.1377/hlthaff.2023.01360.

[2] American Hospital Association. Fast Facts on U.S. Hospitals, 2021. AHA Hospital Statistics, 2021 Edition. Chicago, IL: American Hospital Association; 2021.

[3] Cairns C, Kang K. National Hospital Ambulatory Medical Care Survey: 2021 Emergency Department Summary Tables. https://www.cdc.gov/nchs/data/nhamcs/web_tables/2021-nhamcs-ed-web-tables-508.pdf. Accessed September 9, 2024.

[4] Cairns C, Kang K. National Hospital Ambulatory Medical Care Survey: 2019 Emergency Department Summary Tables. 2022. https://dx.doi.org/10.15620/cdc:115748. Accessed September 9, 2024.

[5] HCUPnet, Healthcare Cost and Utilization Project. Rockville, MD: Agency for Healthcare Research and Quality. https://datatools.ahrq.gov/hcupnet.

[6] National Center for Health Statistics. Percentage of having a hospital emergency department visit in past 12 months for adults aged 18 and over, United States, 2019-2021. National Health Interview Survey. Generated June 24, 2024 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html. Accessed September 9, 2024.

[7] Pickens G, Smith MW, McDermott KW, Mummert A, Karaca Z. Trends in treatment costs of U.S. emergency department visits. Am J Emerg Med. 2022 Aug;58:89-94.

Data Source

This Statistical Brief uses data from the HCUP 2021 Nationwide Emergency Department Sample (NEDS). For additional information about the HCUP NEDS, please visit: https://hcup-us.ahrq.gov/db/nation/neds/nedsdbdocumentation.jsp.

Definitions

Total costs and charges

Charges represent what the hospital billed for the discharge. Hospital charges reflect the amount the hospital charged for the entire ED visit and do not include professional (physician) fees.

Total hospital charges were converted to costs using HCUP Cost-to-Charge Ratios based on hospital accounting reports from the Centers for Medicare & Medicaid Services (CMS).[a] *Costs* reflect the actual expenses incurred in the production of hospital services, such as wages, supplies, and utility costs; *charges* represent the amount a hospital billed for the case. For each hospital, a hospital-wide cost-to-charge ratio is used. For the purposes of this Statistical Brief, costs are reported to the nearest $10. Further information on the Cost-to-Charge Ratio can be found at: https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp.

Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted). Aggregate costs were estimated as the product of the number of visits and the average cost per visit in each reporting category. Therefore, a comparison of aggregate cost estimates across different tables, figures, or characteristics may result in slight discrepancies.

[a] Agency for Healthcare Research and Quality. Cost-to-Charge Ratio (CCR) Files. Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality. Updated November 2021. www.hcup-us.ahrq.gov/db/state/costtocharge.jsp. Accessed September 9, 2024.

Primary expected payer

To make coding uniform across all HCUP data sources, the primary expected payer combines detailed categories into general groups:

- Medicare: includes fee-for-service and managed care Medicare
- Medicaid: includes fee-for-service and managed care Medicaid
- Private insurance: includes commercial nongovernmental payers, regardless of the type of plan (e.g., private health maintenance organizations [HMOs], preferred provider organizations [PPOs])
- Self-pay/No charge: includes self-pay, no charge, charity, and no expected payment
- Other payers: includes other Federal and local government programs (e.g., TRICARE, CHAMPVA, Indian Health Service, Black Lung, Title V) and Workers' Compensation

ED visits that were expected to be billed to the State Children's Health Insurance Program (SCHIP) are included under Medicaid.

Community-level income

Community-level income is based on the median household income of the patient's ZIP Code of residence. Quartiles are defined so that the total U.S. population is evenly distributed. Cutoffs for the quartiles are determined annually using ZIP Code demographic data obtained from projections of the U.S. Census Bureau data.[b] The value ranges for the income quartiles vary by year. The income quartile is missing for patients who are homeless or foreign.

Location of patients' residence

Place of residence is based on the urban-rural classification scheme for U.S. counties developed by the National Center for Health Statistics (NCHS). For this Statistical Brief, we collapsed the NCHS categories into either urban or rural according to the following:

Urban:

- Large central metropolitan: includes metropolitan areas with 1 million or more residents
- Large fringe metropolitan: includes counties of metropolitan areas with 1 million or more residents
- Medium and small metropolitan: includes areas with 50,000–999,999 residents

Rural:

- Micropolitan and noncore: includes nonmetropolitan counties (i.e., counties with no town greater than 50,000 residents)

Discharge status

Discharge status reflects the disposition of the patient at discharge from the hospital and includes the following six categories: routine (to home); transfer to another short-term hospital; other transfers (including skilled nursing facility, intermediate care, and another type of facility such as a nursing home); home healthcare; against medical advice (AMA); or died in the hospital. For the purposes of this Statistical Brief, the "transfer" category includes both transfer to a different short-term hospital and transfer to other facilities such as skilled nursing facilities, intermediate care facilities, and another type of facility; and "all other dispositions" includes home healthcare, against medical advice, died in the ED, and destination unknown.

[b] Claritas. Claritas Demographic Profile by ZIP Code. https://claritas360.claritas.com/mybestsegments/.

Hospital region

Region is one of the four regions defined by the U.S. Census Bureau:

- Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
- Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
- South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

Hospital ownership

Data on hospital ownership were obtained from the American Hospital Association (AHA) Annual Survey. Hospital ownership/control includes categories for government nonfederal (public), private not-for-profit (voluntary), and private investor-owned (proprietary).

Hospital teaching status

Data on status as a teaching hospital were obtained from the AHA Annual Survey. *Teaching hospital* is defined as having a residency program approved by the Accreditation Council for Graduate Medical Education, being a member of the Council of Teaching Hospitals, or having a ratio of full-time equivalent interns and residents to beds of 0.25 or higher.

Hospital trauma level

Trauma designation for trauma centers that treat adults and children were identified through the Trauma Information Exchange Program (TIEP) database, a national inventory of trauma centers in the United States.[c] A trauma center is a hospital that is equipped to provide comprehensive emergency medical services 24 hours a day, 365 days per year to patients with traumatic injuries. In 1976, the American College of Surgeons Committee on Trauma (ACS/COT) defined five levels of trauma centers:[d]

- Level I centers have comprehensive resources, are able to care for the most severely injured, and provide leadership in education and research.
- Level II centers have comprehensive resources and are able to care for the most severely injured, but do not provide leadership in education and research.
- Level III centers provide prompt assessment and resuscitation, emergency surgery, and, if needed, transfer to a level I or II center.
- Level IV/V centers provide trauma support in remote areas in which no higher level of care is available. These centers resuscitate and stabilize patients and arrange transfer to an appropriate trauma facility.

For this Statistical Brief, trauma hospitals were defined as those classified by the ASC/COT as a level I, II, or III trauma center. This approach is consistent with the classification of trauma centers used in the NEDS. The ACS/COT has a program that verifies hospitals as trauma level I, II, or III.[e] It is important to note that although all level I, II, and III trauma centers offer a high level of trauma care, there may be differences in the specific services and resources offered by hospitals of different levels. Trauma levels IV and V are designated at the State level (and not by ACS/COT) with varying criteria applied across States.

[c] American Trauma Society. Trauma Information Exchange Program (TIEP). www.amtrauma.org/page/TIEP. Accessed September 9, 2024.
[d] MacKenzie EJ, Hoyt DB, Sacra JC, Jurkovich GJ, Carlini AR, Teitelbaum SD, Teter H Jr. National inventory of hospital trauma centers. JAMA. 2003 Mar 26;289(12):1515-1522.
[e] American College of Surgeons. Trauma Programs: Verification, Review, and Consultation Program. https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/. Accessed September 9, 2024.

About HCUP

The Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") is a family of healthcare databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of State data organizations, hospital associations, and private data organizations (HCUP Partners) and the Federal government to create a national information resource of encounter-level healthcare data. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to healthcare programs, and outcomes of treatments at the national, State, and local market levels. For more information about HCUP, see: https://hcup-us.ahrq.gov/.

HCUP would not be possible without the contributions of the following data collection Partners from across the United States:

Alaska Department of Health
Alaska Hospital and Healthcare Association
Arizona Department of Health Services
Arkansas Department of Health
California Department of Health Care Access and Information
Colorado Hospital Association
Connecticut Hospital Association
Delaware Division of Public Health
District of Columbia Hospital Association
Florida Agency for Health Care Administration
Georgia Hospital Association
Hawaii Laulima Data Alliance
Hawaii University of Hawai'i at Hilo
Illinois Department of Public Health
Indiana Hospital Association
Iowa Hospital Association
Kansas Hospital Association
Kentucky Cabinet for Health and Family Services
Louisiana Department of Health
Maine Health Data Organization
Maryland Health Services Cost Review Commission
Massachusetts Center for Health Information and Analysis
Michigan Health & Hospital Association
Minnesota Hospital Association
Mississippi State Department of Health
Missouri Hospital Industry Data Institute
Montana Hospital Association
Nebraska Hospital Association
Nevada Department of Health and Human Services
New Hampshire Department of Health & Human Services
New Jersey Department of Health
New Mexico Department of Health
New York State Department of Health
North Carolina Department of Health and Human Services
North Dakota (data provided by the Minnesota Hospital Association)
Ohio Hospital Association
Oklahoma State Department of Health
Oregon Association of Hospitals and Health Systems
Oregon Health Authority
Pennsylvania Health Care Cost Containment Council
Rhode Island Department of Health
South Carolina Revenue and Fiscal Affairs Office
South Dakota Association of Healthcare Organizations
Tennessee Hospital Association
Texas Department of State Health Services
Utah Department of Health
Vermont Association of Hospitals and Health Systems
Virginia Health Information
Washington State Department of Health
West Virginia Department of Health and Human Resources
Wisconsin Department of Health Services
Wyoming Hospital Association

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For More Information

For more information on this and other topics, please visit our HCUP Statistical Briefs topic area page located at www.hcup-us.ahrq.gov/reports/statbriefs/sbtopic.jsp.

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- HCUPnet, HCUP's interactive query system, at https://datatools.ahrq.gov/hcupnet
- HCUP Summary Trend Tables at https://hcup-us.ahrq.gov/reports/trendtables/summarytrendtables.jsp for monthly information on hospital utilization

AHRQ welcomes questions and comments from readers of this publication who are interested in obtaining more information about access, cost, use, financing, and quality of healthcare in the United States. We also invite you to tell us how you are using this Statistical Brief and other HCUP data and tools, and to share suggestions on how HCUP products might be enhanced to further meet your needs. Please email us at hcup@ahrq.gov or send a letter to the address below:

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EXHIBIT 97

Hospital Services Provider Manual: Chapter Twenty-Five of the Medicaid Services Manual, State of Louisiana Bureau of Health Services Financing, § 25.2 (July 1, 2011)

LOUISIANA DEPARTMENT OF HEALTH

HOSPITAL SERVICES PROVIDER MANUAL

Chapter Twenty-five of the Medicaid Services Manual

Issued July 1, 2011

State of Louisiana
Bureau of Health Services Financing

HOSPITAL SERVICES

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OVERVIEW

This chapter applies to services provided to eligible Medicaid beneficiaries in an inpatient and/or outpatient hospital setting unless otherwise stated. Hospital providers are to ensure that the services provided to Medicaid beneficiaries are medically necessary, appropriate and within the scope of current medical practice and Medicaid guidelines.

This chapter consists of several sections that will address issues such as provider requirements, prior authorization, covered services and limitations, and reimbursement.

A hospital is defined as any institution, place, building, or agency, public or private, whether for profit or not, maintaining and operating facilities, 24-hours a day, seven days a week, having 10 licensed beds or more. The hospital must be properly staffed and equipped for the diagnosis, treatment and care of persons admitted for overnight stay or longer who are suffering from illness, injury, infirmity or deformity or other physical or mental conditions for which medical, surgical and/or obstetrical services would be available and appropriate. Such hospitals must meet the Louisiana Department of Health's licensing requirements.

PROVIDER REQUIREMENTS

Enrollment in the Louisiana Medicaid Hospital Services Program is voluntary. Participating providers must accept the Medicaid payment as payment in full for those services covered by Medicaid. The Medicaid beneficiary must not be charged the difference between the usual and customary charge and Medicaid's payment. All Medicaid covered services must be billed to Medicaid. However, services not covered under the Medicaid program can be billed directly to the Medicaid beneficiary. **The provider must inform the Medicaid beneficiary that the service is not covered by Medicaid before performing the service.**

Provider enrollment information and forms are located on the Louisiana Medicaid web site (see appendix B for web site).

Licensure

The Louisiana Department of Health's, Health Standards Section (HSS) is the only licensing authority for hospitals in the State of Louisiana. Providers participating in the program must meet all certification and licensing requirements.

Detailed information regarding licensing requirements can be obtained from the HSS (see appendix B).

Clinical Laboratory Improvement Amendments

In accordance with federal regulations 42 CFR 493.1 hospital laboratories must meet certain conditions to be certified to perform testing on human specimens under the Clinical Laboratory Improvement Amendments of 1988 (CLIA).

Distinct Part Psychiatric Units

If an acute general hospital has a Distinct Part Psychiatric Unit, the Health Standards section must verify the unit's compliance with Medicare's Prospective Payment System (PPS) criteria and identify the number and location of beds in the psychiatric unit. A unit qualifying for distinct part status must complete a separate provider enrollment packet and be assigned a separate provider number from the rest of the hospital.

INPATIENT SERVICES

Inpatient hospital care is defined as care needed for the treatment of an illness or injury, which can only be provided safely and adequately in a hospital setting and includes those basic services that a hospital is expected to provide. Payment shall not be made for care that can be provided in the home or for which the primary purpose is of a convalescent or cosmetic nature.

Inpatient hospital services must be ordered by the following:

- Attending physician;
- An emergency room physician; or
- Dentist (if the patient has an existing condition which must be monitored during the performance of the authorized dental procedure).

The number of days of care charged to a beneficiary for inpatient hospital services is always in units of full days. A day begins at midnight and ends 24 hours later. The midnight-to-midnight method is to be used in counting days of care for Medicaid reporting purposes. A part of a day, including the day of admission, counts as a full day. However, the day of discharge or death is not counted as a day unless discharge or death occurs on the day of admission. If admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one inpatient day.

Pre-Admission Certification

Precertification of inpatient hospital services is no longer a requirement for Legacy/Fee-for-Service Medicaid. Each day of an inpatient stay must be medically necessary. All claims for inpatient services are subject to post payment medical necessity review and recoupment, if medical necessity is not met.

NOTE: Changes to precertification requirements are for Legacy/Fee-for-Service Medicaid beneficiaries only. Managed care organizations will continue to require precertification of inpatient hospital stays for their members.

Inpatient Status vs. Outpatient Status

Physicians responsible for a beneficiary's care at the hospital are responsible for deciding whether the beneficiary should be admitted as an inpatient. Place of treatment should be based on medical necessity.

Medicaid will allow up to 48 hours for a beneficiary to be in an outpatient status. This time frame is for the physician to observe the patient and to determine the need for further treatment, admission to an inpatient status or for discharge. (Exception: outpatient ambulatory surgeries).

NOTE: Providers should refer to Section 25.3 – Outpatient Services for additional information.

Distinct Part Psychiatric Units

Medicaid recognizes distinct part psychiatric units within an acute care general hospital differently for reimbursement purposes if the unit meets Medicare's criteria for exclusion from Medicare's Prospective Payment System (PPS excluded unit). The unit must have the Health Standards Section verify that the Unit is in compliance with the PPS criteria and identify the number and location of beds in the psychiatric unit.

A unit which qualifies for distinct part status must complete a separate provider enrollment packet and must be assigned a separate provider number from the rest of the hospital. Reimbursement for services provided in such a unit is a prospective per diem and must be billed using the Medicaid distinct part psychiatric number. This per diem includes all services provided to an inpatient of such a unit, except for physician services, which should be billed separately. All therapies (individual/group counseling or occupational therapy) shall be included in this per diem.

Providers bill on a UB-04 for these services. The hospital must set up the distinct part psychiatric unit as a separate cost center and be identified as a sub-provider on the hospital's cost report. The costs for this unit are not subject to cost settlement.

Obstetrical and Gynecological Services Requiring Special Procedures

Federal and state laws and regulations dictate strict guidelines for Medicaid reimbursement for sterilizations, abortions and hysterectomies. The information below provides more guidance.

Sterilizations

Sterilization is any medical procedure, treatment or operation that is performed for the sole purpose of rendering an individual permanently incapable of reproducing. The physician is responsible for obtaining the signed Informed Consent to Sterilization form which can be downloaded from the U.S. Department of Health and Human Services (HHS) website (see Appendix A).

Title XIX regulations require a 30-day waiting period after the consent form is signed. The procedure **cannot** be performed prior to the 31st day from the day the consent form is signed.

Sterilizations are reimbursable only if:

- The beneficiary is at least 21 years old at time the informed consent form is signed;
- The beneficiary is mentally competent. According to federal regulations an individual can be considered legally incompetent only if found to be so by a court of competent jurisdiction or so identified by virtue of a provision of state law; and
- The beneficiary voluntarily gave informed consent by signing the consent form not less than 30 days, but no more than 180 days prior to performing sterilization.

Exceptions to Sterilization Policy

If the beneficiary has a premature delivery or requires emergency abdominal surgery within the 30 days of consent and at least 72 or more hours have passed since the consent form was signed, sterilization can be performed at the time of the delivery or emergency abdominal surgery.

In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery, or in the case of emergency abdominal surgery, the emergency must be described.

Informed Consent

An eligible beneficiary will be considered informed only if all the conditions described in this section are met.

The professional who obtains the consent for the sterilization procedure must offer to answer any questions the beneficiary may have concerning the procedure, provide a copy of the consent form, and orally give all of the following information or advice to the beneficiary:

- The beneficiary is free to withhold or withdraw consent to the procedure at any time before the sterilization without affecting the right to future care or treatment and without loss or withdrawal of any federal benefits to which the beneficiary might be otherwise entitled;

- The beneficiary is provided a description of available alternative methods of family planning and birth control. Beneficiary is informed that sterilization is considered irreversible;

- The beneficiary is provided a thorough explanation of the specific sterilization procedure to be performed;

- The beneficiary is given a full description of the discomforts and risks that may accompany or follow the procedure, including an explanation of the type and possible effects of any anesthetic to be used; and

- The sterilization will not be performed for at least 30 days, except under the circumstances specified under the subtitle “Exceptions to Sterilization Policy”.

Suitable arrangements were made to ensure that the information specified above was effectively communicated to any beneficiary who is blind, deaf, or otherwise disabled.

An interpreter was provided if the beneficiary did not understand the language used on the consent form or the language used by the person obtaining consent.

The beneficiary to be sterilized was permitted to have a witness of his or her choice present when consent was obtained.

Informed consent **must not be obtained** while the beneficiary is in labor or childbirth, seeking to obtain or obtaining an abortion, or under the influence of alcohol or other substances that affect the beneficiary’s state of awareness.

The beneficiary must be given the consent form by the physician or clinic. All blanks on the form must be completed and the following individuals must sign the form:

- The beneficiary to be sterilized;
- The interpreter, if one was provided;
- The hospital professional who obtained the consent; and
- The physician who performed the sterilization procedure. (If the physician who performs the sterilization procedure is the one who also obtained the consent, the physician must sign both statements).

A copy of the consent form must be attached to all claims for sterilization, including attending physician, assistant surgeon, anesthesiologist, and hospital claims. The physician who signs the (Consent Form) must be the physician listed as the attending physician on the UB-04. **Therefore, only hard-copy claims will be processed.**

Abortions

Medicaid only covers an abortion performed by a physician and related hospital charges when it has been determined medically necessary to save the life of the mother or when the pregnancy is the result of rape or incest.

NOTE: All federal and state laws related to abortions must be adhered to.

Abortions claims will be reviewed by the fiscal intermediary (FI) and must meet the following criteria for one of the following circumstances:

Life Endangerment

- A physician certifies in writing that on the basis of his/her professional judgment that the life of the woman would be endangered if the fetus were carried to term;
- The claim form must be submitted with the treating physician's certification statement including the complete name and address of the beneficiary and appropriate diagnosis code that makes the pregnancy life endangering; and

- The beneficiary's medical record must include the medical diagnosis and physician's documentation that made the abortion medically necessary to save the life of the mother.

Incest / Rape

- The beneficiary must report the act of incest or rape to law enforcement unless the treating physician's written certification statement documents that in the physician's professional opinion, the victim was too physically or psychologically incapacitated to report the incident(s);

- The beneficiary must certify in writing that the pregnancy is a result of incest or rape and the treating physician must witness the beneficiary's certification by signature;

- The certification statements must be attached to the claim and include the complete name and address of the beneficiary and appropriate diagnosis code; and

- The beneficiary's medical record must include the medical diagnosis and physician's documentation to support the abortion and certification statements.

All claims associated with an abortion, including the attending physician, hospital, assistant surgeon, and anesthesiologist submitted for processing must be accompanied by a copy of the attending physician's written certification and statement of medical necessity. Therefore, **only hard-copy claims will be processed**.

Informed consent shall not be obtained while the beneficiary to be sterilized is in labor or childbirth, seeking to obtain or obtaining an abortion, or under the influence of alcohol or other substances that affect the beneficiary's state of awareness.

Spontaneous / Missed Abortions

Must be coded with the appropriate diagnosis code and the operative report must be attached to the claim.

Threatened Abortions

May be reimbursable except when surgery is performed. If surgery is performed, the claim will be denied with an error code message requesting a statement of medical necessity (as stated above) by the performing physician.

Dilation and Curettage

Claims for a dilation and curettage (D&C) for an incomplete or missed abortion will be denied until the following is submitted:

- The written sonogram results with operative report, pathology report and history must be submitted with the claim; and
- The documentation that substantiates that the fetus was not living at the time of the D&C and the documentation must indicate that this was not an abortion or pregnancy termination.

Listed below are examples of information and documentation necessary for proper claim review and to substantiate reimbursement.

- A sonogram report showing no fetal heart tones;
- A history showing passage of fetus at home, in the ambulance, or in the emergency room;
- A pathology report showing degeneration products of conception; or
- An operative report showing products of conception in the vagina.

Ectopic Pregnancies

To receive reimbursement for the termination of an ectopic pregnancy (tubal pregnancy), hospitals must submit billing on hardcopy with a copy of the operative report attached and an appropriate surgical procedure code that denotes the termination of an ectopic pregnancy. A sterilization procedure code cannot be used. Use of an improper surgical procedure may cause the claim to deny.

Molar Pregnancies

A molar pregnancy results from a missed abortion (i.e., the uterus retains the dead and organized products of conception). The Medicaid program covers the termination of molar pregnancies. To bill for the termination of a molar pregnancy, providers should use the appropriate procedure codes with a diagnosis of molar pregnancy.

Hysterectomy

Federal regulations governing Medicaid payment of hysterectomies prohibit payment under the following circumstances:

- If the hysterectomy is performed solely for the purpose of terminating reproductive capability; or

- If there is more than one purpose for performing the hysterectomy, but the procedure would not be performed except for the purpose of rendering the beneficiary permanently incapable of reproducing.

Louisiana Medicaid guidelines only allow payment to be made for a hysterectomy when:

- The person securing authorization to perform the hysterectomy has informed the beneficiary and her representative (if any), both orally and in writing, that the hysterectomy will make the beneficiary permanently incapable of reproducing; and

- The beneficiary or her representative (if any) has signed a written acknowledgement of receipt of that information. (**Acknowledgement of Receipt of Hysterectomy Information** (BHSF Form 96-A) is available on the Louisiana Medicaid website under the "Forms/Files/User Manuals: link).

These regulations apply to all hysterectomy procedures, regardless of the woman's age, fertility, or reason for surgery.

Consent for Hysterectomy

The hysterectomy consent form must be signed and dated by the beneficiary on or before the date of the hysterectomy.

The consent must include signed acknowledgement from the beneficiary stating she has been informed orally and in writing that the hysterectomy will make her permanently incapable of reproducing.

The physician who obtains the consent should share the consent form with all providers involved in that beneficiary's care, (e.g., attending physician, hospital, anesthesiologist, and assistant surgeon) as each of these claims must have the valid consent form attached. To avoid a "system denial", **the consent must be attached to any claim submission related to a hysterectomy**.

When billing for services that require a hysterectomy consent form, the name on the Medicaid file for the date of service in which the form was signed should be the same as the name signed at the time consent was obtained. If the beneficiary's name is different, the provider must attach a letter from the physician's office from which the consent was obtained. The letter should be signed by the physician and should state that the beneficiary's name has changed and should include the beneficiary's social security number and date of birth. This letter should be attached to all claims requiring consent upon submission for claims processing.

A witness signature is needed on the hysterectomy consent when the beneficiary meets one of the following criteria:

- Beneficiary is unable to sign her name and must indicate "x" on the signature line; or
- There is a diagnosis on the claim that indicates mental incapacity.

If a witness signs the consent form, the signature date **must** match the date of the beneficiary's signature. If the dates do not match, or the witness does not sign and date the form, claims related to the hysterectomy will be denied.

Exceptions

Obtaining consent for a hysterectomy is unnecessary in the following circumstances:

- The beneficiary was already sterile before the hysterectomy, and the physician who performed the hysterectomy certifies in writing that the beneficiary was sterile at the time of the hysterectomy and states the cause of sterility;

- The beneficiary required a hysterectomy because of a life-threatening emergency situation in which the physician determined that prior acknowledgment was not possible, and the physician certifies in writing that the hysterectomy was performed under these conditions and includes in the narrative a description of the nature of the emergency; or

- The beneficiary was retroactively certified for Medicaid benefits, and the physician who performed the hysterectomy certifies in writing that the beneficiary was informed before the operation that the hysterectomy would make her permanently incapable of reproducing. In addition, if the beneficiary was certified retroactively for benefits, the physician must certify in writing that the hysterectomy was performed under one of the above two conditions and that the beneficiary was informed, in advance, of the reproductive consequences of having a hysterectomy.

The written certification from the physician **must** be attached to the hard copy of the claim in order for the claim to be considered for payment.

Deliveries Prior to 39 Weeks

Louisiana Medicaid does not reimburse for deliveries prior to 39 weeks that are not medically necessary. In order for claims to process, the Department must validate that the delivery was not prior to 39 weeks or if prior to 39 weeks, that it was medically necessary.

Please see the link below for reporting instructions of deliveries:

http://www.lamedicaid.com/provweb1/ProviderTraining/Packets/2014ProviderTraining/Performing_OB_Delivery_Services.pdf

Deliveries with Non-Payable Sterilizations

Payment of an inpatient hospital claim for a delivery/C-section is allowed when a non-payable sterilization is performed during the same hospital stay.

NOTE: A sterilization procedure is considered non-payable if the sterilization consent form is either missing or invalid.

When there is no valid sterilization form obtained, the procedure code for the sterilization and the diagnosis code associated with the sterilization should not be reported on the claim form, and charges related to the sterilization process should not be included on the claim form. In these cases, providers will continue to receive their per diem for covered charges. Claims for the covered charges will not require any prior or post-authorization and may be billed via electronic media claims (EMC) or on paper.

Donor Human Milk

Donor human milk provided in the inpatient hospital setting is covered for certain medically vulnerable infants.

Eligibility Criteria

Donor human milk is considered medically necessary when all of the following criteria are met:

- The hospitalized infant is less than 12 months of age with one or more of the following conditions:
  - Prematurity;
  - Malabsorption syndrome;
  - Feeding intolerance;
  - Immunologic deficiency;
  - Congenital heart disease or other congenital anomalies; and
  - Other congenital or acquired condition that places the infant at high risk of developing necrotizing enterocolitis (NEC) and/or infection.
- The infant's caregiver is medically or physically unable to produce breast milk at all or in sufficient quantities, is unable to participate in breastfeeding despite optimal lactation support, or has a contraindication to breastfeeding;

- The infant's caregiver has received education on donor human milk, including the risks and benefits, and agrees to the provision of donor human milk to their infant; and
- The donor human milk is obtained from a milk bank accredited by, and in good standing with, the Human Milk Banking Association of North America.

Reimbursement

Reimbursement for donor human milk is made separately from the hospital payment for inpatient services. The payment for the donor human milk is equal to the fee on the Durable Medical Equipment (DME) fee schedule.

Hospitals shall bill the donor human milk using the HCPCS procedure code T2101 (1 unit per ounce) on a CMS 1500 claim form. If the hospital bills electronically, the 837P must be used with the DME file extension. If the hospital bills a hard copy claim, the claim must be submitted with the word "DME" written in bold, black print on the top of the form.

Long-Acting Reversible Contraceptives in the Inpatient Hospital Setting

Additional payment is allowed for the insertion of long-acting reversible contraceptives (LARCs) for women newly post-partum prior to discharge. The payment for the LARC is equal to the fee on the Durable Medical Equipment (DME) fee schedule in addition to the hospital's per diem payment. Providers should consult the DME fee schedule for covered LARCs and their reimbursement.

Hospitals should bill the LARC claim using the appropriate J code to the FI on a CMS 1500 claim form. If the hospital bills electronically, the 837P must be used with the DME file extension. If the hospital bills a paper claim, the paper claim must be submitted with the word "DME" written in bold, black print on the top of the form.

Other Inpatient Services

Blood

The Medicaid Program will pay for all necessary blood while the beneficiary is hospitalized if other provisions to obtain blood cannot be made. However, every effort must be made to have the blood replaced.

NOTE: See Section 25.8: Claims Related Information for specific information for billing blood.

Hospital-Based Ambulance Services

If a beneficiary is transported to a hospital by a hospital-based ambulance (ground or air) and is admitted, the ambulance charges may be covered and are to be billed as part of inpatient services.

Air ambulance services are not covered unless the beneficiary is transported to the facility which owns the ambulance.

NOTE: See Section 25.8: Claims Related Information for specific billing.

Hospital-based ambulances must meet equipment and personnel standards set by the Bureau of Emergency Services (EMS). Hospitals must submit a copy of the EMS certification to Provider Enrollment for recognition to bill ambulance services.

Mother/Newborn/Nursery

Louisiana Medicaid requires that all Mother/Newborn claims be submitted separately. The National UB Manual contains information for specific type and source of admit codes when billing newborn claims.

A separate claim for the newborn must include only nursery and ancillary charges for the baby. The newborn claim will zero pay and receive an EOB code of 519.

NOTE: Refer to the fee schedule for the required billing procedures for newborn infant and mother (see Appendix B for fee schedule information).

Inpatient Hospital Definition of Discharge

An inpatient or outpatient is considered to be discharged from the hospital and paid under the prospective payment system (PPS) when:

- The beneficiary is formally discharged from the hospital; or
- The beneficiary dies in the hospital.

NOTE: See other discharge criteria below.

Non-medically necessary circumstances are not considered in determining the discharge time; therefore, hospitals will not be reimbursed under these circumstances (e.g., beneficiary does not have a ride home, does not want to leave, etc.).

If non-medical circumstances arise and the beneficiary does not leave the hospital when he/she is discharged and the hospital is not reimbursed, the beneficiary may be billed but only after hospital personnel have informed him/her that Medicaid will not cover that portion of the stay.

Discharge and Readmit on the Same Day

If the beneficiary is **readmitted to a different hospital** than the discharging hospital on the same day as discharge, the readmitting hospital should enter the name of the discharging hospital, as well as the discharge date, in the appropriate field on the UB-04 claim form.

Date of Discharge or Death

The date of discharge or the date of death for an inpatient hospital stay is not reimbursed unless the date of discharge/death is the same date as the date of admission.

Out-of-State Acute Care Hospitals

Psychiatric and Substance Abuse

Inpatient psychiatric or substance abuse treatment in out-of-state hospitals are covered for a maximum of two days in the case of a medical emergency. Outpatient psychiatric or substance abuse treatment is not covered.

Trade Area

In-state acute care provider resources must be utilized prior to referring a beneficiary to out-of-state providers. Acute care out-of-state providers in "trade areas" are treated the same as in-state providers. Trade areas are defined as being counties located in Mississippi, Arkansas and Texas that border the State of Louisiana. Acute care out-of-state providers in the above states that are not located in counties that border Louisiana are required to obtain prior authorization for all inpatient services unless it is of an emergent nature.

A referral or transfer made by a 'trade area' hospital to another hospital does not constitute approval by Louisiana Medicaid unless it is to either a Louisiana hospital or another 'trade area' hospital. Prior authorization **is** required for all other referrals or transfers.

Below is list of counties located in the trade area:

Louisiana Trade Area		
Arkansas Counties	**Mississippi Counties**	**Texas Counties**
Chicot County	Hancock County	Cass County
Ashley County	Pearl River County	Marion County
Union County	Marion County	Harrison County
Columbia County	Walthall County	Panola County
Lafayette County	Pike County	Shelby County
Miller County	Amite County	Sabine County
	Wilkerson County	Newton County
	Adams County	Orange County
	Jefferson County	Jefferson County
	Claiborne County	
	Washington County	

Louisiana Trade Area		
Arkansas Counties	**Mississippi Counties**	**Texas Counties**
	Issaquena County	
	Warren County	

Rehabilitation Units in Acute Care Hospitals

Rehabilitation Units (Medicare designated) are considered part of the acute care hospital, and services are to be billed with the acute care provider number. Reimbursement rates are the same as for the acute care hospital. Separate Medicaid provider numbers are not issued for rehabilitation units.

Psychiatric Diagnosis within an Acute Care Hospital

When the beneficiary's primary diagnosis is psychiatric, payment will be on the psychiatric per diem and not the long-term or acute care rate.

NOTE: See Appendix B for website addresses and contacts mentioned in this section.

OUTPATIENT SERVICES

Outpatient hospital services are defined as diagnostic and therapeutic services rendered under the direction of a physician or dentist to an outpatient in an enrolled, licensed and certified hospital. The hospital must also be Medicare certified. Covered outpatient hospital services provided to Medicaid beneficiaries are reimbursable.

Included in this section are general guidelines pertaining to Medicaid coverage of outpatient services.

Inpatient services shall not be billed as outpatient, even if the stay is less than 24 hours. Federal regulations are specific in regard to the definition of both inpatient and outpatient services. Billing outpatient services for a beneficiary who is admitted as an inpatient within 24 **hours of the performance of the outpatient service is not allowed and the facility may be subjected to financial sanctions.**

The following requirements apply:

- All outpatient services except outpatient therapy performed within 24 hours of an inpatient admission shall be included on the inpatient claim;

- All outpatient services except outpatient therapy performed within 24 hours before an inpatient admission and 24 hours after the discharge shall be included on the inpatient claim. This includes outpatient services that are either related or unrelated to the inpatient stay; and

- If an inpatient in one hospital has outpatient services performed at another hospital, the inpatient hospital is responsible for reimbursing the hospital providing the outpatient services. The inpatient hospital may reflect the outpatient charges on its claim.

If a beneficiary is treated in the emergency room and requires surgery, which cannot be performed for several hours because arrangements need to be made, the services may be billed as outpatient provided that the beneficiary is not admitted as an inpatient.

Physicians responsible for a beneficiary's care at the hospital are responsible for deciding whether the beneficiary should be admitted as an inpatient. Physicians should use a 24 hour period as a benchmark, i.e., they should order admission for beneficiaries who are expected to need hospital care for 24 hours or more, and treat other patients on an outpatient basis. However, the decision to admit a patient is a complex medical judgment, which can be made only after the

physician has considered a number of factors. Admissions of particular beneficiaries are not covered or non-covered solely on the basis of the length of time the beneficiary actually spends in the hospital.

Medicaid will reimburse up to 48 medically necessary hours for a beneficiary to be in an outpatient status. This time frame is for the physician to observe the beneficiary and to determine the need for further treatment, admission to an inpatient status or for discharge. If the beneficiary is admitted as an inpatient, the admit date will go back to the beginning of the outpatient services.

NOTE: Outpatient ambulatory surgery and other applicable revenue codes associated with the surgery may now be billed as outpatient regardless of the duration of the outpatient stay.

Therapeutic and Diagnostic Services

All outpatient services, including, but not limited to, therapeutic and diagnostic radiology services, chemotherapy, end stage renal disease (ESRD) (formerly referred to as hemodialysis), and laboratory services, are subject to nationally mandated code editing limits. These services must be medically necessary as substantiated by the beneficiary's medical records.

Proton Beam Therapy

The Medicaid Program no longer covers proton beam radiation therapy (PBRT) for beneficiaries 21 years of age and older.

Emergency Room Services

Louisiana Medicaid is not obligated to pay for non-emergency (routine) care provided in the emergency room, unless the person has presenting symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of medical attention to result in:

- Placing the health of the individual, or in the case of a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- Serious impairment of bodily function; or
- Serious dysfunction of any organ or body part.

Hospitals are required by EMTALA (Emergency Medical Treatment and Labor Act) to perform a Medical Screening Exam (MSE) on all persons who present to the emergency room for services. If the MSE does not reveal the existence of an emergency medical condition, the beneficiary should be advised that Medicaid does not cover routine/non-emergent care provided in the emergency room when the presenting symptoms do not meet the prudent layperson standard of an emergency condition and that he/she may receive a bill if they are treated in the emergency room. The enrollee should be referred back to his/her primary care physician (PCP) for follow-up and evaluation.

Providers must bill revenue code 450 or 459 when submitting claims for outpatient emergency room services. Only one revenue code 450 or 459 may be used per emergency room visit. These revenue codes must be billed with the appropriate accompanying CPT codes of 99281, 99282, 99283, 99284, 99285, and 99291. Claims for emergency room services are not to be billed as a single line item. Claims must include all revenue codes (i.e., pharmacy, lab, x-rays and supplies) which were utilized in the beneficiary's treatment, using the appropriate revenue code and HCPCS where applicable.

When an emergency visit results in an inpatient admit, providers must bill all charges associated with the emergency visit on the inpatient bill. This policy applies to beneficiaries admitted from the ER or if the beneficiary has been seen in the ER within 24 hours either prior to admit or after the inpatient discharge. The ER charges must be billed as a separate line. All associated charges for the emergency visit must be included by revenue code with the total charges for the inpatient stay.

Hospital-Based Ambulances (Air or Ground)

Hospital-based emergency ambulance services for Medicaid beneficiaries may be reimbursed if circumstances exist that make the use of any conveyance other than an ambulance medically inadvisable for transport of the beneficiary. Such circumstances must be documented in the beneficiary's medical record.

Hospital-based ambulances can be used only to transport beneficiaries to the hospital in an emergency so they may be stabilized. Any transfers to another hospital must occur only because the transporting hospital cannot provide appropriate services.

Non-emergency transport by a hospital-based ambulance is not covered. Claims for hospital-based ambulance services must be filed on the UB-04 as outpatient services under the hospital provider number. However, if the beneficiary is admitted to the hospital, the services must be billed on the UB-04 as part of the inpatient services, as the reimbursement for the services will be included in the per diem rate.

NOTE: Air ambulance charges are not covered as an outpatient service.

Hospital-based ambulances must meet equipment and personnel standards set by the Bureau of Emergency Medical Services (EMS). Hospitals must submit a copy of EMS certification to Provider Enrollment for recognition to bill ambulance charges.

Hospital Laboratory Services

Hospitals are allowed by Medicaid to contract with an independent laboratory for performance of outpatient laboratory services. However, it is the responsibility of the hospital to ensure that both the physician who performs the professional service and the laboratory that performs the technical service meet all state and federal requirements. One such requirement is that both the physician and laboratory have a valid Clinical Laboratory Improvement Amendments (CLIA) number.

When a hospital contracts with a free-standing laboratory for the performance of the technical service only, it is the responsibility of the hospital to pay the laboratory. The laboratory cannot bill Medicaid because there is no mechanism in the system to pay a technical component only to a free-standing laboratory.

Hyperbaric Oxygen Therapy

Hyperbaric oxygen therapy may be performed as an outpatient service and is covered by the Medicaid Program. No authorization for these rehabilitative services is required if the procedures are performed for the diagnoses specified below:

- Acute carbon monoxide intoxication;
- Decompression illness;
- Gas embolism;
- Gas gangrene;
- Acute traumatic peripheral ischemia;
- Crush injuries and suturing of severed limbs;
- Progressive necrotizing infections;
- Acute peripheral arterial insufficiency;

- Preparation and preservation of compromised skin grafts;
- Chronic refractory osteomyelitis;
- Osteoradionecrosis;
- Soft tissue radionecrosis;
- Cyanide poisoning;
- Actinomycosis; and
- Diabetic wounds of the lower extremities in beneficiaries who meet the following three criteria:
    - Beneficiary has type 1 or 2 diabetes and has a lower extremity wound that is due to diabetes;
    - Beneficiary has a wound classified as Wagner grade 111 or higher; and
    - Beneficiary has failed an adequate course of standard wound therapy.

NOTE: This list may not be all-inclusive.

The covered diagnosis should be entered as the primary diagnosis for hyperbaric oxygen therapy claims. These claims will be reviewed by the Medical Director and/or other physicians in the fiscal intermediary's (FI) Medical Review Unit.

Requests for approval for hyperbaric oxygen therapy for other diagnoses must be submitted to the FI Medical Review Unit.

Long-Acting Reversible Contraceptives in the Outpatient Hospital Setting

For LARCs inserted in the outpatient hospital setting, hospitals receive an additional payment for the LARC device when it is inserted during an outpatient hospital visit. Payment for the LARC device in the outpatient hospital setting is in addition to the reimbursement for the outpatient hospital claim. Providers have been instructed to bill the outpatient claim for the outpatient visit on the UB-04 and the claim for the LARC device on the CMS 1500 claim form.

Providers inserting LARCs in the outpatient hospital setting may bill the DME revenue code of 290 with the appropriate accompanying HCPCS code for the LARC device on the UB-04. Providers should consult the DME fee schedule for covered LARCs and their reimbursement.

Outpatient Rehabilitation Services

The Medicaid Program provides coverage for outpatient rehabilitation services with prior approval. Outpatient rehabilitation services include:

- Physical therapy;
- Occupational therapy;
- Speech therapy; and
- Hearing therapy.

Cardiac and Pulmonary/Respiratory therapy are not covered under Louisiana Medicaid. These services should not be prior authorized or billed using covered rehabilitation codes. Hospitals are reimbursed based on covered HCPCS for outpatient rehabilitation services including speech, occupational and physical therapies at a flat fee for service which is not cost settled (with the exception of designated small rural hospitals).

Initial therapy and extended therapy plans require PA. Evaluation codes do not require PA, but are limited to one evaluation per 180 days.

Description	HCPC
Evaluation of Speech Fluency	92521
Evaluation of Speech Production	92522
Speech Sound Lang Comprehension	92523
Behavioral Qualit Analysis Voice	92524
Speech/Lang/Hear Therapy – per 15 min	92507
Physical Therapy Evaluation: Low Comp	97161

Description	HCPC
Physical Therapy Evaluation: Mod Comp	97162
Physical Therapy Evaluation: High Comp	97163
Re-Evaluation of Physical Therapy	97164
Physical therapy – per 15 min	97110
Occupational Therapy Evaluation: Low Comp	97165
Occupational Therapy Evaluation: Mod Comp	97166
Occupational Therapy Evaluation: High Comp	97167
Re-Evaluation of Occupational Therapy	97168
Occupational Therapy – per 15 min	97530

Initial requests must include a physician's referral or prescription, a therapist's evaluation/plan of service, the completed Request for Prior Authorization (PA-01), and Rehabilitation Services Request (PA-02) forms. Requests should be submitted within the first week of therapy. In instances where delay of therapy would result in deterioration of a medical condition (i.e., burn cases, accidents or surgery) the authorization may be obtained later.

Extension requests should be submitted at least 25 days prior to the end of the approved period. This request must include both PA-01 and PA-02 forms along with progress reports from the prior period. Authorizations may be approved for up to one year for beneficiaries under the age of 21 and for up to six months for beneficiaries 21 and over.

When a beneficiary is being discharged from an inpatient acute care stay and requires outpatient rehab services immediately, a PA request should be submitted using the beneficiary's anticipated discharge date as the beginning date of service.

Physician recommended durable medical equipment (DME) must be approved by the Prior Authorization Unit (PAU) whether provided by a hospital or an independent DME provider.

Initial and extension requests must also be submitted to the PAU for approval.

The PAU will recommend approval only for therapy plans for individuals who are likely to realize substantial gains in rehabilitation, self-care, or self-help.

"Rehabilitation" is defined as a program to prevent further impairment or physical deformity and malfunction, enabling a significant increase in the capacity of the individual, so the individual will require less care by others.

"Self-care" and "self-help" are defined as the ability of the individual to take care of personal needs (eating; dressing; and the ability to walk, talk, or use devices unassisted).

"Less individual care by others" is defined as the ability of the beneficiary to use a minimum of assistance to take care of personal needs. Optimum utilization of the device will be an additional criterion when prosthesis training is involved.

Outpatient Surgery

Certain surgical procedures usually are covered by the Medicaid Program if they are performed as outpatient services. Reimbursement to hospitals for the performance of these outpatient surgical procedures is made on a flat-fee per service basis.

Outpatient surgical cases that have a physician order for outpatient statuses do not need to be pre-certified. There are no time limitations for an outpatient surgery.

Hospitals must bill all outpatient surgery charges for the specified surgeries using revenue code "490" – Ambulatory Surgery Care. All other charges associated with the surgery (for example, observation, labs, radiology) must be billed on the same claim form as the Ambulatory surgery charges. The only revenue code that will be paid will be the flat rate fee for the Ambulatory Surgery. The current payment rate for groupings can be found on the Louisiana Medicaid website (https://www.lamedicaid.com/provweb1/default.htm). The most appropriate CPT/HCPCS code for the surgical procedure must be entered in Form Locator 44 on the UB-04 claim form. Only one CPT/HCPCS code may be entered in the field. A list of the surgical procedures is provided on the Louisiana Medicaid website (https://www.lamedicaid.com/provweb1/default.htm).

NOTE: When more than one surgical procedure is performed on the same date of service, only the primary surgical procedure will be paid. The CPT/HCPCS code for the primary surgical procedure must be entered in Form Locator 44 on the UB-04 form.

Operating Room Services-Minor Surgery (HR361) is now payable for billing minor surgeries that are medically necessary to be performed in the operating room but the associated CPT code is not included in the ambulatory surgery listing.

Ambulatory surgery and other applicable revenue codes associated with the surgery may now be billed as outpatient regardless of the duration of the outpatient stay.

Intraocular Lens Implants

Intraocular lens (IOL) may be billed separately by the hospital if the hospital provides the device. Only one provider may bill for the IOL. Payment for the IOL is a flat fee-for-service.

Medicaid will pay for IOLs implanted during or subsequent to cataract extraction surgery performed on an outpatient basis. Lenses will be covered under the DME program but will not require PA as for other DME. When billing on an outpatient basis, claims must be submitted on the CMS-1500 by the provider who actually supplies the lens.

Providers are required to submit separate claim forms for the surgery and for the lens. The claim form for the lens **must** be submitted to a different post office box in order to be processed correctly. Failure to follow this procedure will result in denied claims. The initials **"DME"** should be written in **bold** letters on the very top of the claim form. The address to file DME claims can be found in Appendix B.

Refer to the DME manual for procedure codes and place of service codes that should be used. These procedures codes must be in conjunction with an ICD-10 CM diagnosis code for cataracts.

NOTE: If billing as an inpatient, the charges for the lens must be included on the inpatient claim form (UB-04).

Observation Room Charges

When applicable, hospitals should bill for treatment or observation room charges with the appropriate covered revenue code. The payable observation room services revenue code is 762. This revenue code must be billed with the appropriate accompanying CPT codes of G0378 and G0379 or the claim will deny with error code 114 (INVALID OR MISSING HCPCS).The entire outpatient visit, including observation, may not exceed 48 hours duration.

Hospitals billing for any of the outpatient surgical procedures listed in the fee schedule may not bill separately for treatment and observation room charges provided on the same day. Charges for these services have been included in the flat fee reimbursement for the outpatient surgical procedures.

Outpatient Hospital Clinic Services

The payable revenue codes are 510, 514, 515, 517, and 519. These revenue codes must be billed with the appropriate accompanying CPT codes of 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, and 99215.

Psychiatric and Substance Abuse

Outpatient psychiatric or substance abuse treatment is not covered.

Screening Mammography

When applicable, hospitals should bill for mammography screening services with the appropriate covered revenue code. The payable screening mammography revenue code is 403. This revenue code must be billed with the appropriate accompanying CPT codes for screening mammograms.

Diabetes Self-Management Training

Diabetes self-management training (DSMT) is a collaborative process through which beneficiaries with diabetes gain knowledge and skills needed to modify behavior and successfully manage the disease and its related conditions. DSMT programs, at a minimum, must include the following:

- Instructions for blood glucose self-monitoring;
- Education regarding diet and exercise;
- Individualized insulin treatment plan (for insulin dependent beneficiaries); and
- Encouragement and support for use of self-management skills.

DSMT programs should be aimed at educating beneficiaries on the following topics to promote successful self-management:

- Diabetes overview, including current treatment options and disease process;
- Diet and nutritional needs;
- Increasing activity and exercise;

- Medication management, including instructions for self-administering injectable medications (as applicable);
- Management of hyperglycemia and hypoglycemia;
- Blood glucose monitoring and utilizations of results;
- Prevention, detection, and treatment of acute and chronic complications associated with diabetes (including discussions on foot care, skin care, etc.);
- Reducing risk factors, incorporating new behaviors into daily life, and setting goals to promote successful outcomes;
- Importance of preconception care and management during pregnancy;
- Managing stress regarding adjustments being made in daily life; and
- Importance of family and social support.

All educational material must be pertinent and age appropriate for each beneficiary. Beneficiaries under the age of 18 must be accompanied by a parent or legal guardian. Claims for these services shall be submitted under the child's Medicaid number.

Provider Qualifications

Providers of DSMT services must be:

- Enrolled as a Louisiana Medicaid provider;
- Employed by an enrolled Louisiana Medicaid provider; or
- Contracted to provide services by an enrolled Louisiana Medicaid provider.

Providers must be enrolled as a Louisiana Medicaid provider through the Professional Services (Physician Directed Services), Rural Health Clinic (RHC), Federally Qualified Health Center (FQHC), or Outpatient Hospital programs and must meet all of the required criteria.

DSMT is not a separately recognized provider type; therefore, Louisiana Medicaid will not enroll a person or entity for the sole purpose of performing DSMT.

Accreditation

DSMT programs must be accredited as meeting quality standards by a national accreditation organization. Louisiana Medicaid recognizes the following as approved accreditation organizations:

- American Diabetes Association (ADA);
- American Association of Diabetes Educators (AADE); and
- Indian Health Service (IHS).

Services provided by a program without accreditation by one of the listed organizations are **not covered**. Providers must maintain and provide proof of accreditation, as requested by Louisiana Medicaid or its fiscal intermediary.

At a minimum, the instructional team must consist of a registered dietician, a registered nurse, or a pharmacist. Each member of the instructional team must be a certified diabetes educator (CDE) or have recent didactic and experiential preparation in education and diabetes management, and at least one member of the instructional team must be a CDE who has been certified by the National Certification Board for Diabetes Educators (NCBDE). Providers must maintain and provide proof of certification, as requested, for staff members.

All enrolled Diabetes Self-Management Programs must adhere to the National Standards for Diabetes Self-Management Education.

Coverage Requirements

Louisiana Medicaid provides coverage of DSMT for eligible Medicaid beneficiaries who have a written order from their primary care provider, and have been diagnosed with Type I, Type II, or gestational diabetes.

The ordering provider is required to maintain a copy of all DSMT orders. Each written order must be signed and must specify the total number of hours being ordered, not to exceed the below coverage limitations:

- A **maximum** of 10 hours of initial training (one hour of individual and nine hours of group sessions) are allowed during the first 12 month period beginning with the initial training date; and

- A **maximum** of two hours of individual sessions are allowed for each subsequent year.

If special circumstances occur in which the ordering provider determines a beneficiary would benefit from individual sessions rather than group sessions, the order must also include a statement specifying that individual sessions would be more appropriate, along with an explanation.

If a DSMT order must be modified, the updated order must be signed by the primary care provider and copies must be retained in the medical record.

Beneficiaries enrolled in a managed care organization will receive DSMT through their health plan.

Medicaid Beneficiaries Not Eligible for DSMT

The following beneficiaries are not eligible for DSMT:

- Beneficiaries residing in an inpatient hospital or other institutional setting such as a nursing care facility, or a residential care facility;

- Beneficiaries receiving hospice services; or

- Beneficiaries enrolled in a managed care organization.

Initial DSMT

Initial DSMT training may begin after receiving the initial order date and is allowed for a continuous 12-month period, following the initial training date. In order for services to be considered initial, the beneficiary must not have previously received initial or follow up DSMT training.

The 10 hours of initial training may be provided in any combination of 30-minute increments over the 12-month period. Louisiana Medicaid does not reimburse for sessions that last less than 30 minutes.

Group sessions may be provided in any combination of 30-minute increments. Sessions that are less than 30 minutes are not covered. Each group session shall contain between 2-20 beneficiaries.

Follow-Up DSMT

After receiving the initial training, a beneficiary is eligible to receive a maximum of two hours of follow-up training each year, if ordered by their primary care provider.

Follow-up training is based on a **12-month calendar year following completion of initial training.** If a beneficiary completes 10 hours of initial training, the beneficiary would be eligible for two hours of follow-up training for the next **calendar year**. If all 10 hours of initial training are not used within the first calendar year, then the beneficiary has 12 months to complete the initial training prior to follow up training.

- Example #1:

  If a beneficiary receives his first training in April 2011 and completes the initial 10 hours by April 2012, the beneficiary would be eligible for two hours of subsequent training beginning May 2012, since that would be the 13th month. If the beneficiary completes the two hours of subsequent training in November 2012, then he is not eligible for additional training until January 2013; or

- Example #2:

  If a beneficiary receives his first training in February 2011 and exhausts all 10 hours of initial training by November 2011, the beneficiary would be eligible for two hours of subsequent training beginning January 2012. If the beneficiary completes the two subsequent hours of training by May 2012, then he is not eligible for additional training until January 2013.

Providers are encouraged to communicate with beneficiaries to determine if the beneficiary has previously received DSMT services or has exhausted the maximum hours of DSMT services for the given year.

Louisiana Medicaid will **only** cover up to 10 hours of initial training (for the first 12 months) and two hours of follow-up training (for each subsequent year) regardless of who provides the service.

Provider Responsibilities

Providers must assure the following conditions are met in order to receive reimbursement for DSMT services:

- **The beneficiary meets one of the following requirements:**
  - Is a newly diagnosed diabetic, gestational diabetic, pregnant with a history of diabetes, or has received no previous diabetes education;
  - Demonstrates poor glycemic control (A1c>7);
  - Has documentation of acute episode of severe hypoglycemia or hyperglycemia occurring in the past 12 months; or
  - Has received a diagnosis of a complication, a diagnosis of a co-morbidity, or prescription for new equipment such as an insulin pump.
- **The provider maintains the following documentation requirements:**
  - A copy of the order for DSMT from the beneficiary's primary care provider;
  - A comprehensive plan of care documented in the medical record;
  - Start and stop time of services;
  - Clinical notes, documenting beneficiary progress;
  - Original and ongoing pertinent lab work;
  - Individual education plan;
  - Assessment of the individual education needs;
  - Evaluation of achievement of self-management goals;
  - Proof of correspondence with ordering provider regarding beneficiary progress; and

- All other pertinent documentation.

Beneficiary records, facility accreditation, and proof of staff licensure, certification, and educational requirements must be kept readily available to be furnished, as requested, to the Louisiana Department of Health (LDH), its authorized representatives, or the state's Attorney General's Medicaid Fraud Control Unit.

Reimbursement

Reimbursement for DSMT services is a flat fee based on the fee schedule established by the Bureau of Health Services Financing Professional Services Program minus the amount, which any third party coverage would pay. The following Healthcare Common Procedure Coding System (HCPCS) codes should be billed for DSMT services:

- G0108-Diabetes outpatient self-management training services, individual, per 30 minutes; and

- G0109- Diabetes self-management training services, group session (two or more) per 30 minutes.

NOTE: Services provided to pregnant women with diabetes must be billed with the TH modifier.

Hospitals would bill the above HCPCS codes in the outpatient setting along with Revenue code 942. These would be the only HCPCS codes allowed to be billed with HR942.

Outpatient hospitals will be reimbursed a flat fee for these services. The flat fee is posted on the fee schedule.

Trade Area

In-state acute care provider resources must be utilized prior to referring a beneficiary to out-of-state providers. Acute care out-of-state providers in "trade areas" are treated the same as in-state providers. Trade areas are defined as being counties located in Mississippi, Arkansas and Texas that border the State of Louisiana. Acute care out-of-state providers in the above states that are not located in counties that border Louisiana are required to obtain prior authorization for all outpatient services unless it is of an emergent nature.

A referral or transfer made by a 'trade area' hospital to another hospital does not constitute approval by Louisiana Medicaid unless it is to either a Louisiana hospital or another 'trade area' hospital. Prior authorization **is** required for all other referrals or transfers.

Below is list of counties located in the trade area:

Louisiana Trade Area		
Arkansas Counties	**Mississippi Counties**	**Texas Counties**
Chicot County	Hancock County	Cass County
Ashley County	Pearl River County	Marion County
Union County	Marion County	Harrison County
Columbia County	Walthall County	Panola County
Lafayette County	Pike County	Shelby County
Miller County	Amite County	Sabine County
	Wilkerson County	Newton County
	Adams County	Orange County
	Jefferson County	Jefferson County
	Claiborne County	
	Washington County	
	Issaquena County	
	Warren County	

HOSPITAL-BASED PHYSICIANS

Hospital-based physicians (HBP) are those individuals who are either under contract to or are paid a salary by a hospital to perform professional services. These individuals may include emergency room physicians, pathologists, radiologists, certified registered nurse anesthetists, and other physician specialties. Hospital billing for the professional services provided by the HBP group, submit claims using the CMS-1500 claim form with the HBP group provider number.

Provided in this chapter is an explanation of the enrollment procedures for HBPs. A description of the services HBPs may render is provided in the Professional Services Provider Manual.

Enrollment of Hospital-Based Physicians

The Medicaid Program enrolls hospital-based physicians as providers separate from the hospital. Hospitals are required to obtain a group physician number to bill for services provided by all physicians currently under contract with the hospital who do not have an agreement to bill Medicaid directly.

The hospital must complete a provider enrollment form to obtain the hospital's group physician number. Refer to the Louisiana Medicaid website for enrollment information.

Each physician employed or under contract without an agreement to bill Medicaid directly must submit a completed enrollment form with a copy of the contract to receive a Medicaid individual provider number and to show affiliation with the hospital.

Hospitals contracting with such organizations as National Emergency Room Physicians should not complete an enrollment for the organization. The organization is responsible for completing enrollment for each physician who provides services in the hospital under this contract.

PRIOR AUTHORIZATION

Prior Authorization (PA) of certain services is necessary from a quality assurance, and from a cost benefit, standpoint. This section contains the inpatient and outpatient services, which require review prior to reimbursement being authorized. This section also contains the policy regarding PA and refers to Appendix A, which includes the forms and instructions used to secure the PA.

Besides the services found below, Medicaid has included a process for emergency authorization of certain equipment, which are considered life threatening should a delay in their receipt occur. These include Apnea monitors, breathing equipment, hyperalimentation therapy aids (parenteral and enteral) and suction machines. In addition to these items for life threatening situations, emergency requests may be made for the temporary rental of wheelchairs for post-operative needs after a hospital discharge. The providers of emergency items must contact the Prior Authorization Unit (PAU) immediately by telephone and provide the following information:

- The recipient's name, age, and 13-digit Medicaid identification number;
- The treating physician's name;
- The diagnosis;
- The time period of need for the item(s);
- A complete description of the item(s) requested;
- The reason that the request is a medical emergency; and
- The cost of the item.

The decision will be made by the PAU within two working days of the date the completed request is received, and the PAU will contact the provider by telephone and follow up in writing.

Requests for Prior Authorization

Providers may submit requests for PA by completion of the Louisiana Request for Prior Authorization Form, the PA-01. No other form will be accepted. Completed requests must be sent to the PAU. Requests may be mailed, faxed or submitted through electronic PA (e-PA). **The preferred method is e-PA**.

Outpatient Rehabilitation Services

Outpatient rehabilitation is one of the services prior authorized on the PA01 (see Appendix A for information regarding this form) and is reimbursed at a flat fee-for-service. Hospitals are reimbursed by the Healthcare Common Procedure Coding System (HCPCS) for outpatient rehabilitation services including:

- Physical therapy;
- Occupational therapy; and
- Speech and hearing therapy.

A licensed physician must make the referral. The referral must include the diagnosis, the date of the accident (or onset of illness), the address of the referring physician, his/her specialty (if known), and the date of the referral. The hospital must retain a copy of the physician's referral on file.

The rehabilitation services department must evaluate the recipient. Initial therapy and extended therapy plans require prior authorization. Evaluation codes do not require prior authorization, but are limited to one evaluation per 180 days.

Description	HCPC
Evaluation of Speech Fluency	92521
Evaluation of Speech Production	92522
Speech Sound Lang Comprehension	92523
Behavioral Qualit Analysis Voice	92524
Speech/Lang/Hear Therapy – per 15 min	92507
Physical Therapy Evaluation: Low Comp	97161
Physical Therapy Evaluation: Mod Comp	97162
Physical Therapy Evaluation: High Comp	97163
Re-Evaluation of Physical Therapy	97164

Description	HCPC
Physical therapy – per 15 min	97110
Occupational Therapy Evaluation: Low Comp	97165
Occupational Therapy Evaluation: Mod Comp	97166
Occupational Therapy Evaluation: High Comp	97167
Re-Evaluation of Occupational Therapy	97168
Occupational Therapy – per 15 min	97530

When requesting PA for outpatient rehabilitation services, the following information must be included, or the request will be denied:

- Completed copies of the PA-01 and PA-02 (see Appendix A for information on forms);
- Initial therapy and extended therapy plans;
- Number of services, visits being requested;
- Physician's referral;
- Evaluation results; and
- Revenue Code and the HCPCS code.

NOTE: The request should be sent to the PAU.

Extension requests should be submitted at least 25 days prior to the end of the approved period. The requests should have at a minimum the following information attached:

- Therapy notes;
- Current evaluation results;
- Goals and objectives; and

- Copy of the physician's referral.

In cases where a delay in therapy would result in deterioration of the medical condition (e.g., burn cases, accidents, or surgery) the treatment may be instituted subject to later approval. The request for therapy should be submitted within the first week of therapy, with an explanation and a request for approval from the start of therapy.

Reimbursement for rehabilitation services provided without an approved plan for therapy will be dependent on the approval of the treatment plan.

To expedite the approval process, if it is known that outpatient rehabilitation services will be required upon discharge, a PA request can be submitted using anticipated discharge date as the beginning date of service.

Services may be provided by any enrolled Medicaid provider even if furnished as part of an Individual Family Service Plan (IFSP) or Individual Service Plan or provided in a school setting. These services may be received at home from a provider of home services or home health agency.

Outpatient Surgery Performed On An Inpatient Basis

Certain surgical procedures are covered only when performed as outpatient unless otherwise authorized. These procedures are usually performed on an outpatient basis but can be performed inpatient if it is medically necessary and PA is obtained. Request for PA must be submitted on form PA-01. When both the primary and secondary procedures require PA, list all procedures on the PA-01. A list of outpatient procedures requiring PA to be performed on an inpatient basis may be found on the Louisiana Medicaid website under fee schedules.

NOTE: Refer to Section 25.3 for more information on Outpatient Services and 25.8 for specific billing instructions.

The PCF01 form should be submitted prior to performance of the surgery. However, post authorization may be requested in emergency situations. See post authorization information below.

Providers requesting length of stay (LOS) for outpatient surgery performed as inpatient must use the PCF01 form. To expedite the review process, the appropriate medical data should be attached to substantiate the need for the service being provided in an inpatient setting.

Approval for inpatient performance of these procedures will be granted only when one or more of the following exception criteria exists:

- Documented medical conditions exist that make prolonged pre-and/or post-operative observation by a nurse or skilled medical personnel a necessity.
- The procedure is likely to be time consuming or followed by complications.
- An unrelated procedure is being performed simultaneously that requires hospitalization.
- There is a lack of availability of proper post-operative care.
- Another major surgical procedure could likely follow the initial procedure (e.g., mastectomy).
- Technical difficulties as documented by admission or operative notes could exist.
- The procedure carries high recipient risk.

NOTE: Authorization is not required if the procedure is performed in a hospital based ambulatory surgery center.

Reimbursement for the performance of these specified surgical procedures on an outpatient basis will be made on a flat fee-for-service basis. Reimbursement for surgical procedures approved for an inpatient performance will be made in accordance with the prospective reimbursement methodology for acute care inpatient hospital services.

Organ Transplants

Transplants must be prior authorized by the Louisiana Department of Health (LDH). Transplants (other than bone marrow and stem cell) must be performed in a hospital that is a Medicare approved transplant center for the procedure. Hospitals seeking Medicaid coverage for transplant procedures must submit documentation verifying that they are a Medicare approved center for each type of transplant other than bone marrow and stem cell transplants. A completed attestation form must be submitted to Provider Enrollment (see Appendix B for contact information). The Medicaid Director may grant an exception to a transplant center for a specific procedure if the transplant surgeon can demonstrate experience with that specific procedure and a history of positive outcomes in another hospital. The other hospital must be a Medicare approved transplant center for that specific procedure.

In addition to the above criteria, transplant centers located in-state shall meet the following criteria for Medicaid coverage of transplant services:

- Be a member of the Organ Procurement and Transplant Network (OPTN) or the National Marrow Donor Program (NMDP), if the hospital only performs bone marrow/stem cell transplants;

- Have an organ receiving and tissue typing facility (Centers for Medicare and Medicaid Services (CMS) approved for histocompatibility) or an agreement for such services;

- Maintain a written records tracking mechanism for all grafts and recipients including:

    - Patient and/or graft loss with the reason specified for failure;
    - Date of the procedure; and
    - Source of the graft.

- Have written policy for contacting recipients and appropriate governmental officials when an infectious agent is involved;

- Have a written criteria for acceptable donors for each type of organ for which transplants are performed;

- Have adequate ancillary departments and qualified staff necessary for pre-, intra-, and post-operative care including, but not limited to:

    - Assessment team;
    - Surgical suite;
    - Intensive care;
    - Radiology;
    - Laboratory pathology;
    - Infectious disease:
    - Dialysis; and
    - Therapy (rehabilitation).

- Have minimum designated transplant staff which includes:

    - Transplant surgeon- adopt standards as delineated and updated by the OPTN;
    - Transplant physician - same standards as above;
    - Clinical transplant coordinator:
        - Registered nurse licensed in Louisiana; and

- Certified by NATCO or in training and certified within 18 months of hire date.
- Transplant social worker;
- Transplant dietician;
- Transplant data coordinator; and
- Transplant financial coordinator.

NOTE: For individuals identified in the bullets immediately above this note, continuing education is required to maintain licensure and certification as applicable.

- Written recipient selection criteria and an implementation plan for application of criteria;

- Facility plan, commitment and resources for a program capable of performing the following minimum number of transplants per year/per organ:

  - Heart: 12;
  - Liver: 12;
  - Kidney: 15;
  - Pancreas: 6;
  - Bone marrow: 10; and
  - Other organs as established per Medicare and/or OPTN.

  NOTE: If the level falls below the required volume, the hospital shall be evaluated by LDH for continued recognition as a transplant center.

- Facility must demonstrate survival rates per organ type per year, which meet or exceed the mean survival rates per organ type per year as published annually by the OPTN. (If rates fall below this level, the hospital shall supply adequate written documentation for evaluation and justification to LDH).

All organ transplants must be authorized by the PAU prior to the performance of the surgery via a prior authorization letter. The only exception is for recipients with retroactive eligibility.

Transplant charges are to be included in the inpatient hospital charges using the revenue codes 300 and 800 range. This includes donor search charges and all procedures involved in harvesting the organ from the donor. Costs associated with the search will not be covered on an outpatient basis. Costs are not covered when the Medicaid recipient donates an organ to a non-Medicaid recipient.

Required Documentation for Organ Transplant Authorization Requests

All transplants must be prior authorized using a TP-01 (Transplant Form). The only exception is for recipients with retroactive eligibility. All documentation supporting the performance of the transplant must be attached to the letter.

NOTE: The TP-01 can be located on the Louisiana Medicaid web site.

When billing for the transplant services, the hospital and all physicians involved must attach a copy of the above mentioned approval letter, and a dated operative report to the claims they submit for payment. Hospitals should comply with all applicable privacy and Health Insurance Portability and Accountability Act (HIPAA) regulations when sharing a copy of the organ transplant approval letter with all other providers involved in the recipient's transplant.

Standards for Coverage

Requests for transplants are reviewed on a case-by-case basis by applying the following criteria:

- Transplant procedure to be performed is compatible with the diagnosis.
- All alternative forms of treatment have been tried, and the only viable alternative is the transplant procedure.
- Death would be imminent if the procedure were not performed is a reasonable medical probability.
- The procedure has met with a reasonable degree of success in the past.
- The procedure may be performed out of the state, if the facilities in state are not available.
- Services to the organ donor and organ procurement costs are included in the reimbursement methodology.

Cochlear Implantation

Only recipients who meet the medical and social criteria shall qualify for implantation.
All aspects (pre-operative speech and language evaluation, implantation, device, repairs, supplies and therapy) must be prior authorized on a PA-01. The request to perform surgery must come from a multi-disciplinary team consisting of an otologist, audiologist, speech/language pathologist, psychiatrist, and a deaf educator with experience in oral/auditory instruction. This

team performs the assessment on the recipient to determine the recipient's possible candidacy for implantation.

The team's recommendation for the request and the results of all evaluations (audiogram, acoustic reflexes, auditory brainstem responses, otoacoustic emissions, speech and language evaluation, social/psychological evaluation, medical evaluation, and other pertinent testing or evaluation) must be submitted with the requests in a packet to the PAU.

Medical and Social Criteria

General Criteria

The following criteria apply to all candidates**:**

- Have a profound bilateral sensor-neural hearing loss with pure tone average of 90 dB HL or greater for frequencies of 1000, 2000, and 4000Hz;
- Have no response to Auditory Brainstem Response, Otoacoustic testing or any other special testing or any other special testing that would be required to determine if the hearing loss is valid and severe enough to qualify for cochlear implantation;
- Be a child age one year or older with a profound sensorineural hearing loss or be an adult through the age of twenty years; with a profound post lingual sensorineural hearing loss;
- Receive no significant benefit from hearing aids as validated by the implant team;
- Have a high motivation to be part of the hearing community as validated by the implant team;
- Have appropriate expectations;
- Had radiologic studies that demonstrate no intra cranial anomalies or malformations which contraindicate implanting the receiver-stimulator or the electrode array;
- Have no medical contraindication for undergoing implant surgery or post implant rehabilitation; and

- Show that the recipient and his/her family are well motivated, have appropriate expectations and are prepared and willing to participate and cooperate in the pre and post implant assessment and rehabilitation programs recommended by the implant team and in conjunction with the Food and Drug Administration (FDA) Guidelines.

Age-Specific Criteria

Children One through Nine Years

Children one through nine years must not receive any significant benefit from a hearing aid that was obtained in the best-aided condition as measured by age appropriate speech perception material.

Children 10-17 Years

Children in this age range must meet the following criteria:

- Receive no significant benefit from a hearing aid that was obtained in the best aided condition as measured by age and language appropriate speech perception material;

- Have received consistent exposure to effective auditory or phonological stimulation in conjunction with the oral method of education and auditory training;

- Utilizes spoken language as the primary mode of communication through one of the following: an oral/aural (re) habilitation program or total communications educational program with significant oral/aural; and

- Have at least six months' experience with a hearing aid or vibrotactile device in the case of meningitis (in which case the six-month period will be reduced to three months).

Adults - 18-20 Years

The following criteria must be met:

- Have a severe to profound post lingual bilateral sensorineural hearing loss;

- Receive no significant benefit from a hearing aid that was obtained in the best aided condition for speech/sentence recognition material;
- Have received consistent exposure to effective auditory or phonological stimulation or auditory communication**;**
- Have no medical contraindication for the undergoing implant surgery or post-implant rehabilitation; and
- Show that the recipient and his/her family are well-motivated, have appropriate post-implant expectations and are prepared and willing to participate and cooperate in the pre and post implant assessment and rehabilitation programs recommended by the implant team and in conjunction with the Food and Drug Administration (FDA) guidelines.

The criteria utilized must be appropriate for the child's age.

Reimbursement

Reimbursement for the speech processor and/or microphone repairs, headset cords, headset replacement, and batteries must be prior authorized. Request should be made on Form PA-01 to the PAU.

Requests for reimbursement for these items should be made conservatively. The PAU reserves the right to refuse authorization of these items if it feels requests are being made too frequently due to the recipient's negligence. On an average, processors require repairing every two and half years, head cords need to be replaced two to four times per year, and batteries replaced every 10-12 months.

Billing for the Device(s)

Reimbursement will be made to the hospital for both the device(s) and the per diem. The device(s) must be prior authorized by using the PA-01 to request approval of the surgery. After approval has been granted, the hospital shall bill for the device(s) by submitting the appropriate HCPCS code on a CMS 1500 claim form. Write the letters DME in bold, black print on the top of the form and the PA number must be written in item 23. The reimbursement fee can be obtained from the fiscal intermediary (FI).

Re-Performance of the Surgery

Prior Authorization is required for re-performance of the surgery because of infection, extrusion, or other reason. The request should be submitted to the PAU and contain sufficient documentation explaining the reason the surgery must be repeated. The PA number for the re-performance must be included on the claim form.

Replacement of the External Speech Processor

Replacement of the external speech processor will be considered only if the processor is lost, stolen, or damaged beyond repair.

Upgrades due to cosmetic reasons or technological advances in the hardware do not qualify as reasons for a replacement.

When it is necessary to replace the external speech processor, the multidisciplinary team must initiate the required PA request by submitting a copy of PA's initial approval letter for the implant and documentation of the need for a new processor.

Billing for the Replacement of the External Speech Processor

Hospitals or professional services billers shall bill for this component by submitting the appropriate HCPCS code on a CMS1500 with the letter DME written in bold, black print on the top. The PA number must be written in Item 23.

Non-Covered Expenses

Service contracts and/or extended warranties and insurance to protect against loss and theft are the responsibility of the family.

Vagus Nerve Stimulator

The vagus nerve stimulator (VNS) is an implantable device used to assist in the control of seizures related to epilepsy and must be prescribed by a physician.

Effective June 14, 2010, a PA-01 is no longer required for hospital providers for the VNS device. However, reimbursement of the device continues to be dependent upon approval of the surgeon to perform the procedure. Hospitals should confirm that the surgeon has received an authorization for the procedure prior to submitting their claim in order to prevent denials.

The hospital will bill their VNS claim using HCPCS procedure code C1767 (VNS generator) and/or C1778 (VNS leads) to the FI on a CMS 1500 claim form with the words DME written in bold, black print on the top of the form and the PA number written in Item 23 or through the electronic claims submission.

The claim will pend to the FI's Medical Review Department for review of the surgeon's approved PA request. If approved, the hospital claim will be allowed to process for payment; if there is no valid authorization, the hospital claim will deny with edit 191 (PA required).

Intrathecal Baclofen Therapy

Intrathecal Baclofen Therapy (ITB) is for the treatment of severe spasticity of the spinal cord or cerebral origin and for the surgical implantation of the programmable infusion pump by which ITB is delivered. This treatment must be **prior authorized** before its administration. To obtain pre-certification for the stay, the pre-certification process must be followed.

Criteria for Recipient Selection

Consideration will be given for reimbursement for implanting an ITB infusion pump if the treatment is considered medically necessary, the recipient is four years of age or older with a body mass sufficient to support the implanted system, and any one or more of the following criteria is met:

- Inclusive criteria for candidates with spasticity of cerebral origin:
    - There is severe spasticity of cerebral origin with no more than mild athetosis;
    - The injury is older than one year;
    - There has been a drop in Ashworth scale of one or more;
    - Spasticity of cerebral origin is resistant to conservative management; or
    - The candidate has a positive response to the test dose of ITB.
- Inclusive criteria for candidates with spasticity of spinal cord origin:
    - Spasticity of spinal cord that is resistant to oral antispasmodics or side effects are unacceptable in effective doses;
    - There has been a drop in Ashworth scale of two or more; or
    - The candidate has a positive response to the test dose of ITB.

Caution should be exercised when considering ITB infusion pump implantation for candidates who:

- Have a history of autonomic dysreflexia;
- Suffer from psychotic disorders;
- Have other implanted devices; or
- Utilize spasticity to increase function such as posture, balance, and locomotion.

Exclusion Criteria for Recipients

- Fails to meet any of the inclusion criteria;
- Is pregnant, refuses or fails to use adequate methods of birth control;
- Has a severely impaired renal or hepatic function;
- Has a traumatic brain injury of less than one year pre-existent to the date of the screening dose;
- Has a history of hypersensitivity to oral baclofen;
- Has a systematic or localized infection which could infect the implanted pump; or
- Does not respond positively to a 50, 75, or 100 mcg intrathecal bolus of Lioresal during the screening trial procedure.

Prior Authorization for chronic infusion of ITB shall be requested after the screening trial procedure has been completed but prior to the pump implantation.

The request to initiate chronic infusion shall come from the multi-disciplinary team that evaluates the recipient. The multi-disciplinary team should consist of a neurosurgeon or an orthopedic surgeon, a physiatrist and/or neurologist, the recipient's attending physician, a nurse, a social worker and allied professionals (physical therapists, occupational therapist, etc.).

These professionals shall have expertise in the evaluation, management, and treatment of spasticity of cerebral and spinal cord origin and shall have undergone training in infusion therapy and pump implantation by Medtronic or an equally recognized product supplier with expertise in intrathecal baclofen.

A recent history with documentation of assessments in the following areas must be sent to the PAU:

- Medical and physical;
- Neurological;
- Functional;
- Psychosocial;
- Ashworth scores taken before and after the administration of the IBT test dose(s); and
- Documentation of any other findings about the recipient's condition which would be of interest to or would assist the PAU in making a decision regarding the recipient's need for chronic infusion, i.e., a videotape of the trial dosage.

Out-of-State Non-Emergency Hospitalizations

Out-of-state non-emergency hospitalizations require authorization, unless the request for hospitalization is for a dual Medicare/Medicaid eligible recipient. Authorization is required for dual eligible recipients only if transportation services are being requested in addition to the hospitalization.

To obtain authorization for out-of-state non-emergency hospitalizations, send a facsimile (fax) of a "Letter of Referral" to the attention of the PAU. The referring physician should sign the "Letter of Referral" and answer the following questions:

- What is the recipient's name and Medicaid identification number?
- What is the name and telephone number of the contact person representing the recipient?
- Is the recipient both Medicare and Medicaid eligible?
- Does the recipient require transportation services as well?
- Is the facility where the recipient will be hospitalized a Louisiana Medicaid provider with a valid seven-digit provider number?

- Why is the situation so unique that it cannot be provided in Louisiana or in one of the Louisiana trade areas?

- What referrals were made in Louisiana before a referral was made to an out-of-state provider/hospital?

NOTE: Emergency out-of-state hospitalizations do not require PA.

Positron Emission Tomography Scans

Positron Emission Tomography Scans for Oncologic Conditions

Positron emission tomography (PET) scans are covered services, which require prior authorization, and must be consistent with Medicaid's clinical guidelines and medical necessity criteria for oncologic indications. The medical necessity criteria can be found at PET Scan Medical Necessity Criteria. The procedure must be performed within 30 days of receiving prior authorization.

Combination Studies PET/Computed Tomography (CT)

The combination of PET and CT scans into a single system (PET/CT) may be considered for oncologic indications where a PET scan is considered medically necessary and specific anatomical identification is required to guide clinical management.

Prior Authorization

The following documentation is required for prior authorization of PET scans and PET/CT combination studies for oncologic conditions:

- Completed PA request form;

- Documentation of medical necessity includes all of the following;

- The primary diagnosis name and International Classification of Diseases (ICD) code(s) for the condition requiring PET imaging;

- All secondary diagnosis name(s) and ICD code(s) pertinent to comorbid condition(s);

- The most recent medical evaluation, including a summary of the medical history and the last physical exam (clinical information must be submitted

by the recipient's treating oncologist);

- Laboratory and pathology reports pertinent to a diagnosis of malignant neoplasm or carcinoma;
- Risk factors or comorbid conditions;
- The patient's treatment plan, including a description of the type and dates of any anti-tumor therapy; and
- Any additional clinical information that supports the coverage criteria and that is requested by the PAU.

The payable revenue codes for positron emission tomography scans are 343 and 404. These revenue codes must be billed with the appropriate accompanying CPT codes for PET scans.

Reconsiderations

If a request for PA is denied, a provider may submit the request for reconsideration.

Instructions for Submitting a Reconsideration

- Write the word "Reconsideration" across the top of the denial letter, and write the reason the request for reconsideration at the bottom of the page.
- Attach all of the original documentation, as well as any additional documentation or information, which supports medical necessity, to the letter.
- Mail the letter and all documentation to the PAU (see Appendix B for contact information).

REIMBURSEMENT

This chapter is an overview of inpatient hospital services' reimbursement methodology and does not address all issues or questions that a hospital may have regarding reimbursement. If a provider has a question about this chapter, or any issue regarding hospital reimbursement, the provider may e-mail the Louisiana Department of Health (LDH), Bureau of Health Services Financing, Rate Setting and Audit Section (see Appendix B for contact information).

Inpatient Reimbursement

For reimbursement purposes, hospitals enrolled in Louisiana Medicaid are classified as:

- State-owned;
- Small rural; or
- Non-small rural/non-state.

NOTE: The three types of hospitals each have separate inpatient reimbursement methodologies.

State-Owned Hospitals

State-owned hospitals are hospitals that are owned and operated by the state of Louisiana.

Small Rural Hospitals

Small rural hospitals are those hospitals which are defined as a rural hospital by the Rural Hospital Preservation Act (Act No. 327 of the 2007 Louisiana Legislative regular session, Louisiana Revised Statutes 40:1300.142 – 144). Although a hospital may in fact be located in a rural parish or area, only those hospitals meeting the requirements to qualify as a small rural hospital by the legislation noted above fall into this category.

Non-Small Rural/Non-State Hospitals

Non-small rural/non-state hospitals refer to a hospital not falling into either of the previous two designations. Therefore, it may be publicly or privately owned as a profit, or non-profit hospital. The fact that it is not owned by the state, or that it is not a small rural hospital, makes it a non-small rural/non-state hospital for purposes of Louisiana Medicaid reimbursement.

Acute Care Hospitals Peer Group Assignment

As of October 1, 2009, existing qualifying non-small rural/non-state hospitals classified as one of the peer groups listed below, shall receive not less than a specified percentage (see below) of the peer group per diem to which they are assigned, and may receive more than the current peer group per diem (only if their September 30, 2009, per diem was more than the per diem of the peer group to which they were classified). On and after October 1, 2009, newly qualifying non-rural/non-state hospitals will be assigned the specified percentage of the peer group per diem for the peer group to which they are classified.

Reimbursement for non-small rural/non-state hospitals for inpatient acute care is a prospective per diem rate. All non-small rural/non-state hospitals enrolled in Louisiana Medicaid are classified as one of the following five peer groups, or as a specialty hospital:

- **Peer Group 1 – Major Teaching Hospitals**
  Qualifying hospitals will receive not less than 80 percent of the current peer group rate;

- **Peer Group 2 – Minor Teaching Hospitals**
  Qualifying hospitals will receive not less than 103 percent of the current peer group rate;

- **Peer Group 3 – Non-Teaching Hospitals with less than 58 beds**
  Qualifying hospitals will receive not less than 103 percent of the current peer group rate;

- **Peer Group 4 – Non-Teaching Hospitals with 59 to 138 beds**
  Qualifying hospitals will receive not less than 122 percent of the current peer group rate; or

- **Peer Group 5 – Non-Teaching Hospitals with more than 138 beds**
  Qualifying hospitals will receive not less than 103 percent of the current peer group rate.

Changing Peer Group Status

Hospitals wishing to change their status as defined above must submit a request to Provider Enrollment within 90 days prior to the desired effective date. If the requested change is

approved, the effective date will be the beginning of the next state fiscal year. In addition to notifying the FI's Provider Relations Section of its desire to change peer groups, a hospital should also notify the LDH/Rate Setting and Audit in order to be apprised of any specific issues that may affect the hospital's peer group change, and possible new acute care per diem. Refer to Appendix B for LDH/Rate Setting and Audit contact information.

Specialty Hospitals

For each specialty hospital listed below, qualifying hospitals will receive the current peer group rate:

- Children's Hospitals;
- Freestanding Psychiatric Hospitals;
- Distinct Part Psychiatric (DPP) Hospitals;
- Long Term Acute Care (LTAC) Hospitals: and
- Rehabilitation Hospitals

Boarder Baby per Diem

The boarder baby per diem is paid for boarder babies that remain in the regular nursery of the hospital after the mother's discharge. In these cases, this per diem is paid to hospitals billing the appropriate and covered nursery revenue codes.

Well-Baby per Diem

Private hospitals that perform more than 1,500 Louisiana Medicaid deliveries per state fiscal year (SFY) qualify to be paid a per diem for well babies that are discharged at the same time the mother is discharged. This well-baby per diem rate is the lesser of the hospital's actual costs or the boarder baby rate.

Qualification for Well-Baby Rate

In order for a hospital to qualify for the well-baby per diem, it must notify Rate Setting and Audit at any time during a SFY, or not later than six months after the end of a SFY that it

indeed had more than 1,500 Medicaid deliveries in that SFY. It is the hospital's responsibility to request qualifying status in order to be paid the well-baby per diem rate. If the hospital does not inform LDH of their change in status, they will not qualify.

The Rate Setting and Audit Section generates an annual report to determine if there are any new hospitals that may qualify. **If the Rate Setting and Audit Section cannot determine from the hospital's billing data, available at the time of the report, that it had 1,500 Medicaid deliveries, the hospital must then provide documentation satisfactory to LDH that supports the 1,500 Medicaid deliveries in that SFY.** If the hospital does not notify LDH of their change in status ***and*** provide sufficient information supporting the 1,500 Medicaid deliveries in the time frame specified above, the hospital will not be eligible for the well-baby per diem rate.

Medicaid eligibles do count as Medicaid deliveries, but must be billed to Medicaid, in order to count that delivery. **Therefore, it is the responsibility of the hospital to notify us timely (as described above) that it qualifies.** Rate Setting and Audit will then verify qualifying information. Once a hospital has qualified, it will begin receiving the well-baby per diem for dates of service on and after the beginning of the SFY following its qualification.

Well-Baby Example 1:

A hospital determines that it had 1,500 Medicaid deliveries from July 1, 2007, to June 30, 2008 (SFY 2008), and it notifies Rate Setting and Audit on December 31, 2008, that it has qualified. After verification and implementation of the rate, the hospital would receive the well-baby per diem for dates of service retroactive to July 1, 2008.

Well-Baby Example 2:

A hospital determines that it had 1,500 Medicaid deliveries from July 1, 2007 to June 30, 2008 (SFY 2008), and it notifies Rate Setting and Audit on January 1, 2009 that it has qualified. The hospital was too late in notifying Rate Setting and Audit; thus, it does not qualify to receive the well-baby per diem. The hospital can qualify later, but only after it has notified Rate Setting and Audit that it has had more than 1,500 Medicaid deliveries in SFY 2009.

Well-Baby Example 3:

A hospital determines that it had 1,500 Medicaid deliveries from July 1, 2008 to January 31, 2009 (first seven months of SFY 2009), and it notifies Rate Setting and Audit on February 1, 2009 that it has qualified. After verification and implementation of the rate,

the hospital would receive the well-baby per diem for dates of service on and after July 1, 2009.

Continuing Qualification for Well-Baby Rate

After each SFY, Medicaid will run a report to determine if hospitals currently receiving the well-baby per diem continue to qualify. If the report shows that a hospital did not qualify, additional information will be requested from the hospital to determine if there will be any subsequently billed Medicaid deliveries. After determining that there is no more Medicaid deliveries to count, eligibility will be determined and LDH will either continue or discontinue paying the well-baby per diem in accordance with the number of Medicaid deliveries for that hospital.

If it is determined that a hospital does not continue to qualify, the well-baby per diem will be discontinued and retroactively recouped if necessary back to dates of service beginning July 1 of the SFY year following that hospital's failure to qualify.

Specialty Units

Certain resource intensive inpatient services have historically been recognized through a separate reimbursement methodology by Louisiana Medicaid. Separate per diems are established for the following resource intensive inpatient services: neonatal intensive care units, pediatric intensive care units, and burn units.

Neonatal Intensive Care Units

Reimbursement methodology recognizes four categories of neonatal units based on the certification of a hospital to provide neonatal intensive care services at a minimum standard for each category of Neonatal Intensive Care Units (NICUs): **NICU I; NICU II; NICU III; and NICU III Regional**.

In order for a hospital to qualify to be reimbursed for NICU services, certification must be obtained and maintained through the Health Standards Section (HSS) of the LDH.

NOTE: Details regarding these NICUs can be found within the Hospital Licensing Standards. (See Appendix B for the HSS website).

If a hospital has implemented an NICU, it **must notify Rate Setting and Audit at least 90 days prior to the beginning of the subsequent SFY** in order to be compensated with an appropriate NICU rate at the beginning of the following SFY.

NICU Example

Hospital plans to have an NICU, and determines when it will begin delivering NICU services.

Hospital notifies HSS (to schedule an on-site survey for certification) and Rate Setting and Audit (for rate implementation). These **notifications must occur at least 90 days prior to the next subsequent SFY** in order to assure that the hospital may receive NICU per diem on dates of service beginning on the first day of the next SFY. The on-site survey should be completed and documented by HSS prior to the next SFY so that the rate will be implemented.

The NICU per diem may be paid only when a hospital bills the appropriate revenue code.

Per Diem Adjustments

Effective for dates of service on or after March 1, 2011, the per diem rates for Medicaid inpatient services rendered by NICU level III and NICU level III regional units, recognized by the Department as such on December 31, 2010, shall be adjusted to include an increase.

The per diem adjustment will vary based on the following five tiers:

If the qualifying hospital's average percentage:	Tier	Additional Per Diem
Exceeds 10 percent	1	$601.98
Exceeds 5 percent but is less than or equal 10 percent	2	$624.66
Exceeds 1.5 percent but is less than or equal to 5 percent	3	$419.83

If the qualifying hospital's average percentage:	Tier	Additional Per Diem
Exceeds 0 percent but is less than or equal to 1.5 percent; and the Hospital received greater than .25 percent of the outlier payments for dates of service in: • SFY 2008, • SFY 2009, and • Calendar year 2010	4	$263.33
If the qualifying hospital:	**Tier**	**Additional Per Diem**
Exceeds 0 percent but received less than .25 percent of outlier payments for dates of service in: • SFY 2008, • SFY 2009, and • Calendar year 2010	5	$35.00

A qualifying hospital's placement into a tier will be determined by the average of its percentage of paid NICU Medicaid days for SFY 2010 dates of service to the total of all qualifying hospitals' paid NICU days for the same time period, and its percentage of NICU patient outlier payments made as of December 31, 2010 for dates of service in SFY 2008 and SFY 2009 and calendar year 2010 to the total NICU outlier payments made to all qualifying hospitals for these same time periods.

This average shall be weighted to provide that each hospital's percentage of paid NICU days will comprise 25 percent of this average, while the percentage of outlier payments will comprise 75 percent. In order to qualify for tiers 1-4, a hospital must have received at least .25 percent of outlier payments in SFY 2008, SFY 2009, and calendar year 2010.

SFY 2010 is used as the base period to determine the allocation of NICU and PICU outlier payments for hospitals having both NICU and PICU units.

If the daily paid outlier amount per paid NICU day for any hospital is greater than the mean plus one standard deviation of the same calculation for all NICU level III and NICU level III regional hospitals, then the basis for calculating the hospital's percentage of NICU patient outlier payments shall be to substitute a payment amount equal to the highest daily paid outlier amount of any hospital not exceeding this limit, multiplied by the exceeding hospital's paid NICU days for SFY 2010, to take the place of the hospital's actual paid outlier amount.

Exclusion Criteria

Children's specialty hospitals are not eligible for the tier determined per diem adjustments.

Assessment/Evaluation

The Department shall evaluate all rates and tiers two years after implementation.

Pediatric Intensive Care Units

Reimbursement methodology recognizes two categories of pediatric intensive care units (PICUs) based on the certification of a hospital to provide pediatric intensive care services at a minimum standard for each category of PICU: **PICU II; and PICU I.**

In order for a hospital to qualify to be reimbursed for PICU services, certification must be obtained and maintained through the LDH/HSS.

NOTE: Details regarding these PICU units can be found within the Hospital Licensing Standards. (See Appendix B for the HSS web site).

If a hospital has implemented a PICU, it **must notify Rate Setting and Audit at least 90 days prior to the beginning of the subsequent SFY** in order to initiate compensation with an appropriate PICU rate at the beginning of the following SFY.

PICU Example

Hospital plans to have a PICU, and determines when they will begin delivering PICU services.

Hospital notifies HSS (to schedule an on-site survey for certification) and Rate Setting and Audit (for rate implementation). These **notifications must occur at least 90 days prior to the next subsequent SFY** in order to assure that the hospital may receive PICU per diem on dates of service beginning on the first day of the next SFY. The on-site survey should be completed and documented by HSS prior to the next SFY so that the rate will be implemented.

Only when a hospital bills the appropriate and covered revenue code in accordance with the UB-04 National Billing Guidelines, will the PICU per diem be paid.

Effective for dates of service on or after March 1, 2011, the per diem rates for Medicaid inpatient services rendered by PICU level I and PICU level II units, recognized by the Department as such on December 31, 2010, shall be adjusted to include an increase.

The per diem adjustment will vary based on the following four tiers:

If the qualifying hospital's average percentage	Tier	Additional Per Diem
Exceeds 20 percent	1	$418.34
Exceeds 10 percent but is less than or equal to 20 percent	2	$278.63
Exceeds 0 percent but is less than or equal to 10 percent; and the Hospital received greater than .25 percent of the outlier payments for dates of service in: • SFY 2008, • SFY 2009, and • Calendar year 2010	3	$178.27

If the qualifying hospital:	Tier	Additional Per Diem
Exceeds 0 percent but received less than .25 percent of outlier payments for dates of service in: • SFY 2008, • SFY 2009, and • Calendar year 2010	4	$35.00

A qualifying hospital's placement into a tier will be determined by the average of its percentage of paid PICU Medicaid days for SFY 2010 dates of service to the total of all qualifying hospitals' paid PICU days for the same time period, and its percentage of PICU patient outlier payments made as of December 31, 2010 for dates of service in SFY 2008 and SFY 2009 and calendar year 2010 to the total PICU outlier payments made to all qualifying hospitals for these same time periods.

This average shall be weighted to provide that each hospital's percentage of paid PICU days will comprise 25 percent of this average, while the percentage of outlier payments will comprise 75 percent. In order to qualify for tiers 1-4, a hospital must have received at least .25 percent of outlier payments in SFY 2008, SFY 2009, and calendar year 2010.

SFY 2010 is used as the base period to determine the allocation of NICU and PICU outlier payments for hospitals having both NICU and PICU units.

If the daily paid outlier amount per paid PICU day for any hospital is greater than the mean plus one standard deviation of the same calculation for all PICU level I and PICU level II hospitals, then the basis for calculating the hospital's percentage of PICU patient outlier payments shall be to substitute a payment amount equal to the highest daily paid outlier amount of any hospital not exceeding this limit, multiplied by the exceeding hospital's paid PICU days for SFY 2010, to take the place of the hospital's actual paid outlier amount.

Exclusion Criteria

Children's specialty hospitals are not eligible for the tier determined per diem adjustments.

Assessment/Evaluation

The Department shall evaluate all rates and tiers two years after implementation.

Change in Level of Care in a Specialty Unit

When a hospital wishes to change the level of care in a NICU or PICU, it must notify HSS and Rate Setting and Audit. Compliance with the specialized unit criteria shall be verified via an on-site survey within 30 days after receipt of application. **The rate implementation for a change in level of care of a NICU or PICU can only occur at the beginning of the hospital's subsequent cost reporting period.**

If it is subsequently discovered that a hospital does not meet the level of care for which it has previously been certified, recoupment of any inappropriate payments shall be made.

Burn Units

Only when a hospital bills the appropriate and covered revenue code in accordance with the UB-04 National Billing Guidelines, will the burn unit per diem be paid.

Transplant Services

In-state transplant services are reimbursed at costs subject to a hospital-specific per diem limit that is based on each hospital's actual cost in the base year established for each type of approved transplant. Out of state transplant services are 40 percent of billed charges for adults and 60 percent of billed charges for children ages 0-21.

Outliers

In compliance with the requirement of §1902(s) (1) of the Social Security Act, additional payment shall be made for catastrophic costs associated with services provided to:

- Children under age six who received inpatient services in a disproportionate share hospital setting; and

- Infants who have not attained the age of one year who received inpatient services in any acute care setting.

Cost is defined as the hospital-specific cost to charge ratio based on the hospital's cost report period ending in SFY2000 (July 1, 1999 through June 30, 2000).

For new hospitals and hospitals that did not provide Medicaid NICU services in SFY 2010, the hospital specific cost to charge ratio will be calculated based on the first full year cost reporting period that the hospital was open or that Medicaid NICU services were provided.

The hospital specific cost to charge ratio will be reviewed bi-annually to determine the need for adjustment to the outlier payment. A deadline of six months subsequent to the date that the final claim is paid shall be established for receipt of the written request filing for outlier payments. Additionally, effective March 1, 2011, outlier claims for dates of service on or before February 28, 2011 must be received by the Department on or before May 31, 2011 in order to qualify for payment. Claims for this time period received by the Department after May 31, 2011 shall not qualify for payment.

NOTE: Outlier payments are not payable for transplant procedures, and services provided to beneficiaries with Medicaid coverage that is secondary to other payer sources.

Effective for dates of service on or after March 1, 2011, a catastrophic outlier pool shall be established with annual payments limited to $10,000,000. In order to qualify for payments from this pool, the following conditions must be met:

- The claims must be for children less than six years of age who received inpatient services in a disproportionate share hospital setting; or infants less than one year of age who receive inpatient services in any acute care hospital setting; and

- The costs of the case must exceed $150,000. The hospital specific cost to charge ratio utilized to calculate the claim costs shall be calculated using the Medicaid NICU or PICU costs and charge data from the most current cost report.

The initial outlier pool will cover eligible claims with admission dates from the period beginning March 1, 2011 through June 30, 2011.

- Payment for the initial partial year pool will be $3,333,333 and shall be the costs of each hospital's qualifying claims net of claim payments divided by the sum of all qualifying claims cost in excess of payments, multiplied by $3,333,333;

- Cases with admission dates on or before February 28, 2011 that continue beyond the March 1, 2011 effective date, and that exceed the $150,000 cost threshold, shall be eligible for payment in the initial catastrophic outlier pool; and

- Only the costs of the cases applicable to dates of service on or after March 1, 2011, shall be allowable for determination of payment from this pool.

Beginning with SFY 2012, the outlier pool will cover eligible claims with admission dates during the SFY (July 1 through June 30) and shall not exceed $10,000,000 annually. Payment shall be the costs of each hospital's eligible claims less the prospective payment, divided by the sum of all eligible claims costs in excess of payments, multiplied by $10,000,000.

Outlier claims must be for a single continuous inpatient stay. Some hospital charges will be considered non-covered charges and will be removed from the total billed charges. For example, experimental drugs would be identified by revenue code, and removed from the total billed charges for a claim.

To submit an outlier claim, a copy of all of the UB-04s and corresponding remittance advice (RA) for a qualifying beneficiaries entire inpatient stay (along with documentation of payment from third parties on the beneficiary's behalf for the stay, if applicable) must be received in Medicaid's Rate Setting and Audit Section office no later than six months after the latest RA date on that claim. **Failure to meet this six-month deadline will result in the outlier claim being denied**. If there are unresolved payment issues from third parties, the outlier claim should still be submitted in accordance with this timely filing requirement above, along with notification of the unresolved issues.

Qualifying Loss Review Process

Any hospital seeking an adjustment to the operations, movable, fixed capital, or education component of its rate shall submit a written request for administrative review within 30 days after receipt of the letter notifying the hospital of its rate. Rate notification date is considered to be five days from the date of the letter or the postmark date, whichever is later.

"Qualifying loss" in this context refers to that amount by which the hospital's operating costs, movable equipment costs, fixed capital costs, or education costs (excluding disproportionate share payment adjustments) exceed the Medicaid reimbursement for each component.

"Costs" when used in the context of operating costs, movable equipment costs, fixed capital costs, and education costs, means a hospital's costs incurred in providing covered inpatient services to Medicaid beneficiaries as allowed by the *Medicare Provider Reimbursement Manual*.

Permissible Basis

Consideration for qualifying loss review is available only if one of the following conditions exists:

- Rate-setting methodologies or principles of reimbursement are incorrectly applied;
- Incorrect or incomplete data or erroneous calculations were used in the establishment of the hospital's rate; or
- The amount allowed for a component in the hospital's prospective rate is 70 percent or less of the component cost it incurs in providing services that conform to the applicable state and federal laws of quality and safety standards.

Basis Not Allowable

The following matters are not subject to a qualifying loss review:

- The use of peer group weighted medians to establish operations component of the per diem;
- The use of peer group medians to establish movable equipment component of the per diem;
- The use of statewide median to establish fixed capital component of the per diem;
- The percentages used to blend peer group and hospital-specific costs during the three-year phase-in period;
- The use of teaching and non-teaching status, specialty hospital status, and bed-size as criteria for hospital peer groups;
- The use of Council of Teaching Hospitals full membership as criteria for major teaching status;

- The use of fiscal year 1991 medical education costs to establish a hospital-specific medical education component;
- The use of the DATA Resources, Inc. (DRI). DRI Type Hospital Market Basket Index as the prospective escalator;
- The decision not to escalate fixed capital beyond the implementation year;
- The criteria used to establish the levels of neonatal intensive care;
- The criteria used to establish the levels of pediatric intensive care;
- The methodology used to calculate the boarder baby rates for nursery;
- The criteria used to identify specialty hospital peer groups; and
- The criteria used to establish the level of burn care.

Burden of Proof

The hospital shall bear the burden of proof in establishing the facts and circumstances necessary to support a rate adjustment. Any costs that the provider cites as a basis for relief under this provision must be calculable and auditable.

Required Documentation

All requests for qualifying loss review shall specify the following:

- The nature of the adjustment sought;
- The amount of the adjustment sought;
- The reasons or factors that the hospital believes justify an adjustment; and
- An analysis demonstrating the extent to which the hospital is incurring or expects to incur a qualifying loss. However, such analysis is not required if the request is limited to a claim that:

- The rate-setting methodology or criteria for classifying hospitals or hospital claims were incorrectly applied;
- Incorrect or incomplete data or erroneous calculations were used in establishment of the hospital rates; or
- The hospital has incurred additional costs because of a catastrophe.

Consideration Factors for Additional Reimbursement Requests

In determining whether to award additional reimbursement to a hospital that has made the showing required, the factors described below shall be considered.

Unreimbursed costs are generated by factors generally not shared by other hospitals in the hospital's peer group. Such factors may include, but are not limited to, extraordinary circumstances beyond the control of the hospital, and improvements required complying with licensing or accrediting standards. The request for rate adjustment may be denied where it appears from the evidence presented that the hospital's costs are controllable through good management practices or cost containment measures.

Financial ratio data indicative of the hospital's performance quality in particular areas of hospital operation may require the hospital to provide additional data.

Even if reasonable action to contain costs on a hospital-wide basis has been taken, the hospital may be required to provide audited cost data or other quantitative data, including but not limited to: occupancy statistics, average hourly wages paid, nursing salaries per adjusted patient day, average length of stay, cost per ancillary procedure, average cost per meal served, average cost per pound of laundry, average cost per pharmacy prescription, housekeeping costs per square foot, medical records costs per admission, full-time equivalent employees per occupied bed, age of receivables, bad debt percentage, inventory turnover rate, and information about actions that the hospital has taken to contain costs.

Determination to Award Relief

Additional reimbursement shall be awarded to a hospital that demonstrates to the LDH by clear and convincing evidence that:

- The hospital demonstrated a qualifying loss;

- The hospital's current prospective rate jeopardized the hospital's long-term financial viability; and

- The Medicaid population served by the hospital has no reasonable access to other inpatient hospitals for the services that the hospital provides and that the hospital contends are under-reimbursed.

Notification of Relief Awarded

Notification of decision regarding qualifying loss review shall be provided in writing. Should the decision be to award relief, relief consists of making appropriate adjustments to correctly apply the rate-setting methodology or to correct calculations, data errors, or omissions. A hospital's corrected rate component shall not exceed the lesser of its recalculated cost for that component or 150 percent of the provider's peer group rate for that component.

If subsequent discovery reveals that the provider was not eligible for qualifying loss relief, any relief awarded under this qualifying loss process shall be recouped.

Effect of Decision

Decisions to recognize omitted, additional, or increased costs incurred by any hospital; to adjust the hospital rates; or to otherwise award additional reimbursement to any hospital shall not result in any change in the peer group calculations for any rate component.

Rate adjustments granted under this provision shall be effective from the first day of the rate period to which the hospital's request for qualifying loss review relates, shall continue in effect during subsequent rate periods, and shall be inflated for subsequent years.

However, no retroactive adjustment will be made to the rate or rates that were paid during any SFY prior to the year for which qualifying loss review was requested.

Administrative Appeal

The hospital may appeal an adverse qualifying loss decision to the Division of Administrative Law (DOA)/LDH Section (see Appendix B for contact information). The appeal must be lodged in writing within 30 days of receipt of the written decision, and state the basis for the appeal. Rate notification date is considered to be five days from the date of the letter or the postmark date, whichever is later. The administrative appeal shall be conducted in accordance with the Louisiana

Administrative Procedures Act (L.R.S. 49:951 et seq.). The DOA shall submit a recommended decision to the Secretary of the Department, who will issue the final decision.

Judicial Review

Judicial review of the Secretary's decision shall be in accordance with the Louisiana Administrative Procedures Act (L.R.S. 49:951 et. seq.) and shall be filed in the 19th Judicial District Court.

Reimbursement Methodology for Acute Care Inpatient Hospital Services

Small Rural Hospitals

Small rural hospitals must meet the qualifications and definition as described earlier in this section under Inpatient Reimbursement.

Small rural hospitals shall be reimbursed at a prospective per diem rate. The payment rate for inpatient acute services in small rural hospitals shall be the median cost amount plus 10 percent. The median cost and rates shall be rebased at least every other year using the latest filed full period cost reports as filed in accordance with Medicare timely filing guidelines.

State-Owned Hospitals

State-owned acute hospitals are reimbursed costs for inpatient Medicaid services. Payment is made during the year based on an interim per diem rate. Final payment is based on costs determined per the Medicare/Medicaid cost report.

Out-of-State Hospitals

The Louisiana Medicaid program will reimburse claims for emergency medical services provided to Louisiana Medicaid eligible beneficiaries who are temporarily absent from the state when:

- An emergency is caused by accident or illness;
- The health of the beneficiary would be endangered if the beneficiary undertook travel to return to Louisiana; and

- The health of the beneficiary would be endangered if medical care were postponed until the beneficiary returns to Louisiana.

Out-of-state hospital emergency room visits and related inpatient admissions do not require prior authorization. **Any other acute care services to be billed by a hospital require prior authorization for out-of-state services** (both inpatient and outpatient). Reimbursement for inpatient acute care for eligible Louisiana Medicaid beneficiaries is made at: the lesser of the Medicaid per diem of the state where the facility is located; or 60 percent of billed charges for beneficiaries under age 21 years of age and 40 percent of billed charges for beneficiaries 21 years of age and over. The list of out-of-state hospitals that have per diems assigned to them are found on the lamedicaid.com website under the broad heading of "Inpatient Hospital Per Diems" after opening the "Fee Schedules" link.

Reimbursement is only made to enrolled Louisiana Medicaid hospital providers. Any hospital may enroll in Louisiana Medicaid and then bill for eligible (and properly authorized) services already provided. However, **the enrollment process must be completed**, and the bill must be submitted **prior to one year after the date of service**.

Out-of-State Inpatient Psychiatric Services

Inpatient stays for psychiatric or substance abuse treatment are only covered in out-of-state hospitals in the event of a medical emergency, for a maximum of two days, to allow time for the beneficiary to be stabilized and transferred to a Louisiana psychiatric hospital when appropriate. Outpatient psychiatric and substance abuse services provided by an out-of-state hospital are not covered.

Inpatient Psychiatric (Free-Standing and Distinct Part Psychiatric Hospitals)

Reimbursement for services provided in these facilities is a prospective per diem rate. This per diem includes all services provided to inpatients, except for physician services, which should be billed separately. All therapies (individual/group counseling or occupational therapy) should be included in the per diem. Federal regulations prohibit Medicaid payment for beneficiaries the ages of 22 and 64 in a free-standing psychiatric hospital**.**

Outpatient Hospitals

There are seven different outpatient hospital fee schedules posted on the Louisiana Medicaid website:

- Hospital Outpatient Ambulatory Surgery Fee Schedule for Rural Hospitals;
- Hospital Outpatient Ambulatory Surgery Fee Schedule for State Hospitals;
- Hospital Outpatient Ambulatory Surgery Fee Schedule for Non-Rural, Non-State Hospitals;
- Hospital Outpatient Services Fee Schedule (non-ambulatory surgery);
- Small Rural Hospital Outpatient Services Fee Schedule (non-ambulatory surgery);
- Sole Community Hospital Outpatient Services Fee Schedule (clinical diagnostic laboratory services); and
- State Hospital Outpatient Services Fee Schedule (non-ambulatory surgery).

Clinical diagnostic laboratory services are reimbursed at the lower of:

- Billed charges;
- The state maximum Medicaid amount for CPT codes in the corresponding Outpatient Hospital Services Fee Schedule which is based on the Medicare fee schedule; or
- Medicare Fee schedule amount.

Reimbursement for clinical diagnostic laboratory services complies with Upper Payment Limit (UPL) requirements for these services.

NOTE: State-owned hospitals and small rural hospitals shall be reimbursed for outpatient clinical laboratory services at 100 percent of the current Medicare Fee Schedule.

Outpatient hospital facility fees for office/outpatient visits are reimbursed at the lower of:

- Billed charges; or

- The State maximum amount (70 percent of the Medicare Ambulatory Payment Classification (APC) payment rates as published in the 8/9/02 Federal Register).

Small rural hospitals are reimbursed the above rate as an interim payment. Final reimbursement shall be 110 percent of allowable cost as calculated through the cost settlement process.

Outpatient hospital facility surgery fees are reimbursed at the lower of:

- Billed charges; or
- Established Medicaid payment rates assigned to each Healthcare Common Procedure Coding System (HCPCS) code based on the Medicare payment rates for ambulatory surgery center services.

Current HCPCS codes and modifiers shall be used to bill for all outpatient surgery services.

Small rural hospitals are reimbursed the above rate as an interim payment. Final reimbursement shall be 100 percent of allowable cost as calculated through the cost settlement process.

Rehabilitation Services (Physical, Occupational, and Speech Therapy)

Rates for rehabilitation services are calculated using the base rate from fees on file in 1997. The maximum rate for outpatient rehabilitation services is set using the State maximum rates for rehabilitation services plus an additional 10 percent.

Rates for outpatient rehabilitation services provided to **beneficiaries up to the age of three** are included in the fee schedule.

Small rural hospitals are reimbursed the above rate as an interim payment. Final reimbursement shall be 110 percent of allowable cost as calculated through the cost settlement process.

Other Outpatient Hospital Services

Outpatient hospital services other than clinical diagnostic laboratory, outpatient surgeries, rehabilitation services, and outpatient hospital facility fees for office/outpatient visits are paid as described below.

In-State Non- Small Rural Private Hospital Outpatient Services

Interim reimbursement is based on a hospital specific cost to charge ratio calculation from the latest filed cost reports. Updated cost to charge ratios are calculated as the cost reports are filed.

Final reimbursement is adjusted as follows:

Dates of Services	Percentage of Costs
Dates before August 1, 2006	83
August 1,2006 to February 19, 2009	86.2
February 20, 2009 to August 3, 2009	83.18
August 4, 2009 to February 2, 2010	78.48
February 3, 2010 to July 31, 2010	74.56
August 1, 2010 to December 31, 2010	71.13
January 1, 2011 to July 31, 2012	69.71
August 1, 2012 to January 31, 2013	67.13
February 1, 2013 to December 31, 2016	66.46
January 1, 2017 to December 31, 2017	71.13
January 1, 2018 and forward	74.56

In-State State-Owned Hospital Outpatient Services

Interim reimbursement shall be 100 percent of each hospital's cost to charge ratio as calculated from the latest filed cost report. Final reimbursement shall be 90 percent of allowable cost as calculated through the cost report settlement process.

In-State Small Rural Hospital Outpatient Services

Interim reimbursement shall be 110 percent of each hospital's cost to charge ratio as calculated from the latest filed cost report. Final reimbursement shall be 110 percent of allowable cost as calculated through the cost report settlement process.

Out of State Hospital Outpatient Services

Approved outpatient hospital services will be reimbursed at 31.04 percent of billed charges except for those outpatient services reimbursed based on a fee schedule. The Medicaid Program does not cost settle out-of-state hospitals.

Cost Reporting

The LDH is currently contracted with Leblanc, Robertson, Chisholm & Associates, LLC, formerly known as Cypress Audit Team, LLC for audit of Medicaid cost reports. (See Appendix B for contact information). The Louisiana Medicaid Program tracks Medicare requirements for timely filing of cost reports. In accordance with the Medicare filing deadlines, all Louisiana hospitals enrolled in the Title XIX Medical Assistance (Medicaid) Program must submit a copy of their annual cost report to the current contractor.

The following must be included with your hospital cost report submission:

- Electronic cost report data file (ECR File);
- PDF copy of the cost report (hard copy if PDF not available);
- Working Trial Balance (cost center order if available);
- Completed Centers for Medicare and Medicaid Services (CMS) 339 questionnaire;
- Copy of Medicaid crosswalks for all units;
- Hospitals with a DPP Unit, NICU, PICU, Burn Unit, and/or Transplant Unit must complete a separate Worksheet S-3, D Part I, II, III, IV, D-1, and D-4 for each of the units to separately identify program costs, charges, and statistics associated with each specialty unit. The above worksheets for the non-specialty portion of the hospital are to exclude all specialty unit data;
- A detailed log of Medicaid beneficiaries for carve out specialty units (NICU, PICU, Burn Unit, and/or Transplant Unit) which correlates with the filed cost report and includes the following data elements: beneficiary name, dates of service, number of patient days, number of discharges, room and ancillary charges. Only statistics related to the days that the beneficiary is physically in the specialty unit are

includable in the specialty unit carve out. All other days and charges associated with these patients' stays, for instance - nursery, must be included with the non-specialty unit hospital statistics;

- Completed M Series Worksheets for all hospital based rural health clinics; and
- Medicare Inpatient Part B Detail from the Medicare Provider Statistical and Reimbursement (PS&R) Report.

Supplemental Payments

Upon approval from the CMS, various types of supplemental payment programs can be implemented given that funding is available. Some examples of these are payments related to hospitals impacted by hurricanes, high Medicaid utilization hospitals, graduate medical education (GME), teaching hospitals, low income and needy care collaboration hospitals, and payments made related to the UPL.

Disproportionate Share

Upon approval from CMS, various categories of Disproportionate Share Hospitals (DSH) payments can be implemented given that funding is available. Examples of these are small rural hospital DSH, high Medicaid utilization DSH, DSH for community hospital uncompensated care, and DSH for public state–operated hospitals.

CLAIMS RELATED INFORMATION

Hospital claims are to be billed using the Health Insurance Portability and Accountability Act (HIPAA) 837I or most current UB-04 claim form.

This section provides specific billing information for the services outlined below.

Provider Preventable Conditions

Louisiana Medicaid is mandated to meet the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 of the Social Security Act with respect to non-payment for Provider Preventable Conditions (PPCs). The guidance below applies to the Legacy Medicaid/Fee-For-Service delivery model. Managed care organizations are required to implement their own procedures for non-payment for the same events when applicable to their enrollees. Providers should contact the plans to obtain additional information.

Provider Preventable Conditions are defined into two separate categories:

- Healthcare Acquired Conditions (HCACs); and
- Other Provider Preventable Conditions (OPPCs).

Healthcare Acquired Conditions include Hospital Acquired Conditions (HACs) as outlined below. Other Provider Preventable Conditions refer to OPPCs (surgery on a wrong body part, wrong surgery on a patient, surgery on a wrong patient).

No reduction in payment for a PPC will be imposed on a provider when the condition defined as a PPC for a particular patient existed prior to the initiation of treatment for the patient by that provider.

Reductions in provider payment may be limited to the extent that the following apply:

- The identified provider preventable conditions would otherwise result in an increase in payment; and
- The State can reasonably isolate for nonpayment the portion of the payment directly related to treatment for, and related to, the provider preventable conditions.

Non-payment of provider preventable conditions shall not prevent access to services for Medicaid beneficiaries.

Please see the link below for the current listing of Hospital Acquired Conditions (HACs) and associated diagnoses:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

NOTE: Louisiana Medicaid considers HACs as identified by Medicare, other than deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

It will be the responsibility of the hospital to determine if the HCAC was the cause for any additional days added to the length of stay.

If there are any days that are attributable to the HCAC, these days are to be reported on the UB-04 as non-covered days utilizing the bill type of 110.

Medicaid will require the Present-on-Admission (POA) indicators as listed below with all reported diagnosis codes. Present on admission is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation or outpatient surgery, are considered as present on admission.

Present on Admission Reporting Options

Code	Definition
Y	Present at the time of inpatient admission
N	Not present at the time of inpatient admission
U	Documentation is insufficient to determine if condition is present on admission
W	Provider is unable to clinically determine whether condition was present on admission or not

NOTE: All claims with a POA indicator with a healthcare-acquired condition code will be denied payment.

Please see the link below for the current listing of diagnoses that are exempt from Present on Admission reporting requirements:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Coding.html

Other Provider Preventable Conditions (OPPC's)

Louisiana Medicaid also will not reimburse providers for other provider preventable conditions in any setting as follows:

- Wrong surgical or other invasive procedure performed on a patient;
- Surgical or other invasive procedure performed on the wrong body part; or
- Surgical or other invasive procedure performed on the wrong patient.

If there are any days that are attributable to the OPPC, these days are to be reported on the UB-04 as non-covered days utilizing the bill type of 110.

When a provider encounters a provider preventable condition listed above, they should use the appropriate ICD-10-CM diagnosis code reported in diagnosis position 2-9:

- Y65.51-Performance of wrong operation (procedure) on correct patient (existing code);
- Y65.52-Performance of operation (procedure) on patient not scheduled for surgery; or
- Y65.53-Performance of correct operation (procedure) on wrong side/body part.

Note: The above codes shall not be reported in the External Cause of Injury field.

Outpatient Hospital Claims

Providers are required to append one of the following applicable HCPCS modifiers to all lines related to the erroneous surgery(s)/procedure(s):

- PA: Surgery Wrong Body Part;
- PB: Surgery Wrong Patient; or
- PC: Wrong Surgery on Patient.

In summary, it is the responsibility of the provider to identify and report (through the UB-04) any PPC and not seek payment from Medicaid for any additional expenses incurred as a result of the PPC. Provider payments may be disallowed or reduced based on a post-payment review of the medical record.

Blood

The Medicaid Program will pay for all necessary blood while the beneficiary is hospitalized if other provisions to obtain blood cannot be made. However, every effort must be made to have the blood replaced. To bill for blood on the UB-04 form locator blocks 39 through 41 must be completed, and the total number of units billed must be entered in the Description of Services block.

Hospital-Based Ambulance Services

If a beneficiary is transported to a hospital that owns the hospital-based ambulance (ground or air) and is admitted, the ambulance charges must be billed on the UB-04 as part of the inpatient services using revenue code 540.

Mother/Newborn

Mother and newborn claims must be billed separately. The claim is to include only the mother's room/board and ancillary charges.

When a newborn remains hospitalized after the mother's discharge, the claim must be split billed. The first billing of the newborn claim should be for charges incurred on the dates that the mother was hospitalized. The second billing should be for the days after the mother's discharge. The newborn assumes the mother's discharge date as his/her admit date and the hospital will be required to obtain pre-certification.

Deliveries with Non-Payable Sterilizations

Medicaid allows payment of an inpatient claim for a delivery/C-section when a non-payable sterilization is performed during the same hospital stay. When there is no valid sterilization form obtained, the procedure code for the sterilization and the diagnosis code associated with the sterilization should not be reported on the claim form, and charges related to the sterilization process should not be included on the claim form.

Providers will continue to receive their per diem for covered charges for these services. Claims for these services will not require any prior or post authorization and may be billed via Electronic Media Claims (EMC) or on paper.

Split-Billing

Split-billing is permitted/required by the Medicaid Program in the following circumstances:

- Hospitals must split-bill claims at the hospital's fiscal year end;
- Hospitals must split-bill claims when the hospital changes ownership;
- Hospitals must split-bill claims if the charges exceed $999,999.99; and
- Hospitals must split-bill claims with more than one revenue code that utilizes specialized per diem pricing (PICU, NICU, etc.).

Hospitals have discretion to split bill claims as warranted by other situations that may arise.

Split-Billing Procedures

Specific instructions for split-billing on the UB-04 claim form are provided below.

In the *Type of Bill* block (form locator 4), the hospital must enter code 112, 113, or 114 to indicate the specific type of facility, the bill classification, and the frequency for both the first part and the split-billing interim and any subsequent part of the split-billing interim.

In the *Patient Status* block (form locator 17), the hospital must enter a 30 to show that the beneficiary is "still a patient."

NOTE: When split-billing, the hospital should never code the first claim as a discharge.

In the *Remarks* section of the claim form, the hospital must write in the part of stay for which it is split-billing. For example, the hospital should write in "Split-billing for Part 1," if it *is* billing for Part 1.

Providers submitting a hospital claim which crosses the date for the fiscal year end, should complete the claim in two parts: (1) through the date of the fiscal year end and (2) for the first day of the new fiscal year.

Claims Filing For Outpatient Rehabilitation Services

All outpatient hospital claims for therapy must have a prior authorization (PA) number in form locator 63.

When the revenue code listed at form locator 42 on the UB-04 is 420-424, 430-431, 434, 440-444 or 454, the correct procedure code corresponding to the revenue code must be entered in form locator 44, or the claim will be denied.

Durable medical equipment and medical supplies for the beneficiary must be prior authorized whether it is provided by the hospital or the DME provider.

Billing for the Implantation of the Infusion Pump and Catheter

Implantation of the infusion pump must be prior authorized. The surgeon who implants the pump shall submit a PA-01 Form to the Prior Authorization Unit (PAU) as part of the disciplinary team's packet. The surgeon must use his/her individual, rather than the group's provider number on the PA-01. The provider shall bill for the implantation of the intraspinal catheter by using the appropriate code.

These codes are to be billed on the CMS 1500 with the PA number included in item 23. Additionally, assistant surgeons, anesthesiologists and non-anesthesiologists-directed CRNA's may receive payment for appropriate codes associated with this surgery. All billers must include the PA number issued to the requesting physician in order to be reimbursed for the services.

Billing for the Cost of the Infusion Pump

The cost of the pump is a separate billable item. Hospitals will be reimbursed by Medicaid for their purchase of the infusion pump but must request PA for it by submitting a PA-01 to the PAU. The PA-01 should be submitted as part of the multidisciplinary team's packet. Hospitals will not be given a PA number for the pump until a PA request for the surgery has been received from the surgeon who will perform the procedure. If the surgeon's request is approved, the hospital will be given a PA number for the pump. To be reimbursed for the device the hospitals shall use HCPCS code E0783 (implantable programmable infusion pump) on a CMS 1500 claim form with the letters "DME" written in red across the top of the form.

When preparing to bill for any of these services remember these simple steps:

- When completing the PA-01 use the hospital facility number; and
- When billing on the CMS-1500 include the hospital facility number in form locator #33.

Billing For Replacement Pumps and Catheters

Replacement pumps shall be billed on a CMS 1500 claim form with the letters "DME" in red across the top. A copy of the original authorization letter should be attached for either the pump or the catheter. Use the appropriate covered codes for replacement pumps and catheter.

The Crossover Claims Process

Hospitals must submit claims for Medicare Part A (inpatient) and Medicare Part B (ancillary) charges to their Medicare intermediary for reimbursement. After Medicare makes payment, the claims will crossover to the Medicaid fiscal intermediary for payment of the co-insurance and deductible. Medicare and Medicaid beneficiary's claims must be filed to Medicare within one year from the date of service.

Inpatient Part A Crossovers

The Medicare payment will be compared to the number of days billed times the Medicaid inpatient per diem rate. If the Medicare payment is more than what the Medicaid payment would have been, Medicaid will approve the claim at "zero". If the Medicare payment is less, then Medicaid will pay on the Deductible and Coinsurance, up to what Medicaid would have paid as a Medicaid only claim not to exceed the coinsurance and deductible amounts. These claims will be indicated on the Remittance Advice as "Approved Claims", with an EOB of 996 ("deductible and or coinsurance reduced to max allowable"), and a reduced or zero payment. These are considered paid claims and may not be billed to the beneficiary.

Medicare Part A and B Claims

The hospital should bill the Medicare intermediary for the inpatient portion covered by Part A and the ancillaries covered by Part B. The Medicare intermediary will make payment and cross the claims over to the Medicaid fiscal intermediary for payment up to co-insurance and deductible amounts.

Medicare Part A Only Claims

If the beneficiary only has Medicare Part A coverage, then the hospital should submit an inpatient claim, including the ancillary charges, to its Medicare intermediary for reimbursement. The claim will cross over automatically to Medicaid for payment of the co-insurance and deductible amounts for the inpatient stay.

Exhausted Medicare Part A Claims

Occasionally Medicare/Medicaid beneficiaries will exhaust not only their 90 days of inpatient care under Medicare Part A, but also their 60 lifetime reserve days. When this situation occurs, the

hospital must submit a claim for the ancillary charges to its Medicare intermediary for reimbursement. Then the hospital must submit a paper claim with documentation of Medicare Part A being exhausted, e.g., a Notice of Medicare Claim Determination or the Medicare Part A EOB, and a copy of the Medicare Part B EOB to the Medicaid fiscal intermediary for processing.

The following items must be completed for the claim to be paid:

- 121 must be entered in form locator 4 as the type of bill;
- The amount in the Total Charges column of the Medicare EOB (the dollar amount billed to Medicare Part B, not what has been paid by Part B) must be entered in form locator 54 as a third party payment; and
- "Medicare Part A Benefits Exhausted" should be written in form locator 80.

The dates of service on the claim must match the dates of service on the Notice of Medicare Claim Determination or the Part A EOB to verify that Part A benefits have been exhausted. The exceptions to this rule are Medically Needy Spend-down claims where the effective date of Medicaid eligibility is after the date of admission and extended care claims from facilities designated as extended care hospitals by Medicaid.

Medicare Part B Only Claims

If the beneficiary only has Medicare Part B coverage, then the hospital should submit a claim for the ancillary charges to its Medicare intermediary for reimbursement. After Medicare has made its payment, the hospital should submit a claim for the inpatient charges (including ancillary charges), with the Medicare Part B EOB attached, to the Medicaid fiscal intermediary.

The following items must be completed for the claim to be paid:

- 121 must be entered in form locator 4 as the type of bill;
- The amount in the Total Charges column of the Medicare EOB (the dollar amount billed to Medicare Part B, not what has been paid by Part B) must be entered in form locator 54; and
- "Medicare Part B Only" must be written in form locator 80.

The Medicaid fiscal intermediary will process the claim for the allowable days and multiply the number of days by the hospital's per diem rate. The total Part B charges indicated in form locator 54 would then be deducted to calculate the payment for the claim.

NOTE: When filing for coinsurance and deductible on the ancillary charges, make sure that total charges filed to Part B equal total charges being filed on the UB04. A copy of the Medicare Part B EOB must be attached to the claim.

FORMS AND LINKS

The hospital fee schedules can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm.

An updated list of the ambulatory surgery codes can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/fee_schedules/Out_Amb_FS_non-Rural_non-State.pdf

http://www.lamedicaid.com/provweb1/fee_schedules/Out_Amb_FS_Rural_State.pdf

The current listing of Hospital Acquired Conditions (HACs) and associated diagnoses can be obtained by using the below hyperlink.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10_hacs.html

The current listing of diagnoses that are exempt from Present on Admission (POA) reporting requirements may be obtained by using the below hyperlink.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Coding.html

The most recent instructions for completing the UB 04 form along with samples of UB 04 claim forms for hospital services routine billing are located on the home page of the Louisiana Medicaid website. The billing instructions and examples may also be accessed by using the below hyperlink.

http://www.lamedicaid.com/provweb1/billing_information/UB04_Hospitals_NDC.pdf

Instructions and a copy of the **Louisiana Department of Health and Hospitals Office of Public Health Certification of Informed Consent-Abortion** form are available at:

http://new.dhh.louisiana.gov/assets/docs/Making_Medicaid_Better/RequestsforProposals/CCNP Appendices/AppendixNAbortionCertificationofInformedConsent.pdf

Other hospital related forms, including the Consent to Sterilization form, can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/Forms/forms.htm

CONTACT/REFERRAL INFORMATION

Gainwell Technologies

The Medicaid Program's fiscal intermediary, Molina Medicaid Solutions can be contacted for assistance with the following:

TYPE OF ASSISTANCE	CONTACT INFORMATION
e-CDI technical support	Gainwell Technologies (877) 598-8753 (Toll Free)
Electronic Media Interchange (EDI) Electronic Claims testing and assistance	P.O. Box 91025 Baton Rouge, LA 70898 Phone: (225) 216-6000 Fax: (225) 216-6335
Pharmacy Point of Sale (POS)	P.O. Box 91019 Baton Rouge, LA 70821 Phone: (800) 648-0790 (Toll Free) Phone: (225) 216-6381 (Local) **After hours, please call REVS*
Prior Authorization Unit (PAU)	Gainwell Technologies – Prior Authorization Phone: (800) 807-1320 e-PA Fax: (225) 216-6481
Provider Enrollment Unit (PEU)	Gainwell Technologies-Provider Enrollment P. O. Box 80159 Baton Rouge, LA 70898-0159 Phone: (225) 216-6370 Fax: (225) 216-6392
Provider Relations Unit (PR)	Gainwell Technologies – Provider Relations Unit P. O. Box 91024 Baton Rouge, LA 70821 Phone: (225) 924-5040 or (800) 473-2783 Fax: (225) 216-6334
Recipient Eligibility Verification (REVS)	Phone: (800) 766-6323 (Toll Free) Phone: (225) 216-7387 (Local)

Louisiana Department of Health (LDH)

TYPE OF ASSISTANCE	CONTACT INFORMATION
General Medicaid Information	General Hotline (888) 342-6207 (Toll Free) www.lamedicaid.com
Health Standards Section (HHS) Licensing Standards	P.O. Box 3767 Baton Rouge, LA 70821 Phone: (225) 342-0128 Fax: (225) 342-5292 http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1623
Louisiana Children's Health Insurance Program (LaCHIP)	(225) 342-0555 (Local) (877) 252-2447 (Toll Free) http://new.dhh.louisiana.gov/index.cfm/page/222
Office of Aging and Adult Services (OAAS) Waiver Assistance and Complaints	P.O. Box 2031 Baton Rouge, LA 70821 Phone: (866) 758-5035 Fax: (225) 219-0202 E-mail: MedWeb@dhh.la.gov http://dhh.louisiana.gov/index.cfm/subhome/12/n/327
Office for Citizens with Developmental Disabilities (OCDD)	628 N. Fourth Street P.O. Box 3117 Baton Rouge, LA 70821-3117 Phone: (225) 342-0095 (Local) Phone: (866) 783-5553 (Toll-free) E-mail: ocddinfo@la.gov http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8
Office of Management and Finance (Bureau of Health Services Financing) - MEDICAID	P.O. Box 91030 Baton Rouge, LA 70810-9030 http://new.dhh.louisiana.gov/index.cfm/subhome/1
Rate Setting and Audit Hospital Services	P.O. Box 91030 Baton Rouge, LA 70821 Phone: 225-342-0127 225-342-9462
Beneficiary Assistance for Authorized Services	Phone: (888) 342-6207 (Toll Free)
Recovery and Premium Assistance TPL Recovery, Trauma	P.O. Box 3588 Baton Rouge, LA 70821 Phone: (225) 342-8662 Fax: (225) 342-1376

LDH (continued)

Take Charge Plus	P.O. Box 91030 Baton Rouge, LA 70821 Phone: (888) 342-6207 www.MakingMedicaidBetter.com

Fraud hotline

TYPE OF ASSISTANCE	CONTACT INFORMATION
To report fraud	Program Integrity (PI) Section P.O. Box 91030 Baton Rouge, LA 70821-9030 Fraud and Abuse Hotline: (800) 488-2917 Fax: (225) 219-4155 http://dhh.louisiana.gov/index.cfm/page/219

Appeals

TYPE OF ASSISTANCE	CONTACT INFORMATION
To file an appeal	Division of Administrative Law (DAL) - Health and Hospitals Section Post Office Box 4189 Baton Rouge, LA 70821-4189 Phone: (225) 342-0443 Fax: (225) 219-9823

Other Helpful Contact Information:

TYPE OF ASSISTANCE	CONTACT INFORMATION
Leblanc, Robertson, Chisholm & Associates, LLC	Attention: Ms. Priscilla Smith 5555 Hilton Avenue, Suite 605 Baton Rouge, LA 70808 Phone: 225 218-6242 Email: questions@cypressaudit.com
Office of Population Affairs (OPA) Clearinghouse	P.O. Box 30686 Bethesda, MD 20824-0686 Phone: 866-640-7827 Fax: 866-592-3299 E-mail: Info@OPAclearinghouse.org

TYPE OF ASSISTANCE	CONTACT INFORMATION
Thomson Reuters	777 East Eisenhower Parkway Ann Arbor, MI 48108 Phone: 508-842-0656 / Help Line: 877-843-6796 Fax: 866-314-2572

EXHIBIT 98

Louisiana Medicaid Hospital Ambulatory Surgery
Fee Schedule: State Hospitals
(Effective Jan. 1, 2025)

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

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

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

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

15 - Outpatient Ambulatory Surgical Services.

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

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

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

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

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 1

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

COLUMN:

1	2	3	4	5 AGE		6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	G0105	COLORECTAL SCRN; HI RISK IND	483.29					
15	G0121	COLON CA SCRN; NOT HIGH RSK IN	483.29					
15	G0260	INJ FOR SACROILIAC JT ANESTH	360.84					
15	G0330	FACILITY SERVICES FOR DENTAL REHABIL	776.94					
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	1,450.94	10	60		F	
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	360.84					
15	10060	DRAINAGE OF SKIN ABSSCESS	360.84					
15	10061	DRAIN SKIN ABSCESS COMPLICATED	360.84					
15	10080	INCISE/DRAIN SIMPLE CYST	360.84					
15	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	360.84					
15	10120	SIMPLE REMOVAL FOREIGN BOCY	360.84					
15	10121	REMOVE FOREIGN BODY	483.29					
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	360.84					
15	10160	PUNCTURE DRAINAGE OF LESION	360.84					
15	10180	COMPLEX DRAINAGE, WOUND	483.29					
15	11010	DEBRIDE SKIN, FX	483.29					
15	11011	DEBRIDE SKIN/MUSCLE, FX	483.29					
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	483.29					
15	11042	DEBRIDE SKIN/TISSUE	483.29					
15	11043	DEBRIDE TISSUE/MUSCLE	483.29					
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	483.29					
15	11400	EXCISE BENIGN LESION TO 0.5 CM	360.84					
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	360.84					
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	360.84					
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	360.84					
15	11404	REMOVAL OF SKIN LESION	360.84					
15	11406	REMOVAL OF SKIN LESION	483.29					
15	11420	EXCISE BENIGN LESION TO 0.5 CM	483.29					
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	483.29					
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	483.29					
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	483.29					
15	11424	REMOVAL OF SKIN LESION	483.29					
15	11426	REMOVAL OF SKIN LESION	483.29					
15	11440	EXCISE BENIGN LESION TO 0.5 CM	360.84					
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	360.84					
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	360.84					
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	360.84					
15	11444	REMOVAL OF SKIN LESION	360.84					
15	11446	REMOVAL OF SKIN LESION	483.29					
15	11450	REMOVAL, SWEAT GLAND LESION	483.29					
15	11451	REMOVAL, SWEAT GLAND LESION	483.29					
15	11462	REMOVAL, SWEAT GLAND LESION	483.29					
15	11463	REMOVAL, SWEAT GLAND LESION	483.29					
15	11470	REMOVAL, SWEAT GLAND LESION	483.29					
15	11471	REMOVAL, SWEAT GLAND LESION	483.29					
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	483.29					

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	483.29				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	483.29				
15	11604	REMOVAL OF SKIN LESION	483.29				
15	11606	REMOVAL OF SKIN LESION	483.29				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	483.29				
15	11624	REMOVAL OF SKIN LESION	483.29				
15	11626	REMOVAL OF SKIN LESION	483.29				
15	11640	EXC FACE MM MALIG + MAG 0.5<	483.29				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	483.29				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	483.29				
15	11644	REMOVAL OF SKIN LESION	483.29				
15	11646	REMOVAL OF SKIN LESION	483.29				
15	11750	EXCISION NAIL & NAIL MATRIX	360.84				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	360.84				
15	11770	REMOVAL OF PILONIDAL LESION	552.64				
15	11771	REMOVAL OF PILONIDAL LESION	552.64				
15	11772	REMOVAL OF PILONIDAL LESION	552.64				
15	11920	TATOOING; 6 SQ CM OR LESS	360.84		X		
15	11921	TATOOING; 6.1 TO 20 SQ CM	360.84		X		
15	11960	INSERT TISSUE EXPANDER(S)	483.29				
15	11970	REPLACE TISSUE EXPANDER	552.64		X		
15	11971	REMOVE TISSUE EXPANDER(S)	360.84		X		
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	360.84				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	360.84				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	360.84				
15	12005	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12006	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12007	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	483.29				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	483.29				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	483.29				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	483.29				
15	12016	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12017	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12018	REPAIR SUPERFICIAL WOUND(S)	483.29				
15	12020	CLOSURE OF SPLIT WOUND	360.84				
15	12021	CLOSURE OF SPLIT WOUND	360.84				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	360.84				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	360.84				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	483.29				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	483.29				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	483.29				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	483.29				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	360.84				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	360.84				
15	12044	LAYER CLOSURE OF WOUND(S)	483.29				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	12045	LAYER CLOSURE OF WOUND(S)	483.29				
15	12046	LAYER CLOSURE OF WOUND(S)	483.29				
15	12047	LAYER CLOSURE OF WOUND(S)	483.29				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	360.84				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	360.84				
15	12053	LAYER CLOSURE 5.1 TO 7.5	360.84				
15	12054	LAYER CLOSURE OF WOUND(S)	483.29				
15	12055	LAYER CLOSURE OF WOUND(S)	483.29				
15	12056	LAYER CLOSURE OF WOUND(S)	483.29				
15	12057	LAYER CLOSURE OF WOUND(S)	483.29				
15	13100	REPAIR OF WOUND OR LESION	483.29				
15	13101	REPAIR OF WOUND OR LESION	552.64				
15	13102	REPAIR WOUND/LESION ADD-ON	552.64				
15	13120	REPAIR OF WOUND OR LESION	483.29				
15	13121	REPAIR OF WOUND OR LESION	552.64				
15	13122	REPAIR WOUND/LESION ADD-ON	552.64				
15	13131	REPAIR OF WOUND OR LESION	483.29				
15	13132	REPAIR OF WOUND OR LESION	552.64				
15	13133	REPAIR WOUND/LESION ADD-ON	552.64				
15	13151	REPAIR OF WOUND OR LESION	552.64				
15	13152	REPAIR OF WOUND OR LESION	552.64				
15	13153	REPAIR WOUND/LESION ADD-ON	360.84				
15	13160	LATE CLOSURE OF WOUND	483.29				
15	14000	SKIN TISSUE REARRANGEMENT	483.29				
15	14001	SKIN TISSUE REARRANGEMENT	552.64				
15	14020	SKIN TISSUE REARRANGEMENT	552.64				
15	14021	SKIN TISSUE REARRANGEMENT	552.64				
15	14040	SKIN TISSUE REARRANGEMENT	483.29				
15	14041	SKIN TISSUE REARRANGEMENT	552.64				
15	14060	SKIN TISSUE REARRANGEMENT	552.64				
15	14061	SKIN TISSUE REARRANGEMENT	552.64				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	682.67				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	682.67				
15	14350	SKIN TISSUE REARRANGEMENT	552.64				
15	15040	HARVEST CULTURED SKIN GRAFT	483.29				
15	15050	SKIN PINCH GRAFT	483.29				
15	15100	SKIN SPLIT GRAFT	483.29				
15	15101	SKIN SPLIT GRAFT ADD-ON	552.64				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	483.29				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	360.84				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	483.29				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	360.84				
15	15120	SKIN SPLIT GRAFT	483.29				
15	15121	SKIN SPLIT GRAFT ADD-ON	552.64				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	483.29				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	360.84				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	483.29				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	360.84				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	483.29				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	360.84				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	360.84				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	483.29				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	360.84				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	360.84				
15	15200	SKIN FULL GRAFT	552.64				
15	15201	SKIN FULL GRAFT ADD-ON	483.29				
15	15220	SKIN FULL GRAFT	483.29				
15	15221	SKIN FULL GRAFT ADD-ON	483.29				
15	15240	SKIN FULL GRAFT	552.64				
15	15241	SKIN FULL GRAFT ADD-ON	552.64				
15	15260	SKIN FULL GRAFT	483.29				
15	15261	SKIN FULL GRAFT ADD-ON	483.29				
15	15570	FORM SKIN PEDICLE FLAP	552.64				
15	15572	FORM SKIN PEDICLE FLAP	552.64				
15	15574	FORM SKIN PEDICLE FLAP	552.64				
15	15576	FORM SKIN PEDICLE FLAP	552.64				
15	15600	SKIN GRAFT	552.64				
15	15610	SKIN GRAFT	552.64				
15	15620	SKIN GRAFT	682.67				
15	15630	SKIN GRAFT	552.64				
15	15650	TRANSFER SKIN PEDICLE FLAP	776.94				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	552.64				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	552.64				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	552.64				
15	15736	MUSCLE-SKIN GRAFT, ARM	552.64				
15	15738	MUSCLE-SKIN GRAFT, LEG	552.64				
15	15740	ISLAND PEDICLE FLAP GRAFT	483.29				
15	15750	NEUROVASCULAR PEDICLE GRAFT	483.29				
15	15760	COMPOSITE SKIN GRAFT	483.29				
15	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE	552.64				
15	15770	DERMA-FAT-FASCIA GRAFT	552.64				
15	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15820	REVISION OF LOWER EYELID	552.64		X		
15	15821	REVISION OF LOWER EYELID	552.64		X		
15	15822	REVISION OF UPPER EYELID	552.64		X		
15	15823	REVISION OF UPPER EYELID	776.94		X		
15	15840	GRAFT FOR FACE NERVE PALSY	682.67				
15	15841	GRAFT FOR FACE NERVE PALSY	682.67				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	682.67				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15845	SKIN AND MUSCLE REPAIR, FACE	682.67				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	360.84				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	360.84				
15	15920	REMOVAL OF TAIL BONE ULCER	552.64				
15	15922	REMOVAL OF TAIL BONE ULCER	682.67				
15	15931	REMOVE SACRUM PRESSURE SORE	552.64				
15	15933	REMOVE SACRUM PRESSURE SORE	552.64				
15	15934	REMOVE SACRUM PRESSURE SORE	552.64				
15	15935	REMOVE SACRUM PRESSURE SORE	682.67				
15	15936	REMOVE SACRUM PRESSURE SORE	682.67				
15	15937	REMOVE SACRUM PRESSURE SORE	682.67				
15	15940	REMOVE HIP PRESSURE SORE	552.64				
15	15941	REMOVE HIP PRESSURE SORE	552.64				
15	15944	REMOVE HIP PRESSURE SORE	552.64				
15	15945	REMOVE HIP PRESSURE SORE	682.67				
15	15946	REMOVE HIP PRESSURE SORE	682.67				
15	15950	REMOVE THIGH PRESSURE SORE	552.64				
15	15951	REMOVE THIGH PRESSURE SORE	682.67				
15	15952	REMOVE THIGH PRESSURE SORE	552.64				
15	15953	REMOVE THIGH PRESSURE SORE	682.67				
15	15956	REMOVE THIGH PRESSURE SORE	552.64				
15	15958	REMOVE THIGH PRESSURE SORE	682.67				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X		
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	360.84				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	483.29				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	483.29				
15	16035	ESCHAROTOMY	483.29				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	483.29				
15	17999	SKIN TISSUR PROCEDURE	MP		X		
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	483.29				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	360.84				
15	19020	INCISION OF BREAST LESION	483.29				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19083	Biopsy of breast accessed throught t	483.29				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15	19100	BX BREAST PERCUT W/O IMAGE	360.84				
15	19101	BIOPSY OF BREAST, OPEN	483.29				
15	19110	NIPPLE EXPLORATION	483.29				
15	19112	EXCISE BREAST DUCT FISTULA	552.64				
15	19120	REMOVAL OF BREAST LESION	552.64				
15	19125	EXCISION, BREAST LESION	552.64				
15	19126	EXCISION, ADDL BREAST LESION	552.64				
15	19281	Placement of breast localization dev	360.84				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19285	Placement of breast localization dev	360.84				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19287	Placement of breast localization dev	360.84				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19296	PLACE PO BREAST CATH FOR RAD	360.84				
15	19297	PLACE BREAST CATH FOR RAD	360.84				
15	19298	PLACE BREAST RAD TUBE/CATHS	360.84				
15	19300	MASTECTOMY FOR GYNECOMASTIA	682.67			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	552.64				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,078.18				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	682.67				
15	19307	MAST, MOD RAD	1,078.18				
15	19316	MASTOPEXY	682.67		X	F	
15	19318	REDUCTION OF LARGE BREAST	682.67	18 99	X		
15	19325	MAMMAPLASTY WITH PROSTHETIC	682.67		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	360.84		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	360.84				
15	19340	IMMEDIATE BREAST PROSTHESIS	483.29		X	F	
15	19342	DELAYED BREAST PROSTHESIS	552.64		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	682.67		X		
15	19357	BREAST RECONSTRUCTION,IMMEDIATE OR	776.94		X	F	
15	19370	SURGERY OF BREAST CAPSULE	682.67		X		
15	19371	REMOVAL OF BREAST CAPSULE	682.67		X		
15	19380	REVISE BREAST RECONSTRUCTION	776.94		X		
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20100	EXPLORE WOUND, NECK	552.64				
15	20101	EXPLORE WOUND, CHEST	552.64				
15	20102	EXPLORE WOUND, ABDOMEN	552.64				
15	20103	EXPLORE WOUND, EXTREMITY	552.64				
15	20200	MUSCLE BIOPSY	483.29				
15	20205	DEEP MUSCLE BIOPSY	552.64				
15	20206	NEEDLE BIOPSY, MUSCLE	360.84				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	360.84				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	483.29				
15	20240	BONE BIOPSY, EXCISIONAL	483.29				
15	20245	BONE BIOPSY, EXCISIONAL	552.64				
15	20250	OPEN BONE BIOPSY	552.64				
15	20251	OPEN BONE BIOPSY	552.64				
15	20500	INJECT SINUS TRACT, THERAPEUTCI	360.84				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	360.84				
15	20520	REMOVE FOREGIN BODY; SIMPLE	360.84				
15	20525	REMOVAL OF FOREIGN BODY	552.64				
15	20604	ARTHROCENTESIS,ASPIRATION AND/OR IN	360.84				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	20606	ARTHROCENTESIS,ASPIRATION AND/OR IN	360.84				
15	20611	ARTHROCENTESIS,ASPIRATION AND/OR IN	360.84				
15	20612	ASPIRATE/INJ GANGLION CYST	360.84				
15	20615	ASPIRATE/INJECTION-BONE CYST	360.84				
15	20650	INSERT AND REMOVE BONE PIN	552.64				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	360.84	00 00			
15	20662	APPLY HALO; PELVIC	360.84				
15	20663	APPLY HALO; FEMORAL	360.84				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	360.84				
15	20670	REMOVAL OF SUPPORT IMPLANT	360.84				
15	20680	REMOVAL OF SUPPORT IMPLANT	552.64				
15	20690	APPLY BONE FIXATION DEVICE	483.29				
15	20692	APPLY BONE FIXATION DEVICE	552.64				
15	20693	ADJUST BONE FIXATION DEVICE	552.64				
15	20694	REMOVE BONE FIXATION DEVICE	360.84				
15	20900	REMOVAL OF BONE FOR GRAFT	552.64				
15	20902	REMOVAL OF BONE FOR GRAFT	682.67				
15	20910	REMOVE CARTILAGE FOR GRAFT	552.64				
15	20912	REMOVE CARTILAGE FOR GRAFT	552.64				
15	20920	REMOVAL OF FASCIA FOR GRAFT	682.67				
15	20922	REMOVAL OF FASCIA FOR GRAFT	552.64				
15	20924	REMOVAL OF TENDON FOR GRAFT	682.67				
15	20930	SPINAL BONE ALLOGRAFT	360.84				
15	20931	SPINAL BONE ALLOGRAFT	360.84				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20936	SPINAL BONE AUTOGRAFT	360.84				
15	20950	MONITOR INTERSTITAL FLUID	360.84				
15	20975	ELECTRICAL BONE STIMULATION	483.29				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	483.29				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP		X		
15	21010	INCISION OF JAW JOINT	483.29				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	552.64				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	483.29				
15	21025	EXCISION OF BONE, LOWER JAW	483.29				
15	21026	EXCISION OF FACIAL BONE(S)	483.29				
15	21029	CONTOUR OF FACE BONE LESION	483.29				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	483.29				
15	21031	EXCISION OF TORUS MANDIBULARIS	483.29				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	483.29				
15	21034	REMOVAL OF FACE BONE LESION	552.64				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	21040	REMOVAL OF JAW BONE LESION	483.29				
15	21044	REMOVAL OF JAW BONE LESION	483.29				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	483.29				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	483.29				
15	21048	REMOVE MAXILLA CYST COMPLEX	483.29				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	552.64				
15	21050	REMOVAL OF JAW JOINT	552.64				
15	21060	REMOVE JAW JOINT CARTILAGE	483.29				
15	21070	REMOVE CORONOID PROCESS	552.64				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP		X		
15	21100	MAXILLOFACIAL FIXATION	483.29				
15	21110	INTERDENTAL FIXATION	360.84				
15	21120	GENIOPLASTY; AUGMENTATION	1,078.18				
15	21121	RECONSTRUCTION OF CHIN	1,078.18				
15	21122	RECONSTRUCTION OF CHIN	1,078.18				
15	21123	RECONSTRUCTION OF CHIN	1,078.18				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,078.18				
15	21127	AUGMENTATION, LOWER JAW BONE	1,450.94				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	1,078.18				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,078.18				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,078.18				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,078.18				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	1,078.18				
15	21181	CONTOUR CRANIAL BONE LESION	1,078.18				
15	21206	RECONSTRUCT UPPER JAW BONE	776.94				
15	21208	AUGMENTATION OF FACIAL BONES	1,078.18				
15	21209	REDUCTION OF FACIAL BONES	776.94				
15	21210	FACE BONE GRAFT	1,078.18				
15	21215	LOWER JAW BONE GRAFT	1,078.18				
15	21230	RIB CARTILAGE GRAFT	1,078.18				
15	21235	EAR CARTILAGE GRAFT	1,078.18				
15	21240	RECONSTRUCTION OF JAW JOINT	682.67				
15	21242	RECONSTRUCTION OF JAW JOINT	776.94				
15	21243	RECONSTRUCTION OF JAW JOINT	776.94				
15	21244	RECONSTRUCTION OF LOWER JAW	1,078.18				
15	21245	RECONSTRUCTION OF JAW	1,078.18				
15	21246	RECONSTRUCTION OF JAW	1,078.18				
15	21248	RECONSTRUCTION OF JAW	1,078.18				
15	21249	RECONSTRUCTION OF JAW	1,078.18				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,078.18				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,078.18				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	1,078.18				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	1,078.18				
15	21267	REVISE EYE SOCKETS	1,078.18				
15	21270	AUGMENTATION, CHEEK BONE	776.94				
15	21275	REVISION, ORBITOFACIAL BONES	1,078.18				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	21280	REVISION OF EYELID	776.94				
15	21282	REVISION OF EYELID	776.94				
15	21295	RECONST LWR JAW W/O FIXATION	360.84				
15	21296	RECONST LWR JAW W/FIXATION	360.84				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		X		
15	21315	TREATMENT OF NOSE FRACTURE	483.29				
15	21320	TREATMENT OF NOSE FRACTURE	483.29				
15	21325	TREATMENT OF NOSE FRACTURE	682.67				
15	21330	TREATMENT OF NOSE FRACTURE	776.94				
15	21335	TREATMENT OF NOSE FRACTURE	1,078.18				
15	21336	TREAT NASAL SEPTAL FRACTURE	682.67				
15	21337	TREAT NASAL SEPTAL FRACTURE	483.29				
15	21338	TREAT NASOETHMOID FRACTURE	682.67				
15	21339	TREAT NASOETHMOID FRACTURE	776.94				
15	21340	TREATMENT OF NOSE FRACTURE	682.67				
15	21345	TREAT NOSE/JAW FRACTURE	1,078.18				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	776.94				
15	21355	TREAT CHEEK BONE FRACTURE	552.64				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	552.64				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	682.67				
15	21386	TREAT ORBITAL FX; PERIORBITAL	682.67				
15	21387	TREAT ORBITAL FX; COMBINATION	682.67				
15	21390	TREAT ORBITAL WITH IMPLANT	682.67				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	682.67				
15	21400	TREAT EYE SOCKET FRACTURE	483.29				
15	21401	TREAT EYE SOCKET FRACTURE	552.64				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	682.67				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	682.67				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	682.67				
15	21421	TREAT MOUTH ROOF FRACTURE	682.67				
15	21440	TREAT DENTAL RIDGE FRACTURE	552.64				
15	21445	TREAT DENTAL RIDGE FRACTURE	682.67				
15	21450	TREAT LOWER JAW FRACTURE	552.64				
15	21451	TREAT LOWER JAW FRACTURE	682.67				
15	21452	TREAT LOWER JAW FRACTURE	483.29				
15	21453	TREAT LOWER JAW FRACTURE	552.64				
15	21454	TREAT LOWER JAW FRACTURE	776.94				
15	21461	TREAT LOWER JAW FRACTURE	682.67				
15	21462	TREAT LOWER JAW FRACTURE	776.94				
15	21465	TREAT LOWER JAW FRACTURE	682.67				
15	21470	TREAT COMPLICATED MANDIBULAR FX	776.94				
15	21480	RESET DISLOCATED JAW	360.84				
15	21485	RESET DISLOCATED JAW	483.29				
15	21490	REPAIR DISLOCATED JAW	552.64				
15	21497	INTERDENTAL WIRING	483.29				
15	21499	UNLISTED PROCEDURE; HEAD	MP		X		

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	21501	DRAIN NECK/CHEST LESION	483.29				
15	21502	DRAIN CHEST LESION	483.29				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	360.84				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	483.29				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	483.29				
15	21555	REMOVE LESION, NECK/CHEST	483.29				
15	21556	REMOVE LESION, NECK/CHEST	483.29				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	483.29				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	483.29				
15	21600	PARTIAL REMOVAL OF RIB	483.29				
15	21610	PARTIAL REMOVAL OF RIB	483.29				
15	21700	REVISION OF NECK MUSCLE	483.29				
15	21720	REVISION OF NECK MUSCLE	552.64				
15	21725	REVISION OF NECK MUSCLE	552.64				
15	21820	TREAT STERNUM FRACTURE	360.84				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X		
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	360.84				
15	21925	BIOPSY SOFT TISSUE OF BACK	483.29				
15	21930	REMOVE LESION, BACK OR FLANK	483.29				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	483.29				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	483.29				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	483.29				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	552.64				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	22100	RESECT VERTEBRA,CERVICAL	483.29				
15	22101	RESECT VERTEBRA, THORACIC	483.29				
15	22310	TREAT SPINE FRACTURE	360.84				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	483.29				
15	22505	MANIPULATION OF SPINE	483.29				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	483.29				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	483.29				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	483.29				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	483.29				
15	22551	ARTHRODESIS,ANTERIOR INTERBODY,INC	1,450.94				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,450.94				
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	483.29				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO	483.29				
15	22899	SPINE SURGERY PROCEDURE	MP		X		
15	22900	REMOVE ABDOMINAL WALL LESION	682.67				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	483.29				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	483.29				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	483.29				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	483.29				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X		
15	23000	REMOVAL OF CALCIUM DEPOSITS	483.29				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	23020	RELEASE SHOULDER JOINT	483.29				
15	23030	DRAIN SHOULDER LESION	360.84				
15	23031	DRAIN SHOULDER BURSA	552.64				
15	23035	DRAIN SHOULDER BONE LESION	552.64				
15	23040	EXPLORATORY SHOULDER SURGERY	552.64				
15	23044	EXPLORATORY SHOULDER SURGERY	682.67				
15	23066	BIOPSY SHOULDER TISSUES	483.29				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	483.29				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	483.29				
15	23075	REMOVAL OF SHOULDER LESION	483.29				
15	23076	REMOVAL OF SHOULDER LESION	483.29				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	23100	BIOPSY OF SHOULDER JOINT	483.29				
15	23101	SHOULDER JOINT SURGERY	1,078.18				
15	23105	REMOVE SHOULDER JOINT LINING	682.67				
15	23106	INCISION OF COLLARBONE JOINT	682.67				
15	23107	EXPLORE TREAT SHOULDER JOINT	682.67				
15	23120	PARTIAL REMOVAL, COLLAR BONE	776.94				
15	23125	REMOVAL OF COLLAR BONE	776.94				
15	23130	REMOVE SHOULDER BONE, PART	776.94				
15	23140	REMOVAL OF BONE LESION	682.67				
15	23145	REMOVAL OF BONE LESION	776.94				
15	23146	REMOVAL OF BONE LESION	776.94				
15	23150	REMOVAL OF HUMERUS LESION	682.67				
15	23155	REMOVAL OF HUMERUS LESION	776.94				
15	23156	REMOVAL OF HUMERUS LESION	776.94				
15	23170	REMOVE COLLAR BONE LESION	483.29				
15	23172	REMOVE SHOULDER BLADE LESION	483.29				
15	23174	REMOVE HUMERUS LESION	483.29				
15	23180	REMOVE COLLAR BONE LESION	682.67				
15	23182	REMOVE SHOULDER BLADE LESION	682.67				
15	23184	REMOVE HUMERUS LESION	682.67				
15	23190	PARTIAL REMOVAL OF SCAPULA	682.67				
15	23195	REMOVAL OF HEAD OF HUMERUS	776.94				
15	23330	REMOVE SHOULDER FOREIGN BODY	360.84				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	360.84				
15	23395	MUSCLE TRANSFER,SHOULDER/ARM	776.94				
15	23397	MUSCLE TRANSFERS	1,078.18				
15	23400	FIXATION OF SHOULDER BLADE	1,078.18				
15	23405	INCISION OF TENDON & MUSCLE	483.29				
15	23406	INCISE TENDON(S) & MUSCLE(S)	483.29				
15	23410	REPAIR OF TENDON(S)	776.94				
15	23412	REPAIR OF TENDON(S)	1,078.18				
15	23415	RELEASE OF SHOULDER LIGAMENT	776.94				
15	23420	REPAIR OF SHOULDER	1,078.18				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	23430	REPAIR BICEPS TENDON	682.67				
15	23440	REMOVE/TRANSPLANT TENDON	682.67				
15	23450	REPAIR SHOULDER CAPSULE	776.94				
15	23455	REPAIR SHOULDER CAPSULE	1,078.18				
15	23460	REPAIR SHOULDER CAPSULE	776.94				
15	23462	REPAIR SHOULDER CAPSULE	1,078.18				
15	23465	REPAIR SHOULDER CAPSULE	776.94				
15	23466	REPAIR SHOULDER CAPSULE	1,078.18				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,078.18				
15	23480	REVISION OF COLLAR BONE	682.67				
15	23485	REVISION OF COLLAR BONE	1,078.18				
15	23490	REINFORCE CLAVICLE	552.64				
15	23491	REINFORCE SHOULDER BONES	552.64				
15	23500	TREAT CLAVICLE FRACTURE	360.84				
15	23505	TREAT CLAVICLE FRACTURE	360.84				
15	23515	TREAT CLAVICLE FRACTURE	552.64				
15	23520	TREAT CLAVICLE DISLOCATION	360.84				
15	23525	TREAT CLAVICLE DISLOCATION	360.84				
15	23530	TREAT CLAVICLE DISLOCATION	552.64				
15	23532	TREAT CLAVICLE DISLOCATION	682.67				
15	23540	TREAT CLAVICLE DISLOCATION	360.84				
15	23545	TREAT CLAVICLE DISLOCATION	360.84				
15	23550	TREAT CLAVICLE DISLOCATION	552.64				
15	23552	TREAT CLAVICLE DISLOCATION	682.67				
15	23570	TREAT SHOULDER BLADE FX	360.84				
15	23575	TREAT SHOULDER BLADE FX	360.84				
15	23585	TREAT SCAPULA FRACTURE	552.64				
15	23600	TREAT HUMERUS FRACTURE	360.84				
15	23605	TREAT HUMERUS FRACTURE	483.29				
15	23615	TREAT HUMERUS FRACTURE	682.67				
15	23616	TREAT HUMERUS FRACTURE	682.67				
15	23620	TREAT HUMERUS FRACTURE	360.84				
15	23625	TREAT HUMERUS FRACTURE	483.29				
15	23630	TREAT HUMERUS FRACTURE	776.94				
15	23650	TREAT SHOULDER DISLOCATION	360.84				
15	23655	TREAT SHOULDER DISLOCATION	360.84				
15	23660	TREAT SHOULDER DISLOCATION	552.64				
15	23665	TREAT DISLOCATION/FRACTURE	483.29				
15	23670	TREAT DISLOCATION/FRACTURE	552.64				
15	23675	TREAT DISLOCATION/FRACTURE	483.29				
15	23680	TREAT DISLOCATION/FRACTURE	552.64				
15	23700	FIXATION OF SHOULDER	360.84				
15	23800	FUSION OF SHOULDER JOINT	682.67				
15	23802	FUSION OF SHOULDER JOINT	1,078.18				
15	23921	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	23929	SHOULDER SURGERY PROCEDURE	MP		X		

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	23930	DRAINAGE OF ARM LESION	360.84				
15	23931	DRAINAGE OF ARM BURSA	483.29				
15	23935	DRAIN ARM/ELBOW BONE LESION	483.29				
15	24000	EXPLORATORY ELBOW SURGERY	682.67				
15	24006	RELEASE ELBOW JOINT	682.67				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	483.29				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	483.29				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	483.29				
15	24075	REMOVE ARM/ELBOW LESION	483.29				
15	24076	REMOVE ARM/ELBOW LESION	483.29				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	24100	BIOPSY ELBOW JOINT LINING	360.84				
15	24101	EXPLORE/TREAT ELBOW JOINT	682.67				
15	24102	REMOVE ELBOW JOINT LINING	682.67				
15	24105	REMOVAL OF ELBOW BURSA	552.64				
15	24110	REMOVE HUMERUS LESION	483.29				
15	24115	REMOVE/GRAFT BONE LESION	552.64				
15	24116	REMOVE/GRAFT BONE LESION	552.64				
15	24120	REMOVE ELBOW LESION	552.64				
15	24125	REMOVE/GRAFT BONE LESION	552.64				
15	24126	REMOVE/GRAFT BONE LESION	552.64				
15	24130	REMOVAL OF HEAD OF RADIUS	552.64				
15	24134	REMOVAL OF ARM BONE LESION	483.29				
15	24136	REMOVE RADIUS BONE LESION	483.29				
15	24138	REMOVE ELBOW BONE LESION	483.29				
15	24140	PARTIAL REMOVAL OF ARM BONE	552.64				
15	24145	PARTIAL REMOVAL OF RADIUS	552.64				
15	24147	PARTIAL REMOVAL OF ELBOW	483.29				
15	24155	REMOVAL OF ELBOW JOINT	552.64				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	483.29				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	552.64				
15	24200	REMOVAL OF ARM FOREIGN BODY	360.84				
15	24201	REMOVAL OF ARM FOREIGN BODY	483.29				
15	24301	MUSCLE/TENDON TRANSFER	682.67				
15	24305	ARM TENDON LENGTHENING	682.67				
15	24310	REVISION OF ARM TENDON	552.64				
15	24320	REPAIR OF ARM TENDON	552.64				
15	24330	REVISION OF ARM MUSCLES	552.64				
15	24331	REVISION OF ARM MUSCLES	552.64				
15	24340	REPAIR OF BICEPS TENDON	552.64				
15	24341	REPAIR ARM TENDON/MUSCLE	552.64				
15	24342	REPAIR OF RUPTURED TENDON	552.64				
15	24345	REPR ELBW MED LIGMNT W/TISSU	483.29				
15	24360	RECONSTRUCT ELBOW JOINT	776.94				
15	24361	RECONSTRUCT ELBOW JOINT	776.94				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	24362	RECONSTRUCT ELBOW JOINT	776.94				
15	24363	REPLACE ELBOW JOINT	1,078.18				
15	24365	RECONSTRUCT HEAD OF RADIUS	776.94				
15	24366	RECONSTRUCT HEAD OF RADIUS	776.94				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	776.94				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	776.94				
15	24400	REVISION OF HUMERUS	682.67				
15	24410	REVISION OF HUMERUS	682.67				
15	24420	REVISION OF HUMERUS	552.64				
15	24430	REPAIR OF HUMERUS	552.64				
15	24435	REPAIR HUMERUS WITH GRAFT	682.67				
15	24470	REVISION OF ELBOW JOINT	552.64				
15	24495	DECOMPRESSION OF FOREARM	483.29				
15	24498	REINFORCE HUMERUS	552.64				
15	24500	TREAT HUMERUS FRACTURE	360.84				
15	24505	TREAT HUMERUS FRACTURE	360.84				
15	24515	TREAT HUMERUS FRACTURE	682.67				
15	24516	TREAT HUMERUS FRACTURE	682.67				
15	24530	TREAT HUMERUS FRACTURE	360.84				
15	24535	TREAT HUMERUS FRACTURE	360.84				
15	24538	TREAT HUMERUS FRACTURE	483.29				
15	24545	TREAT HUMERUS FRACTURE	682.67				
15	24546	TREAT HUMERUS FRACTURE	776.94				
15	24560	TREAT HUMERUS FRACTURE	360.84				
15	24565	TREAT HUMERUS FRACTURE	483.29				
15	24566	TREAT HUMERUS FRACTURE	483.29				
15	24575	TREAT HUMERUS FRACTURE	552.64				
15	24576	TREAT HUMERUS FRACTURE	360.84				
15	24577	TREAT HUMERUS FRACTURE	360.84				
15	24579	TREAT HUMERUS FRACTURE	552.64				
15	24582	TREAT HUMERUS FRACTURE	483.29				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	682.67				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	776.94				
15	24600	TREAT ELBOW DISLOCATION	360.84				
15	24605	TREAT ELBOW DISLOCATION	483.29				
15	24615	TREAT ELBOW DISLOCATION	552.64				
15	24620	TREAT ELBOW FRACTURE	483.29				
15	24635	TREAT ELBOW FRACTURE	552.64				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	360.84				
15	24655	TREAT RADIUS FRACTURE	360.84				
15	24665	TREAT RADIUS FRACTURE	682.67				
15	24666	TREAT RADIUS FRACTURE	682.67				
15	24670	TREAT ULNAR FRACTURE	360.84				
15	24675	TREAT ULNAR FRACTURE	360.84				
15	24685	TREAT ULNAR FRACTURE	552.64				
15	24800	FUSION OF ELBOW JOINT	682.67				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24802	FUSION/GRAFT OF ELBOW JOINT	776.94				
15	24925	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X		
15	25000	INCISION OF TENDON SHEATH	552.64				
15	25020	DECOMPRESS FOREARM 1 SPACE	552.64				
15	25023	DECOMPRESS FOREARM 1 SPACE	552.64				
15	25024	DECOMPRESS FOREARM 2 SPACES	552.64				
15	25025	DECOMPRESS FORARM 2 SPACES	552.64				
15	25028	DRAINAGE OF FOREARM LESION	360.84				
15	25031	DRAINAGE OF FOREARM BURSA	483.29				
15	25035	TREAT FOREARM BONE LESION	483.29				
15	25040	EXPLORE/TREAT WRIST JOINT	776.94				
15	25066	BIOPSY FOREARM SOFT TISSUES	483.29				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	483.29				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	483.29				
15	25075	REMOVE FOREARM LESION SUBCUT	483.29				
15	25076	REMOVE FOREARM LESION DEEP	552.64				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	552.64				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	25085	INCISION OF WRIST CAPSULE	552.64				
15	25100	BIOPSY OF WRIST JOINT	483.29				
15	25101	EXPLORE/TREAT WRIST JOINT	552.64				
15	25105	REMOVE WRIST JOINT LINING	682.67				
15	25107	REMOVE WRIST JOINT CARTILAGE	552.64				
15	25110	REMOVE WRIST TENDON LESION	552.64				
15	25111	REMOVE WRIST TENDON LESION	552.64				
15	25112	REREMOVE WRIST TENDON LESION	682.67				
15	25115	REMOVE WRIST/FOREARM LESION	682.67				
15	25116	REMOVE WRIST/FOREARM LESION	682.67				
15	25118	EXCISE WRIST TENDON SHEATH	483.29				
15	25119	PARTIAL REMOVAL OF ULNA	552.64				
15	25120	REMOVAL OF FOREARM LESION	552.64				
15	25125	REMOVE/GRAFT FOREARM LESION	552.64				
15	25126	REMOVE/GRAFT FOREARM LESION	552.64				
15	25130	REMOVAL OF WRIST LESION	552.64				
15	25135	REMOVE & GRAFT WRIST LESION	552.64				
15	25136	REMOVE & GRAFT WRIST LESION	552.64				
15	25145	REMOVE FOREARM BONE LESION	483.29				
15	25150	PARTIAL REMOVAL OF ULNA	483.29				
15	25151	PARTIAL REMOVAL OF RADIUS	483.29				
15	25210	REMOVAL OF WRIST BONE	552.64				
15	25215	REMOVAL OF WRIST BONES	682.67				
15	25230	PARTIAL REMOVAL OF RADIUS	682.67				
15	25240	PARTIAL REMOVAL OF ULNA	682.67				
15	25248	REMOVE FOREARM FOREIGN BODY	483.29				
15	25250	REMOVAL OF WRIST PROSTHESIS	360.84				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	25251	REMOVAL OF WRIST PROSTHESIS	360.84				
15	25260	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25263	REPAIR FOREARM TENDON/MUSCLE	483.29				
15	25265	REPAIR FOREARM TENDON/MUSCLE	552.64				
15	25270	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25272	REPAIR FOREARM TENDON/MUSCLE	552.64				
15	25274	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25275	REPAIR FOREARM TENDON SHEATH	682.67				
15	25280	REVISE WRIST/FOREARM TENDON	682.67				
15	25290	INCISE WRIST/FOREARM TENDON	552.64				
15	25295	RELEASE WRIST/FOREARM TENDON	552.64				
15	25300	FUSION OF TENDONS AT WRIST	552.64				
15	25301	FUSION OF TENDONS AT WRIST	552.64				
15	25310	TRANSPLANT FOREARM TENDON	552.64				
15	25312	TRANSPLANT FOREARM TENDON	682.67				
15	25315	REVISE PALSY HAND TENDON(S)	552.64				
15	25316	REVISE PALSY HAND TENDON(S)	552.64				
15	25320	REPAIR/REVISE WRIST JOINT	552.64				
15	25332	REVISE WRIST JOINT	776.94				
15	25335	REALIGNMENT OF HAND	552.64				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	776.94				
15	25350	REVISION OF RADIUS	552.64				
15	25355	REVISION OF RADIUS	552.64				
15	25360	REVISION OF ULNA	552.64				
15	25365	REVISE RADIUS & ULNA	552.64				
15	25370	REVISE RADIUS OR ULNA	552.64				
15	25375	REVISE RADIUS & ULNA	682.67				
15	25390	SHORTEN RADIUS OR ULNA	552.64				
15	25391	LENGTHEN RADIUS OR ULNA	682.67				
15	25392	SHORTEN RADIUS & ULNA	552.64				
15	25393	LENGTHEN RADIUS & ULNA	682.67				
15	25400	REPAIR RADIUS OR ULNA	552.64				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	682.67				
15	25415	REPAIR RADIUS & ULNA	552.64				
15	25420	REPAIR/GRAFT RADIUS & ULNA	682.67				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	552.64				
15	25426	REPAIR/GRAFT RADIUS & ULNA	682.67				
15	25431	REPAIR NONUNION CARPAL BONE	552.64				
15	25440	REPAIR/GRAFT WRIST BONE	682.67				
15	25441	RECONSTRUCT WRIST JOINT	776.94				
15	25442	RECONSTRUCT WRIST JOINT	776.94				
15	25443	RECONSTRUCT WRIST JOINT	776.94				
15	25444	RECONSTRUCT WRIST JOINT	776.94				
15	25445	RECONSTRUCT WRIST JOINT	776.94				
15	25446	WRIST REPLACEMENT	1,078.18				
15	25449	REMOVE WRIST JOINT IMPLANT	776.94				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	25450	REVISION OF WRIST JOINT	552.64				
15	25455	REVISION OF WRIST JOINT	552.64				
15	25490	REINFORCE RADIUS	552.64				
15	25491	REINFORCE ULNA	552.64				
15	25492	REINFORCE RADIUS AND ULNA	552.64				
15	25505	TREAT FRACTURE OF RADIUS	360.84				
15	25515	TREAT FRACTURE OF RADIUS	552.64				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	360.84				
15	25525	TREAT FRACTURE OF RADIUS	682.67				
15	25526	TREAT FRACTURE OF RADIUS	776.94				
15	25535	TREAT FRACTURE OF ULNA	360.84				
15	25545	TREAT FRACTURE OF ULNA	552.64				
15	25565	TREAT FRACTURE RADIUS & ULNA	483.29				
15	25574	TREAT FRACTURE RADIUS & ULNA	552.64				
15	25575	TREAT FRACTURE RADIUS/ULNA	552.64				
15	25605	TREAT FRACTURE RADIUS/ULNA	552.64				
15	25606	TREAT FX DISTAL RADIAL	552.64				
15	25607	TREAT FX RAD EXTRA-ARTICUL	776.94				
15	25608	TREAT FX RAD INTRA-ARTICUL	776.94				
15	25609	TREAT FX RADIAL 3 + FRAG	776.94				
15	25624	TREAT WRIST BONE FRACTURE	483.29				
15	25628	TREAT WRIST BONE FRACTURE	552.64				
15	25635	TREAT WRIST BONE FRACTURE	360.84				
15	25645	TREAT WRIST BONE FRACTURE	552.64				
15	25651	PIN ULAR STYLOID FRACTURE	552.64				
15	25660	TREAT WRIST DISLOCATION	360.84				
15	25670	TREAT WRIST DISLOCATION	552.64				
15	25671	PIN RADIOULNAR DISLOCATION	360.84				
15	25675	TREAT WRIST DISLOCATION	360.84				
15	25676	TREAT WRIST DISLOCATION	483.29				
15	25680	TREAT WRIST FRACTURE	483.29				
15	25685	TREAT WRIST FRACTURE	552.64				
15	25690	TREAT WRIST DISLOCATION	360.84				
15	25695	TREAT WRIST DISLOCATION	483.29				
15	25800	FUSION OF WRIST JOINT	682.67				
15	25805	FUSION/GRAFT OF WRIST JOINT	776.94				
15	25810	FUSION/GRAFT OF WRIST JOINT	776.94				
15	25820	FUSION OF HAND BONES	682.67				
15	25825	FUSE HAND BONES WITH GRAFT	776.94				
15	25830	FUSION, RADIOULNAR JNT/ULNA	776.94				
15	25907	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	25922	AMPUTATE HAND AT WRIST	552.64				
15	25929	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP		X		
15	26011	DRAINAGE OF FINGER ABSCESS	360.84				
15	26020	DRAIN HAND TENDON SHEATH	483.29				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26025	DRAINAGE OF PALM BURSA	360.84				
15	26030	DRAINAGE OF PALM BURSA(S)	483.29				
15	26034	TREAT HAND BONE LESION	483.29				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	682.67				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	552.64				
15	26055	INCISE FINGER TENDON SHEATH	483.29				
15	26060	INCISION OF FINGER TENDON	483.29				
15	26070	EXPLORE/TREAT HAND JOINT	483.29				
15	26075	EXPLORE/TREAT FINGER JOINT	682.67				
15	26080	EXPLORE/TREAT FINGER JOINT	682.67				
15	26100	BIOPSY HAND JOINT LINING	483.29				
15	26105	BIOPSY FINGER JOINT LINING	360.84				
15	26110	BIOPSY FINGER JOINT LINING	360.84				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	483.29				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	483.29				
15	26115	REMOVE HAND LESION SUBCUT	483.29				
15	26116	REMOVE HAND LESION, DEEP	483.29				
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	552.64				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	26121	RELEASE PALM CONTRACTURE	682.67				
15	26123	RELEASE PALM CONTRACTURE	682.67				
15	26125	RELEASE PALM CONTRACTURE	682.67				
15	26130	REMOVE WRIST JOINT LINING	552.64				
15	26135	REVISE FINGER JOINT, EACH	682.67				
15	26140	REVISE FINGER JOINT, EACH	483.29				
15	26145	TENDON EXCISION, PALM/FINGER	552.64				
15	26160	REMOVE TENDON SHEATH LESION	552.64				
15	26170	REMOVAL OF PALM TENDON, EACH	552.64				
15	26180	REMOVAL OF FINGER TENDON	552.64				
15	26185	REMOVE FINGER BONE	682.67				
15	26200	REMOVE HAND BONE LESION	483.29				
15	26205	REMOVE/GRAFT BONE LESION	552.64				
15	26210	REMOVAL OF FINGER LESION	483.29				
15	26215	REMOVE/GRAFT FINGER LESION	552.64				
15	26230	PARTIAL REMOVAL OF HAND BONE	1,078.18				
15	26235	PARTIAL REMOVAL, FINGER BONE	552.64				
15	26236	PARTIAL REMOVAL, FINGER BONE	552.64				
15	26250	EXTENSIVE HAND SURGERY	552.64				
15	26260	EXTENSIVE FINGER SURGERY	552.64				
15	26262	PARTIAL REMOVAL OF FINGER	483.29				
15	26320	REMOVAL OF IMPLANT FROM HAND	483.29				
15	26340	MANIPULATE FINGER WITH ANESTH	360.84				
15	26350	REPAIR OF FINGER TENDON	360.84				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	682.67				
15	26356	REPAIR OF FINGER TENDON	682.67				
15	26357	REPAIR OF FINGER TENDON	682.67				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	682.67				
15	26370	REPAIR FINGER/HAND TENDON	682.67				
15	26372	REPAIR/GRAFT HAND TENDON	682.67				
15	26373	REPAIR FINGER/HAND TENDON	552.64				
15	26390	REVISE HAND/FINGER TENDON	682.67				
15	26392	REPAIR/GRAFT HAND TENDON	552.64				
15	26410	REPAIR HAND TENDON	552.64				
15	26412	REPAIR/GRAFT HAND TENDON	552.64				
15	26415	EXCISION, HAND/FINGER TENDON	682.67				
15	26416	GRAFT HAND OR FINGER TENDON	552.64				
15	26418	REPAIR FINGER TENDON	682.67				
15	26420	REPAIR/GRAFT FINGER TENDON	682.67				
15	26426	REPAIR FINGER/HAND TENDON	552.64				
15	26428	REPAIR/GRAFT FINGER TENDON	552.64				
15	26432	REPAIR FINGER TENDON	552.64				
15	26433	REPAIR FINGER TENDON	552.64				
15	26434	REPAIR/GRAFT FINGER TENDON	552.64				
15	26437	REALIGNMENT OF TENDONS	552.64				
15	26440	RELEASE PALM/FINGER TENDON	552.64				
15	26442	RELEASE PALM & FINGER TENDON	552.64				
15	26445	RELEASE HAND/FINGER TENDON	552.64				
15	26449	RELEASE FOREARM/HAND TENDON	552.64				
15	26450	INCISION OF PALM TENDON	552.64				
15	26455	INCISION OF FINGER TENDON	552.64				
15	26460	INCISE HAND/FINGER TENDON	552.64				
15	26471	FUSION OF FINGER TENDONS	483.29				
15	26474	FUSION OF FINGER TENDONS	483.29				
15	26476	TENDON LENGTHENING	360.84				
15	26477	TENDON SHORTENING	360.84				
15	26478	LENGTHENING OF HAND TENDON	360.84				
15	26479	SHORTENING OF HAND TENDON	360.84				
15	26480	TRANSPLANT HAND TENDON	552.64				
15	26483	TRANSPLANT/GRAFT HAND TENDON	552.64				
15	26485	TRANSPLANT PALM TENDON	483.29				
15	26489	TRANSPLANT/GRAFT PALM TENDON	552.64				
15	26490	REVISE THUMB TENDON	552.64				
15	26492	TENDON TRANSFER WITH GRAFT	552.64				
15	26494	HAND TENDON/MUSCLE TRANSFER	552.64				
15	26496	REVISE THUMB TENDON	552.64				
15	26497	FINGER TENDON TRANSFER	552.64				
15	26498	FINGER TENDON TRANSFER	682.67				
15	26499	REVISION OF FINGER	552.64				
15	26500	HAND TENDON RECONSTRUCTION	682.67				
15	26502	HAND TENDON RECONSTRUCTION	682.67				
15	26508	RELEASE THUMB CONTRACTURE	552.64				
15	26510	THUMB TENDON TRANSFER	552.64				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26516	FUSION OF KNUCKLE JOINT	360.84				
15	26517	FUSION OF KNUCKLE JOINTS	552.64				
15	26518	FUSION OF KNUCKLE JOINTS	552.64				
15	26520	RELEASE KNUCKLE CONTRACTURE	552.64				
15	26525	RELEASE FINGER CONTRACTURE	552.64				
15	26530	REVISE KNUCKLE JOINT	552.64				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,078.18				
15	26535	REVISE FINGER JOINT	776.94				
15	26536	REVISE/IMPLANT FINGER JOINT	776.94				
15	26540	REPAIR HAND JOINT	682.67				
15	26541	REPAIR HAND JOINT WITH GRAFT	1,078.18				
15	26542	REPAIR HAND JOINT WITH GRAFT	682.67				
15	26545	RECONSTRUCT FINGER JOINT	682.67				
15	26546	REPAIR NONUNION HAND	682.67				
15	26548	RECONSTRUCT FINGER JOINT	682.67				
15	26550	CONSTRUCT THUMB REPLACEMENT	483.29				
15	26555	POSITIONAL CHANGE OF FINGER	552.64				
15	26560	REPAIR OF WEB FINGER	483.29				
15	26561	REPAIR OF WEB FINGER	552.64				
15	26562	REPAIR OF WEB FINGER	682.67				
15	26565	CORRECT METACARPAL FLAW	776.94				
15	26567	CORRECT FINGER DEFORMITY	776.94				
15	26568	LENGTHEN METACARPAL/FINGER	552.64				
15	26580	REPAIR HAND DEFORMITY	776.94				
15	26587	RECONSTRUCT EXTRA FINGER	776.94				
15	26590	REPAIR FINGER DEFORMITY	776.94				
15	26591	REPAIR MUSCLES OF HAND	552.64				
15	26593	RELEASE MUSCLES OF HAND	552.64				
15	26596	EXCISION CONSTRICTING TISSUE	483.29				
15	26605	TREAT METACARPAL FRACTURE	483.29				
15	26607	TREAT METACARPAL FRACTURE	483.29				
15	26608	TREAT METACARPAL FRACTURE	682.67				
15	26615	TREAT METACARPAL FRACTURE	682.67				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	360.84				
15	26645	TREAT THUMB FRACTURE	360.84				
15	26650	TREAT THUMB FRACTURE	483.29				
15	26665	TREAT THUMB FRACTURE	682.67				
15	26675	TREAT HAND DISLOCATION	483.29				
15	26676	PIN HAND DISLOCATION	483.29				
15	26685	TREAT HAND DISLOCATION	552.64				
15	26686	TREAT HAND DISLOCATION	552.64				
15	26705	TREAT KNUCKLE DISLOCATION	483.29				
15	26706	PIN KNUCKLE DISLOCATION	483.29				
15	26715	TREAT KNUCKLE DISLOCATION	682.67				
15	26727	TREAT FINGER FRACTURE, EACH	1,078.18				
15	26735	TREAT FINGER FRACTURE, EACH	682.67				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	26742	TREAT FINGER FRACTURE, EACH	483.29				
15	26746	TREAT FINGER FRACTURE, EACH	776.94				
15	26756	PIN FINGER FRACTURE, EACH	483.29				
15	26765	TREAT FINGER FRACTURE, EACH	682.67				
15	26776	PIN FINGER DISLOCATION	483.29				
15	26785	TREAT FINGER DISLOCATION	483.29				
15	26820	THUMB FUSION WITH GRAFT	776.94				
15	26841	FUSION OF THUMB	682.67				
15	26842	THUMB FUSION WITH GRAFT	682.67				
15	26843	FUSION OF HAND JOINT	552.64				
15	26844	FUSION/GRAFT OF HAND JOINT	552.64				
15	26850	FUSION OF KNUCKLE	682.67				
15	26852	FUSION OF KNUCKLE WITH GRAFT	682.67				
15	26860	FUSION OF FINGER JOINT	552.64				
15	26861	FUSION OF FINGER JNT, ADD-ON	483.29				
15	26862	FUSION/GRAFT OF FINGER JOINT	682.67				
15	26863	FUSE/GRAFT ADDED JOINT	552.64				
15	26910	AMPUTATE METACARPAL BONE	552.64				
15	26951	AMPUTATION OF FINGER/THUMB	483.29				
15	26952	AMPUTATION OF FINGER/THUMB	682.67				
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP		X		
15	26990	DRAINAGE OF PELVIS LESION	360.84				
15	26991	DRAINAGE OF PELVIS BURSA	360.84				
15	27000	INCISION OF HIP TENDON	483.29				
15	27001	INCISION OF HIP TENDON	552.64				
15	27003	INCISION OF HIP TENDON	552.64				
15	27033	EXPLORATION OF HIP JOINT	552.64				
15	27035	DENERVATION OF HIP JOINT	682.67				
15	27040	BIOPSY OF SOFT TISSUES	360.84				
15	27041	BIOPSY OF SOFT TISSUES	483.29				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	483.29				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	483.29				
15	27047	REMOVE HIP/PELVIS LESION	483.29				
15	27048	REMOVE HIP/PELVIS LESION	552.64				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	552.64				
15	27050	BIOPSY OF SACROILIAC JOINT	552.64				
15	27052	BIOPSY OF HIP JOINT	552.64				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	27060	REMOVAL OF ISCHIAL BURSA	776.94				
15	27062	REMOVE FEMUR LESION/BURSA	776.94				
15	27065	REMOVAL OF HIP BONE LESION	776.94				
15	27066	REMOVAL OF HIP BONE LESION	776.94				
15	27067	REMOVE/GRAFT HIP BONE LESION	776.94				
15	27080	REMOVAL OF TAIL BONE	483.29				
15	27086	REMOVE HIP FOREIGN BODY	360.84				
15	27087	REMOVE HIP FOREIGN BODY	552.64				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27095	WITH ANES	360.84				
15	27097	REVISION OF HIP TENDON	552.64				
15	27098	TRANSFER TENDON TO PELVIS	552.64				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	682.67				
15	27105	TRANSFER OF SPINAL MUSCLE	682.67				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	682.67				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	682.67				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	360.84				
15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	483.29				
15	27202	TREAT TAIL BONE FRACTURE	483.29				
15	27230	TREAT THIGH FRACTURE	360.84				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	360.84				
15	27238	TREAT THIGH FRACTURE	360.84				
15	27246	TREAT THIGH FRACTURE	360.84				
15	27250	TREAT HIP DISLOCATION	360.84				
15	27252	TREAT HIP DISLOCATION	483.29				
15	27257	TREAT HIP DISLOCATION	552.64				
15	27265	TREAT HIP DISLOCATION	360.84				
15	27266	TREAT HIP DISLOCATION	483.29				
15	27275	MANIPULATION OF HIP JOINT	483.29				
15	27278	FUSION OF PELVIC JOINT INCLUDING JOI	776.94				
15	27279	ARTHRODESIS,SACROILIAC JOINT,PERCU	1,450.94				
15	27299	PELVIS/HIP JOINT SURGERY	MP		X		
15	27301	DRAIN THIGH/KNEE LESION	552.64				
15	27305	INCISE THIGH TENDON & FASCIA	483.29				
15	27306	INCISION OF THIGH TENDON	552.64				
15	27307	INCISION OF THIGH TENDONS	552.64				
15	27310	EXPLORATION OF KNEE JOINT	682.67				
15	27323	BIOPSY, THIGH SOFT TISSUES	360.84				
15	27324	BIOPSY, THIGH SOFT TISSUES	360.84				
15	27327	REMOVAL OF THIGH LESION	483.29				
15	27328	REMOVAL OF THIGH LESION	552.64				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	682.67				
15	27330	BIOPSY, KNEE JOINT LINING	682.67				
15	27331	EXPLORE/TREAT KNEE JOINT	682.67				
15	27332	REMOVAL OF KNEE CARTILAGE	682.67				
15	27333	REMOVAL OF KNEE CARTILAGE	682.67				
15	27334	REMOVE KNEE JOINT LINING	682.67				
15	27335	REMOVE KNEE JOINT LINING	682.67				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	483.29				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	483.29				
15	27340	REMOVAL OF KNEECAP BURSA	552.64				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	682.67				
15	27347	REMOVE KNEE CYST	682.67				
15	27350	REMOVAL OF KNEECAP	682.67				
15	27355	REMOVE FEMUR LESION	552.64				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	27356	REMOVE FEMUR LESION/GRAFT	682.67				
15	27357	REMOVE FEMUR LESION/GRAFT	776.94				
15	27358	REMOVE FEMUR LESION/FIXATION	776.94				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	776.94				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	27372	REMOVAL OF FOREIGN BODY	1,078.18				
15	27380	REPAIR OF KNEECAP TENDON	360.84				
15	27381	REPAIR/GRAFT KNEECAP TENDON	552.64				
15	27385	REPAIR OF THIGH MUSCLE	552.64				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	552.64				
15	27390	INCISION OF THIGH TENDON	360.84				
15	27391	INCISION OF THIGH TENDONS	483.29				
15	27392	INCISION OF THIGH TENDONS	552.64				
15	27393	LENGTHENING OF THIGH TENDON	483.29				
15	27394	LENGTHENING OF THIGH TENDONS	552.64				
15	27395	LENGTHENING OF THIGH TENDONS	552.64				
15	27396	TRANSPLANT OF THIGH TENDON	552.64				
15	27397	TRANSPLANTS OF THIGH TENDONS	552.64				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	552.64				
15	27403	REPAIR OF KNEE CARTILAGE	682.67				
15	27405	REPAIR OF KNEE LIGAMENT	682.67				
15	27407	REPAIR OF KNEE LIGAMENT	682.67				
15	27409	REPAIR OF KNEE LIGAMENTS	682.67				
15	27418	REPAIR DEGENERATED KNEECAP	552.64				
15	27420	REVISION OF UNSTABLE KNEECAP	552.64				
15	27422	REVISION OF UNSTABLE KNEECAP	1,078.18				
15	27424	REVISION/REMOVAL OF KNEECAP	552.64				
15	27425	LATERAL RETINACULAR RELEASE	1,078.18				
15	27427	RECONSTRUCTION, KNEE	552.64				
15	27428	RECONSTRUCTION, KNEE	682.67				
15	27429	RECONSTRUCTION, KNEE	682.67				
15	27430	REVISION OF THIGH MUSCLES	682.67				
15	27435	INCISION OF KNEE JOINT	682.67				
15	27437	REVISE KNEECAP	682.67				
15	27438	REVISE KNEECAP WITH IMPLANT	776.94				
15	27441	REVISION OF KNEE JOINT	776.94				
15	27442	REVISION OF KNEE JOINT	776.94				
15	27443	REVISION OF KNEE JOINT	776.94				
15	27496	DECOMPRESSION OF THIGH/KNEE	776.94				
15	27497	DECOMPRESSION OF THIGH/KNEE	552.64				
15	27498	DECOMPRESSION OF THIGH/KNEE	552.64				
15	27499	DECOMPRESSION OF THIGH/KNEE	552.64				
15	27500	TREATMENT OF THIGH FRACTURE	360.84				
15	27501	TREATMENT OF THIGH FRACTURE	483.29				
15	27502	TREATMENT OF THIGH FRACTURE	483.29				
15	27503	TREATMENT OF THIGH FRACTURE	552.64				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27508	TREATMENT OF THIGH FRACTURE	360.84				
15	27509	TREATMENT OF THIGH FRACTURE	552.64				
15	27510	TREATMENT OF THIGH FRACTURE	360.84				
15	27516	TREAT THIGH FX GROWTH PLATE	360.84				
15	27517	TREAT THIGH FX GROWTH PLATE	360.84				
15	27520	TREAT KNEECAP FRACTURE	360.84				
15	27530	TREAT KNEE FRACTURE	360.84				
15	27532	TREAT KNEE FRACTURE	360.84				
15	27538	TREAT KNEE FRACTURE(S)	360.84				
15	27550	TREAT KNEE DISLOCATION	360.84				
15	27552	TREAT KNEE DISLOCATION	360.84				
15	27560	TREAT KNEECAP DISLOCATION	360.84				
15	27562	TREAT KNEECAP DISLOCATION	360.84				
15	27566	TREAT KNEECAP DISLOCATION	483.29				
15	27570	FIXATION OF KNEE JOINT	360.84				
15	27594	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	27599	LEG SURGERY PROCEDURE	MP		X		
15	27600	DECOMPRESSION OF LOWER LEG	552.64				
15	27601	DECOMPRESSION OF LOWER LEG	552.64				
15	27602	DECOMPRESSION OF LOWER LEG	552.64				
15	27603	DRAIN LOWER LEG LESION	483.29				
15	27604	DRAIN LOWER LEG BURSA	483.29				
15	27605	INCISION OF ACHILLES TENDON	360.84				
15	27606	INCISION OF ACHILLES TENDON	360.84				
15	27607	TREAT LOWER LEG BONE LESION	483.29				
15	27610	EXPLORE/TREAT ANKLE JOINT	483.29				
15	27612	EXPLORATION OF ANKLE JOINT	552.64				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	483.29				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	27618	REMOVE LOWER LEG LESION	483.29				
15	27619	REMOVE LOWER LEG LESION	552.64				
15	27620	EXPLORE/TREAT ANKLE JOINT	682.67				
15	27625	REMOVE ANKLE JOINT LINING	682.67				
15	27626	REMOVE ANKLE JOINT LINING	682.67				
15	27630	REMOVAL OF TENDON LESION	552.64				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	483.29				
15	27635	REMOVE LOWER LEG BONE LESION	552.64				
15	27637	REMOVE/GRAFT LEG BONE LESION	552.64				
15	27638	REMOVE/GRAFT LEG BONE LESION	552.64				
15	27640	PARTIAL REMOVAL OF TIBIA	483.29				
15	27641	PARTIAL REMOVAL OF FIBULA	483.29				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	552.64				
15	27650	REPAIR ACHILLES TENDON	552.64				
15	27652	REPAIR/GRAFT ACHILLES TENDON	552.64				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	27654	REPAIR OF ACHILLES TENDON	552.64				
15	27656	REPAIR LEG FASCIA DEFECT	483.29				
15	27658	REPAIR OF LEG TENDON, EACH	360.84				
15	27659	REPAIR OF LEG TENDON, EACH	483.29				
15	27664	REPAIR OF LEG TENDON, EACH	483.29				
15	27665	REPAIR OF LEG TENDON, EACH	483.29				
15	27675	REPAIR LOWER LEG TENDONS	483.29				
15	27676	REPAIR LOWER LEG TENDONS	552.64				
15	27680	RELEASE OF LOWER LEG TENDON	552.64				
15	27681	RELEASE OF LOWER LEG TENDONS	483.29				
15	27685	REVISION OF LOWER LEG TENDON	552.64				
15	27686	REVISE LOWER LEG TENDONS	552.64				
15	27687	REVISION OF CALF TENDON	552.64				
15	27690	REVISE LOWER LEG TENDON	682.67				
15	27691	REVISE LOWER LEG TENDON	682.67				
15	27692	REVISE ADDITIONAL LEG TENDON	552.64				
15	27695	REPAIR OF ANKLE LIGAMENT	483.29				
15	27696	REPAIR OF ANKLE LIGAMENTS	483.29				
15	27698	REPAIR OF ANKLE LIGAMENT	483.29				
15	27700	REVISION OF ANKLE JOINT	776.94				
15	27704	REMOVAL OF ANKLE IMPLANT	483.29				
15	27705	INCISION OF TIBIA	483.29				
15	27707	INCISION OF FIBULA	483.29				
15	27709	INCISION OF TIBIA & FIBULA	483.29				
15	27720	REPAIR OF TIBIA	360.84				
15	27730	REPAIR OF TIBIA EPIPHYSIS	483.29				
15	27732	REPAIR OF FIBULA EPIPHYSIS	483.29				
15	27734	REPAIR LOWER LEG EPIPHYSES	483.29				
15	27740	REPAIR OF LEG EPIPHYSES	483.29				
15	27742	REPAIR OF LEG EPIPHYSES	483.29				
15	27750	TREATMENT OF TIBIA FRACTURE	360.84				
15	27752	TREATMENT OF TIBIA FRACTURE	360.84				
15	27756	TREATMENT OF TIBIA FRACTURE	552.64				
15	27758	TREATMENT OF TIBIA FRACTURE	682.67				
15	27759	TREATMENT OF TIBIA FRACTURE	682.67				
15	27760	CLTX MEDIAL ANKLE FX	360.84				
15	27762	CLTX MED ANKLE FX W/MNPJ	360.84				
15	27766	TREATMENT OF ANKLE FRACTURE	552.64				
15	27780	TREATMENT OF FIBULA FRACTURE	360.84				
15	27781	TREATMENT OF FIBULA FRACTURE	360.84				
15	27784	TREATMENT OF FIBULA FRACTURE	552.64				
15	27786	TREATMENT OF ANKLE FRACTURE	360.84				
15	27788	TREATMENT OF ANKLE FRACTURE	360.84				
15	27792	TREATMENT OF ANKLE FRACTURE	552.64				
15	27808	TREATMENT OF ANKLE FRACTURE	360.84				
15	27810	TREATMENT OF ANKLE FRACTURE	360.84				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27814	TREATMENT OF ANKLE FRACTURE	552.64				
15	27816	TREATMENT OF ANKLE FRACTURE	360.84				
15	27818	TREATMENT OF ANKLE FRACTURE	360.84				
15	27822	TREATMENT OF ANKLE FRACTURE	552.64				
15	27823	TREATMENT OF ANKLE FRACTURE	552.64				
15	27824	TREAT LOWER LEG FRACTURE	360.84				
15	27825	TREAT LOWER LEG FRACTURE	483.29				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	552.64				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	552.64				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	682.67				
15	27829	TREAT LOWER LEG JOINT	483.29				
15	27830	TREAT LOWER LEG DISLOCATION	360.84				
15	27831	TREAT LOWER LEG DISLOCATION	360.84				
15	27832	TREAT LOWER LEG DISLOCATION	483.29				
15	27840	TREAT ANKLE DISLOCATION	360.84				
15	27842	TREAT ANKLE DISLOCATION	360.84				
15	27846	TREAT ANKLE DISLOCATION	552.64				
15	27848	TREAT ANKLE DISLOCATION	552.64				
15	27860	FIXATION OF ANKLE JOINT	360.84				
15	27870	FUSION OF ANKLE JOINT	682.67				
15	27871	FUSION OF TIBIOFIBULAR JOINT	682.67				
15	27884	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	27889	AMPUTATION OF FOOT AT ANKLE	552.64				
15	27892	DECOMPRESSION OF LEG	552.64				
15	27893	DECOMPRESSION OF LEG	552.64				
15	27894	DECOMPRESSION OF LEG	552.64				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP		X		
15	28002	TREATMENT OF FOOT INFECTION	552.64				
15	28003	TREATMENT OF FOOT INFECTION	552.64				
15	28005	TREAT FOOT BONE LESION	552.64				
15	28008	INCISION OF FOOT FASCIA	552.64				
15	28011	INCISION OF TOE TENDONS	552.64				
15	28020	EXPLORATION OF FOOT JOINT	483.29				
15	28022	EXPLORATION OF FOOT JOINT	483.29				
15	28024	EXPLORATION OF TOE JOINT	483.29				
15	28035	DECOMPRESSION OF TIBIA NERVE	682.67				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	360.84				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	483.29				
15	28043	EXCISION OF FOOT LESION	483.29				
15	28045	EXCISION OF FOOT LESION	552.64				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	552.64				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	483.29				
15	28050	BIOPSY OF FOOT JOINT LINING	483.29				
15	28052	BIOPSY OF FOOT JOINT LINING	483.29				
15	28054	BIOPSY OF TOE JOINT LINING	483.29				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	483.29				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	28062	REMOVAL OF FOOT FASCIA	552.64				
15	28070	REMOVAL OF FOOT JOINT LINING	552.64				
15	28072	REMOVAL OF FOOT JOINT LINING	552.64				
15	28080	REMOVAL OF FOOT LESION	552.64				
15	28086	EXCISE FOOT TENDON SHEATH	483.29				
15	28088	EXCISE FOOT TENDON SHEATH	483.29				
15	28090	REMOVAL OF FOOT LESION	552.64				
15	28092	REMOVAL OF TOE LESIONS	552.64				
15	28100	REMOVAL OF ANKLE/HEEL LESION	483.29				
15	28102	REMOVE/GRAFT FOOT LESION	552.64				
15	28103	REMOVE/GRAFT FOOT LESION	552.64				
15	28104	REMOVAL OF FOOT LESION	483.29				
15	28106	REMOVE/GRAFT FOOT LESION	552.64				
15	28107	REMOVE/GRAFT FOOT LESION	552.64				
15	28108	REMOVAL OF TOE LESIONS	552.64				
15	28110	PART REMOVAL OF METATARSAL	552.64				
15	28111	PART REMOVAL OF METATARSAL	552.64				
15	28112	PART REMOVAL OF METATARSAL	552.64				
15	28113	PART REMOVAL OF METATARSAL	552.64				
15	28114	REMOVAL OF METATARSAL HEADS	552.64				
15	28116	REVISION OF FOOT	552.64				
15	28118	REMOVAL OF HEEL BONE	682.67				
15	28119	REMOVAL OF HEEL SPUR	682.67				
15	28120	PART REMOVAL OF ANKLE/HEEL	1,078.18				
15	28122	PARTIAL REMOVAL OF FOOT BONE	552.64				
15	28124	PARTIAL REMOVAL OF TOE	552.64				
15	28126	PARTIAL REMOVAL OF TOE	552.64				
15	28130	REMOVAL OF ANKLE BONE	552.64				
15	28140	REMOVAL OF METATARSAL	552.64				
15	28150	REMOVAL OF TOE	552.64				
15	28153	PARTIAL REMOVAL OF TOE	552.64				
15	28160	PARTIAL REMOVAL OF TOE	552.64				
15	28171	EXTENSIVE FOOT SURGERY	552.64				
15	28173	EXTENSIVE FOOT SURGERY	552.64				
15	28175	EXTENSIVE FOOT SURGERY	552.64				
15	28190	REMOVAL OF FOOT FOREIGN BODY	360.84				
15	28192	REMOVAL OF FOOT FOREIGN BODY	483.29				
15	28193	REMOVAL OF FOOT FOREIGN BODY	682.67				
15	28200	REPAIR OF FOOT TENDON	552.64				
15	28202	REPAIR/GRAFT OF FOOT TENDON	552.64				
15	28208	REPAIR OF FOOT TENDON	552.64				
15	28210	REPAIR/GRAFT OF FOOT TENDON	552.64				
15	28222	RELEASE OF FOOT TENDONS	360.84				
15	28225	RELEASE OF FOOT TENDON	360.84				
15	28226	RELEASE OF FOOT TENDONS	360.84				
15	28230	INCISION OF FOOT TENDON (S)	360.84				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	28232	INCISION OF TOE TENDON	483.29				
15	28234	INCISION OF FOOT TENDON	483.29				
15	28238	REVISION OF FOOT TENDON	552.64				
15	28240	RELEASE OF BIG TOE	483.29				
15	28250	REVISION OF FOOT FASCIA	552.64				
15	28260	RELEASE OF MIDFOOT JOINT	552.64				
15	28261	REVISION OF FOOT TENDON	552.64				
15	28262	REVISION OF FOOT AND ANKLE	682.67				
15	28264	RELEASE OF MIDFOOT JOINT	360.84				
15	28270	RELEASE OF FOOT CONTRACTURE	552.64				
15	28280	FUSION OF TOES	483.29				
15	28285	REPAIR OF HAMMERTOE	552.64				
15	28286	REPAIR OF HAMMERTOE	682.67				
15	28288	PARTIAL REMOVAL OF FOOT BONE	552.64				
15	28289	REPAIR HALLUX RIGIDUS	552.64				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	483.29				
15	28292	CORRECTION OF BUNION	483.29				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	552.64				
15	28296	CORRECTION OF BUNION	552.64				
15	28297	CORRECTION OF BUNION	552.64				
15	28298	CORRECTION OF BUNION	552.64				
15	28299	CORRECTION OF BUNION	776.94				
15	28300	INCISION OF HEEL BONE	483.29				
15	28302	INCISION OF ANKLE BONE	483.29				
15	28304	INCISION OF MIDFOOT BONES	483.29				
15	28305	INCISE/GRAFT MIDFOOT BONES	552.64				
15	28306	INCISION OF METATARSAL	682.67				
15	28307	INCISION OF METATARSAL	682.67				
15	28308	INCISION OF METATARSAL	483.29				
15	28309	INCISION OF METATARSALS	682.67				
15	28310	REVISION OF BIG TOE	552.64				
15	28312	REVISION OF TOE	552.64				
15	28313	REPAIR DEFORMITY OF TOE	483.29				
15	28315	REMOVAL OF SESAMOID BONE	682.67				
15	28320	REPAIR OF FOOT BONES	682.67				
15	28322	REPAIR OF METATARSALS	682.67				
15	28340	RESECT ENLARGED TOE TISSUE	682.67				
15	28341	RESECT ENLARGED TOE	682.67				
15	28344	REPAIR EXTRA TOE(S)	682.67				
15	28345	REPAIR WEBBED TOE(S)	682.67				
15	28400	TREATMENT OF HEEL FRACTURE	360.84				
15	28405	TREATMENT OF HEEL FRACTURE	483.29				
15	28406	TREATMENT OF HEEL FRACTURE	483.29				
15	28415	TREAT HEEL FRACTURE	552.64				
15	28420	TREAT/GRAFT HEEL FRACTURE	682.67				
15	28435	TREATMENT OF ANKLE FRACTURE	483.29				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	28436	TREATMENT OF ANKLE FRACTURE	483.29				
15	28445	TREAT ANKLE FRACTURE	552.64				
15	28456	TREAT MIDFOOT FRACTURE	483.29				
15	28465	TREAT MIDFOOT FRACTURE, EACH	552.64				
15	28476	TREAT METATARSAL FRACTURE	483.29				
15	28485	TREAT METATARSAL FRACTURE	682.67				
15	28496	TREAT BIG TOE FRACTURE	483.29				
15	28505	TREAT BIG TOE FRACTURE	552.64				
15	28525	TREAT TOE FRACTURE	552.64				
15	28531	TREAT SESAMOID BONE FRACTURE	552.64				
15	28545	TREAT FOOT DISLOCATION	360.84				
15	28546	TREAT FOOT DISLOCATION	483.29				
15	28555	REPAIR FOOT DISLOCATION	483.29				
15	28575	TREAT FOOT DISLOCATION	360.84				
15	28576	TREAT FOOT DISLOCATION	552.64				
15	28585	REPAIR FOOT DISLOCATION	552.64				
15	28600	TREAT FOOT DISLOCATION	360.84				
15	28605	TREAT FOOT DISLOCATION	360.84				
15	28606	TREAT FOOT DISLOCATION	483.29				
15	28615	REPAIR FOOT DISLOCATION	552.64				
15	28635	TREAT TOE DISLOCATION	360.84				
15	28636	TREAT TOE DISLOCATION	552.64				
15	28645	REPAIR TOE DISLOCATION	552.64				
15	28660	TREAT TOE DISLOCATION	360.84				
15	28665	TREAT TOE DISLOCATION	360.84				
15	28666	TREAT TOE DISLOCATION	552.64				
15	28675	REPAIR OF TOE DISLOCATION	552.64				
15	28705	FUSION OF FOOT BONES	682.67				
15	28715	FUSION OF FOOT BONES	682.67				
15	28725	FUSION OF FOOT BONES	682.67				
15	28730	FUSION OF FOOT BONES	682.67				
15	28735	FUSION OF FOOT BONES	682.67				
15	28737	REVISION OF FOOT BONES	776.94				
15	28740	FUSION OF FOOT BONES	682.67				
15	28750	FUSION OF BIG TOE JOINT	682.67				
15	28755	FUSION OF BIG TOE JOINT	682.67				
15	28760	FUSION OF BIG TOE JOINT	682.67				
15	28810	AMPUTATION TOE & METATARSAL	483.29				
15	28820	AMPUTATION OF TOE	483.29				
15	28825	PARTIAL AMPUTATION OF TOE	483.29				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP		X		
15	29800	JAW ARTHROSCOPY/SURGERY	552.64				
15	29804	JAW ARTHROSCOPY/SURGERY	552.64				
15	29805	SHOULDER ARTHROSCOPY, DX	552.64				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	552.64				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	29819	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	776.94				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	552.64				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	776.94				
15	29830	ELBOW ARTHROSCOPY	552.64				
15	29834	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29835	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29836	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29837	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29838	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29840	WRIST ARTHROSCOPY	552.64				
15	29843	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29844	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29845	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29846	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29847	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29848	WRIST ENDOSCOPY/SURGERY	1,450.94				
15	29850	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29851	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	682.67				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	682.67				
15	29860	HIP ARTHROSCOPY, DX	682.67				
15	29861	HIP ARTHROSCOPY/SURGERY	682.67				
15	29862	HIP ARTHROSCOPY/SURGERY	1,450.94				
15	29863	HIP ARTHROSCOPY/SURGERY	682.67				
15	29870	KNEE ARTHROSCOPY, DX	552.64				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	552.64				
15	29873	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29874	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29875	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29876	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29877	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29879	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	682.67				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	682.67				
15	29882	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29883	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29884	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29885	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29886	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29887	KNEE ARTHROSCOPY/SURGERY	552.64				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	29888	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	552.64				
15	29891	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29892	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,450.94				
15	29894	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29895	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29897	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29898	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29899	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29900	MCP JOINT ARTHROSCOPY, DX	552.64				
15	29901	MCP JOINT ARTHROSCOPY, SURG	552.64				
15	29902	MCP JOINT ARTHROSCOPY, SURG	552.64				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	682.67				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	682.67				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	682.67				
15	29999	ARTHROSCOPY OF JOINT	MP		X		
15	30000	DRAINAGE OF NOSE LESION	360.84				
15	30100	INTRANASAL BIOPSY	360.84				
15	30110	REMOVAL OF NOSE POLY(S)	360.84				
15	30115	REMOVAL OF NOSE POLYP(S)	483.29				
15	30117	REMOVAL OF INTRANASAL LESION	552.64				
15	30118	REMOVAL OF INTRANASAL LESION	552.64				
15	30120	REVISION OF NOSE	360.84				
15	30125	REMOVAL OF NOSE LESION	483.29				
15	30130	REMOVAL OF TURBINATE BONES	552.64				
15	30140	REMOVAL OF TURBINATE BONES	483.29				
15	30150	PARTIAL REMOVAL OF NOSE	552.64				
15	30160	REMOVAL OF NOSE	682.67				
15	30210	NASAL SINUS THERAPY	360.84				
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	552.64				
15	30300	REMOVE NASAL FOREIGN BODY	360.84				
15	30310	REMOVE NASAL FOREIGN BODY	360.84				
15	30320	REMOVE NASAL FOREIGN BODY	483.29				
15	30400	RECONSTRUCTION OF NOSE	682.67				
15	30410	RECONSTRUCTION OF NOSE	776.94				
15	30420	RECONSTRUCTION OF NOSE	776.94				
15	30430	REVISION OF NOSE	552.64				
15	30435	REVISION OF NOSE	776.94				
15	30450	REVISION OF NOSE	1,078.18				
15	30460	REVISION OF NOSE	1,078.18				
15	30462	REVISION OF NOSE	1,450.94				
15	30465	REPAIR NASAL STENOSIS	1,450.94				
15	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	1,450.94				
15	30469	REPAIR OF COLLAPSED NASAL VALVE	1,450.94				
15	30520	REPAIR OF NASAL SEPTUM	682.67				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	30540	REPAIR NASAL DEFECT	776.94				
15	30545	REPAIR NASAL DEFECT	776.94				
15	30560	RELEASE OF NASAL ADHESIONS	483.29				
15	30580	REPAIR UPPER JAW FISTULA	682.67				
15	30600	REPAIR MOUTH/NOSE FISTULA	682.67				
15	30620	INTRANASAL RECONSTRUCTION	1,078.18				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,078.18				
15	30801	CAUTERIZATION, INNER NOSE	360.84				
15	30802	CAUTERIZATION, INNER NOSE	360.84				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	360.84				
15	30903	CONTROL OF NOSEBLEED	360.84				
15	30905	CONTROL OF NOSEBLEED	360.84				
15	30906	REPEAT CONTROL OF NOSEBLEED	360.84				
15	30915	LIGATION, NASAL SINUS ARTERY	483.29				
15	30920	LIGATION, UPPER JAW ARTERY	552.64				
15	30930	THERAPY, FRACTURE OF NOSE	682.67				
15	30999	NASAL SURGERY PROCEDURE	MP		X		
15	31000	IRRIGATION MAXILLARY SINUS	360.84				
15	31002	IRRIGATION SPHENOID SINUS	360.84				
15	31020	EXPLORATION, MAXILLARY SINUS	483.29				
15	31030	EXPLORATION, MAXILLARY SINUS	552.64				
15	31032	EXPLORE SINUS,REMOVE POLYPS	682.67				
15	31050	EXPLORATION, SPHENOID SINUS	483.29				
15	31051	SPHENOID SINUS SURGERY	682.67				
15	31070	EXPLORATION OF FRONTAL SINUS	483.29				
15	31075	EXPLORATION OF FRONTAL SINUS	682.67				
15	31080	REMOVAL OF FRONTAL SINUS	682.67				
15	31081	REMOVAL OF FRONTAL SINUS	682.67				
15	31084	REMOVAL OF FRONTAL SINUS	682.67				
15	31085	REMOVAL OF FRONTAL SINUS	682.67				
15	31086	REMOVAL OF FRONTAL SINUS	682.67				
15	31087	REMOVAL OF FRONTAL SINUS	682.67				
15	31090	EXPLORATION OF SINUSES	776.94				
15	31200	REMOVAL OF ETHMOID SINUS	483.29				
15	31201	REMOVAL OF ETHMOID SINUS	776.94				
15	31205	REMOVAL OF ETHMOID SINUS	552.64				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	483.29				
15	31233	NASAL/SINUS ENDOSCOPY, DX	483.29				
15	31235	NASAL/SINUS ENDOSCOPY, DX	360.84				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	483.29				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	360.84				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	682.67				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	483.29				
15	31242	DESTRUCTION OF NASAL NERVE BY HEAT U	552.64				
15	31243	DESTRUCTION OF NASAL NERVE BY HEAT U	552.64				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31254	REVISION OF ETHMOID SINUS	552.64				
15	31255	REMOVAL OF ETHMOID SINUS	776.94				
15	31256	EXPLORATION MAXILLARY SINUS	552.64				
15	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
15	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
15	31267	ENDOSCOPY, MAXILLARY SINUS	552.64				
15	31276	SINUS ENDOSCOPY, SURGICAL	552.64				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	552.64				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	552.64				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
15	31298	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
15	31299	SINUS SURGERY PROCEDURE	MP		X		
15	31300	REMOVAL OF LARYNX LESION	776.94				
15	31400	REVISION OF LARYNX	483.29				
15	31420	REMOVAL OF EPIGLOTTIS	483.29				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	360.84				
15	31510	LARYNGOSCOPY WITH BIOPSY	483.29				
15	31511	REMOVE FOREIGN BODY, LARYNX	483.29				
15	31512	REMOVAL OF LARYNX LESION	483.29				
15	31513	INJECTION INTO VOCAL CORD	483.29				
15	31515	LARYNGOSCOPY FOR ASPIRATION	360.84				
15	31520	DIAGNOSTIC LARYNGOSCOPY	360.84				
15	31525	DIAGNOSTIC LARYNGOSCOPY	360.84				
15	31526	DIAGNOSTIC LARYNGOSCOPY	483.29				
15	31527	LARYNGOSCOPY FOR TREATMENT	360.84				
15	31528	LARYNGOSCOPY AND DILATION	483.29				
15	31529	LARYNGOSCOPY AND DILATION	483.29				
15	31530	OPERATIVE LARYNGOSCOPY	483.29				
15	31531	OPERATIVE LARYNGOSCOPY	552.64				
15	31535	OPERATIVE LARYNGOSCOPY	483.29				
15	31536	OPERATIVE LARYNGOSCOPY	552.64				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	552.64				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	682.67				
15	31545	REMOVE VC LESION W/SCOPE	682.67				
15	31546	REMOVE VC SCOPE/GRAFT	682.67				
15	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
15	31560	OPERATIVE LARYNGOSCOPY	776.94				
15	31561	OPERATIVE LARYNGOSCOPY	776.94				
15	31570	LARYNGOSCOPY WITH INJECTION	483.29				
15	31571	LARYNGOSCOPY WITH INJECTION	483.29				
15	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	483.29				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	483.29				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	483.29				
15	31575	LARYNGOSCOPY,FIBERSCOPIC; DIAGNOSTI	483.29				
15	31576	LARYNGOSCOPY WITH BIOPSY	483.29				
15	31577	REMOVE FOREIGN BODY, LARYNX	483.29				
15	31578	REMOVAL OF LARYNX LESION	483.29				
15	31580	REVISION OF LARYNX	776.94				
15	31590	REINNERVATE LARYNX	776.94				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	776.94				
15	31592	CRICOTRACHEAL RESECTION	776.94				
15	31599	LARYNX SURGERY PROCEDURE	MP		X		
15	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	360.84	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	552.64				
15	31612	PUNCTURE/CLEAR WINDPIPE	360.84				
15	31613	REPAIR WINDPIPE OPENING	483.29				
15	31614	REPAIR WINDPIPE OPENING	483.29				
15	31615	VISUALIZATION OF WINDPIPE	360.84				
15	31622	DX BRONCHOSCOPE/WASH	360.84				
15	31623	DX BRONCHOSCOPE/BRUSH	483.29				
15	31624	DX BRONCHOSCOPE/LAVAGE	483.29				
15	31625	BRONCHOSCOPY WITH BIOPSY	483.29				
15	31628	BRONCHOSCOPY WITH BIOPSY	483.29				
15	31629	BRONCHOSCOPY WITH BIOPSY	483.29				
15	31630	BRONCHOSCOPY WITH REPAIR	483.29				
15	31631	BRONCHOSCOPY WITH DILATION	483.29				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31635	REMOVE FOREIGN BODY, AIRWAY	483.29				
15	31636	BRONCHOSCOPY, BRONCH STENTS	483.29				
15	31637	BRONCHOSCOPY, STENT ADD-ON	360.84				
15	31638	BRONCHOSCOPY, REVISE STENT	483.29				
15	31640	BRONCHOSCOPY & REMOVE LESION	483.29				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	483.29				
15	31643	DIAG BRONCHOSCOPE/CATHETER	483.29				
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	360.84				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	360.84				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	483.29				
15	31717	BRONCHIAL BRUSH BIOPSY	360.84				
15	31720	CLEARANCE OF AIRWAYS	360.84				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	360.84				
15	31750	REPAIR OF WINDPIPE	776.94				
15	31755	REPAIR OF WINDPIPE	483.29				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	31820	CLOSURE OF WINDPIPE LESION	360.84				
15	31825	REPAIR OF WINDPIPE DEFECT	483.29				
15	31830	REVISE WINDPIPE SCAR	483.29				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X		
15	32400	NEEDLE BIOPSY CHEST LINING	360.84				
15	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	360.84				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	360.84				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	360.84				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	360.84				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	360.84				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	360.84				
15	32994	ABLATION THERAPY FOR REDUCTION OR ER	552.64				
15	32999	CHEST SURGERY PROCEDURE	MP		X		
15	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	360.84				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	552.64				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	483.29				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	483.29				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	483.29				
15	33267	EXCLUSION OF APPENDAGE OF LEFT UPPER	682.67				
15	33269	EXCLUSION OF APPENDAGE OF LEFT UPPER	682.67				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	483.29				
15	33273	REPOSITIONING OF PREVISOULY IMPLANTE	483.29				
15	33274	TRANSCATHETER INSERTION OR REPLACEME	483.29				
15	33275	TRANSCATHETER REMOVAL OF PERMANENT	483.29				
15	33276	INSERTION OF PHRENIC NERVE STIMULATO	483.29				
15	33277	INSERTION OF PHRENIC NERVE STIMULATO	483.29				
15	33278	REMOVAL OF PHRENIC NERVE STIMULATOR	483.29				
15	33279	REMOVAL OF PHRENIC NERVE STIMULATOR	483.29				
15	33280	REMOVAL OF PHRENIC NERVE STIMULATOR	483.29				
15	33281	REPOSITIONING OF PHRENIC NERVE STIMU	483.29				
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	1,450.94				
15	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	360.84				
15	33287	REMOVAL AND REPLACEMENT OF PHRENIC N	483.29				
15	33288	REMOVAL AND REPLACEMENT OF PHRENIC N	483.29				
15	33289	TRANSCATHETER IMPLANTATION OF WIRELE	483.29				
15	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,078.18				
15	33900	PLACEMENT OF STENT IN PULMONARY ARTE	1,450.94				
15	33901	PLACEMENT OF STENT IN PULMONARY ARTE	1,450.94				
15	33902	PLACEMENT OF STENT IN PULMONARY ARTE	1,450.94				
15	33903	PLACEMENT OF STENT IN PULMONARY ARTE	1,450.94				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION	682.67				
15	35190	REPAIR BLOOD VESSEL LESION	682.67				
15	35206	REPAIR BLOOD VESSEL LESION	682.67				
15	35207	REPAIR BLOOD VESSEL LESION	682.67				
15	35875	REMOVAL OF CLOT IN GRAFT	1,450.94				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	35876	REMOVAL OF CLOT IN GRAFT	1,450.94				
15	36260	INSERTION OF INFUSION PUMP	552.64				
15	36261	REVISION OF INFUSION PUMP	483.29				
15	36262	REMOVAL OF INFUSION PUMP	360.84				
15	36299	UNLISTED VASCULAR INJECTION	MP		X		
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	483.29				
15	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	483.29				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	552.64				
15	36475	ENDOVENOUS RF, 1ST VEIN	552.64				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	552.64				
15	36478	ENDOVENOUS LASER, 1ST VEIN	552.64				
15	36479	ENDOVENOUS LASER VEIN ADDON	552.64				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	552.64				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,450.94				
15	36555	INSERT NON-TUNNEL CV CATH	360.84				
15	36556	INSERT NON-TUNNEL CV CATH	360.84				
15	36557	INSERT TUNNELED CV CATH	483.29				
15	36558	INSERT TUNNELED CV CATH	483.29				
15	36560	INSERT TUNNELED CV CATH	552.64				
15	36561	INSERT TUNNELED CV CATH	552.64				
15	36563	INSERT TUNNELED CV CATH	552.64				
15	36565	INSERT TUNNELED CV CATH	552.64				
15	36566	INSERT TUNNELED CV CATH	552.64				
15	36568	INSERT PERIPHERALLY CV CATH	360.84				
15	36569	INSERT PERIPHERALLY CV CATH	360.84				
15	36570	INSERT PERIPHERALLY CV CATH	552.64				
15	36571	INSERT PERIPHERALLY CV CATH	552.64				
15	36572	INSERTION OF PERIPHERALLY INSERTED	552.64	00 04			
15	36573	INSERTION OF PERIPHERALLY INSERTED	552.64	05 99			
15	36575	REPAIR TUNNELED/NON-TUNNELED	483.29				
15	36576	REPAIR CV ACCESS	483.29				
15	36578	REPLACE CV ACCESS	483.29				
15	36580	REPLACE COMPLETE non-tunnel	360.84				
15	36581	REPLACE COMPLETE tunneled	483.29				
15	36582	REPLACE COMPLETE tunneled	552.64				
15	36583	REPLACE COMPLETE tunneled	552.64				
15	36584	REPLACE COMPLETE peripherally	360.84				
15	36585	REPLACE COMPLETE peripherally	552.64				
15	36589	REMOVE TUNNELED CV CATH	360.84				
15	36590	REMOVE TUNNELED CV ACCESS	360.84				
15	36640	INSERTION CATHETER, ARTERY	360.84				
15	36800	INSERTION OF CANNULA	552.64				
15	36810	INSERTION OF CANNULA	552.64				
15	36815	INSERTION OF CANNULA	552.64				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	552.64				
15	36819	AV FUSION/UPPR ARM VEIN	552.64				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	36820	AV FUSION/FOREARM VEIN	552.64				
15	36821	AV FUSION DIRECT ANY SITE	552.64				
15	36825	ARTERY-VEIN GRAFT	682.67				
15	36830	ARTERY-VEIN GRAFT	682.67				
15	36831	OPEN THROMBECT AV FISTULA	1,450.94				
15	36832	AV FISTULA REVISION, OPEN	682.67				
15	36833	AV FISTULA REVISION	682.67				
15	36835	ARTERY TO VEIN SHUNT	682.67				
15	36836	CREATION OF OPENING BETWEEN ARTERY A	1,450.94				
15	36837	CREATION OF OPENING BETWEEN ARTERY A	1,450.94				
15	36860	EXTERNAL CANNULA DECLOTTING	483.29				
15	36861	CANNULA DECLOTTING	552.64				
15	36901	INTRODUCTION OF NEEDLE(S) AND/OR	552.64				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR	682.67				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	682.67				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				
15	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	682.67				
15	37200	TRANSCATHETER BIOPSY	682.67				
15	37220	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	360.84				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	360.84				
15	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	552.64				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X		
15	37607	LIGATION OF A-V FISTULA	552.64				
15	37609	TEMPORAL ARTERY PROCEDURE	483.29				
15	37650	REVISION OF MAJOR VEIN	483.29				
15	37700	REVISE LEG VEIN	483.29				
15	37718	LIGATE/STRIP SHORT LEG VEIN	552.64				
15	37722	LIGATE/STRIP LONG LEG VIEW	552.64				
15	37735	REMOVAL OF LEG VEINS/LESION	552.64				
15	37760	REVISION OF LEG VEINS	552.64				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	552.64				
15	37780	REVISION OF LEG VEIN	552.64				
15	37785	REVISE SECONDARY VARICOSITY	552.64				
15	37790	PENILE VENOUS OCCLUSION	552.64				
15	37799	VASCULAR SURGERY PROCEDURE	MP		X		
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		X		
15	38205	HARVEST ALLOGENIC STEM CELLS	1,450.94				
15	38206	HARVEST AUTO STEM CELLS	1,450.94				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	360.84				
15	38300	DRAINAGE, LYMPH NODE LESION	360.84				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	38305	DRAINAGE, LYMPH NODE LESION	483.29				
15	38308	INCISION OF LYMPH CHANNELS	483.29				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38505	NEEDLE BIOPSY, LYMPH NODES	360.84				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	483.29				
15	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	483.29				
15	38542	EXPLORE DEEP NODE(S), NECK	483.29				
15	38550	REMOVAL, NECK/ARMPIT LESION	552.64				
15	38555	REMOVAL, NECK/ARMPIT LESION	682.67				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,450.94				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,450.94				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,450.94				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,450.94				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X		
15	38700	REMOVAL OF LYMPH NODES, NECK	552.64				
15	38740	REMOVE ARMPIT LYMPH NODES	483.29				
15	38745	REMOVE ARMPIT LYMPH NODES	682.67				
15	38760	REMOVE GROIN LYMPH NODES	483.29				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X		
15	40490	BIOPSY OF LIP	360.84				
15	40500	PARTIAL EXCISION OF LIP	483.29				
15	40510	PARTIAL EXCISION OF LIP	483.29				
15	40520	PARTIAL EXCISION OF LIP	483.29				
15	40525	RECONSTRUCT LIP WITH FLAP	483.29				
15	40527	RECONSTRUCT LIP WITH FLAP	483.29				
15	40530	PARTIAL REMOVAL OF LIP	483.29				
15	40650	REPAIR LIP	552.64				
15	40652	REPAIR LIP	552.64				
15	40654	REPAIR LIP	552.64				
15	40700	REPAIR CLEFT LIP/NASAL	1,078.18				
15	40701	REPAIR CLEFT LIP/NASAL	1,078.18				
15	40702	REPAIR CLEFT LIP	1,078.18				
15	40720	REPAIR CLEFT LIP/NASAL	1,078.18				
15	40761	REPAIR CLEFT LIP/NASAL	552.64				
15	40799	LIP SURGERY PROCEDURE	MP		X		
15	40800	DRAINAGE OF MOUTH LESION	360.84				
15	40801	DRAINAGE OF MOUTH LESION	483.29				
15	40804	REMOVAL FOREIGN BODY, MOUTH	360.84				
15	40806	INCISION OF LIP FOLD	360.84				
15	40808	BIOPSY OF MOUTH LESION	360.84				
15	40810	EXCISION OF MOUTH LESION	360.84				
15	40812	EXCISE/REPAIR MOUTH LESION	483.29				
15	40814	EXCISE/REPAIR MOUTH LESION	483.29				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	40816	EXCISION OF MOUTH LESION	483.29				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	360.84				
15	40819	EXCISE LIP OR CHEEK FOLD	360.84				
15	40820	TREATMENT OF MOUTH LESION	360.84				
15	40830	REPAIR MOUTH LACERATION	360.84				
15	40831	REPAIR MOUTH LACERATION	360.84				
15	40840	RECONSTRUCTION OF MOUTH	483.29				
15	40842	RECONSTRUCTION OF MOUTH	552.64				
15	40843	RECONSTRUCTION OF MOUTH	552.64				
15	40844	RECONSTRUCTION OF MOUTH	776.94				
15	40845	RECONSTRUCTION OF MOUTH	776.94				
15	40899	MOUTH SURGERY PROCEDURE	MP		X		
15	41005	DRAINAGE OF MOUTH LESION	360.84				
15	41006	DRAINAGE OF MOUTH LESION	360.84				
15	41007	DRAINAGE OF MOUTH LESION	360.84				
15	41008	DRAINAGE OF MOUTH LESION	360.84				
15	41009	DRAINAGE OF MOUTH LESION	360.84				
15	41010	INCISION OF TONGUE FOLD	360.84				
15	41015	DRAINAGE OF MOUTH LESION	360.84				
15	41016	DRAINAGE OF MOUTH LESION	360.84				
15	41017	DRAINAGE OF MOUTH LESION	360.84				
15	41018	DRAINAGE OF MOUTH LESION	360.84				
15	41100	BIOPSY OF TONGUE	360.84				
15	41108	BIOPSY OF FLOOR OF MOUTH	360.84				
15	41112	EXCISION OF TONGUE LESION	483.29				
15	41113	EXCISION OF TONGUE LESION	483.29				
15	41114	EXCISION OF TONGUE LESION	483.29				
15	41115	EXCISION OF TONGUE FOLD	360.84				
15	41116	EXCISION OF MOUTH LESION	360.84				
15	41120	PARTIAL REMOVAL OF TONGUE	776.94				
15	41250	REPAIR TONGUE LACERATION	483.29				
15	41251	REPAIR TONGUE LACERATION	483.29				
15	41252	REPAIR TONGUE LACERATION	483.29				
15	41510	TONGUE TO LIP SURGERY	360.84				
15	41520	RECONSTRUCTION, TONGUE FOLD	483.29				
15	41599	TONGUE AND MOUTH SURGERY	MP		X		
15	41800	DRAINAGE OF GUM LESION	360.84				
15	41820	GINGVECTOMY,EXC.CING, EACH QUADRANT	360.84				
15	41821	EXCISION OF GUM FLAP	360.84				
15	41822	EXCISION OF GUM LESION	360.84				
15	41823	EXCISION OF GUM LESION	360.84				
15	41826	EXCSION OF GUM LESION	360.84				
15	41827	EXCISION OF GUM LESION	483.29				
15	41870	GUM GRAFT	360.84				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	360.84				
15	41899	GUM SURGERY PROCEDURE	776.94				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	42000	DRAINAGE MOUTH ROOF LESION	483.29				
15	42100	BIOPSY ROOF OF MOUTH	360.84				
15	42104	EXCISION LESION, MOUTH ROOF	360.84				
15	42106	EXCISION LESION, MOUTH ROOF	360.84				
15	42107	EXCISION LESION, MOUTH ROOF	483.29				
15	42120	REMOVE PALATE/LESION	682.67				
15	42140	EXCISION OF UVULA	483.29				
15	42145	REPAIR PALATE, PHARYNX/UVULA	776.94				
15	42160	TREATMENT MOUTH ROOF LESION	360.84				
15	42180	REPAIR PALATE	360.84				
15	42182	REPAIR PALATE	483.29				
15	42200	RECONSTRUCT CLEFT PALATE	776.94				
15	42205	RECONSTRUCT CLEFT PALATE	776.94				
15	42210	RECONSTRUCT CLEFT PALATE	776.94				
15	42215	RECONSTRUCT CLEFT PALATE	1,078.18				
15	42220	RECONSTRUCT CLEFT PALATE	776.94				
15	42226	LENGTHENING OF PALATE	776.94				
15	42235	REPAIR PALATE	776.94				
15	42260	REPAIR NOSE TO LIP FISTULA	682.67				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	360.84				
15	42305	DRAINAGE OF SALIVARY GLAND	483.29				
15	42310	DRAINAGE OF SALIVARY GLAND	360.84				
15	42320	DRAINAGE OF SALIVARY GLAND	360.84				
15	42340	REMOVAL OF SALIVARY STONE	483.29				
15	42405	BIOPSY OF SALIVARY GLAND	483.29				
15	42408	EXCISION OF SALIVARY CYST	552.64				
15	42409	DRAINAGE OF SALIVARY CYST	552.64				
15	42410	EXCISE PAROTID GLAND/LESION	552.64				
15	42415	EXCISE PAROTID GLAND/LESION	1,078.18				
15	42420	EXCISE PAROTID GLAND/LESION	1,078.18				
15	42425	EXCISE PAROTID GLAND/LESION	1,078.18				
15	42440	EXCISE SUBMAXILLARY GLAND	552.64				
15	42450	EXCISE SUBLINGUAL GLAND	483.29				
15	42500	REPAIR SALIVARY DUCT	552.64				
15	42505	REPAIR SALIVARY DUCT	682.67				
15	42507	PAROTID DUCT DIVERSION	552.64				
15	42509	PAROTID DUCT DIVERSION	682.67				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	682.67				
15	42600	CLOSURE OF SALIVARY FISTULA	360.84				
15	42650	DILATION OF SALIVARY DUCT	360.84				
15	42665	LIGATION OF SALIVARY DUCT	1,078.18				
15	42699	SALIVARY SURGERY PROCEDURE	MP		X		
15	42700	DRAINAGE OF TONSIL ABSCESS	360.84				
15	42720	DRAINAGE OF THROAT ABSCESS	360.84				
15	42725	DRAINAGE OF THROAT ABSCESS	483.29				

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

COLUMN:

1	2	3	4	5 AGE		6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	42800	BIOPSY OF THROAT	360.84					
15	42804	BIOPSY OF UPPER NOSE/THROAT	360.84					
15	42806	BIOPSY OF UPPER NOSE/THROAT	483.29					
15	42808	EXCISE PHARYNX LESION	483.29					
15	42810	EXCISION OF NECK CYST	552.64					
15	42815	EXCISION OF NECK CYST	776.94					
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	552.64	00	11			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	776.94	12	99			
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	682.67	00	11			
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	682.67	12	99			
15	42830	ADENOIDECTOMY,PRIMARY;<12	682.67	00	11			
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	682.67	12	99			
15	42835	ADENOIDECTOMY,SECONDARY;<12	682.67	00	11			
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	682.67	12	99			
15	42860	EXCISION OF TONSIL TAGS	552.64					
15	42870	EXCISION OF LINGUAL TONSIL	552.64					
15	42890	PARTIAL REMOVAL OF PHARYNX	1,078.18					
15	42892	REVISION OF PHARYNGEAL WALLS	1,078.18					
15	42900	REPAIR THROAT WOUND	360.84					
15	42950	RECONSTRUCTION OF THROAT	483.29					
15	42955	SURGICAL OPENING OF THROAT	483.29					
15	42960	CONTROL THROAT BLEEDING	360.84					
15	42962	CONTROL THROAT BLEEDING	483.29					
15	42970	CONTROL NOSE/THROAT BLEEDING	483.29					
15	42972	CONTROL NOSE/THROAT BLEEDING	552.64					
15	42999	THROAT SURGERY PROCEDURE	MP			X		
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	360.84					
15	43191	Diagnostic examination of esophagus	360.84					
15	43192	Injections of substance in tissue li	360.84					
15	43193	Biopsy of esophagus using an endosco	360.84					
15	43194	Removal of foreign body of esophagus	360.84					
15	43195	Balloon dilation of esophagus using	360.84					
15	43196	Insertion of wire and dilation of es	360.84					
15	43197	Diagnostic examination of esophagus	360.84					
15	43198	Biopsy of esophagus using an endosco	360.84					
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	360.84					
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	360.84					
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	360.84					
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	360.84					
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	360.84					
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	360.84			X		
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	483.29					
15	43211	Removal of tissue lining of esophagu	360.84					
15	43212	Placement of stent on esophagus usin	360.84					
15	43213	Dilation of esophagus using an endos	360.84					
15	43214	Balloon dilation of esophagus using	360.84					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	360.84				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	360.84				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	360.84				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	360.84				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	360.84				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	483.29				
15	43229	Destruction of growths of esophagus	360.84				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	483.29				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	483.29				
15	43233	Balloon dilation of esophagus, stoma	483.29				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	360.84				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	483.29				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	483.29				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	483.29				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	483.29				
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	483.29				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	483.29				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	483.29				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	483.29				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	483.29				
15	43245	DILATION OF STOMACH OUTLET USING AN	483.29				
15	43246	INSERTION OF STOMACH TUBE USING AN E	483.29				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	483.29				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	483.29				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	483.29				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	483.29				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	483.29				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	483.29		X		
15	43253	Injection of diagnostic or therapeut	483.29				
15	43254	Removal of tissue lining of esophagu	483.29				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	483.29				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	552.64				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	552.64				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	483.29				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	483.29				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	483.29				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	483.29				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	483.29				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	483.29				
15	43266	Placement of stent in esophagus, sto	483.29				
15	43270	Destruction of growths on esophagus,	483.29				
15	43274	Placement of stent pancreatic or bil	483.29				
15	43275	Removal of foreign body or stent fro	483.29				
15	43276	Replacement of stent pancreatic or b	483.29				
15	43277	Balloon dilation of pancreatic or bi	483.29				
15	43278	Destruction of mass on gallbladder,	483.29				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	43280	LAPAROSCOPY, FUNDOPLASTY	682.67				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	682.67				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	682.67				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	682.67				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	552.64				
15	43450	DILATE ESOPHAGUS	360.84				
15	43453	DILATE ESOPHAGUS	360.84				
15	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	682.67				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43653	LAPAROSCOPY, GASTROSTOMY	1,450.94				
15	43659	LAPAROSCOPE PROC,STOM	MP		X		
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	360.84				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	360.84				
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	360.84				
15	43830	SURGICAL OPENING OF STOMACH	483.29				
15	43870	REPAIR STOMACH OPENING	360.84				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	360.84				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	360.84				
15	44340	REVISION OF COLOSTOMY	552.64				
15	44360	SMALL BOWEL ENDOSCOPY	483.29				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	483.29				
15	44363	SMALL BOWEL ENDOSCOPY	483.29				
15	44364	SMALL BOWEL ENDOSCOPY	483.29				
15	44365	SMALL BOWEL ENDOSCOPY	483.29				
15	44366	SMALL BOWEL ENDOSCOPY	483.29				
15	44369	SMALL BOWEL ENDOSCOPY	483.29				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,450.94				
15	44372	SMALL BOWEL ENDOSCOPY	483.29				
15	44373	SMALL BOWEL ENDOSCOPY	483.29				
15	44376	SMALL BOWEL ENDOSCOPY	483.29				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	483.29				
15	44378	SMALL BOWEL ENDOSCOPY	483.29				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,450.94				
15	44380	SMALL BOWEL ENDOSCOPY	360.84				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	360.84				
15	44382	SMALL BOWEL ENDOSCOPY	360.84				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,450.94				
15	44385	ENDOSCOPY OF BOWEL POUCH	360.84				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	360.84				
15	44388	COLON ENDOSCOPY	360.84				
15	44389	COLONOSCOPY WITH BIOPSY	360.84				
15	44390	COLONOSCOPY FOR FOREIGN BODY	360.84				
15	44391	COLONOSCOPY FOR BLEEDING	360.84				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	44392	COLONOSCOPY & POLYPECTOMY	360.84				
15	44394	COLONOSCOPY W/SNARE	360.84				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	360.84				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	360.84				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	360.84				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	360.84				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	360.84				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44950	APPENDECTOMY	1,450.94		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	776.94		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	360.84				
15	45005	DRAINAGE OF RECTAL ABSCESS	483.29				
15	45020	DRAINAGE OF RECTAL ABSCESS	483.29				
15	45100	BIOPSY OF RECTUM	360.84				
15	45108	REMOVAL OF ANORECTAL LESION	483.29				
15	45150	EXCISION OF RECTAL STRICTURE	483.29				
15	45160	EXCISION OF RECTAL LESION	483.29				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	483.29				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	483.29				
15	45190	DESTRUCTION, RECTAL TUMOR	1,450.94				
15	45300	PROCTOSIGMOIDSCOPY, DIAGNOSTICA	360.84				
15	45305	PROTOSIGMOIDOSCOPY W/BX	360.84				
15	45307	PROTOSIGMOIDOSCOPY FB	360.84				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	360.84				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	360.84				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	360.84				
15	45317	PROTOSIGMOIDOSCOPY BLEED	360.84				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	360.84				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	360.84				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	360.84				
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	360.84				
15	45331	SIGMOIDOSCOPY AND BIOPSY	360.84				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	360.84				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	360.84				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	360.84				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	360.84				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	360.84				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	360.84				
15	45340	SIG W/BALLOON DILATION	360.84				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	360.84				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	360.84				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	360.84				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	360.84				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	360.84				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	360.84				
15	45378	DIAGNOSTIC COLONOSCOPY	483.29				
15	45379	COLONOSCOPY W/FB REMOVAL	483.29				
15	45380	COLONOSCOPY AND BIOPSY	483.29				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	483.29				
15	45382	COLONOSCOPY/CONTROL BLEEDING	483.29				
15	45384	LESION REMOVE COLONOSCOPY	483.29				
15	45385	LESION REMOVAL COLONOSCOPY	483.29				
15	45386	COLONOSCOPE DILATE STRICTURE	483.29				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	360.84				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	360.84				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	360.84				
15	45391	COLONOSCOPY W/ENDOSCOPE US	483.29				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	483.29				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	360.84				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	360.84				
15	45499	LAPAROSCOPE PROC, RECTUM	MP		X		
15	45500	REPAIR OF RECTUM	483.29				
15	45505	REPAIR OF RECTUM	483.29				
15	45560	REPAIR OF RECTOCELE	483.29				
15	45900	REDUCTION OF RECTAL PROLAPSE	360.84				
15	45905	DILATION OF ANAL SPHINCTER	360.84				
15	45910	DILATION OF RECTAL NARROWING	360.84				
15	45915	REMOVE RECTAL OBSTRUCTION	360.84				
15	45990	SURG DX EXAM, ANORECTAL	483.29		X		
15	45999	RECTUM SURGERY PROCEDURE	MP		X		
15	46020	PLACEMENT OF SETON	552.64				
15	46030	REMOVAL OF RECTAL MARKER	360.84				
15	46040	INCISION OF RECTAL ABSCESS	552.64				
15	46045	INCISION OF RECTAL ABSCESS	483.29				
15	46050	INCISION OF ANAL ABSCESS	360.84				
15	46060	INCISION OF RECTAL ABSCESS	483.29				
15	46080	INCISION OF ANAL SPHINCTER	552.64				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	360.84				
15	46200	REMOVAL OF ANAL FISSURE	483.29				
15	46220	REMOVAL OF ANAL TAB	360.84				
15	46230	REMOVAL OF ANAL TABS	360.84				
15	46250	HEMORRHOIDECTOMY	552.64				
15	46255	HEMORRHOIDECTOMY	552.64				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	552.64				
15	46258	REMOVE HEMORRHOIDS & FISTULA	552.64				
15	46260	HEMORRHOIDECTOMY	552.64				
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	682.67				
15	46262	REMOVE HEMORRHOIDS & FISTULA	682.67				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	552.64				
15	46275	REMOVAL OF ANAL FISTULA	552.64				
15	46280	REMOVAL OF ANAL FISTULA	682.67				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	360.84				
15	46288	REPAIR ANAL FISTULA	682.67				
15	46320	REMOVAL OF HEMORRHOID CLOT	360.84				
15	46600	ANOSCSOPY; DIAGNOSTIC	360.84				
15	46604	ANOSCOPY WITH DIRECT DILATION	360.84				
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	360.84				
15	46608	ANOSCOPY/ REMOVE FOR BODY	360.84				
15	46610	ANOSCOPY/REMOVE LESION	360.84				
15	46611	ANOSCOPY	360.84				
15	46612	ANOSCOPY/ REMOVE LESIONS	360.84				
15	46615	ANOSCOPY	483.29				
15	46700	REPAIR OF ANAL STRICTURE	552.64				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	552.64				
15	46750	REPAIR OF ANAL SPHINCTER	552.64				
15	46753	RECONSTRUCTION OF ANUS	552.64				
15	46754	REMOVAL OF SUTURE FROM ANUS	483.29				
15	46760	REPAIR OF ANAL SPHINCTER	483.29				
15	46761	REPAIR OF ANAL SPHINCTER	552.64				
15	46900	REMOVAL OF ANAL LESION	360.84				
15	46910	REMOVAL OF ANAL LESION	360.84				
15	46917	LASER SURGERY, ANAL LESIONS	360.84				
15	46922	EXCISION OF ANAL LESION(S)	360.84				
15	46924	DESTRUCTION, ANAL LESION(S)	360.84				
15	46940	TREATMENT OF ANAL FISSURE	360.84				
15	46945	LIGATION OF HEMORRHOIDS	360.84				
15	46946	LIGATION OF HEMORRHOIDS	360.84				
15	46947	HEMORRHOIDOPEXY BY STAPLING	552.64				
15	46948	HEMORRHIDECTOMY, INTERNAL, BY TRANSA	552.64				
15	46999	ANUS SURGERY PROCEDURE	MP		X		
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	360.84				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	360.84				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP		X		
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	483.29				
15	47399	LIVER SURGERY PROCEDURE	MP		X		
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	483.29				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	483.29				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	483.29				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	483.29				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	360.84				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,450.94				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,450.94				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,450.94				
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	483.29				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5		6	7	8
				AGE		MED		X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	483.29					
15	47553	BILIARY ENDOSCOPY THRU SKIN	552.64					
15	47554	BILIARY ENDOSCOPY THRU SKIN	552.64					
15	47555	BILIARY ENDOSCOPY THRU SKIN	552.64					
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,450.94					
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	552.64					
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	552.64					
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	552.64					
15	47579	LAPAROSCOPE PROC, BILLIARY	MP			X		
15	47999	BILE TRACT SURGERY PROCEDURE	MP			X		
15	48102	NEEDLE BIOPSY, PANCREAS	360.84					
15	48999	PANCREAS SURGERY PROCEDURE	MP			X		
15	49180	BIOPSY, ABDOMINAL MASS	360.84					
15	49250	EXCISION OF UMBILICUS	682.67					
15	49320	DIAG LAPARO SEPARATE PROC	552.64			X		
15	49321	LAPAROSCOPY, BIOPSY	682.67			X		
15	49322	LAPAROSCOPY, ASPIRATION	682.67			X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	682.67					
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP			X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	360.84					
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	360.84					
15	49419	INSRT ABDOM CATH FOR CHEMOTX	360.84					
15	49421	INSERT ABDOMINAL DRAIN	360.84					
15	49422	REMOVE PERM CANNULA/CATHETER	360.84					
15	49426	REVISE ABDOMEN-VENOUS SHUNT	483.29					
15	49491	REPARING HERN PREMIE REDUC	776.94					
15	49492	RPR HERN PREMIE, BLOCKED	776.94					
15	49495	RPR ING HERNIA BABY, REDUC	682.67					
15	49496	RPR ING HERNIA BABY, BLOCKED	682.67					
15	49500	REPAIR INITIAL INGUINAL HERNIA..	682.67	00	04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,450.94	00	04			
15	49505	RPR I/HERN INIT REDUC>5 YR	682.67	05	99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,450.94	05	99			
15	49520	REREPAIR ING HERNIA, REDUCE	1,078.18					
15	49521	REREPAIR ING HERNIA, BLOCKED	1,450.94					
15	49525	REPAIR ING HERNIA, SLIDING	682.67					
15	49540	REPAIR LUMBAR HERNIA	483.29					
15	49550	RPR FEM HERNIA, INIT, REDUCE	776.94					
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,450.94					
15	49555	REREPAIR FEM HERNIA, REDUCE	776.94					
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,450.94					
15	49591	INITIAL REPAIR OF SLIDING HERNIA OF	776.94					
15	49592	INITIAL REPAIR OF SLIDING HERNIA OF	776.94					
15	49593	INITIAL REPAIR OF SLIDING HERNIA OF	776.94					
15	49594	INITIAL REPAIR OF ENTRAPPED HERNIA O	776.94					
15	49595	INITIAL REPAIR OF SLIDING HERNIA OF	776.94					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	49596	INITIAL REPAIR OF ENTRAPPED HERNIA O	776.94				
15	49600	REPAIR UMBILICAL LESION	682.67				
15	49613	REPAIR OF RECURRENT SLIDING HERNIA O	776.94				
15	49614	REPAIR OF RECURRENT ENTRAPPED HERNIA	776.94				
15	49615	REPAIR OF RECURRENT SLIDING HERNIA O	776.94				
15	49616	REPAIR OF RECURRENT ENTRAPPED HERNIA	776.94				
15	49617	REPAIR OF RECURRENT SLIDING HERNIA O	776.94				
15	49618	REPAIR OF RECURRENT ENTRAPPED HERNIA	776.94				
15	49621	REPAIR OF SLIDING HERNIA NEXT TO STO	776.94				
15	49622	REPAIR OF ENTRAPPED HERNIA NEXT TO S	776.94				
15	49650	LAP ING HERNIA REPAIR INIT	682.67				
15	49651	LAP ING HERNIA REPAIR RECUR	1,078.18				
15	49659	LAPARO PROC, HERNIA REPAIR	MP		X		
15	49999	ABDPMEN SURGERY PROCEDURE	MP		X		
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	483.29				
15	50200	BIOPSY OF KIDNEY	360.84				
15	50390	DRAINAGE OF KIDNEY LESION	360.84				
15	50396	MEASURE KIDNEY PRESSURE	360.84				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	483.29				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	483.29				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	360.84				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	360.84				
15	50436	DILATION OF EXISTING TRACT, PERCUTAN	360.84				
15	50437	DILATION OF EXISTING TRACT, PERCUTAN	360.84				
15	50549	LAPAROSCOPE PROC, RENAL	MP		X		
15	50551	KIDNEY ENDOSCOPY	360.84				
15	50553	KIDNEY ENDOSCOPY	360.84				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	360.84				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	360.84				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	360.84				
15	50590	LITHOTRIPSY, ESW	552.64				
15	50684	INJECTION FOR URETER X-RAY	360.84				
15	50688	CHANGE OF URETER TUBE	360.84				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
15	50947	LAPARO NEW URETER/BLADDER	1,450.94				
15	50948	LAPARO NEW URETER/BLADDER	1,450.94				
15	50949	LAPAROSCOPE PROC, URETER	MP		X		
15	50951	ENDOSCOPY OF URETER	360.84				
15	50953	ENDOSCOPY OF URETER	360.84				
15	50955	URETER ENDOSCOPY & BIOPSY	360.84				
15	50957	URETER ENDOSCOPY & TREATMENT	360.84				
15	50961	URETER ENDOSCOPY & TREATMENT	360.84				
15	50970	URETER ENDOSCOPY	360.84				
15	50972	URETER ENDOSCOPY & CATHETER	360.84				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	50974	URETER ENDOSCOPY & BIOPSY	360.84				
15	50976	URETER ENDOSCOPY & TREATMENT	360.84				
15	50980	URETER ENDOSCOPY & TREATMENT	360.84				
15	51020	INCISE & TREAT BLADDER	682.67				
15	51040	INCISE & DRAIN BLADDER	682.67				
15	51045	INCISE BLADDER/DRAIN URETER	682.67				
15	51050	REMOVAL OF BLADDER STONE	682.67				
15	51065	REMOVE URETER CALCULUS	682.67				
15	51080	DRAINAGE OF BLADDER ABSCESS	360.84				
15	51500	REMOVAL OF BLADDER CYST	682.67				
15	51520	REMOVAL OF BLADDER LESION	682.67				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	360.84				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	360.84				
15	51705	CHANGE OF BLADDER TUBE	360.84				
15	51710	CHANGE OF BLADDER TUBE	360.84				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	552.64				
15	51720	TREATMENT OF BLADDER LESION	360.84				
15	51726	COMPLEX CYSTOMETROGRAM	360.84				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	360.84				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	360.84				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	360.84				
15	51784	ANAL/URINARY MUSCLE STUDY	360.84				
15	51785	ANAL/URINARY MUSCLE STUDY	360.84				
15	51880	REPAIR OF BLADDER OPENING	360.84				
15	51992	LAPARO SLING OPERATION	483.29				
15	51999	LAPAROSCOPE PROC, BLADDER	MP		X		
15	52000	CYSTOSCOPY	360.84				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	483.29				
15	52005	CYSTOSCOPY & URETER CATHETER	483.29				
15	52007	CYSTOSCOPY AND BIOPSY	483.29				
15	52010	CYSTOSCOPY & DUCT CATHETER	483.29				
15	52204	CYSTOSCOPY	483.29				
15	52214	CYSTOSCOPY AND TREATMENT	483.29				
15	52224	CYSTOSCOPY AND TREATMENT	483.29				
15	52234	CYSTOSCOPY AND TREATMENT	483.29				
15	52235	CYSTOSCOPY AND TREATMENT	552.64				
15	52240	CYSTOSCOPY AND TREATMENT	552.64				
15	52250	CYSTOSCOPY AND RADIOTRACER	682.67				
15	52260	CYSTOSCOPY AND TREATMENT	483.29				
15	52265	CYSTOSCOPY & TREATMENT	483.29				
15	52270	CYSTOSCOPY & REVISE URETHRA	483.29				
15	52275	CYSTOSCOPY & REVISE URETHRA	483.29				
15	52276	CYSTOSCOPY AND TREATMENT	552.64				
15	52277	CYSTOSCOPY AND TREATMENT	483.29				
15	52281	CYSTOSCOPY AND TREATMENT	483.29				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,450.94				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	52283	CYSTOSCOPY AND TREATMENT	483.29				
15	52284	DRUG DELIVERY USING A DRUG-COATED BA	483.29			M	
15	52285	CYSTOSCOPY AND TREATMENT	483.29				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	483.29				
15	52290	CYSTOSCOPY AND TREATMENT	483.29				
15	52300	CYSTOSCOPY AND TREATMENT	483.29				
15	52301	CYSTOSCOPY AND TREATMENT	483.29				
15	52305	CYSTOSCOPY AND TREATMENT	483.29				
15	52310	CYSTOSCOPY AND TREATMENT	483.29				
15	52315	CYSTOSCOPY AND TREATMENT	483.29				
15	52317	REMOVE BLADDER STONE	360.84				
15	52318	REMOVE BLADDER STONE	483.29				
15	52320	CYSTOSCOPY AND TREATMENT	776.94				
15	52325	CYSTOSCOPY, STONE REMOVAL	682.67				
15	52327	CYSTOSCOPY, INJECT MATERIAL	483.29				
15	52330	CYSTOSCOPY AND TREATMENT	483.29				
15	52332	CYSTOSCOPY AND TREATMENT	483.29				
15	52334	CREATE PASSAGE TO KIDNEY	552.64				
15	52341	CYSTO W/URETER STRICTURE TX	552.64				
15	52342	CYSTO W/UP STRICTURE TX	552.64				
15	52343	CYSTO W/RENAL STRICTURE TX	552.64				
15	52344	CYSTO/URETERO, STONE REMOVE	552.64				
15	52345	CYSTO/URETERO W/UP STRICTURE	552.64				
15	52346	CYSTOURETERO W/RENAL STRICT	552.64				
15	52351	CYSTOURETRO & OR PYELOSCOPE	552.64				
15	52352	CYSTOURETRO W/STONE REMOVE	682.67				
15	52353	CYSTOURETERO W/LITHOTRIPSY	682.67				
15	52354	CYSTOURETERO W/BIOPSY	682.67				
15	52355	CYSTOURETERO W/EXCISE TUMOR	682.67				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	682.67				
15	52400	CYSTOURETERO W/CONGEN REPR	552.64				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	552.64				
15	52450	INCISION OF PROSTATE	552.64				
15	52500	REVISION OF BLADDER NECK	552.64				
15	52601	PROSTATECTOMY (TURP)	682.67				
15	52630	REMOVE PROSTATE REGROWTH	483.29				
15	52640	RELIEVE BLADDER CONTRACTURE	483.29				
15	52647	LASER SURGERY OF PROSTATE	1,450.94				
15	52648	LASER SURGERY OF PROSTATE	1,450.94				
15	52700	DRAINAGE OF PROSTATE ABSCESS	483.29				
15	53000	INCISION OF URETHRA	360.84				
15	53010	INCISION OF URETHRA	360.84				
15	53020	INCISION OF URETHRA	360.84				
15	53040	DRAINAGE OF URETHRA ABSCESS	483.29				
15	53080	DRAINAGE OF URINARY LEAKAGE	552.64				
15	53200	BIOPSY OF URETHRA	360.84				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	53210	REMOVAL OF URETHRA	776.94			F	
15	53215	REMOVAL OF URETHRA	776.94			M	
15	53220	TREATMENT OF URETHRA LESION	483.29				
15	53230	REMOVAL OF URETHRA LESION	483.29			F	
15	53235	REMOVAL OF URETHRA LESION	552.64			M	
15	53240	SURGERY FOR URETHRA POUCH	483.29				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	483.29				
15	53260	TREATMENT OF URETHRA LESION	483.29				
15	53265	TREATMENT OF URETHRA LESION	483.29				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	483.29			F	
15	53275	REPAIR OF URETHRA DEFECT	483.29			F	
15	53400	REVISE URETHRA, STAGE 1	552.64				
15	53405	REVISE URETHRA, STAGE 2	483.29				
15	53410	RECONSTRUCTION OF URETHRA	483.29			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	552.64				
15	53425	RECONSTRUCT URETHRA, STAGE 2	483.29				
15	53430	RECONSTRUCTION OF URETHRA	483.29			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	483.29				
15	53440	CORRECT BLADDER FUNCTION	483.29			M	
15	53442	REMOVE PERINEAL PROSTHESIS	360.84				
15	53444	INSERT TANDEM CUFF	483.29				
15	53445	INSERT URO/VES NCK SPHINCTER	360.84				
15	53446	REMOVE URO SPHINCTER	360.84				
15	53447	REMOVE/REPLACE UR SPHINCTER	360.84				
15	53449	REPAIR URO SPHINCTER	360.84				
15	53450	REVISION OF URETHRA	360.84				
15	53460	REVISION OF URETHRA	360.84				
15	53502	REPAIR OF URETHRA INJURY	483.29			F	
15	53505	REPAIR OF URETHRA INJURY	483.29			M	
15	53510	REPAIR OF URETHRA INJURY	483.29				
15	53515	REPAIR OF URETHRA INJURY	483.29				
15	53520	REPAIR OF URETHRA DEFECT	483.29			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	360.84			M	
15	53605	DILATE URETHRA STRICTURE	483.29			M	
15	53665	DILATION OF URETHRA	360.84			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,450.94			M	
15	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,078.18			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	360.84			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP		X		
15	54000	SLITTING OF PREPUCE	483.29	00 00		M	
15	54001	SLITTING OF PREPUCE	483.29			M	
15	54015	DRAIN PENIS LESION	682.67			M	
15	54057	LASER SURG, PENIS LESION(S)	360.84			M	
15	54060	EXCISION OF PENIS LESION(S)	360.84			M	
15	54065	DESTRUCTION, PENIS LESION(S)	360.84			M	
15	54100	BIOPSY OF PENIS	360.84			M	

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54105	BIOPSY OF PENIS	360.84			M	
15	54110	TREATMENT OF PENIS LESION	483.29			M	
15	54111	TREAT PENIS LESION, GRAFT	483.29			M	
15	54112	TREAT PENIS LESION, GRAFT	483.29			M	
15	54115	TREATMENT OF PENIS LESION	360.84			M	
15	54120	PARTIAL REMOVAL OF PENIS	483.29			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	483.29			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	483.29	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	483.29			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	483.29			M	
15	54163	REPAIR OF CIRCUMCISION	483.29			M	
15	54164	FRENULOTOMY OF PENIS	483.29			M	
15	54205	TREATMENT OF PENIS LESION	682.67			M	
15	54220	TREATMENT OF PENIS LESION	360.84			M	
15	54300	REVISION OF PENIS	552.64			M	
15	54304	REVISION OF PENIS	552.64			M	
15	54308	RECONSTRUCTION OF URETHRA	552.64			M	
15	54312	RECONSTRUCTION OF URETHRA	552.64			M	
15	54316	RECONSTRUCTION OF URETHRA	552.64			M	
15	54318	RECONSTRUCTION OF URETHRA	552.64			M	
15	54322	RECONSTRUCTION OF URETHRA	552.64			M	
15	54324	RECONSTRUCTION OF URETHRA	552.64			M	
15	54326	RECONSTRUCTION OF URETHRA	552.64			M	
15	54328	REVISE PENIS/URETHRA	552.64			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	552.64			M	
15	54340	SECONDARY URETHRAL SURGERY	552.64			M	
15	54344	SECONDARY URETHRAL SURGERY	552.64			M	
15	54348	SECONDARY URETHRAL SURGERY	552.64			M	
15	54352	RECONSTRUCT URETHRA/PENIS	552.64			M	
15	54360	PENIS PLASTIC SURGERY	552.64			M	
15	54380	REPAIR PENIS	552.64			M	
15	54385	REPAIR PENIS	552.64			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	552.64				
15	54408	REPAIR MULTI-COMP PENIS PROS	552.64				
15	54410	REMOVE/REPLACE PENIS PROSTH	552.64				
15	54415	REMOVE SELF-CONTD PENIS PROS	552.64				
15	54416	REMV/REPL PENIS CONTAIN PROS	552.64				
15	54420	REVISION OF PENIS	682.67			M	
15	54435	REVISION OF PENIS	682.67			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	483.29			M	
15	54440	REPAIR OF PENIS	682.67		X	M	
15	54450	PREPUTIAL STRETCHING	360.84			M	
15	54500	BIOPSY OF TESTIS	360.84			M	
15	54505	BIOPSY OF TESTIS	360.84			M	
15	54512	EXCISE LESION TESTIS	483.29			M	
15	54520	REMOVAL OF TESTIS	552.64			M	

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54522	ORCHIECTOMY, PARTIAL	552.64			M	
15	54530	REMOVAL OF TESTIS	682.67			M	
15	54535	EXTENSIVE TESTIS SURGERY	552.64			M	
15	54550	EXPLORATION FOR TESTIS	682.67			M	
15	54600	REDUCE TESTIS TORSION	682.67			M	
15	54620	SUSPENSION OF TESTIS	552.64			M	
15	54640	SUSPENSION OF TESTIS	682.67			M	
15	54660	REVISION OF TESTIS	483.29			M	
15	54670	REPAIR TESTIS INJURY	552.64			M	
15	54680	RELOCATION OF TESTIS(ES)	552.64			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,450.94				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,450.94				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	483.29			M	
15	54800	BIOPSY OF EPIDIDYMIS	360.84			M	
15	54830	REMOVE EPIDIDYMIS LESION	552.64			M	
15	54840	REMOVE EPIDIDYMIS LESION	682.67			M	
15	54860	REMOVAL OF EPIDIDYMIS	552.64			M	
15	54861	REMOVAL OF EPIDIDYMIS	682.67			M	
15	55000	DRAINAGE OF HYDROCELE	360.84			M	
15	55040	REMOVAL OF HYDROCELE	552.64			M	
15	55041	REMOVAL OF HYDROCELES	776.94			M	
15	55060	REPAIR OF HYDROCELE	682.67			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	360.84			M	
15	55110	EXPLORE SCROTUM	483.29				
15	55120	REMOVAL OF SCROTUM LESION	483.29			M	
15	55150	REMOVAL OF SCROTUM	360.84			M	
15	55175	REVISION OF SCROTUM	360.84				
15	55180	REVISION OF SCROTUM	483.29				
15	55200	INCISION OF SPERM DUCT	483.29			M	
15	55250	REMOVAL OF SPERM DUCT(S)	483.29	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	552.64			M	
15	55520	REMOVAL OF SPERM CORD LESION	682.67			M	
15	55530	REVISE SPERMATIC CORD VEINS	682.67			M	
15	55535	REVISE SPERMATIC CORD VEINS	682.67			M	
15	55540	REVISE HERNIA & SPERM VEINS	776.94			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,450.94				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	360.84			M	
15	55700	BIOPSY OF PROSTATE	483.29			M	
15	55705	BIOPSY OF PROSTATE	483.29			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	360.84			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	483.29			M	
15	55867	SIMPLE SURGICAL SUBTOTAL REMOVAL OF	1,450.94			M	
15	55873	CRYOABLATE PROSTATE	1,450.94				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,450.94			M	

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,078.18			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGEOF VULVA OR PE	360.84			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	360.84	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	483.29			F	
15	56441	LYSIS OF LABIAL LESION(S)	360.84			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	360.84			F	
15	56515	DESTROY VULVA LESION/S COMPL	552.64			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	360.84			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	360.84			F	
15	56620	PARTIAL REMOVAL OF VULVA	776.94			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,078.18			F	
15	56700	PARTIAL REMOVAL OF HYMEN	360.84			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	552.64			F	
15	56800	REPAIR OF VAGINA	552.64			F	
15	56810	REPAIR OF PERINEUM	776.94				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	360.84			F	
15	57000	EXPLORATION OF VAGINA	360.84				
15	57010	DRAINAGE OF PELVIC ABSCESS	483.29			F	
15	57020	DRAINAGE OF PELVIC FLUID	483.29			F	
15	57023	I & D VAG HEMATOMA, NON-OB	360.84			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	360.84			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	360.84			F	
15	57100	BIOPSY OF VAGINA	360.84			F	
15	57105	BIOPSY OF VAGINA	360.84			F	
15	57130	REMOVE VAGINA LESION	483.29			F	
15	57135	REMOVE VAGINA LESION	483.29			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	483.29			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	483.29			F	
15	57180	TREAT VAGINAL BLEEDING	360.84			F	
15	57200	REPAIR OF VAGINA	360.84			F	
15	57210	REPAIR VAGINA/PERINEUM	483.29			F	
15	57220	REVISION OF URETHRA	552.64			F	
15	57230	REPAIR OF URETHRAL LESION	552.64			F	
15	57240	REPAIR BLADDER & VAGINA	776.94			F	
15	57250	REPAIR RECTUM & VAGINA	776.94			F	
15	57260	REPAIR OF VAGINA	776.94			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,078.18			F	
15	57268	REPAIR OF BOWEL BULGE	552.64			F	
15	57288	REPAIR BLADDER DEFECT	776.94				
15	57289	REPAIR BLADDER & VAGINA	776.94			F	
15	57291	CONSTRUCTION OF VAGINA	776.94			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	552.64			F	
15	57400	DILATION OF VAGINA	483.29		X	F	
15	57410	PELVIC EXAMINATION	483.29		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	483.29				

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

COLUMN:

1	2	3	4	5 AGE		6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	SEX	OVERS
15	57420	EXAM OF VAGINA W/SCOPE	360.84					
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	360.84				F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	360.84				F	
15	57454	VAGINA EXAMINATION & BIOPSY	360.84				F	
15	57455	BIOPSY OF CERVIX W/SCOPE	360.84				F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	360.84				F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	360.84				F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	360.84					
15	57500	BIOPSY OF CERVIX	360.84				F	
15	57505	ENDOCERVICAL CURETTAGE	483.29				F	
15	57510	CAUTHERUZATION OF CERVIX	552.64				F	
15	57511	CRYOCAUTERY OF CERVIX	552.64				F	
15	57513	LASER SURGERY OF CERVIX	483.29				F	
15	57520	CONIZATION OF CERVIX	483.29				F	
15	57522	CONIZATION OF CERVIX	483.29					
15	57530	REMOVAL OF CERVIX	552.64				F	
15	57550	REMOVAL OF RESIDUAL CERVIX	552.64				F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	776.94					
15	57700	REVISION OF CERVIX	360.84				F	
15	57720	REVISION OF CERVIX	552.64				F	
15	57800	DILATION OF CERVICAL CANAL	360.84				F	
15	58120	DILATION AND CURETTAGE	483.29	12	99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	776.94				F	
15	58300	INSERT INTRAUTERINE DEVICE	360.84	10	60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	360.84	10	60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	483.29	21	59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	483.29					
15	58353	ENDOMETR ABLATE, THERMAL	682.67			X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,450.94				F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,450.94				F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,450.94			X		
15	58552	LAPARO-VAG HYST INCL T/O	1,450.94					
15	58555	HYSTEROSCOPY, DX, SEP PROC	360.84			X		
15	58558	HYSTEROSCOPY, BIOPSY	552.64			X		
15	58559	HYSTEROSCOPY, LYSIS	483.29			X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	552.64			X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	552.64			X		
15	58562	HYSTEROSCOPY, REMOVE FB	552.64			X		
15	58563	HYSTEROSCOPY, ABLATION	682.67			X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,584.64	21	59	X	F	
15	58578	LAPARO PROC, UTERUS	MP			X		
15	58579	HYSTEROSCOPE PROCEDURE	MP			X		
15	58580	DESTRUCTION OF UTERINE FIBROID(S) US	776.94				F	
15	58600	DIVISION OF FALLOPIAN TUBE	552.64	21	55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	682.67	21	55	X	F	
15	58660	LAPAROSCOPY, LYSIS	776.94			X		

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

COLUMN:

1	2	3	4	5		6	7	8
				AGE		MED		X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	58661	LAPAROSCOPY, REMOVE ADNEXA	776.94			X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	776.94			X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	552.64	10	59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	552.64			X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	776.94			X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	776.94				F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP			X		
15	58800	DRAINAGE OF OVARIAN CYST(S)	552.64				F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	552.64				F	
15	58820	DRAIN OVARY ABSCESS, OPEN	552.64				F	
15	58900	BIOPSY OF OVARY(S)	552.64				F	
15	58925	REMOVAL OF OVARIAN CYST(S)	552.64				F	
15	58999	GENITAL SURGERY PROCEDURE	MP			X		
15	59000	AMNIOCENTESIS	360.84	10	60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	360.84					
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	552.64			X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	552.64	10	60	X	F	
15	59160	D & C AFTER DELIVERY	552.64	10	60		F	
15	59320	REVISION OF CERVIX	360.84	10	60		F	
15	59812	TREATMENT OF MISCARRIAGE	776.94	10	60	X	F	
15	59820	CARE OF MISCARRIAGE	776.94	10	60	X		
15	59821	TREATMENT OF MISCARRIAGE	776.94	10	55	X	F	
15	59840	ABORTION	776.94	10	60	X	F	
15	59841	ABORTION	776.94	10	60	X		
15	59870	EVACUATE MOLE OF UTERUS	776.94	10	60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	776.94				F	
15	59897	PETAL INVAS PX W/US	MP	10	59	X	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP			X		
15	59899	MATERNITY CARE PROCEDURE	MP			X	F	
15	60000	DRAIN THYROID/TONGUE CYST	360.84					
15	60100	BIOPSY OF THYROID	360.84					
15	60200	REMOVE THYROID LESION	483.29					
15	60220	PARTIAL REMOVAL OF THYROID	682.67					
15	60240	REMOVAL OF THYROID	1,450.94					
15	60280	REMOVE THYROID DUCT LESION	682.67					
15	60281	REMOVE THYROID DUCT LESION	682.67					
15	60659	LAPARO PROC, ENDOCRINE	MP			X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP			X		
15	61020	REMOVE BRAIN CAVITY FLUID	360.84					
15	61026	INJECTION INTO BRAIN CANAL	360.84					
15	61050	REMOVE BRAIN CANAL FLUID	360.84					
15	61055	INJECTION INTO BRAIN CANAL	360.84					
15	61070	BRAIN CANAL SHUNT PROCEDURE	360.84					
15	61215	INSERT BRAIN-FLUID DEVICE	552.64					
15	61790	TREAT TRIGEMINAL NERVE	552.64					
15	61791	TREAT TRIGEMINAL TRACT	552.64					

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	61885	IMPLANT NEUROSTIM ONE ARRAY	483.29				
15	61886	IMPLANT NEUROSTIM ARRAYS	552.64				
15	61888	REVISE/REMOVE NEURORECEIVER	360.84				
15	61889	INSERTION OF SKULL-MOUNTED CRANIAL N	552.64				
15	61891	REVISION OR REPLACEMENT OF SKULL-MOU	552.64				
15	61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEU	552.64				
15	62194	REPLACE/IRRIGATE CATHETER	360.84				
15	62225	REPLACE/IRRIGATE CATHETER	360.84				
15	62230	REPLACE/REVISE BRAIN SHUNT	483.29				
15	62263	LYSIS EPIDURAL ADHESIONS	360.84				
15	62268	DRAIN SPINAL CORD CYST	360.84				
15	62269	NEEDLE BIOPSY, SPINAL CORD	360.84				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	360.84				
15	62272	DRAIN CEREBRO SPINAL FLUID	360.84				
15	62273	TREAT EPIDURAL SPINE LESION	360.84				
15	62280	TREAT SPINAL CORD LESION	360.84				
15	62281	TREAT SPINAL CORD LESION	360.84				
15	62282	TREAT SPINAL CANAL LESION	360.84				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,450.94				
15	62294	INJECTION INTO SPINAL ARTERY	552.64				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62324	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62325	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62326	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62327	INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	360.84				
15	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	360.84				
15	62350	IMPLANT SPINAL CANAL CATH	483.29				
15	62355	REMOVE SPINAL CANAL CATHETER	483.29				
15	62360	INSERT SPINE INFUSION DEVICE	483.29				
15	62361	IMPLANT SPINE INFUSION PUMP	483.29				
15	62362	IMPLANT SPINE INFUSION PUMP	483.29				
15	62365	REMOVE SPINE INFUSION DEVICE	483.29				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	483.29				
15	62368	ANALYZE SPINE INFUSION PUMP	483.29				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,450.94				
15	63600	REMOVE SPINAL CORD LESION	483.29				
15	63610	STIMULATION OF SPINAL CORD	360.84				
15	63650	IMPLANT NEUROELECTRODES	483.29				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	360.84				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	360.84				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	360.84				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	360.84				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	63685	IMPLANT NEURORECEIVER	483.29				
15	63688	REVISE/REMOVE NEURORECEIVER	360.84				
15	63744	REVISION OF SPINAL SHUNT	552.64				
15	63746	REMOVAL OF SPINAL SHUNT	483.29				
15	64415	INJECTION FOR NERVE BLOCK	360.84				
15	64417	INJECTION FOR NERVE BLOCK	360.84				
15	64420	INJECTION FOR NERVE BLOCK	360.84				
15	64421	INJECTION FOR NERVE BLOCK	360.84				
15	64430	INJECTION FOR NERVE BLOCK	360.84				
15	64450	INJECTION FOR NERVE BLOCK	360.84				
15	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	360.84				
15	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	360.84				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	360.84				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	360.84				
15	64505	INJECTION FOR NERVE BLOCK	360.84				
15	64510	INJECTION FOR NERVE BLOCK	360.84				
15	64517	N BLOCK INJ, HYPOGAS PLXS	483.29				
15	64520	INJECTION FOR NERVE BLOCK	360.84				
15	64530	INJECTION FOR NERVE BLOCK	360.84				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	360.84				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	552.64				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	552.64				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	360.84				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	360.84				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	552.64				
15	64582	INSERTION OF HYPOGLOSSAL NERVE NEURO	552.64				
15	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	552.64				
15	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	552.64				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	360.84				
15	64590	INSERTION OR REPLACEMENT OF PERIPHER	483.29				
15	64595	REVISE/REMOVE NEURORECEIVER	360.84				
15	64596	INSERTION OR REPLACEMENT OF A PERIPH	483.29				
15	64597	INSERTION OR REPLACEMENT OF A PERIPH	483.29				
15	64598	REVISION OR REMOVAL OF A ELECTRODE A	483.29				
15	64600	INJECTION TREATMENT OF NERVE	360.84				
15	64605	INJECTION TREATMENT OF NERVE	360.84				
15	64610	INJECTION TREATMENT OF NERVE	360.84				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	483.29				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	483.29				
15	64620	INJECTION TREATMENT OF NERVE	360.84				
15	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	360.84				
15	64625	RADIOFREQUENCY ABLATION, NERVES INNE	483.29				
15	64628	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	360.84				
15	64630	INJECTION TREATMENT OF NERVE	483.29				
15	64640	INJECTION TREATMENT OF NERVE	360.84				
15	64642	Injection of chemical for destructio	360.84				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	360.84				
15	64644	Injection of chemical for destructio	360.84				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	360.84				
15	64646	Injection of chemical for destructio	360.84				
15	64647	Injection of chemical for destructio	360.84				
15	64680	INJECTION TREATMENT OF NERVE	483.29				
15	64681	INJECTION TREATMENT OF NERVE	483.29				
15	64702	REVISE FINGER/TOE NERVE	360.84				
15	64704	REVISE HAND/FOOT NERVE	360.84				
15	64708	REVISE ARM/LEG NERVE	483.29				
15	64712	REVISION OF SCIATIC NERVE	483.29				
15	64713	REVISION OF ARM NERVE(S)	483.29				
15	64714	REVISE LOW BACK NERVE(S)	483.29				
15	64716	REVISION OF CRANIAL NERVE	552.64				
15	64718	REVISE ULNAR NERVE AT ELBOW	483.29				
15	64719	REVISE ULNAR NERVE AT WRIST	483.29				
15	64721	CARPAL TUNNEL SURGERY	483.29				
15	64722	RELIEVE PRESSURE ON NERVE(S)	360.84				
15	64726	RELEASE FOOT/TOE NERVE	360.84				
15	64727	INTERNAL NERVE REVISION	360.84				
15	64732	INCISION OF BROW NERVE	483.29				
15	64734	INCISION OF CHEEK NERVE	483.29				
15	64736	INCISION OF CHIN NERVE	483.29				
15	64738	INCISION OF JAW NERVE	483.29				
15	64740	INCISION OF TONGUE NERVE	483.29				
15	64742	INCISION OF FACIAL NERVE	483.29				
15	64744	INCISE NERVE, BACK OF HEAD	483.29				
15	64746	INCISE DIAPHRAGM NERVE	483.29				
15	64771	SEVER CRANIAL NERVE	483.29				
15	64772	INCISION OF SPINAL NERVE	483.29				
15	64774	REMOVE SKIN NERVE LESION	483.29				
15	64776	REMOVE DIGIT NERVE LESION	552.64				
15	64778	DIGIT NERVE SURGERY ADD-ON	483.29				
15	64782	REMOVE LIMB NERVE LESION	552.64				
15	64783	LIMB NERVE SURGERY ADD-ON	483.29				
15	64784	REMOVE NERVE LESION	552.64				
15	64786	REMOVE SCIATIC NERVE LESION	552.64				
15	64787	IMPLANT NERVE END	483.29				
15	64788	REMOVE SKIN NERVE LESION	552.64				
15	64790	REMOVAL OF NERVE LESION	552.64				
15	64792	REMOVAL OF NERVE LESION	552.64				
15	64795	BIOPSY OF NERVE	483.29				
15	64802	REMOVE SYMPATHETIC NERVES	483.29				
15	64821	REMOVE SYMPATHETIC NERVES	682.67				
15	64831	REPAIR OF DIGIT NERVE	682.67				
15	64832	REPAIR NERVE ADD-ON	360.84				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	64834	REPAIR OF HAND OR FOOT NERVE	483.29				
15	64835	REPAIR OF HAND OR FOOT NERVE	552.64				
15	64836	REPAIR OF HAND OR FOOT NERVE	552.64				
15	64837	REPAIR NERVE ADD-ON	360.84				
15	64840	REPAIR OF LEG NERVE	483.29				
15	64856	REPAIR/TRANSPOSE NERVE	483.29				
15	64857	REPAIR ARM/LEG NERVE	483.29				
15	64858	REPAIR SCIATIC NERVE	483.29				
15	64859	NERVE SURGERY	360.84				
15	64861	REPAIR OF ARM NERVES	552.64				
15	64862	REPAIR OF LOW BACK NERVES	552.64				
15	64864	REPAIR OF FACIAL NERVE	552.64				
15	64865	REPAIR OF FACIAL NERVE	682.67				
15	64872	SUBSEQUENT REPAIR OF NERVE	483.29				
15	64874	REPAIR & REVISE NERVE ADD-ON	552.64				
15	64876	REPAIR NERVE/SHORTEN BONE	552.64				
15	64885	NERVE GRAFT, HEAD OR NECK	483.29				
15	64886	NERVE GRAFT, HEAD OR NECK	483.29				
15	64890	NERVE GRAFT, HAND OR FOOT	483.29				
15	64891	NERVE GRAFT, HAND OR FOOT	483.29				
15	64892	NERVE GRAFT, ARM OR LEG	483.29				
15	64893	NERVE GRAFT, ARM OR LEG	483.29				
15	64895	NERVE GRAFT, HAND OR FOOT	552.64				
15	64896	NERVE GRAFT, HAND OR FOOT	552.64				
15	64897	NERVE GRAFT, ARM OR LEG	552.64				
15	64898	NERVE GRAFT, ARM OR LEG	552.64				
15	64901	NERVE GRAFT ADD-ON	483.29				
15	64902	NERVE GRAFT ADD-ON	483.29				
15	64905	NERVE PEDICLE TRANSFER	483.29				
15	64907	NERVE PEDICLE TRANSFER	360.84				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	552.64				
15	64999	NERVOUS SYSTEM SURGERY	MP		X		
15	65091	REVISE EYE	552.64				
15	65093	REVISE EYE WITH IMPLANT	552.64				
15	65101	REMOVAL OF EYE	552.64				
15	65103	REMOVE EYE/INSERT IMPLANT	552.64				
15	65105	REMOVE EYE/ATTACH IMPLANT	682.67				
15	65110	REMOVAL OF EYE	776.94				
15	65112	REMOVE EYE/REVISE SOCKET	1,078.18				
15	65114	REMOVE EYE/REVISE SOCKET	1,078.18				
15	65130	INSERT OCULAR IMPLANT	552.64				
15	65135	INSERT OCULAR IMPLANT	483.29				
15	65140	ATTACH OCULAR IMPLANT	552.64				
15	65150	REVISE OCULAR IMPLANT	483.29				
15	65155	REINSERT OCULAR IMPLANT	552.64				
15	65175	REMOVAL OF OCULAR IMPLANT	360.84				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	65205	REMOVE FOREIGN BODY FROM EYE	360.84				
15	65235	REMOVE FOREIGN BODY FROM EYE	483.29				
15	65260	REMOVE FOREIGN BODY FROM EYE	552.64				
15	65265	REMOVE FOREIGN BODY FROM EYE	682.67				
15	65270	REPAIR OF EYE WOUND	483.29				
15	65272	REPAIR OF EYE WOUND	483.29				
15	65275	REPAIR OF EYE WOUND	682.67				
15	65280	REPAIR OF EYE WOUND	682.67				
15	65285	REPAIR OF EYE WOUND	682.67				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	552.64				
15	65400	REMOVAL OF EYE LESION	360.84				
15	65410	BIOPSY OF CORNEA	483.29				
15	65420	REMOVAL OF EYE LESION	483.29				
15	65426	REMOVAL OF EYE LESION	776.94				
15	65710	CORNEAL TRANSPLANT	1,078.18				
15	65730	CORNEAL TRANSPLANT	1,078.18				
15	65750	CORNEAL TRANSPLANT	1,078.18				
15	65755	CORNEAL TRANSPLANT	1,078.18				
15	65770	REVISE CORNEA WITH IMPLANT	1,078.18				
15	65772	CORRECTION OF ASTIGMATISM	682.67				
15	65775	CORRECTION OF ASTIGMATISM	682.67				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	483.29				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	360.84				
15	65780	OCULAR RECONST, TRANSPLANT	776.94				
15	65781	OCULAR RECONST, TRANSPLANT	776.94				
15	65782	OCULAR RECONST, TRANSPLANT	776.94		X		
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	682.67				
15	65800	DRAINAGE OF EYE	360.84				
15	65810	DRAINAGE OF EYE	552.64				
15	65815	DRAINAGE OF EYE	483.29				
15	65820	RELIEVE INNER EYE PRESSURE	360.84				
15	65850	INCISION OF EYE	682.67				
15	65855	LASER TRABECULOPLASTY-1/MORE	682.67				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	483.29				
15	65865	INCISE INNER EYE ADHESIONS	360.84				
15	65870	INCISE INNER EYE ADHESIONS	682.67				
15	65875	INCISE INNER EYE ADHESIONS	682.67				
15	65880	INCISE INNER EYE ADHESIONS	682.67				
15	65900	REMOVE EYE LESION	776.94				
15	65920	REMOVE IMPLANT OF EYE	1,078.18				
15	65930	REMOVE BLOOD CLOT FROM EYE	776.94				
15	66020	INJECTION TREATMENT OF EYE	360.84				
15	66030	INJECTION TREATMENT OF EYE	360.84				
15	66130	REMOVE EYE LESION	1,078.18				
15	66150	GLAUCOMA SURGERY	682.67				
15	66155	GLAUCOMA SURGERY	682.67				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66160	GLAUCOMA SURGERY	483.29				
15	66170	GLAUCOMA SURGERY	682.67				
15	66172	INCISION OF EYE	682.67				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	682.67				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	682.67				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	776.94				
15	66180	IMPLANT EYE SHUNT	776.94				
15	66183	Insertion of eye fluid drainage devi	776.94				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	483.29				
15	66185	REVISE EYE SHUNT	483.29				
15	66225	REPAIR/GRAFT EYE LESION	682.67				
15	66250	FOLLOW-UP SURGERY OF EYE	483.29				
15	66500	INCISION OF IRIS	360.84				
15	66505	INCISION OF IRIS	360.84				
15	66600	REMOVE IRIS AND LESION	552.64				
15	66605	REMOVAL OF IRIS	552.64				
15	66625	REMOVAL OF IRIS	552.64				
15	66630	REMOVAL OF IRIS	552.64				
15	66635	REMOVAL OF IRIS	552.64				
15	66680	REPAIR IRIS & CILIARY BODY	552.64				
15	66682	REPAIR IRIS & CILIARY BODY	483.29				
15	66700	DESTRUCTION, CILIARY BODY	483.29				
15	66710	DESTRUCTION, CILIARY BODY	483.29				
15	66711	CILIARY ENDOSCOPIC ABLATION	483.29				
15	66720	DESTRUCTION, CILIARY BODY	483.29				
15	66740	DESTRUCTION, CILIARY BODY	483.29				
15	66761	REVISION OF IRIS	483.29				
15	66820	INCISION OF LENS LESION	483.29				
15	66821	AFTER CATARACT LASER SURGERY	483.29				
15	66825	REPOSITION INTRAOCULAR LENS	682.67				
15	66830	REMOVAL OF LENS LESION	682.67				
15	66840	REMOVAL OF LENS MATERIAL	682.67				
15	66850	REMOVAL OF LENS MATERIAL	1,078.18				
15	66852	REMOVAL OF LENS MATERIAL	682.67				
15	66920	EXTRACTION OF LENS	682.67				
15	66930	EXTRACTION OF LENS	776.94				
15	66940	EXTRACTION OF LENS	776.94				
15	66982	CATARACT SURGERY, COMPLEX	891.80				
15	66983	CATARACT SURG W/IOL, 1 STAGE	891.80				
15	66984	CATARACT SURG W/IOL, I STAGE	891.80				
15	66985	INSERT LENS PROSTHESIS	732.51				
15	66986	EXCHANGE LENS PROSTHESIS	732.51				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,078.18				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,078.18				
15	66989	COMPLEX EXTRACAPSULAR REMOVAL OF CAT	1,078.18				
15	66991	EXTRACAPSULAR REMOVAL OF CATARACT WI	1,078.18				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66999	EYE SURGERY PROCEDURE	MP		X		
15	67005	PARTIAL REMOVAL OF EYE FLUID	682.67				
15	67010	PARTIAL REMOVAL OF EYE FLUID	682.67				
15	67015	RELEASE OF EYE FLUID	360.84				
15	67025	REPLACE EYE FLUID	360.84				
15	67027	IMPLANT EYE DRUG SYSTEM	682.67				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	360.84				
15	67030	INCISE INNER EYE STRANDS	360.84				
15	67031	LASER SURGERY, EYE STRANDS	483.29				
15	67036	REMOVAL OF INNER EYE FLUID	682.67				
15	67039	LASER TREATMENT OF RETINA	1,078.18				
15	67040	LASER TREATMENT OF RETINA	1,078.18				
15	67042	VIT FOR MACULAR HOLE	776.94				
15	67101	REPAIR DETACHED RETINA	776.94				
15	67105	PHOTOCOAGULATION/DETACHED RET	776.94				
15	67107	REPAIR DETACHED RETINA	776.94				
15	67108	REPAIR DETACHED RETINA	1,078.18				
15	67113	REPAIR RETINAL DETACH,CPLX	1,078.18				
15	67115	RELEASE ENCIRCLING MATERIAL	483.29				
15	67120	REMOVE EYE IMPLANT MATERIAL	483.29				
15	67121	REMOVE EYE IMPLANT MATERIAL	483.29				
15	67141	TREATMENT OF RETINA	483.29				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	483.29				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	776.94				
15	67218	TREATMENT OF RETINAL LESION	776.94				
15	67220	TREAT CHOROID LESION	360.84				
15	67227	TREATMENT OF RETINAL LESION	360.84				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	360.84				
15	67250	REINFORCE EYE WALL	552.64				
15	67255	REINFORCE/GRAFT EYE WALL	552.64				
15	67299	EYE SURGERY PROCEDURE	MP		X		
15	67311	REVISE EYE MUSCLE	552.64				
15	67312	REVISE TWO EYE MUSCLES	682.67				
15	67314	REVISE EYE MUSCLE	682.67				
15	67316	REVISE TWO EYE MUSCLES	682.67				
15	67318	REVISE EYE MUSCLE(S)	682.67				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	682.67				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	682.67				
15	67332	REREVISE EYE MUSCLES ADD-ON	682.67				
15	67334	REVISE EYE MUSCLE W/SUTURE	682.67				
15	67335	EYE SUTURE DURING SURGERY	682.67				
15	67340	REVISE EYE MUSCLE ADD-ON	682.67				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,078.18				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X		
15	67400	EXPLORE/BIOPSY EYE SOCKET	552.64				
15	67405	EXPLORE/DRAIN EYE SOCKET	682.67				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67412	EXPLORE/TREAT EYE SOCKET	776.94				
15	67413	EXPLORE/TREAT EYE SOCKET	776.94				
15	67415	ASPIRATION, ORBITAL CONTENTS	360.84				
15	67420	EXPLORE/TREAT EYE SOCKET	776.94				
15	67430	EXPLORE/TREAT EYE SOCKET	776.94				
15	67440	EXPLORE/DRAIN EYE SOCKET	776.94				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	776.94				
15	67450	EXPLORE/BIOPSY EYE SOCKET	776.94				
15	67500	INJECT/TREAT EYE SOCKET	360.84				
15	67550	INSERT EYE SOCKET IMPLANT	682.67				
15	67560	REVISE EYE SOCKET IMPLANT	483.29				
15	67570	OPTIC NERVE DECOMPRESSION (EG,INICIS	360.84				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	360.84				
15	67715	INCISION OF EYELID FOLD	360.84				
15	67800	REMOVE EYELID LESION	360.84				
15	67801	REMOVE EYELID LESIONS	360.84				
15	67805	REMOVE EYELID LESIONS	360.84				
15	67808	REMOVE EYELID LESION(S)	483.29				
15	67810	BIOPSY OF EYELID	360.84				
15	67820	REVISE EYELASHES	360.84				
15	67830	REVISE EYELASHES	483.29				
15	67835	REVISE EYELASHES	483.29				
15	67840	REMOVE EYELID LESION	360.84				
15	67880	REVISION OF EYELID	552.64				
15	67882	REVISION OF EYELID	552.64				
15	67900	REPAIR BROW DEFECT	682.67				
15	67901	REPAIR EYELID DEFECT	776.94				
15	67902	REPAIR EYELID DEFECT	776.94				
15	67903	REPAIR EYELID DEFECT	682.67				
15	67904	REPAIR EYELID DEFECT	682.67				
15	67906	REPAIR EYELID DEFECT	776.94				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	682.67				
15	67909	REVISE EYELID DEFECT	682.67				
15	67911	REVISE EYELID DEFECT	552.64				
15	67912	CORRECTION EYELID W/IMPLANT	552.64				
15	67914	REPAIR EYELID DEFECT	552.64				
15	67916	REPAIR EYELID DEFECT	682.67				
15	67917	REPAIR EYELID DEFECT	682.67				
15	67921	REPAIR EYELID DEFECT	552.64				
15	67923	REPAIR EYELID DEFECT	682.67				
15	67924	REPAIR EYELID DEFECT	682.67				
15	67930	REPAIR EYELID WOUND	483.29				
15	67935	REPAIR EYELID WOUND	483.29				
15	67938	REMOVE EYELID FOREIGN BODY	360.84				
15	67950	REVISION OF EYELID	483.29				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	67961	REVISION OF EYELID	552.64				
15	67966	REVISION OF EYELID	552.64				
15	67971	RECONSTRUCTION OF EYELID	552.64				
15	67973	RECONSTRUCTION OF EYELID	552.64				
15	67974	RECONSTRUCTION OF EYELID	552.64				
15	67975	RECONSTRUCTION OF EYELID	552.64				
15	67999	EYELID SURGERY PROCEDURE	MP		X		
15	68110	REMOVE EYELID LINING LESION	360.84				
15	68115	REMOVE EYELID LINING LESION	483.29				
15	68130	REMOVE EYELID LINING LESION	483.29				
15	68320	REVISE/GRAFT EYELID LINING	682.67				
15	68325	REVISE/GRAFT EYELID LINING	682.67				
15	68326	REVISE/GRAFT EYELID LINING	682.67				
15	68328	REVISE/GRAFT EYELID LINING	682.67				
15	68330	REVISE EYELID LINING	682.67				
15	68335	REVISE/GRAFT EYELID LINING	682.67				
15	68340	SEPARATE EYELID ADHESIONS	682.67				
15	68360	REVISE EYELID LINING	483.29				
15	68362	REVISE EYELID LINING	483.29				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	483.29				
15	68399	EYELID LINING SURGERY	MP		X		
15	68500	REMOVAL OF TEAR GLAND	552.64				
15	68505	PARTIAL REMOVAL, TEAR GLAND	552.64				
15	68510	BIOPSY OF TEAR GLAND	360.84				
15	68520	REMOVAL OF TEAR SAC	552.64				
15	68525	BIOPSY OF TEAR SAC	360.84				
15	68540	REMOVE TEAR GLAND LESION	552.64				
15	68550	REMOVE TEAR GLAND LESION	552.64				
15	68700	REPAIR TEAR DUCTS	483.29				
15	68720	CREATE TEAR SAC DRAIN	682.67				
15	68745	CREATE TEAR DUCT DRAIN	682.67				
15	68750	CREATE TEAR DUCT DRAIN	682.67				
15	68770	CLOSE TEAR SYSTEM FISTULA	682.67				
15	68810	PROBE NASOLACRIMAL DUCT	360.84				
15	68811	PROBE NASOLACRIMAL DUCT	483.29				
15	68815	PROBE NASOLACRIMAL DUCT	483.29				
15	68899	TEAR DUCT SYSTEM SURGERY	MP		X		
15	69000	DRAIN EXTERNAL EAR LESION	360.84				
15	69005	DRAIN EXTERNAL EAR LESION	360.84				
15	69020	DRAIN OUTER EAR CANAL LESION	360.84				
15	69100	BIOPSY OF EXTERNAL EAR	360.84				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	360.84				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	360.84				
15	69120	REMOVAL OF EXTERNAL EAR	483.29				
15	69140	REMOVE EAR CANAL LESION(S)	483.29				
15	69145	REMOVE EAR CANAL LESION(S)	483.29				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69150	EXTENSIVE EAR CANAL SURGERY	552.64				
15	69205	CLEAR OUTER EAR CANAL	360.84				
15	69222	CLEAN OUT MASTOID CAVITY	483.29				
15	69300	REVISE EXTERNAL EAR	552.64				
15	69310	REBUILD OUTER EAR CANAL	552.64				
15	69320	REBUILD OUTER EAR CANAL	1,078.18				
15	69399	OUTER EAR SURGERY PROCEDURE	MP		X		
15	69420	INCISION OF EARDRUM	483.29				
15	69421	INCISION OF EARDRUM	552.64				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	360.84				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	552.64				
15	69436	CREATE EARDRUM OPENING	552.64				
15	69440	EXPLORATION OF MIDDLE EAR	552.64				
15	69450	EARDRUM REVISION	360.84				
15	69501	MASTOIDECTOMY	1,078.18				
15	69502	MASTOIDECTOMY	1,078.18				
15	69505	REMOVE MASTOID STRUCTURES	1,078.18				
15	69511	EXTENSIVE MASTOID SURGERY	1,078.18				
15	69530	EXTENSIVE MASTOID SURGERY	1,078.18				
15	69540	REMOVE EAR LESION	552.64				
15	69550	REMOVE EAR LESION	776.94				
15	69552	REMOVE EAR LESION	1,078.18				
15	69601	MASTOID SURGERY REVISION	1,078.18				
15	69602	MASTOID SURGERY REVISION	1,078.18				
15	69603	MASTOID SURGERY REVISION	1,078.18				
15	69604	MASTOID SURGERY REVISION	1,078.18				
15	69610	REPAIR EARDRUM	483.29				
15	69620	REPAIR OF EARDRUM	483.29				
15	69631	REPAIR EARDRUM STRUCTURES	776.94				
15	69632	REBUILD EARDRUM STRUCTURES	776.94				
15	69633	REBUILD EARDRUM STRUCTURES	776.94				
15	69635	REPAIR EARDRUM STRUCTURES	1,078.18				
15	69636	REBUILD EARDRUM STRUCTURES	1,078.18				
15	69637	REBUILD EARDRUM STRUCTURES	1,078.18				
15	69641	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69642	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69643	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69644	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69645	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69646	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69650	RELEASE MIDDLE EAR BONE	1,078.18				
15	69660	REVISE MIDDLE EAR BONE	776.94				
15	69661	REVISE MIDDLE EAR BONE	776.94				
15	69662	REVISE MIDDLE EAR BONE	776.94				
15	69666	REPAIR MIDDLE EAR STRUCTURES	682.67				
15	69667	REPAIR MIDDLE EAR STRUCTURES	682.67				

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

COLUMN:

1	2	3	4	5 AGE		6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	69670	REMOVE MASTOID AIR CELLS	552.64					
15	69676	REMOVE MIDDLE EAR NERVE	552.64					
15	69700	CLOSE MASTOID FISTULA	552.64					
15	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,078.18					
15	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,078.18					
15	69711	REMOVE/REPAIR HEARING AID	360.84					
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,450.94					
15	69716	IMPLANTATION OF COCHLEAR STIMULATING	1,450.94					X
15	69717	TEMPLE BONE IMPLANT REVISION	1,450.94					
15	69719	REVISION OR REPLACEMENT OF COCHLEAR	1,450.94					X
15	69720	RELEASE FACIAL NERVE	776.94					
15	69725	RELEASE FACIAL NERVE	776.94					
15	69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SK	776.94					
15	69727	REMOVAL OF COCHLEAR STIMULATING SYST	776.94					X
15	69728	REMOVAL OF ENTIRE COCHLEAR STIMULATI	1,450.94	05	99			
15	69729	IMPLANTATION OF COCHLEAR STIMULATING	1,450.94	05	99			
15	69730	REPLACEMENT OF COCHLEAR STIMULATING	1,450.95	05	99			
15	69740	REPAIR FACIAL NERVE	776.94					
15	69745	REPAIR FACIAL NERVE	776.94					
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP			X		
15	69801	INCISE INNER EAR	776.94					
15	69805	EXPLORE INNER EAR	1,078.18					
15	69806	EXPLORE INNER EAR	1,078.18					
15	69905	REMOVE INNER EAR	1,078.18					
15	69910	REMOVE INNER EAR & MASTOID	1,078.18					
15	69915	INCISE INNER EAR NERVE	1,078.18					
15	69930	IMPLANT COCHLEAR DEVICE	1,078.18	01	99			
15	69949	INNER EAR SURGERY PROCEDURE	MP			X		
15	69979	TEMPORAL BONE SURGERY	MP			X		
15	69990	MICROSURGERY ADD-ON	360.84					
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	360.84					
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	360.84					

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EXHIBIT 99

Louisiana Medicaid Hospital Ambulatory Surgery
Fee Schedule: Rural Hospitals
(Effective Jan. 1, 2025)

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

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

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

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

15 - Outpatient Ambulatory Surgical Services.

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

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

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

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

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	G0105	COLORECTAL SCRN; HI RISK IND	468.30				
15	G0121	COLON CA SCRN; NOT HIGH RSK IN	468.30				
15	G0260	INJ FOR SACROILIAC JT ANESTH	349.65				
15	G0330	FACILITY SERVICES FOR DENTAL REHABIL	752.85				
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN	1,405.95	10 60		F	
15	10030	FLUID COLLECTION DRAINAGE BY CATHETE	349.65				
15	10060	DRAINAGE OF SKIN ABSSCESS	349.65				
15	10061	DRAIN SKIN ABSCESS COMPLICATED	349.65				
15	10080	INCISE/DRAIN SIMPLE CYST	349.65				
15	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	349.65				
15	10120	SIMPLE REMOVAL FOREIGN BOCY	349.65				
15	10121	REMOVE FOREIGN BODY	468.30				
15	10140	INCISE/DRAIN SIMPLE HEMATOMA	349.65				
15	10160	PUNCTURE DRAINAGE OF LESION	349.65				
15	10180	COMPLEX DRAINAGE, WOUND	468.30				
15	11010	DEBRIDE SKIN, FX	468.30				
15	11011	DEBRIDE SKIN/MUSCLE, FX	468.30				
15	11012	DEBRIDE SKIN/MUSCLE/BONE, FX	468.30				
15	11042	DEBRIDE SKIN/TISSUE	468.30				
15	11043	DEBRIDE TISSUE/MUSCLE	468.30				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	468.30				
15	11400	EXCISE BENIGN LESION TO 0.5 CM	349.65				
15	11401	EXCISE BENIGN LESION 0.6 TO 1 CM	349.65				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	349.65				
15	11403	EXCISE BENIGN LESION 2.1 TO 3 CM	349.65				
15	11404	REMOVAL OF SKIN LESION	349.65				
15	11406	REMOVAL OF SKIN LESION	468.30				
15	11420	EXCISE BENIGN LESION TO 0.5 CM	468.30				
15	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	468.30				
15	11422	EXCISE BENIGN LESION 1.1 TO 2CM	468.30				
15	11423	EXCISE BENIGN LESION 2.1 TO 3CM	468.30				
15	11424	REMOVAL OF SKIN LESION	468.30				
15	11426	REMOVAL OF SKIN LESION	468.30				
15	11440	EXCISE BENIGN LESION TO 0.5 CM	349.65				
15	11441	EXCISE BENIGN LESION 0.6 TO 1 CM	349.65				
15	11442	EXCISE BENIGN LESION 1.1 TO 2 CM	349.65				
15	11443	EXCISE BENIGN LESION 2.1 TO 3CM	349.65				
15	11444	REMOVAL OF SKIN LESION	349.65				
15	11446	REMOVAL OF SKIN LESION	468.30				
15	11450	REMOVAL, SWEAT GLAND LESION	468.30				
15	11451	REMOVAL, SWEAT GLAND LESION	468.30				
15	11462	REMOVAL, SWEAT GLAND LESION	468.30				
15	11463	REMOVAL, SWEAT GLAND LESION	468.30				
15	11470	REMOVAL, SWEAT GLAND LESION	468.30				
15	11471	REMOVAL, SWEAT GLAND LESION	468.30				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	468.30				
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	468.30				
15	11604	REMOVAL OF SKIN LESION	468.30				
15	11606	REMOVAL OF SKIN LESION	468.30				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	468.30				
15	11624	REMOVAL OF SKIN LESION	468.30				
15	11626	REMOVAL OF SKIN LESION	468.30				
15	11640	EXC FACE MM MALIG + MAG 0.5<	468.30				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	468.30				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	468.30				
15	11644	REMOVAL OF SKIN LESION	468.30				
15	11646	REMOVAL OF SKIN LESION	468.30				
15	11750	EXCISION NAIL & NAIL MATRIX	349.65				
15	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	349.65				
15	11770	REMOVAL OF PILONIDAL LESION	535.50				
15	11771	REMOVAL OF PILONIDAL LESION	535.50				
15	11772	REMOVAL OF PILONIDAL LESION	535.50				
15	11920	TATOOING; 6 SQ CM OR LESS	349.65		X		
15	11921	TATOOING; 6.1 TO 20 SQ CM	349.65		X		
15	11960	INSERT TISSUE EXPANDER(S)	468.30				
15	11970	REPLACE TISSUE EXPANDER	535.50		X		
15	11971	REMOVE TISSUE EXPANDER(S)	349.65		X		
15	12001	SIMPLE WOUND REPAIR TO 2.5 CM	349.65				
15	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5 CM	349.65				
15	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	349.65				
15	12005	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12006	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12007	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12011	SIMPLE WOUND REPAIR TO 2.5 CM	468.30				
15	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	468.30				
15	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	468.30				
15	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	468.30				
15	12016	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12017	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12018	REPAIR SUPERFICIAL WOUND(S)	468.30				
15	12020	CLOSURE OF SPLIT WOUND	349.65				
15	12021	CLOSURE OF SPLIT WOUND	349.65				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	349.65				
15	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	349.65				
15	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	468.30				
15	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	468.30				
15	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	468.30				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	468.30				
15	12041	LAYER CLOSURE WOUND TO 2.5 CM	349.65				
15	12042	LAYER CLOSURE 2.6 TO 7.5 CM	349.65				
15	12044	LAYER CLOSURE OF WOUND(S)	468.30				
15	12045	LAYER CLOSURE OF WOUND(S)	468.30				
15	12046	LAYER CLOSURE OF WOUND(S)	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	12047	LAYER CLOSURE OF WOUND(S)	468.30				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	349.65				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	349.65				
15	12053	LAYER CLOSURE 5.1 TO 7.5	349.65				
15	12054	LAYER CLOSURE OF WOUND(S)	468.30				
15	12055	LAYER CLOSURE OF WOUND(S)	468.30				
15	12056	LAYER CLOSURE OF WOUND(S)	468.30				
15	12057	LAYER CLOSURE OF WOUND(S)	468.30				
15	13100	REPAIR OF WOUND OR LESION	468.30				
15	13101	REPAIR OF WOUND OR LESION	535.50				
15	13102	REPAIR WOUND/LESION ADD-ON	535.50				
15	13120	REPAIR OF WOUND OR LESION	468.30				
15	13121	REPAIR OF WOUND OR LESION	535.50				
15	13122	REPAIR WOUND/LESION ADD-ON	535.50				
15	13131	REPAIR OF WOUND OR LESION	468.30				
15	13132	REPAIR OF WOUND OR LESION	535.50				
15	13133	REPAIR WOUND/LESION ADD-ON	535.50				
15	13151	REPAIR OF WOUND OR LESION	535.50				
15	13152	REPAIR OF WOUND OR LESION	535.50				
15	13153	REPAIR WOUND/LESION ADD-ON	349.65				
15	13160	LATE CLOSURE OF WOUND	468.30				
15	14000	SKIN TISSUE REARRANGEMENT	468.30				
15	14001	SKIN TISSUE REARRANGEMENT	535.50				
15	14020	SKIN TISSUE REARRANGEMENT	535.50				
15	14021	SKIN TISSUE REARRANGEMENT	535.50				
15	14040	SKIN TISSUE REARRANGEMENT	468.30				
15	14041	SKIN TISSUE REARRANGEMENT	535.50				
15	14060	SKIN TISSUE REARRANGEMENT	535.50				
15	14061	SKIN TISSUE REARRANGEMENT	535.50				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	661.50				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	661.50				
15	14350	SKIN TISSUE REARRANGEMENT	535.50				
15	15040	HARVEST CULTURED SKIN GRAFT	468.30				
15	15050	SKIN PINCH GRAFT	468.30				
15	15100	SKIN SPLIT GRAFT	468.30				
15	15101	SKIN SPLIT GRAFT ADD-ON	535.50				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	468.30				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	349.65				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	468.30				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	349.65				
15	15120	SKIN SPLIT GRAFT	468.30				
15	15121	SKIN SPLIT GRAFT ADD-ON	535.50				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	468.30				
15	15131	DERM AUTOGRAFT T/A/L ADD-ON	349.65				
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	468.30				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	349.65				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	349.65				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	349.65				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	468.30				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	349.65				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	349.65				
15	15200	SKIN FULL GRAFT	535.50				
15	15201	SKIN FULL GRAFT ADD-ON	468.30				
15	15220	SKIN FULL GRAFT	468.30				
15	15221	SKIN FULL GRAFT ADD-ON	468.30				
15	15240	SKIN FULL GRAFT	535.50				
15	15241	SKIN FULL GRAFT ADD-ON	535.50				
15	15260	SKIN FULL GRAFT	468.30				
15	15261	SKIN FULL GRAFT ADD-ON	468.30				
15	15570	FORM SKIN PEDICLE FLAP	535.50				
15	15572	FORM SKIN PEDICLE FLAP	535.50				
15	15574	FORM SKIN PEDICLE FLAP	535.50				
15	15576	FORM SKIN PEDICLE FLAP	535.50				
15	15600	SKIN GRAFT	535.50				
15	15610	SKIN GRAFT	535.50				
15	15620	SKIN GRAFT	661.50				
15	15630	SKIN GRAFT	535.50				
15	15650	TRANSFER SKIN PEDICLE FLAP	752.85				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	535.50				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	535.50				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	535.50				
15	15736	MUSCLE-SKIN GRAFT, ARM	535.50				
15	15738	MUSCLE-SKIN GRAFT, LEG	535.50				
15	15740	ISLAND PEDICLE FLAP GRAFT	468.30				
15	15750	NEUROVASCULAR PEDICLE GRAFT	468.30				
15	15760	COMPOSITE SKIN GRAFT	468.30				
15	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE	535.50				
15	15770	DERMA-FAT-FASCIA GRAFT	535.50				
15	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15820	REVISION OF LOWER EYELID	535.50		X		
15	15821	REVISION OF LOWER EYELID	535.50		X		
15	15822	REVISION OF UPPER EYELID	535.50		X		
15	15823	REVISION OF UPPER EYELID	752.85		X		
15	15840	GRAFT FOR FACE NERVE PALSY	661.50				
15	15841	GRAFT FOR FACE NERVE PALSY	661.50				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	661.50				
15	15845	SKIN AND MUSCLE REPAIR, FACE	661.50				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	349.65				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	349.65				
15	15920	REMOVAL OF TAIL BONE ULCER	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15922	REMOVAL OF TAIL BONE ULCER	661.50				
15	15931	REMOVE SACRUM PRESSURE SORE	535.50				
15	15933	REMOVE SACRUM PRESSURE SORE	535.50				
15	15934	REMOVE SACRUM PRESSURE SORE	535.50				
15	15935	REMOVE SACRUM PRESSURE SORE	661.50				
15	15936	REMOVE SACRUM PRESSURE SORE	661.50				
15	15937	REMOVE SACRUM PRESSURE SORE	661.50				
15	15940	REMOVE HIP PRESSURE SORE	535.50				
15	15941	REMOVE HIP PRESSURE SORE	535.50				
15	15944	REMOVE HIP PRESSURE SORE	535.50				
15	15945	REMOVE HIP PRESSURE SORE	661.50				
15	15946	REMOVE HIP PRESSURE SORE	661.50				
15	15950	REMOVE THIGH PRESSURE SORE	535.50				
15	15951	REMOVE THIGH PRESSURE SORE	661.50				
15	15952	REMOVE THIGH PRESSURE SORE	535.50				
15	15953	REMOVE THIGH PRESSURE SORE	661.50				
15	15956	REMOVE THIGH PRESSURE SORE	535.50				
15	15958	REMOVE THIGH PRESSURE SORE	661.50				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X		
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES	349.65				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	468.30				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	468.30				
15	16035	ESCHAROTOMY	468.30				
15	17108	DESTRUCT CUT VASC LESION > 50 SQ CM	468.30				
15	17999	SKIN TISSUR PROCEDURE	MP		X		
15	19000	PUNCTURE ASPIRATION BREAST CYSTS	468.30				
15	19001	PUNC ASPIRATION/VREAST EACH ADD CYST	349.65				
15	19020	INCISION OF BREAST LESION	468.30				
15	19081	BIOPSY OF BREAST ACCESSED THROUGHT T	468.30				
15	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	468.30				
15	19083	Biopsy of breast accessed throught t	468.30				
15	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	468.30				
15	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	468.30				
15	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	468.30				
15	19100	BX BREAST PERCUT W/O IMAGE	349.65				
15	19101	BIOPSY OF BREAST, OPEN	468.30				
15	19110	NIPPLE EXPLORATION	468.30				
15	19112	EXCISE BREAST DUCT FISTULA	535.50				
15	19120	REMOVAL OF BREAST LESION	535.50				
15	19125	EXCISION, BREAST LESION	535.50				
15	19126	EXCISION, ADDL BREAST LESION	535.50				
15	19281	Placement of breast localization dev	349.65				
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	349.65				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	349.65				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	349.65				
15	19285	Placement of breast localization dev	349.65				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	349.65				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	19287	Placement of breast localization dev	349.65				
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	349.65				
15	19296	PLACE PO BREAST CATH FOR RAD	349.65				
15	19297	PLACE BREAST CATH FOR RAD	349.65				
15	19298	PLACE BREAST RAD TUBE/CATHS	349.65				
15	19300	MASTECTOMY FOR GYNECOMASTIA	661.50			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	535.50				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,044.75				
15	19303	MASTECTOMY, SIMPLE, COMPLETE	661.50				
15	19307	MAST, MOD RAD	1,044.75				
15	19316	MASTOPEXY	661.50		X	F	
15	19318	REDUCTION OF LARGE BREAST	661.50	18 99	X		
15	19325	MAMMAPLASTY WITH PROSTHETIC	661.50		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	349.65		X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	349.65				
15	19340	IMMEDIATE BREAST PROSTHESIS	468.30		X	F	
15	19342	DELAYED BREAST PROSTHESIS	535.50		X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	661.50		X		
15	19357	BREAST RECONSTRUCTION,IMMEDIATE OR	752.85		X	F	
15	19370	SURGERY OF BREAST CAPSULE	661.50		X		
15	19371	REMOVAL OF BREAST CAPSULE	661.50		X		
15	19380	REVISE BREAST RECONSTRUCTION	752.85		X		
15	19499	BREAST SURGERY PROCEDURE	MP		X		
15	20100	EXPLORE WOUND, NECK	535.50				
15	20101	EXPLORE WOUND, CHEST	535.50				
15	20102	EXPLORE WOUND, ABDOMEN	535.50				
15	20103	EXPLORE WOUND, EXTREMITY	535.50				
15	20200	MUSCLE BIOPSY	468.30				
15	20205	DEEP MUSCLE BIOPSY	535.50				
15	20206	NEEDLE BIOPSY, MUSCLE	349.65				
15	20220	BONE BIOPSY, TROCAR/NEEDLE	349.65				
15	20225	BONE BIOPSY, TROCAR/NEEDLE	468.30				
15	20240	BONE BIOPSY, EXCISIONAL	468.30				
15	20245	BONE BIOPSY, EXCISIONAL	535.50				
15	20250	OPEN BONE BIOPSY	535.50				
15	20251	OPEN BONE BIOPSY	535.50				
15	20500	INJECT SINUS TRACT, THERAPEUTCI	349.65				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	349.65				
15	20520	REMOVE FOREGIN BODY; SIMPLE	349.65				
15	20525	REMOVAL OF FOREIGN BODY	535.50				
15	20604	ARTHROCENTESIS,ASPIRATION AND/OR IN	349.65				
15	20606	ARTHROCENTESIS,ASPIRATION AND/OR IN	349.65				
15	20611	ARTHROCENTESIS,ASPIRATION AND/OR IN	349.65				
15	20612	ASPIRATE/INJ GANGLION CYST	349.65				
15	20615	ASPIRATE/INJECTION-BONE CYST	349.65				
15	20650	INSERT AND REMOVE BONE PIN	535.50				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	349.65	00 00			

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	20662	APPLY HALO; PELVIC	349.65				
15	20663	APPLY HALO; FEMORAL	349.65				
15	20665	REMOVE HALO OR TONGS BY OTHER MD	349.65				
15	20670	REMOVAL OF SUPPORT IMPLANT	349.65				
15	20680	REMOVAL OF SUPPORT IMPLANT	535.50				
15	20690	APPLY BONE FIXATION DEVICE	468.30				
15	20692	APPLY BONE FIXATION DEVICE	535.50				
15	20693	ADJUST BONE FIXATION DEVICE	535.50				
15	20694	REMOVE BONE FIXATION DEVICE	349.65				
15	20900	REMOVAL OF BONE FOR GRAFT	535.50				
15	20902	REMOVAL OF BONE FOR GRAFT	661.50				
15	20910	REMOVE CARTILAGE FOR GRAFT	535.50				
15	20912	REMOVE CARTILAGE FOR GRAFT	535.50				
15	20920	REMOVAL OF FASCIA FOR GRAFT	661.50				
15	20922	REMOVAL OF FASCIA FOR GRAFT	535.50				
15	20924	REMOVAL OF TENDON FOR GRAFT	661.50				
15	20930	SPINAL BONE ALLOGRAFT	349.65				
15	20931	SPINAL BONE ALLOGRAFT	349.65				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	349.65				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	349.65				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	349.65				
15	20936	SPINAL BONE AUTOGRAFT	349.65				
15	20950	MONITOR INTERSTITAL FLUID	349.65				
15	20975	ELECTRICAL BONE STIMULATION	468.30				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	468.30				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP		X		
15	21010	INCISION OF JAW JOINT	468.30				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	349.65				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	535.50				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	468.30				
15	21025	EXCISION OF BONE, LOWER JAW	468.30				
15	21026	EXCISION OF FACIAL BONE(S)	468.30				
15	21029	CONTOUR OF FACE BONE LESION	468.30				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	468.30				
15	21031	EXCISION OF TORUS MANDIBULARIS	468.30				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	468.30				
15	21034	REMOVAL OF FACE BONE LESION	535.50				
15	21040	REMOVAL OF JAW BONE LESION	468.30				
15	21044	REMOVAL OF JAW BONE LESION	468.30				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	468.30				
15	21047	EXCISION, BENIGN TUMOR, MANDIB	468.30				
15	21048	REMOVE MAXILLA CYST COMPLEX	468.30				
15	21049	EXCIS UPPER JAW CYST W/REPAIR	535.50				
15	21050	REMOVAL OF JAW JOINT	535.50				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	21060	REMOVE JAW JOINT CARTILAGE	468.30				
15	21070	REMOVE CORONOID PROCESS	535.50				
15	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE	MP		X		
15	21100	MAXILLOFACIAL FIXATION	468.30				
15	21110	INTERDENTAL FIXATION	349.65				
15	21120	GENIOPLASTY; AUGMENTATION	1,044.75				
15	21121	RECONSTRUCTION OF CHIN	1,044.75				
15	21122	RECONSTRUCTION OF CHIN	1,044.75				
15	21123	RECONSTRUCTION OF CHIN	1,044.75				
15	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,044.75				
15	21127	AUGMENTATION, LOWER JAW BONE	1,405.95				
15	21137	REDUCTION FOREHEAD;CONTOURING CNLY	1,044.75				
15	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	1,044.75				
15	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,044.75				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,044.75				
15	21175	RECON BIFRON,SUP-LAT ORB RIMS, LOW F	1,044.75				
15	21181	CONTOUR CRANIAL BONE LESION	1,044.75				
15	21206	RECONSTRUCT UPPER JAW BONE	752.85				
15	21208	AUGMENTATION OF FACIAL BONES	1,044.75				
15	21209	REDUCTION OF FACIAL BONES	752.85				
15	21210	FACE BONE GRAFT	1,044.75				
15	21215	LOWER JAW BONE GRAFT	1,044.75				
15	21230	RIB CARTILAGE GRAFT	1,044.75				
15	21235	EAR CARTILAGE GRAFT	1,044.75				
15	21240	RECONSTRUCTION OF JAW JOINT	661.50				
15	21242	RECONSTRUCTION OF JAW JOINT	752.85				
15	21243	RECONSTRUCTION OF JAW JOINT	752.85				
15	21244	RECONSTRUCTION OF LOWER JAW	1,044.75				
15	21245	RECONSTRUCTION OF JAW	1,044.75				
15	21246	RECONSTRUCTION OF JAW	1,044.75				
15	21248	RECONSTRUCTION OF JAW	1,044.75				
15	21249	RECONSTRUCTION OF JAW	1,044.75				
15	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,044.75				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,044.75				
15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL	1,044.75				
15	21263	REVISE ORBIT;ADVANCE FOREHEAD	1,044.75				
15	21267	REVISE EYE SOCKETS	1,044.75				
15	21270	AUGMENTATION, CHEEK BONE	752.85				
15	21275	REVISION, ORBITOFACIAL BONES	1,044.75				
15	21280	REVISION OF EYELID	752.85				
15	21282	REVISION OF EYELID	752.85				
15	21295	RECONST LWR JAW W/O FIXATION	349.65				
15	21296	RECONST LWR JAW W/FIXATION	349.65				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		X		
15	21315	TREATMENT OF NOSE FRACTURE	468.30				
15	21320	TREATMENT OF NOSE FRACTURE	468.30				
15	21325	TREATMENT OF NOSE FRACTURE	661.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	21330	TREATMENT OF NOSE FRACTURE	752.85				
15	21335	TREATMENT OF NOSE FRACTURE	1,044.75				
15	21336	TREAT NASAL SEPTAL FRACTURE	661.50				
15	21337	TREAT NASAL SEPTAL FRACTURE	468.30				
15	21338	TREAT NASOETHMOID FRACTURE	661.50				
15	21339	TREAT NASOETHMOID FRACTURE	752.85				
15	21340	TREATMENT OF NOSE FRACTURE	661.50				
15	21345	TREAT NOSE/JAW FRACTURE	1,044.75				
15	21346	OPEN TREATMENT NASOMAXILLARY FX	752.85				
15	21355	TREAT CHEEK BONE FRACTURE	535.50				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	535.50				
15	21385	TREAT ORBITAL FX; TRANSANTRAL	661.50				
15	21386	TREAT ORBITAL FX; PERIORBITAL	661.50				
15	21387	TREAT ORBITAL FX; COMBINATION	661.50				
15	21390	TREAT ORBITAL WITH IMPLANT	661.50				
15	21395	TREAT ORBITAL FX WITH BONE GRAFT	661.50				
15	21400	TREAT EYE SOCKET FRACTURE	468.30				
15	21401	TREAT EYE SOCKET FRACTURE	535.50				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	661.50				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	661.50				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT	661.50				
15	21421	TREAT MOUTH ROOF FRACTURE	661.50				
15	21440	TREAT DENTAL RIDGE FRACTURE	535.50				
15	21445	TREAT DENTAL RIDGE FRACTURE	661.50				
15	21450	TREAT LOWER JAW FRACTURE	535.50				
15	21451	TREAT LOWER JAW FRACTURE	661.50				
15	21452	TREAT LOWER JAW FRACTURE	468.30				
15	21453	TREAT LOWER JAW FRACTURE	535.50				
15	21454	TREAT LOWER JAW FRACTURE	752.85				
15	21461	TREAT LOWER JAW FRACTURE	661.50				
15	21462	TREAT LOWER JAW FRACTURE	752.85				
15	21465	TREAT LOWER JAW FRACTURE	661.50				
15	21470	TREAT COMPLICATED MANDIBULAR FX	752.85				
15	21480	RESET DISLOCATED JAW	349.65				
15	21485	RESET DISLOCATED JAW	468.30				
15	21490	REPAIR DISLOCATED JAW	535.50				
15	21497	INTERDENTAL WIRING	468.30				
15	21499	UNLISTED PROCEDURE; HEAD	MP		X		
15	21501	DRAIN NECK/CHEST LESION	468.30				
15	21502	DRAIN CHEST LESION	468.30				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	349.65				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	468.30				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	468.30				
15	21555	REMOVE LESION, NECK/CHEST	468.30				
15	21556	REMOVE LESION, NECK/CHEST	468.30				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	468.30				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	468.30				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	21600	PARTIAL REMOVAL OF RIB	468.30				
15	21610	PARTIAL REMOVAL OF RIB	468.30				
15	21700	REVISION OF NECK MUSCLE	468.30				
15	21720	REVISION OF NECK MUSCLE	535.50				
15	21725	REVISION OF NECK MUSCLE	535.50				
15	21820	TREAT STERNUM FRACTURE	349.65				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		X		
15	21920	BX, SFT TISS-BACK/FLANK;SUPERFICIAL	349.65				
15	21925	BIOPSY SOFT TISSUE OF BACK	468.30				
15	21930	REMOVE LESION, BACK OR FLANK	468.30				
15	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	468.30				
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	468.30				
15	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	468.30				
15	21935	REMOVAL (LESS THAN CENTIMETERS) TI	535.50				
15	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				
15	22100	RESECT VERTEBRA,CERVICAL	468.30				
15	22101	RESECT VERTEBRA, THORACIC	468.30				
15	22310	TREAT SPINE FRACTURE	349.65				
15	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	468.30				
15	22505	MANIPULATION OF SPINE	468.30				
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	468.30				
15	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	468.30				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	468.30				
15	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION	468.30				
15	22551	ARTHRODESIS,ANTERIOR INTERBODY,INC	1,405.95				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT	1,405.95				
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	468.30				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO	468.30				
15	22899	SPINE SURGERY PROCEDURE	MP		X		
15	22900	REMOVE ABDOMINAL WALL LESION	661.50				
15	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	468.30				
15	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	468.30				
15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	468.30				
15	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	468.30				
15	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				
15	22999	ABDOMEN SURGERY PROCEDURE	MP		X		
15	23000	REMOVAL OF CALCIUM DEPOSITS	468.30				
15	23020	RELEASE SHOULDER JOINT	468.30				
15	23030	DRAIN SHOULDER LESION	349.65				
15	23031	DRAIN SHOULDER BURSA	535.50				
15	23035	DRAIN SHOULDER BONE LESION	535.50				
15	23040	EXPLORATORY SHOULDER SURGERY	535.50				
15	23044	EXPLORATORY SHOULDER SURGERY	661.50				
15	23066	BIOPSY SHOULDER TISSUES	468.30				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	468.30				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	468.30				
15	23075	REMOVAL OF SHOULDER LESION	468.30				

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23076	REMOVAL OF SHOULDER LESION	468.30				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	535.50				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				
15	23100	BIOPSY OF SHOULDER JOINT	468.30				
15	23101	SHOULDER JOINT SURGERY	1,044.75				
15	23105	REMOVE SHOULDER JOINT LINING	661.50				
15	23106	INCISION OF COLLARBONE JOINT	661.50				
15	23107	EXPLORE TREAT SHOULDER JOINT	661.50				
15	23120	PARTIAL REMOVAL, COLLAR BONE	752.85				
15	23125	REMOVAL OF COLLAR BONE	752.85				
15	23130	REMOVE SHOULDER BONE, PART	752.85				
15	23140	REMOVAL OF BONE LESION	661.50				
15	23145	REMOVAL OF BONE LESION	752.85				
15	23146	REMOVAL OF BONE LESION	752.85				
15	23150	REMOVAL OF HUMERUS LESION	661.50				
15	23155	REMOVAL OF HUMERUS LESION	752.85				
15	23156	REMOVAL OF HUMERUS LESION	752.85				
15	23170	REMOVE COLLAR BONE LESION	468.30				
15	23172	REMOVE SHOULDER BLADE LESION	468.30				
15	23174	REMOVE HUMERUS LESION	468.30				
15	23180	REMOVE COLLAR BONE LESION	661.50				
15	23182	REMOVE SHOULDER BLADE LESION	661.50				
15	23184	REMOVE HUMERUS LESION	661.50				
15	23190	PARTIAL REMOVAL OF SCAPULA	661.50				
15	23195	REMOVAL OF HEAD OF HUMERUS	752.85				
15	23330	REMOVE SHOULDER FOREIGN BODY	349.65				
15	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	349.65				
15	23395	MUSCLE TRANSFER,SHOULDER/ARM	752.85				
15	23397	MUSCLE TRANSFERS	1,044.75				
15	23400	FIXATION OF SHOULDER BLADE	1,044.75				
15	23405	INCISION OF TENDON & MUSCLE	468.30				
15	23406	INCISE TENDON(S) & MUSCLE(S)	468.30				
15	23410	REPAIR OF TENDON(S)	752.85				
15	23412	REPAIR OF TENDON(S)	1,044.75				
15	23415	RELEASE OF SHOULDER LIGAMENT	752.85				
15	23420	REPAIR OF SHOULDER	1,044.75				
15	23430	REPAIR BICEPS TENDON	661.50				
15	23440	REMOVE/TRANSPLANT TENDON	661.50				
15	23450	REPAIR SHOULDER CAPSULE	752.85				
15	23455	REPAIR SHOULDER CAPSULE	1,044.75				
15	23460	REPAIR SHOULDER CAPSULE	752.85				
15	23462	REPAIR SHOULDER CAPSULE	1,044.75				
15	23465	REPAIR SHOULDER CAPSULE	752.85				
15	23466	REPAIR SHOULDER CAPSULE	1,044.75				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,044.75				
15	23480	REVISION OF COLLAR BONE	661.50				
15	23485	REVISION OF COLLAR BONE	1,044.75				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23490	REINFORCE CLAVICLE	535.50				
15	23491	REINFORCE SHOULDER BONES	535.50				
15	23500	TREAT CLAVICLE FRACTURE	349.65				
15	23505	TREAT CLAVICLE FRACTURE	349.65				
15	23515	TREAT CLAVICLE FRACTURE	535.50				
15	23520	TREAT CLAVICLE DISLOCATION	349.65				
15	23525	TREAT CLAVICLE DISLOCATION	349.65				
15	23530	TREAT CLAVICLE DISLOCATION	535.50				
15	23532	TREAT CLAVICLE DISLOCATION	661.50				
15	23540	TREAT CLAVICLE DISLOCATION	349.65				
15	23545	TREAT CLAVICLE DISLOCATION	349.65				
15	23550	TREAT CLAVICLE DISLOCATION	535.50				
15	23552	TREAT CLAVICLE DISLOCATION	661.50				
15	23570	TREAT SHOULDER BLADE FX	349.65				
15	23575	TREAT SHOULDER BLADE FX	349.65				
15	23585	TREAT SCAPULA FRACTURE	535.50				
15	23600	TREAT HUMERUS FRACTURE	349.65				
15	23605	TREAT HUMERUS FRACTURE	468.30				
15	23615	TREAT HUMERUS FRACTURE	661.50				
15	23616	TREAT HUMERUS FRACTURE	661.50				
15	23620	TREAT HUMERUS FRACTURE	349.65				
15	23625	TREAT HUMERUS FRACTURE	468.30				
15	23630	TREAT HUMERUS FRACTURE	752.85				
15	23650	TREAT SHOULDER DISLOCATION	349.65				
15	23655	TREAT SHOULDER DISLOCATION	349.65				
15	23660	TREAT SHOULDER DISLOCATION	535.50				
15	23665	TREAT DISLOCATION/FRACTURE	468.30				
15	23670	TREAT DISLOCATION/FRACTURE	535.50				
15	23675	TREAT DISLOCATION/FRACTURE	468.30				
15	23680	TREAT DISLOCATION/FRACTURE	535.50				
15	23700	FIXATION OF SHOULDER	349.65				
15	23800	FUSION OF SHOULDER JOINT	661.50				
15	23802	FUSION OF SHOULDER JOINT	1,044.75				
15	23921	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	23929	SHOULDER SURGERY PROCEDURE	MP		X		
15	23930	DRAINAGE OF ARM LESION	349.65				
15	23931	DRAINAGE OF ARM BURSA	468.30				
15	23935	DRAIN ARM/ELBOW BONE LESION	468.30				
15	24000	EXPLORATORY ELBOW SURGERY	661.50				
15	24006	RELEASE ELBOW JOINT	661.50				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	468.30				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	468.30				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	468.30				
15	24075	REMOVE ARM/ELBOW LESION	468.30				
15	24076	REMOVE ARM/ELBOW LESION	468.30				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	535.50				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24100	BIOPSY ELBOW JOINT LINING	349.65				
15	24101	EXPLORE/TREAT ELBOW JOINT	661.50				
15	24102	REMOVE ELBOW JOINT LINING	661.50				
15	24105	REMOVAL OF ELBOW BURSA	535.50				
15	24110	REMOVE HUMERUS LESION	468.30				
15	24115	REMOVE/GRAFT BONE LESION	535.50				
15	24116	REMOVE/GRAFT BONE LESION	535.50				
15	24120	REMOVE ELBOW LESION	535.50				
15	24125	REMOVE/GRAFT BONE LESION	535.50				
15	24126	REMOVE/GRAFT BONE LESION	535.50				
15	24130	REMOVAL OF HEAD OF RADIUS	535.50				
15	24134	REMOVAL OF ARM BONE LESION	468.30				
15	24136	REMOVE RADIUS BONE LESION	468.30				
15	24138	REMOVE ELBOW BONE LESION	468.30				
15	24140	PARTIAL REMOVAL OF ARM BONE	535.50				
15	24145	PARTIAL REMOVAL OF RADIUS	535.50				
15	24147	PARTIAL REMOVAL OF ELBOW	468.30				
15	24155	REMOVAL OF ELBOW JOINT	535.50				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	468.30				
15	24164	REMOVAL OF HARDWARE OF FOREARM BONE	535.50				
15	24200	REMOVAL OF ARM FOREIGN BODY	349.65				
15	24201	REMOVAL OF ARM FOREIGN BODY	468.30				
15	24301	MUSCLE/TENDON TRANSFER	661.50				
15	24305	ARM TENDON LENGTHENING	661.50				
15	24310	REVISION OF ARM TENDON	535.50				
15	24320	REPAIR OF ARM TENDON	535.50				
15	24330	REVISION OF ARM MUSCLES	535.50				
15	24331	REVISION OF ARM MUSCLES	535.50				
15	24340	REPAIR OF BICEPS TENDON	535.50				
15	24341	REPAIR ARM TENDON/MUSCLE	535.50				
15	24342	REPAIR OF RUPTURED TENDON	535.50				
15	24345	REPR ELBW MED LIGMNT W/TISSU	468.30				
15	24360	RECONSTRUCT ELBOW JOINT	752.85				
15	24361	RECONSTRUCT ELBOW JOINT	752.85				
15	24362	RECONSTRUCT ELBOW JOINT	752.85				
15	24363	REPLACE ELBOW JOINT	1,044.75				
15	24365	RECONSTRUCT HEAD OF RADIUS	752.85				
15	24366	RECONSTRUCT HEAD OF RADIUS	752.85				
15	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	752.85				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	752.85				
15	24400	REVISION OF HUMERUS	661.50				
15	24410	REVISION OF HUMERUS	661.50				
15	24420	REVISION OF HUMERUS	535.50				
15	24430	REPAIR OF HUMERUS	535.50				
15	24435	REPAIR HUMERUS WITH GRAFT	661.50				
15	24470	REVISION OF ELBOW JOINT	535.50				
15	24495	DECOMPRESSION OF FOREARM	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24498	REINFORCE HUMERUS	535.50				
15	24500	TREAT HUMERUS FRACTURE	349.65				
15	24505	TREAT HUMERUS FRACTURE	349.65				
15	24515	TREAT HUMERUS FRACTURE	661.50				
15	24516	TREAT HUMERUS FRACTURE	661.50				
15	24530	TREAT HUMERUS FRACTURE	349.65				
15	24535	TREAT HUMERUS FRACTURE	349.65				
15	24538	TREAT HUMERUS FRACTURE	468.30				
15	24545	TREAT HUMERUS FRACTURE	661.50				
15	24546	TREAT HUMERUS FRACTURE	752.85				
15	24560	TREAT HUMERUS FRACTURE	349.65				
15	24565	TREAT HUMERUS FRACTURE	468.30				
15	24566	TREAT HUMERUS FRACTURE	468.30				
15	24575	TREAT HUMERUS FRACTURE	535.50				
15	24576	TREAT HUMERUS FRACTURE	349.65				
15	24577	TREAT HUMERUS FRACTURE	349.65				
15	24579	TREAT HUMERUS FRACTURE	535.50				
15	24582	TREAT HUMERUS FRACTURE	468.30				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	661.50				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	752.85				
15	24600	TREAT ELBOW DISLOCATION	349.65				
15	24605	TREAT ELBOW DISLOCATION	468.30				
15	24615	TREAT ELBOW DISLOCATION	535.50				
15	24620	TREAT ELBOW FRACTURE	468.30				
15	24635	TREAT ELBOW FRACTURE	535.50				
15	24640	TRT RAD HEAD SUBLUX, CHILD W/O MANIP	349.65				
15	24655	TREAT RADIUS FRACTURE	349.65				
15	24665	TREAT RADIUS FRACTURE	661.50				
15	24666	TREAT RADIUS FRACTURE	661.50				
15	24670	TREAT ULNAR FRACTURE	349.65				
15	24675	TREAT ULNAR FRACTURE	349.65				
15	24685	TREAT ULNAR FRACTURE	535.50				
15	24800	FUSION OF ELBOW JOINT	661.50				
15	24802	FUSION/GRAFT OF ELBOW JOINT	752.85				
15	24925	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		X		
15	25000	INCISION OF TENDON SHEATH	535.50				
15	25020	DECOMPRESS FOREARM 1 SPACE	535.50				
15	25023	DECOMPRESS FOREARM 1 SPACE	535.50				
15	25024	DECOMPRESS FOREARM 2 SPACES	535.50				
15	25025	DECOMPRESS FORARM 2 SPACES	535.50				
15	25028	DRAINAGE OF FOREARM LESION	349.65				
15	25031	DRAINAGE OF FOREARM BURSA	468.30				
15	25035	TREAT FOREARM BONE LESION	468.30				
15	25040	EXPLORE/TREAT WRIST JOINT	752.85				
15	25066	BIOPSY FOREARM SOFT TISSUES	468.30				
15	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	468.30				
15	25075	REMOVE FOREARM LESION SUBCUT	468.30				
15	25076	REMOVE FOREARM LESION DEEP	535.50				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	535.50				
15	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	468.30				
15	25085	INCISION OF WRIST CAPSULE	535.50				
15	25100	BIOPSY OF WRIST JOINT	468.30				
15	25101	EXPLORE/TREAT WRIST JOINT	535.50				
15	25105	REMOVE WRIST JOINT LINING	661.50				
15	25107	REMOVE WRIST JOINT CARTILAGE	535.50				
15	25110	REMOVE WRIST TENDON LESION	535.50				
15	25111	REMOVE WRIST TENDON LESION	535.50				
15	25112	REREMOVE WRIST TENDON LESION	661.50				
15	25115	REMOVE WRIST/FOREARM LESION	661.50				
15	25116	REMOVE WRIST/FOREARM LESION	661.50				
15	25118	EXCISE WRIST TENDON SHEATH	468.30				
15	25119	PARTIAL REMOVAL OF ULNA	535.50				
15	25120	REMOVAL OF FOREARM LESION	535.50				
15	25125	REMOVE/GRAFT FOREARM LESION	535.50				
15	25126	REMOVE/GRAFT FOREARM LESION	535.50				
15	25130	REMOVAL OF WRIST LESION	535.50				
15	25135	REMOVE & GRAFT WRIST LESION	535.50				
15	25136	REMOVE & GRAFT WRIST LESION	535.50				
15	25145	REMOVE FOREARM BONE LESION	468.30				
15	25150	PARTIAL REMOVAL OF ULNA	468.30				
15	25151	PARTIAL REMOVAL OF RADIUS	468.30				
15	25210	REMOVAL OF WRIST BONE	535.50				
15	25215	REMOVAL OF WRIST BONES	661.50				
15	25230	PARTIAL REMOVAL OF RADIUS	661.50				
15	25240	PARTIAL REMOVAL OF ULNA	661.50				
15	25248	REMOVE FOREARM FOREIGN BODY	468.30				
15	25250	REMOVAL OF WRIST PROSTHESIS	349.65				
15	25251	REMOVAL OF WRIST PROSTHESIS	349.65				
15	25260	REPAIR FOREARM TENDON/MUSCLE	661.50				
15	25263	REPAIR FOREARM TENDON/MUSCLE	468.30				
15	25265	REPAIR FOREARM TENDON/MUSCLE	535.50				
15	25270	REPAIR FOREARM TENDON/MUSCLE	661.50				
15	25272	REPAIR FOREARM TENDON/MUSCLE	535.50				
15	25274	REPAIR FOREARM TENDON/MUSCLE	661.50				
15	25275	REPAIR FOREARM TENDON SHEATH	661.50				
15	25280	REVISE WRIST/FOREARM TENDON	661.50				
15	25290	INCISE WRIST/FOREARM TENDON	535.50				
15	25295	RELEASE WRIST/FOREARM TENDON	535.50				
15	25300	FUSION OF TENDONS AT WRIST	535.50				
15	25301	FUSION OF TENDONS AT WRIST	535.50				
15	25310	TRANSPLANT FOREARM TENDON	535.50				
15	25312	TRANSPLANT FOREARM TENDON	661.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	25315	REVISE PALSY HAND TENDON(S)	535.50				
15	25316	REVISE PALSY HAND TENDON(S)	535.50				
15	25320	REPAIR/REVISE WRIST JOINT	535.50				
15	25332	REVISE WRIST JOINT	752.85				
15	25335	REALIGNMENT OF HAND	535.50				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	752.85				
15	25350	REVISION OF RADIUS	535.50				
15	25355	REVISION OF RADIUS	535.50				
15	25360	REVISION OF ULNA	535.50				
15	25365	REVISE RADIUS & ULNA	535.50				
15	25370	REVISE RADIUS OR ULNA	535.50				
15	25375	REVISE RADIUS & ULNA	661.50				
15	25390	SHORTEN RADIUS OR ULNA	535.50				
15	25391	LENGTHEN RADIUS OR ULNA	661.50				
15	25392	SHORTEN RADIUS & ULNA	535.50				
15	25393	LENGTHEN RADIUS & ULNA	661.50				
15	25400	REPAIR RADIUS OR ULNA	535.50				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	661.50				
15	25415	REPAIR RADIUS & ULNA	535.50				
15	25420	REPAIR/GRAFT RADIUS & ULNA	661.50				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	535.50				
15	25426	REPAIR/GRAFT RADIUS & ULNA	661.50				
15	25431	REPAIR NONUNION CARPAL BONE	535.50				
15	25440	REPAIR/GRAFT WRIST BONE	661.50				
15	25441	RECONSTRUCT WRIST JOINT	752.85				
15	25442	RECONSTRUCT WRIST JOINT	752.85				
15	25443	RECONSTRUCT WRIST JOINT	752.85				
15	25444	RECONSTRUCT WRIST JOINT	752.85				
15	25445	RECONSTRUCT WRIST JOINT	752.85				
15	25446	WRIST REPLACEMENT	1,044.75				
15	25449	REMOVE WRIST JOINT IMPLANT	752.85				
15	25450	REVISION OF WRIST JOINT	535.50				
15	25455	REVISION OF WRIST JOINT	535.50				
15	25490	REINFORCE RADIUS	535.50				
15	25491	REINFORCE ULNA	535.50				
15	25492	REINFORCE RADIUS AND ULNA	535.50				
15	25505	TREAT FRACTURE OF RADIUS	349.65				
15	25515	TREAT FRACTURE OF RADIUS	535.50				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	349.65				
15	25525	TREAT FRACTURE OF RADIUS	661.50				
15	25526	TREAT FRACTURE OF RADIUS	752.85				
15	25535	TREAT FRACTURE OF ULNA	349.65				
15	25545	TREAT FRACTURE OF ULNA	535.50				
15	25565	TREAT FRACTURE RADIUS & ULNA	468.30				
15	25574	TREAT FRACTURE RADIUS & ULNA	535.50				
15	25575	TREAT FRACTURE RADIUS/ULNA	535.50				
15	25605	TREAT FRACTURE RADIUS/ULNA	535.50				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN: 1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	25606	TREAT FX DISTAL RADIAL	535.50				
15	25607	TREAT FX RAD EXTRA-ARTICUL	752.85				
15	25608	TREAT FX RAD INTRA-ARTICUL	752.85				
15	25609	TREAT FX RADIAL 3 + FRAG	752.85				
15	25624	TREAT WRIST BONE FRACTURE	468.30				
15	25628	TREAT WRIST BONE FRACTURE	535.50				
15	25635	TREAT WRIST BONE FRACTURE	349.65				
15	25645	TREAT WRIST BONE FRACTURE	535.50				
15	25651	PIN ULAR STYLOID FRACTURE	535.50				
15	25660	TREAT WRIST DISLOCATION	349.65				
15	25670	TREAT WRIST DISLOCATION	535.50				
15	25671	PIN RADIOULNAR DISLOCATION	349.65				
15	25675	TREAT WRIST DISLOCATION	349.65				
15	25676	TREAT WRIST DISLOCATION	468.30				
15	25680	TREAT WRIST FRACTURE	468.30				
15	25685	TREAT WRIST FRACTURE	535.50				
15	25690	TREAT WRIST DISLOCATION	349.65				
15	25695	TREAT WRIST DISLOCATION	468.30				
15	25800	FUSION OF WRIST JOINT	661.50				
15	25805	FUSION/GRAFT OF WRIST JOINT	752.85				
15	25810	FUSION/GRAFT OF WRIST JOINT	752.85				
15	25820	FUSION OF HAND BONES	661.50				
15	25825	FUSE HAND BONES WITH GRAFT	752.85				
15	25830	FUSION, RADIOULNAR JNT/ULNA	752.85				
15	25907	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	25922	AMPUTATE HAND AT WRIST	535.50				
15	25929	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP		X		
15	26011	DRAINAGE OF FINGER ABSCESS	349.65				
15	26020	DRAIN HAND TENDON SHEATH	468.30				
15	26025	DRAINAGE OF PALM BURSA	349.65				
15	26030	DRAINAGE OF PALM BURSA(S)	468.30				
15	26034	TREAT HAND BONE LESION	468.30				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	661.50				
15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	535.50				
15	26055	INCISE FINGER TENDON SHEATH	468.30				
15	26060	INCISION OF FINGER TENDON	468.30				
15	26070	EXPLORE/TREAT HAND JOINT	468.30				
15	26075	EXPLORE/TREAT FINGER JOINT	661.50				
15	26080	EXPLORE/TREAT FINGER JOINT	661.50				
15	26100	BIOPSY HAND JOINT LINING	468.30				
15	26105	BIOPSY FINGER JOINT LINING	349.65				
15	26110	BIOPSY FINGER JOINT LINING	349.65				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	468.30				
15	26113	EXCISION, TUMOR, SOFT TISSUE OR VASC	468.30				
15	26115	REMOVE HAND LESION SUBCUT	468.30				
15	26116	REMOVE HAND LESION, DEEP	468.30				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	535.50				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	468.30				
15	26121	RELEASE PALM CONTRACTURE	661.50				
15	26123	RELEASE PALM CONTRACTURE	661.50				
15	26125	RELEASE PALM CONTRACTURE	661.50				
15	26130	REMOVE WRIST JOINT LINING	535.50				
15	26135	REVISE FINGER JOINT, EACH	661.50				
15	26140	REVISE FINGER JOINT, EACH	468.30				
15	26145	TENDON EXCISION, PALM/FINGER	535.50				
15	26160	REMOVE TENDON SHEATH LESION	535.50				
15	26170	REMOVAL OF PALM TENDON, EACH	535.50				
15	26180	REMOVAL OF FINGER TENDON	535.50				
15	26185	REMOVE FINGER BONE	661.50				
15	26200	REMOVE HAND BONE LESION	468.30				
15	26205	REMOVE/GRAFT BONE LESION	535.50				
15	26210	REMOVAL OF FINGER LESION	468.30				
15	26215	REMOVE/GRAFT FINGER LESION	535.50				
15	26230	PARTIAL REMOVAL OF HAND BONE	1,044.75				
15	26235	PARTIAL REMOVAL, FINGER BONE	535.50				
15	26236	PARTIAL REMOVAL, FINGER BONE	535.50				
15	26250	EXTENSIVE HAND SURGERY	535.50				
15	26260	EXTENSIVE FINGER SURGERY	535.50				
15	26262	PARTIAL REMOVAL OF FINGER	468.30				
15	26320	REMOVAL OF IMPLANT FROM HAND	468.30				
15	26340	MANIPULATE FINGER WITH ANESTH	349.65				
15	26350	REPAIR OF FINGER TENDON	349.65				
15	26352	REPAIR OF FINGER TENDON WITH GRAFT	661.50				
15	26356	REPAIR OF FINGER TENDON	661.50				
15	26357	REPAIR OF FINGER TENDON	661.50				
15	26358	REPAIR OF FINGER TENDON WITH GRAFT	661.50				
15	26370	REPAIR FINGER/HAND TENDON	661.50				
15	26372	REPAIR/GRAFT HAND TENDON	661.50				
15	26373	REPAIR FINGER/HAND TENDON	535.50				
15	26390	REVISE HAND/FINGER TENDON	661.50				
15	26392	REPAIR/GRAFT HAND TENDON	535.50				
15	26410	REPAIR HAND TENDON	535.50				
15	26412	REPAIR/GRAFT HAND TENDON	535.50				
15	26415	EXCISION, HAND/FINGER TENDON	661.50				
15	26416	GRAFT HAND OR FINGER TENDON	535.50				
15	26418	REPAIR FINGER TENDON	661.50				
15	26420	REPAIR/GRAFT FINGER TENDON	661.50				
15	26426	REPAIR FINGER/HAND TENDON	535.50				
15	26428	REPAIR/GRAFT FINGER TENDON	535.50				
15	26432	REPAIR FINGER TENDON	535.50				
15	26433	REPAIR FINGER TENDON	535.50				
15	26434	REPAIR/GRAFT FINGER TENDON	535.50				
15	26437	REALIGNMENT OF TENDONS	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26440	RELEASE PALM/FINGER TENDON	535.50				
15	26442	RELEASE PALM & FINGER TENDON	535.50				
15	26445	RELEASE HAND/FINGER TENDON	535.50				
15	26449	RELEASE FOREARM/HAND TENDON	535.50				
15	26450	INCISION OF PALM TENDON	535.50				
15	26455	INCISION OF FINGER TENDON	535.50				
15	26460	INCISE HAND/FINGER TENDON	535.50				
15	26471	FUSION OF FINGER TENDONS	468.30				
15	26474	FUSION OF FINGER TENDONS	468.30				
15	26476	TENDON LENGTHENING	349.65				
15	26477	TENDON SHORTENING	349.65				
15	26478	LENGTHENING OF HAND TENDON	349.65				
15	26479	SHORTENING OF HAND TENDON	349.65				
15	26480	TRANSPLANT HAND TENDON	535.50				
15	26483	TRANSPLANT/GRAFT HAND TENDON	535.50				
15	26485	TRANSPLANT PALM TENDON	468.30				
15	26489	TRANSPLANT/GRAFT PALM TENDON	535.50				
15	26490	REVISE THUMB TENDON	535.50				
15	26492	TENDON TRANSFER WITH GRAFT	535.50				
15	26494	HAND TENDON/MUSCLE TRANSFER	535.50				
15	26496	REVISE THUMB TENDON	535.50				
15	26497	FINGER TENDON TRANSFER	535.50				
15	26498	FINGER TENDON TRANSFER	661.50				
15	26499	REVISION OF FINGER	535.50				
15	26500	HAND TENDON RECONSTRUCTION	661.50				
15	26502	HAND TENDON RECONSTRUCTION	661.50				
15	26508	RELEASE THUMB CONTRACTURE	535.50				
15	26510	THUMB TENDON TRANSFER	535.50				
15	26516	FUSION OF KNUCKLE JOINT	349.65				
15	26517	FUSION OF KNUCKLE JOINTS	535.50				
15	26518	FUSION OF KNUCKLE JOINTS	535.50				
15	26520	RELEASE KNUCKLE CONTRACTURE	535.50				
15	26525	RELEASE FINGER CONTRACTURE	535.50				
15	26530	REVISE KNUCKLE JOINT	535.50				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,044.75				
15	26535	REVISE FINGER JOINT	752.85				
15	26536	REVISE/IMPLANT FINGER JOINT	752.85				
15	26540	REPAIR HAND JOINT	661.50				
15	26541	REPAIR HAND JOINT WITH GRAFT	1,044.75				
15	26542	REPAIR HAND JOINT WITH GRAFT	661.50				
15	26545	RECONSTRUCT FINGER JOINT	661.50				
15	26546	REPAIR NONUNION HAND	661.50				
15	26548	RECONSTRUCT FINGER JOINT	661.50				
15	26550	CONSTRUCT THUMB REPLACEMENT	468.30				
15	26555	POSITIONAL CHANGE OF FINGER	535.50				
15	26560	REPAIR OF WEB FINGER	468.30				
15	26561	REPAIR OF WEB FINGER	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26562	REPAIR OF WEB FINGER	661.50				
15	26565	CORRECT METACARPAL FLAW	752.85				
15	26567	CORRECT FINGER DEFORMITY	752.85				
15	26568	LENGTHEN METACARPAL/FINGER	535.50				
15	26580	REPAIR HAND DEFORMITY	752.85				
15	26587	RECONSTRUCT EXTRA FINGER	752.85				
15	26590	REPAIR FINGER DEFORMITY	752.85				
15	26591	REPAIR MUSCLES OF HAND	535.50				
15	26593	RELEASE MUSCLES OF HAND	535.50				
15	26596	EXCISION CONSTRICTING TISSUE	468.30				
15	26605	TREAT METACARPAL FRACTURE	468.30				
15	26607	TREAT METACARPAL FRACTURE	468.30				
15	26608	TREAT METACARPAL FRACTURE	661.50				
15	26615	TREAT METACARPAL FRACTURE	661.50				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	349.65				
15	26645	TREAT THUMB FRACTURE	349.65				
15	26650	TREAT THUMB FRACTURE	468.30				
15	26665	TREAT THUMB FRACTURE	661.50				
15	26675	TREAT HAND DISLOCATION	468.30				
15	26676	PIN HAND DISLOCATION	468.30				
15	26685	TREAT HAND DISLOCATION	535.50				
15	26686	TREAT HAND DISLOCATION	535.50				
15	26705	TREAT KNUCKLE DISLOCATION	468.30				
15	26706	PIN KNUCKLE DISLOCATION	468.30				
15	26715	TREAT KNUCKLE DISLOCATION	661.50				
15	26727	TREAT FINGER FRACTURE, EACH	1,044.75				
15	26735	TREAT FINGER FRACTURE, EACH	661.50				
15	26742	TREAT FINGER FRACTURE, EACH	468.30				
15	26746	TREAT FINGER FRACTURE, EACH	752.85				
15	26756	PIN FINGER FRACTURE, EACH	468.30				
15	26765	TREAT FINGER FRACTURE, EACH	661.50				
15	26776	PIN FINGER DISLOCATION	468.30				
15	26785	TREAT FINGER DISLOCATION	468.30				
15	26820	THUMB FUSION WITH GRAFT	752.85				
15	26841	FUSION OF THUMB	661.50				
15	26842	THUMB FUSION WITH GRAFT	661.50				
15	26843	FUSION OF HAND JOINT	535.50				
15	26844	FUSION/GRAFT OF HAND JOINT	535.50				
15	26850	FUSION OF KNUCKLE	661.50				
15	26852	FUSION OF KNUCKLE WITH GRAFT	661.50				
15	26860	FUSION OF FINGER JOINT	535.50				
15	26861	FUSION OF FINGER JNT, ADD-ON	468.30				
15	26862	FUSION/GRAFT OF FINGER JOINT	661.50				
15	26863	FUSE/GRAFT ADDED JOINT	535.50				
15	26910	AMPUTATE METACARPAL BONE	535.50				
15	26951	AMPUTATION OF FINGER/THUMB	468.30				
15	26952	AMPUTATION OF FINGER/THUMB	661.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26989	MISC PROCEDURE HANDS OR FINGERS	MP		X		
15	26990	DRAINAGE OF PELVIS LESION	349.65				
15	26991	DRAINAGE OF PELVIS BURSA	349.65				
15	27000	INCISION OF HIP TENDON	468.30				
15	27001	INCISION OF HIP TENDON	535.50				
15	27003	INCISION OF HIP TENDON	535.50				
15	27033	EXPLORATION OF HIP JOINT	535.50				
15	27035	DENERVATION OF HIP JOINT	661.50				
15	27040	BIOPSY OF SOFT TISSUES	349.65				
15	27041	BIOPSY OF SOFT TISSUES	468.30				
15	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	468.30				
15	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	468.30				
15	27047	REMOVE HIP/PELVIS LESION	468.30				
15	27048	REMOVE HIP/PELVIS LESION	535.50				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	535.50				
15	27050	BIOPSY OF SACROILIAC JOINT	535.50				
15	27052	BIOPSY OF HIP JOINT	535.50				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				
15	27060	REMOVAL OF ISCHIAL BURSA	752.85				
15	27062	REMOVE FEMUR LESION/BURSA	752.85				
15	27065	REMOVAL OF HIP BONE LESION	752.85				
15	27066	REMOVAL OF HIP BONE LESION	752.85				
15	27067	REMOVE/GRAFT HIP BONE LESION	752.85				
15	27080	REMOVAL OF TAIL BONE	468.30				
15	27086	REMOVE HIP FOREIGN BODY	349.65				
15	27087	REMOVE HIP FOREIGN BODY	535.50				
15	27095	WITH ANES	349.65				
15	27097	REVISION OF HIP TENDON	535.50				
15	27098	TRANSFER TENDON TO PELVIS	535.50				
15	27100	TRANSFER OF ABDOMINAL MUSCLE	661.50				
15	27105	TRANSFER OF SPINAL MUSCLE	661.50				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE	661.50				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	661.50				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	349.65				
15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	468.30				
15	27202	TREAT TAIL BONE FRACTURE	468.30				
15	27230	TREAT THIGH FRACTURE	349.65				
15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	349.65				
15	27238	TREAT THIGH FRACTURE	349.65				
15	27246	TREAT THIGH FRACTURE	349.65				
15	27250	TREAT HIP DISLOCATION	349.65				
15	27252	TREAT HIP DISLOCATION	468.30				
15	27257	TREAT HIP DISLOCATION	535.50				
15	27265	TREAT HIP DISLOCATION	349.65				
15	27266	TREAT HIP DISLOCATION	468.30				
15	27275	MANIPULATION OF HIP JOINT	468.30				
15	27278	FUSION OF PELVIC JOINT INCLUDING JOI	752.85				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27279	ARTHRODESIS,SACROILIAC JOINT,PERCU	1,405.95				
15	27299	PELVIS/HIP JOINT SURGERY	MP		X		
15	27301	DRAIN THIGH/KNEE LESION	535.50				
15	27305	INCISE THIGH TENDON & FASCIA	468.30				
15	27306	INCISION OF THIGH TENDON	535.50				
15	27307	INCISION OF THIGH TENDONS	535.50				
15	27310	EXPLORATION OF KNEE JOINT	661.50				
15	27323	BIOPSY, THIGH SOFT TISSUES	349.65				
15	27324	BIOPSY, THIGH SOFT TISSUES	349.65				
15	27327	REMOVAL OF THIGH LESION	468.30				
15	27328	REMOVAL OF THIGH LESION	535.50				
15	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	661.50				
15	27330	BIOPSY, KNEE JOINT LINING	661.50				
15	27331	EXPLORE/TREAT KNEE JOINT	661.50				
15	27332	REMOVAL OF KNEE CARTILAGE	661.50				
15	27333	REMOVAL OF KNEE CARTILAGE	661.50				
15	27334	REMOVE KNEE JOINT LINING	661.50				
15	27335	REMOVE KNEE JOINT LINING	661.50				
15	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	468.30				
15	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	468.30				
15	27340	REMOVAL OF KNEECAP BURSA	535.50				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING	661.50				
15	27347	REMOVE KNEE CYST	661.50				
15	27350	REMOVAL OF KNEECAP	661.50				
15	27355	REMOVE FEMUR LESION	535.50				
15	27356	REMOVE FEMUR LESION/GRAFT	661.50				
15	27357	REMOVE FEMUR LESION/GRAFT	752.85				
15	27358	REMOVE FEMUR LESION/FIXATION	752.85				
15	27360	PARTIAL REMOVAL, LEG BONE(S)	752.85				
15	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				
15	27372	REMOVAL OF FOREIGN BODY	1,044.75				
15	27380	REPAIR OF KNEECAP TENDON	349.65				
15	27381	REPAIR/GRAFT KNEECAP TENDON	535.50				
15	27385	REPAIR OF THIGH MUSCLE	535.50				
15	27386	REPAIR/GRAFT OF THIGH MUSCLE	535.50				
15	27390	INCISION OF THIGH TENDON	349.65				
15	27391	INCISION OF THIGH TENDONS	468.30				
15	27392	INCISION OF THIGH TENDONS	535.50				
15	27393	LENGTHENING OF THIGH TENDON	468.30				
15	27394	LENGTHENING OF THIGH TENDONS	535.50				
15	27395	LENGTHENING OF THIGH TENDONS	535.50				
15	27396	TRANSPLANT OF THIGH TENDON	535.50				
15	27397	TRANSPLANTS OF THIGH TENDONS	535.50				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	535.50				
15	27403	REPAIR OF KNEE CARTILAGE	661.50				
15	27405	REPAIR OF KNEE LIGAMENT	661.50				
15	27407	REPAIR OF KNEE LIGAMENT	661.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27409	REPAIR OF KNEE LIGAMENTS	661.50				
15	27418	REPAIR DEGENERATED KNEECAP	535.50				
15	27420	REVISION OF UNSTABLE KNEECAP	535.50				
15	27422	REVISION OF UNSTABLE KNEECAP	1,044.75				
15	27424	REVISION/REMOVAL OF KNEECAP	535.50				
15	27425	LATERAL RETINACULAR RELEASE	1,044.75				
15	27427	RECONSTRUCTION, KNEE	535.50				
15	27428	RECONSTRUCTION, KNEE	661.50				
15	27429	RECONSTRUCTION, KNEE	661.50				
15	27430	REVISION OF THIGH MUSCLES	661.50				
15	27435	INCISION OF KNEE JOINT	661.50				
15	27437	REVISE KNEECAP	661.50				
15	27438	REVISE KNEECAP WITH IMPLANT	752.85				
15	27441	REVISION OF KNEE JOINT	752.85				
15	27442	REVISION OF KNEE JOINT	752.85				
15	27443	REVISION OF KNEE JOINT	752.85				
15	27496	DECOMPRESSION OF THIGH/KNEE	752.85				
15	27497	DECOMPRESSION OF THIGH/KNEE	535.50				
15	27498	DECOMPRESSION OF THIGH/KNEE	535.50				
15	27499	DECOMPRESSION OF THIGH/KNEE	535.50				
15	27500	TREATMENT OF THIGH FRACTURE	349.65				
15	27501	TREATMENT OF THIGH FRACTURE	468.30				
15	27502	TREATMENT OF THIGH FRACTURE	468.30				
15	27503	TREATMENT OF THIGH FRACTURE	535.50				
15	27508	TREATMENT OF THIGH FRACTURE	349.65				
15	27509	TREATMENT OF THIGH FRACTURE	535.50				
15	27510	TREATMENT OF THIGH FRACTURE	349.65				
15	27516	TREAT THIGH FX GROWTH PLATE	349.65				
15	27517	TREAT THIGH FX GROWTH PLATE	349.65				
15	27520	TREAT KNEECAP FRACTURE	349.65				
15	27530	TREAT KNEE FRACTURE	349.65				
15	27532	TREAT KNEE FRACTURE	349.65				
15	27538	TREAT KNEE FRACTURE(S)	349.65				
15	27550	TREAT KNEE DISLOCATION	349.65				
15	27552	TREAT KNEE DISLOCATION	349.65				
15	27560	TREAT KNEECAP DISLOCATION	349.65				
15	27562	TREAT KNEECAP DISLOCATION	349.65				
15	27566	TREAT KNEECAP DISLOCATION	468.30				
15	27570	FIXATION OF KNEE JOINT	349.65				
15	27594	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	27599	LEG SURGERY PROCEDURE	MP		X		
15	27600	DECOMPRESSION OF LOWER LEG	535.50				
15	27601	DECOMPRESSION OF LOWER LEG	535.50				
15	27602	DECOMPRESSION OF LOWER LEG	535.50				
15	27603	DRAIN LOWER LEG LESION	468.30				
15	27604	DRAIN LOWER LEG BURSA	468.30				
15	27605	INCISION OF ACHILLES TENDON	349.65				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27606	INCISION OF ACHILLES TENDON	349.65				
15	27607	TREAT LOWER LEG BONE LESION	468.30				
15	27610	EXPLORE/TREAT ANKLE JOINT	468.30				
15	27612	EXPLORATION OF ANKLE JOINT	535.50				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	468.30				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	535.50				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				
15	27618	REMOVE LOWER LEG LESION	468.30				
15	27619	REMOVE LOWER LEG LESION	535.50				
15	27620	EXPLORE/TREAT ANKLE JOINT	661.50				
15	27625	REMOVE ANKLE JOINT LINING	661.50				
15	27626	REMOVE ANKLE JOINT LINING	661.50				
15	27630	REMOVAL OF TENDON LESION	535.50				
15	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	468.30				
15	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	468.30				
15	27635	REMOVE LOWER LEG BONE LESION	535.50				
15	27637	REMOVE/GRAFT LEG BONE LESION	535.50				
15	27638	REMOVE/GRAFT LEG BONE LESION	535.50				
15	27640	PARTIAL REMOVAL OF TIBIA	468.30				
15	27641	PARTIAL REMOVAL OF FIBULA	468.30				
15	27647	EXTENSIVE ANKLE/HEEL SURGERY	535.50				
15	27650	REPAIR ACHILLES TENDON	535.50				
15	27652	REPAIR/GRAFT ACHILLES TENDON	535.50				
15	27654	REPAIR OF ACHILLES TENDON	535.50				
15	27656	REPAIR LEG FASCIA DEFECT	468.30				
15	27658	REPAIR OF LEG TENDON, EACH	349.65				
15	27659	REPAIR OF LEG TENDON, EACH	468.30				
15	27664	REPAIR OF LEG TENDON, EACH	468.30				
15	27665	REPAIR OF LEG TENDON, EACH	468.30				
15	27675	REPAIR LOWER LEG TENDONS	468.30				
15	27676	REPAIR LOWER LEG TENDONS	535.50				
15	27680	RELEASE OF LOWER LEG TENDON	535.50				
15	27681	RELEASE OF LOWER LEG TENDONS	468.30				
15	27685	REVISION OF LOWER LEG TENDON	535.50				
15	27686	REVISE LOWER LEG TENDONS	535.50				
15	27687	REVISION OF CALF TENDON	535.50				
15	27690	REVISE LOWER LEG TENDON	661.50				
15	27691	REVISE LOWER LEG TENDON	661.50				
15	27692	REVISE ADDITIONAL LEG TENDON	535.50				
15	27695	REPAIR OF ANKLE LIGAMENT	468.30				
15	27696	REPAIR OF ANKLE LIGAMENTS	468.30				
15	27698	REPAIR OF ANKLE LIGAMENT	468.30				
15	27700	REVISION OF ANKLE JOINT	752.85				
15	27704	REMOVAL OF ANKLE IMPLANT	468.30				
15	27705	INCISION OF TIBIA	468.30				
15	27707	INCISION OF FIBULA	468.30				
15	27709	INCISION OF TIBIA & FIBULA	468.30				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27720	REPAIR OF TIBIA	349.65				
15	27730	REPAIR OF TIBIA EPIPHYSIS	468.30				
15	27732	REPAIR OF FIBULA EPIPHYSIS	468.30				
15	27734	REPAIR LOWER LEG EPIPHYSES	468.30				
15	27740	REPAIR OF LEG EPIPHYSES	468.30				
15	27742	REPAIR OF LEG EPIPHYSES	468.30				
15	27750	TREATMENT OF TIBIA FRACTURE	349.65				
15	27752	TREATMENT OF TIBIA FRACTURE	349.65				
15	27756	TREATMENT OF TIBIA FRACTURE	535.50				
15	27758	TREATMENT OF TIBIA FRACTURE	661.50				
15	27759	TREATMENT OF TIBIA FRACTURE	661.50				
15	27760	CLTX MEDIAL ANKLE FX	349.65				
15	27762	CLTX MED ANKLE FX W/MNPJ	349.65				
15	27766	TREATMENT OF ANKLE FRACTURE	535.50				
15	27780	TREATMENT OF FIBULA FRACTURE	349.65				
15	27781	TREATMENT OF FIBULA FRACTURE	349.65				
15	27784	TREATMENT OF FIBULA FRACTURE	535.50				
15	27786	TREATMENT OF ANKLE FRACTURE	349.65				
15	27788	TREATMENT OF ANKLE FRACTURE	349.65				
15	27792	TREATMENT OF ANKLE FRACTURE	535.50				
15	27808	TREATMENT OF ANKLE FRACTURE	349.65				
15	27810	TREATMENT OF ANKLE FRACTURE	349.65				
15	27814	TREATMENT OF ANKLE FRACTURE	535.50				
15	27816	TREATMENT OF ANKLE FRACTURE	349.65				
15	27818	TREATMENT OF ANKLE FRACTURE	349.65				
15	27822	TREATMENT OF ANKLE FRACTURE	535.50				
15	27823	TREATMENT OF ANKLE FRACTURE	535.50				
15	27824	TREAT LOWER LEG FRACTURE	349.65				
15	27825	TREAT LOWER LEG FRACTURE	468.30				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	535.50				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	535.50				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	661.50				
15	27829	TREAT LOWER LEG JOINT	468.30				
15	27830	TREAT LOWER LEG DISLOCATION	349.65				
15	27831	TREAT LOWER LEG DISLOCATION	349.65				
15	27832	TREAT LOWER LEG DISLOCATION	468.30				
15	27840	TREAT ANKLE DISLOCATION	349.65				
15	27842	TREAT ANKLE DISLOCATION	349.65				
15	27846	TREAT ANKLE DISLOCATION	535.50				
15	27848	TREAT ANKLE DISLOCATION	535.50				
15	27860	FIXATION OF ANKLE JOINT	349.65				
15	27870	FUSION OF ANKLE JOINT	661.50				
15	27871	FUSION OF TIBIOFIBULAR JOINT	661.50				
15	27884	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	27889	AMPUTATION OF FOOT AT ANKLE	535.50				
15	27892	DECOMPRESSION OF LEG	535.50				
15	27893	DECOMPRESSION OF LEG	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27894	DECOMPRESSION OF LEG	535.50				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP		X		
15	28002	TREATMENT OF FOOT INFECTION	535.50				
15	28003	TREATMENT OF FOOT INFECTION	535.50				
15	28005	TREAT FOOT BONE LESION	535.50				
15	28008	INCISION OF FOOT FASCIA	535.50				
15	28011	INCISION OF TOE TENDONS	535.50				
15	28020	EXPLORATION OF FOOT JOINT	468.30				
15	28022	EXPLORATION OF FOOT JOINT	468.30				
15	28024	EXPLORATION OF TOE JOINT	468.30				
15	28035	DECOMPRESSION OF TIBIA NERVE	661.50				
15	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	349.65				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	468.30				
15	28043	EXCISION OF FOOT LESION	468.30				
15	28045	EXCISION OF FOOT LESION	535.50				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	535.50				
15	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	468.30				
15	28050	BIOPSY OF FOOT JOINT LINING	468.30				
15	28052	BIOPSY OF FOOT JOINT LINING	468.30				
15	28054	BIOPSY OF TOE JOINT LINING	468.30				
15	28060	PARTIAL REMOVAL, FOOT FASCIA	468.30				
15	28062	REMOVAL OF FOOT FASCIA	535.50				
15	28070	REMOVAL OF FOOT JOINT LINING	535.50				
15	28072	REMOVAL OF FOOT JOINT LINING	535.50				
15	28080	REMOVAL OF FOOT LESION	535.50				
15	28086	EXCISE FOOT TENDON SHEATH	468.30				
15	28088	EXCISE FOOT TENDON SHEATH	468.30				
15	28090	REMOVAL OF FOOT LESION	535.50				
15	28092	REMOVAL OF TOE LESIONS	535.50				
15	28100	REMOVAL OF ANKLE/HEEL LESION	468.30				
15	28102	REMOVE/GRAFT FOOT LESION	535.50				
15	28103	REMOVE/GRAFT FOOT LESION	535.50				
15	28104	REMOVAL OF FOOT LESION	468.30				
15	28106	REMOVE/GRAFT FOOT LESION	535.50				
15	28107	REMOVE/GRAFT FOOT LESION	535.50				
15	28108	REMOVAL OF TOE LESIONS	535.50				
15	28110	PART REMOVAL OF METATARSAL	535.50				
15	28111	PART REMOVAL OF METATARSAL	535.50				
15	28112	PART REMOVAL OF METATARSAL	535.50				
15	28113	PART REMOVAL OF METATARSAL	535.50				
15	28114	REMOVAL OF METATARSAL HEADS	535.50				
15	28116	REVISION OF FOOT	535.50				
15	28118	REMOVAL OF HEEL BONE	661.50				
15	28119	REMOVAL OF HEEL SPUR	661.50				
15	28120	PART REMOVAL OF ANKLE/HEEL	1,044.75				
15	28122	PARTIAL REMOVAL OF FOOT BONE	535.50				
15	28124	PARTIAL REMOVAL OF TOE	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	28126	PARTIAL REMOVAL OF TOE	535.50				
15	28130	REMOVAL OF ANKLE BONE	535.50				
15	28140	REMOVAL OF METATARSAL	535.50				
15	28150	REMOVAL OF TOE	535.50				
15	28153	PARTIAL REMOVAL OF TOE	535.50				
15	28160	PARTIAL REMOVAL OF TOE	535.50				
15	28171	EXTENSIVE FOOT SURGERY	535.50				
15	28173	EXTENSIVE FOOT SURGERY	535.50				
15	28175	EXTENSIVE FOOT SURGERY	535.50				
15	28190	REMOVAL OF FOOT FOREIGN BODY	349.65				
15	28192	REMOVAL OF FOOT FOREIGN BODY	468.30				
15	28193	REMOVAL OF FOOT FOREIGN BODY	661.50				
15	28200	REPAIR OF FOOT TENDON	535.50				
15	28202	REPAIR/GRAFT OF FOOT TENDON	535.50				
15	28208	REPAIR OF FOOT TENDON	535.50				
15	28210	REPAIR/GRAFT OF FOOT TENDON	535.50				
15	28222	RELEASE OF FOOT TENDONS	349.65				
15	28225	RELEASE OF FOOT TENDON	349.65				
15	28226	RELEASE OF FOOT TENDONS	349.65				
15	28230	INCISION OF FOOT TENDON (S)	349.65				
15	28232	INCISION OF TOE TENDON	468.30				
15	28234	INCISION OF FOOT TENDON	468.30				
15	28238	REVISION OF FOOT TENDON	535.50				
15	28240	RELEASE OF BIG TOE	468.30				
15	28250	REVISION OF FOOT FASCIA	535.50				
15	28260	RELEASE OF MIDFOOT JOINT	535.50				
15	28261	REVISION OF FOOT TENDON	535.50				
15	28262	REVISION OF FOOT AND ANKLE	661.50				
15	28264	RELEASE OF MIDFOOT JOINT	349.65				
15	28270	RELEASE OF FOOT CONTRACTURE	535.50				
15	28280	FUSION OF TOES	468.30				
15	28285	REPAIR OF HAMMERTOE	535.50				
15	28286	REPAIR OF HAMMERTOE	661.50				
15	28288	PARTIAL REMOVAL OF FOOT BONE	535.50				
15	28289	REPAIR HALLUX RIGIDUS	535.50				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	468.30				
15	28292	CORRECTION OF BUNION	468.30				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	535.50				
15	28296	CORRECTION OF BUNION	535.50				
15	28297	CORRECTION OF BUNION	535.50				
15	28298	CORRECTION OF BUNION	535.50				
15	28299	CORRECTION OF BUNION	752.85				
15	28300	INCISION OF HEEL BONE	468.30				
15	28302	INCISION OF ANKLE BONE	468.30				
15	28304	INCISION OF MIDFOOT BONES	468.30				
15	28305	INCISE/GRAFT MIDFOOT BONES	535.50				
15	28306	INCISION OF METATARSAL	661.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	28307	INCISION OF METATARSAL	661.50				
15	28308	INCISION OF METATARSAL	468.30				
15	28309	INCISION OF METATARSALS	661.50				
15	28310	REVISION OF BIG TOE	535.50				
15	28312	REVISION OF TOE	535.50				
15	28313	REPAIR DEFORMITY OF TOE	468.30				
15	28315	REMOVAL OF SESAMOID BONE	661.50				
15	28320	REPAIR OF FOOT BONES	661.50				
15	28322	REPAIR OF METATARSALS	661.50				
15	28340	RESECT ENLARGED TOE TISSUE	661.50				
15	28341	RESECT ENLARGED TOE	661.50				
15	28344	REPAIR EXTRA TOE(S)	661.50				
15	28345	REPAIR WEBBED TOE(S)	661.50				
15	28400	TREATMENT OF HEEL FRACTURE	349.65				
15	28405	TREATMENT OF HEEL FRACTURE	468.30				
15	28406	TREATMENT OF HEEL FRACTURE	468.30				
15	28415	TREAT HEEL FRACTURE	535.50				
15	28420	TREAT/GRAFT HEEL FRACTURE	661.50				
15	28435	TREATMENT OF ANKLE FRACTURE	468.30				
15	28436	TREATMENT OF ANKLE FRACTURE	468.30				
15	28445	TREAT ANKLE FRACTURE	535.50				
15	28456	TREAT MIDFOOT FRACTURE	468.30				
15	28465	TREAT MIDFOOT FRACTURE, EACH	535.50				
15	28476	TREAT METATARSAL FRACTURE	468.30				
15	28485	TREAT METATARSAL FRACTURE	661.50				
15	28496	TREAT BIG TOE FRACTURE	468.30				
15	28505	TREAT BIG TOE FRACTURE	535.50				
15	28525	TREAT TOE FRACTURE	535.50				
15	28531	TREAT SESAMOID BONE FRACTURE	535.50				
15	28545	TREAT FOOT DISLOCATION	349.65				
15	28546	TREAT FOOT DISLOCATION	468.30				
15	28555	REPAIR FOOT DISLOCATION	468.30				
15	28575	TREAT FOOT DISLOCATION	349.65				
15	28576	TREAT FOOT DISLOCATION	535.50				
15	28585	REPAIR FOOT DISLOCATION	535.50				
15	28600	TREAT FOOT DISLOCATION	349.65				
15	28605	TREAT FOOT DISLOCATION	349.65				
15	28606	TREAT FOOT DISLOCATION	468.30				
15	28615	REPAIR FOOT DISLOCATION	535.50				
15	28635	TREAT TOE DISLOCATION	349.65				
15	28636	TREAT TOE DISLOCATION	535.50				
15	28645	REPAIR TOE DISLOCATION	535.50				
15	28660	TREAT TOE DISLOCATION	349.65				
15	28665	TREAT TOE DISLOCATION	349.65				
15	28666	TREAT TOE DISLOCATION	535.50				
15	28675	REPAIR OF TOE DISLOCATION	535.50				
15	28705	FUSION OF FOOT BONES	661.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	28715	FUSION OF FOOT BONES	661.50				
15	28725	FUSION OF FOOT BONES	661.50				
15	28730	FUSION OF FOOT BONES	661.50				
15	28735	FUSION OF FOOT BONES	661.50				
15	28737	REVISION OF FOOT BONES	752.85				
15	28740	FUSION OF FOOT BONES	661.50				
15	28750	FUSION OF BIG TOE JOINT	661.50				
15	28755	FUSION OF BIG TOE JOINT	661.50				
15	28760	FUSION OF BIG TOE JOINT	661.50				
15	28810	AMPUTATION TOE & METATARSAL	468.30				
15	28820	AMPUTATION OF TOE	468.30				
15	28825	PARTIAL AMPUTATION OF TOE	468.30				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP		X		
15	29800	JAW ARTHROSCOPY/SURGERY	535.50				
15	29804	JAW ARTHROSCOPY/SURGERY	535.50				
15	29805	SHOULDER ARTHROSCOPY, DX	535.50				
15	29806	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29807	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29819	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	752.85				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	535.50				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	535.50				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	752.85				
15	29830	ELBOW ARTHROSCOPY	535.50				
15	29834	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29835	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29836	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29837	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29838	ELBOW ARTHROSCOPY/SURGERY	535.50				
15	29840	WRIST ARTHROSCOPY	535.50				
15	29843	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29844	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29845	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29846	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29847	WRIST ARTHROSCOPY/SURGERY	535.50				
15	29848	WRIST ENDOSCOPY/SURGERY	1,405.95				
15	29850	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29851	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	661.50				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	661.50				
15	29860	HIP ARTHROSCOPY, DX	661.50				
15	29861	HIP ARTHROSCOPY/SURGERY	661.50				
15	29862	HIP ARTHROSCOPY/SURGERY	1,405.95				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	29863	HIP ARTHROSCOPY/SURGERY	661.50				
15	29870	KNEE ARTHROSCOPY, DX	535.50				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	535.50				
15	29873	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29874	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29875	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29876	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29877	KNEE ARTHROSCOPY/SURGERY	661.50				
15	29879	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	661.50				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	661.50				
15	29882	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29883	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29884	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29885	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29886	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29887	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29888	KNEE ARTHROSCOPY/SURGERY	535.50				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	535.50				
15	29891	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29892	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,405.95				
15	29894	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29895	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29897	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29898	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29899	ANKLE ARTHROSCOPY/SURGERY	535.50				
15	29900	MCP JOINT ARTHROSCOPY, DX	535.50				
15	29901	MCP JOINT ARTHROSCOPY, SURG	535.50				
15	29902	MCP JOINT ARTHROSCOPY, SURG	535.50				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	661.50				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	661.50				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	661.50				
15	29999	ARTHROSCOPY OF JOINT	MP		X		
15	30000	DRAINAGE OF NOSE LESION	349.65				
15	30100	INTRANASAL BIOPSY	349.65				
15	30110	REMOVAL OF NOSE POLY(S)	349.65				
15	30115	REMOVAL OF NOSE POLYP(S)	468.30				
15	30117	REMOVAL OF INTRANASAL LESION	535.50				
15	30118	REMOVAL OF INTRANASAL LESION	535.50				
15	30120	REVISION OF NOSE	349.65				
15	30125	REMOVAL OF NOSE LESION	468.30				
15	30130	REMOVAL OF TURBINATE BONES	535.50				
15	30140	REMOVAL OF TURBINATE BONES	468.30				
15	30150	PARTIAL REMOVAL OF NOSE	535.50				
15	30160	REMOVAL OF NOSE	661.50				
15	30210	NASAL SINUS THERAPY	349.65				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	535.50				
15	30300	REMOVE NASAL FOREIGN BODY	349.65				
15	30310	REMOVE NASAL FOREIGN BODY	349.65				
15	30320	REMOVE NASAL FOREIGN BODY	468.30				
15	30400	RECONSTRUCTION OF NOSE	661.50				
15	30410	RECONSTRUCTION OF NOSE	752.85				
15	30420	RECONSTRUCTION OF NOSE	752.85				
15	30430	REVISION OF NOSE	535.50				
15	30435	REVISION OF NOSE	752.85				
15	30450	REVISION OF NOSE	1,044.75				
15	30460	REVISION OF NOSE	1,044.75				
15	30462	REVISION OF NOSE	1,405.95				
15	30465	REPAIR NASAL STENOSIS	1,405.95				
15	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	1,405.95				
15	30469	REPAIR OF COLLAPSED NASAL VALVE	1,405.95				
15	30520	REPAIR OF NASAL SEPTUM	661.50				
15	30540	REPAIR NASAL DEFECT	752.85				
15	30545	REPAIR NASAL DEFECT	752.85				
15	30560	RELEASE OF NASAL ADHESIONS	468.30				
15	30580	REPAIR UPPER JAW FISTULA	661.50				
15	30600	REPAIR MOUTH/NOSE FISTULA	661.50				
15	30620	INTRANASAL RECONSTRUCTION	1,044.75				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,044.75				
15	30801	CAUTERIZATION, INNER NOSE	349.65				
15	30802	CAUTERIZATION, INNER NOSE	349.65				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	349.65				
15	30903	CONTROL OF NOSEBLEED	349.65				
15	30905	CONTROL OF NOSEBLEED	349.65				
15	30906	REPEAT CONTROL OF NOSEBLEED	349.65				
15	30915	LIGATION, NASAL SINUS ARTERY	468.30				
15	30920	LIGATION, UPPER JAW ARTERY	535.50				
15	30930	THERAPY, FRACTURE OF NOSE	661.50				
15	30999	NASAL SURGERY PROCEDURE	MP		X		
15	31000	IRRIGATION MAXILLARY SINUS	349.65				
15	31002	IRRIGATION SPHENOID SINUS	349.65				
15	31020	EXPLORATION, MAXILLARY SINUS	468.30				
15	31030	EXPLORATION, MAXILLARY SINUS	535.50				
15	31032	EXPLORE SINUS,REMOVE POLYPS	661.50				
15	31050	EXPLORATION, SPHENOID SINUS	468.30				
15	31051	SPHENOID SINUS SURGERY	661.50				
15	31070	EXPLORATION OF FRONTAL SINUS	468.30				
15	31075	EXPLORATION OF FRONTAL SINUS	661.50				
15	31080	REMOVAL OF FRONTAL SINUS	661.50				
15	31081	REMOVAL OF FRONTAL SINUS	661.50				
15	31084	REMOVAL OF FRONTAL SINUS	661.50				
15	31085	REMOVAL OF FRONTAL SINUS	661.50				
15	31086	REMOVAL OF FRONTAL SINUS	661.50				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31087	REMOVAL OF FRONTAL SINUS	661.50				
15	31090	EXPLORATION OF SINUSES	752.85				
15	31200	REMOVAL OF ETHMOID SINUS	468.30				
15	31201	REMOVAL OF ETHMOID SINUS	752.85				
15	31205	REMOVAL OF ETHMOID SINUS	535.50				
15	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	468.30				
15	31233	NASAL/SINUS ENDOSCOPY, DX	468.30				
15	31235	NASAL/SINUS ENDOSCOPY, DX	349.65				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	468.30				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	349.65				
15	31239	NASAL/SINUS ENDOSCOPY, SURG	661.50				
15	31240	NASAL/SINUS ENDOSCOPY, SURG	468.30				
15	31242	DESTRUCTION OF NASAL NERVE BY HEAT U	535.50				
15	31243	DESTRUCTION OF NASAL NERVE BY HEAT U	535.50				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	535.50				
15	31254	REVISION OF ETHMOID SINUS	535.50				
15	31255	REMOVAL OF ETHMOID SINUS	752.85				
15	31256	EXPLORATION MAXILLARY SINUS	535.50				
15	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	535.50				
15	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	535.50				
15	31267	ENDOSCOPY, MAXILLARY SINUS	535.50				
15	31276	SINUS ENDOSCOPY, SURGICAL	535.50				
15	31287	NASAL/SINUS ENDOSCOPY, SURG	535.50				
15	31288	NASAL/SINUS ENDOSCOPY, SURG	535.50				
15	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	535.50				
15	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	535.50				
15	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	535.50				
15	31298	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	535.50				
15	31299	SINUS SURGERY PROCEDURE	MP		X		
15	31300	REMOVAL OF LARYNX LESION	752.85				
15	31400	REVISION OF LARYNX	468.30				
15	31420	REMOVAL OF EPIGLOTTIS	468.30				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	349.65				
15	31510	LARYNGOSCOPY WITH BIOPSY	468.30				
15	31511	REMOVE FOREIGN BODY, LARYNX	468.30				
15	31512	REMOVAL OF LARYNX LESION	468.30				
15	31513	INJECTION INTO VOCAL CORD	468.30				
15	31515	LARYNGOSCOPY FOR ASPIRATION	349.65				
15	31520	DIAGNOSTIC LARYNGOSCOPY	349.65				
15	31525	DIAGNOSTIC LARYNGOSCOPY	349.65				
15	31526	DIAGNOSTIC LARYNGOSCOPY	468.30				
15	31527	LARYNGOSCOPY FOR TREATMENT	349.65				
15	31528	LARYNGOSCOPY AND DILATION	468.30				
15	31529	LARYNGOSCOPY AND DILATION	468.30				
15	31530	OPERATIVE LARYNGOSCOPY	468.30				
15	31531	OPERATIVE LARYNGOSCOPY	535.50				
15	31535	OPERATIVE LARYNGOSCOPY	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31536	OPERATIVE LARYNGOSCOPY	535.50				
15	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	535.50				
15	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	661.50				
15	31545	REMOVE VC LESION W/SCOPE	661.50				
15	31546	REMOVE VC SCOPE/GRAFT	661.50				
15	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
15	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
15	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
15	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
15	31560	OPERATIVE LARYNGOSCOPY	752.85				
15	31561	OPERATIVE LARYNGOSCOPY	752.85				
15	31570	LARYNGOSCOPY WITH INJECTION	468.30				
15	31571	LARYNGOSCOPY WITH INJECTION	468.30				
15	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	468.30				
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	468.30				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	468.30				
15	31575	LARYNGOSCOPY,FIBERSCOPIC; DIAGNOSTI	468.30				
15	31576	LARYNGOSCOPY WITH BIOPSY	468.30				
15	31577	REMOVE FOREIGN BODY, LARYNX	468.30				
15	31578	REMOVAL OF LARYNX LESION	468.30				
15	31580	REVISION OF LARYNX	752.85				
15	31590	REINNERVATE LARYNX	752.85				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	752.85				
15	31592	CRICOTRACHEAL RESECTION	752.85				
15	31599	LARYNX SURGERY PROCEDURE	MP		X		
15	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	349.65	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	535.50				
15	31612	PUNCTURE/CLEAR WINDPIPE	349.65				
15	31613	REPAIR WINDPIPE OPENING	468.30				
15	31614	REPAIR WINDPIPE OPENING	468.30				
15	31615	VISUALIZATION OF WINDPIPE	349.65				
15	31622	DX BRONCHOSCOPE/WASH	349.65				
15	31623	DX BRONCHOSCOPE/BRUSH	468.30				
15	31624	DX BRONCHOSCOPE/LAVAGE	468.30				
15	31625	BRONCHOSCOPY WITH BIOPSY	468.30				
15	31628	BRONCHOSCOPY WITH BIOPSY	468.30				
15	31629	BRONCHOSCOPY WITH BIOPSY	468.30				
15	31630	BRONCHOSCOPY WITH REPAIR	468.30				
15	31631	BRONCHOSCOPY WITH DILATION	468.30				
15	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15	31635	REMOVE FOREIGN BODY, AIRWAY	468.30				
15	31636	BRONCHOSCOPY, BRONCH STENTS	468.30				
15	31637	BRONCHOSCOPY, STENT ADD-ON	349.65				
15	31638	BRONCHOSCOPY, REVISE STENT	468.30				
15	31640	BRONCHOSCOPY & REMOVE LESION	468.30				
15	31641	BRONCHOSCOPY, TREAT BLOCKAGE	468.30				
15	31643	DIAG BRONCHOSCOPE/CATHETER	468.30				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	349.65				
15	31646	BRONCHOSCOPY, RECLEAR AIRWAY	349.65				
15	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15	31717	BRONCHIAL BRUSH BIOPSY	349.65				
15	31720	CLEARANCE OF AIRWAYS	349.65				
15	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	349.65				
15	31750	REPAIR OF WINDPIPE	752.85				
15	31755	REPAIR OF WINDPIPE	468.30				
15	31820	CLOSURE OF WINDPIPE LESION	349.65				
15	31825	REPAIR OF WINDPIPE DEFECT	468.30				
15	31830	REVISE WINDPIPE SCAR	468.30				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		X		
15	32400	NEEDLE BIOPSY CHEST LINING	349.65				
15	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	349.65				
15	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	349.65				
15	32554	THORACENTESIS, NEEDLE OR CATHETER, A	349.65				
15	32555	THORACENTESIS, NEEDLE OR CATHETER, A	349.65				
15	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	349.65				
15	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	349.65				
15	32994	ABLATION THERAPY FOR REDUCTION OR ER	535.50				
15	32999	CHEST SURGERY PROCEDURE	MP		X		
15	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	349.65				
15	33212	INSERTION OF PACEMAKER PULSE GENERAT	535.50				
15	33222	RELOCATION OF PACEMAKER GENERATOR SK	468.30				
15	33223	RELOCATION OF PACING DEFIBRILLATOR D	468.30				
15	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	468.30				
15	33267	EXCLUSION OF APPENDAGE OF LEFT UPPER	661.50				
15	33269	EXCLUSION OF APPENDAGE OF LEFT UPPER	661.50				
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	468.30				
15	33273	REPOSITIONING OF PREVISOULY IMPLANTE	468.30				
15	33274	TRANSCATHETER INSERTION OR REPLACEME	468.30				
15	33275	TRANSCATHETER REMOVAL OF PERMANENT	468.30				
15	33276	INSERTION OF PHRENIC NERVE STIMULATO	468.30				
15	33277	INSERTION OF PHRENIC NERVE STIMULATO	468.30				
15	33278	REMOVAL OF PHRENIC NERVE STIMULATOR	468.30				
15	33279	REMOVAL OF PHRENIC NERVE STIMULATOR	468.30				
15	33280	REMOVAL OF PHRENIC NERVE STIMULATOR	468.30				
15	33281	REPOSITIONING OF PHRENIC NERVE STIMU	468.30				
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	1,405.95				
15	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	349.65				
15	33287	REMOVAL AND REPLACEMENT OF PHRENIC N	468.30				
15	33288	REMOVAL AND REPLACEMENT OF PHRENIC N	468.30				

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

COLUMN: 1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	33289	TRANSCATHETER IMPLANTATION OF WIRELE	468.30				
15	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	1,044.75				
15	33900	PLACEMENT OF STENT IN PULMONARY ARTE	1,405.95				
15	33901	PLACEMENT OF STENT IN PULMONARY ARTE	1,405.95				
15	33902	PLACEMENT OF STENT IN PULMONARY ARTE	1,405.95				
15	33903	PLACEMENT OF STENT IN PULMONARY ARTE	1,405.95				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION	661.50				
15	35190	REPAIR BLOOD VESSEL LESION	661.50				
15	35206	REPAIR BLOOD VESSEL LESION	661.50				
15	35207	REPAIR BLOOD VESSEL LESION	661.50				
15	35875	REMOVAL OF CLOT IN GRAFT	1,405.95				
15	35876	REMOVAL OF CLOT IN GRAFT	1,405.95				
15	36260	INSERTION OF INFUSION PUMP	535.50				
15	36261	REVISION OF INFUSION PUMP	468.30				
15	36262	REMOVAL OF INFUSION PUMP	349.65				
15	36299	UNLISTED VASCULAR INJECTION	MP		X		
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	468.30				
15	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	468.30				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	535.50				
15	36475	ENDOVENOUS RF, 1ST VEIN	535.50				
15	36476	ENDOVENOUS RF, VEIN ADD-ON	535.50				
15	36478	ENDOVENOUS LASER, 1ST VEIN	535.50				
15	36479	ENDOVENOUS LASER VEIN ADDON	535.50				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	535.50				
15	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,405.95				
15	36555	INSERT NON-TUNNEL CV CATH	349.65				
15	36556	INSERT NON-TUNNEL CV CATH	349.65				
15	36557	INSERT TUNNELED CV CATH	468.30				
15	36558	INSERT TUNNELED CV CATH	468.30				
15	36560	INSERT TUNNELED CV CATH	535.50				
15	36561	INSERT TUNNELED CV CATH	535.50				
15	36563	INSERT TUNNELED CV CATH	535.50				
15	36565	INSERT TUNNELED CV CATH	535.50				
15	36566	INSERT TUNNELED CV CATH	535.50				
15	36568	INSERT PERIPHERALLY CV CATH	349.65				
15	36569	INSERT PERIPHERALLY CV CATH	349.65				
15	36570	INSERT PERIPHERALLY CV CATH	535.50				
15	36571	INSERT PERIPHERALLY CV CATH	535.50				
15	36572	INSERTION OF PERIPHERALLY INSERTED	535.50	00 04			
15	36573	INSERTION OF PERIPHERALLY INSERTED	535.50	05 99			
15	36575	REPAIR TUNNELED/NON-TUNNELED	468.30				
15	36576	REPAIR CV ACCESS	468.30				
15	36578	REPLACE CV ACCESS	468.30				
15	36580	REPLACE COMPLETE non-tunnel	349.65				
15	36581	REPLACE COMPLETE tunneled	468.30				
15	36582	REPLACE COMPLETE tunneled	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	36583	REPLACE COMPLETE tunneled	535.50				
15	36584	REPLACE COMPLETE peripherally	349.65				
15	36585	REPLACE COMPLETE peripherally	535.50				
15	36589	REMOVE TUNNELED CV CATH	349.65				
15	36590	REMOVE TUNNELED CV ACCESS	349.65				
15	36640	INSERTION CATHETER, ARTERY	349.65				
15	36800	INSERTION OF CANNULA	535.50				
15	36810	INSERTION OF CANNULA	535.50				
15	36815	INSERTION OF CANNULA	535.50				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	535.50				
15	36819	AV FUSION/UPPR ARM VEIN	535.50				
15	36820	AV FUSION/FOREARM VEIN	535.50				
15	36821	AV FUSION DIRECT ANY SITE	535.50				
15	36825	ARTERY-VEIN GRAFT	661.50				
15	36830	ARTERY-VEIN GRAFT	661.50				
15	36831	OPEN THROMBECT AV FISTULA	1,405.95				
15	36832	AV FISTULA REVISION, OPEN	661.50				
15	36833	AV FISTULA REVISION	661.50				
15	36835	ARTERY TO VEIN SHUNT	661.50				
15	36836	CREATION OF OPENING BETWEEN ARTERY A	1,405.95				
15	36837	CREATION OF OPENING BETWEEN ARTERY A	1,405.95				
15	36860	EXTERNAL CANNULA DECLOTTING	468.30				
15	36861	CANNULA DECLOTTING	535.50				
15	36901	INTRODUCTION OF NEEDLE(S) AND/OR	535.50				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR	661.50				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	661.50				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	752.85				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	752.85				
15	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	752.85				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	661.50				
15	37200	TRANSCATHETER BIOPSY	661.50				
15	37220	REVASCULARIZATION, ENDOVASCULAR, OPE	349.65				
15	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	349.65				
15	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	349.65				
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	349.65				
15	37246	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	349.65				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	349.65				
15	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	535.50				
15	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDUR	MP		X		
15	37607	LIGATION OF A-V FISTULA	535.50				
15	37609	TEMPORAL ARTERY PROCEDURE	468.30				
15	37650	REVISION OF MAJOR VEIN	468.30				
15	37700	REVISE LEG VEIN	468.30				
15	37718	LIGATE/STRIP SHORT LEG VEIN	535.50				
15	37722	LIGATE/STRIP LONG LEG VIEW	535.50				
15	37735	REMOVAL OF LEG VEINS/LESION	535.50				
15	37760	REVISION OF LEG VEINS	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	535.50				
15	37780	REVISION OF LEG VEIN	535.50				
15	37785	REVISE SECONDARY VARICOSITY	535.50				
15	37790	PENILE VENOUS OCCLUSION	535.50				
15	37799	VASCULAR SURGERY PROCEDURE	MP		X		
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		X		
15	38205	HARVEST ALLOGENIC STEM CELLS	1,405.95				
15	38206	HARVEST AUTO STEM CELLS	1,405.95				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	349.65				
15	38300	DRAINAGE, LYMPH NODE LESION	349.65				
15	38305	DRAINAGE, LYMPH NODE LESION	468.30				
15	38308	INCISION OF LYMPH CHANNELS	468.30				
15	38500	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38505	NEEDLE BIOPSY, LYMPH NODES	349.65				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38520	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	468.30				
15	38542	EXPLORE DEEP NODE(S), NECK	468.30				
15	38550	REMOVAL, NECK/ARMPIT LESION	535.50				
15	38555	REMOVAL, NECK/ARMPIT LESION	661.50				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,405.95				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,405.95				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,405.95				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,405.95				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		X		
15	38700	REMOVAL OF LYMPH NODES, NECK	535.50				
15	38740	REMOVE ARMPIT LYMPH NODES	468.30				
15	38745	REMOVE ARMPIT LYMPH NODES	661.50				
15	38760	REMOVE GROIN LYMPH NODES	468.30				
15	38999	BLOOD/LYMPH SYSTEM PROCEDURE	MP		X		
15	40490	BIOPSY OF LIP	349.65				
15	40500	PARTIAL EXCISION OF LIP	468.30				
15	40510	PARTIAL EXCISION OF LIP	468.30				
15	40520	PARTIAL EXCISION OF LIP	468.30				
15	40525	RECONSTRUCT LIP WITH FLAP	468.30				
15	40527	RECONSTRUCT LIP WITH FLAP	468.30				
15	40530	PARTIAL REMOVAL OF LIP	468.30				
15	40650	REPAIR LIP	535.50				
15	40652	REPAIR LIP	535.50				
15	40654	REPAIR LIP	535.50				
15	40700	REPAIR CLEFT LIP/NASAL	1,044.75				
15	40701	REPAIR CLEFT LIP/NASAL	1,044.75				
15	40702	REPAIR CLEFT LIP	1,044.75				
15	40720	REPAIR CLEFT LIP/NASAL	1,044.75				
15	40761	REPAIR CLEFT LIP/NASAL	535.50				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	40799	LIP SURGERY PROCEDURE	MP		X		
15	40800	DRAINAGE OF MOUTH LESION	349.65				
15	40801	DRAINAGE OF MOUTH LESION	468.30				
15	40804	REMOVAL FOREIGN BODY, MOUTH	349.65				
15	40806	INCISION OF LIP FOLD	349.65				
15	40808	BIOPSY OF MOUTH LESION	349.65				
15	40810	EXCISION OF MOUTH LESION	349.65				
15	40812	EXCISE/REPAIR MOUTH LESION	468.30				
15	40814	EXCISE/REPAIR MOUTH LESION	468.30				
15	40816	EXCISION OF MOUTH LESION	468.30				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	349.65				
15	40819	EXCISE LIP OR CHEEK FOLD	349.65				
15	40820	TREATMENT OF MOUTH LESION	349.65				
15	40830	REPAIR MOUTH LACERATION	349.65				
15	40831	REPAIR MOUTH LACERATION	349.65				
15	40840	RECONSTRUCTION OF MOUTH	468.30				
15	40842	RECONSTRUCTION OF MOUTH	535.50				
15	40843	RECONSTRUCTION OF MOUTH	535.50				
15	40844	RECONSTRUCTION OF MOUTH	752.85				
15	40845	RECONSTRUCTION OF MOUTH	752.85				
15	40899	MOUTH SURGERY PROCEDURE	MP		X		
15	41005	DRAINAGE OF MOUTH LESION	349.65				
15	41006	DRAINAGE OF MOUTH LESION	349.65				
15	41007	DRAINAGE OF MOUTH LESION	349.65				
15	41008	DRAINAGE OF MOUTH LESION	349.65				
15	41009	DRAINAGE OF MOUTH LESION	349.65				
15	41010	INCISION OF TONGUE FOLD	349.65				
15	41015	DRAINAGE OF MOUTH LESION	349.65				
15	41016	DRAINAGE OF MOUTH LESION	349.65				
15	41017	DRAINAGE OF MOUTH LESION	349.65				
15	41018	DRAINAGE OF MOUTH LESION	349.65				
15	41100	BIOPSY OF TONGUE	349.65				
15	41108	BIOPSY OF FLOOR OF MOUTH	349.65				
15	41112	EXCISION OF TONGUE LESION	468.30				
15	41113	EXCISION OF TONGUE LESION	468.30				
15	41114	EXCISION OF TONGUE LESION	468.30				
15	41115	EXCISION OF TONGUE FOLD	349.65				
15	41116	EXCISION OF MOUTH LESION	349.65				
15	41120	PARTIAL REMOVAL OF TONGUE	752.85				
15	41250	REPAIR TONGUE LACERATION	468.30				
15	41251	REPAIR TONGUE LACERATION	468.30				
15	41252	REPAIR TONGUE LACERATION	468.30				
15	41510	TONGUE TO LIP SURGERY	349.65				
15	41520	RECONSTRUCTION, TONGUE FOLD	468.30				
15	41599	TONGUE AND MOUTH SURGERY	MP		X		
15	41800	DRAINAGE OF GUM LESION	349.65				
15	41820	GINGVECTOMY,EXC.CING, EACH QUADRANT	349.65				

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

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	41821	EXCISION OF GUM FLAP	349.65				
15	41822	EXCISION OF GUM LESION	349.65				
15	41823	EXCISION OF GUM LESION	349.65				
15	41826	EXCSION OF GUM LESION	349.65				
15	41827	EXCISION OF GUM LESION	468.30				
15	41870	GUM GRAFT	349.65				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	349.65				
15	41899	GUM SURGERY PROCEDURE	752.85				
15	42000	DRAINAGE MOUTH ROOF LESION	468.30				
15	42100	BIOPSY ROOF OF MOUTH	349.65				
15	42104	EXCISION LESION, MOUTH ROOF	349.65				
15	42106	EXCISION LESION, MOUTH ROOF	349.65				
15	42107	EXCISION LESION, MOUTH ROOF	468.30				
15	42120	REMOVE PALATE/LESION	661.50				
15	42140	EXCISION OF UVULA	468.30				
15	42145	REPAIR PALATE, PHARYNX/UVULA	752.85				
15	42160	TREATMENT MOUTH ROOF LESION	349.65				
15	42180	REPAIR PALATE	349.65				
15	42182	REPAIR PALATE	468.30				
15	42200	RECONSTRUCT CLEFT PALATE	752.85				
15	42205	RECONSTRUCT CLEFT PALATE	752.85				
15	42210	RECONSTRUCT CLEFT PALATE	752.85				
15	42215	RECONSTRUCT CLEFT PALATE	1,044.75				
15	42220	RECONSTRUCT CLEFT PALATE	752.85				
15	42226	LENGTHENING OF PALATE	752.85				
15	42235	REPAIR PALATE	752.85				
15	42260	REPAIR NOSE TO LIP FISTULA	661.50				
15	42299	PALATE/UVULA SURGERY	MP		X		
15	42300	DRAINAGE OF SALIVARY GLAND	349.65				
15	42305	DRAINAGE OF SALIVARY GLAND	468.30				
15	42310	DRAINAGE OF SALIVARY GLAND	349.65				
15	42320	DRAINAGE OF SALIVARY GLAND	349.65				
15	42340	REMOVAL OF SALIVARY STONE	468.30				
15	42405	BIOPSY OF SALIVARY GLAND	468.30				
15	42408	EXCISION OF SALIVARY CYST	535.50				
15	42409	DRAINAGE OF SALIVARY CYST	535.50				
15	42410	EXCISE PAROTID GLAND/LESION	535.50				
15	42415	EXCISE PAROTID GLAND/LESION	1,044.75				
15	42420	EXCISE PAROTID GLAND/LESION	1,044.75				
15	42425	EXCISE PAROTID GLAND/LESION	1,044.75				
15	42440	EXCISE SUBMAXILLARY GLAND	535.50				
15	42450	EXCISE SUBLINGUAL GLAND	468.30				
15	42500	REPAIR SALIVARY DUCT	535.50				
15	42505	REPAIR SALIVARY DUCT	661.50				
15	42507	PAROTID DUCT DIVERSION	535.50				
15	42509	PAROTID DUCT DIVERSION	661.50				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF M	661.50				

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

COLUMN: 1	2	3	4	5 AGE		6	7	8
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	SEX	X-OVERS
15	42600	CLOSURE OF SALIVARY FISTULA	349.65					
15	42650	DILATION OF SALIVARY DUCT	349.65					
15	42665	LIGATION OF SALIVARY DUCT	1,044.75					
15	42699	SALIVARY SURGERY PROCEDURE	MP			X		
15	42700	DRAINAGE OF TONSIL ABSCESS	349.65					
15	42720	DRAINAGE OF THROAT ABSCESS	349.65					
15	42725	DRAINAGE OF THROAT ABSCESS	468.30					
15	42800	BIOPSY OF THROAT	349.65					
15	42804	BIOPSY OF UPPER NOSE/THROAT	349.65					
15	42806	BIOPSY OF UPPER NOSE/THROAT	468.30					
15	42808	EXCISE PHARYNX LESION	468.30					
15	42810	EXCISION OF NECK CYST	535.50					
15	42815	EXCISION OF NECK CYST	752.85					
15	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	535.50	00	11			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	752.85	12	99			
15	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	661.50	00	11			
15	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	661.50	12	99			
15	42830	ADENOIDECTOMY,PRIMARY;<12	661.50	00	11			
15	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	661.50	12	99			
15	42835	ADENOIDECTOMY,SECONDARY;<12	661.50	00	11			
15	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	661.50	12	99			
15	42860	EXCISION OF TONSIL TAGS	535.50					
15	42870	EXCISION OF LINGUAL TONSIL	535.50					
15	42890	PARTIAL REMOVAL OF PHARYNX	1,044.75					
15	42892	REVISION OF PHARYNGEAL WALLS	1,044.75					
15	42900	REPAIR THROAT WOUND	349.65					
15	42950	RECONSTRUCTION OF THROAT	468.30					
15	42955	SURGICAL OPENING OF THROAT	468.30					
15	42960	CONTROL THROAT BLEEDING	349.65					
15	42962	CONTROL THROAT BLEEDING	468.30					
15	42970	CONTROL NOSE/THROAT BLEEDING	468.30					
15	42972	CONTROL NOSE/THROAT BLEEDING	535.50					
15	42999	THROAT SURGERY PROCEDURE	MP			X		
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	349.65					
15	43191	Diagnostic examination of esophagus	349.65					
15	43192	Injections of substance in tissue li	349.65					
15	43193	Biopsy of esophagus using an endosco	349.65					
15	43194	Removal of foreign body of esophagus	349.65					
15	43195	Balloon dilation of esophagus using	349.65					
15	43196	Insertion of wire and dilation of es	349.65					
15	43197	Diagnostic examination of esophagus	349.65					
15	43198	Biopsy of esophagus using an endosco	349.65					
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	349.65					
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	349.65					
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	349.65					
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	349.65					
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	349.65					

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	349.65		X		
15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	468.30				
15	43211	Removal of tissue lining of esophagu	349.65				
15	43212	Placement of stent on esophagus usin	349.65				
15	43213	Dilation of esophagus using an endos	349.65				
15	43214	Balloon dilation of esophagus using	349.65				
15	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	349.65				
15	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	349.65				
15	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	349.65				
15	43220	BALLOON DILATION OF ESOPHAGUS USING	349.65				
15	43226	INSERTION OF GUIDE WIRE FOR DILATION	349.65				
15	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	468.30				
15	43229	Destruction of growths of esophagus	349.65				
15	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	468.30				
15	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	468.30				
15	43233	Balloon dilation of esophagus, stoma	468.30				
15	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	349.65				
15	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	468.30				
15	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	468.30				
15	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	468.30				
15	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	468.30				
15	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	468.30				
15	43241	INSERTION OF CATHETER OR TUBE IN ESO	468.30				
15	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	468.30				
15	43243	INJECTION OF DILATED VEINS OF STOMAC	468.30				
15	43244	TYING OF DILATED VEINS OF STOMACH AN	468.30				
15	43245	DILATION OF STOMACH OUTLET USING AN	468.30				
15	43246	INSERTION OF STOMACH TUBE USING AN E	468.30				
15	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	468.30				
15	43248	INSERTION OF GUIDE WIRE WITH DILATIO	468.30				
15	43249	BALLOON DILATION OF ESOPHAGUS USING	468.30				
15	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	468.30				
15	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	468.30				
15	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	468.30		X		
15	43253	Injection of diagnostic or therapeut	468.30				
15	43254	Removal of tissue lining of esophagu	468.30				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	468.30				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	535.50				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	535.50				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	468.30				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	468.30				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	468.30				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	468.30				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	468.30				
15	43266	Placement of stent in esophagus, sto	468.30				
15	43270	Destruction of growths on esophagus,	468.30				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	43274	Placement of stent pancreatic or bil	468.30				
15	43275	Removal of foreign body or stent fro	468.30				
15	43276	Replacement of stent pancreatic or b	468.30				
15	43277	Balloon dilation of pancreatic or bi	468.30				
15	43278	Destruction of mass on gallbladder,	468.30				
15	43280	LAPAROSCOPY, FUNDOPLASTY	661.50				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	661.50				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	661.50				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	661.50				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	535.50				
15	43450	DILATE ESOPHAGUS	349.65				
15	43453	DILATE ESOPHAGUS	349.65				
15	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	661.50				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43653	LAPAROSCOPY, GASTROSTOMY	1,405.95				
15	43659	LAPAROSCOPE PROC,STOM	MP		X		
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	349.65				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	349.65				
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	349.65				
15	43830	SURGICAL OPENING OF STOMACH	468.30				
15	43870	REPAIR STOMACH OPENING	349.65				
15	43999	STOMACH SURGERY PROCEDURE	MP		X		
15	44100	BIOPSY OF BOWEL	349.65				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		X		
15	44312	REVISION OF ILEOSTOMY	349.65				
15	44340	REVISION OF COLOSTOMY	535.50				
15	44360	SMALL BOWEL ENDOSCOPY	468.30				
15	44361	SMALL BOWEL ENDOSCOPY/BIOPSY	468.30				
15	44363	SMALL BOWEL ENDOSCOPY	468.30				
15	44364	SMALL BOWEL ENDOSCOPY	468.30				
15	44365	SMALL BOWEL ENDOSCOPY	468.30				
15	44366	SMALL BOWEL ENDOSCOPY	468.30				
15	44369	SMALL BOWEL ENDOSCOPY	468.30				
15	44370	SMALL BOWEL ENDOSCOPY/STENT	1,405.95				
15	44372	SMALL BOWEL ENDOSCOPY	468.30				
15	44373	SMALL BOWEL ENDOSCOPY	468.30				
15	44376	SMALL BOWEL ENDOSCOPY	468.30				
15	44377	SMALL BOWEL ENDOSCOPY/BIOPSY	468.30				
15	44378	SMALL BOWEL ENDOSCOPY	468.30				
15	44379	S BOWEL ENDOSCOPE W/STENT	1,405.95				
15	44380	SMALL BOWEL ENDOSCOPY	349.65				
15	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	349.65				
15	44382	SMALL BOWEL ENDOSCOPY	349.65				
15	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	1,405.95				
15	44385	ENDOSCOPY OF BOWEL POUCH	349.65				
15	44386	ENDOSCOPY, BOWEL POUCH/BIOP	349.65				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	44388	COLON ENDOSCOPY	349.65				
15	44389	COLONOSCOPY WITH BIOPSY	349.65				
15	44390	COLONOSCOPY FOR FOREIGN BODY	349.65				
15	44391	COLONOSCOPY FOR BLEEDING	349.65				
15	44392	COLONOSCOPY & POLYPECTOMY	349.65				
15	44394	COLONOSCOPY W/SNARE	349.65				
15	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	349.65				
15	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	349.65				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	349.65				
15	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	349.65				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	349.65				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	349.65				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	349.65				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	349.65				
15	44799	INTESTINE SURGERY PROCEDURE	MP		X		
15	44950	APPENDECTOMY	1,405.95		X		
15	44970	LAPAROSCOPY, APPENDECTOMY	752.85		X		
15	44979	LAPAROSCOPE PROC, APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	349.65				
15	45005	DRAINAGE OF RECTAL ABSCESS	468.30				
15	45020	DRAINAGE OF RECTAL ABSCESS	468.30				
15	45100	BIOPSY OF RECTUM	349.65				
15	45108	REMOVAL OF ANORECTAL LESION	468.30				
15	45150	EXCISION OF RECTAL STRICTURE	468.30				
15	45160	EXCISION OF RECTAL LESION	468.30				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	468.30				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	468.30				
15	45190	DESTRUCTION, RECTAL TUMOR	1,405.95				
15	45300	PROCTOSIGMOIDSCOPY, DIAGNOSTICA	349.65				
15	45305	PROTOSIGMOIDOSCOPY W/BX	349.65				
15	45307	PROTOSIGMOIDOSCOPY FB	349.65				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45317	PROTOSIGMOIDOSCOPY BLEED	349.65				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	349.65				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	349.65				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	349.65				
15	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN	349.65				
15	45331	SIGMOIDOSCOPY AND BIOPSY	349.65				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	349.65				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	349.65				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	349.65				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	349.65				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	349.65				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	349.65				
15	45340	SIG W/BALLOON DILATION	349.65				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	349.65				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	349.65				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	349.65				
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	349.65				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	349.65				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	349.65				
15	45378	DIAGNOSTIC COLONOSCOPY	468.30				
15	45379	COLONOSCOPY W/FB REMOVAL	468.30				
15	45380	COLONOSCOPY AND BIOPSY	468.30				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	468.30				
15	45382	COLONOSCOPY/CONTROL BLEEDING	468.30				
15	45384	LESION REMOVE COLONOSCOPY	468.30				
15	45385	LESION REMOVAL COLONOSCOPY	468.30				
15	45386	COLONOSCOPE DILATE STRICTURE	468.30				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	349.65				
15	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	349.65				
15	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	349.65				
15	45391	COLONOSCOPY W/ENDOSCOPE US	468.30				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	468.30				
15	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	349.65				
15	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	349.65				
15	45499	LAPAROSCOPE PROC, RECTUM	MP		X		
15	45500	REPAIR OF RECTUM	468.30				
15	45505	REPAIR OF RECTUM	468.30				
15	45560	REPAIR OF RECTOCELE	468.30				
15	45900	REDUCTION OF RECTAL PROLAPSE	349.65				
15	45905	DILATION OF ANAL SPHINCTER	349.65				
15	45910	DILATION OF RECTAL NARROWING	349.65				
15	45915	REMOVE RECTAL OBSTRUCTION	349.65				
15	45990	SURG DX EXAM, ANORECTAL	468.30		X		
15	45999	RECTUM SURGERY PROCEDURE	MP		X		
15	46020	PLACEMENT OF SETON	535.50				
15	46030	REMOVAL OF RECTAL MARKER	349.65				
15	46040	INCISION OF RECTAL ABSCESS	535.50				
15	46045	INCISION OF RECTAL ABSCESS	468.30				
15	46050	INCISION OF ANAL ABSCESS	349.65				
15	46060	INCISION OF RECTAL ABSCESS	468.30				
15	46080	INCISION OF ANAL SPHINCTER	535.50				
15	46083	EXC EXT. THROMBOSED HEMORRHOID	349.65				
15	46200	REMOVAL OF ANAL FISSURE	468.30				
15	46220	REMOVAL OF ANAL TAB	349.65				
15	46230	REMOVAL OF ANAL TABS	349.65				
15	46250	HEMORRHOIDECTOMY	535.50				
15	46255	HEMORRHOIDECTOMY	535.50				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	535.50				
15	46258	REMOVE HEMORRHOIDS & FISTULA	535.50				
15	46260	HEMORRHOIDECTOMY	535.50				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN: 1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	661.50				
15	46262	REMOVE HEMORRHOIDS & FISTULA	661.50				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	535.50				
15	46275	REMOVAL OF ANAL FISTULA	535.50				
15	46280	REMOVAL OF ANAL FISTULA	661.50				
15	46285	SURGICAL TREATMENT OF ANAL FISTULA	349.65				
15	46288	REPAIR ANAL FISTULA	661.50				
15	46320	REMOVAL OF HEMORRHOID CLOT	349.65				
15	46600	ANOSCSOPY; DIAGNOSTIC	349.65				
15	46604	ANOSCOPY WITH DIRECT DILATION	349.65				
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	349.65				
15	46608	ANOSCOPY/ REMOVE FOR BODY	349.65				
15	46610	ANOSCOPY/REMOVE LESION	349.65				
15	46611	ANOSCOPY	349.65				
15	46612	ANOSCOPY/ REMOVE LESIONS	349.65				
15	46615	ANOSCOPY	468.30				
15	46700	REPAIR OF ANAL STRICTURE	535.50				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	535.50				
15	46750	REPAIR OF ANAL SPHINCTER	535.50				
15	46753	RECONSTRUCTION OF ANUS	535.50				
15	46754	REMOVAL OF SUTURE FROM ANUS	468.30				
15	46760	REPAIR OF ANAL SPHINCTER	468.30				
15	46761	REPAIR OF ANAL SPHINCTER	535.50				
15	46900	REMOVAL OF ANAL LESION	349.65				
15	46910	REMOVAL OF ANAL LESION	349.65				
15	46917	LASER SURGERY, ANAL LESIONS	349.65				
15	46922	EXCISION OF ANAL LESION(S)	349.65				
15	46924	DESTRUCTION, ANAL LESION(S)	349.65				
15	46940	TREATMENT OF ANAL FISSURE	349.65				
15	46945	LIGATION OF HEMORRHOIDS	349.65				
15	46946	LIGATION OF HEMORRHOIDS	349.65				
15	46947	HEMORRHOIDOPEXY BY STAPLING	535.50				
15	46948	HEMORRHIDECTOMY, INTERNAL, BY TRANSA	535.50				
15	46999	ANUS SURGERY PROCEDURE	MP		X		
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	349.65				
15	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	349.65				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP		X		
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	468.30				
15	47399	LIVER SURGERY PROCEDURE	MP		X		
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	468.30				
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	468.30				
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	468.30				
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	468.30				
15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	349.65				
15	47538	PLACEMENT OF STENT(S) INTO A BILE DU	1,405.95				
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU	1,405.95				
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU	1,405.95				

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

COLUMN:

1	2	3	4	5		6	7	8
				AGE		MED		X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	468.30					
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	468.30					
15	47553	BILIARY ENDOSCOPY THRU SKIN	535.50					
15	47554	BILIARY ENDOSCOPY THRU SKIN	535.50					
15	47555	BILIARY ENDOSCOPY THRU SKIN	535.50					
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,405.95					
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	535.50					
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	535.50					
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	535.50					
15	47579	LAPAROSCOPE PROC, BILLIARY	MP			X		
15	47999	BILE TRACT SURGERY PROCEDURE	MP			X		
15	48102	NEEDLE BIOPSY, PANCREAS	349.65					
15	48999	PANCREAS SURGERY PROCEDURE	MP			X		
15	49180	BIOPSY, ABDOMINAL MASS	349.65					
15	49250	EXCISION OF UMBILICUS	661.50					
15	49320	DIAG LAPARO SEPARATE PROC	535.50			X		
15	49321	LAPAROSCOPY, BIOPSY	661.50			X		
15	49322	LAPAROSCOPY, ASPIRATION	661.50			X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	661.50					
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP			X		
15	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	349.65					
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	349.65					
15	49419	INSRT ABDOM CATH FOR CHEMOTX	349.65					
15	49421	INSERT ABDOMINAL DRAIN	349.65					
15	49422	REMOVE PERM CANNULA/CATHETER	349.65					
15	49426	REVISE ABDOMEN-VENOUS SHUNT	468.30					
15	49491	REPARING HERN PREMIE REDUC	752.85					
15	49492	RPR HERN PREMIE, BLOCKED	752.85					
15	49495	RPR ING HERNIA BABY, REDUC	661.50					
15	49496	RPR ING HERNIA BABY, BLOCKED	661.50					
15	49500	REPAIR INITIAL INGUINAL HERNIA..	661.50	00	04			
15	49501	REPAIR INITIAL INGUINAL HERNIA..	1,405.95	00	04			
15	49505	RPR I/HERN INIT REDUC>5 YR	661.50	05	99			
15	49507	RPR I/HERN INIT BLOCK>5 YR	1,405.95	05	99			
15	49520	REREPAIR ING HERNIA, REDUCE	1,044.75					
15	49521	REREPAIR ING HERNIA, BLOCKED	1,405.95					
15	49525	REPAIR ING HERNIA, SLIDING	661.50					
15	49540	REPAIR LUMBAR HERNIA	468.30					
15	49550	RPR FEM HERNIA, INIT, REDUCE	752.85					
15	49553	RPR FEM HERNIA, INIT BLOCKED	1,405.95					
15	49555	REREPAIR FEM HERNIA, REDUCE	752.85					
15	49557	REREPAIR FEM HERNIA, BLOCKED	1,405.95					
15	49591	INITIAL REPAIR OF SLIDING HERNIA OF	752.85					
15	49592	INITIAL REPAIR OF SLIDING HERNIA OF	752.85					
15	49593	INITIAL REPAIR OF SLIDING HERNIA OF	752.85					
15	49594	INITIAL REPAIR OF ENTRAPPED HERNIA O	752.85					
15	49595	INITIAL REPAIR OF SLIDING HERNIA OF	752.85					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	49596	INITIAL REPAIR OF ENTRAPPED HERNIA O	752.85				
15	49600	REPAIR UMBILICAL LESION	661.50				
15	49613	REPAIR OF RECURRENT SLIDING HERNIA O	752.85				
15	49614	REPAIR OF RECURRENT ENTRAPPED HERNIA	752.85				
15	49615	REPAIR OF RECURRENT SLIDING HERNIA O	752.85				
15	49616	REPAIR OF RECURRENT ENTRAPPED HERNIA	752.85				
15	49617	REPAIR OF RECURRENT SLIDING HERNIA O	752.85				
15	49618	REPAIR OF RECURRENT ENTRAPPED HERNIA	752.85				
15	49621	REPAIR OF SLIDING HERNIA NEXT TO STO	752.85				
15	49622	REPAIR OF ENTRAPPED HERNIA NEXT TO S	752.85				
15	49650	LAP ING HERNIA REPAIR INIT	661.50				
15	49651	LAP ING HERNIA REPAIR RECUR	1,044.75				
15	49659	LAPARO PROC, HERNIA REPAIR	MP		X		
15	49999	ABDPMEN SURGERY PROCEDURE	MP		X		
15	50080	PERCUT NEPHRO/PYELO,W/OR W/O	468.30				
15	50200	BIOPSY OF KIDNEY	349.65				
15	50390	DRAINAGE OF KIDNEY LESION	349.65				
15	50396	MEASURE KIDNEY PRESSURE	349.65				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	468.30				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	468.30				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	349.65				
15	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	349.65				
15	50436	DILATION OF EXISTING TRACT, PERCUTAN	349.65				
15	50437	DILATION OF EXISTING TRACT, PERCUTAN	349.65				
15	50549	LAPAROSCOPE PROC, RENAL	MP		X		
15	50551	KIDNEY ENDOSCOPY	349.65				
15	50553	KIDNEY ENDOSCOPY	349.65				
15	50555	KIDNEY ENDOSCOPY & BIOPSY	349.65				
15	50557	KIDNEY ENDOSCOPY & TREATMENT	349.65				
15	50561	KIDNEY ENDOSCOPY & TREATMENT	349.65				
15	50590	LITHOTRIPSY, ESW	535.50				
15	50684	INJECTION FOR URETER X-RAY	349.65				
15	50688	CHANGE OF URETER TUBE	349.65				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	468.30				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA	468.30				
15	50695	PLACEMENT OF URETERAL STENT, PERCUTA	468.30				
15	50947	LAPARO NEW URETER/BLADDER	1,405.95				
15	50948	LAPARO NEW URETER/BLADDER	1,405.95				
15	50949	LAPAROSCOPE PROC, URETER	MP		X		
15	50951	ENDOSCOPY OF URETER	349.65				
15	50953	ENDOSCOPY OF URETER	349.65				
15	50955	URETER ENDOSCOPY & BIOPSY	349.65				
15	50957	URETER ENDOSCOPY & TREATMENT	349.65				
15	50961	URETER ENDOSCOPY & TREATMENT	349.65				
15	50970	URETER ENDOSCOPY	349.65				
15	50972	URETER ENDOSCOPY & CATHETER	349.65				
15	50974	URETER ENDOSCOPY & BIOPSY	349.65				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	50976	URETER ENDOSCOPY & TREATMENT	349.65				
15	50980	URETER ENDOSCOPY & TREATMENT	349.65				
15	51020	INCISE & TREAT BLADDER	661.50				
15	51040	INCISE & DRAIN BLADDER	661.50				
15	51045	INCISE BLADDER/DRAIN URETER	661.50				
15	51050	REMOVAL OF BLADDER STONE	661.50				
15	51065	REMOVE URETER CALCULUS	661.50				
15	51080	DRAINAGE OF BLADDER ABSCESS	349.65				
15	51500	REMOVAL OF BLADDER CYST	661.50				
15	51520	REMOVAL OF BLADDER LESION	661.50				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	349.65				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	349.65				
15	51705	CHANGE OF BLADDER TUBE	349.65				
15	51710	CHANGE OF BLADDER TUBE	349.65				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	535.50				
15	51720	TREATMENT OF BLADDER LESION	349.65				
15	51726	COMPLEX CYSTOMETROGRAM	349.65				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	349.65				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	349.65				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	349.65				
15	51784	ANAL/URINARY MUSCLE STUDY	349.65				
15	51785	ANAL/URINARY MUSCLE STUDY	349.65				
15	51880	REPAIR OF BLADDER OPENING	349.65				
15	51992	LAPARO SLING OPERATION	468.30				
15	51999	LAPAROSCOPE PROC, BLADDER	MP		X		
15	52000	CYSTOSCOPY	349.65				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	468.30				
15	52005	CYSTOSCOPY & URETER CATHETER	468.30				
15	52007	CYSTOSCOPY AND BIOPSY	468.30				
15	52010	CYSTOSCOPY & DUCT CATHETER	468.30				
15	52204	CYSTOSCOPY	468.30				
15	52214	CYSTOSCOPY AND TREATMENT	468.30				
15	52224	CYSTOSCOPY AND TREATMENT	468.30				
15	52234	CYSTOSCOPY AND TREATMENT	468.30				
15	52235	CYSTOSCOPY AND TREATMENT	535.50				
15	52240	CYSTOSCOPY AND TREATMENT	535.50				
15	52250	CYSTOSCOPY AND RADIOTRACER	661.50				
15	52260	CYSTOSCOPY AND TREATMENT	468.30				
15	52265	CYSTOSCOPY & TREATMENT	468.30				
15	52270	CYSTOSCOPY & REVISE URETHRA	468.30				
15	52275	CYSTOSCOPY & REVISE URETHRA	468.30				
15	52276	CYSTOSCOPY AND TREATMENT	535.50				
15	52277	CYSTOSCOPY AND TREATMENT	468.30				
15	52281	CYSTOSCOPY AND TREATMENT	468.30				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,405.95				
15	52283	CYSTOSCOPY AND TREATMENT	468.30				
15	52284	DRUG DELIVERY USING A DRUG-COATED BA	468.30			M	

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	52285	CYSTOSCOPY AND TREATMENT	468.30				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	468.30				
15	52290	CYSTOSCOPY AND TREATMENT	468.30				
15	52300	CYSTOSCOPY AND TREATMENT	468.30				
15	52301	CYSTOSCOPY AND TREATMENT	468.30				
15	52305	CYSTOSCOPY AND TREATMENT	468.30				
15	52310	CYSTOSCOPY AND TREATMENT	468.30				
15	52315	CYSTOSCOPY AND TREATMENT	468.30				
15	52317	REMOVE BLADDER STONE	349.65				
15	52318	REMOVE BLADDER STONE	468.30				
15	52320	CYSTOSCOPY AND TREATMENT	752.85				
15	52325	CYSTOSCOPY, STONE REMOVAL	661.50				
15	52327	CYSTOSCOPY, INJECT MATERIAL	468.30				
15	52330	CYSTOSCOPY AND TREATMENT	468.30				
15	52332	CYSTOSCOPY AND TREATMENT	468.30				
15	52334	CREATE PASSAGE TO KIDNEY	535.50				
15	52341	CYSTO W/URETER STRICTURE TX	535.50				
15	52342	CYSTO W/UP STRICTURE TX	535.50				
15	52343	CYSTO W/RENAL STRICTURE TX	535.50				
15	52344	CYSTO/URETERO, STONE REMOVE	535.50				
15	52345	CYSTO/URETERO W/UP STRICTURE	535.50				
15	52346	CYSTOURETERO W/RENAL STRICT	535.50				
15	52351	CYSTOURETRO & OR PYELOSCOPE	535.50				
15	52352	CYSTOURETRO W/STONE REMOVE	661.50				
15	52353	CYSTOURETERO W/LITHOTRIPSY	661.50				
15	52354	CYSTOURETERO W/BIOPSY	661.50				
15	52355	CYSTOURETERO W/EXCISE TUMOR	661.50				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	661.50				
15	52400	CYSTOURETERO W/CONGEN REPR	535.50				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	535.50				
15	52450	INCISION OF PROSTATE	535.50				
15	52500	REVISION OF BLADDER NECK	535.50				
15	52601	PROSTATECTOMY (TURP)	661.50				
15	52630	REMOVE PROSTATE REGROWTH	468.30				
15	52640	RELIEVE BLADDER CONTRACTURE	468.30				
15	52647	LASER SURGERY OF PROSTATE	1,405.95				
15	52648	LASER SURGERY OF PROSTATE	1,405.95				
15	52700	DRAINAGE OF PROSTATE ABSCESS	468.30				
15	53000	INCISION OF URETHRA	349.65				
15	53010	INCISION OF URETHRA	349.65				
15	53020	INCISION OF URETHRA	349.65				
15	53040	DRAINAGE OF URETHRA ABSCESS	468.30				
15	53080	DRAINAGE OF URINARY LEAKAGE	535.50				
15	53200	BIOPSY OF URETHRA	349.65				
15	53210	REMOVAL OF URETHRA	752.85			F	
15	53215	REMOVAL OF URETHRA	752.85			M	
15	53220	TREATMENT OF URETHRA LESION	468.30				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	53230	REMOVAL OF URETHRA LESION	468.30			F	
15	53235	REMOVAL OF URETHRA LESION	535.50			M	
15	53240	SURGERY FOR URETHRA POUCH	468.30				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	468.30				
15	53260	TREATMENT OF URETHRA LESION	468.30				
15	53265	TREATMENT OF URETHRA LESION	468.30				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	468.30			F	
15	53275	REPAIR OF URETHRA DEFECT	468.30			F	
15	53400	REVISE URETHRA, STAGE 1	535.50				
15	53405	REVISE URETHRA, STAGE 2	468.30				
15	53410	RECONSTRUCTION OF URETHRA	468.30			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	535.50				
15	53425	RECONSTRUCT URETHRA, STAGE 2	468.30				
15	53430	RECONSTRUCTION OF URETHRA	468.30			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	468.30				
15	53440	CORRECT BLADDER FUNCTION	468.30			M	
15	53442	REMOVE PERINEAL PROSTHESIS	349.65				
15	53444	INSERT TANDEM CUFF	468.30				
15	53445	INSERT URO/VES NCK SPHINCTER	349.65				
15	53446	REMOVE URO SPHINCTER	349.65				
15	53447	REMOVE/REPLACE UR SPHINCTER	349.65				
15	53449	REPAIR URO SPHINCTER	349.65				
15	53450	REVISION OF URETHRA	349.65				
15	53460	REVISION OF URETHRA	349.65				
15	53502	REPAIR OF URETHRA INJURY	468.30			F	
15	53505	REPAIR OF URETHRA INJURY	468.30			M	
15	53510	REPAIR OF URETHRA INJURY	468.30				
15	53515	REPAIR OF URETHRA INJURY	468.30				
15	53520	REPAIR OF URETHRA DEFECT	468.30			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	349.65			M	
15	53605	DILATE URETHRA STRICTURE	468.30			M	
15	53665	DILATION OF URETHRA	349.65			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,405.95			M	
15	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,044.75			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	349.65			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP		X		
15	54000	SLITTING OF PREPUCE	468.30	00 00		M	
15	54001	SLITTING OF PREPUCE	468.30			M	
15	54015	DRAIN PENIS LESION	661.50			M	
15	54057	LASER SURG, PENIS LESION(S)	349.65			M	
15	54060	EXCISION OF PENIS LESION(S)	349.65			M	
15	54065	DESTRUCTION, PENIS LESION(S)	349.65			M	
15	54100	BIOPSY OF PENIS	349.65			M	
15	54105	BIOPSY OF PENIS	349.65			M	
15	54110	TREATMENT OF PENIS LESION	468.30			M	
15	54111	TREAT PENIS LESION, GRAFT	468.30			M	
15	54112	TREAT PENIS LESION, GRAFT	468.30			M	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN: 1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54115	TREATMENT OF PENIS LESION	349.65			M	
15	54120	PARTIAL REMOVAL OF PENIS	468.30			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	468.30			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	468.30	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	468.30			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	468.30			M	
15	54163	REPAIR OF CIRCUMCISION	468.30			M	
15	54164	FRENULOTOMY OF PENIS	468.30			M	
15	54205	TREATMENT OF PENIS LESION	661.50			M	
15	54220	TREATMENT OF PENIS LESION	349.65			M	
15	54300	REVISION OF PENIS	535.50			M	
15	54304	REVISION OF PENIS	535.50			M	
15	54308	RECONSTRUCTION OF URETHRA	535.50			M	
15	54312	RECONSTRUCTION OF URETHRA	535.50			M	
15	54316	RECONSTRUCTION OF URETHRA	535.50			M	
15	54318	RECONSTRUCTION OF URETHRA	535.50			M	
15	54322	RECONSTRUCTION OF URETHRA	535.50			M	
15	54324	RECONSTRUCTION OF URETHRA	535.50			M	
15	54326	RECONSTRUCTION OF URETHRA	535.50			M	
15	54328	REVISE PENIS/URETHRA	535.50			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	535.50			M	
15	54340	SECONDARY URETHRAL SURGERY	535.50			M	
15	54344	SECONDARY URETHRAL SURGERY	535.50			M	
15	54348	SECONDARY URETHRAL SURGERY	535.50			M	
15	54352	RECONSTRUCT URETHRA/PENIS	535.50			M	
15	54360	PENIS PLASTIC SURGERY	535.50			M	
15	54380	REPAIR PENIS	535.50			M	
15	54385	REPAIR PENIS	535.50			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	535.50				
15	54408	REPAIR MULTI-COMP PENIS PROS	535.50				
15	54410	REMOVE/REPLACE PENIS PROSTH	535.50				
15	54415	REMOVE SELF-CONTD PENIS PROS	535.50				
15	54416	REMV/REPL PENIS CONTAIN PROS	535.50				
15	54420	REVISION OF PENIS	661.50			M	
15	54435	REVISION OF PENIS	661.50			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	468.30			M	
15	54440	REPAIR OF PENIS	661.50		X	M	
15	54450	PREPUTIAL STRETCHING	349.65			M	
15	54500	BIOPSY OF TESTIS	349.65			M	
15	54505	BIOPSY OF TESTIS	349.65			M	
15	54512	EXCISE LESION TESTIS	468.30			M	
15	54520	REMOVAL OF TESTIS	535.50			M	
15	54522	ORCHIECTOMY, PARTIAL	535.50			M	
15	54530	REMOVAL OF TESTIS	661.50			M	
15	54535	EXTENSIVE TESTIS SURGERY	535.50			M	
15	54550	EXPLORATION FOR TESTIS	661.50			M	
15	54600	REDUCE TESTIS TORSION	661.50			M	

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54620	SUSPENSION OF TESTIS	535.50			M	
15	54640	SUSPENSION OF TESTIS	661.50			M	
15	54660	REVISION OF TESTIS	468.30			M	
15	54670	REPAIR TESTIS INJURY	535.50			M	
15	54680	RELOCATION OF TESTIS(ES)	535.50			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,405.95				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,405.95				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	468.30			M	
15	54800	BIOPSY OF EPIDIDYMIS	349.65			M	
15	54830	REMOVE EPIDIDYMIS LESION	535.50			M	
15	54840	REMOVE EPIDIDYMIS LESION	661.50			M	
15	54860	REMOVAL OF EPIDIDYMIS	535.50			M	
15	54861	REMOVAL OF EPIDIDYMIS	661.50			M	
15	55000	DRAINAGE OF HYDROCELE	349.65			M	
15	55040	REMOVAL OF HYDROCELE	535.50			M	
15	55041	REMOVAL OF HYDROCELES	752.85			M	
15	55060	REPAIR OF HYDROCELE	661.50			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	349.65			M	
15	55110	EXPLORE SCROTUM	468.30				
15	55120	REMOVAL OF SCROTUM LESION	468.30			M	
15	55150	REMOVAL OF SCROTUM	349.65			M	
15	55175	REVISION OF SCROTUM	349.65				
15	55180	REVISION OF SCROTUM	468.30				
15	55200	INCISION OF SPERM DUCT	468.30			M	
15	55250	REMOVAL OF SPERM DUCT(S)	468.30	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	535.50			M	
15	55520	REMOVAL OF SPERM CORD LESION	661.50			M	
15	55530	REVISE SPERMATIC CORD VEINS	661.50			M	
15	55535	REVISE SPERMATIC CORD VEINS	661.50			M	
15	55540	REVISE HERNIA & SPERM VEINS	752.85			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,405.95				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	349.65			M	
15	55700	BIOPSY OF PROSTATE	468.30			M	
15	55705	BIOPSY OF PROSTATE	468.30			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	349.65			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	468.30			M	
15	55867	SIMPLE SURGICAL SUBTOTAL REMOVAL OF	1,405.95			M	
15	55873	CRYOABLATE PROSTATE	1,405.95				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,405.95			M	
15	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,044.75			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGEOF VULVA OR PE	349.65			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	349.65	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	468.30			F	
15	56441	LYSIS OF LABIAL LESION(S)	349.65			F	

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	56501	DESTROY VULVA LESION (S); SIMPLE	349.65			F	
15	56515	DESTROY VULVA LESION/S COMPL	535.50			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	349.65			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	349.65			F	
15	56620	PARTIAL REMOVAL OF VULVA	752.85			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,044.75			F	
15	56700	PARTIAL REMOVAL OF HYMEN	349.65			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	535.50			F	
15	56800	REPAIR OF VAGINA	535.50			F	
15	56810	REPAIR OF PERINEUM	752.85				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	349.65			F	
15	57000	EXPLORATION OF VAGINA	349.65				
15	57010	DRAINAGE OF PELVIC ABSCESS	468.30			F	
15	57020	DRAINAGE OF PELVIC FLUID	468.30			F	
15	57023	I & D VAG HEMATOMA, NON-OB	349.65			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	349.65			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	349.65			F	
15	57100	BIOPSY OF VAGINA	349.65			F	
15	57105	BIOPSY OF VAGINA	349.65			F	
15	57130	REMOVE VAGINA LESION	468.30			F	
15	57135	REMOVE VAGINA LESION	468.30			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	468.30			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	468.30			F	
15	57180	TREAT VAGINAL BLEEDING	349.65			F	
15	57200	REPAIR OF VAGINA	349.65			F	
15	57210	REPAIR VAGINA/PERINEUM	468.30			F	
15	57220	REVISION OF URETHRA	535.50			F	
15	57230	REPAIR OF URETHRAL LESION	535.50			F	
15	57240	REPAIR BLADDER & VAGINA	752.85			F	
15	57250	REPAIR RECTUM & VAGINA	752.85			F	
15	57260	REPAIR OF VAGINA	752.85			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,044.75			F	
15	57268	REPAIR OF BOWEL BULGE	535.50			F	
15	57288	REPAIR BLADDER DEFECT	752.85				
15	57289	REPAIR BLADDER & VAGINA	752.85			F	
15	57291	CONSTRUCTION OF VAGINA	752.85			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	535.50			F	
15	57400	DILATION OF VAGINA	468.30		X	F	
15	57410	PELVIC EXAMINATION	468.30		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	468.30				
15	57420	EXAM OF VAGINA W/SCOPE	349.65				
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	349.65			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	349.65			F	
15	57454	VAGINA EXAMINATION & BIOPSY	349.65			F	
15	57455	BIOPSY OF CERVIX W/SCOPE	349.65			F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	349.65			F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	349.65			F	

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

COLUMN:

1	2	3	4	5 AGE		6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	349.65					
15	57500	BIOPSY OF CERVIX	349.65				F	
15	57505	ENDOCERVICAL CURETTAGE	468.30				F	
15	57510	CAUTHERUZATION OF CERVIX	535.50				F	
15	57511	CRYOCAUTERY OF CERVIX	535.50				F	
15	57513	LASER SURGERY OF CERVIX	468.30				F	
15	57520	CONIZATION OF CERVIX	468.30				F	
15	57522	CONIZATION OF CERVIX	468.30					
15	57530	REMOVAL OF CERVIX	535.50				F	
15	57550	REMOVAL OF RESIDUAL CERVIX	535.50				F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	752.85					
15	57700	REVISION OF CERVIX	349.65				F	
15	57720	REVISION OF CERVIX	535.50				F	
15	57800	DILATION OF CERVICAL CANAL	349.65				F	
15	58120	DILATION AND CURETTAGE	468.30	12	99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	752.85				F	
15	58300	INSERT INTRAUTERINE DEVICE	349.65	10	60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	349.65	10	60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	468.30	21	59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	468.30					
15	58353	ENDOMETR ABLATE, THERMAL	661.50			X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,405.95				F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,405.95				F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,405.95			X		
15	58552	LAPARO-VAG HYST INCL T/O	1,405.95					
15	58555	HYSTEROSCOPY, DX, SEP PROC	349.65			X		
15	58558	HYSTEROSCOPY, BIOPSY	535.50			X		
15	58559	HYSTEROSCOPY, LYSIS	468.30			X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	535.50			X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	535.50			X		
15	58562	HYSTEROSCOPY, REMOVE FB	535.50			X		
15	58563	HYSTEROSCOPY, ABLATION	661.50			X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,535.50	21	59	X	F	
15	58578	LAPARO PROC, UTERUS	MP			X		
15	58579	HYSTEROSCOPE PROCEDURE	MP			X		
15	58580	DESTRUCTION OF UTERINE FIBROID(S) US	752.85				F	
15	58600	DIVISION OF FALLOPIAN TUBE	535.50	21	55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	661.50	21	55	X	F	
15	58660	LAPAROSCOPY, LYSIS	752.85			X		
15	58661	LAPAROSCOPY, REMOVE ADNEXA	752.85			X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	752.85			X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	535.50	10	59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	535.50			X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	752.85			X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	752.85				F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP			X		
15	58800	DRAINAGE OF OVARIAN CYST(S)	535.50				F	

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

COLUMN:

1	2	3	4	5 AGE		6	7	8
TS	CODE	DESCRIPTION	FEE	MIN	MAX	MED REV	SEX	X-OVERS
15	58805	DRAINAGE OF OVARIAN CYST(S)	535.50				F	
15	58820	DRAIN OVARY ABSCESS, OPEN	535.50				F	
15	58900	BIOPSY OF OVARY(S)	535.50				F	
15	58925	REMOVAL OF OVARIAN CYST(S)	535.50				F	
15	58999	GENITAL SURGERY PROCEDURE	MP			X		
15	59000	AMNIOCENTESIS	349.65	10	60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	349.65					
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	535.50			X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	535.50	10	60	X	F	
15	59160	D & C AFTER DELIVERY	535.50	10	60		F	
15	59320	REVISION OF CERVIX	349.65	10	60		F	
15	59812	TREATMENT OF MISCARRIAGE	752.85	10	60	X	F	
15	59820	CARE OF MISCARRIAGE	752.85	10	60	X		
15	59821	TREATMENT OF MISCARRIAGE	752.85	10	55	X	F	
15	59840	ABORTION	752.85	10	60	X	F	
15	59841	ABORTION	752.85	10	60	X		
15	59870	EVACUATE MOLE OF UTERUS	752.85	10	60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	752.85				F	
15	59897	PETAL INVAS PX W/US	MP	10	59	X	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP			X		
15	59899	MATERNITY CARE PROCEDURE	MP			X	F	
15	60000	DRAIN THYROID/TONGUE CYST	349.65					
15	60100	BIOPSY OF THYROID	349.65					
15	60200	REMOVE THYROID LESION	468.30					
15	60220	PARTIAL REMOVAL OF THYROID	661.50					
15	60240	REMOVAL OF THYROID	1,405.95					
15	60280	REMOVE THYROID DUCT LESION	661.50					
15	60281	REMOVE THYROID DUCT LESION	661.50					
15	60659	LAPARO PROC, ENDOCRINE	MP			X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP			X		
15	61020	REMOVE BRAIN CAVITY FLUID	349.65					
15	61026	INJECTION INTO BRAIN CANAL	349.65					
15	61050	REMOVE BRAIN CANAL FLUID	349.65					
15	61055	INJECTION INTO BRAIN CANAL	349.65					
15	61070	BRAIN CANAL SHUNT PROCEDURE	349.65					
15	61215	INSERT BRAIN-FLUID DEVICE	535.50					
15	61790	TREAT TRIGEMINAL NERVE	535.50					
15	61791	TREAT TRIGEMINAL TRACT	535.50					
15	61885	IMPLANT NEUROSTIM ONE ARRAY	468.30					
15	61886	IMPLANT NEUROSTIM ARRAYS	535.50					
15	61888	REVISE/REMOVE NEURORECEIVER	349.65					
15	61889	INSERTION OF SKULL-MOUNTED CRANIAL N	535.50					
15	61891	REVISION OR REPLACEMENT OF SKULL-MOU	535.50					
15	61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEU	535.50					
15	62194	REPLACE/IRRIGATE CATHETER	349.65					
15	62225	REPLACE/IRRIGATE CATHETER	349.65					
15	62230	REPLACE/REVISE BRAIN SHUNT	468.30					

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	62263	LYSIS EPIDURAL ADHESIONS	349.65				
15	62268	DRAIN SPINAL CORD CYST	349.65				
15	62269	NEEDLE BIOPSY, SPINAL CORD	349.65				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	349.65				
15	62272	DRAIN CEREBRO SPINAL FLUID	349.65				
15	62273	TREAT EPIDURAL SPINE LESION	349.65				
15	62280	TREAT SPINAL CORD LESION	349.65				
15	62281	TREAT SPINAL CORD LESION	349.65				
15	62282	TREAT SPINAL CANAL LESION	349.65				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,405.95				
15	62294	INJECTION INTO SPINAL ARTERY	535.50				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	349.65				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	349.65				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	349.65				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	349.65				
15	62324	INJECTION(S), INCLUDING INDWELLING C	349.65				
15	62325	INJECTION(S), INCLUDING INDWELLING C	349.65				
15	62326	INJECTION(S), INCLUDING INDWELLING C	349.65				
15	62327	INJECTION(S), INCLUDING INDWELLING C	349.65				
15	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	349.65				
15	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	349.65				
15	62350	IMPLANT SPINAL CANAL CATH	468.30				
15	62355	REMOVE SPINAL CANAL CATHETER	468.30				
15	62360	INSERT SPINE INFUSION DEVICE	468.30				
15	62361	IMPLANT SPINE INFUSION PUMP	468.30				
15	62362	IMPLANT SPINE INFUSION PUMP	468.30				
15	62365	REMOVE SPINE INFUSION DEVICE	468.30				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	468.30				
15	62368	ANALYZE SPINE INFUSION PUMP	468.30				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,405.95				
15	63600	REMOVE SPINAL CORD LESION	468.30				
15	63610	STIMULATION OF SPINAL CORD	349.65				
15	63650	IMPLANT NEUROELECTRODES	468.30				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	349.65				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	349.65				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	349.65				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	349.65				
15	63685	IMPLANT NEURORECEIVER	468.30				
15	63688	REVISE/REMOVE NEURORECEIVER	349.65				
15	63744	REVISION OF SPINAL SHUNT	535.50				
15	63746	REMOVAL OF SPINAL SHUNT	468.30				
15	64415	INJECTION FOR NERVE BLOCK	349.65				
15	64417	INJECTION FOR NERVE BLOCK	349.65				
15	64420	INJECTION FOR NERVE BLOCK	349.65				
15	64421	INJECTION FOR NERVE BLOCK	349.65				
15	64430	INJECTION FOR NERVE BLOCK	349.65				
15	64450	INJECTION FOR NERVE BLOCK	349.65				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	349.65				
15	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	349.65				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	349.65				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	349.65				
15	64505	INJECTION FOR NERVE BLOCK	349.65				
15	64510	INJECTION FOR NERVE BLOCK	349.65				
15	64517	N BLOCK INJ, HYPOGAS PLXS	468.30				
15	64520	INJECTION FOR NERVE BLOCK	349.65				
15	64530	INJECTION FOR NERVE BLOCK	349.65				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	349.65				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	535.50				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	535.50				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	349.65				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	349.65				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	535.50				
15	64582	INSERTION OF HYPOGLOSSAL NERVE NEURO	535.50				
15	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	535.50				
15	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	535.50				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	349.65				
15	64590	INSERTION OR REPLACEMENT OF PERIPHER	468.30				
15	64595	REVISE/REMOVE NEURORECEIVER	349.65				
15	64596	INSERTION OR REPLACEMENT OF A PERIPH	468.30				
15	64597	INSERTION OR REPLACEMENT OF A PERIPH	468.30				
15	64598	REVISION OR REMOVAL OF A ELECTRODE A	468.30				
15	64600	INJECTION TREATMENT OF NERVE	349.65				
15	64605	INJECTION TREATMENT OF NERVE	349.65				
15	64610	INJECTION TREATMENT OF NERVE	349.65				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	468.30				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	468.30				
15	64620	INJECTION TREATMENT OF NERVE	349.65				
15	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	349.65				
15	64625	RADIOFREQUENCY ABLATION, NERVES INNE	468.30				
15	64628	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	349.65				
15	64630	INJECTION TREATMENT OF NERVE	468.30				
15	64640	INJECTION TREATMENT OF NERVE	349.65				
15	64642	Injection of chemical for destructio	349.65				
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	349.65				
15	64644	Injection of chemical for destructio	349.65				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	349.65				
15	64646	Injection of chemical for destructio	349.65				
15	64647	Injection of chemical for destructio	349.65				
15	64680	INJECTION TREATMENT OF NERVE	468.30				
15	64681	INJECTION TREATMENT OF NERVE	468.30				
15	64702	REVISE FINGER/TOE NERVE	349.65				
15	64704	REVISE HAND/FOOT NERVE	349.65				
15	64708	REVISE ARM/LEG NERVE	468.30				
15	64712	REVISION OF SCIATIC NERVE	468.30				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64713	REVISION OF ARM NERVE(S)	468.30				
15	64714	REVISE LOW BACK NERVE(S)	468.30				
15	64716	REVISION OF CRANIAL NERVE	535.50				
15	64718	REVISE ULNAR NERVE AT ELBOW	468.30				
15	64719	REVISE ULNAR NERVE AT WRIST	468.30				
15	64721	CARPAL TUNNEL SURGERY	468.30				
15	64722	RELIEVE PRESSURE ON NERVE(S)	349.65				
15	64726	RELEASE FOOT/TOE NERVE	349.65				
15	64727	INTERNAL NERVE REVISION	349.65				
15	64732	INCISION OF BROW NERVE	468.30				
15	64734	INCISION OF CHEEK NERVE	468.30				
15	64736	INCISION OF CHIN NERVE	468.30				
15	64738	INCISION OF JAW NERVE	468.30				
15	64740	INCISION OF TONGUE NERVE	468.30				
15	64742	INCISION OF FACIAL NERVE	468.30				
15	64744	INCISE NERVE, BACK OF HEAD	468.30				
15	64746	INCISE DIAPHRAGM NERVE	468.30				
15	64771	SEVER CRANIAL NERVE	468.30				
15	64772	INCISION OF SPINAL NERVE	468.30				
15	64774	REMOVE SKIN NERVE LESION	468.30				
15	64776	REMOVE DIGIT NERVE LESION	535.50				
15	64778	DIGIT NERVE SURGERY ADD-ON	468.30				
15	64782	REMOVE LIMB NERVE LESION	535.50				
15	64783	LIMB NERVE SURGERY ADD-ON	468.30				
15	64784	REMOVE NERVE LESION	535.50				
15	64786	REMOVE SCIATIC NERVE LESION	535.50				
15	64787	IMPLANT NERVE END	468.30				
15	64788	REMOVE SKIN NERVE LESION	535.50				
15	64790	REMOVAL OF NERVE LESION	535.50				
15	64792	REMOVAL OF NERVE LESION	535.50				
15	64795	BIOPSY OF NERVE	468.30				
15	64802	REMOVE SYMPATHETIC NERVES	468.30				
15	64821	REMOVE SYMPATHETIC NERVES	661.50				
15	64831	REPAIR OF DIGIT NERVE	661.50				
15	64832	REPAIR NERVE ADD-ON	349.65				
15	64834	REPAIR OF HAND OR FOOT NERVE	468.30				
15	64835	REPAIR OF HAND OR FOOT NERVE	535.50				
15	64836	REPAIR OF HAND OR FOOT NERVE	535.50				
15	64837	REPAIR NERVE ADD-ON	349.65				
15	64840	REPAIR OF LEG NERVE	468.30				
15	64856	REPAIR/TRANSPOSE NERVE	468.30				
15	64857	REPAIR ARM/LEG NERVE	468.30				
15	64858	REPAIR SCIATIC NERVE	468.30				
15	64859	NERVE SURGERY	349.65				
15	64861	REPAIR OF ARM NERVES	535.50				
15	64862	REPAIR OF LOW BACK NERVES	535.50				
15	64864	REPAIR OF FACIAL NERVE	535.50				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64865	REPAIR OF FACIAL NERVE	661.50				
15	64872	SUBSEQUENT REPAIR OF NERVE	468.30				
15	64874	REPAIR & REVISE NERVE ADD-ON	535.50				
15	64876	REPAIR NERVE/SHORTEN BONE	535.50				
15	64885	NERVE GRAFT, HEAD OR NECK	468.30				
15	64886	NERVE GRAFT, HEAD OR NECK	468.30				
15	64890	NERVE GRAFT, HAND OR FOOT	468.30				
15	64891	NERVE GRAFT, HAND OR FOOT	468.30				
15	64892	NERVE GRAFT, ARM OR LEG	468.30				
15	64893	NERVE GRAFT, ARM OR LEG	468.30				
15	64895	NERVE GRAFT, HAND OR FOOT	535.50				
15	64896	NERVE GRAFT, HAND OR FOOT	535.50				
15	64897	NERVE GRAFT, ARM OR LEG	535.50				
15	64898	NERVE GRAFT, ARM OR LEG	535.50				
15	64901	NERVE GRAFT ADD-ON	468.30				
15	64902	NERVE GRAFT ADD-ON	468.30				
15	64905	NERVE PEDICLE TRANSFER	468.30				
15	64907	NERVE PEDICLE TRANSFER	349.65				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	535.50				
15	64999	NERVOUS SYSTEM SURGERY	MP		X		
15	65091	REVISE EYE	535.50				
15	65093	REVISE EYE WITH IMPLANT	535.50				
15	65101	REMOVAL OF EYE	535.50				
15	65103	REMOVE EYE/INSERT IMPLANT	535.50				
15	65105	REMOVE EYE/ATTACH IMPLANT	661.50				
15	65110	REMOVAL OF EYE	752.85				
15	65112	REMOVE EYE/REVISE SOCKET	1,044.75				
15	65114	REMOVE EYE/REVISE SOCKET	1,044.75				
15	65130	INSERT OCULAR IMPLANT	535.50				
15	65135	INSERT OCULAR IMPLANT	468.30				
15	65140	ATTACH OCULAR IMPLANT	535.50				
15	65150	REVISE OCULAR IMPLANT	468.30				
15	65155	REINSERT OCULAR IMPLANT	535.50				
15	65175	REMOVAL OF OCULAR IMPLANT	349.65				
15	65205	REMOVE FOREIGN BODY FROM EYE	349.65				
15	65235	REMOVE FOREIGN BODY FROM EYE	468.30				
15	65260	REMOVE FOREIGN BODY FROM EYE	535.50				
15	65265	REMOVE FOREIGN BODY FROM EYE	661.50				
15	65270	REPAIR OF EYE WOUND	468.30				
15	65272	REPAIR OF EYE WOUND	468.30				
15	65275	REPAIR OF EYE WOUND	661.50				
15	65280	REPAIR OF EYE WOUND	661.50				
15	65285	REPAIR OF EYE WOUND	661.50				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	535.50				
15	65400	REMOVAL OF EYE LESION	349.65				
15	65410	BIOPSY OF CORNEA	468.30				
15	65420	REMOVAL OF EYE LESION	468.30				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	65426	REMOVAL OF EYE LESION	752.85				
15	65710	CORNEAL TRANSPLANT	1,044.75				
15	65730	CORNEAL TRANSPLANT	1,044.75				
15	65750	CORNEAL TRANSPLANT	1,044.75				
15	65755	CORNEAL TRANSPLANT	1,044.75				
15	65770	REVISE CORNEA WITH IMPLANT	1,044.75				
15	65772	CORRECTION OF ASTIGMATISM	661.50				
15	65775	CORRECTION OF ASTIGMATISM	661.50				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	468.30				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	349.65				
15	65780	OCULAR RECONST, TRANSPLANT	752.85				
15	65781	OCULAR RECONST, TRANSPLANT	752.85				
15	65782	OCULAR RECONST, TRANSPLANT	752.85		X		
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	661.50				
15	65800	DRAINAGE OF EYE	349.65				
15	65810	DRAINAGE OF EYE	535.50				
15	65815	DRAINAGE OF EYE	468.30				
15	65820	RELIEVE INNER EYE PRESSURE	349.65				
15	65850	INCISION OF EYE	661.50				
15	65855	LASER TRABECULOPLASTY-1/MORE	661.50				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	468.30				
15	65865	INCISE INNER EYE ADHESIONS	349.65				
15	65870	INCISE INNER EYE ADHESIONS	661.50				
15	65875	INCISE INNER EYE ADHESIONS	661.50				
15	65880	INCISE INNER EYE ADHESIONS	661.50				
15	65900	REMOVE EYE LESION	752.85				
15	65920	REMOVE IMPLANT OF EYE	1,044.75				
15	65930	REMOVE BLOOD CLOT FROM EYE	752.85				
15	66020	INJECTION TREATMENT OF EYE	349.65				
15	66030	INJECTION TREATMENT OF EYE	349.65				
15	66130	REMOVE EYE LESION	1,044.75				
15	66150	GLAUCOMA SURGERY	661.50				
15	66155	GLAUCOMA SURGERY	661.50				
15	66160	GLAUCOMA SURGERY	468.30				
15	66170	GLAUCOMA SURGERY	661.50				
15	66172	INCISION OF EYE	661.50				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	661.50				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	661.50				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	752.85				
15	66180	IMPLANT EYE SHUNT	752.85				
15	66183	Insertion of eye fluid drainage devi	752.85				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	468.30				
15	66185	REVISE EYE SHUNT	468.30				
15	66225	REPAIR/GRAFT EYE LESION	661.50				
15	66250	FOLLOW-UP SURGERY OF EYE	468.30				
15	66500	INCISION OF IRIS	349.65				
15	66505	INCISION OF IRIS	349.65				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66600	REMOVE IRIS AND LESION	535.50				
15	66605	REMOVAL OF IRIS	535.50				
15	66625	REMOVAL OF IRIS	535.50				
15	66630	REMOVAL OF IRIS	535.50				
15	66635	REMOVAL OF IRIS	535.50				
15	66680	REPAIR IRIS & CILIARY BODY	535.50				
15	66682	REPAIR IRIS & CILIARY BODY	468.30				
15	66700	DESTRUCTION, CILIARY BODY	468.30				
15	66710	DESTRUCTION, CILIARY BODY	468.30				
15	66711	CILIARY ENDOSCOPIC ABLATION	468.30				
15	66720	DESTRUCTION, CILIARY BODY	468.30				
15	66740	DESTRUCTION, CILIARY BODY	468.30				
15	66761	REVISION OF IRIS	468.30				
15	66820	INCISION OF LENS LESION	468.30				
15	66821	AFTER CATARACT LASER SURGERY	468.30				
15	66825	REPOSITION INTRAOCULAR LENS	661.50				
15	66830	REMOVAL OF LENS LESION	661.50				
15	66840	REMOVAL OF LENS MATERIAL	661.50				
15	66850	REMOVAL OF LENS MATERIAL	1,044.75				
15	66852	REMOVAL OF LENS MATERIAL	661.50				
15	66920	EXTRACTION OF LENS	661.50				
15	66930	EXTRACTION OF LENS	752.85				
15	66940	EXTRACTION OF LENS	752.85				
15	66982	CATARACT SURGERY, COMPLEX	864.15				
15	66983	CATARACT SURG W/IOL, 1 STAGE	864.15				
15	66984	CATARACT SURG W/IOL, I STAGE	864.15				
15	66985	INSERT LENS PROSTHESIS	709.80				
15	66986	EXCHANGE LENS PROSTHESIS	709.80				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,044.75				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,044.75				
15	66989	COMPLEX EXTRACAPSULAR REMOVAL OF CAT	1,044.75				
15	66991	EXTRACAPSULAR REMOVAL OF CATARACT WI	1,044.75				
15	66999	EYE SURGERY PROCEDURE	MP		X		
15	67005	PARTIAL REMOVAL OF EYE FLUID	661.50				
15	67010	PARTIAL REMOVAL OF EYE FLUID	661.50				
15	67015	RELEASE OF EYE FLUID	349.65				
15	67025	REPLACE EYE FLUID	349.65				
15	67027	IMPLANT EYE DRUG SYSTEM	661.50				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	349.65				
15	67030	INCISE INNER EYE STRANDS	349.65				
15	67031	LASER SURGERY, EYE STRANDS	468.30				
15	67036	REMOVAL OF INNER EYE FLUID	661.50				
15	67039	LASER TREATMENT OF RETINA	1,044.75				
15	67040	LASER TREATMENT OF RETINA	1,044.75				
15	67042	VIT FOR MACULAR HOLE	752.85				
15	67101	REPAIR DETACHED RETINA	752.85				
15	67105	PHOTOCOAGULATION/DETACHED RET	752.85				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67107	REPAIR DETACHED RETINA	752.85				
15	67108	REPAIR DETACHED RETINA	1,044.75				
15	67113	REPAIR RETINAL DETACH,CPLX	1,044.75				
15	67115	RELEASE ENCIRCLING MATERIAL	468.30				
15	67120	REMOVE EYE IMPLANT MATERIAL	468.30				
15	67121	REMOVE EYE IMPLANT MATERIAL	468.30				
15	67141	TREATMENT OF RETINA	468.30				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	468.30				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	752.85				
15	67218	TREATMENT OF RETINAL LESION	752.85				
15	67220	TREAT CHOROID LESION	349.65				
15	67227	TREATMENT OF RETINAL LESION	349.65				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	349.65				
15	67250	REINFORCE EYE WALL	535.50				
15	67255	REINFORCE/GRAFT EYE WALL	535.50				
15	67299	EYE SURGERY PROCEDURE	MP		X		
15	67311	REVISE EYE MUSCLE	535.50				
15	67312	REVISE TWO EYE MUSCLES	661.50				
15	67314	REVISE EYE MUSCLE	661.50				
15	67316	REVISE TWO EYE MUSCLES	661.50				
15	67318	REVISE EYE MUSCLE(S)	661.50				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	661.50				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	661.50				
15	67332	REREVISE EYE MUSCLES ADD-ON	661.50				
15	67334	REVISE EYE MUSCLE W/SUTURE	661.50				
15	67335	EYE SUTURE DURING SURGERY	661.50				
15	67340	REVISE EYE MUSCLE ADD-ON	661.50				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,044.75				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X		
15	67400	EXPLORE/BIOPSY EYE SOCKET	535.50				
15	67405	EXPLORE/DRAIN EYE SOCKET	661.50				
15	67412	EXPLORE/TREAT EYE SOCKET	752.85				
15	67413	EXPLORE/TREAT EYE SOCKET	752.85				
15	67415	ASPIRATION, ORBITAL CONTENTS	349.65				
15	67420	EXPLORE/TREAT EYE SOCKET	752.85				
15	67430	EXPLORE/TREAT EYE SOCKET	752.85				
15	67440	EXPLORE/DRAIN EYE SOCKET	752.85				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	752.85				
15	67450	EXPLORE/BIOPSY EYE SOCKET	752.85				
15	67500	INJECT/TREAT EYE SOCKET	349.65				
15	67550	INSERT EYE SOCKET IMPLANT	661.50				
15	67560	REVISE EYE SOCKET IMPLANT	468.30				
15	67570	OPTIC NERVE DECOMPRESSION (EG,INICIS	349.65				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	349.65				
15	67715	INCISION OF EYELID FOLD	349.65				
15	67800	REMOVE EYELID LESION	349.65				

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

COLUMN: 1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	67801	REMOVE EYELID LESIONS	349.65				
15	67805	REMOVE EYELID LESIONS	349.65				
15	67808	REMOVE EYELID LESION(S)	468.30				
15	67810	BIOPSY OF EYELID	349.65				
15	67820	REVISE EYELASHES	349.65				
15	67830	REVISE EYELASHES	468.30				
15	67835	REVISE EYELASHES	468.30				
15	67840	REMOVE EYELID LESION	349.65				
15	67880	REVISION OF EYELID	535.50				
15	67882	REVISION OF EYELID	535.50				
15	67900	REPAIR BROW DEFECT	661.50				
15	67901	REPAIR EYELID DEFECT	752.85				
15	67902	REPAIR EYELID DEFECT	752.85				
15	67903	REPAIR EYELID DEFECT	661.50				
15	67904	REPAIR EYELID DEFECT	661.50				
15	67906	REPAIR EYELID DEFECT	752.85				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	661.50				
15	67909	REVISE EYELID DEFECT	661.50				
15	67911	REVISE EYELID DEFECT	535.50				
15	67912	CORRECTION EYELID W/IMPLANT	535.50				
15	67914	REPAIR EYELID DEFECT	535.50				
15	67916	REPAIR EYELID DEFECT	661.50				
15	67917	REPAIR EYELID DEFECT	661.50				
15	67921	REPAIR EYELID DEFECT	535.50				
15	67923	REPAIR EYELID DEFECT	661.50				
15	67924	REPAIR EYELID DEFECT	661.50				
15	67930	REPAIR EYELID WOUND	468.30				
15	67935	REPAIR EYELID WOUND	468.30				
15	67938	REMOVE EYELID FOREIGN BODY	349.65				
15	67950	REVISION OF EYELID	468.30				
15	67961	REVISION OF EYELID	535.50				
15	67966	REVISION OF EYELID	535.50				
15	67971	RECONSTRUCTION OF EYELID	535.50				
15	67973	RECONSTRUCTION OF EYELID	535.50				
15	67974	RECONSTRUCTION OF EYELID	535.50				
15	67975	RECONSTRUCTION OF EYELID	535.50				
15	67999	EYELID SURGERY PROCEDURE	MP		X		
15	68110	REMOVE EYELID LINING LESION	349.65				
15	68115	REMOVE EYELID LINING LESION	468.30				
15	68130	REMOVE EYELID LINING LESION	468.30				
15	68320	REVISE/GRAFT EYELID LINING	661.50				
15	68325	REVISE/GRAFT EYELID LINING	661.50				
15	68326	REVISE/GRAFT EYELID LINING	661.50				
15	68328	REVISE/GRAFT EYELID LINING	661.50				
15	68330	REVISE EYELID LINING	661.50				
15	68335	REVISE/GRAFT EYELID LINING	661.50				
15	68340	SEPARATE EYELID ADHESIONS	661.50				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	68360	REVISE EYELID LINING	468.30				
15	68362	REVISE EYELID LINING	468.30				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	468.30				
15	68399	EYELID LINING SURGERY	MP		X		
15	68500	REMOVAL OF TEAR GLAND	535.50				
15	68505	PARTIAL REMOVAL, TEAR GLAND	535.50				
15	68510	BIOPSY OF TEAR GLAND	349.65				
15	68520	REMOVAL OF TEAR SAC	535.50				
15	68525	BIOPSY OF TEAR SAC	349.65				
15	68540	REMOVE TEAR GLAND LESION	535.50				
15	68550	REMOVE TEAR GLAND LESION	535.50				
15	68700	REPAIR TEAR DUCTS	468.30				
15	68720	CREATE TEAR SAC DRAIN	661.50				
15	68745	CREATE TEAR DUCT DRAIN	661.50				
15	68750	CREATE TEAR DUCT DRAIN	661.50				
15	68770	CLOSE TEAR SYSTEM FISTULA	661.50				
15	68810	PROBE NASOLACRIMAL DUCT	349.65				
15	68811	PROBE NASOLACRIMAL DUCT	468.30				
15	68815	PROBE NASOLACRIMAL DUCT	468.30				
15	68899	TEAR DUCT SYSTEM SURGERY	MP		X		
15	69000	DRAIN EXTERNAL EAR LESION	349.65				
15	69005	DRAIN EXTERNAL EAR LESION	349.65				
15	69020	DRAIN OUTER EAR CANAL LESION	349.65				
15	69100	BIOPSY OF EXTERNAL EAR	349.65				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	349.65				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	349.65				
15	69120	REMOVAL OF EXTERNAL EAR	468.30				
15	69140	REMOVE EAR CANAL LESION(S)	468.30				
15	69145	REMOVE EAR CANAL LESION(S)	468.30				
15	69150	EXTENSIVE EAR CANAL SURGERY	535.50				
15	69205	CLEAR OUTER EAR CANAL	349.65				
15	69222	CLEAN OUT MASTOID CAVITY	468.30				
15	69300	REVISE EXTERNAL EAR	535.50				
15	69310	REBUILD OUTER EAR CANAL	535.50				
15	69320	REBUILD OUTER EAR CANAL	1,044.75				
15	69399	OUTER EAR SURGERY PROCEDURE	MP		X		
15	69420	INCISION OF EARDRUM	468.30				
15	69421	INCISION OF EARDRUM	535.50				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	349.65				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	535.50				
15	69436	CREATE EARDRUM OPENING	535.50				
15	69440	EXPLORATION OF MIDDLE EAR	535.50				
15	69450	EARDRUM REVISION	349.65				
15	69501	MASTOIDECTOMY	1,044.75				
15	69502	MASTOIDECTOMY	1,044.75				
15	69505	REMOVE MASTOID STRUCTURES	1,044.75				
15	69511	EXTENSIVE MASTOID SURGERY	1,044.75				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69530	EXTENSIVE MASTOID SURGERY	1,044.75				
15	69540	REMOVE EAR LESION	535.50				
15	69550	REMOVE EAR LESION	752.85				
15	69552	REMOVE EAR LESION	1,044.75				
15	69601	MASTOID SURGERY REVISION	1,044.75				
15	69602	MASTOID SURGERY REVISION	1,044.75				
15	69603	MASTOID SURGERY REVISION	1,044.75				
15	69604	MASTOID SURGERY REVISION	1,044.75				
15	69610	REPAIR EARDRUM	468.30				
15	69620	REPAIR OF EARDRUM	468.30				
15	69631	REPAIR EARDRUM STRUCTURES	752.85				
15	69632	REBUILD EARDRUM STRUCTURES	752.85				
15	69633	REBUILD EARDRUM STRUCTURES	752.85				
15	69635	REPAIR EARDRUM STRUCTURES	1,044.75				
15	69636	REBUILD EARDRUM STRUCTURES	1,044.75				
15	69637	REBUILD EARDRUM STRUCTURES	1,044.75				
15	69641	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69642	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69643	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69644	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69645	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69646	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69650	RELEASE MIDDLE EAR BONE	1,044.75				
15	69660	REVISE MIDDLE EAR BONE	752.85				
15	69661	REVISE MIDDLE EAR BONE	752.85				
15	69662	REVISE MIDDLE EAR BONE	752.85				
15	69666	REPAIR MIDDLE EAR STRUCTURES	661.50				
15	69667	REPAIR MIDDLE EAR STRUCTURES	661.50				
15	69670	REMOVE MASTOID AIR CELLS	535.50				
15	69676	REMOVE MIDDLE EAR NERVE	535.50				
15	69700	CLOSE MASTOID FISTULA	535.50				
15	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,044.75				
15	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,044.75				
15	69711	REMOVE/REPAIR HEARING AID	349.65				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,405.95				
15	69716	IMPLANTATION OF COCHLEAR STIMULATING	1,405.95				X
15	69717	TEMPLE BONE IMPLANT REVISION	1,405.95				
15	69719	REVISION OR REPLACEMENT OF COCHLEAR	1,405.95				X
15	69720	RELEASE FACIAL NERVE	752.85				
15	69725	RELEASE FACIAL NERVE	752.85				
15	69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SK	752.85				
15	69727	REMOVAL OF COCHLEAR STIMULATING SYST	752.85				X
15	69728	REMOVAL OF ENTIRE COCHLEAR STIMULATI	1,405.95	05 99			
15	69729	IMPLANTATION OF COCHLEAR STIMULATING	1,405.95	05 99			
15	69730	REPLACEMENT OF COCHLEAR STIMULATING	1,405.96	05 99			
15	69740	REPAIR FACIAL NERVE	752.85				
15	69745	REPAIR FACIAL NERVE	752.85				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP		X		
15	69801	INCISE INNER EAR	752.85				
15	69805	EXPLORE INNER EAR	1,044.75				
15	69806	EXPLORE INNER EAR	1,044.75				
15	69905	REMOVE INNER EAR	1,044.75				
15	69910	REMOVE INNER EAR & MASTOID	1,044.75				
15	69915	INCISE INNER EAR NERVE	1,044.75				
15	69930	IMPLANT COCHLEAR DEVICE	1,044.75	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP		X		
15	69979	TEMPORAL BONE SURGERY	MP		X		
15	69990	MICROSURGERY ADD-ON	349.65				
15	92018	EYE EXAM W/ANESTHESIA-COMPLETE	349.65				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	349.65				

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EXHIBIT 100

Louisiana Medicaid Hospital Ambulatory Surgery Fee Schedule: Non-Rural and Non-State Hospitals
(Effective Jan. 1, 2025)

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

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

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

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

15 - Outpatient Ambulatory Surgical Services.

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

COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

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

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	481.27				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD	359.35				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	481.27				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	359.35				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	359.35				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	481.27				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	359.35				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	359.35				
15	15200	SKIN FULL GRAFT	550.32				
15	15201	SKIN FULL GRAFT ADD-ON	481.27				
15	15220	SKIN FULL GRAFT	481.27				
15	15221	SKIN FULL GRAFT ADD-ON	481.27				
15	15240	SKIN FULL GRAFT	550.32				
15	15241	SKIN FULL GRAFT ADD-ON	550.32				
15	15260	SKIN FULL GRAFT	481.27				
15	15261	SKIN FULL GRAFT ADD-ON	481.27				
15	15570	FORM SKIN PEDICLE FLAP	550.32				
15	15572	FORM SKIN PEDICLE FLAP	550.32				
15	15574	FORM SKIN PEDICLE FLAP	550.32				
15	15576	FORM SKIN PEDICLE FLAP	550.32				
15	15600	SKIN GRAFT	550.32				
15	15610	SKIN GRAFT	550.32				
15	15620	SKIN GRAFT	679.83				
15	15630	SKIN GRAFT	550.32				
15	15650	TRANSFER SKIN PEDICLE FLAP	773.72				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	550.32				
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	550.32				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	550.32				
15	15736	MUSCLE-SKIN GRAFT, ARM	550.32				
15	15738	MUSCLE-SKIN GRAFT, LEG	550.32				
15	15740	ISLAND PEDICLE FLAP GRAFT	481.27				
15	15750	NEUROVASCULAR PEDICLE GRAFT	481.27				
15	15760	COMPOSITE SKIN GRAFT	481.27				
15	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE	550.32				
15	15770	DERMA-FAT-FASCIA GRAFT	550.32				
15	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	550.32				
15	15820	REVISION OF LOWER EYELID	550.32		X		
15	15821	REVISION OF LOWER EYELID	550.32		X		
15	15822	REVISION OF UPPER EYELID	550.32		X		
15	15823	REVISION OF UPPER EYELID	773.72		X		
15	15840	GRAFT FOR FACE NERVE PALSY	679.83				
15	15841	GRAFT FOR FACE NERVE PALSY	679.83				
15	15842	MICROSUR MUSCLE GRAFT FACE PALSY	679.83				

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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COLUMN:

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

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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COLUMN:

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

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

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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COLUMN:

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

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COLUMN:

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

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

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

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

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COLUMN:

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

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

COLUMN:

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

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

COLUMN:

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

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	50974	URETER ENDOSCOPY & BIOPSY	359.35				
15	50976	URETER ENDOSCOPY & TREATMENT	359.35				
15	50980	URETER ENDOSCOPY & TREATMENT	359.35				
15	51020	INCISE & TREAT BLADDER	679.83				
15	51040	INCISE & DRAIN BLADDER	679.83				
15	51045	INCISE BLADDER/DRAIN URETER	679.83				
15	51050	REMOVAL OF BLADDER STONE	679.83				
15	51065	REMOVE URETER CALCULUS	679.83				
15	51080	DRAINAGE OF BLADDER ABSCESS	359.35				
15	51500	REMOVAL OF BLADDER CYST	679.83				
15	51520	REMOVAL OF BLADDER LESION	679.83				
15	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	359.35				
15	51703	INSERT INDWELL BLADDEER CATH;COMPLIC	359.35				
15	51705	CHANGE OF BLADDER TUBE	359.35				
15	51710	CHANGE OF BLADDER TUBE	359.35				
15	51715	ENDOSCOPIC INJECTION/IMPLANT	550.32				
15	51720	TREATMENT OF BLADDER LESION	359.35				
15	51726	COMPLEX CYSTOMETROGRAM	359.35				
15	51727	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	359.35				
15	51728	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	359.35				
15	51729	COMPLEX CYSTOMETROGRAM (IE, CALIBRAT	359.35				
15	51784	ANAL/URINARY MUSCLE STUDY	359.35				
15	51785	ANAL/URINARY MUSCLE STUDY	359.35				
15	51880	REPAIR OF BLADDER OPENING	359.35				
15	51992	LAPARO SLING OPERATION	481.27				
15	51999	LAPAROSCOPE PROC, BLADDER	MP		X		
15	52000	CYSTOSCOPY	359.35				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	481.27				
15	52005	CYSTOSCOPY & URETER CATHETER	481.27				
15	52007	CYSTOSCOPY AND BIOPSY	481.27				
15	52010	CYSTOSCOPY & DUCT CATHETER	481.27				
15	52204	CYSTOSCOPY	481.27				
15	52214	CYSTOSCOPY AND TREATMENT	481.27				
15	52224	CYSTOSCOPY AND TREATMENT	481.27				
15	52234	CYSTOSCOPY AND TREATMENT	481.27				
15	52235	CYSTOSCOPY AND TREATMENT	550.32				
15	52240	CYSTOSCOPY AND TREATMENT	550.32				
15	52250	CYSTOSCOPY AND RADIOTRACER	679.83				
15	52260	CYSTOSCOPY AND TREATMENT	481.27				
15	52265	CYSTOSCOPY & TREATMENT	481.27				
15	52270	CYSTOSCOPY & REVISE URETHRA	481.27				
15	52275	CYSTOSCOPY & REVISE URETHRA	481.27				
15	52276	CYSTOSCOPY AND TREATMENT	550.32				
15	52277	CYSTOSCOPY AND TREATMENT	481.27				
15	52281	CYSTOSCOPY AND TREATMENT	481.27				
15	52282	CYSTOSCOPY, IMPLANT STENT	1,444.88				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	52283	CYSTOSCOPY AND TREATMENT	481.27				
15	52284	DRUG DELIVERY USING A DRUG-COATED BA	481.27			M	
15	52285	CYSTOSCOPY AND TREATMENT	481.27				
15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	481.27				
15	52290	CYSTOSCOPY AND TREATMENT	481.27				
15	52300	CYSTOSCOPY AND TREATMENT	481.27				
15	52301	CYSTOSCOPY AND TREATMENT	481.27				
15	52305	CYSTOSCOPY AND TREATMENT	481.27				
15	52310	CYSTOSCOPY AND TREATMENT	481.27				
15	52315	CYSTOSCOPY AND TREATMENT	481.27				
15	52317	REMOVE BLADDER STONE	359.35				
15	52318	REMOVE BLADDER STONE	481.27				
15	52320	CYSTOSCOPY AND TREATMENT	773.72				
15	52325	CYSTOSCOPY, STONE REMOVAL	679.83				
15	52327	CYSTOSCOPY, INJECT MATERIAL	481.27				
15	52330	CYSTOSCOPY AND TREATMENT	481.27				
15	52332	CYSTOSCOPY AND TREATMENT	481.27				
15	52334	CREATE PASSAGE TO KIDNEY	550.32				
15	52341	CYSTO W/URETER STRICTURE TX	550.32				
15	52342	CYSTO W/UP STRICTURE TX	550.32				
15	52343	CYSTO W/RENAL STRICTURE TX	550.32				
15	52344	CYSTO/URETERO, STONE REMOVE	550.32				
15	52345	CYSTO/URETERO W/UP STRICTURE	550.32				
15	52346	CYSTOURETERO W/RENAL STRICT	550.32				
15	52351	CYSTOURETRO & OR PYELOSCOPE	550.32				
15	52352	CYSTOURETRO W/STONE REMOVE	679.83				
15	52353	CYSTOURETERO W/LITHOTRIPSY	679.83				
15	52354	CYSTOURETERO W/BIOPSY	679.83				
15	52355	CYSTOURETERO W/EXCISE TUMOR	679.83				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	679.83				
15	52400	CYSTOURETERO W/CONGEN REPR	550.32				
15	52402	CYSTOURETHRO CUT EJACUL DUCT	550.32				
15	52450	INCISION OF PROSTATE	550.32				
15	52500	REVISION OF BLADDER NECK	550.32				
15	52601	PROSTATECTOMY (TURP)	679.83				
15	52630	REMOVE PROSTATE REGROWTH	481.27				
15	52640	RELIEVE BLADDER CONTRACTURE	481.27				
15	52647	LASER SURGERY OF PROSTATE	1,444.88				
15	52648	LASER SURGERY OF PROSTATE	1,444.88				
15	52700	DRAINAGE OF PROSTATE ABSCESS	481.27				
15	53000	INCISION OF URETHRA	359.35				
15	53010	INCISION OF URETHRA	359.35				
15	53020	INCISION OF URETHRA	359.35				
15	53040	DRAINAGE OF URETHRA ABSCESS	481.27				
15	53080	DRAINAGE OF URINARY LEAKAGE	550.32				
15	53200	BIOPSY OF URETHRA	359.35				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	53210	REMOVAL OF URETHRA	773.72			F	
15	53215	REMOVAL OF URETHRA	773.72			M	
15	53220	TREATMENT OF URETHRA LESION	481.27				
15	53230	REMOVAL OF URETHRA LESION	481.27			F	
15	53235	REMOVAL OF URETHRA LESION	550.32			M	
15	53240	SURGERY FOR URETHRA POUCH	481.27				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	481.27				
15	53260	TREATMENT OF URETHRA LESION	481.27				
15	53265	TREATMENT OF URETHRA LESION	481.27				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	481.27			F	
15	53275	REPAIR OF URETHRA DEFECT	481.27			F	
15	53400	REVISE URETHRA, STAGE 1	550.32				
15	53405	REVISE URETHRA, STAGE 2	481.27				
15	53410	RECONSTRUCTION OF URETHRA	481.27			M	
15	53420	RECONSTRUCT URETHRA, STAGE 1	550.32				
15	53425	RECONSTRUCT URETHRA, STAGE 2	481.27				
15	53430	RECONSTRUCTION OF URETHRA	481.27			F	
15	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	481.27				
15	53440	CORRECT BLADDER FUNCTION	481.27			M	
15	53442	REMOVE PERINEAL PROSTHESIS	359.35				
15	53444	INSERT TANDEM CUFF	481.27				
15	53445	INSERT URO/VES NCK SPHINCTER	359.35				
15	53446	REMOVE URO SPHINCTER	359.35				
15	53447	REMOVE/REPLACE UR SPHINCTER	359.35				
15	53449	REPAIR URO SPHINCTER	359.35				
15	53450	REVISION OF URETHRA	359.35				
15	53460	REVISION OF URETHRA	359.35				
15	53502	REPAIR OF URETHRA INJURY	481.27			F	
15	53505	REPAIR OF URETHRA INJURY	481.27			M	
15	53510	REPAIR OF URETHRA INJURY	481.27				
15	53515	REPAIR OF URETHRA INJURY	481.27				
15	53520	REPAIR OF URETHRA DEFECT	481.27			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE;INIT	359.35			M	
15	53605	DILATE URETHRA STRICTURE	481.27			M	
15	53665	DILATION OF URETHRA	359.35			F	
15	53850	PROSTATIC MICROWAVE THERMOTX	1,444.88			M	
15	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,073.67			M	
15	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-R	359.35			F	
15	53899	UROLOGY SURGERY PROCEDURE	MP		X		
15	54000	SLITTING OF PREPUCE	481.27	00 00		M	
15	54001	SLITTING OF PREPUCE	481.27			M	
15	54015	DRAIN PENIS LESION	679.83			M	
15	54057	LASER SURG, PENIS LESION(S)	359.35			M	
15	54060	EXCISION OF PENIS LESION(S)	359.35			M	
15	54065	DESTRUCTION, PENIS LESION(S)	359.35			M	
15	54100	BIOPSY OF PENIS	359.35			M	

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54105	BIOPSY OF PENIS	359.35			M	
15	54110	TREATMENT OF PENIS LESION	481.27			M	
15	54111	TREAT PENIS LESION, GRAFT	481.27			M	
15	54112	TREAT PENIS LESION, GRAFT	481.27			M	
15	54115	TREATMENT OF PENIS LESION	359.35			M	
15	54120	PARTIAL REMOVAL OF PENIS	481.27			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	481.27			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	481.27	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP	481.27			M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	481.27			M	
15	54163	REPAIR OF CIRCUMCISION	481.27			M	
15	54164	FRENULOTOMY OF PENIS	481.27			M	
15	54205	TREATMENT OF PENIS LESION	679.83			M	
15	54220	TREATMENT OF PENIS LESION	359.35			M	
15	54300	REVISION OF PENIS	550.32			M	
15	54304	REVISION OF PENIS	550.32			M	
15	54308	RECONSTRUCTION OF URETHRA	550.32			M	
15	54312	RECONSTRUCTION OF URETHRA	550.32			M	
15	54316	RECONSTRUCTION OF URETHRA	550.32			M	
15	54318	RECONSTRUCTION OF URETHRA	550.32			M	
15	54322	RECONSTRUCTION OF URETHRA	550.32			M	
15	54324	RECONSTRUCTION OF URETHRA	550.32			M	
15	54326	RECONSTRUCTION OF URETHRA	550.32			M	
15	54328	REVISE PENIS/URETHRA	550.32			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	550.32			M	
15	54340	SECONDARY URETHRAL SURGERY	550.32			M	
15	54344	SECONDARY URETHRAL SURGERY	550.32			M	
15	54348	SECONDARY URETHRAL SURGERY	550.32			M	
15	54352	RECONSTRUCT URETHRA/PENIS	550.32			M	
15	54360	PENIS PLASTIC SURGERY	550.32			M	
15	54380	REPAIR PENIS	550.32			M	
15	54385	REPAIR PENIS	550.32			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	550.32				
15	54408	REPAIR MULTI-COMP PENIS PROS	550.32				
15	54410	REMOVE/REPLACE PENIS PROSTH	550.32				
15	54415	REMOVE SELF-CONTD PENIS PROS	550.32				
15	54416	REMV/REPL PENIS CONTAIN PROS	550.32				
15	54420	REVISION OF PENIS	679.83			M	
15	54435	REVISION OF PENIS	679.83			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	481.27			M	
15	54440	REPAIR OF PENIS	679.83		X	M	
15	54450	PREPUTIAL STRETCHING	359.35			M	
15	54500	BIOPSY OF TESTIS	359.35			M	
15	54505	BIOPSY OF TESTIS	359.35			M	
15	54512	EXCISE LESION TESTIS	481.27			M	
15	54520	REMOVAL OF TESTIS	550.32			M	

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54522	ORCHIECTOMY, PARTIAL	550.32			M	
15	54530	REMOVAL OF TESTIS	679.83			M	
15	54535	EXTENSIVE TESTIS SURGERY	550.32			M	
15	54550	EXPLORATION FOR TESTIS	679.83			M	
15	54600	REDUCE TESTIS TORSION	679.83			M	
15	54620	SUSPENSION OF TESTIS	550.32			M	
15	54640	SUSPENSION OF TESTIS	679.83			M	
15	54660	REVISION OF TESTIS	481.27			M	
15	54670	REPAIR TESTIS INJURY	550.32			M	
15	54680	RELOCATION OF TESTIS(ES)	550.32			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,444.88				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,444.88				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		X		
15	54700	DRAINAGE OF SCROTUM	481.27			M	
15	54800	BIOPSY OF EPIDIDYMIS	359.35			M	
15	54830	REMOVE EPIDIDYMIS LESION	550.32			M	
15	54840	REMOVE EPIDIDYMIS LESION	679.83			M	
15	54860	REMOVAL OF EPIDIDYMIS	550.32			M	
15	54861	REMOVAL OF EPIDIDYMIS	679.83			M	
15	55000	DRAINAGE OF HYDROCELE	359.35			M	
15	55040	REMOVAL OF HYDROCELE	550.32			M	
15	55041	REMOVAL OF HYDROCELES	773.72			M	
15	55060	REPAIR OF HYDROCELE	679.83			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	359.35			M	
15	55110	EXPLORE SCROTUM	481.27				
15	55120	REMOVAL OF SCROTUM LESION	481.27			M	
15	55150	REMOVAL OF SCROTUM	359.35			M	
15	55175	REVISION OF SCROTUM	359.35				
15	55180	REVISION OF SCROTUM	481.27				
15	55200	INCISION OF SPERM DUCT	481.27			M	
15	55250	REMOVAL OF SPERM DUCT(S)	481.27	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	550.32			M	
15	55520	REMOVAL OF SPERM CORD LESION	679.83			M	
15	55530	REVISE SPERMATIC CORD VEINS	679.83			M	
15	55535	REVISE SPERMATIC CORD VEINS	679.83			M	
15	55540	REVISE HERNIA & SPERM VEINS	773.72			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,444.88				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		X		
15	55680	REMOVE SPERM POUCH LESION	359.35			M	
15	55700	BIOPSY OF PROSTATE	481.27			M	
15	55705	BIOPSY OF PROSTATE	481.27			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	359.35			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	481.27			M	
15	55867	SIMPLE SURGICAL SUBTOTAL REMOVAL OF	1,444.88			M	
15	55873	CRYOABLATE PROSTATE	1,444.88				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,444.88			M	

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,073.67			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		X	M	
15	56405	INCISION AND DRAINAGEOF VULVA OR PE	359.35			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	359.35	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	481.27			F	
15	56441	LYSIS OF LABIAL LESION(S)	359.35			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	359.35			F	
15	56515	DESTROY VULVA LESION/S COMPL	550.32			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	359.35			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	359.35			F	
15	56620	PARTIAL REMOVAL OF VULVA	773.72			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,073.67			F	
15	56700	PARTIAL REMOVAL OF HYMEN	359.35			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	550.32			F	
15	56800	REPAIR OF VAGINA	550.32			F	
15	56810	REPAIR OF PERINEUM	773.72				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	359.35			F	
15	57000	EXPLORATION OF VAGINA	359.35				
15	57010	DRAINAGE OF PELVIC ABSCESS	481.27			F	
15	57020	DRAINAGE OF PELVIC FLUID	481.27			F	
15	57023	I & D VAG HEMATOMA, NON-OB	359.35			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	359.35			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	359.35			F	
15	57100	BIOPSY OF VAGINA	359.35			F	
15	57105	BIOPSY OF VAGINA	359.35			F	
15	57130	REMOVE VAGINA LESION	481.27			F	
15	57135	REMOVE VAGINA LESION	481.27			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	481.27			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	481.27			F	
15	57180	TREAT VAGINAL BLEEDING	359.35			F	
15	57200	REPAIR OF VAGINA	359.35			F	
15	57210	REPAIR VAGINA/PERINEUM	481.27			F	
15	57220	REVISION OF URETHRA	550.32			F	
15	57230	REPAIR OF URETHRAL LESION	550.32			F	
15	57240	REPAIR BLADDER & VAGINA	773.72			F	
15	57250	REPAIR RECTUM & VAGINA	773.72			F	
15	57260	REPAIR OF VAGINA	773.72			F	
15	57265	EXTENSIVE REPAIR OF VAGINA	1,073.67			F	
15	57268	REPAIR OF BOWEL BULGE	550.32			F	
15	57288	REPAIR BLADDER DEFECT	773.72				
15	57289	REPAIR BLADDER & VAGINA	773.72			F	
15	57291	CONSTRUCTION OF VAGINA	773.72			F	
15	57300	REPAIR RECTUM-VAGINA FISTULA	550.32			F	
15	57400	DILATION OF VAGINA	481.27		X	F	
15	57410	PELVIC EXAMINATION	481.27		X	F	
15	57415	REMOVE VAGINAL FOREIGN BODY	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5		6	7	8
				AGE		MED		X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	57420	EXAM OF VAGINA W/SCOPE	359.35					
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	359.35				F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	359.35				F	
15	57454	VAGINA EXAMINATION & BIOPSY	359.35				F	
15	57455	BIOPSY OF CERVIX W/SCOPE	359.35				F	
15	57456	ENDOCERV CURETTAGE W/SCOPE	359.35				F	
15	57460	COLPOSCOPY (VAGINOSCOPY;	359.35				F	
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	359.35					
15	57500	BIOPSY OF CERVIX	359.35				F	
15	57505	ENDOCERVICAL CURETTAGE	481.27				F	
15	57510	CAUTHERUZATION OF CERVIX	550.32				F	
15	57511	CRYOCAUTERY OF CERVIX	550.32				F	
15	57513	LASER SURGERY OF CERVIX	481.27				F	
15	57520	CONIZATION OF CERVIX	481.27				F	
15	57522	CONIZATION OF CERVIX	481.27					
15	57530	REMOVAL OF CERVIX	550.32				F	
15	57550	REMOVAL OF RESIDUAL CERVIX	550.32				F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	773.72					
15	57700	REVISION OF CERVIX	359.35				F	
15	57720	REVISION OF CERVIX	550.32				F	
15	57800	DILATION OF CERVICAL CANAL	359.35				F	
15	58120	DILATION AND CURETTAGE	481.27	12	99		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	773.72				F	
15	58300	INSERT INTRAUTERINE DEVICE	359.35	10	60		F	
15	58301	REMOVE INTRAUTERINE DEVICE	359.35	10	60		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	481.27	21	59	X	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	481.27					
15	58353	ENDOMETR ABLATE, THERMAL	679.83			X	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,444.88				F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,444.88				F	
15	58550	LAPARO-ASST VAG HYSTERECTOMY	1,444.88			X		
15	58552	LAPARO-VAG HYST INCL T/O	1,444.88					
15	58555	HYSTEROSCOPY, DX, SEP PROC	359.35			X		
15	58558	HYSTEROSCOPY, BIOPSY	550.32			X		
15	58559	HYSTEROSCOPY, LYSIS	481.27			X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	550.32			X		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	550.32			X		
15	58562	HYSTEROSCOPY, REMOVE FB	550.32			X		
15	58563	HYSTEROSCOPY, ABLATION	679.83			X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,578.04	21	59	X	F	
15	58578	LAPARO PROC, UTERUS	MP			X		
15	58579	HYSTEROSCOPE PROCEDURE	MP			X		
15	58580	DESTRUCTION OF UTERINE FIBROID(S) US	773.72				F	
15	58600	DIVISION OF FALLOPIAN TUBE	550.32	21	55	X	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	679.83	21	55	X	F	
15	58660	LAPAROSCOPY, LYSIS	773.72			X		

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5		6	7	8
				AGE		MED		X-
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	SEX	OVERS
15	58661	LAPAROSCOPY, REMOVE ADNEXA	773.72			X		
15	58662	LAPAROSCOPY, EXCISE LESIONS	773.72			X		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	550.32	10	59	X	F	
15	58671	LAPAROSCOPY, TUBAL BLOCK	550.32			X		
15	58673	LAPAROSCOPY, SALPINGOSTOMY	773.72			X		
15	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	773.72				F	
15	58679	LAPRO PROC, OVIDUCT-OVARY	MP			X		
15	58800	DRAINAGE OF OVARIAN CYST(S)	550.32				F	
15	58805	DRAINAGE OF OVARIAN CYST(S)	550.32				F	
15	58820	DRAIN OVARY ABSCESS, OPEN	550.32				F	
15	58900	BIOPSY OF OVARY(S)	550.32				F	
15	58925	REMOVAL OF OVARIAN CYST(S)	550.32				F	
15	58999	GENITAL SURGERY PROCEDURE	MP			X		
15	59000	AMNIOCENTESIS	359.35	10	60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	359.35					
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	550.32			X		
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	550.32	10	60	X	F	
15	59160	D & C AFTER DELIVERY	550.32	10	60		F	
15	59320	REVISION OF CERVIX	359.35	10	60		F	
15	59812	TREATMENT OF MISCARRIAGE	773.72	10	60	X	F	
15	59820	CARE OF MISCARRIAGE	773.72	10	60	X		
15	59821	TREATMENT OF MISCARRIAGE	773.72	10	55	X	F	
15	59840	ABORTION	773.72	10	60	X	F	
15	59841	ABORTION	773.72	10	60	X		
15	59870	EVACUATE MOLE OF UTERUS	773.72	10	60	X	F	
15	59871	REMOVE CERCLAGE SUTURE	773.72				F	
15	59897	PETAL INVAS PX W/US	MP	10	59	X	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP			X		
15	59899	MATERNITY CARE PROCEDURE	MP			X	F	
15	60000	DRAIN THYROID/TONGUE CYST	359.35					
15	60100	BIOPSY OF THYROID	359.35					
15	60200	REMOVE THYROID LESION	481.27					
15	60220	PARTIAL REMOVAL OF THYROID	679.83					
15	60240	REMOVAL OF THYROID	1,444.88					
15	60280	REMOVE THYROID DUCT LESION	679.83					
15	60281	REMOVE THYROID DUCT LESION	679.83					
15	60659	LAPARO PROC, ENDOCRINE	MP			X		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP			X		
15	61020	REMOVE BRAIN CAVITY FLUID	359.35					
15	61026	INJECTION INTO BRAIN CANAL	359.35					
15	61050	REMOVE BRAIN CANAL FLUID	359.35					
15	61055	INJECTION INTO BRAIN CANAL	359.35					
15	61070	BRAIN CANAL SHUNT PROCEDURE	359.35					
15	61215	INSERT BRAIN-FLUID DEVICE	550.32					
15	61790	TREAT TRIGEMINAL NERVE	550.32					
15	61791	TREAT TRIGEMINAL TRACT	550.32					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	61885	IMPLANT NEUROSTIM ONE ARRAY	481.27				
15	61886	IMPLANT NEUROSTIM ARRAYS	550.32				
15	61888	REVISE/REMOVE NEURORECEIVER	359.35				
15	61889	INSERTION OF SKULL-MOUNTED CRANIAL N	550.32				
15	61891	REVISION OR REPLACEMENT OF SKULL-MOU	550.32				
15	61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEU	550.32				
15	62194	REPLACE/IRRIGATE CATHETER	359.35				
15	62225	REPLACE/IRRIGATE CATHETER	359.35				
15	62230	REPLACE/REVISE BRAIN SHUNT	481.27				
15	62263	LYSIS EPIDURAL ADHESIONS	359.35				
15	62268	DRAIN SPINAL CORD CYST	359.35				
15	62269	NEEDLE BIOPSY, SPINAL CORD	359.35				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	359.35				
15	62272	DRAIN CEREBRO SPINAL FLUID	359.35				
15	62273	TREAT EPIDURAL SPINE LESION	359.35				
15	62280	TREAT SPINAL CORD LESION	359.35				
15	62281	TREAT SPINAL CORD LESION	359.35				
15	62282	TREAT SPINAL CANAL LESION	359.35				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,444.88				
15	62294	INJECTION INTO SPINAL ARTERY	550.32				
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	359.35				
15	62324	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62325	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62326	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62327	INJECTION(S), INCLUDING INDWELLING C	359.35				
15	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	359.35				
15	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	359.35				
15	62350	IMPLANT SPINAL CANAL CATH	481.27				
15	62355	REMOVE SPINAL CANAL CATHETER	481.27				
15	62360	INSERT SPINE INFUSION DEVICE	481.27				
15	62361	IMPLANT SPINE INFUSION PUMP	481.27				
15	62362	IMPLANT SPINE INFUSION PUMP	481.27				
15	62365	REMOVE SPINE INFUSION DEVICE	481.27				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	481.27				
15	62368	ANALYZE SPINE INFUSION PUMP	481.27				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C	1,444.88				
15	63600	REMOVE SPINAL CORD LESION	481.27				
15	63610	STIMULATION OF SPINAL CORD	359.35				
15	63650	IMPLANT NEUROELECTRODES	481.27				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	359.35				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	359.35				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN	359.35				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	63685	IMPLANT NEURORECEIVER	481.27				
15	63688	REVISE/REMOVE NEURORECEIVER	359.35				
15	63744	REVISION OF SPINAL SHUNT	550.32				
15	63746	REMOVAL OF SPINAL SHUNT	481.27				
15	64415	INJECTION FOR NERVE BLOCK	359.35				
15	64417	INJECTION FOR NERVE BLOCK	359.35				
15	64420	INJECTION FOR NERVE BLOCK	359.35				
15	64421	INJECTION FOR NERVE BLOCK	359.35				
15	64430	INJECTION FOR NERVE BLOCK	359.35				
15	64450	INJECTION FOR NERVE BLOCK	359.35				
15	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	359.35				
15	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	359.35				
15	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	359.35				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	359.35				
15	64505	INJECTION FOR NERVE BLOCK	359.35				
15	64510	INJECTION FOR NERVE BLOCK	359.35				
15	64517	N BLOCK INJ, HYPOGAS PLXS	481.27				
15	64520	INJECTION FOR NERVE BLOCK	359.35				
15	64530	INJECTION FOR NERVE BLOCK	359.35				
15	64553	PERCUTANEOUS IMPLANTATION OF NEUROST	359.35				
15	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	550.32				
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	550.32				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	359.35				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	359.35				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	550.32				
15	64582	INSERTION OF HYPOGLOSSAL NERVE NEURO	550.32				
15	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	550.32				
15	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	550.32				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	359.35				
15	64590	INSERTION OR REPLACEMENT OF PERIPHER	481.27				
15	64595	REVISE/REMOVE NEURORECEIVER	359.35				
15	64596	INSERTION OR REPLACEMENT OF A PERIPH	481.27				
15	64597	INSERTION OR REPLACEMENT OF A PERIPH	481.27				
15	64598	REVISION OR REMOVAL OF A ELECTRODE A	481.27				
15	64600	INJECTION TREATMENT OF NERVE	359.35				
15	64605	INJECTION TREATMENT OF NERVE	359.35				
15	64610	INJECTION TREATMENT OF NERVE	359.35				
15	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	481.27				
15	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	481.27				
15	64620	INJECTION TREATMENT OF NERVE	359.35				
15	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	359.35				
15	64625	RADIOFREQUENCY ABLATION, NERVES INNE	481.27				
15	64628	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	359.35				
15	64630	INJECTION TREATMENT OF NERVE	481.27				
15	64640	INJECTION TREATMENT OF NERVE	359.35				
15	64642	Injection of chemical for destructio	359.35				

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COLUMN:

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	SEX	X-OVERS
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	359.35				
15	64644	Injection of chemical for destructio	359.35				
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	359.35				
15	64646	Injection of chemical for destructio	359.35				
15	64647	Injection of chemical for destructio	359.35				
15	64680	INJECTION TREATMENT OF NERVE	481.27				
15	64681	INJECTION TREATMENT OF NERVE	481.27				
15	64702	REVISE FINGER/TOE NERVE	359.35				
15	64704	REVISE HAND/FOOT NERVE	359.35				
15	64708	REVISE ARM/LEG NERVE	481.27				
15	64712	REVISION OF SCIATIC NERVE	481.27				
15	64713	REVISION OF ARM NERVE(S)	481.27				
15	64714	REVISE LOW BACK NERVE(S)	481.27				
15	64716	REVISION OF CRANIAL NERVE	550.32				
15	64718	REVISE ULNAR NERVE AT ELBOW	481.27				
15	64719	REVISE ULNAR NERVE AT WRIST	481.27				
15	64721	CARPAL TUNNEL SURGERY	481.27				
15	64722	RELIEVE PRESSURE ON NERVE(S)	359.35				
15	64726	RELEASE FOOT/TOE NERVE	359.35				
15	64727	INTERNAL NERVE REVISION	359.35				
15	64732	INCISION OF BROW NERVE	481.27				
15	64734	INCISION OF CHEEK NERVE	481.27				
15	64736	INCISION OF CHIN NERVE	481.27				
15	64738	INCISION OF JAW NERVE	481.27				
15	64740	INCISION OF TONGUE NERVE	481.27				
15	64742	INCISION OF FACIAL NERVE	481.27				
15	64744	INCISE NERVE, BACK OF HEAD	481.27				
15	64746	INCISE DIAPHRAGM NERVE	481.27				
15	64771	SEVER CRANIAL NERVE	481.27				
15	64772	INCISION OF SPINAL NERVE	481.27				
15	64774	REMOVE SKIN NERVE LESION	481.27				
15	64776	REMOVE DIGIT NERVE LESION	550.32				
15	64778	DIGIT NERVE SURGERY ADD-ON	481.27				
15	64782	REMOVE LIMB NERVE LESION	550.32				
15	64783	LIMB NERVE SURGERY ADD-ON	481.27				
15	64784	REMOVE NERVE LESION	550.32				
15	64786	REMOVE SCIATIC NERVE LESION	550.32				
15	64787	IMPLANT NERVE END	481.27				
15	64788	REMOVE SKIN NERVE LESION	550.32				
15	64790	REMOVAL OF NERVE LESION	550.32				
15	64792	REMOVAL OF NERVE LESION	550.32				
15	64795	BIOPSY OF NERVE	481.27				
15	64802	REMOVE SYMPATHETIC NERVES	481.27				
15	64821	REMOVE SYMPATHETIC NERVES	679.83				
15	64831	REPAIR OF DIGIT NERVE	679.83				
15	64832	REPAIR NERVE ADD-ON	359.35				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64834	REPAIR OF HAND OR FOOT NERVE	481.27				
15	64835	REPAIR OF HAND OR FOOT NERVE	550.32				
15	64836	REPAIR OF HAND OR FOOT NERVE	550.32				
15	64837	REPAIR NERVE ADD-ON	359.35				
15	64840	REPAIR OF LEG NERVE	481.27				
15	64856	REPAIR/TRANSPOSE NERVE	481.27				
15	64857	REPAIR ARM/LEG NERVE	481.27				
15	64858	REPAIR SCIATIC NERVE	481.27				
15	64859	NERVE SURGERY	359.35				
15	64861	REPAIR OF ARM NERVES	550.32				
15	64862	REPAIR OF LOW BACK NERVES	550.32				
15	64864	REPAIR OF FACIAL NERVE	550.32				
15	64865	REPAIR OF FACIAL NERVE	679.83				
15	64872	SUBSEQUENT REPAIR OF NERVE	481.27				
15	64874	REPAIR & REVISE NERVE ADD-ON	550.32				
15	64876	REPAIR NERVE/SHORTEN BONE	550.32				
15	64885	NERVE GRAFT, HEAD OR NECK	481.27				
15	64886	NERVE GRAFT, HEAD OR NECK	481.27				
15	64890	NERVE GRAFT, HAND OR FOOT	481.27				
15	64891	NERVE GRAFT, HAND OR FOOT	481.27				
15	64892	NERVE GRAFT, ARM OR LEG	481.27				
15	64893	NERVE GRAFT, ARM OR LEG	481.27				
15	64895	NERVE GRAFT, HAND OR FOOT	550.32				
15	64896	NERVE GRAFT, HAND OR FOOT	550.32				
15	64897	NERVE GRAFT, ARM OR LEG	550.32				
15	64898	NERVE GRAFT, ARM OR LEG	550.32				
15	64901	NERVE GRAFT ADD-ON	481.27				
15	64902	NERVE GRAFT ADD-ON	481.27				
15	64905	NERVE PEDICLE TRANSFER	481.27				
15	64907	NERVE PEDICLE TRANSFER	359.35				
15	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	550.32				
15	64999	NERVOUS SYSTEM SURGERY	MP		X		
15	65091	REVISE EYE	550.32				
15	65093	REVISE EYE WITH IMPLANT	550.32				
15	65101	REMOVAL OF EYE	550.32				
15	65103	REMOVE EYE/INSERT IMPLANT	550.32				
15	65105	REMOVE EYE/ATTACH IMPLANT	679.83				
15	65110	REMOVAL OF EYE	773.72				
15	65112	REMOVE EYE/REVISE SOCKET	1,073.67				
15	65114	REMOVE EYE/REVISE SOCKET	1,073.67				
15	65130	INSERT OCULAR IMPLANT	550.32				
15	65135	INSERT OCULAR IMPLANT	481.27				
15	65140	ATTACH OCULAR IMPLANT	550.32				
15	65150	REVISE OCULAR IMPLANT	481.27				
15	65155	REINSERT OCULAR IMPLANT	550.32				
15	65175	REMOVAL OF OCULAR IMPLANT	359.35				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	65205	REMOVE FOREIGN BODY FROM EYE	359.35				
15	65235	REMOVE FOREIGN BODY FROM EYE	481.27				
15	65260	REMOVE FOREIGN BODY FROM EYE	550.32				
15	65265	REMOVE FOREIGN BODY FROM EYE	679.83				
15	65270	REPAIR OF EYE WOUND	481.27				
15	65272	REPAIR OF EYE WOUND	481.27				
15	65275	REPAIR OF EYE WOUND	679.83				
15	65280	REPAIR OF EYE WOUND	679.83				
15	65285	REPAIR OF EYE WOUND	679.83				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	550.32				
15	65400	REMOVAL OF EYE LESION	359.35				
15	65410	BIOPSY OF CORNEA	481.27				
15	65420	REMOVAL OF EYE LESION	481.27				
15	65426	REMOVAL OF EYE LESION	773.72				
15	65710	CORNEAL TRANSPLANT	1,073.67				
15	65730	CORNEAL TRANSPLANT	1,073.67				
15	65750	CORNEAL TRANSPLANT	1,073.67				
15	65755	CORNEAL TRANSPLANT	1,073.67				
15	65770	REVISE CORNEA WITH IMPLANT	1,073.67				
15	65772	CORRECTION OF ASTIGMATISM	679.83				
15	65775	CORRECTION OF ASTIGMATISM	679.83				
15	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	481.27				
15	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	359.35				
15	65780	OCULAR RECONST, TRANSPLANT	773.72				
15	65781	OCULAR RECONST, TRANSPLANT	773.72				
15	65782	OCULAR RECONST, TRANSPLANT	773.72		X		
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	679.83				
15	65800	DRAINAGE OF EYE	359.35				
15	65810	DRAINAGE OF EYE	550.32				
15	65815	DRAINAGE OF EYE	481.27				
15	65820	RELIEVE INNER EYE PRESSURE	359.35				
15	65850	INCISION OF EYE	679.83				
15	65855	LASER TRABECULOPLASTY-1/MORE	679.83				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	481.27				
15	65865	INCISE INNER EYE ADHESIONS	359.35				
15	65870	INCISE INNER EYE ADHESIONS	679.83				
15	65875	INCISE INNER EYE ADHESIONS	679.83				
15	65880	INCISE INNER EYE ADHESIONS	679.83				
15	65900	REMOVE EYE LESION	773.72				
15	65920	REMOVE IMPLANT OF EYE	1,073.67				
15	65930	REMOVE BLOOD CLOT FROM EYE	773.72				
15	66020	INJECTION TREATMENT OF EYE	359.35				
15	66030	INJECTION TREATMENT OF EYE	359.35				
15	66130	REMOVE EYE LESION	1,073.67				
15	66150	GLAUCOMA SURGERY	679.83				
15	66155	GLAUCOMA SURGERY	679.83				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66160	GLAUCOMA SURGERY	481.27				
15	66170	GLAUCOMA SURGERY	679.83				
15	66172	INCISION OF EYE	679.83				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	679.83				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	679.83				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	773.72				
15	66180	IMPLANT EYE SHUNT	773.72				
15	66183	Insertion of eye fluid drainage devi	773.72				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	481.27				
15	66185	REVISE EYE SHUNT	481.27				
15	66225	REPAIR/GRAFT EYE LESION	679.83				
15	66250	FOLLOW-UP SURGERY OF EYE	481.27				
15	66500	INCISION OF IRIS	359.35				
15	66505	INCISION OF IRIS	359.35				
15	66600	REMOVE IRIS AND LESION	550.32				
15	66605	REMOVAL OF IRIS	550.32				
15	66625	REMOVAL OF IRIS	550.32				
15	66630	REMOVAL OF IRIS	550.32				
15	66635	REMOVAL OF IRIS	550.32				
15	66680	REPAIR IRIS & CILIARY BODY	550.32				
15	66682	REPAIR IRIS & CILIARY BODY	481.27				
15	66700	DESTRUCTION, CILIARY BODY	481.27				
15	66710	DESTRUCTION, CILIARY BODY	481.27				
15	66711	CILIARY ENDOSCOPIC ABLATION	481.27				
15	66720	DESTRUCTION, CILIARY BODY	481.27				
15	66740	DESTRUCTION, CILIARY BODY	481.27				
15	66761	REVISION OF IRIS	481.27				
15	66820	INCISION OF LENS LESION	481.27				
15	66821	AFTER CATARACT LASER SURGERY	481.27				
15	66825	REPOSITION INTRAOCULAR LENS	679.83				
15	66830	REMOVAL OF LENS LESION	679.83				
15	66840	REMOVAL OF LENS MATERIAL	679.83				
15	66850	REMOVAL OF LENS MATERIAL	1,073.67				
15	66852	REMOVAL OF LENS MATERIAL	679.83				
15	66920	EXTRACTION OF LENS	679.83				
15	66930	EXTRACTION OF LENS	773.72				
15	66940	EXTRACTION OF LENS	773.72				
15	66982	CATARACT SURGERY, COMPLEX	888.07				
15	66983	CATARACT SURG W/IOL, 1 STAGE	888.07				
15	66984	CATARACT SURG W/IOL, I STAGE	888.07				
15	66985	INSERT LENS PROSTHESIS	729.47				
15	66986	EXCHANGE LENS PROSTHESIS	729.47				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,073.67				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,073.67				
15	66989	COMPLEX EXTRACAPSULAR REMOVAL OF CAT	1,073.67				
15	66991	EXTRACAPSULAR REMOVAL OF CATARACT WI	1,073.67				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66999	EYE SURGERY PROCEDURE	MP		X		
15	67005	PARTIAL REMOVAL OF EYE FLUID	679.83				
15	67010	PARTIAL REMOVAL OF EYE FLUID	679.83				
15	67015	RELEASE OF EYE FLUID	359.35				
15	67025	REPLACE EYE FLUID	359.35				
15	67027	IMPLANT EYE DRUG SYSTEM	679.83				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	359.35				
15	67030	INCISE INNER EYE STRANDS	359.35				
15	67031	LASER SURGERY, EYE STRANDS	481.27				
15	67036	REMOVAL OF INNER EYE FLUID	679.83				
15	67039	LASER TREATMENT OF RETINA	1,073.67				
15	67040	LASER TREATMENT OF RETINA	1,073.67				
15	67042	VIT FOR MACULAR HOLE	773.72				
15	67101	REPAIR DETACHED RETINA	773.72				
15	67105	PHOTOCOAGULATION/DETACHED RET	773.72				
15	67107	REPAIR DETACHED RETINA	773.72				
15	67108	REPAIR DETACHED RETINA	1,073.67				
15	67113	REPAIR RETINAL DETACH,CPLX	1,073.67				
15	67115	RELEASE ENCIRCLING MATERIAL	481.27				
15	67120	REMOVE EYE IMPLANT MATERIAL	481.27				
15	67121	REMOVE EYE IMPLANT MATERIAL	481.27				
15	67141	TREATMENT OF RETINA	481.27				
15	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	481.27				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL	773.72				
15	67218	TREATMENT OF RETINAL LESION	773.72				
15	67220	TREAT CHOROID LESION	359.35				
15	67227	TREATMENT OF RETINAL LESION	359.35				
15	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	359.35				
15	67250	REINFORCE EYE WALL	550.32				
15	67255	REINFORCE/GRAFT EYE WALL	550.32				
15	67299	EYE SURGERY PROCEDURE	MP		X		
15	67311	REVISE EYE MUSCLE	550.32				
15	67312	REVISE TWO EYE MUSCLES	679.83				
15	67314	REVISE EYE MUSCLE	679.83				
15	67316	REVISE TWO EYE MUSCLES	679.83				
15	67318	REVISE EYE MUSCLE(S)	679.83				
15	67320	REVISE EYE MUSCLE(S) ADD-ON	679.83				
15	67331	EYE SURGERY FOLLOW-UP ADD-ON	679.83				
15	67332	REREVISE EYE MUSCLES ADD-ON	679.83				
15	67334	REVISE EYE MUSCLE W/SUTURE	679.83				
15	67335	EYE SUTURE DURING SURGERY	679.83				
15	67340	REVISE EYE MUSCLE ADD-ON	679.83				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,073.67				
15	67399	EYE MUSCLE SURGERY PROCEDURE	MP		X		
15	67400	EXPLORE/BIOPSY EYE SOCKET	550.32				
15	67405	EXPLORE/DRAIN EYE SOCKET	679.83				

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67412	EXPLORE/TREAT EYE SOCKET	773.72				
15	67413	EXPLORE/TREAT EYE SOCKET	773.72				
15	67415	ASPIRATION, ORBITAL CONTENTS	359.35				
15	67420	EXPLORE/TREAT EYE SOCKET	773.72				
15	67430	EXPLORE/TREAT EYE SOCKET	773.72				
15	67440	EXPLORE/DRAIN EYE SOCKET	773.72				
15	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	773.72				
15	67450	EXPLORE/BIOPSY EYE SOCKET	773.72				
15	67500	INJECT/TREAT EYE SOCKET	359.35				
15	67550	INSERT EYE SOCKET IMPLANT	679.83				
15	67560	REVISE EYE SOCKET IMPLANT	481.27				
15	67570	OPTIC NERVE DECOMPRESSION (EG,INICIS	359.35				
15	67599	ORBIT SURGERY PROCEDURE	MP		X		
15	67700	DRAINAGE OF EYELID ABSCESS	359.35				
15	67715	INCISION OF EYELID FOLD	359.35				
15	67800	REMOVE EYELID LESION	359.35				
15	67801	REMOVE EYELID LESIONS	359.35				
15	67805	REMOVE EYELID LESIONS	359.35				
15	67808	REMOVE EYELID LESION(S)	481.27				
15	67810	BIOPSY OF EYELID	359.35				
15	67820	REVISE EYELASHES	359.35				
15	67830	REVISE EYELASHES	481.27				
15	67835	REVISE EYELASHES	481.27				
15	67840	REMOVE EYELID LESION	359.35				
15	67880	REVISION OF EYELID	550.32				
15	67882	REVISION OF EYELID	550.32				
15	67900	REPAIR BROW DEFECT	679.83				
15	67901	REPAIR EYELID DEFECT	773.72				
15	67902	REPAIR EYELID DEFECT	773.72				
15	67903	REPAIR EYELID DEFECT	679.83				
15	67904	REPAIR EYELID DEFECT	679.83				
15	67906	REPAIR EYELID DEFECT	773.72				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	679.83				
15	67909	REVISE EYELID DEFECT	679.83				
15	67911	REVISE EYELID DEFECT	550.32				
15	67912	CORRECTION EYELID W/IMPLANT	550.32				
15	67914	REPAIR EYELID DEFECT	550.32				
15	67916	REPAIR EYELID DEFECT	679.83				
15	67917	REPAIR EYELID DEFECT	679.83				
15	67921	REPAIR EYELID DEFECT	550.32				
15	67923	REPAIR EYELID DEFECT	679.83				
15	67924	REPAIR EYELID DEFECT	679.83				
15	67930	REPAIR EYELID WOUND	481.27				
15	67935	REPAIR EYELID WOUND	481.27				
15	67938	REMOVE EYELID FOREIGN BODY	359.35				
15	67950	REVISION OF EYELID	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67961	REVISION OF EYELID	550.32				
15	67966	REVISION OF EYELID	550.32				
15	67971	RECONSTRUCTION OF EYELID	550.32				
15	67973	RECONSTRUCTION OF EYELID	550.32				
15	67974	RECONSTRUCTION OF EYELID	550.32				
15	67975	RECONSTRUCTION OF EYELID	550.32				
15	67999	EYELID SURGERY PROCEDURE	MP		X		
15	68110	REMOVE EYELID LINING LESION	359.35				
15	68115	REMOVE EYELID LINING LESION	481.27				
15	68130	REMOVE EYELID LINING LESION	481.27				
15	68320	REVISE/GRAFT EYELID LINING	679.83				
15	68325	REVISE/GRAFT EYELID LINING	679.83				
15	68326	REVISE/GRAFT EYELID LINING	679.83				
15	68328	REVISE/GRAFT EYELID LINING	679.83				
15	68330	REVISE EYELID LINING	679.83				
15	68335	REVISE/GRAFT EYELID LINING	679.83				
15	68340	SEPARATE EYELID ADHESIONS	679.83				
15	68360	REVISE EYELID LINING	481.27				
15	68362	REVISE EYELID LINING	481.27				
15	68371	HARVEST EYE TISSUE, ALOGRAFT	481.27				
15	68399	EYELID LINING SURGERY	MP		X		
15	68500	REMOVAL OF TEAR GLAND	550.32				
15	68505	PARTIAL REMOVAL, TEAR GLAND	550.32				
15	68510	BIOPSY OF TEAR GLAND	359.35				
15	68520	REMOVAL OF TEAR SAC	550.32				
15	68525	BIOPSY OF TEAR SAC	359.35				
15	68540	REMOVE TEAR GLAND LESION	550.32				
15	68550	REMOVE TEAR GLAND LESION	550.32				
15	68700	REPAIR TEAR DUCTS	481.27				
15	68720	CREATE TEAR SAC DRAIN	679.83				
15	68745	CREATE TEAR DUCT DRAIN	679.83				
15	68750	CREATE TEAR DUCT DRAIN	679.83				
15	68770	CLOSE TEAR SYSTEM FISTULA	679.83				
15	68810	PROBE NASOLACRIMAL DUCT	359.35				
15	68811	PROBE NASOLACRIMAL DUCT	481.27				
15	68815	PROBE NASOLACRIMAL DUCT	481.27				
15	68899	TEAR DUCT SYSTEM SURGERY	MP		X		
15	69000	DRAIN EXTERNAL EAR LESION	359.35				
15	69005	DRAIN EXTERNAL EAR LESION	359.35				
15	69020	DRAIN OUTER EAR CANAL LESION	359.35				
15	69100	BIOPSY OF EXTERNAL EAR	359.35				
15	69105	BIOPSY OF EXTERNAL EAR CANAL	359.35				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	359.35				
15	69120	REMOVAL OF EXTERNAL EAR	481.27				
15	69140	REMOVE EAR CANAL LESION(S)	481.27				
15	69145	REMOVE EAR CANAL LESION(S)	481.27				

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COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69150	EXTENSIVE EAR CANAL SURGERY	550.32				
15	69205	CLEAR OUTER EAR CANAL	359.35				
15	69222	CLEAN OUT MASTOID CAVITY	481.27				
15	69300	REVISE EXTERNAL EAR	550.32				
15	69310	REBUILD OUTER EAR CANAL	550.32				
15	69320	REBUILD OUTER EAR CANAL	1,073.67				
15	69399	OUTER EAR SURGERY PROCEDURE	MP		X		
15	69420	INCISION OF EARDRUM	481.27				
15	69421	INCISION OF EARDRUM	550.32				
15	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	359.35				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	550.32				
15	69436	CREATE EARDRUM OPENING	550.32				
15	69440	EXPLORATION OF MIDDLE EAR	550.32				
15	69450	EARDRUM REVISION	359.35				
15	69501	MASTOIDECTOMY	1,073.67				
15	69502	MASTOIDECTOMY	1,073.67				
15	69505	REMOVE MASTOID STRUCTURES	1,073.67				
15	69511	EXTENSIVE MASTOID SURGERY	1,073.67				
15	69530	EXTENSIVE MASTOID SURGERY	1,073.67				
15	69540	REMOVE EAR LESION	550.32				
15	69550	REMOVE EAR LESION	773.72				
15	69552	REMOVE EAR LESION	1,073.67				
15	69601	MASTOID SURGERY REVISION	1,073.67				
15	69602	MASTOID SURGERY REVISION	1,073.67				
15	69603	MASTOID SURGERY REVISION	1,073.67				
15	69604	MASTOID SURGERY REVISION	1,073.67				
15	69610	REPAIR EARDRUM	481.27				
15	69620	REPAIR OF EARDRUM	481.27				
15	69631	REPAIR EARDRUM STRUCTURES	773.72				
15	69632	REBUILD EARDRUM STRUCTURES	773.72				
15	69633	REBUILD EARDRUM STRUCTURES	773.72				
15	69635	REPAIR EARDRUM STRUCTURES	1,073.67				
15	69636	REBUILD EARDRUM STRUCTURES	1,073.67				
15	69637	REBUILD EARDRUM STRUCTURES	1,073.67				
15	69641	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69642	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69643	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69644	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69645	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69646	REVISE MIDDLE EAR & MASTOID	1,073.67				
15	69650	RELEASE MIDDLE EAR BONE	1,073.67				
15	69660	REVISE MIDDLE EAR BONE	773.72				
15	69661	REVISE MIDDLE EAR BONE	773.72				
15	69662	REVISE MIDDLE EAR BONE	773.72				
15	69666	REPAIR MIDDLE EAR STRUCTURES	679.83				
15	69667	REPAIR MIDDLE EAR STRUCTURES	679.83				

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

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

COLUMN:

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

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

EXHIBIT 101

Medicaid Services,
Louisiana Department of Health

Medicaid Services

Louisiana's Medicaid program covers many of the same things that private health insurance programs traditionally cover. Medicaid can also cover services to help "fill in the gaps" in Medicare and meet certain long-term care needs.

The list below includes things Louisiana Medicaid will cover in some or all cases. Some services are only offered to Medicaid recipients because of their age, family situation, transfer of resource requirements or other living arrangements. Also, some services are limited. If you click on a service listed on this page, you can find out:

There are special benefits for children and youth with developmental disabilities.

Learn more about benefits

Locate services

- **How** to get the service
- **Who** can have the service
- **What** is included in the service
- **Any** other important information about the service
- **Where** to call if you have questions about the service

Before you receive a service, you should ask your doctor or provider about limits to receiving the service or if the service needs to be “prior authorized.” (“Prior authorized” means Medicaid has to agree to pay for the service before it can be offered to a patient.)

Just because a service is not on the list does not mean that Medicaid will not cover it. Call the contact listed for the service group in question if a service is not listed.

Overview of services for those under 21

*You may appeal a Medicaid decision if all the services you requested were denied, if part of the services you requested were denied, if you were offered different services than you requested or if the service provider did not submit for full amount of services you requested.

How to Appeal Medicaid

Adult Denture Services

Adult Waiver Dental Services

Applied Behavioral Analysis (ABA)

Audiological

Behavioral Health - Adults

Chemotherapy

Chiropractic

Coordinated System of Care (CSoC) - Home and Community Based Services Waiver

Dental

Durable Medical Equipment (DME)

EarlySteps (Infant & Toddler Early Intervention Services

EPSDT Behavioral Health Services

EPSDT Dental Services

EPSDT Personal Care Services

An official website of the State of Louisiana. **Here's how you know**

Language **Accessibility**

LOUISIANA DEPARTMENT OF HEALTH

Family Planning Services - Take Charge Plus

Family Planning Services in Physician's Office

Federally Qualified Health Centers (FQHC)

Free Standing Birthing Centers

Hearing Aids

Hemodialysis Services

Home Health

Hospice

Hospital

Hospital - Emergency Room Services

Inpatient and Outpatient Services, including Emergency Room Services

HOW TO ACCESS SERVICES:
Physician/Hospital

Eligibility:
All Medicaid recipients.

COVERED SERVICES:
Emergency Room Services

COMMENTS:
No service limits

CONTACT:

Providers: ProviderRelations@la.gov

Members: Healthy@la.gov

Hospital - Inpatient Services

Hospital-Inpatient Services

HOW TO ACCESS:

Physician/Hospital

ELIGIBILITY:

All Medicaid recipients.

Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient Psychiatric Services.

COVERED SERVICES:

Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting.

Includes those basic services that a hospital is expected to provide.

CONTACT:

Providers: ProviderRelations@la.gov

Members: Healthy@la.gov

Hospital - Outpatient Services

HOW TO ACCESS:

Physician/Hospital

ELIGIBILITY:

All Medicaid recipients.

COVERED SERVICES:

- Diagnostic & therapeutic outpatient services, including outpatient surgery and rehabilitation services.
- Therapeutic and diagnostic radiology services.
- Chemotherapy
- Hemodialysis

COMMENTS:

Outpatient rehabilitation (physical therapy, occupational therapy and speech therapy) require **Prior Authorization**. Provider will submit request for **Prior Authorization**.

CONTACT:

Providers: ProviderRelations@la.gov

Members: Healthy@la.gov

Immunizations

Laboratory Tests & Radiology Services

Long Term - Personal Care Services (LT-PCS)

Midwife Services (Certified Nurse Midwife)

Nurse Practitioners/Clinic Nurse Specialists

Nursing Facility

Occupational Therapy Services

Optical Services

Orthodontic Services

Pediatric Day Health Care (PDHC)

PACE - Program for All Inclusive Care for the Elderly

Pharmacy Services

Physical Therapy

Physician Assistants

Physician/Professional Services

Podiatry Services

Pre-Natal Care

Psychiatric Hospital Care

Psychological Evaluation and Therapy Services

Rehabilitation Clinic Services

Rural Health Clinics

STD Clinics

Speech Therapy and Language Evaluation and Therapy

Therapy Services

Transportation

Tuberculosis Clinics

X-Ray Services

Support Coordination

Children's Choice Waiver

Community Choice Waiver

EPSDT Targeted Populations

Infants and Toddlers

New Opportunities Waiver (NOW)

Residential Options Waiver (ROW)

Supports Waiver

Waiver Services

Adult Day Health Care (ADHC)

Children's Choice

Community Choices Waiver

New Opportunities Waiver

Residential Options Waiver (ROW)

Supports Waiver

Related Info

- *Medicaid Services Chart*
- *Frequently Asked Questions about Louisiana Medicaid*
- *Healthy Louisiana Comparison Chart - Value Added Benefits for Managed Care Members*

SURGEON GENERAL
Ralph L. Abraham, M.D.

SECRETARY
Bruce D. Greenstein

Let's stay
in touch.

EXHIBIT 102

State Hospitals Outpatient Services Fee Schedule
(Effective Jan. 1, 2025)

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025
LEGEND

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

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

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

39 - State Hospitals Outpatient Services
20 - Enhanced Outpatient Rehab Services (under age 3)

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.
NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.
COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
COLUMN 6. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim.If a PA request is not approved, no payment for the service will be made.
COLUMN 7. MED REV: Claims with some codes pend to Medical Review for review of the attachments or to confirm Prior Authorization by the surgeon.
COLUMN 8. SEX (Restriction): Some procedure codes are restricted to a particular sex.
COLUMN 9. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.
COLUMN 10. Effective date: Type of Service (TOS) 39 was created 7/1/08 specifically for State Hospitals Outpatient Services As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.
COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.
COLUMN 12. SPEC IND: This code is associated with a special process.
Code E - Medicaid Expansion

LAM5M123 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76SH
RUN: 05/27/25 08:22:07 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 1
STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	A9515	CHOLINE C11,DIAGNOSTIC,UP TO 20 MILL	CCR								
39	A9517	IODINE 1-131 SODIUM IODIDE CAPSULE(S	CCR					X			
39	A9526	NITROGEN N13 AMONIA,DIAGNOSTIC ...40	CCR								
39	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	CCR		X						
39	A9580	SODIUM FLUORIDE F 18,DIAGNOSTIC...30	CCR								
39	A9586	FLORBETAPIR F18,DIAGNOSTIC,UP TO 10M	CCR								
39	A9587	GALLIUM GA-68,DOTATATE,DIAG...1 MILL	CCR								
39	A9588	FLUCICLOVINE F-18,DIAGNOSTIC,1 MILLI	CCR								
39	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	15.18					X	01/01/20		
39	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.55					X	01/01/20		
39	G0378	HOSPITAL OBSERVATION PER HR	CCR					X			
39	G0379	DIRECT REFER HOSPITAL OBSERV	CCR								
39	G0433	INFECTIOUS AGENT ANTIBODY DETECTION	20.30						01/01/20		
39	G0480	DRUG TEST (S) DEFINITIVE	127.02						01/01/20		
39	G0481	DRUG TEST (S) DEFINITIVE	173.81						01/01/20		
39	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF	CCR					X			
39	G6002	STEROSCOPIC X-RAY GUIDANCE FOR LOCA	CCR					X			
39	HR250	PHARMACY,GENERAL CLASSIFICATION	CCR					X			
39	HR251	PHARMACY,GENERIC DRUGS	CCR					X			
39	HR252	PHARMACY,NON-GENERIC DRUGS	CCR					X			
39	HR258	PHARMACY,IV SOLUTIONS	CCR					X			
39	HR259	PHARMACY, OTHER PHARMACY	CCR					X			
39	HR260	IV THERAPY	CCR					X			
39	HR261	INFUSION PUMP	CCR					X			
39	HR269	OTHER IV THERAPY	CCR					X			
39	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					X			
39	HR271	NON STERILE SUPPLY	CCR					X			
39	HR272	STERILE SUPPPLY	CCR					X			
39	HR273	TAKE HOME SUPPLIES	CCR					X			
39	HR274	PROSTHETIC DEVICES	CCR					X			
39	HR275	PACEMAKER	CCR					X			
39	HR278	OTHER IMPLANTS	CCR					X			
39	HR279	OTHER SUPPLIES DEVICES	CCR					X			
39	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					X			
39	HR289	OTHER ONCLOLGY	CCR					X			
39	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					X			
39	HR301	LAB/CHEMISTRY	HCPC					X			
39	HR302	LAB/IMMUNOLOGY	HCPC					X			
39	HR303	LAB/RENAL PATIENT (HOME)	HCPC					X			
39	HR304	LAB NON ROUTINE DIALYSIS	HCPC					X			
39	HR305	LAB HEMATOLOGY	HCPC					X			
39	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					X			
39	HR307	LABORATORY-UROLOGY	HCPC					X			
39	HR309	LABORTORY-OTHER LABORATORY	HCPC					X			
39	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC					X			
39	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC					X			
39	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC					X			
39	HR314	LAB PATHOLOGY/BIOPSY	HCPC					X			
39	HR319	LAB PATHOLOGY OTHER	HCPC					X			
39	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR					X			

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	HR321	ANGIOCARDIOLOGY	CCR						X			
39	HR324	CHEST X-RAY	CCR						X			
39	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR						X			
39	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR						X			
39	HR331	CHEMOTHERAPY-INJECTED	CCR						X			
39	HR332	CHEMOTHERAPY-ORAL	CCR						X			
39	HR333	RADIATION THERAPY	CCR						X			
39	HR335	CHEMOTHERAPY IV	CCR						X			
39	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR						X			
39	HR340	NUCLEAR MEDICINE GENERAL	CCR						X			
39	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR						X			
39	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR						X			
39	HR343	DIAGNOSTIC RADIOPHARMACEUTICALS	CCR						X			
39	HR349	NUCLEAR MEDICINE OTHER	CCR						X			
39	HR350	CT SCAN GENERAL CLASSIFICATION	CCR						X			
39	HR351	CT SCAN-HEAD	CCR						X			
39	HR352	CT SCAN-BODY	CCR						X			
39	HR359	OTHER CT SCANS	CCR						X			
39	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR						X			
39	HR370	ANESTHESIA GENERAL	CCR						X			
39	HR379	OTHER ANESTHESIA	CCR						X			
39	HR380	BLOOD GENERAL CLASSIFICATION	CCR						X			
39	HR381	PACKED RED CELLS	CCR						X			
39	HR382	WHOLE BLOOD	CCR						X			
39	HR383	PLASMA	CCR						X			
39	HR384	PLATELETS	CCR						X			
39	HR385	BLOOD/LEUKOCYTES	CCR						X			
39	HR386	BLOOD OTHER COMPONENTS	CCR						X			
39	HR387	BLOOD-OTHER DERIVATIVES	CCR						X			
39	HR389	OTHER BLOOD	CCR						X			
39	HR390	BLOOD STORAGE-PROCESSING G C	CCR						X			
39	HR391	BLOOD ADMINISTRATRION	CCR						X			
39	HR392	BLOOD PROCESSING STORAGE	CCR						X			
39	HR399	OTHER BLOOD HANDLING	CCR						X			
39	HR400	OTHER IMAGING SERVICES	CCR						X			
39	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR						X			
39	HR402	ULTRASOUND	CCR						X			
39	HR403	SCREENING MAMMOGRAPHY	CCR	30	99			F	X			
39	HR404	POSITRON EMMISSION TOMOGRAPHY	CCR						X			
39	HR409	OTHER IMAGING SERVICES	CCR						X			
39	HR410	RESPIRATORY SERVICES GEN CLASS	CCR						X			
39	HR412	INHALATION SERVICES	CCR						X			
39	HR413	HYPERBARIC OXYGEN THERAPY	CCR				X		X			
39	HR419	OTHER RESPIRATORY SERVICES	CCR						X			
39	HR420	PHYSICAL THERAPY GENERAL	HCPC			X			X			
39	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC			X			X			
39	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC			X			X			
39	HR424	PT EVALUTION/RE-EVALUATION	HCPC						X			
39	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC			X			X			
39	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC			X			X			

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		X			X			
39	HR434	OT EVALUATION/RE-EVALUATION	HCPC					X			
39	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		X			X			
39	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		X			X			
39	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		X			X			
39	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					X			
39	HR450	EMERGENCY ROOM-GENERAL	CCR					X			
39	HR459	OTHER EMERGENCY ROOM	CCR					X			
39	HR460	PULMONARY FUNCTION-GENERAL	CCR					X			
39	HR469	OTHER PULMONARY	CCR					X			
39	HR470	AUDIOLOGY-GENERAL	CCR					X			
39	HR471	AUDIOLGY-DIAGNOSTIC	CCR					X			
39	HR472	AUDIOLOGY-TREATMENT	CCR					X			
39	HR479	OTHER AUDIOLOGY	CCR					X			
39	HR480	CARDIOLOGY-GENERAL	CCR					X			
39	HR481	CARDIAC CATH LAB	CCR					X			
39	HR482	STRESS TEST	CCR					X			
39	HR483	ECHO CARDIOLOGY	CCR					X			
39	HR489	OTHER CARDIOLOGY	CCR					X			
39	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC					X			
39	HR510	CLINIC-GENERAL	HCPC					X			
39	HR514	OB-GYN CLINIC	HCPC					X			
39	HR515	PEDIATRIC CLINIC	HCPC					X			
39	HR517	FAMILY PRACTICE CLINIC	HCPC					X			
39	HR519	OTHER CLINIC	HCPC					X			
39	HR540	AMBULANCE-GENERAL	CCR					X			
39	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR					X			
39	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR					X			
39	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR					X			
39	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR					X			
39	HR636	DRUGS REQUIRING DETAILED CODING	CCR					X			
39	HR700	CAST ROOM	CCR					X			
39	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR					X			
39	HR724	LABOR ROOM/DELIVERY BIRTHING CENTER	CCR					X			
39	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR					X			
39	HR731	HOLTER MONITOR	CCR					X			
39	HR732	TELEMETRY	CCR					X			
39	HR739	OTHER EKG/ECG	CCR					X			
39	HR740	EEG-GENERAL CLASSIFICATION	CCR					X			
39	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR					X			
39	HR761	TREATMENT RM	CCR					X			
39	HR762	OBSERVATION ROOM	CCR					X			
39	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR					X			
39	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR					X			
39	HR821	HEMODIALYSIS/COMPOSITE	CCR					X			
39	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					X			
39	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					X			
39	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					X			
39	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					X			
39	HR829	OTHER OP HEMODIALYSIS	CCR					X			

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR						X			
39	HR831	PERITONEAL/COMPOSITE RATE	CCR						X			
39	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR						X			
39	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR						X			
39	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR						X			
39	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR						X			
39	HR840	CAPD-HOME/OP GEN CLASS	CCR						X			
39	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR						X			
39	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR						X			
39	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR						X			
39	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR						X			
39	HR880	MISC DIALYSIS GEN CLASS	CCR						X			
39	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR						X			
39	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR						X			
39	HR921	PERIPHERAL VASCULAR LAB	CCR						X			
39	HR922	ELECTROMYELGRAM	CCR						X			
39	HR923	PAP SMEAR	CCR						X			
39	HR924	ALLERGY TEST	CCR						X			
39	HR925	PREGNANCY TEST	CCR						X			
39	HR929	OTHER DIAGNOSTIC SERVICE	CCR						X			
39	HR942	EDUCATION/ TRAINING	HCPC						X			
39	J0121	INJECTION, OMADACYCLINE, 1 MG	CCR	18	99				X			
39	J0122	INJECTION, ERAVACYCLINE, 1 MG	CCR	18	99				X			
39	J0130	INJECTION ABCIXIMAB 10 MG	CCR						X			
39	J0153	INJECTION, ADENOSINE, 1 MG (NOT TO B	CCR						X			
39	J0171	INJECTION ADRENALIN EPINEPHRINE	CCR						X			
39	J0173	INJECTION, EPINEPHRINE (BELCHER) NOT	CCR									
39	J0178	INJECTION, AFLIBERCEPT, 1MG	CCR						X			
39	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	CCR	18	99				X			
39	J0184	INJECTION, AMISULPRIDE, 1 MG	CCR									
39	J0185	INJECTION, APREPITANT, 1 MG	CCR						X			
39	J0202	INJECTION, ALEMTUZUMAB, 1 MG	CCR	18	99				X			
39	J0207	AMIFOSTINE 500MG	CCR									
39	J0208	INJECTION, SODIUM THIOSULFATE, 100 M	CCR								X	
39	J0216	INJECTION, SODIUM THIOSULFATE, 100 M	CCR								X	
39	J0217	INJECTION, VELMANASE ALFA-TYCV, 1 MG	CCR									
39	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	CCR			X						
39	J0248	INJECTION, REMDESIVIR, 1 MG	6.35						X	01/01/25		
39	J0275	ALPROSTADIL URETHRAL SUPPOS	CCR									
39	J0278	AMIKACIN SULFATE INJECTION 100MG	CCR	00	20				X			
39	J0285	AMPHOTERICIN B 50MG	CCR	00	20				X			
39	J0287	AMPHOTERICIN B LIPID COMPLEX	CCR									
39	J0289	AMPHOTERICIN B LIPOSOME INJ	CCR									
39	J0290	AMPICILLIN SODIUM,500MG INJECTION	CCR	00	20				X			
39	J0291	INJECTION, PLAZOMICIN, 5 MG	CCR	18	99				X			
39	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	CCR	00	20				X			
39	J0348	INJECTION, ANADULAFUNGIN, 1 MG	CCR	12	99				X			
39	J0349	INJECTION, REZAFUNGIN, 1 MG	CCR	18	99							
39	J0391	INJECTION, ARTESUNATE, 1 MG	CCR								X	
39	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	CCR						X			

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COLUMN:

1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J0475	BACLOFEN INJ 10MG	CCR	04	99				X			
39	J0476	BACLOFEN INTRATHECAL TRIAL	CCR	04	99							
39	J0485	INJECTION, BELATACEPT, 1MG	CCR						X			
39	J0558	INJECTION PENICILLIN G BENZATHINE A	CCR						X			
39	J0561	INJECTION PENICILLIN G BENZATHINE	CCR						X			
39	J0565	INJECTION, BEZLOTOXUMAB, 10 MG	MP				X			01/01/18		
39	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	CCR									
39	J0592	BUPRENORPHINE HYDROCHLORIDE	CCR									
39	J0594	INJECTION, BUSULFAN, 1 MG	CCR						X			
39	J0596	INJECTION, C1 ESTERASE INHIBITOR (RE	CCR									
39	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON	MP				X			01/01/18		
39	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	MP				X			01/01/18		
39	J0636	INJECTION, CALCITRIOL, 0.1 MCG	CCR						X			
39	J0637	CASPOFUNGIN ACETATE	CCR									
39	J0640	CALCIUM LEUCOVORIN INJ. 50MG	CCR						X			
39	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	CCR						X			
39	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	CCR						X			
39	J0666	INJECTION, BUPIVACAINE LIPOSOME, 1 M	CCR									
39	J0687	INJ, CEFAZOLIN SODIUM (WG CRITICAL C	CCR						X			
39	J0688	INJECTION, CEFAZOLIN SODIUM (HIKMA),	CCR									
39	J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER)	CCR	00	20				X			
39	J0690	CEFAZOLIN SODIUM INJ 500MG	CCR	00	20				X			
39	J0691	INJECTION, LEFAMULIN, 1 MG	CCR	18	99				X			
39	J0692	CEFEPIME HCL 500 MG	CCR	00	20				X			
39	J0693	INJECTION, CEFIDEROCOL, 5 MG	CCR	18	99				X			
39	J0694	CEFOXITIN SODIUM, 1GM	CCR	00	20				X			
39	J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZ	MP				X			01/01/16		
39	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	CCR						X			
39	J0697	STERILE CEFUROXIME SODIUM 750MG	CCR	00	20				X			
39	J0698	CEFOTAXIME SODIUM/PER GM	CCR	00	20				X			
39	J0701	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				X			
39	J0703	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				X			
39	J0706	CAFFEINE CITRATE INJECTION 5MG	CCR									
39	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	CCR						X			
39	J0713	CEFTAZIDIME 500MG	CCR	00	20				X			
39	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM	CCR						X			
39	J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)	CCR						X			
39	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	CCR	00	20				X			
39	J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN	CCR	18	99				X			
39	J0744	CIPROFLOXACIN IV	CCR									
39	J0750	EMTRICITABINE 200MG AND TENOFOVIR DI	MP				X			01/01/24		
39	J0751	EMTRICITABINE 200MG AND TENOFOVIR AL	MP				X			01/01/24		
39	J0770	COLISTIMETHATE INJ, UP TO 150MG	CCR	00	20				X			
39	J0780	COMPAZINE INJ, UP TO 10MG	CCR						X			
39	J0799	FDA APPROVED PRESCRIPTION DRUG, ONLY	MP				X			01/01/24		
39	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	CCR									
39	J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGER	CCR						X			
39	J0873	INJECTION, DAPTOMYCIN (XELLIA) NOT T	CCR	18	99				X			
39	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT	CCR	01	99				X			
39	J0875	INJECTION, DALBAVANCIN, 5MG	CCR						X			

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT	CCR	01	99				X			
39	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR	10	99				X			
39	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	CCR						X			
39	J0885	EPOETIN ALFA, NON-ESRD 1000 U	CCR						X			
39	J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD O	CCR								X	
39	J0893	INJECTION, DECITABINE (SUN PHARMA) N	CCR						X			
39	J0894	INJECTION, DECITABINE, 1 MG	CCR						X			
39	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	CCR	10	55			F	X			
39	J1100	DEXAMETHOSONE INJ, 1MG	CCR						X			
39	J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	CCR									
39	J1190	DEXRAZOXANE HCL 250MG	CCR									
39	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	CCR						X			
39	J1246	INJECTION, DINUTUXIMAB, 0.1 MG	CCR								X	
39	J1267	INJECTION, DECITABINE, 1 MG	CCR	00	20				X			
39	J1307	INJECTION, CROVALIMAB-AKKZ, 10 MG	CCR									
39	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00	20				X			
39	J1428	INJECTION, ETEPLIRSEN, 10 MG	MP				X			01/01/18		
39	J1434	INJ, FOSAPREPITANT (FOCINVEZ), 1 MG	CCR						X			
39	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	CCR	18	99				X			
39	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	CCR						X			
39	J1444	INJECTION, FERRIC PYROPHOSPHATE CITR	CCR									
39	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGR	CCR									
39	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 M	CCR						X			
39	J1450	FLUCONAZOLE 200MG	CCR	00	20				X			
39	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR						X			
39	J1454	INJECTION, FOSNETUPITANT 235 MG AND	CCR									
39	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT	CCR						X			
39	J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO),	CCR									
39	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	CCR									
39	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	CCR			X			X			
39	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR									
39	J1580	GENTAMYCIN, UP TO 80MG	CCR	00	20				X			
39	J1596	INJECTION, GLYCOPYRROLATE, 0.1 MG	CCR						X			
39	J1626	GRANISETRON HCL INJECTION	CCR						X			
39	J1627	INJECTION, GRANISETRON, EXTENDED-REL	CCR									
39	J1642	HEPARIN SODIUM 10U (HEPLOCK)	CCR						X			
39	J1643	INJECTION, HEPARIN SODIUM (PFIZER),	CCR						X			
39	J1644	HEPARIN SODIUM INJ 1000U	CCR						X			
39	J1650	ENOXAPARIN SODIUM, 10MG	CCR						X			
39	J1652	FONDAPARINUX SODIUM	CCR									
39	J1720	HYDROCORTISONE SODIUM 100MG	CCR						X			
39	J1744	INJECTION, ICATIBANT, 1MG	CCR						X			
39	J1745	INJ INFLIXIMAB 10MG	CCR						X			
39	J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	CCR						X			
39	J1756	INJECTION,IRON SUCROSE,1MG	CCR						X			
39	J1815	INSULIN INJECTION	CCR									
39	J1817	INSULIN FOR INSULIN PUMP USE	CCR									
39	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	MP				X			01/01/21		
39	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR									
39	J1930	INJECTION, LANREOTIDE, 1MG	CCR	21	99	X			X			

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J1939	INJECTION, BUMETANIDE, 0.5 MG	CCR	18	99				X			
39	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR									
39	J1956	LEVOFLOXACIN, 250MG	CCR	18	20				X			
39	J2010	LINCOMYCIN, HCL, UP TO 300MG	CCR	00	20				X			
39	J2020	LINEZOLID INJ, 200MG	CCR						X			
39	J2021	INJECTION, LINEZOLID (HOSPIRA) NOT T	CCR	00	20				X			
39	J2175	INJECTION MEPERIDINE HCL	CCR									
39	J2212	INJECTION, METHYLNALTREXONE, 0.1MG	CCR						X			
39	J2246	INJ, MICAFUNGIN IN SODIUM (BAXTER),	CCR						X			
39	J2247	INJECTION, MICAFUNGIN SODIUM (PAR PH	CCR	12	99				X			
39	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	CCR	12	99				X			
39	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR						X			
39	J2290	INJECTION, NAFCILLIN SODIUM, 20 MG	CCR	18	99				X			
39	J2310	INJ NALOXONE HYDROCHLORIDE,1 MG	CCR						X			
39	J2323	INJECTION, NATALIZUMAB, 1 MG	CCR						X			
39	J2326	INJECTION, NUSINERSEN, 0.1 MG	MP				X			01/01/18		
39	J2350	INJECTION, OCRELIZUMAB, 1 MG	CCR									
39	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR									
39	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR						X			
39	J2355	OPRELVEKIN INJ 5MG	CCR									
39	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR						X			
39	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR									
39	J2425	PALIFERMIN INJECTION 50MCG	CCR						X			
39	J2430	PAMIDRONATE DISODIUM 30MG	CCR						X			
39	J2468	INJ, PALONOSETRON HYDROCHLORIDE (AVY	CCR									
39	J2469	PALONOSETRON HCL	CCR						X			
39	J2470	INJ, PANTOPRAZOLE SODIUM, 40 MG	CCR									
39	J2471	INJ, PANTOPRAZOLE (HIKMA), NOT THERA	CCR									
39	J2501	PARICALCITOL	CCR									
39	J2502	INJECTION, PASIREOTIDE LONG ACTING,	MP				X			01/01/16		
39	J2506	INJ, PEGFILGRASTIM, EXCL BIO, 0.5 M	CCR						X			
39	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	CCR	00	20				X			
39	J2540	PCN G POTASSIUM,UP TO 600,000U	CCR	00	20				X			
39	J2547	INJECTION, PERAMIVIR, 1 MG	CCR									
39	J2550	PHENERGAN INJ, UP TO 50MG	CCR						X			
39	J2561	INJECTION, PHENOBARBITAL SODIUM (SEZ	CCR	00	00				X			
39	J2562	INJECTION, PLERIXAFOR, 1 MG	CCR						X			
39	J2700	OXACILLIN SODIUM,UP TO 250MG	CCR	00	20				X			
39	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR									
39	J2765	REGLAN INJ, UP TO 10MG	CCR						X			
39	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16	20							
39	J2785	INJECTION, REGADENOSON, 0.1 MG	CCR						X			
39	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR									
39	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR						X			
39	J2791	INJECTION,RHO (D) IMMUNE GLOBULIN (H	CCR									
39	J2792	RHO(D) IMMUNE GLOBULIN H, SD	CCR									
39	J2802	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	CCR									
39	J2820	SARGRAMOSTIM 50MCG	CCR						X			
39	J2860	INJECTION, SILTUXIMAB, 10 MG	MP				X			01/01/16		
39	J2916	NA FERRIC GLUCONATE COMPLEX	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J2941	SOMATROPIN INJ 1MG	CCR									
39	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00	20				X			
39	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UN	CCR			X			X			
39	J3070	INJECTION PENTAZOCINE 30 MG	CCR									
39	J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	CCR									
39	J3095	INJECTION TELEVANCIN 10 MG	CCR						X			
39	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00	20				X			
39	J3244	INJECTION, TIGECYCLINE (ACCORD) NOT	CCR	00	20				X			
39	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR									
39	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	CCR	00	20				X			
39	J3315	TRIPTORELIN PAMOATE	CCR									
39	J3316	INJECTION, TRIPTORELIN, EXTENDED-REL	CCR									
39	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTI	CCR									
39	J3360	INJECTION DIAZEPAM UP TO 5 MG	CCR									
39	J3370	VANCOMYCIN HCL, 500MG	CCR	00	20				X			
39	J3371	INJECTION, VANCOMYCIN HCL (MYLAN) NO	CCR	00	20				X			
39	J3372	INJECTION, VANCOMYCIN HCL (XELLIA) N	CCR	00	20				X			
39	J3380	INJECTION, VEDOLIZUMAB, 1 MG	CCR									
39	J3485	ZIDOVUDINE, 10MG	CCR	00	20				X			
39	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	CCR						X			
39	J3490	UNCLASSIFED DRUGS (17P 250MG IM)	CCR	10	60			F				
39	J3590	UNCLASSIFIED BIOLOGICS	CCR									
39	J7030	NORMAL SALINE SOL INFUSION, 1	CCR						X			
39	J7040	NORMAL SALINE, 500ML	CCR						X			
39	J7050	NORMAL SALINE SOL 250 ML	CCR						X			
39	J7060	DEXTROSE/WATER 5%, 500ML	CCR						X			
39	J7070	D5W INFUSION, 1000ML	CCR						X			
39	J7120	RINGERS INJ, UP TO 1000 CC	CCR						X			
39	J7121	5% DEXTROSE IN LACTATED RINGERS INFU	CCR						X			
39	J7175	INJECTION, FACTOR X, (HUMAN), 1 IU.	CCR						X			
39	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION	CCR						X			
39	J7296	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
39	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	749.40	10	60			F		01/01/19		
39	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
39	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	808.50	10	60			F		01/01/18		
39	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	756.87	10	60			F		01/01/18		
39	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	890.30	10	60			F		07/01/18		
39	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR									
39	J7320	HYALURONAN OR DERIVITIVE, GENVISC 85	CCR									
39	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	MP				X			01/01/16		
39	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR									
39	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR									
39	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR						X			
39	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP				X			01/01/16		
39	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR									
39	J9000	DOXORUBICIN HCL 10MG	CCR						X			
39	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR									
39	J9017	ARSENIC TRIOXIDE 1MG	CCR						X			
39	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR						X			
39	J9021	INJECTION, ASPARAGINASE, RECOMBINANT	CCR						X			

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	CCR									
39	J9023	INJECTION, AVELUMAB, 10 MG	CCR									
39	J9025	AZACITIDINE INJECTION 1MG	CCR						X			
39	J9026	INJECTION, TARLATAMAB-DLLE, 1 MG	CCR									
39	J9027	CLOFARABINE INJECTION 1MG	CCR	01	21				X			
39	J9028	INJECTION, NOGAPENDEKIN ALFA INBAKIC	CCR									
39	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	CCR	07	99				X			
39	J9032	INJECTION, BELINOSTAT, 10 MG	CCR	18	99				X			
39	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	CCR						X			
39	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA	CCR	18	99				X			
39	J9035	BEVACIZUMAB 10MG	CCR						X			
39	J9036	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18	99				X			
39	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	CCR						X			
39	J9040	BLEOMYCIN INJ, 15 UNITS	CCR						X			
39	J9041	BORTEZOMIB INJECTION 0.1MG	CCR						X			
39	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR						X			
39	J9043	INJECTION, CABAZITAXEL, 1 MG	CCR						X			
39	J9045	CARBOPLATIN INJ 50MG.	CCR						X			
39	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S)	CCR						X			
39	J9047	INJECTION, CARFILZOMIB, 1 MG	CCR						X			
39	J9048	INJECTION, BORTEZOMIB (FRESENIUS KAB	CCR						X			
39	J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT	CCR						X			
39	J9050	CARMUSTINE, 100MG	CCR						X			
39	J9052	INJECTION, CARMUSTINE (ACCORD), NOT	CCR						X			
39	J9055	CETUXIMAB 10 MG	CCR						X			
39	J9056	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18	99				X			
39	J9057	INJECTION, COPANLISIB, 1 MG	CCR						X			
39	J9060	CISPLATIN 10MG	CCR						X			
39	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	CCR						X			
39	J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE	CCR						X			
39	J9065	CLADRIBINE INJ 1MG	CCR						X			
39	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROME	CCR						X			
39	J9072	INJECTION, CYCLOPHOSPHAMIDE, (DR. RE	CCR						X			
39	J9073	INJ, CYCLOPHOSPHAMIDE (INGENUS), 5 M	CCR						X			
39	J9074	INJ, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	CCR						X			
39	J9076	INJECTION, CYCLOPHOSPHAMIDE (BAXTER)	CCR									
39	J9098	CYTARABINE LIPSOME 10MG	CCR						X			
39	J9100	CYTARABINE 100 MG	CCR						X			
39	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	CCR	00	21				X			
39	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	CCR	18	99				X			
39	J9120	DACTINOMYCIN 0.5MG	CCR						X			
39	J9130	DTIC-DOME INJ 100MG/10ML	CCR						X			
39	J9144	INJECTION, DARATUMUMAB, 10 MG AND HY	CCR	18	99				X			
39	J9145	INJECTION, DARATUMUMAB, 10 MG	CCR	18	99				X			
39	J9150	DAUNORUBICIN 10 MG	CCR						X			
39	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBI	CCR						X			
39	J9155	INJECTION, DEGARELIX, 1 MG	CCR					M	X			
39	J9171	INJECTION, DOCETAXEL, A MG	CCR						X			
39	J9172	INJECTION, DOCETAXEL (INGENUS) NOT T	CCR						X			
39	J9173	INJECTION, DURVALUMAB, 10 MG	CCR						X			

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COLUMN:

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J9176	INJECTION, ELOTUZUMAB, 1 MG	CCR	18	99				X			
39	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV,	CCR	18	99				X			
39	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR						X			
39	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR						X			
39	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR						X			
39	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR						X			
39	J9190	FLUOROURACIL INJ, 500MG	CCR						X			
39	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE	CCR	18	99				X			
39	J9200	FLOXURIDINE, FUDR, 500MG	CCR									
39	J9201	GEMCITABINE HCL, 200MG	CCR						X			
39	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	CCR						X			
39	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.	CCR									
39	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	CCR	18	99				X			
39	J9206	IRINOTECAN, 20MG	CCR						X			
39	J9207	INJECTION, IXABEPILONE, 1MG	CCR						X			
39	J9208	IFOSFOMIDE, 1GM	CCR						X			
39	J9209	MESNA, 200MG	CCR						X			
39	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	CCR									
39	J9211	IDARUBICIN HYDROCHLORIDE 5MG	CCR						X			
39	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR						X			
39	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR						X			
39	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	CCR	18	99				X			
39	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR					M				
39	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	CCR	18	99				X			
39	J9228	INJECTION, IPILIMUMAB	CCR						X			
39	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.	CCR						X			
39	J9230	MUSTARGEN INJ 10MG	CCR						X			
39	J9245	MELPHALAN HCL INJ 50MG	CCR									
39	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	CCR						X			
39	J9250	METHOTREXATE SOD INJ, 5 MG	CCR						X			
39	J9255	INJECTION, METHOTREXATE (ACCORD) NOT	CCR						X			
39	J9258	INJECTION, PACLITAXEL PROTEIN-BOUND	CCR	10	99				X			
39	J9260	METHOTREXATE SOD INJ 50MG	CCR						X			
39	J9261	INJECTION, NELARABINE, 50 MG	CCR						X			
39	J9262	INJECTION, OMACETAXINE MEPESUCCINATE	CCR						X			
39	J9263	OXALIPLATIN 0.5MG	CCR						X			
39	J9264	PACLITAXEL INJECTION 1MG	CCR	10	99				X			
39	J9266	INJECTION,PEGASPARGASE,SINGLE DOSE	CCR									
39	J9267	INJECTION, PACLITAXEL, 1 MG	CCR						X			
39	J9268	PENTOSTATIN, PER 10 MG	CCR						X			
39	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	CCR	02	99				X			
39	J9271	INJECTION, PEMBROLIZUMAB, 1 MB	CCR	18	99				X			
39	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	CCR						X			
39	J9280	MITOMYCIN 5 MG	CCR						X			
39	J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION	CCR	18	99				X			
39	J9285	INJECTION, OLARATUMAB, 10 MG	CCR									
39	J9292	INJECTION, PEMETREXED (AVYXA), NOT T	CCR	18	99				X			
39	J9293	MITOXANTRONE HCL 5MG	CCR						X			
39	J9294	INJECTION, PEMETREXED (HOSPIRA) NOT	CCR						X			
39	J9295	INJECTION, NECITUMUMAB, 1 MG	CCR	18	99				X			

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	J9296	INJECTION, PEMETREXED (ACCORD) NOT T	CCR						X			
39	J9297	INJECTION, PEMETREXED (SANDOZ), NOT	CCR						X			
39	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	CCR	12	99				X			
39	J9299	INJECTION, NIVOLUMAB, 1 MG	CCR	18	99				X			
39	J9301	INJECTION, OBINUTUZUMAB, 10 MG	CCR						X			
39	J9302	INJECTION OFATUMUMAB 10 MG	CCR						X			
39	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR						X			
39	J9304	INJECTION, PEMETREXED (PEMFEXY), 10	CCR	18	99				X			
39	J9305	PEMETREXED 10 MG	CCR						X			
39	J9306	INJECTION, PERTUZUMAB, 1 MG	CCR			X			X			
39	J9307	INJECTION PRALATREXATE 1 MG	CCR						X			
39	J9308	INJECTION, RAMUCIRUMAB, 5 MG	CCR	18	99				X			
39	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ,	CCR	18	99				X			
39	J9311	INJECTION, RITUXIMAB 10 MG AND HYALU	CCR						X			
39	J9312	INJECTION, RITUXIMAB, 10 MG	CCR						X			
39	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDF	CCR	18	99				X			
39	J9315	INJECTION ROMIDEPSIN 1 MG	CCR						X			
39	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB,	CCR	18	99				X			
39	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZI	CCR	18	99				X			
39	J9320	STREPTOZOCIN, 1GM	CCR						X			
39	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	CCR						X			
39	J9322	INJECTION, PEMETREXED (BLUEPOINT) NO	CCR						X			
39	J9323	INJECTION, PEMETREXED DITROMETHAMINE	CCR						X			
39	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	CCR	18	99				X			
39	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	CCR	18	99				X			
39	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR						X			
39	J9340	THIOTEPA, 15MG	CCR						X			
39	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	CCR	18	99				X			
39	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	CCR	18	99				X			
39	J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	CCR	18	99	X			X			
39	J9351	INJECTION TOPOTECAN 0.1 MG	CCR						X			
39	J9352	INJECTION, TRABECTEDIN, 0.1 MG	CCR	18	99				X			
39	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE	CCR						X			
39	J9355	TRASTUZUMAB 10MG	CCR						X			
39	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	CCR	18	99				X			
39	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR						X			
39	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECA	CCR	18	99				X			
39	J9360	VINBLASTINE SULF 1MG	CCR						X			
39	J9370	ONCOVIN INJ 1MG	CCR						X			
39	J9371	INJECTION, VINCRISTINE SULFATE LIPOS	CCR						X			
39	J9376	INJ, POZELIMAB-BBFG, 1 MG	CCR									
39	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	CCR	18	99				X			
39	J9390	VINORELDINE TARTRATE 10MG	CCR						X			
39	J9393	INJECTION, FULVESTRANT (TEVA) NOT TH	CCR						X			
39	J9394	INJECTION, FULVESTRANT (FRESENIUS KA	CCR						X			
39	J9395	FULVESTRANT 25 MG	CCR						X			
39	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	CCR						X			
39	P9612	CATHETERIZE FOR URINE SPECIMEN	3.00							01/01/20		
39	Q4101	APLIGRAF, PER SQUARE CENTIMETER	30.43			X			X	12/16/21		
39	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	CCR			X			X			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	Q4121	THERASKIN, PER SQUARE CENTIMETER	CCR		X			X			
39	Q4160	NUSHIELD, PER SQUARE CENTIMETER	CCR		X			X			
39	Q4186	EPIFIX,PER SQUARE CENTIMETER	CCR		X			X			
39	Q4195	PURAPLY, PER SQUARE CENTIMETER	CCR		X			X			
39	Q4196	PURAPLY AM, PER SQUARE CENTIMETER	CCR		X			X			
39	0094U	GENOME (UNEXPLAINED CONSTITUTIONAL)	5,686.65	00 00	X				01/01/23		
39	0421U	ONCOLOGY (COLORECTAL) SCREENING, QUA	380.90						01/01/25		
39	10004	FINE NEEDLE ASPIRATION BIOPSY, WITHO	CCR					X			
39	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
39	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
39	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
39	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
39	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
39	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
39	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
39	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
39	10021	FNA W/O IMAGE	CCR								
39	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR								
39	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR								
39	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	CCR								
39	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR					X			
39	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	CCR								
39	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	CCR								
39	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	CCR								
39	11055	TRIM SKIN LESION	CCR								
39	11056	TRIM 2 TO 4 SKIN LESIONS	CCR								
39	11057	TRIM OVER 4 SKIN LESIONS	CCR								
39	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR								
39	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR					X			
39	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR								
39	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR					X			
39	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR								
39	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR					X			
39	11200	EXCISE UP TO 15 SKIN TAGS	CCR								
39	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR					X			
39	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
39	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR		X			X			
39	11620	EXCISE MALIGNANCY TO 0.5CM	CCR		X			X			
39	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR		X			X			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			X			X			
39	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			X			X			
39	11719	TRIM NAIL(S)	CCR				X					
39	11720	DEBRIDE NAIL, 1-5	CCR			X						
39	11721	DEBRIDE NAIL, 6 OR MORE	CCR			X						
39	11730	SIMPLE REMOVAL OF NAIL PLATE	CCR			X						
39	11732	REMOVE ADDITIONAL NAIL PLATES	CCR			X			X			
39	11740	EVACUATE HEMATOMA UNDER NAIL	CCR			X			X			
39	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR			X			X			
39	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR			X			X			
39	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	CCR						X			
39	11900	INTRALESIONAL INJECTION; UP TO 7	CCR									
39	11901	INTRALESIONAL INJECTION; OVER 7	CCR									
39	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10	60			F				
39	11980	IMPLANT HORMONE PELLET(S)	CCR					F				
39	11981	INSERT DRUG IMPLANT DEVICE	CCR									
39	11982	REMOVE DRUG IMPLANT DEVICE	CCR									
39	11983	REMOVE/INSERT DRUG IMPLANT	CCR									
39	15002	WOUND PREP, TRK/ARM/LEG	CCR									
39	15003	SURGICAL PREPARATION OR CREATION +	CCR						X			
39	15004	WOUND PREP, F/N/HF/G	CCR									
39	15005	SURGICAL PREPARATION OR CREATION +	CCR						X			
39	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR									
39	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						X			
39	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR									
39	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR									
39	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR									
39	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR						X			
39	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR									
39	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR									
39	15731	FOREHEAD FLAP WITH PRESERVATION OF V	CCR									
39	15778	IMPLANTATION OF ARTIFICIAL MATERIAL	CCR									
39	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	CCR			X						
39	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	CCR			X						
39	15853	REMOVAL OF SUTURES OR STAPLES	CCR									
39	15854	REMOVAL OF SUTURES AND STAPLES	CCR									
39	16000	INIT TREAT 1ST DEGREE BURN	CCR									
39	17000	DESTROY LESION,FACE-1 LESION	CCR									
39	17003	DESTROY 2-14 LESIONS	CCR						X			
39	17004	DESTROY 15 & MORE LESIONS	CCR									
39	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	CCR									
39	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	CCR									
39	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	CCR									
39	17111	DESTRUCT LESION, 15 OR MORE	CCR									
39	17250	CHEMICAL CAUTERY OF WOUND	CCR									
39	17260	DESTRUCTION, MALIGNANT LESION, ANY M	CCR									
39	17261	DESTRUCTION, MALIGNANT LESION, ANY M	CCR									
39	17262	DESTRUCTION, MALIGNANT LESION, ANY M	CCR									
39	17263	DESTRUCTION, MALIGNANT LESION, ANY M	CCR									
39	17264	DESTRUCTION, MALIGNANT LESION, ANY M	CCR									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	17266	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17270	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17271	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17272	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17273	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17274	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17276	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17280	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17281	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17282	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17283	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17284	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17286	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
39	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
39	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
39	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
39	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
39	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	CCR		X						
39	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	CCR								
39	19294	PREPARATION OF TUMOR CAVITY, WITH PL	CCR					X			
39	19364	RECONSTRUCTION BREAST-FREE FLAP	CCR				F				
39	20150	EXCISE EPIPHYSEAL BAR	CCR								
39	20526	THER INJECTION CARPAL TUNNEL	CCR								
39	20527	INJECTION OF ENZYME IN PALM TISSUE	CCR								
39	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	CCR					X			
39	20551	INJECT TENDON ORIGIN/INSERT	CCR								
39	20552	INJECT TRIGGER POINT, 1 OR 2	CCR								
39	20553	INJECT TRIGGER POINTS, > 3	CCR								
39	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR								
39	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	CCR								
39	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	CCR					X			
39	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	CCR					X			
39	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	CCR					X			
39	20661	APPLY HALO;	CCR								
39	20664	HALO BRACE APPLICATION	CCR								
39	20696	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
39	20697	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
39	20700	PREPARATION AND INSERTION OF DRUG-DE	CCR								
39	20701	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
39	20702	PREPARATION AND INSERTION OF DRUG-DE	CCR								
39	20703	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
39	20704	PREPARATION AND INSERTION OF DRUG-DE	CCR								
39	20705	REMOVAL OF DRUG-DELIVERY DEVICES INT	CCR								
39	20802	REPLANTATION, ARM, COMPLETE	CCR								
39	20805	REPLANT FOREARM-COMPLETE AMPUTATION	CCR								
39	20808	REPLANT HAND; COMPLETE AMPUTATION	CCR								
39	20816	REPLANT DIGIT, TOTAL AMPUTATION	CCR								
39	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	CCR					X			
39	20824	REPLANT THUMB,COMPLETE AMPUTATION	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	CCR								
39	20838	REPLANT FOOT; TOTAL AMPUTATION	CCR								
39	20937	SPINAL BONE AUTOGRAFT	CCR								
39	20938	SPINAL BONE AUTOGRAFT	CCR								
39	20939	BONE MARROW ASPIRATION FOR BONE GRAF	CCR								
39	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	CCR		X						
39	20956	ILIAC BONE GRAFT, MICROVASC	CCR								
39	20957	MT BONE GRAFT, MICROVASC	CCR								
39	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	CCR		X						
39	20963	SPINAL BONE AUTOGRAFT	CCR					X			
39	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	CCR		X						
39	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	CCR		X						
39	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	CCR		X						
39	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	CCR		X						
39	20979	US BONE STIMULATION	CCR								
39	20982	ABLATE, BONE TUMOR(S) PERQ	CCR								
39	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	CCR								
39	21045	RADICAL RESECTION OF MANDIBLE	CCR								
39	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	CCR			X					
39	21076	PREPARE FACE/ORAL PROSTHESIS	CCR								
39	21077	PREPARE FACE/ORAL PROSTHESIS	CCR								
39	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	CCR								
39	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	CCR								
39	21081	IMPRESS & CUST PREP MAND RESECT PROS	CCR								
39	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	CCR								
39	21083	IMPRESS & CUST PREP PALAT LIFT PROST	CCR								
39	21084	IMPRESS & CUST PREP SPEECH AID PROST	CCR								
39	21085	IMPRES & CUST PREP ORAL SURG SPLINT	CCR								
39	21086	IMPRESS & CUST PREP AURICULAR PROSTH	CCR								
39	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	CCR								
39	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	CCR								
39	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	CCR								
39	21141	RECONSTRUCT MIDFACE, LEFORT	CCR								
39	21142	RECONSTRUCT MIDFACE, LEFORT	CCR								
39	21143	RECONSTRUCT MIDFACE, LEFORT	CCR								
39	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	CCR								
39	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	CCR								
39	21147	RECONSTR MIDFACE,3 OR MORE PIECES	CCR								
39	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	CCR								
39	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	CCR								
39	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	CCR								
39	21155	RECONSTR MIDFACE III W/LEFORT I	CCR								
39	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	CCR								
39	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	CCR								
39	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	CCR								
39	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	CCR								
39	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	CCR								
39	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	CCR								
39	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	CCR								
39	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	CCR								
39	21194	RECONSTR MAND RAMUS W/BONE GRAFT	CCR								
39	21195	RECONST MAND RAMUS W/O RIGID FIX	CCR								
39	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	CCR								
39	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	CCR								
39	21199	RECONSTR LWR JAW W/ADVANCE	CCR								
39	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	CCR								
39	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	CCR								
39	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	CCR								
39	21343	OPEN TREATMENT CLOSED OR OPEN DEP	CCR								
39	21344	OPEN TREATMENT OF COMPLICATED (EG,C	CCR								
39	21347	OPEN TREATMENT NASOMAXILLARY FX	CCR								
39	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	CCR								
39	21360	TREAT DEPRESSED MALAR FRACTURE	CCR		X						
39	21365	TREAT COMPLICATED FX MALAR AREA	CCR								
39	21366	OPEN TREATMENT OF COMPLICATED (EG, C	CCR								
39	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	CCR								
39	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	CCR								
39	21431	TREAT CRANIOFACIAL SEPARATION	CCR								
39	21432	OPEN TX CRANIOFACIAL SEPARATION	CCR								
39	21433	COMPLICATED TX CRANIOFACIAL FX	CCR								
39	21435	COMPLICATED TX CRANIOFACIAL FX	CCR								
39	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	CCR								
39	21510	INCISION WITH OPENING OF BONE CORTEX	CCR								
39	21601	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR					X			
39	21602	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
39	21603	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
39	21615	EXCISION CERVICAL RIB	CCR								
39	21616	EXCISE RIB WITH SYMPATHECTOMY	CCR								
39	21620	OSTECTOMY OF STERNUM; PARTIAL	CCR								
39	21627	STERNAL DEBRIDEMENT	CCR								
39	21630	RADICAL RESECTOPM PF STERNUM	CCR								
39	21632	MEDIASTINAL LYMPHADENECTOMY	CCR								
39	21685	HYOID MYOTOMY & SUSPENSION	CCR								
39	21705	DIVIDE SCALENUS AND RESECTION RIB	CCR								
39	21740	RECONSTRUCT PECTUS EXCAVATUM	CCR								
39	21742	REPAIR STERN/NUSS W/O SCOPE	CCR								
39	21743	REPAIR STERNUM/NUSS W/SCOPE	CCR								
39	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	CCR								
39	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
39	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
39	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
39	21825	TREAT STERNUM FRACTURE;OPEN	CCR								
39	22015	I&D, P-SPINE, L/S/LS	CCR								
39	22102	RESECT VERTEBRA,LUMBAR	CCR								
39	22103	REMOVE EXTRA SPINE SEGMENT	CCR								
39	22110	EXCISE CERVICAL VERTEBRA	CCR								
39	22112	EXCISE THORACIC VERTEBRA	CCR								
39	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	CCR								
39	22116	REMOVE EXTRA SPINE SEGMENT	CCR								

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39	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	CCR								
39	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	CCR								
39	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
39	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
39	22216	REVISE, EXTRA SPINE SEGMENT	CCR								
39	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	CCR								
39	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
39	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	CCR								
39	22226	REVISE, EXTRA SPINE SEGMENT	CCR								
39	22318	TREAT ODONTOID FX W/O GRAFT	CCR								
39	22319	TREAT ODONTOID FX W/GRAFT	CCR								
39	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
39	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	CCR					X			
39	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	CCR					X			
39	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	CCR								
39	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	CCR								
39	22532	LAT THORAX SPINE FUSION	CCR								
39	22533	LAT LUMBAR SPINE FUSION	CCR								
39	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	CCR					X			
39	22548	ANTHRODESIS,W/BONE GRAFT	CCR								
39	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	CCR								
39	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	CCR								
39	22585	ARTHRODESIS-EACH ADD.INTERSPACE	CCR					X			
39	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	CCR								
39	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	CCR								
39	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	CCR								
39	22600	ARTHRODESIS,POST.TECH.,BELOW C1	CCR								
39	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
39	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
39	22614	SPINE FUSION, EXTRA SEGMENT	CCR					X			
39	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	CCR								
39	22632	SPINE FUSION, EXTRA SEGMENT	CCR								
39	22633	FUSION OF LOWER SPINE BONES WITH REM	CCR								
39	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	CCR								
39	22802	FUSE PRIMARY 7/MORE VERTEBRAE	CCR								
39	22804	FUSION OF SPINE	CCR								
39	22808	FUSION OF SPINE	CCR								
39	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	CCR								
39	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	CCR								
39	22818	KYPHECTOMY, 1-2 SEGMENTS	CCR								
39	22819	KYPHECTOMY, 3 & MORE SEGMENT	CCR								
39	22830	EXPLORE SPINAL FUSION	CCR								
39	22836	TETHERING OF 7 OR FEWER MIDDLE SPINE	CCR								
39	22837	TETHERING OF 8 OR MORE MIDDLE SPINE	CCR								
39	22838	REVISION, REPLACEMENT, OR REMOVAL OF	CCR								
39	22840	POSTERIOR INSTRU(NO SEG FIX)	CCR								
39	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	22843	INSERT SPINE FIXATION DEVICE	CCR								
39	22844	INSERT SPINE FIXATION DEVICE	CCR								
39	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	CCR								
39	22846	INSERT SPINE FIXATION DEVICE	CCR								
39	22847	INSERT SPINE FIXATION DEVICE	CCR								
39	22848	INSERT PELVIC FIXATIONDEVICE	CCR								
39	22849	REINSERT SPINAL FIXATION DEVICE	CCR								
39	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	CCR								
39	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	CCR								
39	22853	INSERTION OF INTERBODY BIOMECHANICAL	CCR					X			
39	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	CCR					X			
39	22855	REMOVE ANTERIOR INSTRUMENTATION	CCR								
39	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
39	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
39	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
39	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	CCR					X			
39	22860	INSERTION OF ARTIFICIAL DISC BETWEEN	MP			X			01/01/23		
39	22861	REVISION INCLUDING REPLACEMENT OF TO	CCR								
39	22862	REVISION INCLUDING REPLACEMENT OF TO	CCR								
39	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR								
39	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR								
39	22868	INSERTION OF INTERLAMINAR/INTERSPINO	CCR								
39	22870	INSERTION OF INTERLAMINAR/INTERSPINO	CCR								
39	23015	EXC BENIGN SHOULDER TUMOR SUBCU	CCR								
39	23065	BIOPSY SHOULDER SUPERFICIAL	CCR								
39	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	CCR								
39	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	CCR								
39	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	CCR								
39	23334	REMOVAL OF PROSTHESIS OF SHOULDER	CCR					X			
39	23335	REMOVAL OF PROSTHESIS OF SHOULDER	CCR					X			
39	23350	INJECTION FOR SHOULDER X-RAY	CCR								
39	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	CCR								
39	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	CCR								
39	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	CCR					X			
39	23900	AMPUTATION OF ARM & GIRDLE	CCR								
39	23920	AMPUTATION AT SHOULDER JOINT	CCR								
39	24065	BIOPSY ARM/ELBOW SOFT TISSUE	CCR								
39	24149	RADICAL RESECTION OF ELBOW	CCR								
39	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	CCR								
39	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	CCR								
39	24220	INJECTION FOR ELBOW X-RAY	CCR								
39	24300	MANIPULATE ELBOW W/ANESTH	CCR								
39	24332	TENOLYSIS, TRICEPS	CCR								
39	24343	REPR ELBOW LAT LIGMNT W/TISS	CCR								
39	24344	RECONSTRUCT ELBOW LAT LIGMNT	CCR								
39	24346	RECONSTRUCT ELBOW MED LIGMNT	CCR								
39	24357	INCISION OF TENDON TO REPAIR ELBOW J	CCR								
39	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
39	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
39	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	CCR								

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39	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	CCR								
39	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	CCR								
39	24930	REAMPUTATION UPPER ARM	CCR								
39	24931	AMPUTATE UPPER ARM & IMPLANT	CCR								
39	24935	STUMP ELONGATION/REVISION UPPER ARM	CCR								
39	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	CCR								
39	25001	INCISE FLEXOR CARPI RADIALIS	CCR								
39	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	CCR								
39	25109	EXCISION OF TENDON, FOREARM AND/OR W	CCR					X			
39	25170	RADICAL RESECTION FOR TUMOR, RADIUS	CCR								
39	25246	INJECTION FOR WRIST X-RAY	CCR								
39	25259	MANIPULATE WRIST W/ANESTHES	CCR								
39	25394	REPAIR CARPAL BONE, SHORTEN	CCR								
39	25430	VASC GRAFT INTO CARPAL BONE	CCR								
39	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	CCR								
39	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	CCR								
39	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	CCR								
39	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	CCR								
39	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	CCR								
39	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	CCR					X			
39	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	CCR								
39	25652	TREAT FRACTURE ULNAR STYLOID	CCR								
39	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	CCR								
39	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	CCR								
39	25909	REAMPUTATION FOREARM SURGERY	CCR								
39	25915	AMPUTATION FOREARM, KRUKENBERO PROC	CCR								
39	25920	DISARTICULATION THROUGH WRIST	CCR								
39	25924	REAMPUTATION WRIST SURGERY	CCR								
39	25927	TRANSMETACARPAL AMPUTATION	CCR								
39	25931	AMPUTATION FOLLOW-UP SURGERY	CCR								
39	26010	DRAINAGE OF FINGER ABSCESS	CCR		X						
39	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	CCR								
39	26037	DECOMPRESSIVE FASCIOTOMY, HAND	CCR								
39	26341	MANIPULATION OF PALM PRETENDINOUS CO	CCR								
39	26551	GREAT TOE-HAND TRANSFER	CCR								
39	26553	SINGLE TOE-HAND TRANSFER	CCR								
39	26554	DOUBLE TOE-HAND TRANSFER	CCR								
39	26556	TOE JOINT TRANSFER	CCR								
39	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	CCR					X			
39	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	CCR								
39	26700	TREAT KNUCKLE DISLOCATION	CCR								
39	26720	TREAT CLSD FX;W/O MANIP, EACH	CCR					X			
39	26725	TREAT CLSD FX;W/ MANIP, EACH	CCR					X			
39	26740	TREAT CLSD ART FX...W/O MANIP,EACH	CCR					X			
39	26750	TREAT CLSD FX...W/O MANIP, EACH	CCR					X			
39	26755	TREAT CLSD FX...W/ MANIP, EACH	CCR					X			
39	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR								
39	26775	TRMT OF SAME W/ ANESTION	CCR								
39	26992	DRAINAGE OF BONE LESION	CCR								
39	27005	TENOTOMY, ILIOPSOAS, OPEN	CCR								

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39	27006	TENOTOMY, ABDUCTORS, OPEN	CCR								
39	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	CCR								
39	27027	INCISION OF TISSUE OF MUSCLE COMPART	CCR								
39	27030	ARTHROTOMY OF HIP FOR DRAINAGE	CCR								
39	27036	EXCISION OF HIP JOINT/MUSCLE	CCR								
39	27054	REMOVAL OF HIP JOINT LINING	CCR								
39	27057	INCISION OF TISSUE ON ONE SIDE OF PE	CCR								
39	27070	PARTIAL REMOVAL OF HIP BONE	CCR								
39	27071	DEEP IP BONE	CCR								
39	27075	RADICAL RESECTION FOR TUMOR-WING OF	CCR								
39	27076	RADICAL RESECTION FOR TUMOR-ILIUM	CCR								
39	27077	INNOMINATE BONE-TOTAL	CCR								
39	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	CCR								
39	27090	REMOVAL OF HIP PROSTHESIS	CCR								
39	27091	COMPLICATED HESIS	CCR								
39	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	CCR								
39	27096	INJECTION PROCEDURE FOR SACROILIAC J	CCR								
39	27120	ACETABULOPLASTY P SOCKET	CCR								
39	27122	RESECTION FEMORAL HEAD	CCR								
39	27125	HEMIARTHROPLASTY; PROSTHESIS	CCR								
39	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	CCR								
39	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	CCR								
39	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	CCR								
39	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	CCR								
39	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	CCR								
39	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	CCR								
39	27146	OSTEOTOMY, ILIAC	CCR								
39	27147	WITH OPEN REDUCTION OF HIP	CCR								
39	27151	WITH FEMORAL OSTEOTOMY	CCR								
39	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	CCR								
39	27158	OSTEOTOMY, PELVIS, BILATERAL	CCR								
39	27161	INCISION OF NECK OF FEMUR	CCR								
39	27165	INCISION/FIXATION OF FEMUR	CCR								
39	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	CCR								
39	27175	TREAT SLIPPED EPIPHYSIS	CCR								
39	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	CCR								
39	27177	REPAIR SLIPPED EPIPHYSIS	CCR								
39	27178	CLOSED MANIPULATION YSIS	CCR								
39	27179	OSTEOPLASTY OF FEMORAL NECK	CCR								
39	27181	OSTEOTOMY & INTERNAL FIXATION	CCR								
39	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	CCR								
39	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	CCR								
39	27200	TRMT OF CLOSED COCCYGEAL FX	CCR								
39	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	CCR								
39	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	CCR								
39	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	CCR								
39	27218	OPEN TREATMENT OF POSTERIOR RING FRA	CCR								
39	27220	TREAT HIP SOCKET FRACTURE	CCR								
39	27222	WITH MANIPULATION CTURE	CCR								
39	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	CCR								

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39	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
39	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
39	27232	WITH MANIPULATION MUR	CCR								
39	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	CCR								
39	27240	WITH MANIPULATION RACTURE	CCR								
39	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	CCR								
39	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	CCR								
39	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	CCR								
39	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	CCR								
39	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	CCR								
39	27256	TRMT OF CONGENITAL HIP DISLOCATION	CCR								
39	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	CCR								
39	27259	W/ FEMORAL SHAFT SHORTENING	CCR								
39	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
39	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
39	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	CCR								
39	27280	FUSION OF SACROILIAC JOINT	CCR								
39	27282	FUSION OF PUBIC BONES	CCR								
39	27284	FUSION OF HIP JOINT	CCR								
39	27286	WITH SUBTROCHANTERIC OSTEOTOMY	CCR								
39	27290	AMPUTATION OF LEG AT HIP	CCR								
39	27295	DISARTICULATION OF HIP	CCR								
39	27303	INCISION, DEEP W/ OPENING OF BONE CO	CCR								
39	27325	NEURECTOMY, HAMSTRING MUSCLE	CCR								
39	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	CCR								
39	27365	EXTENSIVE LEG SURGERY	CCR								
39	27369	INJECTION PROCEDURE FOR CONTRAST KNE	CCR								
39	27412	AUTOCHONDROCYTE IMPLANT KNEE	CCR								
39	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	CCR			X					
39	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	CCR			X					
39	27440	REVISION OF KNEE JOINT	CCR								
39	27445	REVISE KNEE JOINT, IMPLANT	CCR								
39	27446	TOTAL KNEE REPLACEMENT	CCR								
39	27447	TOTAL KNEE REPLACEMENT	CCR								
39	27448	INCISION OF FEMUR	CCR								
39	27450	INCISION OF FEMUR	CCR								
39	27454	REALIGNMENT OF FEMUR	CCR								
39	27455	REALIGNMENT OF KNEE	CCR								
39	27457	REALIGNMENT OF KNEE	CCR								
39	27465	SHORTENING OF FEMUR	CCR								
39	27466	LENGTHENING OF FEMUR	CCR								
39	27468	REVISION OF FEMURS	CCR								
39	27470	REPAIR OF FEMUR	CCR								
39	27472	REPAIR/GRAFT OF FEMUR	CCR								
39	27475	REPAIR OF FEMUR EPIPHYSIS	CCR								
39	27477	REPAIR LOWER LEG EPIPHYSES	CCR								
39	27479	REPAIR OF LEG EPIPHYSES	CCR								
39	27485	REPAIR OF LEG EPIPHYSIS	CCR								
39	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	CCR								
39	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	27488	REMOVAL OF KNEE PROSTHESIS	CCR								
39	27495	PROPHYLACTIC TREAT. FEMUR	CCR								
39	27506	REPAIR OF FEMUR FRACTURE	CCR								
39	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	CCR								
39	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
39	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
39	27514	REPAIR OF FEMUR FRACTURE	CCR								
39	27519	REPAIR OF FEMUR EPIPHYSIS	CCR								
39	27524	REPAIR OF KNEECAP FRACTURE	CCR								
39	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	CCR								
39	27536	REPAIR OF KNEE FRACTURE	CCR								
39	27540	REPAIR OF KNEE FRACTURE	CCR								
39	27556	REPAIR OF KNEE DISLOCATION	CCR								
39	27557	REPAIR OF KNEE DISLOCATION	CCR								
39	27558	OPEN TREATMENT OF KNEE DISLOCATION,	CCR								
39	27580	FUSION OF KNEE	CCR								
39	27590	AMPUTATE LEG AT THIGH	CCR								
39	27591	AMPUTATE LEG AT THIGH	CCR								
39	27592	AMPUTATE LEG AT THIGH	CCR								
39	27596	AMPUTATION FOLLOW-UP SURGERY	CCR								
39	27598	AMPUTATE LOWER LEG AT KNEE	CCR								
39	27613	BIOPSY LOWER LEG SOFT TISSUE	CCR								
39	27645	EXTENSIVE LOWER LEG SURGERY	CCR								
39	27646	EXTENSIVE LOWER LEG SURGERY	CCR								
39	27648	INJECTION FOR ANKLE X-RAY	CCR								
39	27702	RECONSTRUCT ANKLE JOINT	CCR								
39	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	CCR								
39	27712	REALIGNMENT OF LOWER LEG	CCR								
39	27715	REVISION OF LOWER LEG	CCR								
39	27722	REPAIR/GRAFT OF TIBIA	CCR								
39	27724	REPAIR/GRAFT OF TIBIA	CCR								
39	27725	REPAIR OF LOWER LEG	CCR								
39	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	CCR								
39	27727	REPAIR OF LOWER LEG	CCR								
39	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
39	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
39	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	CCR								
39	27880	AMPUTATION OF LOWER LEG	CCR								
39	27881	AMPUTATION OF LOWER LEG	CCR								
39	27882	AMPUTATION OF LOWER LEG	CCR								
39	27886	AMPUTATION FOLLOW-UP SURGERY	CCR								
39	27888	AMPUTATION OF FOOT AT ANKLE	CCR								
39	28001	DRAINAGE OF BURSA OF FOOT	CCR		X						
39	28010	INCISION OF TOE TENDON	CCR								
39	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	CCR								
39	28220	RELEASE OF FOOT TENDON	CCR								
39	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	CCR		X			X			
39	28360	RECONSTRUCT CLEFT FOOT	CCR								
39	28430	TREAT CLSD TALUS FX,W/O MANIP	CCR								
39	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	CCR			X					

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	CCR					X			
39	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	CCR					X			
39	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	CCR					X			
39	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	CCR					X			
39	28490	TREAT BIG TOE FRACTURE	CCR								
39	28495	TREAT BIG TOE FRACTURE	CCR								
39	28510	TREAT CLSD FX....W/O MANIP,EACH	CCR					X			
39	28515	TREAT CLSD FX...W/ MANIP., EACH	CCR					X			
39	28530	TREAT CLOSED SESAMOID FRACTURE	CCR					X			
39	28540	TREAT FOOT DISLOCATION	CCR								
39	28570	TREAT FOOT DISLOCATION	CCR								
39	28630	TREAT TOE DISLOCATION	CCR								
39	28800	AMPUTATION OF MIDFOOT	CCR								
39	28805	AMPUTATION THRU METATARSAL	CCR								
39	28890	HIGH ENERGY ESWT, PLANTAR F	CCR								
39	29000	APPLICATION OF BODY CAST	CCR								
39	29010	APPLICATION OF BODY CAST	CCR								
39	29015	APPLICATION OF BODY CAST	CCR								
39	29035	APPLICATION OF BODY CAST	CCR								
39	29040	APPLICATION OF BODY CAST	CCR								
39	29044	APPLICATION OF BODY CAST	CCR								
39	29046	APPLICATION OF BODY CAST	CCR								
39	29049	APPLICATION OF SHOULDER CAST	CCR								
39	29055	APPLICATION OF SHOULDER CAST	CCR					X			
39	29058	APPLICATION OF SHOULDER CAST	CCR					X			
39	29065	APPLICATION OF LONG ARM CAST	CCR					X			
39	29075	APPLICATION OF FOREARM CAST	CCR					X			
39	29085	APPLY HAND/WRIST CAST	CCR					X			
39	29086	APPLY FINGER CAST	CCR					X			
39	29105	APPLY LONG ARM SPLINT	CCR					X			
39	29125	APPLY FOREARM SPLINT	CCR					X			
39	29126	APPLY FOREARM SPLINT	CCR					X			
39	29130	APPLICATION OF FINGER SPLINT	CCR					X			
39	29131	APPLICATION OF FINGER SPLINT	CCR					X			
39	29200	STRAPPING OF CHEST	CCR								
39	29240	STRAPPING OF SHOULDER	CCR					X			
39	29260	STRAPPING OF ELBOW OR WRIST	CCR					X			
39	29280	STRAPPING OF HAND OR FINGER	CCR					X			
39	29305	APPLICATION OF HIP CAST	CCR								
39	29325	APPLICATION OF HIP CASTS	CCR								
39	29345	APPLICATION OF LONG LEG CAST	CCR					X			
39	29355	APPLICATION OF LONG LEG CAST	CCR					X			
39	29358	APPLY LONG LEG CAST BRACE	CCR					X			
39	29365	APPLICATION OF LONG LEG CAST	CCR					X			
39	29405	APPLY SHORT LEG CAST	CCR					X			
39	29425	APPLY SHORT LEG CAST	CCR					X			
39	29435	APPLY SHORT LEG CAST	CCR					X			
39	29440	ADDITION OF WALKER TO CAST	CCR					X			
39	29445	APPLY RIGID LEG CAST	CCR								
39	29450	APPLICATION OF LEG CAST	CCR								

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	29505	APPLICATION LONG LEG SPLINT	CCR						X			
39	29515	APPLICATION LOWER LEG SPLINT	CCR						X			
39	29520	STRAPPING OF HIP	CCR						X			
39	29530	STRAPPING OF KNEE	CCR						X			
39	29540	STRAPPING OF ANKLE	CCR						X			
39	29550	STRAPPING OF TOES	CCR						X			
39	29580	APPLICATION OF PASTE BOOT	CCR						X			
39	29581	APPLICATION OF MULTI-LAYER COMPRESSI	CCR						X			
39	29584	APPLICATION OF MULTI-LAYER COMPRESSI	CCR									
39	29700	REMOVAL/REVISION OF CAST	CCR									
39	29705	REMOVAL/REVISION OF CAST	CCR									
39	29710	REMOVAL/REVISION OF CAST	CCR									
39	29720	REPAIR OF BODY CAST	CCR									
39	29730	WINDOWING OF CAST	CCR									
39	29740	WEDGING OF CAST	CCR									
39	29750	WEDGING OF CLUBFOOT CAST	CCR									
39	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	CCR									
39	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	CCR									
39	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	CCR				X					
39	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR				X					
39	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
39	30020	DRAINAGE OF NOSE LESION	CCR									
39	30124	REMOVAL OF NOSE LESION	CCR									
39	30200	INJECTION TREATMENT OF NOSE	CCR									
39	31040	EXPLORATION BEHIND UPPER JAW	CCR									
39	31230	REMOVAL OF UPPER JAW	CCR									
39	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	CCR									
39	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
39	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
39	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
39	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	CCR						X			
39	31505	DIAGNOSTIC LARYNGOSCOPY	CCR			X						
39	31579	SEE 31575;WITH STROBOSCOPY	CCR									
39	31584	REPAIR OF LARYNX FRACTURE	CCR									
39	31587	LARYNGOPLASTY, CRICOID SPLIT	CCR									
39	31600	TRACHEOSTOMY, PLANNED	CCR	02	99							
39	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	CCR	00	01							
39	31605	INCISION OF NECK CARTILAGES	CCR									
39	31610	INCISION OF WINDPIPE	CCR									
39	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
39	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
39	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
39	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
39	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
39	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	CCR									
39	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
39	31785	REMOVE WINDPIPE LESION	CCR									

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	32550	INSERTION OF INDWELLING TUNNELED PLE	CCR								
39	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	CCR								
39	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	CCR								
39	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	CCR								
39	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR								
39	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR								
39	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR								
39	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR								
39	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR								
39	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR								
39	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR								
39	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	CCR								
39	32701	THORACIC TARGET(S) DELINEATION FOR S	CCR								
39	32820	RECONSTRUCT INJURED CHEST	CCR								
39	32905	REVISE & REPAIR CHEST WALL	CCR								
39	32906	REVISE & REPAIR CHEST WALL	CCR								
39	32960	THERAPEUTIC PNEUMOTHORAX	CCR								
39	32998	ABLATION THERAPY FOR REDUCTION OR ER	CCR								
39	33017	DRAINAGE OF HEART SAC WITH INSERTION	CCR	06 99							
39	33018	DRAINAGE OF HEART SAC WITH INSERTION	CCR								
39	33019	DRAINAGE OF HEART SAC WITH INSERTION	CCR								
39	33050	RESECTION OF PERICARDIAL CYST OR TUM	CCR								
39	33206	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
39	33207	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
39	33208	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
39	33210	INSERTION OF HEART ELECTRODE	CCR								
39	33211	INSERTION OR REPLACEMENT OF TEMPORAR	CCR								
39	33213	INSERTION OF PACEMAKER PULSE GENERAT	CCR								
39	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	CCR								
39	33215	REPOSITION PACING-DEFIB LEAD	CCR								
39	33216	REVISION IMPLANTED ELECTRODE	CCR								
39	33217	INSERTION, REPLACEMENT OR REPOSITION	CCR								
39	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	CCR								
39	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	CCR								
39	33221	INSERTION OF PACEMAKER PULSE GENERAT	CCR								
39	33224	INSERTION OF PACING ELECTRODE, CARDI	CCR								
39	33225	INSERTION OF PACING ELECTRODE, CARDI	CCR								
39	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	CCR								
39	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
39	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
39	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
39	33230	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
39	33231	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
39	33234	REMOVAL OF PERMANENT PACEMAKER;	CCR								
39	33235	REMOVAL OF PERMANENT PACEMAKER;	CCR								
39	33240	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
39	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR								
39	33249	INSERTION OR REPLACEMENT OF PERMANEN	CCR								
39	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
39	33268	EXCLUSION OF APPENDAGE OF LEFT UPPER	CCR								
39	33270	INSERTION OR REPLACEMENT OF PERMANEN	CCR								
39	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	CCR								
39	33310	EXPLORATORY HEART SURGERY	CCR								
39	33315	EXPLORATORY HEART SURGERY	CCR								
39	33370	PLACEMENT AND SUBSEQUENT REMOVAL OF	CCR								
39	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	CCR								
39	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	CCR								
39	33508	ENDOSCOPIC VEIN HARVEST	CCR								
39	33509	HARVEST OF ARTERY FROM ARM FOR HEART	CCR								
39	33542	REMOVAL OF HEART LESION	CCR								
39	33681	REPAIR HEART SEPTUM DEFECT	CCR								
39	33684	REPAIR HEART SEPTUM DEFECT	CCR								
39	33688	REPAIR HEART SEPTUM DEFECT	CCR								
39	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	CCR								
39	33745	TRANSCATHETER INTRACARDIAC SHUNT (TI	CCR								
39	33746	TRANSCATHETER INTRACARDIAC SHUNT (TI	CCR								
39	33788	REVISION OF PULMONARY ARTERY	CCR								
39	33858	REPAIR OF ASCENDING AORTA WITH GRAFT	CCR								
39	33859	REPAIR OF ASCENDING AORTA WITH GRAFT	CCR								
39	33871	REPAIR OF TRANSVERSE ARCH OF AORTA W	CCR								
39	33894	REPAIR OF AORTA BY INSERTION OF STEN	CCR								
39	33895	REPAIR OF AORTA BY INSERTION OF STEN	CCR								
39	33897	BALLOON DILATION OF NATIVE OR RECURR	CCR								
39	33904	PLACEMENT OF ADDITIONAL STENT IN PUL	CCR								
39	33917	REPAIR OF PULMONARY ARTERY STENOSIS	CCR								
39	33924	REMOVE PULMONARY SHUNT	CCR								
39	33995	INSERTION OF VENTRICULAR ASSIST DEVI	CCR								
39	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	CCR								
39	34101	REMOVAL OF ARTERY CLOT	CCR								
39	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	CCR								
39	34201	REMOVAL OF ARTERY CLOT	CCR								
39	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	CCR								
39	34421	REMOVAL OF VEIN CLOT	CCR								
39	34471	REMOVAL OF VEIN CLOT	CCR								
39	34490	REMOVAL OF VEIN CLOT	CCR								
39	34501	VALVULOPLASTY, FEMORAL VEIN	CCR								
39	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	CCR								
39	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	CCR								
39	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	CCR								
39	34713	PERCUTANEOUS ACCESS AND CLOSURE OF F	CCR					X			
39	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	CCR					X			
39	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
39	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
39	34717	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					X			
39	34718	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					X			
39	35011	REPAIR DEFECT OF ARTERY	CCR								

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39	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	CCR								
39	35132	RUPTURED ANEURYSM,ILIAC ARTERY	CCR								
39	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	CCR								
39	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	CCR								
39	35184	REP.CONGENITAL FISTULA,EXTREMITIES	CCR								
39	35201	REPAIR BLOOD VESSEL LESION	CCR								
39	35226	REPAIR BLOOD VESSEL LESION	CCR								
39	35231	REPAIR BLOOD VESSEL LESION	CCR								
39	35236	REPAIR BLOOD VESSEL LESION	CCR								
39	35256	REPAIR BLOOD VESSEL LESION	CCR								
39	35261	REPAIR BLOOD VESSEL LESION	CCR								
39	35266	REPAIR BLOOD VESSEL LESION	CCR								
39	35286	REPAIR BLOOD VESSEL LESION	CCR								
39	35321	RECHANNELING OF ARTERY	CCR								
39	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	CCR								
39	35500	HARVEST VEIN FOR BYPASS	CCR								
39	35572	HARVEST FEMOROPOPLITEAL VEIN	CCR								
39	35685	BYPASS GRAFT PATENCY/PATCH	CCR								
39	35686	BYPASS GRAFT/AV FIST PATENCY	CCR								
39	35702	EXPLORATION OF ARTERY OF ARM	CCR								
39	35703	EXPLORATION OF ARTERY OF LEG	CCR								
39	35800	EXPLORE NECK VESSELS	CCR								
39	35860	EXPLORE LIMB VESSELS	CCR								
39	35879	REVISE GRAFT W/VEIN	CCR								
39	35881	REVISE GRAFT W/VEIN	CCR								
39	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
39	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
39	35903	EXCISION OF INFECTED GRAFT;	CCR								
39	36000	ESTABLISH ACCESS TO VEIN	CCR			X		X			
39	36002	PSEUDOANEURYSM INJECTION TRT	CCR								
39	36005	INJECTION PROCEDURE FOR CONTRAST VEN	CCR								
39	36010	ESTABLISH ACCESS TO VEIN	CCR								
39	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR								
39	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR								
39	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	CCR								
39	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	CCR								
39	36015	SELECTIVE CATHETER PLACEMENT, EACH S	CCR								
39	36100	ESTABLISH ACCESS TO ARTERY	CCR					X			
39	36140	ESTABLISH ACCESS TO ARTERY	CCR					X			
39	36160	ESTABLISH ACCESS TO AORTA	CCR								
39	36200	INTRODUCTION OF CATHETER, AORTA	CCR								
39	36215	INTRODUCE CATHETER; EACH ADD....	CCR					X			
39	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
39	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
39	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
39	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	CCR								
39	36222	SELECTIVE CATHETER PLACEMENT, COMMON	CCR					X			
39	36223	SELECTIVE CATHETER PLACEMENT, COMMON	CCR					X			
39	36224	SELECTIVE CATHETER PLACEMENT, INTERN	CCR					X			
39	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	CCR					X			

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	CCR						X			
39	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	CCR						X			
39	36228	SELECTIVE CATHETER PLACEMENT, EACH I	CCR						X			
39	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						X			
39	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
39	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR									
39	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR									
39	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR									
39	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR									
39	36415	COLLECTION OF VENOUS BLOOD BY VENIPU	3.00						X	01/01/20		
39	36416	CAPILLARY BOOD DRAW	2.65							01/01/20		
39	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	CCR						X			
39	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	CCR	00	01				X			
39	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	CCR	00	00				X			
39	36455	EXCHANGE TRANSFUSION SERVICE	CCR						X			
39	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	CCR	00	00							
39	36460	TRANSFUSION SERVICE, FETAL	CCR						X			
39	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	CCR						X			
39	36470	INJECTION THERAPY OF VEIN	CCR									
39	36471	INJECTION THERAPY OF VEINS	CCR									
39	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	CCR						X			
39	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	CCR									
39	36483	CHEMICAL DESTRUCTION OF INCOMPETENT	CCR						X			
39	36500	VEIN CATH/SELECT. ORGAN SAMPLE	CCR									
39	36511	APHERESIS WBC	CCR									
39	36512	APHERESIS RBC	CCR									
39	36513	APHERESIS PLATELETS	CCR									
39	36514	APHERESIS PLASMA	CCR									
39	36516	APHERESIS, SELECTIVE	CCR									
39	36522	PHOTOPHERESIS,EXTRACORPOREAL	CCR									
39	36591	COLLECTION OF BLOOD SPECIMEN FROM A	CCR									
39	36592	COLLECTION OF BLOOD SPECIMEN USING E	CCR									
39	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	CCR									
39	36595	MECH REMOV TUNNELED CV CATH	CCR									
39	36596	MECH REMOV TUNNELED CV CATH	CCR									
39	36597	REPOSITION VENOUS CATHETER	CCR									
39	36598	INJ W/FLUOR, EVAL CV DEVICE	CCR						X			
39	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	24.75						X	01/01/20		
39	36620	ARTERIAL CATHETERIZATION OR CANNULAT	CCR						X			
39	36625	ESTABLISH ACCESS TO ARTERY	CCR									
39	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	CCR									
39	36838	DIST REVAS LIGATION, HEMO	CCR									
39	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	CCR									
39	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	CCR									
39	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	CCR									
39	37182	INSERT HEPATIC SHUNT (TIP'S)	CCR									
39	37184	PRIM ART MECH THROMBECTOMY	CCR									
39	37185	PRIM ART M-THROMBECT ADD-ON	CCR						X			

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	37186	SEC ART M-THROMBECT ADD-ON	CCR								
39	37187	VENOUS MECH THROMBECTOMY	CCR								
39	37188	VENOUS M-THROMBECTOMY ADD-ON	CCR								
39	37191	INSERTION OF INTRAVASCULAR VENA CAVA	CCR		X						
39	37192	REPOSITIONING OF INTRAVASCULAR VENA	CCR		X						
39	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	CCR		X						
39	37195	THROMBOLYTIC THERAPY, STROKE	CCR								
39	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	CCR								
39	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	CCR					X			
39	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	CCR					X			
39	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	CCR					X			
39	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	CCR					X			
39	37216	TRANSCATH STENT, CCA W/O EPS	CCR								
39	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
39	37236	Insertion of intravascular stents in	CCR								
39	37237	INSERTION OF INTRAVASCULAR STENTS IN	CCR					X			
39	37238	INSERTION OF INTRAVASCULAR STENTS IN	CCR								
39	37239	INSERTION OF INTRAVASCULAR STENTS IN	CCR					X			
39	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	CCR								
39	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	CCR								
39	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	CCR								
39	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	CCR								
39	37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					X			
39	37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					X			
39	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
39	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
39	37565	LIGATION OF NECK VEIN	CCR								
39	37600	LIGATION OF NECK ARTERY	CCR								
39	37605	LIGATION OF NECK ARTERY	CCR								
39	37606	LIGATION OF NECK ARTERY	CCR								
39	37615	LIGATION OF NECK ARTERY	CCR								
39	37617	LIGATION OF ABDOMEN ARTERY	CCR								
39	37619	LIGATION OF INFERIOR VENA CAVA	CCR								
39	37765	PHLEB VEINS - EXTREM - TO 20	CCR								
39	37766	PHLEB VEINS - EXTREM 20+	CCR								
39	38120	LAPAROSCOPY, SPLENECTOMY	CCR								
39	38200	INJECTION FOR SPLEEN X-RAY	CCR								
39	38204	BL DONOR SEARCH MANAGEMENT	CCR								
39	38207	CRYOPRESERVE STEM CELLS	CCR								

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR								
39	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR								
39	38210	T-CELL DEPLETION OF HARVEST	CCR								
39	38211	TUMOR CELL DEPLETE OF HARVST	CCR								
39	38212	RBC DEPLETION OF HARVEST	CCR								
39	38213	PLATELET DEPLETE OF HARVEST	CCR								
39	38214	VOLUME DEPLETE OF HARVEST	CCR								
39	38215	HARVEST STEM CELL CONCENTRTE	CCR								
39	38220	BONE MARROW ASPIRATION	CCR								
39	38221	BONE MARROW BIOPSY	CCR								
39	38230	BONE MARROW HARVESTING FOR TRANSPLAN	CCR			X					
39	38232	BONE MARROW HARVESTING FOR TRANSPLAN	CCR								
39	38240	BONE MARROW TRANSPLANTATION	CCR								
39	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	CCR								
39	38242	LYMPHOCYTE INFUSE TRANSPLANT	CCR								
39	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	CCR								
39	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	CCR								
39	38720	REMOVAL OF LYMPH NODES, NECK	CCR								
39	38765	REMOVE GROIN LYMPH NODES	CCR								
39	38790	INJECTION FOR LYMPHATIC X-RAY	CCR								
39	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	CCR								
39	38794	ACCESS THORACIC LYMPH DUCT	CCR								
39	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	CCR								
39	39000	EXPLORATION OF MEDIASTINUM	CCR								
39	39010	EXPLORATION OF MEDIASTINUM	CCR								
39	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	CCR								
39	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	CCR								
39	40805	REMOVAL FOREIGN BODY, MOUTH	CCR		X						
39	41000	DRAINAGE OF MOUTH LESION	CCR		X						
39	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	CCR								
39	41105	BIOPSY OF TONGUE	CCR		X						
39	41110	EXCISION OF TONGUE LESION	CCR								
39	41512	TONGUE BASE SUSPENSION, PERMANENT SU	CCR								
39	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	CCR								
39	41805	REMOVAL FOREIGN BODY, GUM	CCR								
39	41806	REMOVAL FOREIGN BODY,JAWBONE	CCR								
39	41825	EXCISION OF GUM LESION	CCR								
39	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	CCR					X			
39	41830	REMOVAL OF GUM TISSUE	CCR								
39	41850	TREATMENT OF GUM LESION	CCR								
39	41872	REPAIR GUM	CCR								
39	42225	RECONSTRUCT CLEFT PALATE	CCR								
39	42227	LENGTHEN PALATE, WITH ISLAND FLAP	CCR								
39	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	CCR								
39	42281	INSERT PIN-RETAINED PALATAL PROSTH.	CCR								
39	42330	REMOVAL OF SALIVARY STONE	CCR								
39	42335	REMOVAL OF SALIVARY STONE	CCR								
39	42400	BIOPSY OF SALIVARY GLAND	CCR					X			
39	42550	INJECTION FOR SALIVARY X-RAY	CCR					X			
39	42660	DILATION OF SALIVARY DUCT	CCR								

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	42809	REMOVE PHARYNX FOREIGN BODY	CCR									
39	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	CCR									
39	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	CCR									
39	42975	EVALUATION OF SLEEP-DISORDERED BREAT	CCR									
39	43020	INCISION OF ESOPHAGUS	CCR									
39	43030	THROAT MUSCLE SURGERY	CCR									
39	43130	REMOVAL OF ESOPHAGUS POUCH	CCR									
39	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	CCR									
39	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	CCR									
39	43510	SURGICAL OPENING OF STOMACH	CCR									
39	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	CCR									
39	43640	VAGOTOMY & PYLORUS REPAIR	CCR									
39	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	CCR									
39	43651	LAPAROSCOPY, VAGUS NERVE	CCR									
39	43652	LAPAROSCOPY, VAGUS NERVE	CCR									
39	43752	INSERTION OF NASAL OR ORAL STOMACH T	CCR									
39	43753	INSERTION OF STOMACH TUBE AND ASPIRA	CCR									
39	43754	GASTRIC INTUBATION AND ASPIRATION, D	CCR									
39	43755	GASTRIC INTUBATION AND ASPIRATION, D	CCR									
39	43756	DUODENAL INTUBATION AND ASPIRATION,	CCR									
39	43757	DUODENAL INTUBATION AND ASPIRATION,	CCR									
39	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
39	43831	GASTROSTOMY, OPEN, NEONATAL	CCR	00	00							
39	43840	REPAIR OF STOMACH LESION	CCR									
39	43886	REVISE GASTRIC PORT, OPEN	CCR	16	99	X						
39	43887	REMOVE GASTRIC PORT, OPEN	CCR	16	99	X						
39	43888	CHANGE GASTRIC PORT, OPEN	CCR	16	99	X						
39	44050	REDUCE BOWEL OBSTRUCTION	CCR									
39	44186	LAP, JEJUNOSTOMY	CCR									
39	44300	OPEN BOWEL TO SKIN	CCR									
39	44314	REVISION OF ILEOSTOMY	CCR									
39	44345	REVISION OF COLOSTOMY	CCR									
39	44346	REVISE COLOSTOMY;REPAIR HERNIA	CCR									
39	44500	INTRODUCTION OF LONG GASTROINTESTINA	CCR									
39	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	CCR									
39	44701	INTRAOP COLON LAVAGE ADD-ON	CCR									
39	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	CCR									
39	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	CCR			X						
39	45399	UNLISTED PROCEDURE, COLON	CCR									
39	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	CCR									
39	45541	CORRECT RECTAL PROLAPSE	CCR									
39	46070	INCISION OF ANAL SEPTUM	CCR									
39	46221	LIGATION OF HEMORRHOID(S)	CCR			X						
39	46500	INJECTION TREATMENT OF ANUS	CCR									
39	46505	CHEMODENERVATION ANAL MUSC	CCR									
39	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	CCR									
39	46606	ANOSCOPY WITH BIOPSY	CCR									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	CCR								
39	46916	CRYSOSURGERY-ANAL LESIONS ,	CCR					X			
39	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	CCR								
39	46942	TREATMENT OF ANAL FISSURE	CCR								
39	47370	LAPARO ABLATE LIVER TUMOR RF	CCR								
39	47371	LAPARO ABLATE LIVER CRYOSUG	CCR								
39	47382	PERCUT ABLATE LIVER RF	CCR								
39	47490	PERCUTANEOUS CHOLECYSTOSTOMY	CCR								
39	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR								
39	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR								
39	47542	BALLOON DILATION OF BILIARY DUCT(S)	CCR								
39	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	CCR								
39	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	CCR								
39	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	CCR								
39	47711	EXCISION OF BILE DUCT TUMOR	CCR								
39	47712	EXCISION OF BILE DUCT TUMOR	CCR								
39	47715	EXCISE CHOLEDOCHAL CYST	CCR								
39	48160	PANCREATECTOMY;WITH TRANSPLANTATION	CCR			X					
39	48550	DONOR PANCREATECTOMY, WITH PREPARATI	CCR			X					
39	49000	EXPLORATION OF ABDOMEN	CCR								
39	49010	EXPLORE,RETROPERITONEAL AREA	CCR								
39	49013	EXPLORATION AND PACKING OF WOUND IN	CCR								
39	49014	RE-EXPLORATION OF WOUND IN PELVIC RE	CCR								
39	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
39	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
39	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	CCR								
39	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	CCR								
39	49186	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39	49187	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39	49188	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39	49189	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39	49190	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	CCR								
39	49255	OMENTECTOMY,...RESECT OMENTUM	CCR								
39	49323	LAPARO DRAIN LYMPHOCELE	CCR			X					
39	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	CCR								
39	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	CCR								
39	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	CCR								
39	49400	AIR INJECTION INTO ABDOMEN	CCR								
39	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	CCR								
39	49405	Fluid collection drainage by cathete	CCR								
39	49406	Fluid collection drainage by cathete	CCR								
39	49407	Fluid collection drainage by cathete	CCR								
39	49423	EXCHANGE DRAINAGE CATH	CCR								
39	49424	ASSESS CYST, CONTRAST INJ	CCR								
39	49427	INJECTION PROCEDURE (EG, CONTRAST ME	CCR								
39	49429	REMOVAL OF SHUNT	CCR								
39	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	CCR								
39	49436	DELAYED CREATION OF EXIT SITE FROM E	CCR								
39	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	CCR								
39	49442	INSERTION OF CECOSTOMY OR OTHER COLO	CCR								
39	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	CCR								
39	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	CCR								
39	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	CCR								
39	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	CCR								
39	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	CCR								
39	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	CCR								
39	49623	REMOVAL OF MESH AT SAME TIME AS HERN	CCR								
39	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	CCR								
39	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	CCR								
39	50382	CHANGE URETER STENT, PERCUT	CCR								
39	50384	REMOVE URETER STENT, PERCUT	CCR								
39	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	CCR								
39	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	CCR								
39	50387	CHANGE EXT/INT URETER STENT	CCR								
39	50389	REMOVE RENAL TUBE W/FLUORO	CCR								
39	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	CCR								
39	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
39	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
39	50541	LAPARO ABLATE RENAL CYST	CCR								
39	50542	LAPARO ABLATE RENAL MASS	CCR								
39	50543	LAPARO PARTIAL NEPHRECTOMY	CCR								
39	50544	LAPAROSCOPY, PYELOPLASTY	CCR								
39	50562	RENAL SCOPE W/TUMOR RESECT	CCR								
39	50570	KIDNEY ENDOSCOPY	CCR								
39	50572	KIDNEY ENDOSCOPY	CCR								
39	50574	KIDNEY ENDOSCOPY & BIOPSY	CCR								
39	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	CCR								
39	50576	KIDNEY ENDOSCOPY & TREATMENT	CCR								
39	50580	KIDNEY ENDOSCOPY & TREATMENT	CCR								
39	50592	PERC RF ABLATE RENAL TUMOR	CCR								
39	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	CCR								
39	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	CCR								
39	50686	MEASURE URETER PRESSURE	CCR								
39	50690	INJECTION OF BLADDER AND URINARY DUC	CCR								
39	50705	URETERAL EMBOLIZATION OR OCCLUSION,	CCR								
39	50706	BALLOON DILATION, URETERAL STRICTURE	CCR								
39	50727	REVISION OF URINARY-CUTANEOUS ANASTO	CCR								
39	50945	LAPAROSCOPY URETEROLITHOTOMY	CCR								
39	51060	REMOVAL OF URETER STONE	CCR								
39	51100	ASPIRATION OF BLADDER; BY NEEDLE	CCR								
39	51101	ASPIRATION OF BLADDER; BY TROCAR OR	CCR								
39	51102	ASPIRATION OF BLADDER; WITH INSERTIO	CCR								
39	51535	REPAIR OF URETER LESION	CCR								
39	51600	INJECTION FOR BLADDER X-RAY	CCR								
39	51610	INJECTION FOR BLADDER X-RAY	CCR								
39	51700	IRRIGATION OF BLADDER	CCR					X			
39	51701	INSERTION NON-INDWELLNG BLADDR CATH	CCR								
39	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR								

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	51721	INSERTION OF TRANSDUCER THROUGH URET	CCR								
39	51725	SIMPLE CYSTOMETROGRAM	CCR								
39	51736	SIMPLE UROFLOWMETRY	CCR								
39	51741	COMPLEX UROFLOWMETRY	CCR								
39	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	CCR								
39	51798	MEASURE POST-VOIDING RESIDUAL URINE	CCR								
39	51840	ATTACH BLADDER/URETHRA	CCR								
39	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	CCR				F				
39	51860	REPAIR OF BLADDER WOUND	CCR								
39	51990	LAPARO URETHRAL SUSPENSION	CCR								
39	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
39	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
39	52649	LASER ENUCLEATION OF THE PROSTATE WI	CCR		X		M				
39	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	CCR				F				
39	53085	DRAINAGE OF URINARY LEAKAGE	CCR								
39	53500	URETHRLYS, TRANSVAG W/ SCOPE	CCR				F				
39	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	CCR		X		M				
39	53620	DILATE URETH STRICT.,MALE;INITIAL	CCR		X		M				
39	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	CCR		X		M				
39	53660	DILATE FEMALE URETHRA...;INITIAL	CCR		X		F				
39	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	CCR		X		F				
39	53855	INSERTION OF A TEMPORARY PROSTATIC U	CCR				M				
39	53865	INSERTION OF A TEMPORARY DEVICE FOR	CCR								
39	53866	REMOVAL OF TEMPORARY DEVICE FOR PRES	CCR								
39	54050	TREATMENT OF PENIS LESION	CCR				M				
39	54055	TREATMENT OF PENIS LESION	CCR				M				
39	54056	DESTROY PENILE LESION;CRYOSURGERY	CCR				M				
39	54200	TREATMENT OF PENIS LESION	CCR				M				
39	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	CCR				M				
39	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	CCR				M				
39	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	CCR								
39	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	CCR				M				
39	54411	REMV/REPLC PENIS PROS, COMP	CCR								
39	54417	REMV/REPLC PENIS PROS, COMPL	CCR								
39	54560	EXPLORATION FOR TESTIS	CCR				M				
39	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	CCR				M				
39	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	CCR				M				
39	55600	INCISE SPERM DUCT POUCH	CCR				M				
39	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	CCR				M				
39	55752	CONIZATION OF CERVIX	CCR								
39	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	CCR				M				
39	55866	LAPARO RADICAL PROSTATECTOMY	CCR				M				
39	55870	ELECTROEJACULATION	CCR								
39	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	CCR				M				
39	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	CCR				M				
39	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR								
39	56442	HYMENOTOMY, SIMPLE INCISION	CCR				F				
39	56630	EXTENSIVE VULVA SURGERY	CCR				F				
39	56820	EXAM OF VULVA W/SCOPE	CCR				F				
39	57022	I &D VAGINAL HEMATOMA, OB	CCR				F				

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	57106	REMOVE VAGINA WALL, PARTIAL	CCR									
39	57107	REMOVE VAGINA TISSUE/PARTIAL	CCR									
39	57109	VAGINECTOMY PARTIAL W/NODES	CCR									
39	57120	CLOSURE OF VAGINA	CCR					F				
39	57150	TREAT VAGINA INFECTION	CCR					F	X			
39	57160	INSERTION OF PESSARY	CCR					F				
39	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10	60			F				
39	57267	INSERT MESH/PELVIC FLR ADDON	CCR					F				
39	57282	FIXATION FOR VAGINAL PROLAPSE	CCR					F				
39	57283	COLPOPEXY, INTRAPERITONEAL	CCR					F				
39	57284	REPAIR PARAVAGINAL DEFECT	CCR									
39	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR					F				
39	57287	REVISE/REMOVE SLING REPAIR	CCR					F				
39	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR			X		F				
39	57295	CHANGE VAGINAL GRAFT	CCR					F				
39	57310	REPAIR URETHRA-VAGINA LESION	CCR					F				
39	57320	REPAIR BLADDER-VAGINA LESION	CCR					F				
39	57330	REPAIR BLADDER-VAGINA LESION	CCR					F				
39	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR					F				
39	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR					F				
39	57452	EXAMINATION OF VAGINA	CCR					F				
39	57465	COMPUTER-AIDED MAPPING OF CERVIX DUR	CCR					F				
39	57540	REMOVAL OF RESIDUAL CERVIX	CCR					F				
39	57555	REMOVE CERVIX, REPAIR VAGINA	CCR					F				
39	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR					F				
39	58100	BIOPSY OF UTERUS LINING	CCR					F				
39	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR					F				
39	58260	VAGINAL HYSTERECTOMY	CCR				X	F				
39	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR				X	F				
39	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR				X	F				
39	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR				X	F				
39	58290	VAG HYST COMPLEX	CCR				X	F				
39	58291	VAG HYST INCL T/O, COMPLEX	CCR				X	F				
39	58292	VAG HYST T/O & REPAIR, COMPL	CCR				X	F				
39	58294	VAG HYST W/ENTEROCELE, COMPL	CCR				X	F				
39	58356	ENDOMETRIAL CRYOABLATION	CCR				X	F				
39	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
39	58553	LAPARO-VAG HYST, COMPLEX	CCR				X	F				
39	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR				X	F				
39	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
39	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
39	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR					F				
39	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
39	58920	PARTIAL REMOVAL OF OVARY(S)	CCR					F				
39	59012	CORDOCENTESIS,ANY METHOD	CCR	10	60			F				
39	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR						X			
39	59020	FETAL OXYTOCIN STRESS TEST	CCR	10	60		X	F				

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	59025	FETAL NON-STRESS TEST	CCR	10	60		X	F				
39	59030	FETAL SCALP BLOOD SAMPLE	CCR									
39	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10	60		X	F				
39	59051	FETAL MONITOR/INTERPRET ONL	CCR					F				
39	59070	TRANSABDOM AMNIOINFUS W/ US	CCR	10	59			F				
39	59074	FETAL FLUID DRAINAGE W/ US	CCR	10	59			F				
39	59076	FETAL SHUNT PLACEMENT, W/ US	CCR	10	59			F				
39	59100	REMOVE UTERUS LESION	CCR	00	60		X	F				
39	59200	INSERTION OF CERVICAL DILATOR	CCR	16	60			F				
39	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	CCR	10	60		X	F				
39	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	CCR	10	59							
39	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	CCR	10	60			F				
39	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	CCR						X			
39	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	CCR	12	55			F				
39	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	CCR	10	59			F				
39	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	CCR	10	60			F				
39	59515	CESAREAN DELIVERY W POSTPARTUM CARE	CCR	10	60			F				
39	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	CCR	10	60			F				
39	59612	VBAC DELIVERY ONLY	CCR	10	60			F				
39	59614	VBAC DELIVERY INCL POSTPARTUM	CCR	10	60			F				
39	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	CCR	10	60			F				
39	59620	ATTEMPTED VBAC DELIVERY ONLY	CCR	10	60			F				
39	59622	ATTEMPTED VBAC-INCL POSTPARTUM	CCR	10	60			F				
39	60210	PARTIAL EXCISION THYROID	CCR									
39	60212	PARTIAL THYROID EXCISION	CCR									
39	60225	PARTIAL REMOVAL OF THYROID	CCR									
39	60252	REMOVAL OF THYROID	CCR									
39	60260	REPEAT THYROID SURGERY	CCR									
39	60271	REMOVAL OF THYROID	CCR									
39	60300	ASPIRATION AND/OR INJECTION, THYROID	CCR									
39	60500	EXPLORE PARATHYROID GLANDS	CCR									
39	60502	RE-EXPLORE PARATHYROID(S)	CCR									
39	60512	AUTOTRANSPLANT, PARATHYROID	CCR									
39	60520	REMOVAL OF THYMUS GLAND	CCR									
39	60660	DESTRUCTION USING HEAT OF ONE OR MOR	CCR									
39	60661	DESTRUCTION USING HEAT OF ONE OR MOR	CCR									
39	61000	REMOVE CRANIAL CAVITY FLUID	CCR									
39	61001	SUBDURAL TAP....SUBSEQUENT TAPS	CCR						X			
39	61330	EXPLORATION OF EYE SOCKET	CCR									
39	61623	ENDOVASC TEMPORY VESSEL OCCL	CCR									
39	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR									
39	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR									
39	61640	DILATE IC VASOSPASM, INIT	CCR				X					
39	61641	DILATE IC VASOSPASM ADD-ON	CCR				X					
39	61642	DILATE IC VASOSPASM ADD-ON	CCR				X					
39	61715	MRI GUIDED HIGH INTENSITY FOCUSED UL	CCR									
39	61720	INCISE SKULL/BRAIN SURGERY	CCR									
39	61736	LASER INTERSTITIAL THERMAL THERAPY (	CCR									
39	61737	LASER INTERSTITIAL THERMAL THERAPY (	CCR									
39	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	CCR									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
39	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
39	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
39	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
39	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
39	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
39	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
39	61800	APPLICATION OF STEREOTACTIC HEADFRAM	CCR								
39	61880	REVISE/REMOVE NEUROELECTRODE	CCR								
39	62000	REPAIR OF SKULL FRACTURE	CCR								
39	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	CCR								
39	62252	CSF SHUNT REPROGRAM	CCR								
39	62264	EPIDURAL LYSIS ON SINGLE DAY	CCR								
39	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	CCR								
39	62284	INJECTION FOR MYELOGRAM	CCR								
39	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	CCR								
39	62291	INJECT FOR SPINE DISK X-RAY	CCR								
39	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	CCR								
39	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
39	62351	IMPLANT SPINAL CATHETER	CCR		X						
39	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR								
39	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR								
39	63001	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63003	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63005	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63011	RELIEVE PSINAL CORD PRESSURE	CCR								
39	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	CCR								
39	63015	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63016	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63017	RELIEVE SPINAL CORD PRESSURE	CCR								
39	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR								
39	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR								
39	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
39	63040	NECK SPINE DISK SURGERY	CCR								
39	63042	LOW BACK DISK SURGERY	CCR								
39	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
39	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
39	63045	LAMINECTOMY....SING.SEG.;CERVICAL	CCR								
39	63046	LAMINECTOMY....SING.SEG.;THORACIC	CCR								
39	63047	LAMINECTOMY....SING.SEG.;LUMBAR	CCR								
39	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	CCR					X			
39	63052	PARTIAL REMOVAL OF BONE OF SINGLE SE	CCR								
39	63053	PARTIAL REMOVAL OF BONE OF ADDITIONA	CCR					X			
39	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	CCR								
39	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	CCR								
39	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	CCR					X			
39	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	63066	DECOMPRESS...THORACIC;EACH ADD SEG	CCR					X			
39	63075	REMOVAL OF UPPER SPINE DISC AND RELE	CCR								
39	63076	REMOVAL OF UPPER SPINE DISC AND RELE	CCR					X			
39	63265	LAMINECTOMY,LESION...;CERVICAL	CCR								
39	63266	LAMINECTOMY,LESION...;THORACIC	CCR								
39	63267	LAMINECTOMY,LESION...;LUMBAR	CCR								
39	63268	LAMINECTOMY,LESION....;SACRAL	CCR								
39	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
39	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
39	63655	IMPLANT NEUROELECTRODES	CCR								
39	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	CCR								
39	64400	INJECTION FOR NERVE BLOCK	CCR					X			
39	64405	INJECTION FOR NERVE BLOCK	CCR					X			
39	64408	INJECTION FOR NERVE BLOCK	CCR					X			
39	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	CCR								
39	64418	INJECTION FOR NERVE BLOCK	CCR					X			
39	64425	INJECTION FOR NERVE BLOCK	CCR					X			
39	64435	INJECTION FOR NERVE BLOCK	CCR					X			
39	64445	INJECTION FOR NERVE BLOCK	CCR					X			
39	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	CCR								
39	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	CCR								
39	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	CCR								
39	64449	N BLOCK INJ, LUMBAR PLEXUS	CCR								
39	64455	INJECTIONS OF ANESTHETIC AND/OR STER	CCR								
39	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	CCR								
39	64466	UNILATERAL THORACIC FASCIAL PLANE BL	CCR								
39	64467	UNILATERAL THORACIC FASCIAL PLANE BL	CCR								
39	64468	BILATERAL THORACIC FASCIAL PLANE BLO	CCR								
39	64469	BILATERAL THORACIC FASCIAL PLANE BLO	CCR								
39	64473	UNILATERAL LOWER EXTREMITY FASCIAL P	CCR								
39	64474	UNILATERAL LOWER EXTREMITY FASCIAL P	CCR								
39	64483	INJ FORAMEN EPIDURAL L/S	CCR								
39	64484	INJ FORAMEN EPIDURAL ADD-ON	CCR								
39	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
39	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
39	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
39	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
39	64490	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64491	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64492	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					X			
39	64493	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64494	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64495	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					X			
39	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	CCR								
39	64611	CHEMODENERVATION OF PAROTID AND SUBM	CCR								
39	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	CCR								
39	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	CCR			X					
39	64629	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	CCR					X			
39	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	CCR								
39	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
39	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
39	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
39	64763	INCISE HIP/THIGH NERVE	CCR								
39	64766	INCISE HIP/THIGH NERVE	CCR								
39	64804	REMOVE SYMPATHETIC NERVES	CCR								
39	64820	REMOVE SYMPATHETIC NERVES	CCR								
39	64822	REMOVE SYMPATHETIC NERVES	CCR								
39	64823	REMOVE SYMPATHETIC NERVES	CCR								
39	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	CCR								
39	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	CCR								
39	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	CCR					X			
39	65125	MODIFICATION OF OCULAR IMPLANT (EG,	CCR								
39	65210	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
39	65220	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
39	65222	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
39	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	CCR								
39	65430	CORNEAL SMEAR	CCR					X			
39	65435	CURETTE/TREAT CORNEA	CCR								
39	65436	CURETTE/TREAT CORNEA	CCR								
39	65450	DESTROY CORNEAL LESION	CCR								
39	65600	REVISION OF CORNEA	CCR								
39	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	CCR								
39	65765	KERATOPHAKIA	CCR								
39	65767	EPIKERATOPHAKIA	CCR								
39	66683	IMPLANTATION OF IRIS PROSTHESIS	CCR								
39	66762	REVISION OF IRIS	CCR								
39	66770	REMOVAL OF INNER EYE LESION	CCR								
39	66990	OPHTHALMIC ENDOSCOPE ADD-ON	CCR								
39	67041	VITRECTOMY,MECHANICAL,PARS PLANA	CCR								
39	67043	VITRECTOMY,MECHANICAL,PARS PLANA	CCR								
39	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	CCR								
39	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	CCR								
39	67221	OCULAR PHOTODYNAMIC THER	CCR								
39	67225	EYE PHOTODYNAMIC THER ADD-ON	CCR								
39	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	CCR	00 00							
39	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	CCR								
39	67346	BIOPSY OF EXTRAOCULAR MUSCLE	CCR								
39	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	CCR								
39	67505	INJECT/TREAT EYE SOCKET	CCR								
39	67515	INJECTION OF MEDICATION OR SUBSTANCE	CCR								
39	67516	INJECTION OF DRUG INTO THE SPACE BET	CCR								
39	67710	INCISION OF EYELID	CCR		X						
39	67825	REVISE EYELASHES	CCR								
39	67850	TREAT EYELID LESION	CCR								
39	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	CCR								
39	67915	REPAIR EYELID DEFECT	CCR		X	X					
39	67922	REPAIR EYELID DEFECT	CCR		X						
39	68020	INCISE/DRAIN EYELID LINING	CCR								
39	68040	TREATMENT OF EYELID LESIONS	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	68100	BIOPSY OF EYELID LINING	CCR								
39	68135	REMOVE EYELID LINING LESION	CCR								
39	68200	TREAT EYELID BY INJECTION	CCR								
39	68400	INCISE/DRAIN TEAR GLAND	CCR								
39	68420	INCISE/DRAIN TEAR SAC	CCR								
39	68440	INCISE TEAR DUCT OPENING	CCR								
39	68530	CLEARANCE OF TEAR DUCT	CCR								
39	68705	REVISE TEAR DUCT OPENING	CCR								
39	68760	CLOSE TEAR DUCT OPENING	CCR								
39	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	CCR					X			
39	68801	DILATE TEAR DUCT OPENING	CCR		X						
39	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	CCR								
39	68840	EXPLORE/IRRIGATE TEAR DUCTS	CCR								
39	68841	INSERTION OF DRUG DELIVERY IMPLANT I	CCR								
39	68850	INJECTION FOR TEAR SAC X-RAY	CCR								
39	69200	CLEAR OUTER EAR CANAL	CCR								
39	69209	REMOVAL IMPACTED CERUMEN USING IRRIG	CCR								
39	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	CCR								
39	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	CCR								
39	69535	REMOVE PART OF TEMPORAL BONE	CCR								
39	69554	REMOVE EAR LESION	CCR								
39	69955	RELEASE FACIAL NERVE	CCR								
39	69960	RELEASE INNER EAR CANAL	CCR								
39	69970	REMOVE INNER EAR LESION	CCR								
39	70010	MYELOGRAPHY; INTERPRETATION ONLY	CCR								
39	70015	CISTERNOGRAPHY; INTERPRET ONLY	CCR								
39	70030	X-RAY EYE; DETECT FOREIGN BODY	CCR					X			
39	70100	X-RAY MANDIBLE; PARTIAL	CCR								
39	70110	X-RAY MANDIBLE; COMPLETE	CCR								
39	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	CCR					X			
39	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	CCR					X			
39	70134	X-RAY INTERNAL AUDITORY MEATI	CCR					X			
39	70140	X-RAY FACIAL BONES; L3 VIEWS	CCR								
39	70150	X-RAY FACIAL BONES; COMPLETE	CCR								
39	70160	X-RAY NASAL BONES; COMPLETE	CCR								
39	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	CCR								
39	70190	X-RAY OPTIC FORAMINA	CCR					X			
39	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	CCR					X			
39	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	CCR								
39	70220	X-RAY SINUSES; PARANASAL; COMPLETE	CCR								
39	70240	X-RAY SELLA TURCICA	CCR								
39	70250	X-RAY SKULL; LESS THAN 4 VIEWS	CCR								
39	70260	X-RAY SKULL; COMPLETE	CCR								
39	70300	X-RAY TEETH; SINGLE VIEW	CCR								
39	70310	X-RAY TEETH; PARTIAL EXAM	CCR								
39	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	CCR								
39	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	CCR								
39	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	CCR								
39	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	CCR								
39	70336	MRI,TEMPOROMANDIBULAR JOINT	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	70350	CEPHALOGRAM; ORTHODONTIC	CCR								
39	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	CCR								
39	70360	X-RAY NECK; SOFT TISSUE	CCR								
39	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	CCR								
39	70380	X-RAY SALIVARY GLANDFOR CALCULUS	CCR								
39	70390	SIALOGRAPHY; INTERPRETATION ONLY	CCR								
39	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	CCR								
39	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	CCR								
39	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	CCR								
39	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	CCR								
39	70481	TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	CCR								
39	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	CCR								
39	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	CCR								
39	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	CCR								
39	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	CCR								
39	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	CCR								
39	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	CCR								
39	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	CCR								
39	70496	CT ANGIOGRAPHY HEAD	CCR								
39	70498	CT ANGIOGRAPHY NECK	CCR								
39	70540	MRI-ORBIT,FACE AND NECK	CCR								
39	70542	MR IMAGING ORBIT, FACE, AND NECK	CCR								
39	70543	MR IMAGING ORBIT, FACE , AND NECK	CCR								
39	70544	MR ANGIOGRAPHY HEAD	CCR								
39	70545	MR ANGIOGRAPHY	CCR								
39	70546	MR ANGIOGRAPHY NECK	CCR								
39	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	CCR								
39	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	CCR								
39	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	CCR								
39	70551	MRI-BRAIN/INCLUDING BRAIN STEM	CCR								
39	70552	MRI,BRAIN W CONTRAST MATERIAL	CCR								
39	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	71045	RADIOLOGICAL EXAMINATION, CHEST;SING	CCR					X			
39	71046	RADIOLOGICAL EXAMINATION, CHEST; 2 V	CCR					X			
39	71047	RADIOLOGICAL EXAMINATION, CHEST; 3 V	CCR					X			
39	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	CCR								
39	71100	X-RAY EXAM OF RIBS	CCR								
39	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	CCR								
39	71110	X-RAY EXAM OF RIBS	CCR								
39	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	CCR								
39	71120	X-RAY EXAM OF BREASTBONE	CCR								
39	71130	X-RAY EXAM OF BREASTBONE	CCR								
39	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	CCR								
39	71260	CAT.THORAX, W/ CONTRAST MATERIAL	CCR								
39	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	CCR								
39	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	CCR								
39	71275	CT ANGIOGRAPHY, CHEST	CCR								
39	71550	MRI-CHEST/LYPHADENOPATHY EVAL	CCR								
39	71551	MRI CHEST W/DYE	CCR								
39	71552	MRI CHEST W/O&W DYE	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	CCR								
39	72020	X-RAY SPINE,SINGLE VIEW	CCR								
39	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	CCR								
39	72050	X-RAY EXAM OF NECK SPINE	CCR								
39	72052	X-RAY EXAM OF NECK SPINE	CCR								
39	72070	X-RAY EXAM OF THORAX SPINE	CCR								
39	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	CCR								
39	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	CCR								
39	72080	X-RAY EXAM OF TRUNK SPINE	CCR								
39	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
39	72100	X-RAY EXAM OF LOWER SPINE	CCR								
39	72110	X-RAY EXAM OF LOWER SPINE	CCR								
39	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
39	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
39	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	CCR								
39	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	CCR								
39	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	CCR								
39	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	CCR								
39	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	CCR								
39	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	CCR								
39	72131	CAT SCAN LUMBAR W/OUT CONTRAST	CCR								
39	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	CCR								
39	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	CCR								
39	72141	MRI,SPINAL CANAL...;CERVICAL	CCR								
39	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	CCR								
39	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	CCR								
39	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	CCR								
39	72148	MRI,SPINAL CANAL, LUMBAR W/0 CONTRAS	CCR								
39	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	CCR								
39	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	CCR								
39	72170	X-RAY EXAM OF PELVIS	CCR								
39	72190	X-RAY EXAM OF PELVIS	CCR								
39	72191	CT ANGIOGRAPH PELV W/O&W DYE	CCR								
39	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	CCR								
39	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	CCR								
39	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	CCR								
39	72195	MRI PELVIS W/O DYE	CCR								
39	72196	MRI,PELVIS	CCR								
39	72197	MRI PELVIS W/O & W DYE	CCR								
39	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	CCR								
39	72200	X-RAY EXAM SACROILIAC JOINTS	CCR								
39	72202	X-RAY EXAM SACROILIAC JOINTS	CCR								
39	72220	X-RAY EXAM OF TAILBONE	CCR								
39	72240	CONTRAST X-RAY OF NECK SPINE	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	72255	CONTRAST X-RAY THORAX SPINE	CCR								
39	72265	CONTRAST X-RAY LOWER SPINE	CCR								
39	72270	RADIOLOGICAL SUPERVISION AND INTERPR	CCR								
39	72285	X-RAY OF NECK SPINE DISK	CCR								
39	72295	X-RAY OF LOWER SPINE DISK	CCR								
39	73000	X-RAY EXAM OF COLLARBONE	CCR					X			
39	73010	X-RAY EXAM OF SHOULDER BLADE	CCR					X			
39	73020	X-RAY EXAM OF SHOULDER	CCR					X			
39	73030	X-RAY EXAM OF SHOULDER	CCR					X			
39	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	CCR					X			
39	73050	X-RAY EXAM OF SHOULDERS	CCR								
39	73060	X-RAY EXAM OF HUMERUS	CCR					X			
39	73070	X-RAY EXAM OF ELBOW	CCR					X			
39	73080	X-RAY EXAM OF ELBOW	CCR					X			
39	73085	X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	CCR					X			
39	73090	X-RAY EXAM OF FOREARM	CCR					X			
39	73092	X-RAY EXAM OF ARM, INFANT	CCR					X			
39	73100	X-RAY EXAM OF WRIST	CCR					X			
39	73110	X-RAY EXAM OF WRIST	CCR					X			
39	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	CCR					X			
39	73120	X-RAY EXAM OF HAND	CCR					X			
39	73130	X-RAY EXAM OF HAND	CCR					X			
39	73140	X-RAY EXAM OF FINGER(S)	CCR					X			
39	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	CCR					X			
39	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	CCR					X			
39	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST	CCR					X			
39	73206	CT ANGIO UPR EXTRM W/O&W DYE	CCR					X			
39	73218	MRI UPPER EXTREMITY W/O DYE	CCR					X			
39	73219	MRI UPPER EXTREMITY W/DYE	CCR					X			
39	73220	MRI-UPPER EXTREMITY	CCR					X			
39	73221	MRE, ANY JOINT OF UPPER EXTREMITY	CCR					X			
39	73222	6RI JOINT UPR EXTREM W/ DYE	CCR					X			
39	73223	MRI JOINT UPR EXTR W/O&W DYE	CCR					X			
39	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	CCR					X			
39	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
39	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
39	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
39	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
39	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
39	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
39	73525	CONTRAST X-RAY OF HIP	CCR					X			
39	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	CCR								
39	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	CCR								
39	73560	X-RAY EXAM OF KNEE	CCR					X			
39	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	CCR					X			
39	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	CCR					X			
39	73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	CCR								
39	73580	CONTRAST X-RAY OF KNEE JOINT	CCR					X			
39	73590	X-RAY EXAM OF LOWER LEG	CCR					X			
39	73592	X-RAY EXAM OF LEG, INFANT	CCR					X			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	73600	X-RAY EXAM OF ANKLE	CCR					X			
39	73610	X-RAY EXAM OF ANKLE	CCR					X			
39	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	CCR					X			
39	73620	X-RAY EXAM OF FOOT	CCR					X			
39	73630	X-RAY EXAM OF FOOT	CCR					X			
39	73650	X-RAY EXAM OF HEEL	CCR					X			
39	73660	X-RAY EXAM OF TOE(S)	CCR					X			
39	73700	CAT,LOWER EXTREMITY;W/OUT COUNTRAST	CCR					X			
39	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	CCR					X			
39	73702	CAT.,LOWER EXT.;W/OUT-W/CONTRAST	CCR					X			
39	73706	CT ANGIO LWR EXTR W/O&W DYE	CCR					X			
39	73718	MRI LOWER EXTREMITY W/O DYE	CCR					X			
39	73719	MRI LOWER EXTREMITY W/DYE	CCR					X			
39	73720	MRI-LIWER EXTREMITY	CCR					X			
39	73721	MRI,ANY JOINT,LOWER EXTREMITY	CCR					X			
39	73722	MRI JOINT OF LWR EXTR W/DYE	CCR					X			
39	73723	MRI JOINT LWR EXTR W/O&W DYE	CCR					X			
39	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	CCR					X			
39	74018	RADIOLOGICAL EXAMINATION,ABDOMEN; 1	CCR					X			
39	74019	RADIOLOGICAL EXAMINATION,ABDOMEN; 2	CCR					X			
39	74021	RADIOLOGICAL EXAMINATION, ABDOMEN; 3	CCR					X			
39	74022	IMAGING OF ABDOMEN AND CHEST	CCR								
39	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	CCR								
39	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	CCR								
39	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	CCR								
39	74174	COMPUTED TORNOGRAPHIC ANGIOGRAPHY,AB	CCR								
39	74175	CT ANGIO ABDOM W/O&W DYE	CCR								
39	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
39	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
39	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
39	74181	MRI-ABDOMEN	CCR								
39	74182	MRI ABDOMEN W/DYE	CCR								
39	74183	MRI ABDOMEN W/O&W DYE	CCR								
39	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	CCR								
39	74190	PERITONEOGRAM (EG, AFTER INJECTION O	CCR								
39	74210	CONTRAST XRAY EXAM OF THROAT	CCR								
39	74220	CONTRAST XRAY EXAM,ESOPHAGUS	CCR								
39	74221	X-RAY OF ESOPHAGUS WITH DOUBLE CONTR	CCR								
39	74230	CINEMA XRAY THROAT/ESOPHAGUS	CCR								
39	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	CCR								
39	74240	X-RAY EXAM UPPER GI TRACT	CCR								
39	74246	X-RAY GASTROINTESTINAL TRACT	CCR								
39	74248	FOLLOW-THROUGH X-RAY OF UPPER DIGEST	CCR								
39	74250	X-RAY EXAM OF SMALL BOWEL	CCR								
39	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	CCR								
39	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
39	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
39	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
39	74270	CONTRAST X-RAY EXAM OF COLON	CCR								
39	74280	CONTRAST X-RAY EXAM OF COLON	CCR								

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39	74283	BARIUM ENEMA,THERAPEUTIC	CCR								
39	74290	CONTRAST X-RAY, GALLBLADDER	CCR								
39	74300	CONTRAST X-RAY OF BILE DUCTS	CCR								
39	74301	CHOLANGIOGRA;ADDITIONAL SET/SURGERY	CCR								
39	74328	XRAY FOR BILE DUCT ENDOSCOPY	CCR								
39	74329	X-RAY FOR PANCREAS ENDOSCOPY	CCR								
39	74330	XRAY,BILE/PANCREAS ENDOSCOPY	CCR								
39	74340	X-RAY GUIDE FOR GI TUBE	CCR								
39	74355	PERC.PLACE ENTEROLYSIS TUBE;GUIDANCE	CCR								
39	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	CCR								
39	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	CCR								
39	74400	CONTRAST X-RAY URINARY TRACT	CCR								
39	74410	CONTRAST X-RAY URINARY TRACT	CCR								
39	74415	CONTRAST X-RAY URINARY TRACT	CCR								
39	74420	CONTRAST X-RAY URINARY TRACT	CCR								
39	74425	CONTRAST X-RAY URINARY TRACT	CCR								
39	74430	CONTRAST X-RAY OF BLADDER	CCR								
39	74440	XRAY EXAM MALE GENITAL TRACT	CCR								
39	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	CCR								
39	74450	X-RAY EXAM URETHRA/BLADDER	CCR								
39	74455	X-RAY EXAM URETHRA/BLADDER	CCR								
39	74470	X-RAY-RENAL CYST STUDY	CCR								
39	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	CCR								
39	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	326.80			X			01/01/20		
39	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					X			
39	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	CCR								
39	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
39	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	CCR								
39	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR								
39	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR								
39	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	CCR								
39	75580	ANALYSIS OF DATA FROM CT STUDY OF HE	CCR								
39	75600	CONTRAST X-RAY EXAM OF AORTA	CCR								
39	75605	CONTRAST X-RAY EXAM OF AORTA	CCR								
39	75625	CONTRAST X-RAY EXAM OF AORTA	CCR								
39	75630	AORTOGRAPH;ABDOMEN-BILAT	CCR								
39	75635	CT ANGIO ABDOMINAL ARTERIES	CCR								
39	75705	ARTERY X-RAYS, SPINE	CCR								
39	75710	ARTERY X-RAYS, ARM/LEG	CCR								
39	75716	ARTERY X-RAYS, ARMS/LEGS	CCR								
39	75726	ARTERY X-RAYS, ABDOMEN	CCR								
39	75731	ARTERY X-RAYS, ADRENAL GLAND	CCR								
39	75733	ARTERY X-RAYS,ADRENAL GLANDS	CCR								
39	75736	ARTERY X-RAYS, PELVIS	CCR								
39	75741	ARTERY X-RAYS, LUNG	CCR								
39	75743	ARTERY X-RAYS, LUNGS	CCR								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	75746	ARTERY X-RAYS, LUNG	CCR								
39	75756	ARTERY X-RAYS, CHEST	CCR								
39	75801	LYMPH VESSEL X-RAY, ARM/LEG	CCR								
39	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	CCR								
39	75805	LYMPH VESSEL X-RAY, TRUNK	CCR								
39	75807	LYMPH VESSEL X-RAY, TRUNK	CCR								
39	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	CCR								
39	75810	VEIN X-RAY, SPLEEN/LIVER	CCR								
39	75820	VEIN X-RAY, ARM/LEG	CCR								
39	75822	VEIN X-RAY, ARMS/LEGS	CCR								
39	75825	VEIN X-RAY, TRUNK	CCR								
39	75827	VEIN X-RAY, CHEST	CCR								
39	75831	VEIN X-RAY, KIDNEY	CCR								
39	75833	VEIN X-RAY, KIDNEYS	CCR								
39	75840	VEIN X-RAY, ADRENAL GLAND	CCR								
39	75842	VEIN X-RAY, ADRENAL GLANDS	CCR								
39	75860	VEIN X-RAY, NECK	CCR								
39	75870	VEIN X-RAY, SKULL	CCR								
39	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	CCR								
39	75880	VEIN X-RAY, EYE SOCKET	CCR								
39	75885	VEIN X-RAY, LIVER	CCR								
39	75887	VEIN X-RAY, LIVER	CCR								
39	75889	VEIN X-RAY, LIVER	CCR								
39	75891	VEIN X-RAY, LIVER	CCR								
39	75893	VENOUS SAMPLING BY CATHETER	CCR								
39	75894	XRAYS, TRANSCATHETER THERAPY	CCR								
39	75898	FOLLOW-UP ANGIOGRAM	CCR								
39	75901	REMOVE CVA DEVICE OBSTRUCT	CCR								
39	75902	REMOVE CVA LUMEN OBSTRUCT	CCR								
39	75970	TRANSCATH BXX;SUPER/INTERP	CCR								
39	75989	RAD.GUIDE....SUPERVISION/INTERP ONLY	CCR								
39	76000	FLUOROSCOPY,MD TIME TO 1 HR	CCR								
39	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	CCR								
39	76014	ASSESSMENT BY TRAINED CLINICAL STAFF	CCR								
39	76015	ASSESSMENT BY TRAINED CLINICAL STAFF	CCR								
39	76016	DETERMINATION OF MR SAFETY BY A PHYS	CCR								
39	76017	MEDICAL PHYSICS EXAMINATION CUSTOMIZ	CCR								
39	76018	PREPARATION UNDER SUPERVISION OF PHY	CCR								
39	76019	IMPLANT POSITIONING AND/OR IMMOBILIZ	CCR								
39	76080	X-RAY EXAM OF FISTULA	CCR								
39	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	CCR					X			
39	76100	X-RAY EXAM OF BODY SECTION	CCR								
39	76120	CINEMATIC X-RAYS	CCR								
39	76125	CINEMATIC X-RAYS	CCR								
39	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	CCR								
39	76376	3D RENDER W/O POSTPROCESS	CCR								
39	76377	3D RENDERING W/POSTPROCESS	CCR								
39	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	CCR								
39	76390	MR SPECTROSCOPY	CCR								
39	76391	MAGNETIC RESONANCE (EG, VIBRATION) E	CCR								

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	76496	FLUOROSCOPIC PROCEDURE	CCR									
39	76497	CT PROCEDURE	CCR									
39	76498	MRI PROCEDURE	CCR									
39	76499	RADIOGRAPHIC PROCEDURE	CCR									
39	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	CCR									
39	76510	OPHTH US, B & QUANT A	CCR									
39	76511	ECHO EXAM OF EYE	CCR						X			
39	76512	ECHO EXAM OF EYE	CCR									
39	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	CCR									
39	76514	ECHO EXAM OF EYE, THICKNESS	CCR									
39	76516	ECHO EXAM OF EYE	CCR									
39	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	CCR									
39	76529	ECHO EXAM OF EYE	CCR									
39	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	CCR									
39	76604	ECHO EXAM OF CHEST	CCR									
39	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR									
39	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR									
39	76700	ECHO EXAM OF ABDOMEN	CCR									
39	76705	ECHO EXAM OF ABDOMEN	CCR									
39	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	CCR									
39	76770	ECHO EXAM ABDOMEN BACK WALL	CCR									
39	76775	ECHO EXAM ABDOMEN BACK WALL	CCR									
39	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	CCR									
39	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	CCR									
39	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	CCR					F				
39	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR					F	X			
39	76805	ULTRASOUND, PREGNANT UTERUS	CCR	10	59							
39	76810	EACH ADDITIONAL GESTATION	CCR	10	59			F	X			
39	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	CCR					F				
39	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	CCR					F	X			
39	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR	10	60			F				
39	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	CCR	10	60			F	X			
39	76815	ECHO EXAM FOR FETAL GROWTH	CCR					F				
39	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	CCR					F				
39	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	CCR					F				
39	76818	FETAL BIOPHYSICAL PROFILE	CCR									
39	76819	FETL BIOPHYS PROFIL W/O STRS	CCR									
39	76820	UMBILICAL ARTERY ECHO	CCR	10	59			F				
39	76821	MIDDLE CEREBRAL ARTERY ECHO	CCR	10	59			F				
39	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	CCR	00	60			F				
39	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	CCR									
39	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR									
39	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR									
39	76830	ECHOGRAPHY, TRANSVAGINAL	CCR									
39	76831	ECHO EXAM, UTERUS	CCR					F				
39	76856	ECHOGRAPHY, PELVIC, REAL TIME	CCR									
39	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	CCR									
39	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	CCR					M				
39	76872	ECHOGRAPHY, TRANSRECTAL	CCR									
39	76873	ECHOGRAP TRANS R, PROS STUDY	CCR					M				

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	76881	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR									
39	76882	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR									
39	76883	COMPREHENSIVE ULTRASOUND SCAN OF ENT	CCR						X			
39	76885	ECHO EXAM, INFANT HIPS	CCR									
39	76886	ECHO EXAM, INFANT HIPS	CCR									
39	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	CCR									
39	76936	ECHO GUIDE FOR ARTERY REPAIR	CCR									
39	76937	US GUIDE, VASCULAR ACCESS	CCR									
39	76940	US GUIDE, TISSUE ABLATION	CCR									
39	76941	ECHO GUIDE FOR TRANSFUSION	CCR									
39	76942	ECHO GUIDE FOR BIOPSY	CCR						X			
39	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	CCR									
39	76946	ECHO GUIDE FOR AMNIOCENTESIS	CCR						X			
39	76965	ECHO GUIDANCE RADIOTHERAPY	CCR									
39	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	CCR									
39	76977	US BONE DENSITY MEASURE	CCR									
39	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR									
39	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR									
39	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	CCR									
39	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LESI	CCR									
39	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	CCR									
39	76984	ULTRASOUND OF CHEST AORTA DURING SUR	CCR									
39	76987	ULTRASOUND OF HEART DURING SURGERY T	CCR									
39	76988	ULTRASOUND OF HEART DURING SURGERY T	CCR									
39	76989	ULTRASOUND OF HEART DURING SURGERY T	CCR									
39	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	CCR									
39	76999	ECHO EXAMINATION PROCEDURE	CCR									
39	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	CCR									
39	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	CCR									
39	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	CCR									
39	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	CCR									
39	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	CCR									
39	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	CCR									
39	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	CCR									
39	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	CCR									
39	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	CCR									
39	77046	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
39	77047	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
39	77048	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
39	77049	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
39	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	CCR									
39	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	CCR									
39	77061	DIGITAL BREAST TOMOSYNTHESIS; UNILAT	CCR									
39	77062	DIGITAL BREAST TOMOSYNTHESIS; BILATE	CCR									
39	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	CCR	30	99			F				
39	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
39	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
39	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	CCR	30	99			F				
39	77071	MANUAL APPLICATION OF STRESS PERFORM	CCR									
39	77072	BONE AGE STUDIES	CCR									

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	CCR								
39	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
39	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
39	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
39	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	CCR								
39	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	CCR								
39	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
39	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
39	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
39	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	CCR								
39	77261	SIMPLE TREAT PLAN-THERA RADIOL	CCR								
39	77262	INTER TREAT PLAN-THERA RADIOLO	CCR								
39	77263	COMPLEX TREAT PLAN-THERA RADIO	CCR								
39	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	CCR								
39	77285	INTER,RAD SIMU-AIDED FIELD SET	CCR								
39	77290	COMP,RAD SIMU-AIDED FIELD SET	CCR								
39	77293	Respiratory motion management simula	CCR								
39	77295	MANAGEMENT OF RADIATION THERAPY, 3D	CCR					X			
39	77299	UNLISTED CLINICAL TREAT.PLAN	CCR								
39	77300	BASIC RAD DOSIMETRY CALCULATIO	CCR								
39	77301	RADIOLTHERAPY DOS PLAN, IMRT	CCR								
39	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	CCR								
39	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	CCR								
39	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	CCR								
39	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	CCR								
39	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	CCR								
39	77321	SPEC TELETHERAPY PLAN TOTALBOD	CCR								
39	77331	SPECIAL DOSIMETRY (SPECIFY)	CCR					X			
39	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	CCR								
39	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	CCR								
39	77334	TREATMENT DEVICES/DESIGN;COMPLEX	CCR					X			
39	77336	CONTINUING RADIATION PHYSICS CONSULT	CCR								
39	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	CCR								
39	77370	SPECIAL MED RAD PHYSICS CONSULTATION	CCR								
39	77371	RADIATION TREATMENT DELIVERY, STEREO	CCR								
39	77372	RADIATION TREATMENT DELIVERY, STEREO	CCR								
39	77373	STEREOTACTIC BODY RADIATION THERAPY,	CCR								
39	77385	INTENSITY MODULATED RADIATION TREATM	CCR								
39	77386	INTENSITY MODULATED RADIATION TREATM	CCR								
39	77399	UNLISTED RAD THER/PHYSICS CONS	CCR								
39	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	CCR								
39	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	CCR								
39	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	CCR								
39	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	CCR								
39	77417	THERAPEUTIC RADIOLOGY PORT FILMS	CCR					X			
39	77423	NEUTRON BEAM TX, COMPLEX	CCR								
39	77424	INTRAOPERATIVE RADIATION TREATMENT D	MP			X			01/01/12		
39	77425	INTRAOPERATIVE RADIATION TREATMENT D	MP			X			01/01/12		
39	77427	RADIATION TX MANAGEMENT, X5	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	77431	RADIATION THERAPY MANAGEMENT W COMPL	CCR					X			
39	77432	STEREOTACTIC RADIATION TREATMENT MAN	CCR								
39	77435	STEREOTACTIC BODY RADIATION THERAPY,	CCR								
39	77469	INTRAOPERATIVE RADIATION TREATMENT M	CCR								
39	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	CCR								
39	77499	UNLISTED,CLINICAL TREAT. MNGT	CCR					X			
39	77520	PROTON BEAM DELIVERY	CCR	00 20							
39	77522	PROTON TRMT, SIMPLE W/COMP	CCR	00 20							
39	77523	PROTON BEAM DELIVERY	CCR	00 20							
39	77525	PROTON TREATMENT, COMPLEX	CCR	00 20							
39	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	CCR								
39	77605	HYPERTHERMIA,EXT GEN/DEEP	CCR					X			
39	77610	HYPERTHERMIA;INTERSTITIAL/5 0R <	CCR					X			
39	77615	HYPERTHERMIA/INTERSTITIAL/>5	CCR					X			
39	77620	HYPERTHERMIA...INTRACACITARY PROBE	CCR								
39	77750	INFUSE/INSTILL RADIOELEMENT	CCR								
39	77761	SIMPLE INTRACAV RADIOELEMENT	CCR								
39	77762	INTERM,INTRACAV RADIOELEMENT	CCR								
39	77763	COMPLEX,INTRACAV RADIOELEMENT	CCR								
39	77767	REMOTE AFTERLOADING HIGH DOES RATE R	CCR								
39	77768	REMOTE AFTERLOADING HIGH DOES RATE R	CCR								
39	77770	REMOTE AFTERLOADING HIGH DOES RATE R	CCR								
39	77771	REMOTE AFTERLOADING HIGH DOES RATE R	CCR								
39	77772	REMOTE AFTERLOADING HIGH DOES RATE R	CCR								
39	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	CCR								
39	77789	SURFACE APPLICATION OF RADIOELEMENT	CCR								
39	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	CCR								
39	77799	UNLISTED CLINICAL BRACHYTHERAPY	CCR								
39	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	CCR								
39	78013	THYROID IMAGING (INCLUDING VASCULAR	CCR								
39	78014	THYROID IMAGING (INCLUDING VASCULAR	CCR								
39	78015	NUCLEAR SCAN OF THYROID	CCR								
39	78016	EXTENSIVE THYROID SCAN	CCR								
39	78018	THYROID CA IMAGING;WHOLE BODY Y	CCR								
39	78020	THYROID MET UPTAKE	CCR								
39	78070	PARATHROID IMAGING	CCR								
39	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR								
39	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR								
39	78075	NUCLEAR SCAN OF ADRENALS	CCR								
39	78099	ENDOCRINE NUCLEAR PROCEDURE	CCR								
39	78102	NUCLEAR SCAN OF BONE MARROW	CCR								
39	78103	NUCLEAR SCAN OF BONE MARROW	CCR								
39	78104	NUCLEAR SCAN OF BONE MARROW	CCR								
39	78110	NUCLEAR EXAM, PLASMA VOLUME	CCR								
39	78111	NUCLEAR EXAM, PLASMA VOLUME	CCR								
39	78120	NUCLEAR EXAM OF RBC MASS	CCR								
39	78121	NUCLEAR EXAM OF RBC MASS	CCR								
39	78122	WHOLE BLOOD VOLUME DETERMINATION	CCR								
39	78130	RED CELL SURVIVAL EXAM	CCR								
39	78140	NUCLEAR EXAM,RED BLOOD CELLS	CCR								

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39	78185	NUCLEAR SCAN OF SPLEEN	CCR								
39	78195	NUCLEAR SCAN OF LYMPH SYSTEM	CCR								
39	78199	NUCLEAR EXAM BLOOD/LYMPH	CCR								
39	78201	NUCLEAR SCAN OF LIVER	CCR								
39	78202	NUCLEAR SCAN OF LIVER	CCR								
39	78215	NUCLEAR SCAN, LIVER & SPLEEN	CCR								
39	78216	NUCLEAR SCAN, LIVER/SPLEEN	CCR								
39	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
39	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
39	78230	NUCLEAR SCAN, SALIVARY GLAND	CCR								
39	78231	NUCLEAR SCANS,SALIVARY GLAND	CCR								
39	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	285.56			X			01/01/20		
39	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	CCR								
39	78267	BREATH TST ATTAIN/ANAL C-14	10.84						01/01/20		
39	78268	BREATH TEST ANALYSIS, C-14	39.96						01/01/20		
39	78278	ACUTE GI BLOOD LOSS IMAGING	CCR								
39	78290	INTESTINE IMAGING	CCR								
39	78299	G.I. NUCLEAR PROCEDURE	CCR								
39	78300	NUCLEAR SCAN OF BONE	CCR								
39	78305	NUCLEAR SCAN OF BONES	CCR								
39	78306	NUCLEAR SCAN OF SKELETON	CCR								
39	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	CCR								
39	78399	MUSCULOSKELETAL NUCLEAR EXAM	CCR								
39	78414	DETERMINE VENTRIC.EJECT FRACTION	CCR								
39	78445	NUCLEAR SCAN OF BLOOD FLOW	CCR								
39	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR								
39	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR								
39	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR								
39	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR					X			
39	78456	ACUTE VENOUS THROMBUS IMAGE	CCR								
39	78466	MYOCARD IMAGING..;AT REST,QUAL.	CCR								
39	78468	MYOCARD IMAGING..AT REST;FIRST PASS	CCR								
39	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	CCR								
39	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	CCR								
39	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	CCR								
39	78481	CARD BLD POOL IMAG-FRST PASS TECH...	CCR								
39	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	CCR								
39	78494	HEART IMAGE, SPECT	CCR								
39	78496	HEART FIRST PASS ADD-ON	CCR								
39	78499	CARDIOVASCULAR NUCLEAR EXAM	CCR								
39	78579	PULMONARY VENTILATION IMAGING (EG, A	CCR								
39	78580	PULMONARY PERFUSION IMAGING (EG, PAR	CCR								
39	78582	PULMONARY VENTILATION (EG, AEROSOL O	CCR								
39	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR								
39	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR								
39	78599	RESPIRATORY NUCLEAR EXAM	CCR								
39	78600	NUCLEAR SCAN OF BRAIN	CCR								
39	78601	NUCLEAR SCAN OF BRAIN	CCR								
39	78605	NUCLEAR SCAN OF BRAIN	CCR				F				
39	78606	NUCLEAR SCAN OF BRAIN	CCR								

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	78608	BRAIN IMAGING, POSITRON EMISSION TOM	CCR		X						
39	78609	BRAIN IMAGING,POSITRON EMISSION	CCR		X						
39	78610	NUCLEAR SCAN OF BRAIN	CCR								
39	78630	CEREBROSPINAL FLUID SCAN	CCR								
39	78635	CEREBROSPINAL FLUID SCAN	CCR								
39	78645	CEREBROSPINAL FLUID SCAN	CCR								
39	78650	CEREBROSPINAL FLUID SCAN	CCR								
39	78660	NUCLEAR EXAM OF TEAR FLOW	CCR								
39	78699	NERVOUS SYSTEM NUCLEAR EXAM	CCR								
39	78700	NUCLEAR SCAN OF KIDNEY	CCR								
39	78701	NUCLEAR SCAN OF KIDNEY	CCR								
39	78707	NUCLEAR SCAN OF KIDNEY	CCR								
39	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	CCR								
39	78709	KIDNEY FLOW & FUNCTION IMAGE	CCR								
39	78725	NUCLEAR EXAM OF KIDNEY	CCR								
39	78730	NUCLEAR EXAM OF BLADDER	CCR								
39	78740	NUCLEAR EXAM OF URETER	CCR								
39	78761	TESTICULAR IMAGING,W/VASCULAR	CCR					X			
39	78799	GENITOURINARY NUCLEAR EXAM	CCR								
39	78800	NUCLEAR EXAM OF LESION	CCR								
39	78801	NUCLEAR EXAM OF LESIONS	CCR								
39	78802	NUCLEAR EXAM OF LESIONS	CCR								
39	78803	TUMOR LOCALIZATION (SPECT)	CCR								
39	78804	TUMOR IMAGING, WHOLE BODY	CCR								
39	78811	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78812	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78813	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78814	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78815	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78816	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
39	78830	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
39	78831	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
39	78832	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
39	78835	QUANTIFICATION OF RADIOACTIVE TRACER	CCR								
39	78999	NUCLEAR DIAGNOSTIC EXAM	CCR								
39	79005	NUCLEAR RX, ORAL ADMIN	CCR								
39	79101	NUCLEAR RX, IV ADMIN	CCR								
39	79200	RADIONUCLIDE THERAPY	CCR								
39	79300	RADIONUCLIDE THERAPY	CCR								
39	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR								
39	79440	RADIONUCLIDE THERAPY	CCR								
39	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR								
39	79999	NUCLEAR MEDICINE THERAPY	CCR								
39	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.90						01/01/20		
39	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
39	80050	GENERAL HEALTH PANEL	45.69						01/01/20		
39	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
39	80053	BLOOD TEST, COMPREHENSIVE GROUP OF B	10.56						01/01/20		
39	80055	OBSTETRIC BLOOD TEST PANEL	24.10	10 59			F		01/01/20		
39	80061	LIPID PANEL	13.39						01/01/20		

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39	80069	RENAL FUNCTION PANEL	8.68						01/01/20		
39	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
39	80076	HEPATIC FUNCTION PANEL	8.17						01/01/20		
39	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
39	80143	ACETAMINOPHEN	18.64					X	01/01/21		
39	80145	MEASUREMENT OF ADALIMUMAB	38.57						01/01/20		
39	80150	AMIKACIN	14.74						08/01/12		
39	80151	AMIODARONE	18.64						01/01/21		
39	80155	CAFFEINE	21.37						01/01/20		
39	80156	CARBAMAZEPINE; TOTAL	14.57						01/01/20		
39	80157	CARBAMAZEPINE; FREE	13.25						01/01/20		
39	80158	CYCLOSPORINE	18.05						01/01/20		
39	80159	CLOZAPINE	20.15						01/01/20		
39	80161	-10, 11-EPOXIDE	18.64						01/01/21		
39	80162	DIGOXIN; TOTAL	13.28						01/01/20		
39	80163	DIGOXIN; FREE	13.28						01/01/20		
39	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
39	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
39	80167	FELBAMATE	18.64						01/01/21		
39	80168	ETHOSUXIMIDE	16.34						01/01/20		
39	80169	EVEROLIMUS	13.73						01/01/20		
39	80170	GENTAMICIN	16.36						01/01/20		
39	80171	GABAPENTIN LEVEL	20.02						01/01/20		
39	80173	HALOPERIDOL	14.74						08/01/12		
39	80175	LAMOTRIGINE	13.25						01/01/20		
39	80176	LIDOCAINE	14.69						01/01/20		
39	80177	LEVETIRACETAM	13.25						01/01/20		
39	80178	LITHIUM	6.61						01/01/20		
39	80179	SALICYLATE	18.64					X	01/01/21		
39	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	18.05						01/01/20		
39	80181	FLECAINIDE	18.64						01/01/21		
39	80183	OXCARBAZEPINE	13.25						01/01/20		
39	80184	PHENOBARBITAL	14.51						08/01/12		
39	80185	PHENYTOIN; TOTAL	13.25						01/01/20		
39	80186	PHENYTOIN; FREE	13.76						01/01/20		
39	80187	MEASUREMENT OF POSACONAZOLE	27.11						01/01/20		
39	80188	PRIMIDONE	16.59						01/01/20		
39	80189	ITRACONAZOLE	27.11						01/01/21		
39	80190	PROCAINAMIDE;	23.54						01/01/20		
39	80192	PROCAINAMIDE; WITH METABOLITES (EG,	16.75						01/01/20		
39	80193	LEFLUNOMIDE	38.57						01/01/21		
39	80194	QUINIDINE	14.60						01/01/20		
39	80195	SIROLIMUS	13.73						01/01/20		
39	80197	TACROLIMUS	13.73						01/01/20		
39	80198	THEOPHYLLINE	14.14						01/01/20		
39	80199	TIAGABINE	24.58						01/01/15		
39	80200	TOBRAMYCIN	14.74						08/01/12		
39	80201	TOPIRAMATE	11.92						01/01/20		
39	80202	VANCOMYCIN	13.54						01/01/20		
39	80203	ZONISAMIDE	13.25						01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	80204	METHOTREXATE	38.57						01/01/21		
39	80210	RUFINAMINDE	27.11						01/01/21		
39	80220	MEASUREMENT OF HYDROXYCHLOROQUINE	18.64						01/01/22		
39	80230	MEASUREMENT OF INFLIXIMAB	38.57						01/01/20		
39	80235	MEASUREMENT OF LACOSAMIDE	27.11						01/01/20		
39	80280	MEASUREMENT OF VEDOLIZUMAB	38.57						01/01/20		
39	80285	MEASUREMENT OF VORICONAZOLE	27.11						01/01/20		
39	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	17.34						08/01/12		
39	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	12.60						01/01/19		
39	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	17.14						01/01/19		
39	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	62.14						01/01/20		
39	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.62						01/01/20		
39	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.96						01/01/20		
39	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	78.26						01/01/20		
39	80408	ALDOSTERONE SUPPRESSION EVALUATION P	125.50						01/01/20		
39	80410	CALCITONIN STIMULATION PANEL	33.04						01/01/20		
39	80412	CORTICOTROPIC RELEASING HORMONE (CRH	463.34						01/01/20		
39	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.64						01/01/20		
39	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.89						01/01/20		
39	80416	RENAL VEIN RENIN STIMULATION PANEL	185.51						01/01/20		
39	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.99						01/01/20		
39	80418	COMBINED RAPID ANTERIOR PITUITARY EV	579.48						01/01/20		
39	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	101.28						01/01/20		
39	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	46.07						01/01/20		
39	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.50						01/01/20		
39	80426	GONADOTROPIN RELEASING HORMONE STIMU	148.41						01/01/20		
39	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.70						01/01/20		
39	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	110.33						01/01/20		
39	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	165.61						01/01/19		
39	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	142.21						01/01/20		
39	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	103.00						01/01/20		
39	80436	METYRAPONE PANEL	91.16						01/01/20		
39	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.41						01/01/20		
39	80439	THYROTROPIN RELEASING HORMONE (TRH)	67.21						01/01/20		
39	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	19.08						01/01/22		
39	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	38.45						01/01/22		
39	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	69.95						01/01/22		
39	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	31.40						01/01/22		
39	81000	URINALYSIS, BY DIP STICK OR TABLET	4.01					X	08/01/12		
39	81001	URINALYSIS, BY DIP STICK OR TABLET	3.17						01/01/20		
39	81002	URINALYSIS, BY DIP STICK OR TABLET	3.24					X	08/01/12		
39	81003	URINALYSIS, BY DIP STICK OR TABLET	2.25						01/01/20		
39	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.17					X	01/01/20		
39	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.61						01/01/20		
39	81015	URINALYSIS; MICROSCOPY ONLY	3.05					X	01/01/20		
39	81020	URINALYSIS; 2 OR 3 GLASS TEST	4.67						08/01/12		
39	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.01				F		08/01/12		
39	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.64					X	01/01/19		
39	81099	URINALYSIS TEST PROCEDURE	MP			X			06/01/08		
39	81162	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	1,824.88	19 70	X				01/01/20		E

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	468.00	19	70	X				01/01/21		
39	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	584.23	19	70	X				01/01/19		
39	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	282.88	19	70	X				01/01/21		
39	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	301.35	19	70	X				01/01/19		
39	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED)	282.88	19	70	X				01/01/19		
39	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CEL	207.31							01/01/21		
39	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECE	300.00							01/01/19		
39	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
39	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
39	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
39	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEP	518.28							01/01/21		
39	81195	OPTICAL GENOME MAPPING FOR HEMATOLOG	1,263.53							01/01/25		
39	81206	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	163.96							01/01/20		
39	81207	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	144.84							01/01/20		
39	81208	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	214.62							01/01/19		
39	81212	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	195.85	19	70	X				01/01/20		E
39	81215	BRCA1 (BREAST CANCER1)(EG,HEREDITARY	103.34	19	70	X				01/01/20		E
39	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	103.34	19	70	X				01/01/20		E
39	81217	BRCA2 (BREAST CANCER2)(EG,HEREDITARY	103.34	19	70	X				01/01/20		E
39	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	248.65	00	01					01/01/20		
39	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	159.00							01/01/20		
39	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPT	324.58							07/01/19		
39	81241	F5 (COAGULATION FACTOR V) (EG, HERED	73.37							01/01/21		
39	81275	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25							01/01/19		
39	81276	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25							01/01/19		
39	81278	IGH@/BCL2 (T(14;18))(EG, FOLLICULAR	207.31							01/01/21		
39	81279	JAK2 (JANUS KINASE 2)(EG, MYELOPROLI	185.20							01/01/21		
39	81307	GENE ANALYSIS (PARTNER AND LOCALIZER	282.88	19	70					01/01/20		
39	81308	GENE ANALYSIS (PARTNER AND LOCALIZER	301.35	19	70					01/01/20		
39	81309	GENE ANALYSIS (PARTNER AND LOCALIZER	274.83	19	70					01/01/20		
39	81311	NRAS (NEUROBLASTOMA RAS VIRAL V-RAS	295.79							01/01/19		
39	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	150.33							01/01/21		
39	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	185.20							01/01/21		
39	81347	SF3B1 (SPLICING FACTOR 3Bì SUBUNIT	193.25							01/01/21		
39	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	175.40							01/01/21		
39	81351	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	641.85							01/01/21		
39	81352	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	329.51							01/01/21		
39	81353	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	308.00							01/01/21		
39	81357	U2AF1 (U2 SMALL NUCULEAR RNA AUXILIA	193.25							01/01/21		
39	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	193.25							01/01/21		
39	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,448.56	00	15					01/01/21		
39	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	759.05	10	59		X	F		02/01/19		
39	81425	GENOME (EG, UNEXPLAINED CONSTITUTION	3,773.40	00	00	X				01/01/23		
39	81427	GENOME (EG, UNEXPLAINED CONSTITUTION	1,753.24	00	20	X				01/01/23		
39	81457	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
39	81458	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
39	81459	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
39	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIG	965.25	00	00	X				01/01/23		
39	81462	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR									
39	81463	GENOMIC SEQUENCE ANALYSIS OF DNA IN	CCR									

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39	81464	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR								
39	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND	795.00	10 59			F		07/01/19		
39	81513	INFECTIOUS DISEASE, BACTERIAL VAGINO	142.63						01/01/21		
39	81514	INFECTIOUS DISEASE, BACTERIAL VAGINO	262.99						01/01/21		
39	81515	TEST FOR DETECTION OF BACTERIA CAUSI	262.99						01/01/25		
39	81517	TEST FOR DETECTING 3 BIOMARKERS ASSO	503.40						01/01/24		
39	81596	INFECTIOUS DISEASE, CHRONIC HEPATITI	72.19						01/01/19		
39	82009	KETON BODY(S) (EG, ACETON, ACETOACET	4.52					X	01/01/20		
39	82010	KETON BODY(S) (EG, ACETON, ACETOACET	8.17					X	01/01/20		
39	82013	ACETYLCHOLINESTERASE	12.29					X	01/01/20		
39	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	16.49					X	01/01/19		
39	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	16.87					X	01/01/20		
39	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	38.62						01/01/20		
39	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (	19.88						01/01/20		
39	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.95						01/01/20		
39	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	7.27						01/01/20		
39	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	5.78						01/01/20		
39	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	4.27						01/01/20		
39	82045	ALBUMIN, ISCHEMIA MODIFIED	33.94						01/01/20		
39	82075	ALCOHOL (ETHANOL), BREATH	16.94					X	01/01/20		
39	82077	ALCOHOL (ETHANOL); ANY SPECIMEN EXCE	17.27						01/01/21		
39	82085	ALDOLASE	9.71						01/01/20		
39	82088	ALDOSTERONE	40.75						01/01/20		
39	82103	ALPHA-1-ANTITRYPSIN; TOTAL	13.44						01/01/20		
39	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	14.46						01/01/20		
39	82105	ALPHA-FETOPROTEIN (AFP); SERUM	16.77						01/01/20		
39	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	17.00						01/01/20		
39	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	64.41						01/01/20		
39	82108	ALUMINUM	11.91						01/01/20		
39	82120	AMINES, VAGINAL FLUID, QUALITATIVE	5.28				F		01/01/20		
39	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	14.18					X	01/01/20		
39	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87						01/01/20		
39	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	21.37					X	08/01/12		
39	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.45						01/01/20		
39	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	19.61					X	01/01/19		
39	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	16.87					X	01/01/20		
39	82140	AMMONIA	14.57					X	01/01/20		
39	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	8.70						08/01/12		
39	82150	AMYLASE	6.48					X	01/01/20		
39	82154	ANDROSTANEDIOL GLUCURONIDE	28.83						01/01/20		
39	82157	ANDROSTENEDIONE	29.28						01/01/20		
39	82160	ANDROSTERONE	25.55						01/01/20		
39	82163	ANGIOTENSIN II	20.52						01/01/20		
39	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	14.60						01/01/20		
39	82166	TEST FOR ANTI-MULLERIAN HORMONE	38.62						01/01/24		
39	82175	ARSENIC	18.97						01/01/20		
39	82180	ASCORBIC ACID (VITAMIN C), BLOOD	9.89						01/01/20		
39	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.46					X	01/01/20		
39	82232	BETA-2 MICROGLOBULIN	16.18						01/01/20		
39	82239	BILE ACIDS; TOTAL	17.12						01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	82240	BILE ACIDS; CHOLYLGLYCINE	26.58						01/01/20		
39	82247	BILIRUBIN; TOTAL	4.90						01/01/20		
39	82248	BILIRUBIN; DIRECT	4.90						01/01/20		
39	82252	BILIRUBIN; FECES, QUALITATIVE	4.56						01/01/20		
39	82261	BIOTINIDASE, EACH SPECIMEN	16.87					X	01/01/20		
39	82270	TEST FECES FOR BLOOD	4.12						08/01/12		
39	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.57						01/01/20		
39	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.12						08/01/12		
39	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	15.92						01/01/20		
39	82286	BRADYKININ	5.16						01/01/20		
39	82300	CADMIUM	23.64						01/01/20		
39	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.60						01/01/20		
39	82308	CALCITONIN	26.79						01/01/20		
39	82310	CALCIUM; TOTAL	5.16					X	01/01/20		
39	82330	CALCIUM; IONIZED	13.68						01/01/20		
39	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.27						01/01/20		
39	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.03						01/01/20		
39	82355	CALCULUS; QUALITATIVE ANALYSIS	11.58						01/01/20		
39	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.87						01/01/20		
39	82365	CALCULUS; INFARED SPECTROSCOPY	12.90						01/01/20		
39	82370	CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
39	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	18.06						01/01/20		
39	82374	CARBON DIOXIDE (BICARBONATE)	4.88					X	01/01/20		
39	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	12.32					X	01/01/20		
39	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	8.44					X	01/01/20		
39	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	18.96						01/01/20		
39	82379	CARNITINE (TOTAL AND FREE), QUANTITA	16.87					X	01/01/20		
39	82380	CAROTENE	9.22						01/01/20		
39	82382	CATECHOLAMINES; TOTAL URINE	24.18						01/01/20		
39	82383	CATECHOLAMINES; BLOOD	29.08						01/01/19		
39	82384	CATECHOLAMINES; FRACTIONATED	25.25						01/01/20		
39	82387	CATHEPSIN-D	10.83						01/01/20		
39	82390	CERULOPLASMIN	10.74						01/01/20		
39	82397	CHEMILUMINESCENT ASSAY	6.53						01/01/20		
39	82415	CHLORAMPHENICOL	12.67						01/01/20		
39	82435	CHLORIDE; BLOOD	4.60					X	01/01/20		
39	82436	CHLORIDE; URINE	5.75						01/01/19		
39	82438	CHLORIDE; OTHER SOURCE	5.00						01/01/20		
39	82441	CHLORINATED HYDROCARBONS, SCREEN	6.01						01/01/20		
39	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.35						01/01/20		
39	82480	CHOLINESTERASE; SERUM	7.87						01/01/20		
39	82482	CHOLINESTERASE; RBC	9.73					X	08/01/12		
39	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.65						01/01/20		
39	82495	CHROMIUM	20.28						01/01/20		
39	82507	CITRATE	27.80						01/01/20		
39	82523	COLLAGEN CROSS LINKS, ANY METHOD	18.68						01/01/20		
39	82525	COPPER	12.41						01/01/20		
39	82528	CORTICOSTERONE	22.52						01/01/20		
39	82530	CORTISOL; FREE	16.71						01/01/20		
39	82533	CORTISOL; TOTAL	16.30					X	01/01/20		

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39	82540	CREATINE	4.64						01/01/20		
39	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	22.87						08/01/12		
39	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.51					X	01/01/20		
39	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.39					X	01/01/20		
39	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.55						01/01/20		
39	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.87						01/01/20		
39	82565	CREATININE; BLOOD	5.12					X	01/01/20		
39	82570	CREATININE; OTHER SOURCE	5.18						01/01/20		
39	82575	CREATININE; CLEARANCE	9.46						01/01/20		
39	82585	CRYOFIBRINOGEN	12.05					X	01/01/20		
39	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.47						01/01/20		
39	82600	CYANIDE	19.40						01/01/20		
39	82607	CYANOCOBALAMIN (VITAMIN B-12);	15.08						01/01/20		
39	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.32						01/01/20		
39	82610	CYSTATIN C	6.53						01/01/20		
39	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	9.55						01/01/19		
39	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
39	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.23						01/01/20		
39	82633	DESOXYCORTICOSTERONE, 11 -	30.98						01/01/20		
39	82634	DEOXYCORTISOL, 11 -	29.28						01/01/20		
39	82638	DIBUCAINE NUMBER	12.25						01/01/20		
39	82642	DIHYDROTESTOSTERONE (DHT)	29.28						01/01/20		
39	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.50						01/01/20		
39	82653	MEASUREMENT OF PANCREATIC ELASTASE (	22.97						01/01/22		
39	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53						01/01/20		
39	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.17						01/01/19		
39	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	25.39						01/01/20		
39	82664	ELECTOPHORETIC TECHNIQUE, NOT ELSEWH	48.31						01/01/20		
39	82668	ERYTHROPOIETIN	18.79						01/01/20		
39	82670	ESTRADIOL	27.94						01/01/20		
39	82671	ESTROGENS; FRACTIONATED	32.30						01/01/20		
39	82672	ESTROGENS; TOTAL	21.70						01/01/20		
39	82677	ESTRIOL	24.18						01/01/20		
39	82679	ESTRONE	24.95						01/01/20		
39	82681	ESTRADIOL; FREE, DIRECT MEASUREMENT	27.94						01/01/21		
39	82693	ETHYLENE GLYCOL	14.90						01/01/20		
39	82696	ETIOCHOLANOLONE	26.24						01/01/19		
39	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.10						01/01/20		
39	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.80						01/01/20		
39	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	21.80						08/01/12		
39	82725	FATTY ACIDS, NONESTERIFIED	18.73						01/01/20		
39	82726	VERY LONG CHAIN FATTY ACIDS	19.75						01/01/20		
39	82728	FERRITIN	13.63						01/01/20		
39	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.41						01/01/20		
39	82735	FLUORIDE	18.54						01/01/20		
39	82746	FOLIC ACID; SERUM	14.70						01/01/20		
39	82747	FOLIC ACID; RBC	17.65						01/01/20		
39	82757	FRUCTOSE, SEMEN	17.34						01/01/20		
39	82759	GALACTOKINASE, RBC	21.48						01/01/20		
39	82760	GALACTOSE	11.20					X	01/01/20		

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39	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	21.07						01/01/20		
39	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	10.62						08/01/12		
39	82777	GALECTIN-3	19.76						01/01/20		
39	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	9.30					X	01/01/20		
39	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	16.46						01/01/20		
39	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.82						01/01/20		
39	82800	GASES, BLOOD, PH ONLY	10.72					X	08/01/12		
39	82803	GASES, BLOOD, ANY COMBINATION OF PH,	7.34					X	01/01/20		
39	82805	GASES, BLOOD, ANY COMBINATION OF PH,	12.72						01/01/20		
39	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.38						01/01/20		
39	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	12.66						08/01/12		
39	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.50						01/01/20		
39	82938	GASTRIN AFTER SECRETIN STIMULATION	17.69						01/01/20		
39	82941	GASTRIN	17.63					X	01/01/20		
39	82943	GLUCAGON	14.29						01/01/20		
39	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	3.93						01/01/20		
39	82946	GLUCAGON TOLERANCE TEST	16.36						01/01/20		
39	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.93					X	01/01/20		
39	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.45					X	01/01/20		
39	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.75						01/01/20		
39	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	12.87						01/01/20		
39	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	3.92					X	01/01/20		
39	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.70						01/01/20		
39	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.05						01/01/20		
39	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	2.96					X	08/01/12		
39	82963	GLUCOSIDASE,BETA	21.48						01/01/20		
39	82965	GLUTAMATE DEHYDROGENASE	10.87						01/01/20		
39	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	7.20						01/01/20		
39	82978	GLUTATHIONE	15.45						01/01/20		
39	82979	GLUTATHIONE REDUCTASE, RBC	8.72						08/01/12		
39	82985	GLYCATED PROTEIN	16.76						01/01/19		
39	83001	GONADOTROPIN; FOLLICLE STIMULATING H	18.58						01/01/20		
39	83002	GONADOTROPIN; LUTEINIZING HORMONE	18.52						01/01/20		
39	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	16.67						01/01/20		
39	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	40.69						01/01/20		
39	83010	HAPTOGLOBIN; QUANTITATIVE	12.58						01/01/20		
39	83012	HAPTOGLOBIN; PHENOTYPES	24.18						01/01/20		
39	83013	HELICOBACTER PYLORI; BREATH TEST ANA	40.69						01/01/20		
39	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	7.86						01/01/20		
39	83015	HEAVY METAL SCREENING	15.96						01/01/20		
39	83018	CHROMATOGRAPH SCREEN, METALS	11.94						01/01/20		
39	83020	ASSAY HEMOGLOBIN	12.87					X	01/01/20		
39	83021	HEMOGLOBIN CHROMOTOGRAPHY	18.06						01/01/20		
39	83026	HEMOGLOBIN;	3.32						01/01/20		
39	83030	FETAL HEMOGLOBIN ASSAY	4.85						01/01/20		
39	83033	FETAL FECAL HEMOGLOBIN ASSAY	7.55						08/01/12		
39	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.71						01/01/20		
39	83045	BLOOD METHEMOGLOBIN TEST	6.27						08/01/12		
39	83050	BLOOD METHEMOGLOBIN ASSAY	8.20						01/01/19		
39	83051	ASSAY PLASMA HEMOGLOBIN	7.31						01/01/20		

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39	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.80						01/01/20		
39	83065	HEMOGLOBIN HEAT ASSAY	8.72						08/01/12		
39	83068	HEMOGLOBIN STABILITY SCREEN	9.47						01/01/19		
39	83069	ASSAY URINE HEMOGLOBIN	3.95						01/01/20		
39	83070	ASSAY URINE HEMOSIDERIN	4.75						01/01/20		
39	83080	B HEXOSAMINIDASE ASSAY	16.87					X	01/01/20		
39	83088	ASSAY HISTAMINE	29.53						01/01/20		
39	83090	ASSAY OF HOMOCYSTINE	17.92						01/01/20		
39	83150	ASSAY URINE FOR HVA	22.41						01/01/19		
39	83491	HYDROXYCORTICOSTEROIDS,17-RIA	17.90						01/01/20		
39	83497	ASSAY URINE 5-HIAA	12.90						01/01/20		
39	83498	RIA ASSAY OF PROGESTERONE	27.17						01/01/20		
39	83500	ASSAY URINE HYDROXYPROLINE	22.65						01/01/20		
39	83505	ASSAY URINE HYDROXYPROLINE	24.30						01/01/20		
39	83516	IMMUNOASSAY, NON ANTIBODY	11.53						01/01/20		
39	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.53						01/01/20		
39	83519	IMMUNOASSAY, ANALYTE;	6.55						01/01/20		
39	83520	IMMUNOASSAY, ANALYTE;	16.40						08/01/12		
39	83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT	17.27						01/01/22		
39	83525	RIA ASSAY OF INSULIN	11.43					X	01/01/20		
39	83527	INSULIN;	12.95						01/01/20		
39	83528	INTRINSIC FACTOR LEVEL	19.82						01/01/18		
39	83529	MEASUREMENT OF INTERLEUKIN-6	17.27						01/01/22		
39	83540	ASSAY SERUM IRON	6.47						01/01/20		
39	83550	SERUM IRON BINDING TEST	8.74						01/01/20		
39	83570	UV-ASSAY BLOOD IDH ENZYME	8.85						01/01/20		
39	83582	ASSAY URINE 17-KGS	15.47						01/01/20		
39	83586	ASSAY BLOOD 17-KETOSTEROIDS	12.80						01/01/20		
39	83593	CHROMATOGRAPH KETOSTEROIDS	11.94						01/01/20		
39	83605	LACTIC ACID ASSAY	11.57					X	01/01/20		
39	83615	UV-ASSAY BLOOD LDH ENZYME	6.04					X	01/01/20		
39	83625	ASSAY BLOOD LDH ENZYMES	11.72					X	08/01/12		
39	83630	LACTOFERRIN, FECAL (QUAL)	19.70						01/01/20		
39	83632	RIA PLACENTAL LACTOGEN	20.22						01/01/20		
39	83633	TEST URINE FOR LACTOSE	7.74						01/01/20		
39	83655	ASSAY BLOOD FOR LEAD	12.11						01/01/20		
39	83661	ASSAY AMNIOTIC L/S RATIO	21.99						01/01/20		
39	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	18.91						01/01/20		
39	83663	FLUORO POLARIZE, FETAL LUNG	18.91						01/01/20		
39	83664	LAMELLAR BDY, FETAL LUNG	19.32						01/01/20		
39	83670	UV-ASSAY BLOOD LAP ENZYME	9.81						01/01/20		
39	83690	ASSAY BLOOD LIPASE	6.89						01/01/20		
39	83695	ASSAY OF LIPOPROTEIN(A)	14.32						01/01/20		
39	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	42.99						08/01/12		
39	83701	LIPOPROTEIN BLD, HR FRACTION	31.44						08/01/12		
39	83704	LIPOPROTEIN, BLD, BY NMR	34.19						01/01/20		
39	83718	BLOOD LIPOPROTEIN ASSAY	8.19						01/01/20		
39	83719	LIPOPROTEIN,VLDL CHOLESTEROL	12.75						01/01/20		
39	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.50						01/01/20		
39	83722	LIPOPROTEIN, DIRECT MEASUREMENT	34.19						01/01/20		

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39	83727	LUTEINIZING RELEASING FACTOR, RIA	17.19						01/01/20		
39	83735	ASSAY BLOOD MAGNESIUM	6.70					X	01/01/20		
39	83775	UV-ASSAY OF MD ENZYME	7.37						01/01/20		
39	83785	ASSAY OF MANGANESE	26.65						01/01/20		
39	83789	MASS SPECTROMETRY QUANT	22.87					X	08/01/12		
39	83825	ASSAY BLOOD MERCURY	16.26						01/01/20		
39	83835	ASSAY URINE METANEPHRINES	16.94						01/01/20		
39	83857	ASSAY METHEMALBUMIN	10.74						01/01/20		
39	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	21.22						08/01/12		
39	83864	BLOOD MUCOPOLYSACCHARIDES	27.99						01/01/20		
39	83872	ASSAY SYNOVIAL FLUID MUCIN	5.86						01/01/20		
39	83873	MYELIN BASIC PROTEIN,CSF,RIA	17.20						01/01/20		
39	83874	MYOGLOBIN ELECTROPHORESIS	12.92						01/01/20		
39	83876	MYELOPEROXIDASE (MPO)	18.89						01/01/20		
39	83880	NATRIURETIC PEPTIDE	39.26						01/01/19		
39	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.53					X	01/01/20		
39	83885	ASSAY URINE FOR NICKEL	24.51						01/01/20		
39	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	11.15						01/01/20		
39	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	25.47						08/01/12		
39	83918	ASSAY ORGANIC ACIDS	23.13						01/01/20		
39	83919	ASSAY ORGANIC ACIDS QUAL	16.45						01/01/20		
39	83921	ORGANIC ACID, SINGLE, QUANT	20.84						08/01/12		
39	83930	ASSAY BLOOD OSMOLALITY	6.61					X	01/01/20		
39	83935	ASSAY URINE OSMOLALITY	6.82					X	01/01/20		
39	83937	OSTEOCALCIN (BONE G1A PROTEIN)	29.85						01/01/20		
39	83945	ASSAY URINE OXALATE	14.45						01/01/19		
39	83950	ONCORPROTEIN, HER-2/NEU	64.41						01/01/20		
39	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	64.41						01/01/20		
39	83970	RIA ASSAY OF PARATHORMONE	41.28						01/01/20		
39	83986	ASSAY BODY FLUID ACIDITY	3.58					X	01/01/20		
39	83987	PH; EXHALED BREATH CONDENSATE	3.58						01/01/20		
39	83992	ASSAY FOR PHENCYCLIDINE	20.66						01/01/20		
39	83993	CALPROTECTIN, FECAL	19.63						01/01/20		
39	84030	ASSAY BLOOD PKU	5.50					X	01/01/20		
39	84035	ASSAY BLOOD PHENYLKETONES	3.98					X	01/01/20		
39	84060	ASSAY BLOOD ACID PHOSPHATASE	7.64						01/01/20		
39	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.66						01/01/20		
39	84075	ASSAY ALKALINE PHOSPHATASE	5.18						01/01/20		
39	84078	ASSAY ALKALINE PHOSPHATASE	8.11						01/01/20		
39	84080	ASSAY ALKALINE PHOSPHATASES	14.78						01/01/20		
39	84081	PHOSPHATYDYLGLYCEROL	16.52						01/01/20		
39	84085	ASSAY RBC PG6D ENZYME	8.54					X	08/01/12		
39	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.73						01/01/20		
39	84100	ASSAY BLOOD PHOSPHORUS	4.74						01/01/20		
39	84105	ASSAY URINE PHOSPHORUS	5.78						01/01/19		
39	84106	TEST FOR PORPHOBILINOGEN	5.42						08/01/12		
39	84110	ASSAY PORPHOBILINOGEN	6.93						01/01/20		
39	84112	CERVICOVAGINAL SECRETION OF PLACENTA	90.55						01/01/20		
39	84119	TEST URINE FOR PORPHYRINS	12.11						01/01/20		
39	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		

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39	84126	ASSAY FECES PORPHYRINS	35.82						01/01/20		
39	84132	ASSAY BLOOD POTASSIUM	4.76					X	01/01/20		
39	84133	ASSAY URINE POTASSIUM	4.73					X	01/01/20		
39	84134	PREALBUMIN	7.85						01/01/20		
39	84135	PREGNANEDIOL; RIA	21.27						01/01/19		
39	84138	PREGNANETRIOL;RIA	21.05						01/01/19		
39	84140	PREGNENOLONE	20.67						01/01/20		
39	84143	17-HYDROXYPREGNENOLONE	22.81						01/01/20		
39	84144	ASSAY PROGESTERONE	20.86						01/01/20		
39	84145	PROCALCITONIN (PCT)	24.98						08/01/12		
39	84146	RIA ASSAY FOR PROLACTIN	19.38						01/01/20		
39	84150	RIA ASSAY OF PROSTAGLANDIN	35.09						01/01/20		
39	84152	ASSAY OF PSA, COMPLEXED	18.39						01/01/20		
39	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.39						01/01/20		
39	84154	PSA FREE	18.39						01/01/20		
39	84155	ASSAY SERUM PROTEIN	3.67						01/01/20		
39	84156	ASSAY OF PROTEIN, URINE	3.67						01/01/20		
39	84157	ASSAY OF PROTEIN, OTHER	4.00						01/01/20		
39	84160	ASSAY SERUM PROTEIN	5.61						01/01/20		
39	84163	PAPPA, SERUM	15.05	10 59			F		01/01/20		
39	84165	ASSAY SERUM PROTEINS	10.74						01/01/20		
39	84166	PROTEIN E-PHORESIS/URINE/CSF	17.83						01/01/20		
39	84182	PROTEIN;	25.31					X	01/01/20		
39	84202	ASSAY RBC PROTOPORPHYRIN	14.35						01/01/20		
39	84203	TEST RBC PROTOPORPHYRIN	9.74						01/01/19		
39	84206	RIA ASSAY OF PROINSULIN	25.04						01/01/20		
39	84207	ASSAY VITAMIN B-6	19.88						01/01/20		
39	84210	ASSAY BLOOD PYRUVATE	13.74						08/01/12		
39	84220	ASSAY RBC PYRUVIC KINASE	9.44						01/01/20		
39	84228	ASSAY QUININE	11.63						01/01/20		
39	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	81.58						08/01/12		
39	84234	RECEPTOR ASSAY; PROGESTERONE	64.88						01/01/20		
39	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	66.29						08/01/12		
39	84238	RECEPTOR ASSAY;	36.57						01/01/20		
39	84244	RIA ASSAY OF RENIN	21.99					X	01/01/20		
39	84252	ASSAY VITAMIN B-2	20.24						01/01/20		
39	84255	ASSAY SELENIUM	25.53						01/01/20		
39	84260	ASSAY BLOOD SEROTONIN	30.98						01/01/20		
39	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.73						01/01/20		
39	84275	ASSAY BLOOD SIALIC ACID	13.44						01/01/20		
39	84285	ASSAY SILICA	25.21						01/01/20		
39	84295	ASSAY BLOOD SODIUM	4.81					X	01/01/20		
39	84300	ASSAY URINE SODIUM	5.06					X	01/01/20		
39	84302	ASSAY OF SWEAT SODIUM	4.86						01/01/20		
39	84305	SOMATOMEDIN	21.26						01/01/20		
39	84307	SOMATOSTATIN	18.28						01/01/20		
39	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.10						01/01/19		
39	84315	BODY FLUID SPECIFIC GRAVITY	3.18						08/01/12		
39	84375	CHROMATOGRAM ASSAY, SUGARS	27.56						01/01/20		
39	84376	SUGARS SINGLE QUAL	5.50					X	01/01/20		

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39	84377	SUGARS MULTIPLE QUAL	5.50					X	01/01/20		
39	84378	SUGARS SINGLE QUANT	11.39					X	01/01/20		
39	84379	SUGARS MULTIPLE QUANT	11.39					X	01/01/20		
39	84392	SULFATE, URINE	5.49					X	01/01/19		
39	84402	TESTOSTERONE;	25.47						01/01/20		
39	84403	RIA ASSAY BLOOD TESTOSTERONE	25.81						01/01/20		
39	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT M	51.28				M		01/01/20		
39	84425	ASSAY VITAMIN B-1	21.23						01/01/20		
39	84430	ASSAY BLOOD THIOCYANATE	11.63						01/01/20		
39	84431	THROMBOXANE METABOLITE(S), INCLUDING	18.53						01/01/20		
39	84432	THYROGLOBULIN	16.06						01/01/20		
39	84433	EVALUATION OF THIOPURINE S-METHYLTRA	22.17						01/01/23		
39	84436	THYROXINE, TRUE, RIA	6.80						01/01/20		
39	84437	THYROXINE, NEONATAL	6.47						01/01/20		
39	84439	THYROID PANEL	9.02						01/01/20		
39	84442	THYROID ACTIVITY (TBG) ASSAY	14.78						01/01/20		
39	84443	RIA ASSAY OF TS HORMONE	16.80						01/01/20		
39	84445	RIA THYROTROPIN FACTOR	25.87						01/01/20		
39	84446	ASSAY VITAMIN E	14.18						01/01/20		
39	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	18.00						01/01/20		
39	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.18					X	01/01/20		
39	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.30					X	01/01/20		
39	84466	TRANSFERRIN	12.76						01/01/20		
39	84478	ASSAY BLOOD TRIGLYCERIDES	5.74						01/01/20		
39	84479	TRIIODOTHYRONINE, RESIN UPTAKE	5.89						08/01/12		
39	84480	RIA ASSAY, T-3	9.02						01/01/20		
39	84481	TRIIODOTHYRONINE, FREE RIA	13.86						01/01/20		
39	84482	TRIDOTHYRONINE (T-3);	6.54						01/01/20		
39	84484	TROPONIN	12.47						08/01/12		
39	84485	ASSAY DUODENAL FLUID TRYPSIN	7.20						01/01/20		
39	84488	TEST FECES FOR TRYPSIN	7.30						01/01/20		
39	84490	ASSAY FECES FOR TRYPSIN	9.93						01/01/20		
39	84510	ASSAY BLOOD TYROSINE	10.63						01/01/20		
39	84512	TROPONIN, QUAL	9.75						08/01/12		
39	84520	ASSAY BUN	3.95					X	01/01/20		
39	84525	STICK-ASSAY BUN	4.76					X	08/01/12		
39	84540	ASSAY URINE UREA-N	5.56					X	01/01/19		
39	84545	UREA-N CLEARANCE TEST	7.20						01/01/20		
39	84550	ASSAY BLOOD URIC ACID	4.52						01/01/20		
39	84560	ASSAY URINE URIC ACID	5.08						01/01/20		
39	84577	ASSAY FECES UROBILINOGEN	15.80						08/01/12		
39	84578	TEST URINE UROBILINOGEN	4.11						08/01/12		
39	84580	ASSAY URINE UROBILINOGEN	8.98						08/01/12		
39	84583	ASSAY URINE UROBILINOGEN	6.05						01/01/19		
39	84585	ASSAY URINE VMA	15.50						01/01/20		
39	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.33						01/01/20		
39	84588	RIA ASSAY VASOPRESSIN	33.94						01/01/20		
39	84590	ASSAY BLOOD VITAMIN-A	11.61						01/01/20		
39	84591	ASSAY OF NOS VITAMIN	16.31						01/01/20		
39	84597	ASSAY VITAMIN-K	13.72						01/01/20		

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39	84600	ASSAY FOR VOLATILES	17.11						01/01/20		
39	84620	XYLOSE TOLERANCE TEST, BLOOD	12.91						01/01/20		
39	84630	ASSAY BLOOD ZINC	11.39						01/01/20		
39	84702	GONADOTROPIN,CHORIONIC;QUANTITATIVE	15.05						01/01/20		
39	84703	GONADOTROPIN,CHORIONIC;QUALITATIVE	7.52						01/01/20		
39	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	15.29						01/01/20		
39	84830	OVULATION TESTS, BY VISUAL COLOR COM	12.70						01/01/18		
39	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP			X			06/01/08		
39	85002	BLEEDING TIME TEST	4.82					X	01/01/20		
39	85004	AUTOMATED DIFF WBC COUNT	6.47						01/01/20		
39	85007	DIFFERENTIAL WBC COUNT	3.53					X	01/01/20		
39	85008	BLOOD COUNT;	3.43						01/01/20		
39	85009	DIFFERENTIAL WBC COUNT	4.71					X	08/01/12		
39	85013	BLOOD COUNT;	3.33						01/01/20		
39	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.37					X	01/01/20		
39	85018	HEMOGLOBIN, COLORIMETRIC	2.37					X	01/01/20		
39	85025	BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	7.77						01/01/20		
39	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	6.47					X	01/01/20		
39	85032	MANUAL CELL COUNT, EACH	4.31						01/01/20		
39	85041	RED BLOOD CELL (RBC) COUNT	3.02					X	01/01/20		
39	85044	RETICULOCYTE COUNT	4.31						01/01/20		
39	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	3.99						01/01/20		
39	85046	RETICYTE, HGB CONCENTRATE	5.57						01/01/20		
39	85048	WHITE BLOOD CELL (WBC) COUNT	2.54						01/01/20		
39	85049	AUTOMATED PLATELET COUNT	4.48						01/01/20		
39	85055	RETICULATED PLATELET ASSAY	28.32						01/01/20		
39	85097	BONE MARROW SMEAR INTERPRET	60.28					X	01/01/21		
39	85130	CHROMOGENIC SUBSTRATE ASSAY	11.89						01/01/20		
39	85170	BLOOD CLOT RETRACTION SCREEN	5.08					X	01/01/20		
39	85175	BLOOD CLOT LYSIS TIME	6.39					X	01/01/20		
39	85210	BLOOD CLOT FACTOR II TEST	8.11					X	01/01/20		
39	85220	BLOOD CLOT FACTOR V TEST	17.65					X	01/01/20		
39	85230	BLOOD CLOT FACTOR VII TEST	17.90					X	01/01/20		
39	85240	BLOOD CLOT FACTOR VIII TEST	17.90					X	01/01/20		
39	85244	FACTOR VIII RELATED ANTIGEN QUAN	20.42					X	01/01/20		
39	85245	CLOTTING;	22.94						01/01/20		
39	85246	CLOTTING;	22.94						01/01/20		
39	85247	CLOTTING;	22.94						01/01/20		
39	85250	BLOOD CLOT FACTOR IX TEST	19.04					X	01/01/20		
39	85260	BLOOD CLOT FACTOR X TEST	17.90					X	01/01/20		
39	85270	BLOOD CLOT FACTOR XI TEST	17.90					X	01/01/20		
39	85280	BLOOD CLOT FACTOR XII TEST	17.91					X	08/01/12		
39	85290	BLOOD CLOT FACTOR XIII TEST	16.34					X	01/01/20		
39	85291	BLOOD CLOT FACTOR XIII TEST	9.11					X	01/01/20		
39	85292	CLOTTING; PREKALLIKRIEW ASSAY	18.93						01/01/20		
39	85293	CLOTTING;H-M-W KINNINOGEN ASSA	18.93						01/01/20		
39	85300	ANTITHROMBIN III TEST	11.85					X	01/01/20		
39	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.81					X	01/01/20		
39	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.01					X	01/01/20		
39	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		

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39	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.61						01/01/20		
39	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.32						01/01/20		
39	85307	ASSAY ACTIVATED PROTEIN C	15.32						01/01/20		
39	85335	FACTOR INHIBITOR TEST	12.87						01/01/20		
39	85337	THROMBOMODULIN	14.65						01/01/20		
39	85345	COAGULATION TIME	4.69					X	01/01/20		
39	85347	COAGULATION TIME	4.05					X	01/01/20		
39	85348	COAGULATION TIME	4.49					X	01/01/19		
39	85360	EUGLOBULIN LYSIS	8.41						01/01/20		
39	85362	FIBRIN DEGRADATION PRODUCTS	6.89					X	01/01/20		
39	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.11						01/01/20		
39	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.43						01/01/20		
39	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.97						01/01/20		
39	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.18						01/01/20		
39	85380	FIBRIN DEGRADATION, VTE	10.18						01/01/20		
39	85384	FIBRINOGEN;	9.72						01/01/19		
39	85385	FIBRINOGEN;	11.94						01/01/20		
39	85390	FIBRINOLYSINS SCREEN	7.26						01/01/20		
39	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	29.06						08/01/12		
39	85400	FIBRINOLYTIC PLASMIN	7.71						01/01/20		
39	85410	FIBRINOLYTIC ANTIPLASMIN	7.71						01/01/20		
39	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.19						01/01/20		
39	85420	FIBRINOLYTIC PLASMINOGEN	6.53						01/01/20		
39	85421	FIBR0 MECH;PLASM.ANTIGENIC ASS	10.18						01/01/20		
39	85441	HEINZ BODIES; DIRECT	4.20						01/01/20		
39	85445	HEINZ BODIES; INDUCED	6.82						01/01/20		
39	85460	HEMOGLOBIN, FETAL	6.54						01/01/20		
39	85461	HEMOGLOBIN, FETAL	4.35						01/01/20		
39	85475	HEMOLYSIN, ACID	8.87						01/01/20		
39	85520	HEPARIN ASSAY	11.91						01/01/20		
39	85525	HEPARIN NEUTRALIZATION	10.73						08/01/12		
39	85530	HEPARIN-PROTAMINE TOLERANCE	13.09						01/01/20		
39	85536	IRON STAIN PERIPHERAL BLOOD	6.88						01/01/20		
39	85540	WBC ALKALINE PHOSPHATASE	8.60						01/01/20		
39	85547	RBC MECHANICAL FRAGILITY	8.60						01/01/20		
39	85549	SERUM MURAMIDASE	18.75						01/01/20		
39	85555	RBC OSMOTIC FRAGILITY	6.54						01/01/20		
39	85557	RBC OSMOTIC FRAGILITY	13.36						01/01/20		
39	85576	PLATELET;AGGREGATION (IN VITRO)	24.91					X	01/01/19		
39	85590	PLATELET PHASE MICROSCOPY	5.55					X	01/01/20		
39	85597	PLATELET NEUTRALIZATION	16.97						08/01/12		
39	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	16.97						08/01/12		
39	85610	PROTHROMBIN TIME	4.29					X	01/01/20		
39	85611	PROTHROMBIN TIME;	3.94					X	01/01/20		
39	85612	VIPER VENOM PROTHROMBIN TIME	13.45						01/01/20		
39	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.58						01/01/20		
39	85635	REPTILASE TEST	9.85						01/01/20		
39	85651	RBC SEDIMENTATION RATE	4.27						01/01/19		
39	85652	RBC SED RATE, AUTO	2.70						01/01/20		
39	85660	RBC SICKLE CELL TEST	5.51					X	01/01/20		

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39	85670	THROMBIN TIME; PLASMA	5.77						01/01/20		
39	85675	THROMBIN TIME; TITER	6.85						01/01/20		
39	85705	THROMBOPLASTIN INHIBITION;	8.70						08/01/12		
39	85730	THROMBOPLASTIN TIME, PARTIAL	6.01					X	01/01/20		
39	85732	THROMBOPLASTIN TIME, PARTIAL	6.47					X	01/01/20		
39	85810	BLOOD VISCOSITY EXAMINATION	11.67					X	01/01/20		
39	85999	HEMATOLOGY PROCEDURE	MP			X			06/01/08		
39	86000	AGGLUTININS; FEBRILE	6.98						01/01/20		
39	86001	ALLERGEN SPECIFIC IGG	7.34					X	01/01/20		
39	86003	ALLERGEN SPECIFIC IGE;	5.22					X	01/01/20		
39	86005	ALLERGEN SPECIFIC IGE;	7.97						01/01/20		
39	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE	17.93					X	01/01/20		
39	86015	MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	11.53						01/01/22		
39	86021	WBC ANTIBODY IDENTIFICATION	15.05						01/01/20		
39	86022	PLATELET ANTIBODIES	18.37						01/01/20		
39	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.46						01/01/20		
39	86036	SCREENING TEST FOR ANTINEUTROPHIL CY	12.05					X	01/01/22		
39	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.05					X	01/01/22		
39	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.09						01/01/20		
39	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.16						01/01/20		
39	86041	TEST FOR ACETYLCHOLINE RECEPTOR BIND	18.40						01/01/24		
39	86042	TEST FOR ACETYLCHOLINE RECEPTOR BLOC	18.40						01/01/24		
39	86043	TEST FOR ACETYLCHOLINE RECEPTOR MODU	12.05						01/01/24		
39	86051	ELISA DETECTION OF AQUAPORIN-4 (NEUR	11.53						01/01/22		
39	86052	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
39	86053	FLOW CYTOMETRY DETECTION OF AQUAPORI	12.05						01/01/22		
39	86060	ANTISTREPTOLYSIN O TITER	7.30						01/01/20		
39	86063	ANTISTREPTOLYSIN O SCREEN	5.77						01/01/20		
39	86140	C-REACTIVE PROTEIN	5.18						01/01/20		
39	86141	C-REACTIVE PROTEIN, HS	12.95						01/01/20		
39	86146	GLYCOPROTEIN ANTIBODY	16.34						01/01/20		
39	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	16.34						01/01/20		
39	86148	PHOSPHOLIPID ANTIBODY	14.72						08/01/12		
39	86155	CHEMOTAXIS ASSAY	15.99						01/01/20		
39	86156	COLD AGGLUTININ;	8.07						01/01/19		
39	86157	COLD AGGLUTININ;	8.06						01/01/20		
39	86160	COMPLEMENT;	12.00					X	01/01/20		
39	86161	COMPLEMENT;	12.00					X	01/01/20		
39	86162	COMPLEMENT; TOTAL (CH 50)	20.32						01/01/20		
39	86171	COMPLEMENT FIXATION, EACH	10.01						01/01/20		
39	86200	CCP ANTIBODY	12.95						01/01/20		
39	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.25						01/01/20		
39	86225	DNA ANTIBODY	13.74						01/01/20		
39	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.11						01/01/20		
39	86231	DETECTION OF ENDOMYSIAL ANTIBODY (EM	12.09					X	01/01/22		
39	86235	ENA ANTIBODY	16.36						01/01/20		
39	86255	FLUORESCENT ANTIBODY; SCREEN	12.05						01/01/20		
39	86256	FLUORESCENT ANTIBODY; TITER	12.05						01/01/20		
39	86258	DETECTION OF GLIADIN (DEAMIDATED) (D	11.53					X	01/01/22		
39	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	15.74						01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	86280	HEMAGGLUTINATION INHIBITION	8.19						01/01/20		
39	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	20.81						01/01/20		
39	86301	IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
39	86304	IMMUNOASSAY, TUMOR CA 125	20.81						01/01/20		
39	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.81				F		01/01/20		
39	86308	HETEROPHILE ANTIBODIES;	5.18						01/01/20		
39	86309	HETEROPHILE ANTIBODIES;	6.47						01/01/20		
39	86310	HETEROPHILE ANTIBODIES	7.37						01/01/20		
39	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	20.81					X	01/01/20		
39	86317	IMMUNOASSAY/INFECTIOUS AGENT	14.99						01/01/20		
39	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	16.40						08/01/12		
39	86320	SERUM IMMUNOELECTROPHORESIS	28.39						08/01/12		
39	86325	OTHER IMMUNOELECTROPHORESIS	23.13						01/01/20		
39	86328	IMMUNOASSAY INF AGT,SINGLE STEP,CV19	33.92						05/12/23		
39	86329	IMMUNODIFFUSION, EACH	14.05					X	01/01/20		
39	86331	IMMUNODIFFUSION OUCHTERLONY	11.98						01/01/20		
39	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	24.37						01/01/20		
39	86334	IMMUNOFIXATION ELECTROPHORESIS	22.34						01/01/20		
39	86336	INHIBIN A	15.59						01/01/20		
39	86337	INSULIN ANTIBODIES, RIA	14.71						01/01/20		
39	86340	INTRINSIC FACTOR ANTIBODIES, RIA	15.08						01/01/20		
39	86341	ISLET CELL ANTIBODY	23.57						01/01/19		
39	86344	LEUKOCYTE PHAGOCYTOSIS	10.12						08/01/12		
39	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	97.20						01/01/20		
39	86353	LYMPHOCYTE TRANSFORMATION	49.03						01/01/20		
39	86355	B CELLS, TOTAL COUNT	37.73						01/01/20		
39	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	25.51					X	08/01/12		
39	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	37.73						01/01/20		
39	86359	T CELLS;	37.73						01/01/20		
39	86360	T CELLS;	46.98						01/01/20		
39	86361	T CELL ABSOLUTE COUNT	25.51						08/01/12		
39	86362	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
39	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.05						01/01/22		
39	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.53					X	01/01/22		
39	86366	TEST FOR MUSCLE-SPECIFIC KINASE ANTI	18.40						01/01/24		
39	86367	STEM CELLS, TOTAL COUNT	53.02						01/01/20		
39	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.55						01/01/20		
39	86381	MEASUREMENT OF MITOCHONDRIAL ANTIBOD	25.45					X	01/01/22		
39	86382	NEUTRALIZATION TEST, VIRAL	16.91						01/01/20		
39	86384	NITROBLUE TETRAZOLIUM DYE	13.61						01/01/19		
39	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	20.35						08/01/12		
39	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.54						01/01/19		
39	86406	PARTICLE AGGLUTINATION TEST	10.64						01/01/20		
39	86408	NEUTRALIZING ANTIBODY..;SCREEN	31.60						05/12/23		
39	86409	NEUTRALIZING ANTIBODY..;TITER	79.00						05/12/23		
39	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT	31.60						05/12/23		
39	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		
39	86431	RHEUMATOID FACTOR;	5.67						01/01/20		
39	86480	TB TEST, CELL IMMUN MEASURE	61.98						01/01/20		
39	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	87.14						01/01/20		

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39	86485	SKIN TEST;	8.05						01/01/20		
39	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP			X			06/01/08		
39	86510	HISTOPLASMOSIS SKIN TEST	6.03						01/01/20		
39	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/20		
39	86590	STREPTOKINASE, ANTIBODY	7.99						01/01/20		
39	86592	SYPHILIS TEST(S),QUALITATIVE	4.27						01/01/20		
39	86593	SYPHILIS TEST, QUANTITATIVE	4.40						01/01/20		
39	86602	ANTIBODY;	10.18						01/01/20		
39	86603	ANTIBODY;	12.87						01/01/20		
39	86606	ANTIBODY;	15.05						01/01/20		
39	86609	ANTIBODY;	12.88						01/01/20		
39	86611	BARTONELLA ANTIBODY	10.18						01/01/20		
39	86612	ANTIBODY;	12.90						01/01/20		
39	86615	ANTIBODY;	13.19						01/01/20		
39	86617	LYME DISEASE ANTIBODY	15.49						01/01/20		
39	86618	ANTIBODY;	17.03						01/01/20		
39	86619	ANTIBODY;	13.38						01/01/20		
39	86622	ANTIBODY;	8.93						01/01/20		
39	86625	ANTIBODY;	13.12						01/01/20		
39	86628	ANTIBODY;	12.01						01/01/20		
39	86631	ANTIBODY;	11.82						01/01/20		
39	86632	ANTIBODY;	12.68						01/01/20		
39	86635	ANTIBODY;	11.47						01/01/20		
39	86638	ANTIBODY;	12.12						01/01/20		
39	86641	ANTIBODY;	14.41						01/01/20		
39	86644	ANTIBODY;	14.39						01/01/20		
39	86645	ANTIBODY;	16.85						01/01/20		
39	86648	ANTIBODY;	15.21						01/01/20		
39	86651	ANTIBODY;	13.19						01/01/20		
39	86652	ANTIBODY;	13.19						01/01/20		
39	86653	ANTIBODY;	13.19						01/01/20		
39	86654	ANTIBODY;	13.19						01/01/20		
39	86658	ANTIBODY;	13.03						01/01/20		
39	86663	ANTIBODY;	13.12						01/01/20		
39	86664	ANTIBODY;	15.29						01/01/20		
39	86665	ANTIBODY;	18.14						01/01/20		
39	86666	EHRLICHIA ANTIBODY	10.18						01/01/20		
39	86668	ANTIBODY;	13.18						08/01/12		
39	86671	ANTIBODY;	12.25						01/01/20		
39	86674	ANTIBODY;	14.72						08/01/12		
39	86677	ANTIBODY;	16.34						01/01/20		
39	86682	ANTIBODY;	13.01						01/01/20		
39	86684	ANTIBODY;	15.84						01/01/20		
39	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.09						01/01/20		
39	86688	ANTIBODY;	13.37						08/01/12		
39	86689	CONFIRMATORY TEST	19.35						01/01/20		
39	86692	ANTIBODY;	16.16						08/01/12		
39	86694	ANTIBODY;	14.39						01/01/20		
39	86695	ANTIBODY;	13.19						01/01/20		
39	86696	HERPES SIMPLEX TYPE 2	19.35						01/01/20		

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39	86698	ANTIBODY;	13.79						01/01/20		
39	86701	ANTIBODY;	8.89						01/01/20		
39	86702	ANTIBODY;	13.37						08/01/12		
39	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	13.37						08/01/12		
39	86704	HEP B CORE AB TEST, IGG & M	12.05						01/01/20		
39	86705	HEP B CORE AB TEST, IGM	11.77						01/01/20		
39	86706	HEPATITIS B SURFACE AB TEST	10.74						01/01/20		
39	86707	HEPATITIS BE AB TEST	11.57						01/01/20		
39	86708	HEP A AB TEST, IGG & M	12.39						01/01/20		
39	86709	HEP A AB TEST, IGM	11.26						01/01/20		
39	86710	ANTIBODY;	13.55						01/01/20		
39	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	16.89						01/01/19		
39	86713	ANTIBODY;	15.30						01/01/20		
39	86717	ANTIBODY;	12.25						01/01/20		
39	86720	ANTIBODY;	16.20						01/01/19		
39	86723	ANTIBODY;	13.19						01/01/20		
39	86727	ANTIBODY;	12.87						01/01/20		
39	86732	ANTIBODY;	15.00						01/01/19		
39	86735	ANTIBODY;	13.05						01/01/20		
39	86738	ANTIBODY;	13.24						01/01/20		
39	86741	ANTIBODY;	13.19						01/01/20		
39	86744	ANTIBODY;	15.99						01/01/19		
39	86747	ANTIBODY;	15.03						01/01/20		
39	86750	ANTIBODY;	13.19						01/01/20		
39	86753	ANTIBODY;	12.39						01/01/20		
39	86756	ANTIBODY;	15.89						01/01/19		
39	86757	RICKETTSIA ANTIBODY	19.35						01/01/20		
39	86759	ANTIBODY;	16.70						08/01/12		
39	86762	ANTIBODY;	14.39						01/01/20		
39	86765	ANTIBODY;	12.88						01/01/20		
39	86768	ANTIBODY;	13.19						01/01/20		
39	86769	ANTIBODY,...(SARS-COV-2)..(COVID-19)	31.60						05/12/23		
39	86771	ANTIBODY;	18.54						01/01/20		
39	86774	ANTIBODY;	13.75						01/01/20		
39	86777	ANTIBODY;	14.39						01/01/20		
39	86778	ANTIBODY;	14.41						01/01/20		
39	86780	ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
39	86784	ANTIBODY;	6.54						01/01/20		
39	86787	ANTIBODY;	12.88						01/01/20		
39	86788	ANTIBODY; WEST NILE VIRUS, IGM	16.85						01/01/20		
39	86789	ANTIBODY; WEST NILE VIRUS	14.39						01/01/20		
39	86790	ANTIBODY;	12.88						01/01/20		
39	86793	ANTIBODY;	13.19						01/01/20		
39	86794	ZIKA VIRUS, IGM	16.85						01/01/20		
39	86800	THYROGLOBULIN ANTIBODY, RIA	15.91						01/01/20		
39	86803	HEPATITIS C AB TEST	14.27						01/01/20		
39	86804	HEP C AB TEST, CONFIRM	15.49						01/01/20		
39	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	73.50						01/01/20		
39	86806	SEE 86805; WITHOUT TITRATION	47.59						01/01/20		
39	86807	SERUM SCREEN.-PRA;STANDARD METHOD	49.82						01/01/20		

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39	86808	SERUM SCREEN.-PRA; QUICK METHOD	29.68						01/01/20		
39	86812	TISSUE TYPING;	25.81						01/01/20		
39	86813	TISSUE TYPING;	58.00						01/01/20		
39	86816	TISSUE TYPING;	30.17						01/01/20		
39	86817	TISSUE TYPING;	90.52						01/01/20		
39	86821	TISSUE TYPING;	36.56						01/01/20		
39	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	84.93						01/01/20		
39	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	28.32						01/01/20		
39	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	53.52					X	01/01/20		
39	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	44.83					X	01/01/20		
39	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	95.52					X	01/01/19		
39	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	81.88					X	01/01/19		
39	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	191.65					X	01/01/20		
39	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	174.24					X	01/01/20		
39	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
39	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
39	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X			06/01/08		
39	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.78					X	01/01/20		
39	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.59					X	01/01/20		
39	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.00					X	01/01/20		
39	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.39					X	01/01/20		
39	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.72					X	01/01/20		
39	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.18					X	01/01/20		
39	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.93						01/01/20		
39	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.49						01/01/20		
39	86900	BLOOD TYPING;	2.99						01/01/20		
39	86901	BLOOD TYPING;	2.99						01/01/20		
39	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.37						01/01/20		
39	86904	BLOOD TYPING;	13.36					X	01/01/20		
39	86905	BLOOD TYPING;	3.83					X	01/01/20		
39	86906	BLOOD TYPING;	7.75						01/01/20		
39	86910	BLOOD TYPING;	21.73					X	01/01/20		
39	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.76						01/01/20		
39	86920	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
39	86921	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
39	86922	COMPATIBILITY TEST EACH UNIT;	49.11						01/01/20		
39	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			06/01/08		
39	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.09					X	01/01/20		
39	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.04					X	01/01/20		
39	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.77					X	01/01/20		
39	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.11					X	01/01/20		
39	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.47					X	01/01/20		
39	86950	LEUKOCYTE TRANSFUSION	43.56						01/01/20		
39	86960	VOL REDUCTION OF BLOOD/PROD	MP			X			06/01/08		
39	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.17						01/01/20		
39	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.76					X	01/01/20		
39	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.28					X	01/01/20		
39	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.76						01/01/20		

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39	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.76					X	01/01/20		
39	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.76						01/01/20		
39	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.28					X	01/01/20		
39	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.59					X	01/01/20		
39	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.23					X	01/01/20		
39	86999	IMMUNOLOGY PROCEDURE	56.04			X			01/01/20		
39	87003	SMALL ANIMAL INOCULATION	16.84						01/01/20		
39	87015	SPECIMEN CONCENTRATION	6.68					X	01/01/20		
39	87040	BLOOD CULTURE FOR BACTERIA	10.32					X	01/01/20		
39	87045	STOOL CULTURE FOR BACTERIA	9.44					X	01/01/20		
39	87046	STOOL CULTR, BACTERIA, EACH	9.44					X	01/01/20		
39	87070	CULTURE SPECIMEN, BACTERIA	8.62					X	01/01/20		
39	87071	CULTURE BACTERI AEROBIC OTHR	9.89						01/01/20		
39	87073	CULTURE BACTERIA ANAEROBIC	9.66						01/01/20		
39	87075	CULTURE SPECIMEN, BACTERIA	9.47					X	01/01/20		
39	87076	BACTERIA IDENTIFICATION	8.08						01/01/20		
39	87077	CULTURE AEROBIC IDENTIFY	8.08					X	01/01/20		
39	87081	BACTERIA CULTURE SCREEN	6.63						01/01/20		
39	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	12.11						01/01/20		
39	87086	URINE CULTURE, COLONY COUNT	8.07						01/01/20		
39	87088	URINE BACTERIA CULTURE	8.09						01/01/20		
39	87101	SKIN FUNGUS CULTURE	7.71						01/01/20		
39	87102	FUNGUS ISOLATION CULTURE	8.41						01/01/20		
39	87103	CULTURE,FUNGI,ISOLATION BLOOD	11.91						01/01/20		
39	87106	FUNGUS IDENTIFICATION	10.32						01/01/20		
39	87107	FUNGI IDENTIFICATION, MOLD	10.32						01/01/20		
39	87109	MYCOPLASMA CULTURE	15.39						01/01/20		
39	87110	CULTURE CHLAMYDIA	19.60						01/01/20		
39	87116	MYCOBACTERIA CULTURE	10.80						01/01/20		
39	87118	MYCOBACTERIA IDENTIFICATION	5.77						01/01/20		
39	87140	CULTURE TYPING, FLUORESCENT	5.57						01/01/20		
39	87143	CULTURE TYPING, GLC METHOD	12.52						01/01/20		
39	87147	CULTURE TYPING, SEROLOGIC	5.18						01/01/20		
39	87149	CULTURE TYPE, NUCLEIC ACID	20.05						01/01/20		
39	87150	CULTURE, TYPING; IDENTIFICATION BY N	35.09						01/01/20		
39	87152	CULTURE TYPE PULSE FIELD GEL	7.35						01/01/20		
39	87153	CULTURE, TYPING; IDENTIFICATION BY N	115.36						01/01/20		
39	87158	CULTURE TYPING, ADDED METHOD	7.35						01/01/20		
39	87164	DARK FIELD EXAMINATION	10.74						01/01/20		
39	87166	DARK FIELD EXAMINATION	11.08						08/01/12		
39	87168	MACROSCOPIC EXAM ARTHROPOD	4.27						01/01/20		
39	87169	MACACROSCOPIC EXAM PARASITE	4.31						01/01/20		
39	87172	PINWORM EXAM	4.27						01/01/20		
39	87176	ENDOTOXIN, BACTERIAL	5.88						01/01/20		
39	87177	OVA AND PARASITES SMEARS	8.90					X	01/01/20		
39	87181	ANTIBIOTIC SENSITIVITY, EACH	4.75						01/01/20		
39	87184	ANTIBIOTIC SENSITIVITY, EACH	7.48					X	01/01/20		
39	87185	MICROBE SUSCEPTIBLE, ENZYME	4.75					X	01/01/20		
39	87186	ANTIBIOTIC SENSITIVITY, MIC	8.65						01/01/20		
39	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.57						01/01/20		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	87188	ANTIBIOTIC SENSITIVITY, EACH	6.64						01/01/20		
39	87190	TB ANTIBIOTIC SENSITIVITY	7.16						08/01/12		
39	87197	SERUM BACTERICIDAL TITER	15.02						01/01/20		
39	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.23						01/01/20		
39	87205	SMEAR, STAIN & INTERPRET	4.27					X	01/01/20		
39	87206	SMEAR, STAIN & INTERPRET	5.39					X	01/01/20		
39	87207	SMEAR, STAIN & INTERPRET	5.99					X	01/01/20		
39	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
39	87210	SMEAR, STAIN & INTERPRET	5.41					X	08/01/12		
39	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
39	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	19.74					X	01/01/20		
39	87250	VIRUS INOCULATION FOR TEST	19.56					X	01/01/20		
39	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	26.07						01/01/20		
39	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	20.20					X	01/01/20		
39	87254	VIRUS INOCULATION, SHELL VIA	19.56					X	01/01/20		
39	87255	GENET VIRUS ISOLATE, HSV	33.86						01/01/20		
39	87260	ADENOVIRUS AG, DFA	14.43						01/01/19		
39	87265	PERTUSSIS AG, DFA	11.98						01/01/20		
39	87267	ENTEROVIRUS ANTIBODY, DFA	13.42						01/01/19		
39	87269	GIARDIA AG, IF	13.61						01/01/19		
39	87270	CHYLMD TRACH AG, DFA	11.98						01/01/20		
39	87271	CYTOMEGALOVIRUS DFA	13.42						01/01/19		
39	87272	CRYPTOSPORIDUM AG, DFA	11.98						01/01/20		
39	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
39	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
39	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
39	87276	INFLUENZA AG, DFA	15.19						08/01/12		
39	87278	LEGION PNEUMO AG, DFA	15.19						08/01/12		
39	87279	PARAINFLUENZA, AG, IF	15.19						08/01/12		
39	87280	RESP SYNCYTIAL AG, DFA	13.42						01/01/19		
39	87281	PNEUMOCYSTIS CARINII, AG, IF	11.98						01/01/20		
39	87283	RUBEOLA, AG, IF	16.86						01/01/20		
39	87285	TREPON PALLIDUM AG, DFA	12.18						01/01/20		
39	87290	VARICELLA AG, DFA	13.42						01/01/19		
39	87299	AG DETECTION NOS, DFA	15.19						08/01/12		
39	87300	AG DETECTION, POLYVAL, IF	11.98					X	01/01/20		
39	87301	ADENOVIRUS AG, EIA	11.98						01/01/20		
39	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	11.98						01/01/20		
39	87320	CHYLMD TRACH AG, EIA	15.00						01/01/18		
39	87324	CLOSTRIDIUM AG, EIA	11.98						01/01/20		
39	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.42						01/01/19		
39	87328	CRYPTOSPOR AG, EIA	13.82						01/01/19		
39	87329	GIARDIA AG, EIA	11.98						01/01/20		
39	87332	CYTOMEGALOVIRUS AG, EIA	11.98						01/01/20		
39	87335	E COLI 0157 AG, EIA	12.66						01/01/20		
39	87336	ENTAMOEB HIST DISPR, AG, EIA	15.19						08/01/12		
39	87337	ENTAMOEB HIST GROUP, AG, EIA	11.98						01/01/20		
39	87338	HPYLORI, STOOL, EIA	6.53						01/01/20		
39	87339	HPYLORI AG, EIA	15.19						08/01/12		
39	87340	HEPATITIS B SURFACE AG, EIA	10.33						01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	87341	HEPATITIS B SURFACE, AG, EIA	10.33						01/01/20		
39	87350	HEPATITIS B AG, EIA	11.53						01/01/20		
39	87380	HEPATITIS DELTA AG, EIA	17.38						01/01/20		
39	87385	HISTOPLASMA CAPSUL AG, EIA	13.25						01/01/20		
39	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	24.08						01/01/20		
39	87390	HIV-1 AG, EIA	22.35						08/01/12		
39	87391	HIV-2 AG, EIA	21.90						01/01/18		
39	87400	INFLUENZA A/B, AG, EIA	14.13					X	01/01/19		
39	87420	RESP SYNCYTIAL AG, EIA	13.91						01/01/19		
39	87425	ROTAVIRUS AG, EIA	11.98						01/01/20		
39	87426	INF AGT DETECTION BY IMMUNO-COVID-19	31.52						05/12/23		
39	87427	SHIGA-LIKE TOXIN AG, EIA	11.98						01/01/20		
39	87428	INF AGT BY IA;SARSCOV & INFL VIR A&B	23.21						05/12/23		
39	87430	STREP A AG, EIA	15.19						08/01/12		
39	87449	AG DETECT NOS, EIA, MULT	11.98						01/01/20		
39	87451	AG DETECT POLYVAL, EIA, MULT	6.53						01/01/20		
39	87467	MEASUREMENT OF HEPATITIS B SURFACE A	15.05						01/01/23		
39	87468	DETECTION OF ANAPLASMA PHAGOCYTOPHIL	35.09						01/01/23		
39	87469	DETECTION OF BABESIA MICROTIM BY AMP	35.09						01/01/23		
39	87471	BARTONELLA, DNA, AMP PROBE	35.09						01/01/20		
39	87472	BARTONELLA, DNA, QUANT	42.84						01/01/20		
39	87475	LYME DIS, DNA, DIR PROBE	20.05						01/01/20		
39	87476	LYME DIS, DNA, AMP PROBE	35.09						01/01/20		
39	87478	DETECTION OF BABESIA BORRELIA MIYAMO	35.09						01/01/23		
39	87480	CANDIDA, DNA, DIR PROBE	20.05						01/01/20		
39	87481	CANDIDA, DNA, AMP PROBE	35.09						01/01/20		
39	87482	CANDIDA, DNA, QUANT	52.88						08/01/12		
39	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	53.44						01/01/20		
39	87484	DETECTION OF EHRLICHIA CHAFFEENSIS B	35.09						01/01/23		
39	87485	CHYLMD PNEUM, DNA, DIR PROBE	20.05						01/01/20		
39	87486	CHYLMD PNEUM, DNA, AMP PROBE	35.09						01/01/20		
39	87487	CHYLMD PNEUM, DNA, QUANT	42.84						01/01/20		
39	87490	CHYLMD TRACH, DNA, DIR PROBE	22.75						01/01/19		
39	87491	CHYLMD TRACH, DNA, AMP PROBE	35.09					X	01/01/20		
39	87492	CHYLMD TRACH, DNA, QUANT	49.15						01/01/20		
39	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	37.27						01/01/20		
39	87495	CYTOMEG, DNA, DIR PROBE	28.19						01/01/20		
39	87496	CYTOMEG, DNA, AMP PROBE	35.09						01/01/20		
39	87497	CYTOMEG, DNA, QUANT	42.84						01/01/20		
39	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	35.09						01/01/20		
39	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31						01/01/20		
39	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	95.80						01/01/19		
39	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	29.19						01/01/20		
39	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	128.29						01/01/20		
39	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	262.99						01/01/19		
39	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78						01/01/20		
39	87510	GARDNER VAG, DNA, DIR PROBE	20.05						01/01/20		
39	87511	GARDNER VAG, DNA, AMP PROBE	35.09						01/01/20		
39	87512	GARDNER VAG, DNA, QUANT	41.76						01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	87513	DETECTION TEST BY NUCLEIC ACID FOR H	35.09						01/01/25		
39	87516	HEPATITIS B , DNA, AMP PROBE	35.09						01/01/20		
39	87517	HEPATITIS B , DNA, QUANT	42.84						01/01/20		
39	87520	HEPATITIS C , RNA, DIR PROBE	28.19						01/01/20		
39	87521	DETECTION TEST FOR HEPATITIS C VIRUS	35.09						01/01/20		
39	87522	DETECTION TEST FOR HEPATITIS C VIRUS	42.84						01/01/20		
39	87523	DETECTION OF HEPATITIS D (DELTA)	42.84						01/01/24		
39	87525	HEPATITIS G , DNA, DIR PROBE	28.19						01/01/20		
39	87526	HEPATITIS G, DNA, AMP PROBE	39.26						01/01/19		
39	87527	HEPATITIS G, DNA, QUANT	41.76						01/01/20		
39	87528	HSV, DNA, DIR PROBE	20.05						01/01/20		
39	87529	HSV, DNA, AMP PROBE	35.09						01/01/20		
39	87530	HSV, DNA, QUANT	42.84						01/01/20		
39	87531	HHV-6, DNA, DIR PROBE	28.19						01/01/20		
39	87532	HHV-6, DNA, AMP PROBE	35.09						01/01/20		
39	87533	HHV-6, DNA, QUANT	41.76						01/01/20		
39	87534	HIV-1, DNA, DIR PROBE	21.92						01/01/20		
39	87535	DETECTION TEST FOR HIV-1 VIRUS	35.09						01/01/20		
39	87536	DETECTION TEST FOR HIV-1 VIRUS	85.10						01/01/20		
39	87537	HIV-2, DNA, DIR PROBE	21.92						01/01/20		
39	87538	DETECTION TEST FOR HIV-2 VIRUS	35.09						01/01/20		
39	87539	DETECTION TEST FOR HIV-2 VIRUS	54.25						08/01/12		
39	87540	LEGION PNEUMO, DNA, DIR PROB	20.05						01/01/20		
39	87541	LEGION PNEUMO, DNA, AMP PROB	35.09						01/01/20		
39	87542	LEGION PNEUMO, DNA, QUANT	41.76						01/01/20		
39	87550	MYCOBACTERIA, DNA, DIR PROBE	20.05						01/01/20		
39	87551	MYCOBACTERIA, DNA, AMP PROBE	44.45						08/01/12		
39	87552	MYCOBACTERIA, DNA, QUANT	42.84						01/01/20		
39	87555	M.TUBERCULO, DNA, DIR PROBE	25.40						08/01/12		
39	87556	M.TUBERCULO, DNA, AMP PROBE	41.68						01/01/19		
39	87557	M.TUBERCULO, DNA, QUANT	42.84						01/01/20		
39	87560	M.AVIUM-INTRA, DNA, DIR PROB	25.40						08/01/12		
39	87561	M.AVIUM-INTRA, DNA, AMP PROB	35.09						01/01/20		
39	87562	M.AVIUM-INTRA, DNA, QUANT	42.84						01/01/20		
39	87563	DETECTION OF MYCOPLASMA GENITALIUM B	35.09						01/01/20		
39	87564	DETECTION TEST BY NUCLEIC ACID FOR M	76.77						01/01/25		
39	87580	M.PNEUMON, DNA, DIR PROBE	20.05						01/01/20		
39	87581	M.PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
39	87582	M.PNEUMON, DNA, QUANT	58.70						01/01/20		
39	87590	N.GONORRHOEAE, DNA, DIR PROB	25.40						08/01/12		
39	87591	N.GONORRHOEAE, DNA, AMP PROB	35.09					X	01/01/20		
39	87592	N.GONORRHOEAE, DNA, QUANT	42.84						01/01/20		
39	87593	INFECTIOUS AGT DETECTION (MONKEYPOX)	38.48	18 99					07/26/22		
39	87594	DETECTION TEST BY NUCLEIC ACID FOR P	35.09						01/01/25		
39	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	40.55						01/01/19		
39	87626	DETECTION TEST BY NUCLEIC ACID FOR H	70.20						01/01/25		
39	87631	INFECTIOUS AGENT DETECTION BY NUCLEI	142.63		X				01/01/19		
39	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	218.06		X				01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	87633	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78		X				01/01/20		
39	87634	INFECTIOUS AGENT DETECTION BY NUCLEI	70.20						01/01/20		
39	87635	INFECTIOUS AGENT DETECTION-COVID-19	38.48						05/12/23		
39	87636	SARSCOV2 & INF A & B AMP PRB	106.97						05/12/23		
39	87637	SARSCOV2 & INF A & B & RSV AMP PRB	106.97						05/12/23		
39	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87650	STREP A, DNA, DIR PROBE	20.05						01/01/20		
39	87651	STREP A, DNA, AMP PROBE	35.09						01/01/20		
39	87652	STREP A, DNA, QUANT	41.76						01/01/20		
39	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87660	TRICHOMONAS VAGIN, DIR PROBE	20.05				F		01/01/20		
39	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
39	87662	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31					X	01/01/20		
39	87797	DETECT AGENT NOS, DNA, DIR	28.19						01/01/20		
39	87798	DETECT AGENT NOS, DNA, AMP	35.09						01/01/20		
39	87799	DETECT AGENT NOS, DNA, QUANT	13.54						01/01/20		
39	87800	DETECT AGNT MULT, DNA, DIREC	43.67						01/01/20		
39	87801	DETECT AGNT MULT, DNA, AMPLI	70.20						01/01/20		
39	87802	STREP B ASSAY W/OPTIC	12.73						01/01/20		
39	87803	CLOSTRIDIUM TOXIN A W/OPTIC	15.19						08/01/12		
39	87804	AGENT NOS ASSAY W/OPTIC	15.19					X	08/01/12		
39	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	30.60						01/01/15		
39	87807	RSV ASSAY W/OPTIC	13.10						01/01/20		
39	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.19				F		08/01/12		
39	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86						01/01/20		
39	87810	CHYLMD TRACH ASSAY W/OPTIC	16.86						01/01/20		
39	87811	SARS-COV-2 COVID 19 W/OPTIC	31.04						05/12/23		
39	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.86						01/01/20		
39	87880	STREP A ASSAY W/OPTIC	15.19						08/01/12		
39	87899	AGENT NOS ASSAY W/OPTIC	15.19						08/01/12		
39	87900	PHENOTYPE, INFECT AGENT DRUG	130.35						01/01/20		
39	87901	GENOTYPE, DNA, HIV REVERSE T	257.45						01/01/20		
39	87902	GENOTYPE, DNA, HEPATITIS C	257.45						01/01/20		
39	87903	PHENOTYPE, DNA HIV W/CULTURE	488.66						01/01/20		
39	87904	PHENOTYPE, DNA HIV W/CLT ADD	26.07						01/01/20		
39	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22						01/01/20		
39	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	128.73						01/01/20		
39	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
39	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
39	87913	NFCT AGT GNTYP ALYS SARSCOV2	193.09						05/12/23		
39	87999	MICROBIOLOGY PROCEDURE	MP			X			06/01/08		
39	88104	CYTOPATHOLOGY	55.62						01/01/20		
39	88106	CYTOPATHOLOGY	56.20						01/01/21		
39	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	54.14						01/01/21		
39	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	57.32	10 59			F		01/01/21		
39	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.72						01/01/20		
39	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	204.06						01/01/20		
39	88125	FORENSIC CYTOPATHOLOGY	19.82						01/01/20		
39	88130	SEX CHROMATIN IDENTIFICATION	17.98						01/01/20		

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	88140	SEX CHROMATIN IDENTIFICATION	7.99							01/01/20		
39	88141	CYTOPATH CERV/VAG INTERPRET	18.99	21	99					01/01/21		
39	88142	CYTOPATH CERV/VAG THIN LAYER	19.13	21	99					08/01/12		
39	88143	CYTPATH C/VAG T/LAYER REDO	19.34	21	99					01/01/20		
39	88147	CYTPATH C/VAG AUTOMATED	14.85	21	99					01/01/20		
39	88148	CYTPATH C/VAG AUTO RESCREEN	14.85	21	99					01/01/20		
39	88150	CYTOPATHOLOGY, PAP SMEAR	14.85	21	99			F		01/01/20		
39	88152	CYTOPATH CERV/VAG AUTO	14.85	21	99					01/01/20		
39	88153	CYTPATH C/VAG REDO	14.85	21	99					01/01/20		
39	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	8.44	21	99			F		01/01/20		
39	88160	CYTOPATHOLOGY	47.14							01/01/20		
39	88161	CYTOPATH....;PREP,SCREEN,INTERP.	49.04							01/01/20		
39	88162	CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	71.07							01/01/20		
39	88164	CYTPATH TBS C/VAG MANUAL	14.85	21	99					01/01/20		
39	88165	CYTPATH TBS C/VAG REDO	14.85	21	99					01/01/20		
39	88166	CYTPATH TBS C/VAG AUTO REDO	14.85	21	99					01/01/20		
39	88167	CYTPATH TBS C/VAG SELECT	14.85	21	99					01/01/20		
39	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	47.53							01/01/21		
39	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	121.61							01/01/20		
39	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	20.52	21	99			F		01/01/20		
39	88175	CYTOPATHOLOGY, WITH SCREENING	25.86	21	99			F		01/01/20		
39	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.90							01/01/20		
39	88182	FLOW CYTOMETRY;	92.00							01/01/20		
39	88184	FLOWCYTOMETRY/ TC, 1 MARKER	54.87							01/01/17		
39	88185	FLOWCYTOMETRY/TC, ADD-ON	19.31						X	01/01/22		
39	88187	FLOWCYTOMETRY/READ, 2-8	MP				X			06/01/08		
39	88188	FLOWCYTOMETRY/READ, 9-15	MP				X			06/01/08		
39	88189	FLOWCYTOMETRY/READ, 16 & >	MP				X			06/01/08		
39	88199	CYTOPATHOLOGY PROCEDURE	MP				X			06/01/08		
39	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	89.85							01/01/20		
39	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	89.85							01/01/20		
39	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	89.85							01/01/20		
39	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	89.85							01/01/20		
39	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	89.85							01/01/20		
39	88240	CELL CRYOPRESERVE/STORAGE	12.80							08/01/12		
39	88241	FROZEN CELL PREPARATION	12.09							01/01/19		
39	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	89.85							01/01/20		
39	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	173.17							01/01/20		
39	88249	CHROMOSOME ANALYSIS, 100	173.17							01/01/20		
39	88261	CHROMOSOME COUNT: 1-4 CELLS	248.46							01/01/20		
39	88262	CHROMOSOME COUNT: 1-20 CELLS	125.49							01/01/20		
39	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	89.85							01/01/20		
39	88264	CHROMOSOME ANALYSIS, 20-25	144.61							01/01/19		
39	88267	CHROMOSOME COUNT: AMNIOTIC	188.57							01/01/20		
39	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	173.66							01/01/20		
39	88271	CYTOGENETICS, DNA PROBE	21.42							01/01/20		
39	88272	CYTOGENETICS, 3-5	37.63							01/01/20		
39	88273	CYTOGENETICS, 10-30	34.81							01/01/20		
39	88274	CYTOGENETICS, 25-99	42.38							01/01/19		
39	88275	CYTOGENETICS, 100-300	50.86							08/01/12		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	88280	CHROMOSOME COUNT: ADDITIONAL	31.79						08/01/12		
39	88283	CHROM ANAL;ADD SPEC BANDING TECH.	39.23						01/01/20		
39	88285	CHROMOSOME COUNT: ADDITIONAL	26.72						01/01/20		
39	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	34.43						01/01/20		
39	88299	CYTOGENETIC STUDY	6.45			X			01/01/20		
39	88300	SURGICAL PATHOLOGY, GROSS	13.52					X	01/01/21		
39	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					X	01/01/21		
39	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	35.41					X	01/01/21		
39	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	60.71					X	01/01/21		
39	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.27						01/01/20		
39	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.34						01/01/20		
39	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.88						01/01/20		
39	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.12						01/01/20		
39	88313	SPECIAL STAIN INCLUDING INTERPRETATI	63.70						01/01/20		
39	88314	SPECIAL STAIN INCLUDING INTERPRETATI	75.85						01/01/20		
39	88321	MICROSLIDE CONSULTATION	83.75						01/01/20		
39	88323	MICROSLIDE CONSULTATION	98.80						01/01/21		
39	88325	COMPREHENSIVE REVIEW OF DATA	145.04						01/01/21		
39	88329	CONSULTATION DURING SURGERY	45.67					X	01/01/20		
39	88331	CONSULTATION DURING SURGERY	83.09					X	01/01/20		
39	88332	PATHOLOGY CONSULTATION DURING SURGER	37.42						01/01/20		
39	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	51.50					X	01/01/20		
39	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	89.39					X	01/01/21		
39	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	89.11						01/01/20		
39	88346	IMMUNOFLUORESCENCE PER SPEC; INITIAL	98.09						01/01/21		
39	88348	ELECTRON MICROSCOPY	348.87						01/01/20		
39	88350	IMMUNOFLUORESCENCE, PER SPECIMEN; E	74.54					X	01/01/21		
39	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			X			06/01/08		
39	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	105.39						01/01/21		
39	88363	EXAMINATION AND SELECTION OF RETRIEV	20.21						01/01/20		
39	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	73.78						01/01/20		
39	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.70					X	01/01/20		
39	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	114.72						01/01/20		
39	88367	INSITU HYBRIDIZATION, AUTO	98.24						01/01/21		
39	88368	INSITU HYBRIDIZATION, MANUAL	111.21						01/01/20		
39	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	56.37						01/01/20		
39	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.23						01/01/20		
39	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	26.22					X	01/01/19		
39	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	46.25						01/01/20		
39	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	154.33						01/01/20		
39	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	162.79						01/01/20		
39	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.25						01/01/20		
39	88399	SURGICAL PATHOLOGY PROCEDURE	MP			X			06/01/08		
39	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.90						01/01/20		
39	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.90						01/01/20		
39	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90						01/01/20		
39	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.90						01/01/20		
39	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP			X			01/01/11		
39	89050	BODY FLUID CELL COUNT	4.72					X	01/01/20		
39	89051	BODY FLUID CELL COUNT	5.60					X	01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	89055	LEUKOCYTE ASSESSMENT, FECAL	4.27							01/01/20		
39	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.33							01/01/20		
39	89125	SPECIMEN FAT STAIN	5.47						X	08/01/12		
39	89160	EXAM FECES FOR MEAT FIBERS	4.67							08/01/12		
39	89190	NASAL SMEAR FOR EOSINOPHILS	5.79							01/01/19		
39	89220	SPUTUM SPECIMEN COLLECTION	12.98							01/01/20		
39	89230	COLLECT SWEAT FOR TEST	2.12							01/01/21		
39	89240	PATHOLOGY LAB PROCEDURE	MP				X			06/01/08		
39	90281	HUMAN IG, IM	CCR									
39	90283	HUMAN IG, IV	CCR									
39	90287	BOTULINUM ANTITOXIN	CCR									
39	90288	BOTULISM IG, IV	CCR									
39	90291	CMV IG, IV	CCR									
39	90296	DIPHTHERIA ANTITOXIN	CCR									
39	90371	HEPB IG, IM	CCR									
39	90375	RABIES IMMUNE GLOBULIN FOR INJECTION	CCR									
39	90376	RABIES IG, HEAT TREATED	CCR									
39	90380	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR									
39	90381	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR									
39	90384	RH IG, FULL-DOSE, IM	CCR									
39	90385	RH IG, MINIDOSE, IM	CCR									
39	90386	RH IG, IV	CCR									
39	90389	TETANUS IG, IM	CCR									
39	90393	VACCINA IG, IM	CCR									
39	90396	VARICELLA-ZOSTER IG, IM	CCR									
39	90399	IMMUNE GLOBULIN	CCR									
39	90476	ADENOVIRUS VACCINE, TYPE 4	CCR									
39	90477	ADENOVIRUS VACCINE, TYPE 7	CCR									
39	90480	IMMUNIZATION ADMIN, IM, SAR-COV-2	CCR									
39	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR	CCR									
39	90585	BCG TICE VACCINE, 50 MG	CCR									
39	90586	BCG LIVE (INTRAVESICAL)	CCR									
39	90587	VACCINE FOR DENGUE FOR INJECTION UND	MP				X			01/01/18		
39	90611	SMALLPOX AND MONKEYPOX VACCINE...SQ	270.00	18	99					04/01/24		
39	90620	MENINGOCOCCAL RECOMBINANT PROTEIN	CCR	10	99							E
39	90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEI	CCR	10	99							E
39	90623	MENINGOCOCCAL CONJUGATE VACCINE SERO	CCR	19	99							
39	90632	HEPATITIS A VACCINE (HEPA),ADULT	CCR	19	99							E
39	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR	01	21							
39	90636	HEPATITIS A AND HEPATITIS B VAC	CCR									
39	90647	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR	00	21							
39	90648	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR									E
39	90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE	CCR	09	26							
39	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6	CCR	09	45							
39	90653	INFLUENZA VACCINE, INACTIVATED, SUBU	CCR	65	99							
39	90655	FLU VACCINE, 6-35 MO, IM	CCR	00	02							
39	90656	FLU VACCINE NO PRESERV 3 & >	CCR									
39	90657	FLU VACCINE, 6-35 MO, IM	CCR									
39	90658	INFLUENZA VIRUS VACCINE, TRIVALENT	CCR	00	21							
39	90660	INFLUENZA VIRUS VACC,INTRANASAL USE	CCR	00	49							

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	90661	INFLUENZA VIRUS VACCINE, DERIVED FRO	CCR									
39	90662	INFLUENZA VIRUS VACCINE, SPLIT VIRU	CCR	65	99							
39	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90666	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90667	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90668	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
39	90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 V	CCR									E
39	90673	VACCINE FOR INFLUENZA ADMINISTERED I	CCR	19	99							
39	90675	RABIES VACCINE, IM	CCR									
39	90676	RABIES VACCINE, ID	CCR									
39	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00	18							
39	90682	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	19	99							
39	90683	RESPIRATORY SYNCYTIAL VIRUS VACCINE	CCR	10	59			F				
39	90690	TYPHOID VACCINE, ORAL	CCR									
39	90691	TYPHOID VACCINE, IM	CCR									
39	90698	DTAP-HIB-IPV VACCINE, IM	CCR	00	20							
39	90700	DTAP, DIPHTH, TETANUS TOXO,PETRUSSIS	CCR	00	21							
39	90702	IMMUNIZATION,DT	CCR	00	21							
39	90707	MEASLES,MUMPS AND RUBELLA VIRUS-MMR	CCR									E
39	90710	MEASLES,MUMPS,RUBELLA, AND VARICELL	CCR	00	18							
39	90713	IMMUNIZATION,POLIO INJECTION	CCR									
39	90714	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR	07	99							
39	90715	TDAP VACCINE >7 IM	CCR	07	99							E
39	90716	VARICELLA VIRUS VACCINE (VAR) LIVE	CCR									E
39	90717	IMMUNIZATION,YELLOW FEVER	CCR	00	21							
39	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	00	20							
39	90732	PNEUMOCOCCAL POLYSACC VACCINE,23-VAL	CCR	02	99							
39	90734	MENINGOCOCCAL CONJUGATE VACCINE, IM	CCR									E
39	90736	ZOSTER (SHINGLES) VACCINE	CCR	21	99							E
39	90739	HEPATITIS B VACCINE, ADULT DOSAGE (2	CCR									
39	90740	HEPB VACC, ILL PAT 3 DOSE IM	CCR									
39	90743	HEP B VACC, ADOL, 2 DOSE, IM	CCR	00	21							
39	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR	00	20							
39	90746	HEPATITIS B VACCINE, ADULT DOSAGE,IM	CCR	19	99							E
39	90748	HEPATITIS B/HIB VACCINE	CCR	00	21							
39	90749	IMMUNIZATION,UNLISTED PROCEDURE	CCR									
39	90750	ZOSTER (SHINIGLES) VACCINE (HZV), RE	CCR	50	99							
39	90756	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR									
39	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR									
39	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	CCR									
39	90940	HEMODIALYSIS ACCESS STUDY	CCR									
39	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	CCR									
39	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	CCR									
39	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
39	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
39	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
39	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
39	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	CCR									
39	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	CCR									
39	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	CCR									
39	90999	UNLISTED DIALYSIS PROCEDURE	CCR									
39	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR			X						
39	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR									
39	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	CCR									
39	91022	DUODENAL MOTILITY STUDY	CCR									
39	91030	ACID PERFUSION FOR ESOPHAGITIS	CCR									
39	91034	GASTROESOPHAGEAL REFLUX TEST	CCR									
39	91035	G-ESOPH REFLX TST W/ELECTROD	CCR									
39	91037	ESOPH IMPED FUNCTION TEST	CCR									
39	91038	ESOPH IMPED FUNCT TEST > 1H	CCR									
39	91040	ESOPH BALLOON DISTENSION TST	CCR									
39	91065	MEASUREMENT OF HYDROGEN IN BREATH IN	59.09							01/01/20		
39	91110	GI TRACT IMAGING, INTRALUMINAL	CCR									
39	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	CCR									
39	91120	RECTAL SENSATION TEST	CCR									
39	91122	ANORECTAL MANOMETRY	CCR									
39	91132	ELECTROGASTROGRAPHY	CCR									
39	91133	ELECTROGASTROGRAPHY W/TEST	CCR									
39	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	CCR									
39	91299	UNLISTED DX GASTRO. PROC	CCR									
39	91304	NOVAVAX COVID-19 VACCINE, ADJUVANTED	148.20	12	99					10/03/23		
39	92002	EYE EXAM; INTERMEDIATE; NEW PT	CCR									
39	92004	EYE EXAM; COMPREHENSIVE; NEW PT	CCR									
39	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	CCR									
39	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	CCR									
39	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	CCR									
39	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	CCR									
39	92060	SENSORIMOTOR EXAM EYE	CCR									
39	92065	ORTHOPTIC/PLEOPTIC TRAINING	CCR	00	21							
39	92066	EYE TRAINING EXERCISE UNDER SUPERVIS	CCR									
39	92081	TANGENT SCREEN; AUTOPLOT	CCR									
39	92082	QUANTITATIVE PERIMETRY	CCR									
39	92083	MEASUREMENT OF FIELD OF VISION DURIN	CCR									
39	92100	SERIAL TONOGRAPHY W/EVALUATION	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
39	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
39	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
39	92136	OPHTHALMIC BIOMETRY	CCR									
39	92137	IMAGING OF RETINA WITH OPTICAL COHER	CCR									
39	92145	CORNEAL HYSTERESIS DETERMINATION, BY	CCR									
39	92201	EXTENDED EXAMINATION OF EYE WITH DRA	CCR									
39	92202	EXTENDED EXAMINATION OF EYE WITH DRA	CCR									
39	92227	REMOTE IMAGING FOR DETECTION OF RETI	CCR									
39	92228	REMOTE IMAGING FOR MONITORING AND MA	CCR									
39	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	CCR									
39	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	CCR						X			
39	92240	ICG ANGIOGRAPHY	CCR									
39	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	CCR									
39	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	CCR									
39	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	CCR									
39	92265	OCULOELECTROMYOGRAPHY	CCR									
39	92270	ELECTRO-OCULOGRAPHY	CCR									
39	92283	COLOR VISION EXAMINATION	CCR									
39	92284	DARK ADAPTATION EXAMINATION	CCR									
39	92285	EXTERNAL OCULAR PHOTOGRAPHY	CCR									
39	92286	SPECULAR ENDOTHELIAL MICROSCOPY	CCR									
39	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	CCR									
39	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	CCR									
39	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	CCR			X						
20	92507	SPEECH LANGUAGE HEARING THERAPY	49.56	00	02	X				03/01/13		
39	92507	TREATMENT OF SPEECH,LANGUAGE,AUDITOR	32.99	03	99	X				01/01/20		
39	92511	NASOPHARYNGOSCOPY	CCR			X						
39	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
39	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
39	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
20	92521	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92521	EVALUATION OF SPEECH FLUENCY	86.25	03	99					01/01/20		
20	92522	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92522	EVALUATE SPEECH PRODUCTION	70.27	03	99					01/01/20		
20	92523	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92523	SPEECH SOUND LANG COMPREHENSION	145.62	03	99					01/01/20		
20	92524	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
39	92524	BEHAVRAL QUALIT ANALYS VOICE	73.18	03	99					01/01/20		
39	92531	SPONTANEOUS NYSTAGMUS W/GAZE	CCR									
39	92532	POSITIONAL NYSTAGMUS STUDY	CCR									
39	92533	CALORIC VESTIBULAR TEST; EACH	CCR						X			
39	92534	OPTOKINETIC NYSTAGMUS	CCR									
39	92537	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
39	92538	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
39	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	CCR									
39	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	CCR									
39	92542	POSITIONAL NYSTAGMUS W/RECORDING	CCR									
39	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	CCR									
39	92545	OSCILLATING TRACKING W/RECORDING	CCR									

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	92546	TORSION SWING TEST W/RECORDING	CCR									
39	92547	ADDED USE OF VERTICAL ELECTRODES	CCR									
39	92548	POSTUROGRAPHY	CCR									
39	92549	COMPUTERIZED DYNAMIC ASSESSMENT OF B	CCR									
39	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	CCR									
39	92551	SCREENING; PURE TONE; AIR ONLY	CCR									
39	92552	PURE TONE AUDIOMETRY; AIR ONLY	CCR									
39	92553	PURE TONE AUDIOMETRY; AIR AND BONE	CCR									
39	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	CCR									
39	92556	SPEECH AUDIOMETRY, COMPLETE	CCR									
39	92557	BASIC COMPREHENSIVE AUDIOMETRY	CCR									
39	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	MP				X			01/01/12		
39	92563	TONE DECAY HEARING TEST	CCR									
39	92565	STENGER TEST, PURE TONE	CCR									
39	92567	TYMPANOMETRY	CCR									
39	92568	ACOUSTIC REFLEX TESTING	CCR									
39	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDE	CCR									
39	92571	FILTERED SPEECH TEST	CCR									
39	92572	STAGGERED SPONDAIC WORD TEST	CCR									
39	92575	SENSORINEURAL ACUITY LEVEL TEST	CCR									
39	92576	SYNTHETIC SENTENCE ID TEST	CCR									
39	92577	STENGER TEST, SPEECH	CCR									
39	92579	VISUAL AUDIOMETRY (VRA)	CCR									
39	92582	CONDITIONING PLAY AUDIOMETRY	CCR									
39	92583	SELECT PICTURE AUDIOMETRY	CCR									
39	92584	ELECTROCOCHLEOGRAPHY	CCR									
39	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR									
39	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR									
39	92590	HEARING AID EXAM/SELECTION;MONAURAL	CCR									
39	92591	HEARING AID EXAM/SELECTION;BINAURAL	CCR									
39	92592	HEARING AID CHECK; MONAURAL	CCR									
39	92593	HEARING AID CHECK; BINAURAL	CCR									
39	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	CCR									
39	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	CCR									
39	92610	EVALUATE SWALLOWING FUNCTION	37.30							01/01/20		
39	92611	MOTION FLUOROSCOPY/SWALLOW	40.49							01/01/20		
39	92612	ENDOSCOPY SWALLOW TST	155.37							01/01/20		
39	92618	EVALUATION FOR PRESCRIPTION OF NON-S	MP				X			01/01/12		
39	92620	AUDITORY FUNCTION, 60 MIN	CCR									
39	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	CCR						X			
39	92622	ANALYSIS, PROGRAMMING, AND VERIFICAT	CCR									
39	92623	ANALYSIS, PROGRAMMING, AND VERIFICAT	CCR						X			
39	92625	TINNITUS ASSESSMENT	CCR									
39	92626	EVAL AUD REHAB STATUS	CCR	02	99	X						
39	92627	EVAL AUD STATUS REHAB ADD-ON	CCR	02	99	X			X			
39	92630	AUD REHAB PRE-LING HEAR LOSS	CCR			X	X					
39	92633	AUD REHAB POSTLING HEAR LOSS	CCR	02	99	X	X					
39	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	CCR									
39	92650	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
39	92651	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	92652	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
39	92653	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
39	92700	ENT PROCEDURE/SERVICE	CCR									
39	92920	BALLOON DILATION OF NARROWED OR BLOC	CCR									
39	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
39	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
39	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
39	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR									
39	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR									
39	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
39	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
39	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
39	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
39	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
39	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
39	92950	CARDIOPULMONARY RESUSCITATION	CCR						X			
39	92960	ELECTRICAL CARDIOVERSION	CCR						X			
39	92961	CARDIOVERSION, ELECTRIC, INT	CCR									
39	92972	SHOCKWAVE DESTRUCTION OF CALCIFIED P	CCR									
39	92973	PERCUT CORONARY THROMBECTOMY	CCR									
39	92974	CATH PLACE, CARDIO BRACHYTX	CCR									
39	92978	INTRAVASCULAR US, HEART	CCR									
39	92979	INTRAVASCULAR US, HEART	CCR						X			
39	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR									
39	92987	REVISION OF MITRAL VALVE	CCR									
39	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR									
39	92997	PUL ART BALLOON REPAIR, PERC	CCR									
39	92998	PUL ART BALLOON REPAIR, PERC	CCR						X			
39	93000	ROUTINE ECG W/AT LEAST 12 LEADS	CCR						X			
39	93005	ECG; TRACING ONLY	CCR						X			
39	93010	ECG; INTERPRETATION AND REPORT	CCR						X			
39	93015	CARDIOVASCULAR STRESS TEST	CCR									
39	93016	CARDIOVASCULAR STRESS TEST USING MAX	CCR									
39	93017	CARDIOVASCULAR STRESS TEST; TRACING	CCR									
39	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	CCR									
39	93025	MICROVOLT T-WAVE ASSESS	CCR									
39	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	CCR						X			
39	93041	RHYTHM ECG; TRACING ONLY	CCR						X			
39	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	CCR						X			
39	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	CCR									
39	93150	ACTIVATION OF IMPLANTED PHRENIC NERV	CCR									
39	93151	EVALUATION AND PROGRAMMING OF IMPLAN	CCR									
39	93152	EVALUATION AND PROGRAMMING OF IMPLAN	CCR									
39	93153	EVALUATION OF IMPLANTED PHRENIC NERV	CCR									
39	93224	ECG MONITORING 24 HR BY CONT ORIG	CCR									
39	93227	PHYSICIAN REVIEW & INTERPRETATION	CCR									
39	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	CCR									
39	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR									
39	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR									
39	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93260	PROGRAMMING DEVICE EVALUATION (IN PE	CCR								
39	93261	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	CCR								
39	93272	ECG MONITORING; SCANNING ANALYSIS	CCR								
39	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	CCR								
39	93279	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93280	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93281	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93282	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93283	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93284	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93285	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
39	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
39	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
39	93288	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93289	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93290	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93291	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93292	INTERROGATION DEVICE EVALUATION (IN	CCR								
39	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	CCR								
39	93294	INTERROGATION DEVICE EVALUATION(S) (	CCR								
39	93295	INTERROGATION DEVICE EVALUATION(S) (	CCR								
39	93296	INTERROGATION DEVICE EVALUATION(S) (	CCR								
39	93297	INTERROGATION DEVICE EVALUATION(S),	CCR								
39	93298	INTERROGATION DEVICE EVALUATION(S),	CCR								
39	93303	ECHO TRANSTHORACIC	CCR								
39	93304	ECHO TRANSTHORACIC	CCR								
39	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
39	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	CCR								
39	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	CCR								
39	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	CCR								
39	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
39	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
39	93315	ECHO TRANSESOPHAGEAL	CCR								
39	93316	ECHO TRANSESOPHAGEAL	CCR								
39	93317	ECHO TRANSESOPHAGEAL	CCR								
39	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR								
39	93319	3D ULTRASOUND IMAGING OF HEART FOR E	CCR								
39	93320	DOPPLER ECHOCARDIOGRAPHY	CCR								
39	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	CCR								
39	93325	DOPPLER COLOR FLOW VELOCITY	CCR								
39	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	CCR								
39	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
39	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	CCR								
39	93356	HEART MUSCLE STRAIN IMAGING	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	93451	RIGHT HEART CATHETERIZATION INCLUDIN	CCR								
39	93452	LEFT HEART CATHETERIZATION INCLUDING	CCR								
39	93453	COMBINED RIGHT AND LEFT HEART CATHET	CCR								
39	93454	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93455	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93456	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93457	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93458	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93459	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93460	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93461	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39	93462	LEFT HEART CATHETERIZATION BY TRANSS	CCR								
39	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	CCR								
39	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	CCR								
39	93503	INSERTION AND PLACEMENT OF FLOW DIR	CCR								
39	93505	ENDOCARDIAL BIOPSY 000	CCR								
39	93563	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93564	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93565	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93566	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93567	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93568	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39	93569	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
39	93571	HEART FLOW RESERVE MEASURE	CCR								
39	93572	HEART FLOW RESERVE MEASURE	CCR								
39	93573	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
39	93574	INJECTION FOR SELECTIVE IMAGING OF P	CCR					X			
39	93575	INJECTION FOR SELECTIVE IMAGING OF M	CCR								
39	93580	TRANSCATH CLOSURE OF ASD	CCR								
39	93581	TRANSCATH CLOSURE OF VSD	CCR								
39	93582	Closure of congenital heart defect f	CCR								
39	93584	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93585	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93586	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93587	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93588	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
39	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
39	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR					X			
39	93593	RIGHT HEART CATHETERIZATION FOR CONG	CCR								
39	93594	RIGHT HEART CATH...ABN NATIVE CONN	220.67						01/01/22		
39	93595	LEFT HEART CATHETERIZATION FOR CONG	CCR								
39	93596	RIGHT AND LEFT HEART CATHETERIZATION	CCR								
39	93597	R/L HEART CATH...ABN NATIVE CONN	CCR								
39	93598	CARDIAC OUTPUT MEASUREMENT(S), THERM	CCR								
39	93600	BUNDLE OF HIS RECORDING	CCR								
39	93602	INTRA-ATRIAL RECORDING	CCR								
39	93603	RIGHT VENTRICULAR RECORDING;	CCR			X					
39	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	CCR								
39	93610	INTRA-ATRIAL PACING	CCR								

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39	93612	INTRAVENTRICULAR PACING	CCR								
39	93613	ELECTROPHYS MAP, 3D, ADD-ON	CCR								
39	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	CCR								
39	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	CCR								
39	93619	ELECTROPHYSIOLOGY EVALUATION	CCR								
39	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	CCR								
39	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	CCR								
39	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	CCR								
39	93623	PROGRAMMED ST IMULATION & PACING	CCR								
39	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	CCR								
39	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	CCR								
39	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	CCR								
39	93641	ELECTROPHYSIOLOGY EVALUATION	CCR								
39	93642	ELECTROPHYSIOLOGY EVALUATION	CCR								
39	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	CCR								
39	93650	INTRACARDIAC CATHETER ABLATION OF	CCR								
39	93653	EVALUATION AND INSERTION OF CATHETER	CCR								
39	93654	EVALUATION AND INSERTION OF CATHETER	CCR								
39	93655	INTRACARDIAC CATHETER ABLATION OF A	CCR								
39	93656	EVALUATION AND INSERTION OF CATHETER	CCR								
39	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	CCR								
39	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	CCR								
39	93662	INTRACARDIAC ECHO DURING TX/DX	CCR								
39	93668	PERIPHERAL VASCULAR REHAB	CCR					X			
39	93701	BIOIMPEDANCE, THORACIC	CCR								
39	93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXT	CCR								
39	93724	ANALYZE PACEMAKER SYSTEM	CCR								
39	93740	TEMPERATURE GRADIENT STUDIES	CCR								
39	93770	DETERMINATION OF VENOUS PRESSURE	CCR					X			
39	93792	PATIENT/CAREGIVER TRAINING FOR INITI	CCR								
39	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	CCR								
39	93799	CARDIOVASCULAR PROCEDURE	CCR								
39	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
39	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
39	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
39	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
39	93892	TCD, EMBOLI DETECT W/O INJ	CCR								
39	93893	TCD, EMBOLI DETECT W/INJ	CCR								
39	93895	QUANTITATIVE CAROTID INTIMA MEDIA TH	CCR								
39	93896	ULTRASOUND OF BLOOD FLOW WITHING BRA	CCR								
39	93897	ULTRASOUND OF VESSELS IN BRAIN FOR D	CCR								
39	93898	DETECTION OF ABNORMAL BLOOD FLOW IN	CCR								
39	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	CCR								
39	93923	EXTREMITY STUDY	CCR								
39	93924	EXTREMITY STUDY	CCR								
39	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
39	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
39	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
39	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
39	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR								

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39	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR									
39	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
39	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
39	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR									
39	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR									
39	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
39	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
39	93985	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR									
39	93986	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR									
39	93990	DOPPLER FLOW TESTING	CCR									
39	94002	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
39	94003	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
39	94004	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
39	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	CCR									
39	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02							
39	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02							
39	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	CCR	00	02							
39	94014	PATIENT RECORDED SPIROMETRY	CCR									
39	94015	PATIENT RECORDED SPIROMETRY	CCR									
39	94016	REVIEW PATIENT SPIROMETRY	CCR									
39	94060	BRONCHOSPASM EVALUATION	CCR									
39	94070	BRONCHOSPASM EVALUATION; PROLONGED	CCR									
39	94150	VITAL CAPACITY; TOTAL	CCR									
39	94200	MAXIMUM BREATHING CAPACITY	CCR									
39	94375	RESPIRATORY FLOW VOLUME LOOP	CCR									
39	94450	HYPOXIA RESPONSE CURVE	CCR									
39	94452	HAST W/REPORT	CCR									
39	94453	HAST W/OXYGEN TITRATE	CCR									
39	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR									
39	94618	PULMONARY STRESS TESTING (EG, 6-MINU	CCR									
39	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR									
39	94621	PULM STRESS TEST/COMPLEX	CCR									
39	94625	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X	
39	94626	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X	
39	94640	NONPRESSURIZED INHALATION	CCR						X			
39	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	CCR									
39	94644	CONTINUOUS INHALATION TREATMENT WITH	CCR									
39	94645	CONTINUOUS INHALATION TREATMENT WITH	CCR									
39	94652	IPPB; NEWBORN INFANTS	CCR						X			
39	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	CCR									
39	94662	CONTINUOUS NEGATIVE PRESSURE	CCR									
39	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	CCR									
39	94667	MANIPULATION CHEST WALL; INITIAL	CCR									
39	94668	MANIPULATION CHEST WALL; SUBSEQUENT	CCR						X			
39	94669	Mechanical chest wall manipulation f	CCR									
39	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR						X			
39	94681	OXYGEN UPTAKE W/CO2 OUTPUT	CCR						X			
39	94690	OXYGEN UPTAKE; REST; INDIRECT	CCR						X			
39	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	CCR									
39	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	CCR									

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	CCR								
39	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	CCR								
39	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	CCR								
39	94761	SEE 94760;MULTIPLE DETERMINATIONS	CCR								
39	94762	SEE 94760;CONT.OVERNIGHT MONITORING	CCR								
39	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	CCR								
39	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
39	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
39	94799	PULMONARY SERVICE/PROCEDURE	CCR								
39	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR					X			
39	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	CCR								
39	95017	ALLERGY TESTING, ANY COMBINATION OF	CCR					X			
39	95018	ALLERGY TESTING, ANY COMBINATION OF	CCR								
39	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
39	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
39	95044	PATCH OR APPLICATION TEST(S) (SPECIF	CCR					X			
39	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	CCR					X			
39	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	CCR					X			
39	95065	NASAL MUCOUS MEMBRANE TEST	CCR								
39	95070	INHALATION BRONCH CHALLENGE TESTING	CCR								
39	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	CCR								
39	95117	ALLER.INJ.W/OUT EXTRACT PROV-+1 INJ	CCR								
39	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	CCR					X			
39	95125	IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN	CCR					X			
39	95130	IMMUNOTHERAPY(RX MD)1 INSECT VENOM	CCR					X			
39	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	CCR					X			
39	95132	IMMUNOTHERAPY;3 INSECT VENOMS	CCR								
39	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	CCR			X					
39	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
39	95145	PROV..+1 INSECT VENOM,SING DOSE VIAL	CCR					X			
39	95146	PROV;2 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
39	95147	PROV;3 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
39	95165	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
39	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	CCR								
39	95180	RAPID DESENSITIZATION; EACH HOUR	CCR			X		X			
39	95199	ALLERGY IMMUNOLOGY SERVICES	CCR			X					
39	95249	AMBULATORY CONTINUOUS GLUCOSE MONITO	CCR								
39	95250	GLUCOSE MONITORING, CONT	CCR								
39	95251	GLUC MONITOR, CONT, PHYS I&R	CCR								
39	95717	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95718	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95719	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95720	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95721	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95722	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95723	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95724	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95725	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95726	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
39	95782	SLEEP MONITORING OF PATIENT (YOUNGER	CCR	00 05							

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEAR	CCR	00	05							
39	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR									
39	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR									
39	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	CCR									
39	95806	SLEEP STUDY, UNATTENDED	CCR									
39	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	CCR									
39	95808	POLYSOMNOGRAPHY, 1-3	CCR									
39	95810	POLYSOMNOGRAPHY, 4 OR MORE	CCR	06	99							
39	95811	POLYSOMNOGRAPHY W/CPAP	CCR	06	99							
39	95812	ELECTROENCEPHALOGRAM (EEG)	CCR									
39	95813	ELECTROENCEPHALOGRAM (EEG)	CCR									
39	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	CCR									
39	95819	EEG-STD/PORT; SAME FACILITY	CCR									
39	95822	EEG; SLEEP ONLY	CCR									
39	95824	EEG; CEREBRAL DEATH RECORDING	CCR						X			
39	95829	ELECTROCORTICOGRAM AT SURGERY	CCR									
39	95830	MD INSERT SPHENOIDAL ELECTRODE	CCR									
39	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	CCR						X			
39	95852	RANGE OF MOTION; HAND	CCR									
39	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	CCR									
39	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	CCR									
39	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	CCR									
39	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	CCR									
39	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	CCR									
39	95865	MUSCLE TEST, LARYNX	CCR									
39	95866	MUSCLE TEST, HEMIDIAPHRAGM	CCR									
39	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	CCR									
39	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	CCR									
39	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	CCR									
39	95870	MUSCLE TEST, NON-PARASPINAL	CCR									
39	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	CCR									
39	95873	GUIDE NERV DESTR, ELEC STIM	CCR									
39	95874	GUIDE NERV DESTR, NEEDLE EMG	CCR									
39	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	CCR									
39	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR						X			
39	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR						X			
39	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	CCR									
39	95905	NEEDLE MEASUREMENT AND RECORDING OF	CCR						X			
39	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	CCR									
39	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	CCR									
39	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	CCR									
39	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	CCR									
39	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	CCR									
39	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	CCR									
39	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	CCR									
39	95919	MEASUREMENT OF PUPIL WITH HEALTHCARE	CCR									
39	95925	SOMATOSENSORY TESTING,ONE > NERVES	CCR									
39	95926	SOMATOSENSORY TESTING	CCR									
39	95927	SOMATOSENSORY TESTING	CCR									
39	95928	C MOTOR EVOKED, UPPR LIMBS	CCR									

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN: 1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	95929	C MOTOR EVOKED, LWR LIMBS	CCR									
39	95930	VISUAL EVOKED POTENTIAL TEST	CCR									
39	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	CCR									
39	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	CCR						X			
39	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	CCR									
39	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	CCR									
39	95940	CONTINUOUS MONITORING OF NERVOUS SYS	CCR									
39	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSI	CCR									
39	95957	EEG DIGITAL ANALYSIS	CCR									
39	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	CCR									
39	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	CCR									
39	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	CCR									
39	95965	MEG, SPONTANEOUS	CCR									
39	95966	MEG, EVOKED, SINGLE	CCR									
39	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	CCR						X			
39	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
39	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
39	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
39	95990	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99							
39	95991	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99							
39	95992	CANALITH REPOSITIONING PROCEDURE(S)	CCR				X					
39	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	CCR									
39	96000	MOTION ANALYSIS, VIDEO/3D	CCR									
39	96001	MOTION TEST W/FT PRESS MEAS	CCR									
39	96002	DYNAMIC SURFACE EMG	CCR									
39	96004	PHYS REVIEW OF MOTION TESTS	CCR									
39	96105	ASSESSMENT OF APHASIA	CCR						X			
39	96110	DEVELOPMENTAL SCREENING (EG. DEVELOP	CCR	00	02				X			
39	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	CCR									
39	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMEN	CCR									
39	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	CCR									
39	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	CCR									
39	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	CCR						X			
39	96160	ADMINISTRATION AND INTERPRETATION OF	CCR									
39	96161	ADMINISTRATION AND INTERPRETATION OF	CCR	00	00							
39	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	CCR									
39	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	CCR						X			
39	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR									
39	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR						X			
39	96380	ADMINISTRATION OF RESPIRATORY SYNCYT	CCR	00	02							
39	96381	ADMINISTRATION OF RESPIRATORY SYNCYT	CCR									
39	96401	CHEMO, ANTI-NEOPL, SQ/IM	CCR									
39	96402	CHEMO HORMON ANTINEOPL SQ/IM	CCR									
39	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR									
39	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR									
39	96409	CHEMO, IV PUSH, SNGL DRUG	CCR									
39	96411	CHEMO, IV PUSH, ADDL DRUG	CCR						X			
39	96413	CHEMO, IV INFUSION, 1 HR	CCR									
39	96415	CHEMO, IV INFUSION, ADDL HR	CCR						X			
39	96416	CHEMO PROLONG INFUSE W/PUMP	CCR									

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	96417	CHEMO IV INFUS EACH ADDL SEQ	CCR									
39	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
39	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	CCR									
39	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	CCR									
39	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	CCR									
39	96521	REFILL/MAINT, PORTABLE PUMP	CCR									
39	96522	REFILL/MAINT PUMP/RESVR SYST	CCR									
39	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	CCR									
39	96547	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR									
39	96548	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR						X			
39	96567	PHOTODYNAMIC TX, SKIN	CCR									
39	96570	PHOTODYNAMIC TX, 30 MIN	CCR									
39	96571	PHOTODYNAMIC TX, ADDL 15 MIN	CCR						X			
39	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	CCR									
39	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	CCR									
39	96900	ACTINOTHERAPY	CCR									
39	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	CCR									
39	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR									
39	96912	PHOTOCHEMOTHERAPY/PUVA	CCR									
39	96913	PHOTOCHEMOTHERAPY	CCR									
39	96920	LASER TX, SKIN < 250 SQ CM	CCR									
39	96921	LASER TX, SKIN 250-500 SQ CM	CCR									
39	96922	LASER TX, SKIN > 500 SQ CM	CCR									
39	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
39	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
39	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR						X			
39	96935	REFLECTANCE CONFOCAL MICROSCOPY(RCM)	CCR						X			
39	96999	DERMATOLOGICAL PROCEDURE	CCR									
39	97037	LOW-LEVEL LASER THERAPY APPLICATION	CCR									
20	97110	PT-ONE AREA THERAPEUTIC 15 MINUTES	16.21	00	02				X	02/01/13		
39	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	10.99	03	99	X			X	01/01/20		
39	97161	PHYSICAL THERAPY EVALUATION: LOW COM	65.42							01/01/20		
39	97162	PHYSICAL THERAPY EVALUATION: MODERAT	65.42							01/01/20		
39	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	65.42							01/01/20		
39	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	44.27							01/01/20		
39	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	63.56							01/01/20		
39	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	63.56							01/01/20		
39	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	63.56							01/01/20		
39	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	41.79							01/01/20		
20	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	13.35	00	02				X	02/01/13		
39	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.79	03	99	X			X	01/01/20		
39	97610	LOW FREQUENCY, NON-CONTACT, NON-THER	CCR									
39	97760	ORTHOTIC MGMT AND TRAINING	24.03						X	01/01/20		
39	97761	PROSTHETIC TRAINING	21.50						X	01/01/20		
39	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	37.91						X	01/01/20		
39	97799	UNLISTED PHYSICAL MED SER/PROC	CCR									
39	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	CCR	00	20		X					

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
39	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00	20		X					
39	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00	01				X			
39	99151	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		X					
39	99152	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		X					
39	99153	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		X		X			
39	99155	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		X					
39	99156	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		X					
39	99157	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		X		X			
39	99170	EXAMINATION OF GENITAL AND ANAL REGI	CCR						X			
39	99172	VISUAL FUNCTION SCREENING	CCR									
39	99173	SCREENING TEST VISUAL ACUITY BILAT	CCR									
39	99175	EMESIS INDUCTION WITH MEDICATION	CCR									
39	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	CCR				X		X			
39	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	CCR									
39	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	34.06							01/01/20		
39	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	39.22							01/01/20		
39	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	58.83							01/01/20		
39	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	58.83							01/01/20		
39	99211	OFFICE/OUTPATIENT,EST MINIMAL PROBS	34.06						X	01/01/20		
39	99212	ESTABLISHED PATIENT OFFICE OR OTHER	34.06						X	01/01/20		
39	99213	ESTABLISHED PATIENT OFFICE OR OTHER	39.22							01/01/20		
39	99214	ESTABLISHED PATIENT OFFICE OR OTHER	58.83							01/01/20		
39	99215	ESTABLISHED PATIENT OFFICE OR OTHER	58.83							01/01/20		
39	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	CCR									
39	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	CCR									
39	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	CCR									
39	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR									
39	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR									
39	99291	CRITICAL CARE, FIRST HOUR	CCR				X					
39	99304	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
39	99305	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
39	99306	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
39	99307	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
39	99308	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
39	99309	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
39	99310	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
39	99315	NURSING FAC DISCHARGE DAY	CCR									
39	99316	NURSING FAC DISCHARGE DAY	CCR									
39	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	CCR									
39	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	CCR									
39	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	CCR									
39	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	CCR									
39	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
39	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
39	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
39	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
39	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR						X			
39	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	CCR	00	01							
39	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	CCR	01	04							
39	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	CCR	05	11							

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	CCR	12	17							
39	99385	INIT COMP PREV MED 18-39 YRS	CCR	18	39							
39	99386	INIT COMP PREV MED 40-64 YRS	CCR	40	64							
39	99387	INIT COMP PREV MED 65+	CCR	65	99							
39	99391	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	00	00							
39	99392	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	01	04							
39	99393	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	05	11							
39	99394	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	12	17							
39	99395	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	18	39							
39	99396	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	40	64							
39	99397	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	65	99							
39	99401	PREVENTIVE MEDICINE COUNSELING AND/	21.89	05	99					01/01/20		E
39	99402	PREVENTIVE MEDICINE COUNSELING AND/	37.34	05	99					01/01/20		E
39	99403	PREVENTIVE MEDICINE COUNSELING AND/	45.34	05	99					01/01/20		E
39	99404	PREVENTIVE MEDICINE COUNSELING AND/	55.07	05	99					01/01/20		E
39	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	CCR	11	99							
39	99417	PROLONGED OFFICE OR OTHER OUTPATIENT	CCR									
39	99418	PROLONGED INPATIENT OR OBSERVATION S	CCR						X			
39	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	CCR									
39	99459	PELVIC EXAM	CCR					F				
39	99460	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00	00							
39	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	CCR	00	00							
39	99463	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00	00							
39	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	CCR	00	00							
39	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	CCR	00	00							
39	99466	CRITICAL CARE SERVICES DELIVERED BY	CCR	00	01							
39	99467	CRITICAL CARE SERVICES DELIVERED BY	CCR	00	01				X			
39	99489	COMPLEX CHRONIC CARE COORDINATION SE	CCR									
39	99495	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR									
39	99496	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR									
39	99499	UNLISTED EVALUATION AND MANAGEMENT S	CCR									

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND

EXHIBIT 103

Small Rural Hospital Outpatient Services Fee Schedule
(Effective Jan. 1, 2025)

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025
LEGEND

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

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

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

37 - Small Rural Hospital Services
20 - Enhanced Outpatient Rehab Services (under age 3)

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.
NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.
COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
COLUMN 6. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.
COLUMN 7. MED REV: Claims with some codes pend to Medical Review for review of the attachments or to confirm Prior Authorization by the surgeon.
COLUMN 8. SEX (Restriction): Some procedure codes are restricted to a particular sex.
COLUMN 9. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.
COLUMN 10. Effective date: Type of Service (TOS) 37 was created 7/1/08 specifically for Small Rural Hospital Outpatient Services. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.
COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.
COLUMN 12. SPEC IND: This code is associated with a special process.
Code E - Medicaid Expansion

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	A9515	CHOLINE C11,DIAGNOSTIC,UP TO 20 MILL	CCR								
37	A9517	IODINE 1-131 SODIUM IODIDE CAPSULE(S	CCR					X			
37	A9526	NITROGEN N13 AMONIA,DIAGNOSTIC ...40	CCR								
37	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	CCR		X						
37	A9580	SODIUM FLUORIDE F 18,DIAGNOSTIC...30	CCR								
37	A9586	FLORBETAPIR F18,DIAGNOSTIC,UP TO 10M	CCR								
37	A9587	GALLIUM GA-68,DOTATATE,DIAG...1 MILL	CCR								
37	A9588	FLUCICLOVINE F-18,DIAGNOSTIC,1 MILLI	CCR								
37	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	15.20					X	02/20/11		
37	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	8.55					X	02/20/11		
37	G0378	HOSPITAL OBSERVATION PER HR	CCR					X			
37	G0379	DIRECT REFER HOSPITAL OBSERV	CCR								
37	G0433	INFECTIOUS AGENT ANTIBODY DETECTION	18.29						01/01/19		
37	G0480	DRUG TEST (S) DEFINITIVE	114.43						07/01/19		
37	G0481	DRUG TEST (S) DEFINITIVE	156.59						07/01/19		
37	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF	CCR					X			
37	G6002	STEROSCOPIC X-RAY GUIDANCE FOR LOCA	CCR					X			
37	HR250	PHARMACY,GENERAL CLASSIFICATION	CCR					X			
37	HR251	PHARMACY,GENERIC DRUGS	CCR					X			
37	HR252	PHARMACY,NON-GENERIC DRUGS	CCR					X			
37	HR258	PHARMACY,IV SOLUTIONS	CCR					X			
37	HR259	PHARMACY, OTHER PHARMACY	CCR					X			
37	HR260	IV THERAPY	CCR					X			
37	HR261	INFUSION PUMP	CCR					X			
37	HR269	OTHER IV THERAPY	CCR					X			
37	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					X			
37	HR271	NON STERILE SUPPLY	CCR					X			
37	HR272	STERILE SUPPPLY	CCR					X			
37	HR273	TAKE HOME SUPPLIES	CCR					X			
37	HR274	PROSTHETIC DEVICES	CCR					X			
37	HR275	PACEMAKER	CCR					X			
37	HR278	OTHER IMPLANTS	CCR					X			
37	HR279	OTHER SUPPLIES DEVICES	CCR					X			
37	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					X			
37	HR289	OTHER ONCLOLGY	CCR					X			
37	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					X			
37	HR301	LAB/CHEMISTRY	HCPC					X			
37	HR302	LAB/IMMUNOLOGY	HCPC					X			
37	HR303	LAB/RENAL PATIENT (HOME)	HCPC					X			
37	HR304	LAB NON ROUTINE DIALYSIS	HCPC					X			
37	HR305	LAB HEMATOLOGY	HCPC					X			
37	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					X			
37	HR307	LABORATORY-UROLOGY	HCPC					X			
37	HR309	LABORTORY-OTHER LABORATORY	HCPC					X			
37	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC					X			
37	HR311	LAB PATHOLOGY/CYTOLOGY	HCPC					X			
37	HR312	LAB PATHOLOGY/HISTOLOGY	HCPC					X			
37	HR314	LAB PATHOLOGY/BIOPSY	HCPC					X			
37	HR319	LAB PATHOLOGY OTHER	HCPC					X			
37	HR320	RADIOLOGY-DIAGNOSTIC GEN CLASS	CCR					X			

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	HR321	ANGIOCARDIOLOGY	CCR						X			
37	HR324	CHEST X-RAY	CCR						X			
37	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR						X			
37	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR						X			
37	HR331	CHEMOTHERAPY-INJECTED	CCR						X			
37	HR332	CHEMOTHERAPY-ORAL	CCR						X			
37	HR333	RADIATION THERAPY	CCR						X			
37	HR335	CHEMOTHERAPY IV	CCR						X			
37	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR						X			
37	HR340	NUCLEAR MEDICINE GENERAL	CCR						X			
37	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR						X			
37	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR						X			
37	HR343	DIAGNOSTIC RADIOPHARMACEUTICALS	CCR						X			
37	HR349	NUCLEAR MEDICINE OTHER	CCR						X			
37	HR350	CT SCAN GENERAL CLASSIFICATION	CCR						X			
37	HR351	CT SCAN-HEAD	CCR						X			
37	HR352	CT SCAN-BODY	CCR						X			
37	HR359	OTHER CT SCANS	CCR						X			
37	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR						X			
37	HR370	ANESTHESIA GENERAL	CCR						X			
37	HR379	OTHER ANESTHESIA	CCR						X			
37	HR380	BLOOD GENERAL CLASSIFICATION	CCR						X			
37	HR381	PACKED RED CELLS	CCR						X			
37	HR382	WHOLE BLOOD	CCR						X			
37	HR383	PLASMA	CCR						X			
37	HR384	PLATELETS	CCR						X			
37	HR385	BLOOD/LEUKOCYTES	CCR						X			
37	HR386	BLOOD OTHER COMPONENTS	CCR						X			
37	HR387	BLOOD-OTHER DERIVATIVES	CCR						X			
37	HR389	OTHER BLOOD	CCR						X			
37	HR390	BLOOD STORAGE-PROCESSING G C	CCR						X			
37	HR391	BLOOD ADMINISTRATRION	CCR						X			
37	HR392	BLOOD PROCESSING STORAGE	CCR						X			
37	HR399	OTHER BLOOD HANDLING	CCR						X			
37	HR400	OTHER IMAGING SERVICES	CCR						X			
37	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR						X			
37	HR402	ULTRASOUND	CCR						X			
37	HR403	SCREENING MAMMOGRAPHY	CCR	30	99			F	X			
37	HR404	POSITRON EMMISSION TOMOGRAPHY	CCR						X			
37	HR409	OTHER IMAGING SERVICES	CCR						X			
37	HR410	RESPIRATORY SERVICES GEN CLASS	CCR						X			
37	HR412	INHALATION SERVICES	CCR						X			
37	HR413	HYPERBARIC OXYGEN THERAPY	CCR				X		X			
37	HR419	OTHER RESPIRATORY SERVICES	CCR						X			
37	HR420	PHYSICAL THERAPY GENERAL	HCPC			X			X			
37	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC			X			X			
37	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC			X			X			
37	HR424	PT EVALUTION/RE-EVALUATION	HCPC						X			
37	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC			X			X			
37	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC			X			X			

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		X			X			
37	HR434	OT EVALUATION/RE-EVALUATION	HCPC					X			
37	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		X			X			
37	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		X			X			
37	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		X			X			
37	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					X			
37	HR450	EMERGENCY ROOM-GENERAL	CCR					X			
37	HR459	OTHER EMERGENCY ROOM	CCR					X			
37	HR460	PULMONARY FUNCTION-GENERAL	CCR					X			
37	HR469	OTHER PULMONARY	CCR					X			
37	HR470	AUDIOLOGY-GENERAL	CCR					X			
37	HR471	AUDIOLGY-DIAGNOSTIC	CCR					X			
37	HR472	AUDIOLOGY-TREATMENT	CCR					X			
37	HR479	OTHER AUDIOLOGY	CCR					X			
37	HR480	CARDIOLOGY-GENERAL	CCR					X			
37	HR481	CARDIAC CATH LAB	CCR					X			
37	HR482	STRESS TEST	CCR					X			
37	HR483	ECHO CARDIOLOGY	CCR					X			
37	HR489	OTHER CARDIOLOGY	CCR					X			
37	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC					X			
37	HR510	CLINIC-GENERAL	HCPC					X			
37	HR514	OB-GYN CLINIC	HCPC					X			
37	HR515	PEDIATRIC CLINIC	HCPC					X			
37	HR517	FAMILY PRACTICE CLINIC	HCPC					X			
37	HR519	OTHER CLINIC	HCPC					X			
37	HR540	AMBULANCE-GENERAL	CCR					X			
37	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR					X			
37	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR					X			
37	HR612	MAGNETIC RESONANCE IMAGE-SPINE	CCR					X			
37	HR619	MAGNETIC RESONANCE IMAGE-OTHER	CCR					X			
37	HR636	DRUGS REQUIRING DETAILED CODING	CCR					X			
37	HR700	CAST ROOM	CCR					X			
37	HR710	RECOVERY ROOM-GENERAL CLASSIFICATION	CCR					X			
37	HR724	LABOR ROOM/DELIVERY BIRTHING CENTER	CCR					X			
37	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR					X			
37	HR731	HOLTER MONITOR	CCR					X			
37	HR732	TELEMETRY	CCR					X			
37	HR739	OTHER EKG/ECG	CCR					X			
37	HR740	EEG-GENERAL CLASSIFICATION	CCR					X			
37	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR					X			
37	HR761	TREATMENT RM	CCR					X			
37	HR762	OBSERVATION ROOM	CCR					X			
37	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR					X			
37	HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR					X			
37	HR821	HEMODIALYSIS/COMPOSITE	CCR					X			
37	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					X			
37	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					X			
37	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					X			
37	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					X			
37	HR829	OTHER OP HEMODIALYSIS	CCR					X			

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR						X			
37	HR831	PERITONEAL/COMPOSITE RATE	CCR						X			
37	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR						X			
37	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR						X			
37	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR						X			
37	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR						X			
37	HR840	CAPD-HOME/OP GEN CLASS	CCR						X			
37	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR						X			
37	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR						X			
37	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR						X			
37	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR						X			
37	HR880	MISC DIALYSIS GEN CLASS	CCR						X			
37	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR						X			
37	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR						X			
37	HR921	PERIPHERAL VASCULAR LAB	CCR						X			
37	HR922	ELECTROMYELGRAM	CCR						X			
37	HR923	PAP SMEAR	CCR						X			
37	HR924	ALLERGY TEST	CCR						X			
37	HR925	PREGNANCY TEST	CCR						X			
37	HR929	OTHER DIAGNOSTIC SERVICE	CCR						X			
37	HR942	EDUCATION/TRAINING	HCPC						X			
37	J0121	INJECTION, OMADACYCLINE, 1 MG	CCR	18	99				X			
37	J0122	INJECTION, ERAVACYCLINE, 1 MG	CCR	18	99				X			
37	J0130	INJECTION ABCIXIMAB 10 MG	CCR						X			
37	J0153	INJECTION, ADENOSINE, 1 MG (NOT TO B	CCR						X			
37	J0171	INJECTION ADRENALIN EPINEPHRINE	CCR						X			
37	J0173	INJECTION, EPINEPHRINE (BELCHER) NOT	CCR									
37	J0178	INJECTION, AFLIBERCEPT, 1MG	CCR						X			
37	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	CCR	18	99				X			
37	J0184	INJECTION, AMISULPRIDE, 1 MG	CCR									
37	J0185	INJECTION, APREPITANT, 1 MG	CCR						X			
37	J0202	INJECTION, ALEMTUZUMAB, 1 MG	CCR	18	99				X			
37	J0207	AMIFOSTINE 500MG	CCR									
37	J0208	INJECTION, SODIUM THIOSULFATE, 100 M	CCR								X	
37	J0216	INJECTION, SODIUM THIOSULFATE, 100 M	CCR								X	
37	J0217	INJECTION, VELMANASE ALFA-TYCV, 1 MG	CCR									
37	J0218	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	CCR			X						
37	J0248	INJECTION, REMDESIVIR, 1 MG	6.35						X	01/01/25		
37	J0275	ALPROSTADIL URETHRAL SUPPOS	CCR									
37	J0278	AMIKACIN SULFATE INJECTION 100MG	CCR	00	20				X			
37	J0285	AMPHOTERICIN B 50MG	CCR	00	20				X			
37	J0287	AMPHOTERICIN B LIPID COMPLEX	CCR									
37	J0289	AMPHOTERICIN B LIPOSOME INJ	CCR									
37	J0290	AMPICILLIN SODIUM,500MG INJECTION	CCR	00	20				X			
37	J0291	INJECTION, PLAZOMICIN, 5 MG	CCR	18	99				X			
37	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	CCR	00	20				X			
37	J0348	INJECTION, ANADULAFUNGIN, 1 MG	CCR	12	99				X			
37	J0349	INJECTION, REZAFUNGIN, 1 MG	CCR	18	99							
37	J0391	INJECTION, ARTESUNATE, 1 MG	CCR								X	
37	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	CCR						X			

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	J0475	BACLOFEN INJ 10MG	CCR	04	99				X			
37	J0476	BACLOFEN INTRATHECAL TRIAL	CCR	04	99							
37	J0485	INJECTION, BELATACEPT, 1MG	CCR						X			
37	J0558	INJECTION PENICILLIN G BENZATHINE A	CCR						X			
37	J0561	INJECTION PENICILLIN G BENZATHINE	CCR						X			
37	J0565	INJECTION, BEZLOTOXUMAB, 10 MG	MP				X			01/01/18		
37	J0587	INJECTION, RIMABOTULINUMTOXINB, 100	CCR									
37	J0592	BUPRENORPHINE HYDROCHLORIDE	CCR									
37	J0594	INJECTION, BUSULFAN, 1 MG	CCR						X			
37	J0596	INJECTION, C1 ESTERASE INHIBITOR (RE	CCR									
37	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON	MP				X			01/01/18		
37	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	MP				X			01/01/18		
37	J0636	INJECTION, CALCITRIOL, 0.1 MCG	CCR						X			
37	J0637	CASPOFUNGIN ACETATE	CCR									
37	J0640	CALCIUM LEUCOVORIN INJ. 50MG	CCR						X			
37	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	CCR						X			
37	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	CCR						X			
37	J0666	INJECTION, BUPIVACAINE LIPOSOME, 1 M	CCR									
37	J0687	INJ, CEFAZOLIN SODIUM (WG CRITICAL C	CCR						X			
37	J0688	INJECTION, CEFAZOLIN SODIUM (HIKMA),	CCR									
37	J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER)	CCR	00	20				X			
37	J0690	CEFAZOLIN SODIUM INJ 500MG	CCR	00	20				X			
37	J0691	INJECTION, LEFAMULIN, 1 MG	CCR	18	99				X			
37	J0692	CEFEPIME HCL 500 MG	CCR	00	20				X			
37	J0693	INJECTION, CEFIDEROCOL, 5 MG	CCR	19	99				X			
37	J0694	CEFOXITIN SODIUM, 1GM	CCR	00	20				X			
37	J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZ	MP				X			01/01/16		
37	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	CCR						X			
37	J0697	STERILE CEFUROXIME SODIUM 750MG	CCR	00	20				X			
37	J0698	CEFOTAXIME SODIUM/PER GM	CCR	00	20				X			
37	J0701	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				X			
37	J0703	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				X			
37	J0706	CAFFEINE CITRATE INJECTION 5MG	CCR									
37	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	CCR						X			
37	J0713	CEFTAZIDIME 500MG	CCR	00	20				X			
37	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM	CCR						X			
37	J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)	CCR						X			
37	J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	CCR	00	20				X			
37	J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN	CCR	18	99				X			
37	J0744	CIPROFLOXACIN IV	CCR									
37	J0750	EMTRICITABINE 200MG AND TENOFOVIR DI	MP				X			01/01/24		
37	J0751	EMTRICITABINE 200MG AND TENOFOVIR AL	MP				X			01/01/24		
37	J0770	COLISTIMETHATE INJ, UP TO 150MG	CCR	00	20				X			
37	J0780	COMPAZINE INJ, UP TO 10MG	CCR						X			
37	J0799	FDA APPROVED PRESCRIPTION DRUG, ONLY	MP				X			01/01/24		
37	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	CCR									
37	J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGER	CCR						X			
37	J0873	INJECTION, DAPTOMYCIN (XELLIA) NOT T	CCR	18	99				X			
37	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT	CCR	01	99				X			
37	J0875	INJECTION, DALBAVANCIN, 5MG	CCR						X			

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1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT	CCR	01	99				X			
37	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR	10	99				X			
37	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	CCR						X			
37	J0885	EPOETIN ALFA, NON-ESRD 1000 U	CCR						X			
37	J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD O	CCR								X	
37	J0893	INJECTION, DECITABINE (SUN PHARMA) N	CCR						X			
37	J0894	INJECTION, DECITABINE, 1 MG	CCR						X			
37	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	CCR	10	55			F	X			
37	J1100	DEXAMETHOSONE INJ, 1MG	CCR						X			
37	J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	CCR									
37	J1190	DEXRAZOXANE HCL 250MG	CCR									
37	J1200	DIPHENHYDRAMINE HCL INJ(BENDARY)50MG	CCR						X			
37	J1246	INJECTION, DINUTUXIMAB, 0.1 MG	CCR								X	
37	J1267	INJECTION, DECITABINE, 1 MG	CCR	00	20				X			
37	J1307	INJECTION, CROVALIMAB-AKKZ, 10 MG	CCR									
37	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00	20				X			
37	J1428	INJECTION, ETEPLIRSEN, 10 MG	MP				X			01/01/18		
37	J1434	INJ, FOSAPREPITANT (FOCINVEZ), 1 MG	CCR						X			
37	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	CCR	18	99				X			
37	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	CCR						X			
37	J1444	INJECTION, FERRIC PYROPHOSPHATE CITR	CCR									
37	J1447	INJECTION, TBO-FILGRASTIM, 1 MICROGR	CCR									
37	J1449	INJECTION, EFLAPEGRASTIM-XNST, 0.1 M	CCR						X			
37	J1450	FLUCONAZOLE 200MG	CCR	00	20				X			
37	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR						X			
37	J1454	INJECTION, FOSNETUPITANT 235 MG AND	CCR									
37	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT	CCR						X			
37	J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO),	CCR									
37	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	CCR									
37	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	CCR			X			X			
37	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR									
37	J1580	GENTAMYCIN, UP TO 80MG	CCR	00	20				X			
37	J1596	INJECTION, GLYCOPYRROLATE, 0.1 MG	CCR						X			
37	J1626	GRANISETRON HCL INJECTION	CCR						X			
37	J1627	INJECTION, GRANISETRON, EXTENDED-REL	CCR									
37	J1642	HEPARIN SODIUM 10U (HEPLOCK)	CCR						X			
37	J1643	INJECTION, HEPARIN SODIUM (PFIZER),	CCR						X			
37	J1644	HEPARIN SODIUM INJ 1000U	CCR						X			
37	J1650	ENOXAPARIN SODIUM, 10MG	CCR						X			
37	J1652	FONDAPARINUX SODIUM	CCR									
37	J1720	HYDROCORTISONE SODIUM 100MG	CCR						X			
37	J1744	INJECTION, ICATIBANT, 1MG	CCR						X			
37	J1745	INJ INFLIXIMAB 10MG	CCR						X			
37	J1746	0NJECTION, IBALIZUMAB-UIYK, 10 MG	CCR						X			
37	J1756	INJECTION,IRON SUCROSE,1MG	CCR						X			
37	J1815	INSULIN INJECTION	CCR									
37	J1817	INSULIN FOR INSULIN PUMP USE	CCR									
37	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR									
37	J1930	INJECTION, LANREOTIDE, 1MG	CCR	21	99	X			X			
37	J1939	INJECTION, BUMETANIDE, 0.5 MG	CCR	18	99				X			

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR									
37	J1956	LEVOFLOXACIN, 250MG	CCR	18	20				X			
37	J2010	LINCOMYCIN, HCL, UP TO 300MG	CCR	00	20				X			
37	J2020	LINEZOLID INJ, 200MG	CCR						X			
37	J2021	INJECTION, LINEZOLID (HOSPIRA) NOT T	CCR	00	20				X			
37	J2175	INJECTION MEPERIDINE HCL	CCR									
37	J2212	INJECTION, METHYLNATREXONE, 0.1MG	CCR						X			
37	J2246	INJ, MICAFUNGIN IN SODIUM (BAXTER),	CCR						X			
37	J2247	INJECTION, MICAFUNGIN SODIUM (PAR PH	CCR	12	99				X			
37	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	CCR	12	99				X			
37	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR						X			
37	J2290	INJECTION, NAFCILLIN SODIUM, 20 MG	CCR	18	99				X			
37	J2310	INJ, NALOXONE HYDROCHLORIDE, 1 MG	CCR						X			
37	J2323	INJECTION, NATALIZUMAB, 1 MG	CCR						X			
37	J2326	INJECTION, NUSINERSEN, 0.1 MG	MP				X			01/01/18		
37	J2350	INJECTION, OCRELIZUMAB, 1 MG	CCR									
37	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR									
37	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR						X			
37	J2355	OPRELVEKIN INJ 5MG	CCR									
37	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR						X			
37	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR									
37	J2425	PALIFERMIN INJECTION 50MCG	CCR						X			
37	J2430	PAMIDRONATE DISODIUM 30MG	CCR						X			
37	J2468	INJ, PALONOSETRON HYDROCHLORIDE (AVY	CCR									
37	J2469	PALONOSETRON HCL	CCR						X			
37	J2470	INJ, PANTOPRAZOLE SODIUM, 40 MG	CCR									
37	J2471	INJ, PANTOPRAZOLE (HIKMA), NOT THERA	CCR									
37	J2501	PARICALCITOL	CCR									
37	J2502	INJECTION, PASIREOTIDE LONG ACTING,	MP				X			01/01/16		
37	J2506	INJ, PEGFILGRASTIM, EXCL BIO, 0.5 M	CCR						X			
37	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	CCR	00	20				X			
37	J2540	PCN G POTASSIUM,UP TO 600,000U	CCR	00	20				X			
37	J2547	INJECTION, PERAMIVIR, 1 MG	CCR									
37	J2550	PHENERGAN INJ, UP TO 50MG	CCR						X			
37	J2561	INJECTION, PHENOBARBITAL SODIUM (SEZ	CCR	00	00				X			
37	J2562	INJECTION, PLERIXAFOR, 1 MG	CCR						X			
37	J2700	OXACILLIN SODIUM,UP TO 250MG	CCR	00	20				X			
37	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR									
37	J2765	REGLAN INJ, UP TO 10MG	CCR						X			
37	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16	20							
37	J2785	INJECTION, REGADENOSON, 0.1 MG	CCR						X			
37	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR									
37	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR						X			
37	J2791	INJECTION,RHO(D) IMMUNE GLOBULIN (H	CCR									
37	J2792	RHO(D) IMMUNE GLOBULIN H, SD	CCR									
37	J2802	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	CCR									
37	J2820	SARGRAMOSTIM 50MCG	CCR						X			
37	J2860	INJECTION, SILTUXIMAB, 10 MG	MP				X			01/01/16		
37	J2916	NA FERRIC GLUCONATE COMPLEX	CCR									
37	J2941	SOMATROPIN INJ 1MG	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00	20				X			
37	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UN	CCR			X			X			
37	J3070	INJECTION PENTAZOCINE 30 MG	CCR									
37	J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	CCR									
37	J3095	INJECTION TELEVANCIN 10 MG	CCR						X			
37	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00	20				X			
37	J3244	INJECTION, TIGECYCLINE (ACCORD) NOT	CCR	00	20				X			
37	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR									
37	J3260	TOBRAMYCIN SULFATE,UP TO 80MG	CCR	00	20				X			
37	J3315	TRIPTORELIN PAMOATE	CCR									
37	J3316	INJECTION, TRIPTORELIN, EXTENDED-REL	CCR									
37	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTI	CCR									
37	J3360	INJECTION DIAZEPAM UP TO 5 MG	CCR									
37	J3370	VANCOMYCIN HCL, 500MG	CCR	00	20				X			
37	J3371	INJECTION, VANCOMYCIN HCL (MYLAN) NO	CCR	00	20				X			
37	J3372	INJECTION, VANCOMYCIN HCL (XELLIA) N	CCR	00	20				X			
37	J3380	INJECTION, VEDOLIZUMAB, 1 MG	CCR									
37	J3485	ZIDOVUDINE, 10MG	CCR	00	20				X			
37	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	CCR						X			
37	J3490	UNCLASSIFED DRUGS (17P 250MG IM)	CCR	10	60			F				
37	J3590	UNCLASSIFIED BIOLOGICS	CCR									
37	J7030	NORMAL SALINE SOL INFUSION, 1	CCR						X			
37	J7040	NORMAL SALINE, 500ML	CCR						X			
37	J7050	NORMAL SALINE SOL 250 ML	CCR						X			
37	J7060	DEXTROSE/WATER 5%, 500ML	CCR						X			
37	J7070	D5W INFUSION, 1000MLL	CCR						X			
37	J7120	RINGERS INJ, UP TO 1000 CC	CCR						X			
37	J7121	5% DEXTROSE IN LACTATED RINGERS INFU	CCR						X			
37	J7175	INJECTION, FACTOR X, (HUMAN), 1 IU.	CCR						X			
37	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION	CCR						X			
37	J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHI	MP				X			01/01/18	X	
37	J7296	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
37	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	749.40	10	60			F		01/01/19		
37	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
37	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	808.50	10	60			F		01/01/18		
37	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	756.87	10	60			F		01/01/18		
37	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	890.30	10	60			F		07/01/18		
37	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR									
37	J7320	HYALURONAN OR DERIVITIVE, GENVISC 85	CCR									
37	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	MP				X			01/01/16		
37	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR									
37	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR									
37	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR						X			
37	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP				X			01/01/16		
37	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR									
37	J9000	DOXORUBICIN HCL 10MG	CCR						X			
37	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR									
37	J9017	ARSENIC TRIOXIDE 1MG	CCR						X			
37	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR						X			
37	J9021	INJECTION, ASPARAGINASE, RECOMBINANT	CCR						X			

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	CCR									
37	J9023	INJECTION, AVELUMAB, 10 MG	CCR									
37	J9025	AZACITIDINE INJECTION 1MG	CCR						X			
37	J9026	INJECTION, TARLATAMAB-DLLE, 1 MG	CCR									
37	J9027	CLOFARABINE INJECTION 1MG	CCR	01	21				X			
37	J9028	INJECTION, NOGAPENDEKIN ALFA INBAKIC	CCR									
37	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	CCR	07	99				X			
37	J9032	INJECTION, BELINOSTAT, 10 MG	CCR	18	99				X			
37	J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	CCR						X			
37	J9034	INJECTION, BENDAMUSTINE HCL (BENDEKA	CCR	18	99				X			
37	J9035	BEVACIZUMAB 10MG	CCR						X			
37	J9036	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18	99				X			
37	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	CCR						X			
37	J9040	BLEOMYCIN INJ, 15 UNITS	CCR						X			
37	J9041	BORTEZOMIB INJECTION 0.1MG	CCR						X			
37	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR						X			
37	J9043	INJECTION, CABAZITAXEL, 1 MG	CCR						X			
37	J9045	CARBOPLATIN INJ 50MG.	CCR						X			
37	J9046	INJECTION, BORTEZOMIB, (DR. REDDY'S)	CCR						X			
37	J9047	INJECTION, CARFILZOMIB, 1 MG	CCR						X			
37	J9048	INJECTION, BORTEZOMIB (FRESENIUS KAB	CCR						X			
37	J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT	CCR						X			
37	J9050	CARMUSTINE, 100MG	CCR						X			
37	J9052	INJECTION, CARMUSTINE (ACCORD), NOT	CCR						X			
37	J9055	CETUXIMAB 10 MG	CCR						X			
37	J9056	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18	99				X			
37	J9057	INJECTION, COPANLISIB, 1 MG	CCR						X			
37	J9060	CISPLATIN 10MG	CCR						X			
37	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	CCR						X			
37	J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE	CCR						X			
37	J9065	CLADRIBINE INJ 1MG	CCR						X			
37	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROME	CCR						X			
37	J9072	INJECTION, CYCLOPHOSPHAMIDE, (DR. RE	CCR						X			
37	J9073	INJ, CYCLOPHOSPHAMIDE (INGENUS), 5 M	CCR						X			
37	J9074	INJ, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	CCR						X			
37	J9076	INJECTION, CYCLOPHOSPHAMIDE (BAXTER)	CCR									
37	J9098	CYTARABINE LIPSOME 10MG	CCR						X			
37	J9100	CYTARABINE 100 MG	CCR						X			
37	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	CCR	00	21		X		X			
37	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	CCR	18	99				X			
37	J9120	DACTINOMYCIN 0.5MG	CCR						X			
37	J9130	DTIC-DOME INJ 100MG/10ML	CCR						X			
37	J9144	INJECTION, DARATUMUMAB, 10 MG AND HY	CCR	18	99				X			
37	J9145	INJECTION, DARATUMUMAB, 10 MG	CCR	18	99				X			
37	J9150	DAUNORUBICIN 10 MG	CCR						X			
37	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBI	CCR						X			
37	J9155	INJECTION, DEGARELIX, 1 MG	CCR					M	X			
37	J9171	INJECTION, DOCETAXEL, 1 MG	CCR						X			
37	J9172	INJECTION, DOCETAXEL (INGENUS) NOT T	CCR						X			
37	J9173	INJECTION, DURVALUMAB, 10 MG	CCR						X			

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	J9176	INJECTION, ELOTUZUMAB, 1 MG	CCR	18	99				X			
37	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV,	CCR	18	99				X			
37	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR						X			
37	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR						X			
37	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR						X			
37	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR						X			
37	J9190	FLUOROURACIL INJ, 500MG	CCR						X			
37	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE	CCR	18	99				X			
37	J9200	FLOXURIDINE, FUDR, 500MG	CCR									
37	J9201	GEMCITABINE HCL, 200MG	CCR						X			
37	J9202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	CCR						X			
37	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.	CCR									
37	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	CCR	18	99				X			
37	J9206	IRINOTECAN, 20MG	CCR						X			
37	J9207	INJECTION, IXABEPILONE, 1MG	CCR						X			
37	J9208	IFOSFOMIDE, 1GM	CCR						X			
37	J9209	MESNA, 200MG	CCR						X			
37	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	CCR									
37	J9211	IDARUBICIN HYDROCHLORIDE 5MG	CCR						X			
37	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR						X			
37	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR						X			
37	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	CCR	18	99				X			
37	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR					M				
37	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	CCR	18	99				X			
37	J9228	INJECTION, IPILIMUMAB	CCR						X			
37	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.	CCR						X			
37	J9230	MUSTARGEN INJ 10MG	CCR						X			
37	J9245	MELPHALAN HCL INJ 50MG	CCR									
37	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	CCR	18	99				X			
37	J9250	METHOTREXATE SOD INJ, 5 MG	CCR						X			
37	J9255	INJECTION, METHOTREXATE (ACCORD) NOT	CCR						X			
37	J9258	INJECTION, PACLITAXEL PROTEIN-BOUND	CCR	10	99				X			
37	J9260	METHOTREXATE SOD INJ 50MG	CCR						X			
37	J9261	INJECTION, NELARABINE, 50 MG	CCR						X			
37	J9262	INJECTION, OMACETAXINE MEPESUCCINATE	CCR						X			
37	J9263	OXALIPLATIN 0.5MG	CCR						X			
37	J9264	PACLITAXEL INJECTION 1MG	CCR	10	99				X			
37	J9266	INJECTION,PEGASPARGASE,SINGLE DOSE	CCR									
37	J9267	INJECTION, PACLITAXEL, 1 MG	CCR						X			
37	J9268	PENTOSTATIN, PER 10 MG	CCR						X			
37	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	CCR	02	99				X			
37	J9271	INJECTION, PEMBROLIZUMAB, 1 MB	CCR	18	99				X			
37	J9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	CCR						X			
37	J9280	MITOMYCIN 5 MG	CCR						X			
37	J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION	CCR	18	99				X			
37	J9285	INJECTION, OLARATUMAB, 10 MG	CCR									
37	J9292	INJECTION, PEMETREXED (AVYXA), NOT T	CCR	18	99				X			
37	J9293	MITOXANTRONE HCL 5MG	CCR						X			
37	J9294	INJECTION, PEMETREXED (HOSPIRA) NOT	CCR						X			
37	J9295	INJECTION, NECITUMUMAB, 1 MG	CCR	18	99				X			

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37	J9296	INJECTION, PEMETREXED (ACCORD) NOT T	CCR						X			
37	J9297	INJECTION, PEMETREXED (SANDOZ), NOT	CCR						X			
37	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	CCR	12	99				X			
37	J9299	INJECTION, NIVOLUMAB, 1 MG	CCR	18	99				X			
37	J9301	INJECTION, OBINUTUZUMAB, 10 MG	CCR						X			
37	J9302	INJECTION OFATUMUMAB 10 MG	CCR						X			
37	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR						X			
37	J9304	INJECTION, PEMETREXED (PEMFEXY), 10	CCR	18	99				X			
37	J9305	PEMETREXED 10 MG	CCR						X			
37	J9306	INJECTION, PERTUZUMAB, 1 MG	CCR						X			
37	J9307	INJECTION PRALATREXATE 1 MG	CCR						X			
37	J9308	INJECTION, RAMUCIRUMAB, 5 MG	CCR	18	99				X			
37	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ,	CCR	18	99				X			
37	J9311	INJECTION, RITUXIMAB 10 MG AND HYALU	CCR						X			
37	J9312	INJECTION, RITUXIMAB, 10 MG	CCR						X			
37	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDF	CCR	18	99				X			
37	J9315	INJECTION ROMIDEPSIN 1 MG	CCR						X			
37	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB,	CCR	18	99				X			
37	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZI	CCR	18	99				X			
37	J9320	STREPTOZOCIN, 1GM	CCR						X			
37	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	CCR						X			
37	J9322	INJECTION, PEMETREXED (BLUEPOINT) NO	CCR						X			
37	J9323	INJECTION, PEMETREXED DITROMETHAMINE	CCR						X			
37	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	CCR	18	99				X			
37	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	CCR	18	99				X			
37	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR						X			
37	J9340	THIOTEPA, 15MG	CCR						X			
37	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	CCR	18	99				X			
37	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	CCR	18	99				X			
37	J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	CCR	18	99	X			X			
37	J9351	INJECTION TOPOTECAN 0.1 MG	CCR						X			
37	J9352	INJECTION, TRABECTEDIN, 0.1 MG	CCR	18	99				X			
37	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE	CCR						X			
37	J9355	TRASTUZUMAB 10MG	CCR						X			
37	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	CCR	18	99				X			
37	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR						X			
37	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECA	CCR	18	99				X			
37	J9360	VINBLASTINE SULF 1MG	CCR						X			
37	J9370	ONCOVIN INJ 1MG	CCR						X			
37	J9371	INJECTION, VINCRISTINE SULFATE LIPOS	CCR						X			
37	J9376	INJ, POZELIMAB-BBFG, 1 MG	CCR									
37	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	CCR	18	99				X			
37	J9390	VINORELDINE TARTRATE 10MG	CCR						X			
37	J9393	INJECTION, FULVESTRANT (TEVA) NOT TH	CCR						X			
37	J9394	INJECTION, FULVESTRANT (FRESENIUS KA	CCR						X			
37	J9395	FULVESTRANT 25 MG	CCR						X			
37	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	CCR						X			
37	P9612	CATHETERIZE FOR URINE SPECIMEN	3.00							01/01/06		
37	Q4101	APLIGRAF, PER SQUARE CENTIMETER	CCR			X			X			
37	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	CCR			X			X			

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	Q4121	THERASKIN, PER SQUARE CENTIMETER	CCR		X			X			
37	Q4160	NUSHIELD, PER SQUARE CENTIMETER	CCR		X			X			
37	Q4186	EPIFIX,PER SQUARE CENTIMETER	CCR		X			X			
37	Q4195	PURAPLY, PER SQUARE CENTIMETER	CCR		X			X			
37	Q4196	PURAPLY AM, PER SQUARE CENTIMETER	CCR		X			X			
37	0094U	GENOME (UNEXPLAINED COSTITUTIONAL)	5,686.65	00 00	X				01/01/23		
37	0421U	ONCOLOGY (COLORECTAL) SCREENING, QUA	380.90						01/01/25		
37	10004	FINE NEEDLE ASPIRATION BIOPSY, WITHO	CCR					X			
37	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
37	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
37	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
37	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
37	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
37	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
37	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR								
37	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR					X			
37	10021	FNA W/O IMAGE	CCR								
37	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR								
37	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR								
37	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	CCR								
37	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR					X			
37	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	CCR					X			
37	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	CCR					X			
37	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	CCR					X			
37	11055	TRIM SKIN LESION	CCR								
37	11056	TRIM 2 TO 4 SKIN LESIONS	CCR								
37	11057	TRIM OVER 4 SKIN LESIONS	CCR								
37	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR								
37	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR					X			
37	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR								
37	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR					X			
37	11106	IANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR								
37	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR					X			
37	11200	EXCISE UP TO 15 SKIN TAGS	CCR								
37	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR					X			
37	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR								
37	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR		X			X			
37	11620	EXCISE MALIGNANCY TO 0.5CM	CCR		X			X			
37	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR		X			X			

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR		X			X			
37	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR		X			X			
37	11719	TRIM NAIL(S)	CCR			X					
37	11720	DEBRIDE NAIL, 1-5	CCR		X						
37	11721	DEBRIDE NAIL, 6 OR MORE	CCR		X						
37	11730	SIMPLE REMOVAL OF NAIL PLATE	CCR		X						
37	11732	REMOVE ADDITIONAL NAIL PLATES	CCR		X			X			
37	11740	EVACUATE HEMATOMA UNDER NAIL	CCR		X			X			
37	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR		X			X			
37	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR		X			X			
37	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	CCR					X			
37	11900	INTRALESIONAL INJECTION; UP TO 7	CCR								
37	11901	INTRALESIONAL INJECTION; OVER 7	CCR								
37	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10 60			F				
37	11980	IMPLANT HORMONE PELLET(S)	CCR				F				
37	11981	INSERT DRUG IMPLANT DEVICE	CCR								
37	11982	REMOVE DRUG IMPLANT DEVICE	CCR								
37	11983	REMOVE/INSERT DRUG IMPLANT	CCR								
37	15002	WOUND PREP, TRK/ARM/LEG	CCR								
37	15003	SURGICAL PREPARATION OR CREATION +	CCR					X			
37	15004	WOUND PREP, F/N/HF/G	CCR								
37	15005	SURGICAL PREPARATION OR CREATION +	CCR					X			
37	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR					X			
37	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR					X			
37	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR								
37	15731	FOREHEAD FLAP WITH PRESERVATION OF V	CCR								
37	15778	IMPLANTATION OF ARTIFICIAL MATERIAL	CCR								
37	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	CCR		X						
37	15847	EXCISION, EXCESSIVE SKIN AND SUBCU +	CCR		X						
37	15853	REMOVAL OF SUTURES OR STAPLES	CCR								
37	15854	REMOVAL OF SUTURES AND STAPLES	CCR								
37	16000	INIT TREAT 1ST DEGREE BURN	CCR								
37	17000	DESTROY LESION,FACE-1 LESION	CCR								
37	17003	DESTROY 2-14 LESIONS	CCR					X			
37	17004	DESTROY 15 & MORE LESIONS	CCR								
37	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	CCR								
37	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	CCR								
37	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	CCR								
37	17111	DESTRUCT LESION, 15 OR MORE	CCR								
37	17250	CHEMICAL CAUTERY OF WOUND	CCR								
37	17260	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17261	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17262	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17263	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17264	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	17266	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17270	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17271	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17272	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17273	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17274	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17276	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17280	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17281	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17282	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17283	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17284	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17286	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
37	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
37	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
37	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
37	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
37	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
37	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	CCR		X						
37	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	CCR								
37	19294	PREPARATION OF TUMOR CAVITY, WITH PL	CCR					X			
37	19364	RECONSTRUCTION BREAST-FREE FLAP	CCR				F				
37	20150	EXCISE EPIPHYSEAL BAR	CCR								
37	20526	THER INJECTION CARPAL TUNNEL	CCR								
37	20527	INJECTION OF ENZYME IN PALM TISSUE	CCR								
37	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	CCR					X			
37	20551	INJECT TENDON ORIGIN/INSERT	CCR								
37	20552	INJECT TRIGGER POINT, 1 OR 2	CCR								
37	20553	INJECT TRIGGER POINTS, > 3	CCR								
37	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR								
37	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	CCR								
37	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	CCR					X			
37	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	CCR					X			
37	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	CCR					X			
37	20661	APPLY HALO;	CCR								
37	20664	HALO BRACE APPLICATION	CCR								
37	20696	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
37	20697	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
37	20700	PREPARATION AND INSERTION OF DRUG-DE	CCR								
37	20701	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
37	20702	PREPARATION AND INSERTION OF DRUG-DE	CCR								
37	20703	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
37	20704	PREPARATION AND INSERTION OF DRUG-DE	CCR								
37	20705	REMOVAL OF DRUG-DELIVERY DEVICES INT	CCR								
37	20802	REPLANTATION, ARM, COMPLETE	CCR								
37	20805	REPLANT FOREARM-COMPLETE AMPUTATION	CCR								
37	20808	REPLANT HAND; COMPLETE AMPUTATION	CCR								
37	20816	REPLANT DIGIT, TOTAL AMPUTATION	CCR								
37	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	CCR					X			
37	20824	REPLANT THUMB,COMPLETE AMPUTATION	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	CCR								
37	20838	REPLANT FOOT; TOTAL AMPUTATION	CCR								
37	20937	SPINAL BONE AUTOGRAFT	CCR								
37	20938	SPINAL BONE AUTOGRAFT	CCR								
37	20939	BONE MARROW ASPIRATION FOR BONE GRAF	CCR								
37	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	CCR		X						
37	20956	ILIAC BONE GRAFT, MICROVASC	CCR								
37	20957	MT BONE GRAFT, MICROVASC	CCR								
37	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	CCR		X						
37	20963	SPINAL BONE AUTOGRAFT	CCR					X			
37	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	CCR		X						
37	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	CCR		X						
37	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	CCR		X						
37	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	CCR		X						
37	20979	US BONE STIMULATION	CCR								
37	20982	ABLATE, BONE TUMOR(S) PERQ	CCR								
37	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	CCR								
37	21045	RADICAL RESECTION OF MANDIBLE	CCR								
37	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	CCR			X					
37	21076	PREPARE FACE/ORAL PROSTHESIS	CCR								
37	21077	PREPARE FACE/ORAL PROSTHESIS	CCR								
37	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	CCR								
37	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	CCR								
37	21081	IMPRESS & CUST PREP MAND RESECT PROS	CCR								
37	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	CCR								
37	21083	IMPRESS & CUST PREP PALAT LIFT PROST	CCR								
37	21084	IMPRESS & CUST PREP SPEECH AID PROST	CCR								
37	21085	IMPRES & CUST PREP ORAL SURG SPLINT	CCR								
37	21086	IMPRESS & CUST PREP AURICULAR PROSTH	CCR								
37	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	CCR								
37	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	CCR								
37	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	CCR								
37	21141	RECONSTRUCT MIDFACE, LEFORT	CCR								
37	21142	RECONSTRUCT MIDFACE, LEFORT	CCR								
37	21143	RECONSTRUCT MIDFACE, LEFORT	CCR								
37	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	CCR								
37	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	CCR								
37	21147	RECONSTR MIDFACE,3 OR MORE PIECES	CCR								
37	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	CCR								
37	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	CCR								
37	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	CCR								
37	21155	RECONSTR MIDFACE III W/LEFORT I	CCR								
37	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	CCR								
37	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	CCR								
37	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	CCR								
37	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	CCR								
37	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	CCR								
37	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	CCR								
37	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	CCR								
37	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	CCR								

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37	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	CCR								
37	21194	RECONSTR MAND RAMUS W/BONE GRAFT	CCR								
37	21195	RECONST MAND RAMUS W/O RIGID FIX	CCR								
37	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	CCR								
37	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	CCR								
37	21199	RECONSTR LWR JAW W/ADVANCE	CCR								
37	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	CCR								
37	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	CCR								
37	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	CCR								
37	21343	OPEN TREATMENT CLOSED OR OPEN DEP	CCR								
37	21344	OPEN TREATMENT OF COMPLICATED (EG,C	CCR								
37	21347	OPEN TREATMENT NASOMAXILLARY FX	CCR								
37	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	CCR								
37	21360	TREAT DEPRESSED MALAR FRACTURE	CCR		X						
37	21365	TREAT COMPLICATED FX MALAR AREA	CCR								
37	21366	OPEN TREATMENT OF COMPLICATED (EG, C	CCR								
37	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	CCR								
37	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	CCR								
37	21431	TREAT CRANIOFACIAL SEPARATION	CCR								
37	21432	OPEN TX CRANIOFACIAL SEPARATION	CCR								
37	21433	COMPLICATED TX CRANIOFACIAL FX	CCR								
37	21435	COMPLICATED TX CRANIOFACIAL FX	CCR								
37	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	CCR								
37	21510	INCISION WITH OPENING OF BONE CORTEX	CCR								
37	21601	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR					X			
37	21602	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
37	21603	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
37	21615	EXCISION CERVICAL RIB	CCR								
37	21616	EXCISE RIB WITH SYMPATHECTOMY	CCR								
37	21620	OSTECTOMY OF STERNUM; PARTIAL	CCR								
37	21627	STERNAL DEBRIDEMENT	CCR								
37	21630	RADICAL RESECTOPM PF STERNUM	CCR								
37	21632	MEDIASTINAL LYMPHADENECTOMY	CCR								
37	21685	HYOID MYOTOMY & SUSPENSION	CCR								
37	21705	DIVIDE SCALENUS AND RESECTION RIB	CCR								
37	21740	RECONSTRUCT PECTUS EXCAVATUM	CCR								
37	21742	REPAIR STERN/NUSS W/O SCOPE	CCR								
37	21743	REPAIR STERNUM/NUSS W/SCOPE	CCR								
37	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	CCR								
37	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
37	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
37	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
37	21825	TREAT STERNUM FRACTURE;OPEN	CCR								
37	22015	I&D, P-SPINE, L/S/LS	CCR								
37	22102	RESECT VERTEBRA,LUMBAR	CCR								
37	22103	REMOVE EXTRA SPINE SEGMENT	CCR								
37	22110	EXCISE CERVICAL VERTEBRA	CCR								
37	22112	EXCISE THORACIC VERTEBRA	CCR								
37	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	CCR								
37	22116	REMOVE EXTRA SPINE SEGMENT	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	CCR								
37	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	CCR								
37	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
37	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
37	22216	REVISE, EXTRA SPINE SEGMENT	CCR								
37	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	CCR								
37	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	CCR								
37	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	CCR								
37	22226	REVISE, EXTRA SPINE SEGMENT	CCR								
37	22318	TREAT ODONTOID FX W/O GRAFT	CCR								
37	22319	TREAT ODONTOID FX W/GRAFT	CCR								
37	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
37	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
37	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
37	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
37	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	CCR					X			
37	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	CCR					X			
37	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	CCR								
37	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	CCR								
37	22532	LAT THORAX SPINE FUSION	CCR								
37	22533	LAT LUMBAR SPINE FUSION	CCR								
37	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	CCR					X			
37	22548	ANTHRODESIS,W/BONE GRAFT	CCR								
37	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	CCR								
37	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	CCR								
37	22585	ARTHRODESIS-EACH ADD.INTERSPACE	CCR					X			
37	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	CCR								
37	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	CCR								
37	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	CCR								
37	22600	ARTHRODESIS,POST.TECH.,BELOW C1	CCR								
37	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
37	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
37	22614	SPINE FUSION, EXTRA SEGMENT	CCR					X			
37	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	CCR								
37	22632	SPINE FUSION, EXTRA SEGMENT	CCR								
37	22633	FUSION OF LOWER SPINE BONES WITH REM	CCR								
37	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	CCR								
37	22802	FUSE PRIMARY 7/MORE VERTEBRAE	CCR								
37	22804	FUSION OF SPINE	CCR								
37	22808	FUSION OF SPINE	CCR								
37	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	CCR								
37	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	CCR								
37	22818	KYPHECTOMY, 1-2 SEGMENTS	CCR								
37	22819	KYPHECTOMY, 3 & MORE SEGMENT	CCR								
37	22830	EXPLORE SPINAL FUSION	CCR								
37	22836	TETHERING OF 7 OR FEWER MIDDLE SPINE	CCR								
37	22837	TETHERING OF 8 OR MORE MIDDLE SPINE	CCR								
37	22838	REVISION, REPLACEMENT, OR REMOVAL OF	CCR								
37	22840	POSTERIOR INSTRU(NO SEG FIX)	CCR								
37	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	22843	INSERT SPINE FIXATION DEVICE	CCR								
37	22844	INSERT SPINE FIXATION DEVICE	CCR								
37	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	CCR								
37	22846	INSERT SPINE FIXATION DEVICE	CCR								
37	22847	INSERT SPINE FIXATION DEVICE	CCR								
37	22848	INSERT PELVIC FIXATIONDEVICE	CCR								
37	22849	REINSERT SPINAL FIXATION DEVICE	CCR								
37	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	CCR								
37	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	CCR								
37	22853	INSERTION OF INTERBODY BIOMECHANICAL	CCR					X			
37	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	CCR					X			
37	22855	REMOVE ANTERIOR INSTRUMENTATION	CCR								
37	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
37	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
37	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	CCR								
37	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	CCR					X			
37	22860	INSERTION OF ARTIFICIAL DISC BETWEEN	MP			X			01/01/23		
37	22861	REVISION INCLUDING REPLACEMENT OF TO	CCR								
37	22862	REVISION INCLUDING REPLACEMENT OF TO	CCR								
37	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR								
37	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	CCR								
37	22868	INSERTION OF INTERLAMINAR/INTERSPINO	CCR								
37	22870	INSERTION OF INTERLAMINAR/INTERSPINO	CCR								
37	23015	EXC BENIGN SHOULDER TUMOR SUBCU	CCR								
37	23065	BIOPSY SHOULDER SUPERFICIAL	CCR								
37	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	CCR								
37	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	CCR								
37	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	CCR								
37	23334	REMOVAL OF PROSTHESIS OF SHOULDER	CCR					X			
37	23335	REMOVAL OF PROSTHESIS OF SHOULDER	CCR					X			
37	23350	INJECTION FOR SHOULDER X-RAY	CCR								
37	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	CCR								
37	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	CCR								
37	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	CCR					X			
37	23900	AMPUTATION OF ARM & GIRDLE	CCR								
37	23920	AMPUTATION AT SHOULDER JOINT	CCR								
37	24065	BIOPSY ARM/ELBOW SOFT TISSUE	CCR								
37	24149	RADICAL RESECTION OF ELBOW	CCR								
37	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	CCR								
37	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	CCR								
37	24220	INJECTION FOR ELBOW X-RAY	CCR								
37	24300	MANIPULATE ELBOW W/ANESTH	CCR								
37	24332	TENOLYSIS, TRICEPS	CCR								
37	24343	REPR ELBOW LAT LIGMNT W/TISS	CCR								
37	24344	RECONSTRUCT ELBOW LAT LIGMNT	CCR								
37	24346	RECONSTRUCT ELBOW MED LIGMNT	CCR								
37	24357	INCISION OF TENDON TO REPAIR ELBOW J	CCR								
37	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
37	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
37	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	CCR								

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37	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	CCR								
37	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	CCR								
37	24930	REAMPUTATION UPPER ARM	CCR								
37	24931	AMPUTATE UPPER ARM & IMPLANT	CCR								
37	24935	STUMP ELONGATION/REVISION UPPER ARM	CCR								
37	24940	CINEPLASTY UPPER EXTREMITY,COMPLETE	CCR								
37	25001	INCISE FLEXOR CARPI RADIALIS	CCR								
37	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	CCR								
37	25109	EXCISION OF TENDON, FOREARM AND/OR W	CCR					X			
37	25170	RADICAL RESECTION FOR TUMOR, RADIUS	CCR								
37	25246	INJECTION FOR WRIST X-RAY	CCR								
37	25259	MANIPULATE WRIST W/ANESTHES	CCR								
37	25394	REPAIR CARPAL BONE, SHORTEN	CCR								
37	25430	VASC GRAFT INTO CARPAL BONE	CCR								
37	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	CCR								
37	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	CCR								
37	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	CCR								
37	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	CCR								
37	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	CCR								
37	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	CCR					X			
37	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	CCR								
37	25652	TREAT FRACTURE ULNAR STYLOID	CCR								
37	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	CCR								
37	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	CCR								
37	25909	REAMPUTATION FOREARM SURGERY	CCR								
37	25915	AMPUTATION FOREARM, KRUKENBERO PROC	CCR								
37	25920	DISARTICULATION THROUGH WRIST	CCR								
37	25924	REAMPUTATION WRIST SURGERY	CCR								
37	25927	TRANSMETACARPAL AMPUTATION	CCR								
37	25931	AMPUTATION FOLLOW-UP SURGERY	CCR								
37	26010	DRAINAGE OF FINGER ABSCESS	CCR		X						
37	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	CCR								
37	26037	DECOMPRESSIVE FASCIOTOMY, HAND	CCR								
37	26341	MANIPULATION OF PALM PRETENDINOUS CO	CCR								
37	26551	GREAT TOE-HAND TRANSFER	CCR								
37	26553	SINGLE TOE-HAND TRANSFER	CCR								
37	26554	DOUBLE TOE-HAND TRANSFER	CCR								
37	26556	TOE JOINT TRANSFER	CCR								
37	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	CCR					X			
37	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	CCR								
37	26700	TREAT KNUCKLE DISLOCATION	CCR								
37	26720	TREAT CLSD FX;W/O MANIP, EACH	CCR					X			
37	26725	TREAT CLSD FX;W/ MANIP, EACH	CCR					X			
37	26740	TREAT CLSD ART FX...W/O MANIP,EACH	CCR					X			
37	26750	TREAT CLSD FX...W/O MANIP, EACH	CCR					X			
37	26755	TREAT CLSD FX...W/ MANIP, EACH	CCR					X			
37	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR								
37	26775	TRMT OF SAME W/ ANESTION	CCR								
37	26992	DRAINAGE OF BONE LESION	CCR								
37	27005	TENOTOMY, ILIOPSOAS, OPEN	CCR								

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37	27006	TENOTOMY, ABDUCTORS, OPEN	CCR								
37	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	CCR								
37	27027	INCISION OF TISSUE OF MUSCLE COMPART	CCR								
37	27030	ARTHROTOMY OF HIP FOR DRAINAGE	CCR								
37	27036	EXCISION OF HIP JOINT/MUSCLE	CCR								
37	27054	REMOVAL OF HIP JOINT LINING	CCR								
37	27057	INCISION OF TISSUE ON ONE SIDE OF PE	CCR								
37	27070	PARTIAL REMOVAL OF HIP BONE	CCR								
37	27071	DEEP IP BONE	CCR								
37	27075	RADICAL RESECTION FOR TUMOR-WING OF	CCR								
37	27076	RADICAL RESECTION FOR TUMOR-ILIUM	CCR								
37	27077	INNOMINATE BONE-TOTAL	CCR								
37	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	CCR								
37	27090	REMOVAL OF HIP PROSTHESIS	CCR								
37	27091	COMPLICATED HESIS	CCR								
37	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	CCR								
37	27096	INJECTION PROCEDURE FOR SACROILIAC J	CCR								
37	27120	ACETABULOPLASTY P SOCKET	CCR								
37	27122	RESECTION FEMORAL HEAD	CCR								
37	27125	HEMIARTHROPLASTY; PROSTHESIS	CCR								
37	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	CCR								
37	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	CCR								
37	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	CCR								
37	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	CCR								
37	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	CCR								
37	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	CCR								
37	27146	OSTEOTOMY, ILIAC	CCR								
37	27147	WITH OPEN REDUCTION OF HIP	CCR								
37	27151	WITH FEMORAL OSTEOTOMY	CCR								
37	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	CCR								
37	27158	OSTEOTOMY, PELVIS, BILATERAL	CCR								
37	27161	INCISION OF NECK OF FEMUR	CCR								
37	27165	INCISION/FIXATION OF FEMUR	CCR								
37	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	CCR								
37	27175	TREAT SLIPPED EPIPHYSIS	CCR								
37	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	CCR								
37	27177	REPAIR SLIPPED EPIPHYSIS	CCR								
37	27178	CLOSED MANIPULATION YSIS	CCR								
37	27179	OSTEOPLASTY OF FEMORAL NECK	CCR								
37	27181	OSTEOTOMY & INTERNAL FIXATION	CCR								
37	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	CCR								
37	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	CCR								
37	27200	TRMT OF CLOSED COCCYGEAL FX	CCR								
37	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	CCR								
37	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	CCR								
37	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	CCR								
37	27218	OPEN TREATMENT OF POSTERIOR RING FRA	CCR								
37	27220	TREAT HIP SOCKET FRACTURE	CCR								
37	27222	WITH MANIPULATION CTURE	CCR								
37	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	CCR								

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37	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
37	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
37	27232	WITH MANIPULATION MUR	CCR								
37	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	CCR								
37	27240	WITH MANIPULATION RACTURE	CCR								
37	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	CCR								
37	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	CCR								
37	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	CCR								
37	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	CCR								
37	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	CCR								
37	27256	TRMT OF CONGENITAL HIP DISLOCATION	CCR								
37	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	CCR								
37	27259	W/ FEMORAL SHAFT SHORTENING	CCR								
37	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
37	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
37	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	CCR								
37	27280	FUSION OF SACROILIAC JOINT	CCR								
37	27282	FUSION OF PUBIC BONES	CCR								
37	27284	FUSION OF HIP JOINT	CCR								
37	27286	WITH SUBTROCHANTERIC OSTEOTOMY	CCR								
37	27290	AMPUTATION OF LEG AT HIP	CCR								
37	27295	DISARTICULATION OF HIP	CCR								
37	27303	INCISION, DEEP W/ OPENING OF BONE CO	CCR								
37	27325	NEURECTOMY, HAMSTRING MUSCLE	CCR								
37	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	CCR								
37	27365	EXTENSIVE LEG SURGERY	CCR								
37	27369	INJECTION PROCEDURE FOR CONTRAST KNE	CCR								
37	27412	AUTOCHONDROCYTE IMPLANT KNEE	CCR								
37	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	CCR			X					
37	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	CCR			X					
37	27440	REVISION OF KNEE JOINT	CCR								
37	27445	REVISE KNEE JOINT, IMPLANT	CCR								
37	27446	TOTAL KNEE REPLACEMENT	CCR								
37	27447	TOTAL KNEE REPLACEMENT	CCR								
37	27448	INCISION OF FEMUR	CCR								
37	27450	INCISION OF FEMUR	CCR								
37	27454	REALIGNMENT OF FEMUR	CCR								
37	27455	REALIGNMENT OF KNEE	CCR								
37	27457	REALIGNMENT OF KNEE	CCR								
37	27465	SHORTENING OF FEMUR	CCR								
37	27466	LENGTHENING OF FEMUR	CCR								
37	27468	REVISION OF FEMURS	CCR								
37	27470	REPAIR OF FEMUR	CCR								
37	27472	REPAIR/GRAFT OF FEMUR	CCR								
37	27475	REPAIR OF FEMUR EPIPHYSIS	CCR								
37	27477	REPAIR LOWER LEG EPIPHYSES	CCR								
37	27479	REPAIR OF LEG EPIPHYSES	CCR								
37	27485	REPAIR OF LEG EPIPHYSIS	CCR								
37	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	CCR								
37	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	CCR								

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37	27488	REMOVAL OF KNEE PROSTHESIS	CCR								
37	27495	PROPHYLACTIC TREAT. FEMUR	CCR								
37	27506	REPAIR OF FEMUR FRACTURE	CCR								
37	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	CCR								
37	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
37	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
37	27514	REPAIR OF FEMUR FRACTURE	CCR								
37	27519	REPAIR OF FEMUR EPIPHYSIS	CCR								
37	27524	REPAIR OF KNEECAP FRACTURE	CCR								
37	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	CCR								
37	27536	REPAIR OF KNEE FRACTURE	CCR								
37	27540	REPAIR OF KNEE FRACTURE	CCR								
37	27556	REPAIR OF KNEE DISLOCATION	CCR								
37	27557	REPAIR OF KNEE DISLOCATION	CCR								
37	27558	OPEN TREATMENT OF KNEE DISLOCATION,	CCR								
37	27580	FUSION OF KNEE	CCR								
37	27590	AMPUTATE LEG AT THIGH	CCR								
37	27591	AMPUTATE LEG AT THIGH	CCR								
37	27592	AMPUTATE LEG AT THIGH	CCR								
37	27596	AMPUTATION FOLLOW-UP SURGERY	CCR								
37	27598	AMPUTATE LOWER LEG AT KNEE	CCR								
37	27613	BIOPSY LOWER LEG SOFT TISSUE	CCR								
37	27645	EXTENSIVE LOWER LEG SURGERY	CCR								
37	27646	EXTENSIVE LOWER LEG SURGERY	CCR								
37	27648	INJECTION FOR ANKLE X-RAY	CCR								
37	27702	RECONSTRUCT ANKLE JOINT	CCR								
37	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	CCR								
37	27712	REALIGNMENT OF LOWER LEG	CCR								
37	27715	REVISION OF LOWER LEG	CCR								
37	27722	REPAIR/GRAFT OF TIBIA	CCR								
37	27724	REPAIR/GRAFT OF TIBIA	CCR								
37	27725	REPAIR OF LOWER LEG	CCR								
37	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	CCR								
37	27727	REPAIR OF LOWER LEG	CCR								
37	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
37	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
37	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	CCR								
37	27880	AMPUTATION OF LOWER LEG	CCR								
37	27881	AMPUTATION OF LOWER LEG	CCR								
37	27882	AMPUTATION OF LOWER LEG	CCR								
37	27886	AMPUTATION FOLLOW-UP SURGERY	CCR								
37	27888	AMPUTATION OF FOOT AT ANKLE	CCR								
37	28001	DRAINAGE OF BURSA OF FOOT	CCR		X						
37	28010	INCISION OF TOE TENDON	CCR								
37	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	CCR								
37	28220	RELEASE OF FOOT TENDON	CCR								
37	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	CCR		X			X			
37	28360	RECONSTRUCT CLEFT FOOT	CCR								
37	28430	TREAT CLSD TALUS FX,W/O MANIP	CCR								
37	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	CCR			X					

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37	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	CCR					X			
37	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	CCR					X			
37	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	CCR					X			
37	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	CCR					X			
37	28490	TREAT BIG TOE FRACTURE	CCR								
37	28495	TREAT BIG TOE FRACTURE	CCR								
37	28510	TREAT CLSD FX....W/O MANIP,EACH	CCR					X			
37	28515	TREAT CLSD FX...W/ MANIP., EACH	CCR					X			
37	28530	TREAT CLOSED SESAMOID FRACTURE	CCR					X			
37	28540	TREAT FOOT DISLOCATION	CCR								
37	28570	TREAT FOOT DISLOCATION	CCR								
37	28630	TREAT TOE DISLOCATION	CCR								
37	28800	AMPUTATION OF MIDFOOT	CCR								
37	28805	AMPUTATION THRU METATARSAL	CCR								
37	28890	HIGH ENERGY ESWT, PLANTAR F	CCR								
37	29000	APPLICATION OF BODY CAST	CCR								
37	29010	APPLICATION OF BODY CAST	CCR								
37	29015	APPLICATION OF BODY CAST	CCR								
37	29035	APPLICATION OF BODY CAST	CCR								
37	29040	APPLICATION OF BODY CAST	CCR								
37	29044	APPLICATION OF BODY CAST	CCR								
37	29046	APPLICATION OF BODY CAST	CCR								
37	29049	APPLICATION OF SHOULDER CAST	CCR								
37	29055	APPLICATION OF SHOULDER CAST	CCR					X			
37	29058	APPLICATION OF SHOULDER CAST	CCR					X			
37	29065	APPLICATION OF LONG ARM CAST	CCR					X			
37	29075	APPLICATION OF FOREARM CAST	CCR					X			
37	29085	APPLY HAND/WRIST CAST	CCR					X			
37	29086	APPLY FINGER CAST	CCR					X			
37	29105	APPLY LONG ARM SPLINT	CCR					X			
37	29125	APPLY FOREARM SPLINT	CCR					X			
37	29126	APPLY FOREARM SPLINT	CCR					X			
37	29130	APPLICATION OF FINGER SPLINT	CCR					X			
37	29131	APPLICATION OF FINGER SPLINT	CCR					X			
37	29200	STRAPPING OF CHEST	CCR								
37	29240	STRAPPING OF SHOULDER	CCR					X			
37	29260	STRAPPING OF ELBOW OR WRIST	CCR					X			
37	29280	STRAPPING OF HAND OR FINGER	CCR					X			
37	29305	APPLICATION OF HIP CAST	CCR								
37	29325	APPLICATION OF HIP CASTS	CCR								
37	29345	APPLICATION OF LONG LEG CAST	CCR					X			
37	29355	APPLICATION OF LONG LEG CAST	CCR					X			
37	29358	APPLY LONG LEG CAST BRACE	CCR					X			
37	29365	APPLICATION OF LONG LEG CAST	CCR					X			
37	29405	APPLY SHORT LEG CAST	CCR					X			
37	29425	APPLY SHORT LEG CAST	CCR					X			
37	29435	APPLY SHORT LEG CAST	CCR					X			
37	29440	ADDITION OF WALKER TO CAST	CCR					X			
37	29445	APPLY RIGID LEG CAST	CCR								
37	29450	APPLICATION OF LEG CAST	CCR								

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	29505	APPLICATION LONG LEG SPLINT	CCR						X			
37	29515	APPLICATION LOWER LEG SPLINT	CCR						X			
37	29520	STRAPPING OF HIP	CCR						X			
37	29530	STRAPPING OF KNEE	CCR						X			
37	29540	STRAPPING OF ANKLE	CCR						X			
37	29550	STRAPPING OF TOES	CCR						X			
37	29580	APPLICATION OF PASTE BOOT	CCR						X			
37	29581	APPLICATION OF MULTI-LAYER COMPRESSI	CCR						X			
37	29584	APPLICATION OF MULTI-LAYER COMPRESSI	CCR									
37	29700	REMOVAL/REVISION OF CAST	CCR									
37	29705	REMOVAL/REVISION OF CAST	CCR									
37	29710	REMOVAL/REVISION OF CAST	CCR									
37	29720	REPAIR OF BODY CAST	CCR									
37	29730	WINDOWING OF CAST	CCR									
37	29740	WEDGING OF CAST	CCR									
37	29750	WEDGING OF CLUBFOOT CAST	CCR									
37	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	CCR									
37	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	CCR									
37	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	CCR				X					
37	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR				X					
37	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
37	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
37	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
37	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	CCR									
37	30020	DRAINAGE OF NOSE LESION	CCR									
37	30124	REMOVAL OF NOSE LESION	CCR									
37	30200	INJECTION TREATMENT OF NOSE	CCR									
37	31040	EXPLORATION BEHIND UPPER JAW	CCR									
37	31230	REMOVAL OF UPPER JAW	CCR									
37	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	CCR									
37	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
37	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
37	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	CCR									
37	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	CCR						X			
37	31505	DIAGNOSTIC LARYNGOSCOPY	CCR			X						
37	31579	SEE 31575;WITH STROBOSCOPY	CCR									
37	31584	REPAIR OF LARYNX FRACTURE	CCR									
37	31587	LARYNGOPLASTY, CRICOID SPLIT	CCR									
37	31600	TRACHEOSTOMY, PLANNED	CCR	02	99							
37	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	CCR	00	01							
37	31605	INCISION OF NECK CARTILAGES	CCR									
37	31610	INCISION OF WINDPIPE	CCR									
37	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
37	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
37	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
37	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR						X			
37	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
37	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	CCR									
37	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR									
37	31785	REMOVE WINDPIPE LESION	CCR									

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37	32550	INSERTION OF INDWELLING TUNNELED PLE	CCR								
37	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	CCR								
37	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	CCR								
37	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	CCR								
37	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR								
37	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR								
37	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR								
37	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR								
37	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR								
37	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR								
37	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR								
37	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	CCR								
37	32701	THORACIC TARGET(S) DELINEATION FOR S	CCR								
37	32820	RECONSTRUCT INJURED CHEST	CCR								
37	32905	REVISE & REPAIR CHEST WALL	CCR								
37	32906	REVISE & REPAIR CHEST WALL	CCR								
37	32960	THERAPEUTIC PNEUMOTHORAX	CCR								
37	32998	ABLATION THERAPY FOR REDUCTION OR ER	CCR								
37	33017	DRAINAGE OF HEART SAC WITH INSERTION	CCR	06 99							
37	33018	DRAINAGE OF HEART SAC WITH INSERTION	CCR								
37	33019	DRAINAGE OF HEART SAC WITH INSERTION	CCR								
37	33050	RESECTION OF PERICARDIAL CYST OR TUM	CCR								
37	33206	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
37	33207	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
37	33208	INSERTION OF NEW OR REPLACEMENT OF P	CCR								
37	33210	INSERTION OF HEART ELECTRODE	CCR								
37	33211	INSERTION OR REPLACEMENT OF TEMPORAR	CCR								
37	33213	INSERTION OF PACEMAKER PULSE GENERAT	CCR								
37	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	CCR								
37	33215	REPOSITION PACING-DEFIB LEAD	CCR								
37	33216	REVISION IMPLANTED ELECTRODE	CCR								
37	33217	INSERTION, REPLACEMENT OR REPOSITION	CCR								
37	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	CCR								
37	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	CCR								
37	33221	INSERTION OF PACEMAKER PULSE GENERAT	CCR								
37	33224	INSERTION OF PACING ELECTRODE, CARDI	CCR								
37	33225	INSERTION OF PACING ELECTRODE, CARDI	CCR								
37	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	CCR								
37	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
37	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
37	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
37	33230	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
37	33231	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
37	33234	REMOVAL OF PERMANENT PACEMAKER;	CCR								
37	33235	REMOVAL OF PERMANENT PACEMAKER;	CCR								
37	33240	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
37	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
37	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR								
37	33249	INSERTION OR REPLACEMENT OF PERMANEN	CCR								
37	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	CCR								

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37	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
37	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
37	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
37	33268	EXCLUSION OF APPENDAGE OF LEFT UPPER	CCR								
37	33270	INSERTION OR REPLACEMENT OF PERMANEN	CCR								
37	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	CCR								
37	33310	EXPLORATORY HEART SURGERY	CCR								
37	33315	EXPLORATORY HEART SURGERY	CCR								
37	33370	PLACEMENT AND SUBSEQUENT REMOVAL OF	CCR								
37	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	CCR								
37	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	CCR								
37	33508	ENDOSCOPIC VEIN HARVEST	CCR								
37	33509	HARVEST OF ARTERY FROM ARM FOR HEART	CCR								
37	33542	REMOVAL OF HEART LESION	CCR								
37	33681	REPAIR HEART SEPTUM DEFECT	CCR								
37	33684	REPAIR HEART SEPTUM DEFECT	CCR								
37	33688	REPAIR HEART SEPTUM DEFECT	CCR								
37	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	CCR								
37	33745	TRANSCATHETER INTRACARDIAC SHUNT (TI	CCR								
37	33746	TRANSCATHETER INTRACARDIAC SHUNT (TI	CCR								
37	33788	REVISION OF PULMONARY ARTERY	CCR								
37	33858	REPAIR OF ASCENDING AORTA WITH GRAFT	CCR								
37	33859	REPAIR OF ASCENDING AORTA WITH GRAFT	CCR								
37	33871	REPAIR OF TRANSVERSE ARCH OF AORTA W	CCR								
37	33894	REPAIR OF AORTA BY INSERTION OF STEN	CCR								
37	33895	REPAIR OF AORTA BY INSERTION OF STEN	CCR								
37	33897	BALLOON DILATION OF NATIVE OR RECURR	CCR								
37	33904	PLACEMENT OF ADDITIONAL STENT IN PUL	CCR								
37	33917	REPAIR OF PULMONARY ARTERY STENOSIS	CCR								
37	33924	REMOVE PULMONARY SHUNT	CCR								
37	33995	INSERTION OF VENTRICULAR ASSIST DEVI	CCR								
37	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	CCR								
37	34101	REMOVAL OF ARTERY CLOT	CCR								
37	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	CCR								
37	34201	REMOVAL OF ARTERY CLOT	CCR								
37	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	CCR								
37	34421	REMOVAL OF VEIN CLOT	CCR								
37	34471	REMOVAL OF VEIN CLOT	CCR								
37	34490	REMOVAL OF VEIN CLOT	CCR								
37	34501	VALVULOPLASTY, FEMORAL VEIN	CCR								
37	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	CCR								
37	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	CCR								
37	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	CCR								
37	34713	PERCUTANEOUS ACCESS AND CLOSURE OF F	CCR					X			
37	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	CCR					X			
37	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
37	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
37	34717	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					X			
37	34718	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					X			
37	35011	REPAIR DEFECT OF ARTERY	CCR								

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37	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	CCR								
37	35132	RUPTURED ANEURYSM,ILIAC ARTERY	CCR								
37	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	CCR								
37	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	CCR								
37	35184	REP.CONGENITAL FISTULA,EXTREMITIES	CCR								
37	35201	REPAIR BLOOD VESSEL LESION	CCR								
37	35226	REPAIR BLOOD VESSEL LESION	CCR								
37	35231	REPAIR BLOOD VESSEL LESION	CCR								
37	35236	REPAIR BLOOD VESSEL LESION	CCR								
37	35256	REPAIR BLOOD VESSEL LESION	CCR								
37	35261	REPAIR BLOOD VESSEL LESION	CCR								
37	35266	REPAIR BLOOD VESSEL LESION	CCR								
37	35286	REPAIR BLOOD VESSEL LESION	CCR								
37	35321	RECHANNELING OF ARTERY	CCR								
37	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	CCR								
37	35500	HARVEST VEIN FOR BYPASS	CCR								
37	35572	HARVEST FEMOROPOPLITEAL VEIN	CCR								
37	35685	BYPASS GRAFT PATENCY/PATCH	CCR								
37	35686	BYPASS GRAFT/AV FIST PATENCY	CCR								
37	35702	EXPLORATION OF ARTERY OF ARM	CCR								
37	35703	EXPLORATION OF ARTERY OF LEG	CCR								
37	35800	EXPLORE NECK VESSELS	CCR								
37	35860	EXPLORE LIMB VESSELS	CCR								
37	35879	REVISE GRAFT W/VEIN	CCR								
37	35881	REVISE GRAFT W/VEIN	CCR								
37	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
37	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
37	35903	EXCISION OF INFECTED GRAFT;	CCR								
37	36000	ESTABLISH ACCESS TO VEIN	CCR			X		X			
37	36002	PSEUDOANEURYSM INJECTION TRT	CCR								
37	36005	INJECTION PROCEDURE FOR CONTRAST VEN	CCR								
37	36010	ESTABLISH ACCESS TO VEIN	CCR								
37	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR								
37	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR								
37	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	CCR								
37	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	CCR								
37	36015	SELECTIVE CATHETER PLACEMENT, EACH S	CCR								
37	36100	ESTABLISH ACCESS TO ARTERY	CCR					X			
37	36140	ESTABLISH ACCESS TO ARTERY	CCR					X			
37	36160	ESTABLISH ACCESS TO AORTA	CCR								
37	36200	INTRODUCTION OF CATHETER, AORTA	CCR								
37	36215	INTRODUCE CATHETER; EACH ADD....	CCR					X			
37	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
37	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
37	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
37	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	CCR								
37	36222	SELECTIVE CATHETER PLACEMENT, COMMON	CCR					X			
37	36223	SELECTIVE CATHETER PLACEMENT, COMMON	CCR					X			
37	36224	SELECTIVE CATHETER PLACEMENT, INTERN	CCR					X			
37	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	CCR					X			

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37	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	CCR						X			
37	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	CCR						X			
37	36228	SELECTIVE CATHETER PLACEMENT, EACH I	CCR						X			
37	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						X			
37	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
37	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
37	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR									
37	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR									
37	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	CCR									
37	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR									
37	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	CCR									
37	36415	COLLECTION OF VENOUS BLOOD BY VENIPU	3.00						X	07/15/91		
37	36416	CAPILLARY BOOD DRAW	2.65							01/01/03		
37	36430	TRANSFUSION,BLOOD/BLOOD COMPONENTS	CCR						X			
37	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	CCR	00	01				X			
37	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	CCR	00	00				X			
37	36455	EXCHANGE TRANSFUSION SERVICE	CCR						X			
37	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	CCR	00	00							
37	36460	TRANSFUSION SERVICE, FETAL	CCR						X			
37	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	CCR						X			
37	36470	INJECTION THERAPY OF VEIN	CCR									
37	36471	INJECTION THERAPY OF VEINS	CCR									
37	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	CCR						X			
37	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	CCR									
37	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	CCR						X			
37	36500	VEIN CATH/SELECT. ORGAN SAMPLE	CCR									
37	36511	APHERESIS WBC	CCR									
37	36512	APHERESIS RBC	CCR									
37	36513	APHERESIS PLATELETS	CCR									
37	36514	APHERESIS PLASMA	CCR									
37	36516	APHERESIS, SELECTIVE	CCR									
37	36522	PHOTOPHERESIS,EXTRACORPOREAL	CCR									
37	36591	COLLECTION OF BLOOD SPECIMEN FROM A	CCR									
37	36592	COLLECTION OF BLOOD SPECIMEN USING E	CCR									
37	36593	DECLOTTING BY THROMBOLYTIC AGENT OF	CCR									
37	36595	MECH REMOV TUNNELED CV CATH	CCR									
37	36596	MECH REMOV TUNNELED CV CATH	CCR									
37	36597	REPOSITION VENOUS CATHETER	CCR									
37	36598	INJ W/FLUOR, EVAL CV DEVICE	CCR						X			
37	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	24.78						X	10/15/07		
37	36620	ARTERIAL CATHETERIZATION OR CANNULAT	CCR						X			
37	36625	ESTABLISH ACCESS TO ARTERY	CCR									
37	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	CCR									
37	36838	DIST REVAS LIGATION, HEMO	CCR									
37	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	CCR									
37	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	CCR									
37	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	CCR									
37	37182	INSERT HEPATIC SHUNT (TIP'S)	CCR									
37	37184	PRIM ART MECH THROMBECTOMY	CCR									
37	37185	PRIM ART M-THROMBECT ADD-ON	CCR						X			

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37	37186	SEC ART M-THROMBECT ADD-ON	CCR								
37	37187	VENOUS MECH THROMBECTOMY	CCR								
37	37188	VENOUS M-THROMBECTOMY ADD-ON	CCR								
37	37191	INSERTION OF INTRAVASCULAR VENA CAVA	CCR		X						
37	37192	REPOSITIONING OF INTRAVASCULAR VENA	CCR		X						
37	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	CCR		X						
37	37195	THROMBOLYTIC THERAPY, STROKE	CCR								
37	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	CCR								
37	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	CCR					X			
37	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	CCR					X			
37	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	CCR					X			
37	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	CCR					X			
37	37216	TRANSCATH STENT, CCA W/O EPS	CCR								
37	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
37	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
37	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
37	37236	Insertion of intravascular stents in	CCR								
37	37237	INSERTION OF INTRAVASCULAR STENTS IN	CCR					X			
37	37238	INSERTION OF INTRAVASCULAR STENTS IN	CCR								
37	37239	INSERTION OF INTRAVASCULAR STENTS IN	CCR					X			
37	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	CCR								
37	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	CCR								
37	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	CCR								
37	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	CCR								
37	37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					X			
37	37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					X			
37	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
37	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
37	37565	LIGATION OF NECK VEIN	CCR								
37	37600	LIGATION OF NECK ARTERY	CCR								
37	37605	LIGATION OF NECK ARTERY	CCR								
37	37606	LIGATION OF NECK ARTERY	CCR								
37	37615	LIGATION OF NECK ARTERY	CCR								
37	37617	LIGATION OF ABDOMEN ARTERY	CCR								
37	37619	LIGATION OF INFERIOR VENA CAVA	CCR								
37	37765	PHLEB VEINS - EXTREM - TO 20	CCR								
37	37766	PHLEB VEINS - EXTREM 20+	CCR								
37	38120	LAPAROSCOPY, SPLENECTOMY	CCR								
37	38200	INJECTION FOR SPLEEN X-RAY	CCR								
37	38204	BL DONOR SEARCH MANAGEMENT	CCR								
37	38207	CRYOPRESERVE STEM CELLS	CCR								

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COLUMN:

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	38208	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR								
37	38209	TRANSPLANT PREPARATION OF HEMATOPOIE	CCR								
37	38210	T-CELL DEPLETION OF HARVEST	CCR								
37	38211	TUMOR CELL DEPLETE OF HARVST	CCR								
37	38212	RBC DEPLETION OF HARVEST	CCR								
37	38213	PLATELET DEPLETE OF HARVEST	CCR								
37	38214	VOLUME DEPLETE OF HARVEST	CCR								
37	38215	HARVEST STEM CELL CONCENTRTE	CCR								
37	38220	BONE MARROW ASPIRATION	CCR								
37	38221	BONE MARROW BIOPSY	CCR								
37	38230	BONE MARROW HARVESTING FOR TRANSPLAN	CCR			X					
37	38232	BONE MARROW HARVESTING FOR TRANSPLAN	CCR								
37	38240	BONE MARROW TRANSPLANTATION	CCR								
37	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	CCR								
37	38242	LYMPHOCYTE INFUSE TRANSPLANT	CCR								
37	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	CCR								
37	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	CCR								
37	38720	REMOVAL OF LYMPH NODES, NECK	CCR								
37	38765	REMOVE GROIN LYMPH NODES	CCR								
37	38790	INJECTION FOR LYMPHATIC X-RAY	CCR								
37	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	CCR								
37	38794	ACCESS THORACIC LYMPH DUCT	CCR								
37	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	CCR								
37	39000	EXPLORATION OF MEDIASTINUM	CCR								
37	39010	EXPLORATION OF MEDIASTINUM	CCR								
37	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	CCR								
37	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	CCR								
37	40805	REMOVAL FOREIGN BODY, MOUTH	CCR		X						
37	41000	DRAINAGE OF MOUTH LESION	CCR		X						
37	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	CCR								
37	41105	BIOPSY OF TONGUE	CCR		X						
37	41110	EXCISION OF TONGUE LESION	CCR								
37	41512	TONGUE BASE SUSPENSION, PERMANENT SU	CCR								
37	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	CCR								
37	41805	REMOVAL FOREIGN BODY, GUM	CCR								
37	41806	REMOVAL FOREIGN BODY,JAWBONE	CCR								
37	41825	EXCISION OF GUM LESION	CCR								
37	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	CCR					X			
37	41830	REMOVAL OF GUM TISSUE	CCR								
37	41850	TREATMENT OF GUM LESION	CCR								
37	41872	REPAIR GUM	CCR								
37	42225	RECONSTRUCT CLEFT PALATE	CCR								
37	42227	LENGTHEN PALATE, WITH ISLAND FLAP	CCR								
37	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	CCR								
37	42281	INSERT PIN-RETAINED PALATAL PROSTH.	CCR								
37	42330	REMOVAL OF SALIVARY STONE	CCR								
37	42335	REMOVAL OF SALIVARY STONE	CCR								
37	42400	BIOPSY OF SALIVARY GLAND	CCR					X			
37	42550	INJECTION FOR SALIVARY X-RAY	CCR					X			
37	42660	DILATION OF SALIVARY DUCT	CCR								

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37	42809	REMOVE PHARYNX FOREIGN BODY	CCR									
37	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	CCR									
37	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	CCR									
37	42975	EVALUATION OF SLEEP-DISORDERED BREAT	CCR									
37	43020	INCISION OF ESOPHAGUS	CCR									
37	43030	THROAT MUSCLE SURGERY	CCR									
37	43130	REMOVAL OF ESOPHAGUS POUCH	CCR									
37	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	CCR									
37	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	CCR									
37	43510	SURGICAL OPENING OF STOMACH	CCR									
37	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	CCR									
37	43640	VAGOTOMY & PYLORUS REPAIR	CCR									
37	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	CCR									
37	43651	LAPAROSCOPY, VAGUS NERVE	CCR									
37	43652	LAPAROSCOPY, VAGUS NERVE	CCR									
37	43752	INSERTION OF NASAL OR ORAL STOMACH T	CCR									
37	43753	INSERTION OF STOMACH TUBE AND ASPIRA	CCR									
37	43754	GASTRIC INTUBATION AND ASPIRATION, D	CCR									
37	43755	GASTRIC INTUBATION AND ASPIRATION, D	CCR									
37	43756	DUODENAL INTUBATION AND ASPIRATION,	CCR									
37	43757	DUODENAL INTUBATION AND ASPIRATION,	CCR									
37	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
37	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
37	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
37	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16	99	X						
37	43831	GASTROSTOMY, OPEN, NEONATAL	CCR	00	00							
37	43840	REPAIR OF STOMACH LESION	CCR									
37	43886	REVISE GASTRIC PORT, OPEN	CCR	16	99	X						
37	43887	REMOVE GASTRIC PORT, OPEN	CCR	16	99	X						
37	43888	CHANGE GASTRIC PORT, OPEN	CCR	16	99	X						
37	44050	REDUCE BOWEL OBSTRUCTION	CCR									
37	44186	LAP, JEJUNOSTOMY	CCR									
37	44300	OPEN BOWEL TO SKIN	CCR									
37	44314	REVISION OF ILEOSTOMY	CCR									
37	44345	REVISION OF COLOSTOMY	CCR									
37	44346	REVISE COLOSTOMY;REPAIR HERNIA	CCR									
37	44500	INTRODUCTION OF LONG GASTROINTESTINA	CCR									
37	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	CCR									
37	44701	INTRAOP COLON LAVAGE ADD-ON	CCR									
37	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	CCR									
37	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	CCR			X						
37	45399	UNLISTED PROCEDURE, COLON	CCR									
37	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	CCR									
37	45541	CORRECT RECTAL PROLAPSE	CCR									
37	46070	INCISION OF ANAL SEPTUM	CCR									
37	46221	LIGATION OF HEMORRHOID(S)	CCR			X						
37	46500	INJECTION TREATMENT OF ANUS	CCR									
37	46505	CHEMODENERVATION ANAL MUSC	CCR									
37	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	CCR									
37	46606	ANOSCOPY WITH BIOPSY	CCR									

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37	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	CCR								
37	46916	CRYSOSURGERY-ANAL LESIONS ,	CCR					X			
37	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	CCR								
37	46942	TREATMENT OF ANAL FISSURE	CCR								
37	47370	LAPARO ABLATE LIVER TUMOR RF	CCR								
37	47371	LAPARO ABLATE LIVER CRYOSUG	CCR								
37	47382	PERCUT ABLATE LIVER RF	CCR								
37	47490	PERCUTANEOUS CHOLECYSTOSTOMY	CCR								
37	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR								
37	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR								
37	47542	BALLOON DILATION OF BILIARY DUCT(S)	CCR								
37	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	CCR								
37	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	CCR								
37	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	CCR								
37	47711	EXCISION OF BILE DUCT TUMOR	CCR								
37	47712	EXCISION OF BILE DUCT TUMOR	CCR								
37	47715	EXCISE CHOLEDOCHAL CYST	CCR								
37	48160	PANCREATECTOMY;WITH TRANSPLANTATION	CCR			X					
37	48550	DONOR PANCREATECTOMY, WITH PREPARATI	CCR			X					
37	49000	EXPLORATION OF ABDOMEN	CCR								
37	49010	EXPLORE,RETROPERITONEAL AREA	CCR								
37	49013	EXPLORATION AND PACKING OF WOUND IN	CCR								
37	49014	RE-EXPLORATION OF WOUND IN PELVIC RE	CCR								
37	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
37	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
37	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	CCR								
37	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	CCR								
37	49186	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49187	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49188	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49189	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49190	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	CCR								
37	49255	OMENTECTOMY,...RESECT OMENTUM	CCR								
37	49323	LAPARO DRAIN LYMPHOCELE	CCR			X					
37	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	CCR								
37	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	CCR								
37	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	CCR								
37	49400	AIR INJECTION INTO ABDOMEN	CCR								
37	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	CCR								
37	49405	Fluid collection drainage by cathete	CCR								
37	49406	Fluid collection drainage by cathete	CCR								
37	49407	Fluid collection drainage by cathete	CCR								
37	49423	EXCHANGE DRAINAGE CATH	CCR								
37	49424	ASSESS CYST, CONTRAST INJ	CCR								
37	49427	INJECTION PROCEDURE (EG, CONTRAST ME	CCR								
37	49429	REMOVAL OF SHUNT	CCR								
37	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	CCR								
37	49436	DELAYED CREATION OF EXIT SITE FROM E	CCR								
37	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	CCR								
37	49442	INSERTION OF CECOSTOMY OR OTHER COLO	CCR								
37	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	CCR								
37	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	CCR								
37	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	CCR								
37	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	CCR								
37	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	CCR								
37	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	CCR								
37	49623	REMOVAL OF MESH AT SAME TIME AS HERN	CCR								
37	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	CCR								
37	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	CCR								
37	50382	CHANGE URETER STENT, PERCUT	CCR								
37	50384	REMOVE URETER STENT, PERCUT	CCR								
37	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	CCR								
37	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	CCR								
37	50387	CHANGE EXT/INT URETER STENT	CCR								
37	50389	REMOVE RENAL TUBE W/FLUORO	CCR								
37	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	CCR								
37	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
37	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
37	50541	LAPARO ABLATE RENAL CYST	CCR								
37	50542	LAPARO ABLATE RENAL MASS	CCR								
37	50543	LAPARO PARTIAL NEPHRECTOMY	CCR								
37	50544	LAPAROSCOPY, PYELOPLASTY	CCR								
37	50562	RENAL SCOPE W/TUMOR RESECT	CCR								
37	50570	KIDNEY ENDOSCOPY	CCR								
37	50572	KIDNEY ENDOSCOPY	CCR								
37	50574	KIDNEY ENDOSCOPY & BIOPSY	CCR								
37	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	CCR								
37	50576	KIDNEY ENDOSCOPY & TREATMENT	CCR								
37	50580	KIDNEY ENDOSCOPY & TREATMENT	CCR								
37	50592	PERC RF ABLATE RENAL TUMOR	CCR								
37	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	CCR								
37	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	CCR								
37	50686	MEASURE URETER PRESSURE	CCR								
37	50690	INJECTION OF BLADDER AND URINARY DUC	CCR								
37	50705	URETERAL EMBOLIZATION OR OCCLUSION,	CCR								
37	50706	BALLOON DILATION, URETERAL STRICTURE	CCR								
37	50727	REVISION OF URINARY-CUTANEOUS ANASTO	CCR								
37	50945	LAPAROSCOPY URETEROLITHOTOMY	CCR								
37	51060	REMOVAL OF URETER STONE	CCR								
37	51100	ASPIRATION OF BLADDER; BY NEEDLE	CCR								
37	51101	ASPIRATION OF BLADDER; BY TROCAR OR	CCR								
37	51102	ASPIRATION OF BLADDER; WITH INSERTIO	CCR								
37	51535	REPAIR OF URETER LESION	CCR								
37	51600	INJECTION FOR BLADDER X-RAY	CCR								
37	51610	INJECTION FOR BLADDER X-RAY	CCR								
37	51700	IRRIGATION OF BLADDER	CCR					X			
37	51701	INSERTION NON-INDWELLNG BLADDR CATH	CCR								
37	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR								

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37	51721	INSERTION OF TRANSDUCER THROUGH URET	CCR								
37	51725	SIMPLE CYSTOMETROGRAM	CCR								
37	51736	SIMPLE UROFLOWMETRY	CCR								
37	51741	COMPLEX UROFLOWMETRY	CCR								
37	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	CCR								
37	51798	MEASURE POST-VOIDING RESIDUAL URINE	CCR								
37	51840	ATTACH BLADDER/URETHRA	CCR								
37	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	CCR				F				
37	51860	REPAIR OF BLADDER WOUND	CCR								
37	51990	LAPARO URETHRAL SUSPENSION	CCR								
37	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
37	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
37	52649	LASER ENUCLEATION OF THE PROSTATE WI	CCR		X		M				
37	53025	INCISION OF URETHRA	CCR								
37	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	CCR				F				
37	53085	DRAINAGE OF URINARY LEAKAGE	CCR								
37	53500	URETHRLYS, TRANSVAG W/ SCOPE	CCR				F				
37	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	CCR		X		M				
37	53620	DILATE URETH STRICT.,MALE;INITIAL	CCR		X		M				
37	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	CCR		X		M				
37	53660	DILATE FEMALE URETHRA...;INITIAL	CCR		X		F				
37	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	CCR		X		F				
37	53855	INSERTION OF A TEMPORARY PROSTATIC U	CCR				M				
37	53865	INSERTION OF A TEMPORARY DEVICE FOR	CCR								
37	53866	REMOVAL OF TEMPORARY DEVICE FOR PRES	CCR								
37	54050	TREATMENT OF PENIS LESION	CCR				M				
37	54055	TREATMENT OF PENIS LESION	CCR				M				
37	54056	DESTROY PENILE LESION;CRYOSURGERY	CCR				M				
37	54200	TREATMENT OF PENIS LESION	CCR				M				
37	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	CCR				M				
37	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	CCR				M				
37	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	CCR								
37	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	CCR				M				
37	54411	REMV/REPLC PENIS PROS, COMP	CCR								
37	54417	REMV/REPLC PENIS PROS, COMPL	CCR								
37	54560	EXPLORATION FOR TESTIS	CCR				M				
37	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	CCR				M				
37	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	CCR				M				
37	55600	INCISE SPERM DUCT POUCH	CCR				M				
37	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	CCR				M				
37	55752	CONIZATION OF CERVIX	CCR								
37	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	CCR				M				
37	55866	LAPARO RADICAL PROSTATECTOMY	CCR				M				
37	55870	ELECTROEJACULATION	CCR								
37	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	CCR				M				
37	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	CCR				M				
37	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR								
37	56442	HYMENOTOMY, SIMPLE INCISION	CCR				F				
37	56630	EXTENSIVE VULVA SURGERY	CCR				F				
37	56820	EXAM OF VULVA W/SCOPE	CCR				F				

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37	57022	I &D VAGINAL HEMATOMA, OB	CCR					F				
37	57106	REMOVE VAGINA WALL, PARTIAL	CCR									
37	57107	REMOVE VAGINA TISSUE/PARTIAL	CCR									
37	57109	VAGINECTOMY PARTIAL W/NODES	CCR									
37	57120	CLOSURE OF VAGINA	CCR					F				
37	57150	TREAT VAGINA INFECTION	CCR					F	X			
37	57160	INSERTION OF PESSARY	CCR					F				
37	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	CCR	10	60			F				
37	57267	INSERT MESH/PELVIC FLR ADDON	CCR					F				
37	57282	FIXATION FOR VAGINAL PROLAPSE	CCR					F				
37	57283	COLPOPEXY, INTRAPERITONEAL	CCR					F				
37	57284	REPAIR PARAVAGINAL DEFECT	CCR									
37	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR					F				
37	57287	REVISE/REMOVE SLING REPAIR	CCR					F				
37	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	CCR			X		F				
37	57295	CHANGE VAGINAL GRAFT	CCR					F				
37	57310	REPAIR URETHRA-VAGINA LESION	CCR					F				
37	57320	REPAIR BLADDER-VAGINA LESION	CCR					F				
37	57330	REPAIR BLADDER-VAGINA LESION	CCR					F				
37	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	CCR					F				
37	57425	LAPAROSCOPY, SURG, COLPOPEXY	CCR					F				
37	57452	EXAMINATION OF VAGINA	CCR					F				
37	57465	COMPUTER-AIDED MAPPING OF CERVIX DUR	CCR					F				
37	57540	REMOVAL OF RESIDUAL CERVIX	CCR					F				
37	57555	REMOVE CERVIX, REPAIR VAGINA	CCR					F				
37	57558	DILATION AND CURETTAGE OF CERVICAL S	CCR					F				
37	58100	BIOPSY OF UTERUS LINING	CCR					F				
37	58110	BX DONE W/COLPOSCOPY ADD-ON	CCR					F				
37	58260	VAGINAL HYSTERECTOMY	CCR				X	F				
37	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR				X	F				
37	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR				X	F				
37	58270	VAG HYSTERECT;REPAIR ENTEROCELE	CCR				X	F				
37	58290	VAG HYST COMPLEX	CCR				X	F				
37	58291	VAG HYST INCL T/O, COMPLEX	CCR				X	F				
37	58292	VAG HYST T/O & REPAIR, COMPL	CCR				X	F				
37	58294	VAG HYST W/ENTEROCELE, COMPL	CCR				X	F				
37	58356	ENDOMETRIAL CRYOABLATION	CCR				X	F				
37	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
37	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
37	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
37	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				X	F				
37	58553	LAPARO-VAG HYST, COMPLEX	CCR				X	F				
37	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR				X	F				
37	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
37	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
37	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR					F				
37	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				X	F				
37	58920	PARTIAL REMOVAL OF OVARY(S)	CCR					F				
37	59012	CORDOCENTESIS,ANY METHOD	CCR	10	60			F				
37	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	CCR						X			

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COLUMN:

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	59020	FETAL OXYTOCIN STRESS TEST	CCR	10	60		X	F				
37	59025	FETAL NON-STRESS TEST	CCR	10	60		X	F				
37	59030	FETAL SCALP BLOOD SAMPLE	CCR									
37	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10	60		X	F				
37	59051	FETAL MONITOR/INTERPRET ONL	CCR					F				
37	59070	TRANSABDOM AMNIOINFUS W/ US	CCR	10	59			F				
37	59074	FETAL FLUID DRAINAGE W/ US	CCR	10	59			F				
37	59076	FETAL SHUNT PLACEMENT, W/ US	CCR	10	59			F				
37	59100	REMOVE UTERUS LESION	CCR	00	60		X	F				
37	59200	INSERTION OF CERVICAL DILATOR	CCR	16	60			F				
37	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	CCR	10	60		X	F				
37	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	CCR	10	59							
37	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	CCR	10	60			F				
37	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	CCR									
37	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	CCR	12	55			F				
37	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	CCR	10	59			F				
37	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	CCR	10	60			F				
37	59515	CESAREAN DELIVERY W POSTPARTUM CARE	CCR	10	60			F				
37	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	CCR	10	60			F				
37	59612	VBAC DELIVERY ONLY	CCR	10	60			F				
37	59614	VBAC DELIVERY INCL POSTPARTUM	CCR	10	60			F				
37	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	CCR	10	60			F				
37	59620	ATTEMPTED VBAC DELIVERY ONLY	CCR	10	60			F				
37	59622	ATTEMPTED VBAC-INCL POSTPARTUM	CCR	10	60			F				
37	60210	PARTIAL EXCISION THYROID	CCR									
37	60212	PARTIAL THYROID EXCISION	CCR									
37	60225	PARTIAL REMOVAL OF THYROID	CCR									
37	60252	REMOVAL OF THYROID	CCR									
37	60260	REPEAT THYROID SURGERY	CCR									
37	60271	REMOVAL OF THYROID	CCR									
37	60300	ASPIRATION AND/OR INJECTION, THYROID	CCR									
37	60500	EXPLORE PARATHYROID GLANDS	CCR									
37	60502	RE-EXPLORE PARATHYROID(S)	CCR									
37	60512	AUTOTRANSPLANT, PARATHYROID	CCR									
37	60520	REMOVAL OF THYMUS GLAND	CCR									
37	60660	DESTRUCTION USING HEAT OF ONE OR MOR	CCR									
37	60661	DESTRUCTION USING HEAT OF ONE OR MOR	CCR									
37	61000	REMOVE CRANIAL CAVITY FLUID	CCR									
37	61001	SUBDURAL TAP....SUBSEQUENT TAPS	CCR						X			
37	61330	EXPLORATION OF EYE SOCKET	CCR									
37	61623	ENDOVASC TEMPORY VESSEL OCCL	CCR									
37	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR									
37	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR									
37	61640	DILATE IC VASOSPASM, INIT	CCR				X					
37	61641	DILATE IC VASOSPASM ADD-ON	CCR				X					
37	61642	DILATE IC VASOSPASM ADD-ON	CCR				X					
37	61715	MRI GUIDED HIGH INTENSITY FOCUSED UL	CCR									
37	61720	INCISE SKULL/BRAIN SURGERY	CCR									
37	61736	LASER INTERSTITIAL THERMAL THERAPY (	CCR									
37	61737	LASER INTERSTITIAL THERMAL THERAPY (	CCR									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	CCR								
37	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
37	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
37	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVI	CCR								
37	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
37	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
37	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
37	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
37	61800	APPLICATION OF STEREOTACTIC HEADFRAM	CCR								
37	61880	REVISE/REMOVE NEUROELECTRODE	CCR								
37	62000	REPAIR OF SKULL FRACTURE	CCR								
37	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	CCR								
37	62252	CSF SHUNT REPROGRAM	CCR								
37	62264	EPIDURAL LYSIS ON SINGLE DAY	CCR								
37	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	CCR								
37	62284	INJECTION FOR MYELOGRAM	CCR								
37	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	CCR								
37	62291	INJECT FOR SPINE DISK X-RAY	CCR								
37	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	CCR								
37	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
37	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
37	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
37	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	CCR								
37	62351	IMPLANT SPINAL CATHETER	CCR		X						
37	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR								
37	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	CCR								
37	63001	RELIEVE SPINAL CORD PRESSURE	CCR								
37	63003	RELIEVE SPINAL CORD PRESSURE	CCR								
37	63005	RELIEVE SPINAL CORD PRESSURE	CCR								
37	63011	RELIEVE PSINAL CORD PRESSURE	CCR								
37	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	CCR								
37	63015	RELIEVE SPINAL CORD PRESSURE	CCR								
37	63016	RELIEVE SPINAL CORD PRESSURE	CCR								
37	63017	RELIEVE SPINAL CORD PRESSURE	CCR								
37	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR								
37	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR								
37	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
37	63040	NECK SPINE DISK SURGERY	CCR								
37	63042	LOW BACK DISK SURGERY	CCR								
37	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
37	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					X			
37	63045	LAMINECTOMY....SING.SEG.;CERVICAL	CCR								
37	63046	LAMINECTOMY....SING.SEG.;THORACIC	CCR								
37	63047	LAMINECTOMY....SING.SEG.;LUMBAR	CCR								
37	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	CCR					X			
37	63052	PARTIAL REMOVAL OF BONE OF SINGLE SE	CCR								
37	63053	PARTIAL REMOVAL OF BONE OF ADDITIONA	CCR					X			
37	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	CCR								
37	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	CCR								
37	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	CCR					X			

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	CCR								
37	63066	DECOMPRESS...THORACIC;EACH ADD SEG	CCR					X			
37	63075	REMOVAL OF UPPER SPINE DISC AND RELE	CCR								
37	63076	REMOVAL OF UPPER SPINE DISC AND RELE	CCR					X			
37	63265	LAMINECTOMY,LESION...;CERVICAL	CCR								
37	63266	LAMINECTOMY,LESION...;THORACIC	CCR								
37	63267	LAMINECTOMY,LESION...;LUMBAR	CCR								
37	63268	LAMINECTOMY,LESION....;SACRAL	CCR								
37	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR								
37	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
37	63655	IMPLANT NEUROELECTRODES	CCR								
37	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	CCR								
37	64400	INJECTION FOR NERVE BLOCK	CCR					X			
37	64405	INJECTION FOR NERVE BLOCK	CCR					X			
37	64408	INJECTION FOR NERVE BLOCK	CCR					X			
37	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	CCR								
37	64418	INJECTION FOR NERVE BLOCK	CCR					X			
37	64425	INJECTION FOR NERVE BLOCK	CCR					X			
37	64435	INJECTION FOR NERVE BLOCK	CCR					X			
37	64445	INJECTION FOR NERVE BLOCK	CCR					X			
37	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	CCR								
37	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	CCR								
37	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	CCR								
37	64449	N BLOCK INJ, LUMBAR PLEXUS	CCR								
37	64455	INJECTIONS OF ANESTHETIC AND/OR STER	CCR								
37	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	CCR								
37	64466	UNILATERAL THORACIC FASCIAL PLANE BL	CCR								
37	64467	UNILATERAL THORACIC FASCIAL PLANE BL	CCR								
37	64468	BILATERAL THORACIC FASCIAL PLANE BLO	CCR								
37	64469	BILATERAL THORACIC FASCIAL PLANE BLO	CCR								
37	64473	UNILATERAL LOWER EXTREMITY FASCIAL P	CCR								
37	64474	UNILATERAL LOWER EXTREMITY FASCIAL P	CCR								
37	64483	INJ FORAMEN EPIDURAL L/S	CCR								
37	64484	INJ FORAMEN EPIDURAL ADD-ON	CCR								
37	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
37	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
37	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
37	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	CCR								
37	64490	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
37	64491	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
37	64492	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					X			
37	64493	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
37	64494	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
37	64495	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					X			
37	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	CCR								
37	64611	CHEMODENERVATION OF PAROTID AND SUBM	CCR								
37	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	CCR								
37	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	CCR			X					
37	64629	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	CCR					X			
37	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
37	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
37	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
37	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
37	64763	INCISE HIP/THIGH NERVE	CCR								
37	64766	INCISE HIP/THIGH NERVE	CCR								
37	64804	REMOVE SYMPATHETIC NERVES	CCR								
37	64820	REMOVE SYMPATHETIC NERVES	CCR								
37	64822	REMOVE SYMPATHETIC NERVES	CCR								
37	64823	REMOVE SYMPATHETIC NERVES	CCR								
37	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	CCR								
37	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	CCR								
37	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	CCR					X			
37	65125	MODIFICATION OF OCULAR IMPLANT (EG,	CCR								
37	65210	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
37	65220	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
37	65222	REMOVE FOREIGN BODY FROM EYE	CCR		X			X			
37	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	CCR								
37	65430	CORNEAL SMEAR	CCR					X			
37	65435	CURETTE/TREAT CORNEA	CCR								
37	65436	CURETTE/TREAT CORNEA	CCR								
37	65450	DESTROY CORNEAL LESION	CCR								
37	65600	REVISION OF CORNEA	CCR								
37	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	CCR								
37	65765	KERATOPHAKIA	CCR								
37	65767	EPIKERATOPHAKIA	CCR								
37	66683	IMPLANTATION OF IRIS PROSTHESIS	CCR								
37	66762	REVISION OF IRIS	CCR								
37	66770	REMOVAL OF INNER EYE LESION	CCR								
37	66990	OPHTHALMIC ENDOSCOPE ADD-ON	CCR								
37	67041	VITRECTOMY,MECHANICAL,PARS PLANA	CCR								
37	67043	VITRECTOMY,MECHANICAL,PARS PLANA	CCR								
37	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	CCR								
37	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	CCR								
37	67221	OCULAR PHOTODYNAMIC THER	CCR								
37	67225	EYE PHOTODYNAMIC THER ADD-ON	CCR								
37	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	CCR	00 00							
37	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	CCR								
37	67346	BIOPSY OF EXTRAOCULAR MUSCLE	CCR								
37	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	CCR								
37	67505	INJECT/TREAT EYE SOCKET	CCR								
37	67515	INJECTION OF MEDICATION OR SUBSTANCE	CCR								
37	67516	INJECTION OF DRUG INTO THE SPACE BET	CCR								
37	67710	INCISION OF EYELID	CCR		X						
37	67825	REVISE EYELASHES	CCR								
37	67850	TREAT EYELID LESION	CCR								
37	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	CCR								
37	67915	REPAIR EYELID DEFECT	CCR		X	X					
37	67922	REPAIR EYELID DEFECT	CCR		X						
37	68020	INCISE/DRAIN EYELID LINING	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	68040	TREATMENT OF EYELID LESIONS	CCR								
37	68100	BIOPSY OF EYELID LINING	CCR								
37	68135	REMOVE EYELID LINING LESION	CCR								
37	68200	TREAT EYELID BY INJECTION	CCR								
37	68400	INCISE/DRAIN TEAR GLAND	CCR								
37	68420	INCISE/DRAIN TEAR SAC	CCR								
37	68440	INCISE TEAR DUCT OPENING	CCR								
37	68530	CLEARANCE OF TEAR DUCT	CCR								
37	68705	REVISE TEAR DUCT OPENING	CCR								
37	68760	CLOSE TEAR DUCT OPENING	CCR								
37	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	CCR					X			
37	68801	DILATE TEAR DUCT OPENING	CCR		X						
37	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	CCR								
37	68840	EXPLORE/IRRIGATE TEAR DUCTS	CCR								
37	68841	INSERTION OF DRUG DELIVERY IMPLANT I	CCR								
37	68850	INJECTION FOR TEAR SAC X-RAY	CCR								
37	69200	CLEAR OUTER EAR CANAL	CCR								
37	69209	REMOVAL IMPACTED CERUMEN USING IRRIG	CCR								
37	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	CCR								
37	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	CCR								
37	69535	REMOVE PART OF TEMPORAL BONE	CCR								
37	69554	REMOVE EAR LESION	CCR								
37	69955	RELEASE FACIAL NERVE	CCR								
37	69960	RELEASE INNER EAR CANAL	CCR								
37	69970	REMOVE INNER EAR LESION	CCR								
37	70010	MYELOGRAPHY; INTERPRETATION ONLY	CCR								
37	70015	CISTERNOGRAPHY; INTERPRET ONLY	CCR								
37	70030	X-RAY EYE; DETECT FOREIGN BODY	CCR					X			
37	70100	X-RAY MANDIBLE; PARTIAL	CCR								
37	70110	X-RAY MANDIBLE; COMPLETE	CCR								
37	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	CCR					X			
37	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	CCR					X			
37	70134	X-RAY INTERNAL AUDITORY MEATI	CCR					X			
37	70140	X-RAY FACIAL BONES; L3 VIEWS	CCR								
37	70150	X-RAY FACIAL BONES; COMPLETE	CCR								
37	70160	X-RAY NASAL BONES; COMPLETE	CCR								
37	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	CCR								
37	70190	X-RAY OPTIC FORAMINA	CCR					X			
37	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	CCR					X			
37	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	CCR								
37	70220	X-RAY SINUSES; PARANASAL; COMPLETE	CCR								
37	70240	X-RAY SELLA TURCICA	CCR								
37	70250	X-RAY SKULL; LESS THAN 4 VIEWS	CCR								
37	70260	X-RAY SKULL; COMPLETE	CCR								
37	70300	X-RAY TEETH; SINGLE VIEW	CCR								
37	70310	X-RAY TEETH; PARTIAL EXAM	CCR								
37	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	CCR								
37	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	CCR								
37	70330	ARTHROTOMOGRAPHY;TEMPOROMAND.-COMPLT	CCR								
37	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	CCR								

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37	70336	MRI,TEMPOROMANDIBULAR JOINT	CCR								
37	70350	CEPHALOGRAM; ORTHODONTIC	CCR								
37	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	CCR								
37	70360	X-RAY NECK; SOFT TISSUE	CCR								
37	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	CCR								
37	70380	X-RAY SALIVARY GLANDFOR CALCULUS	CCR								
37	70390	SIALOGRAPHY; INTERPRETATION ONLY	CCR								
37	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER	CCR								
37	70460	CAT,HEAD/BRAIN;W/ CONTRAST MATERIAL	CCR								
37	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	CCR								
37	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	CCR								
37	70481	TOMOGRAPHY;ORBIT,ETC,WITH/CONTRAST M	CCR								
37	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	CCR								
37	70486	TOMOGRAPHY;MAXILLOFACIAL W/OUT CONTR	CCR								
37	70487	TOMOGRAPHY;MAXILLOFAC,WITH CONTRAST	CCR								
37	70488	CAT;MAXILL.;W/OUT-W/ CONTRAST MATER.	CCR								
37	70490	CAT,SOFT TISSUE NECK;W/OUT CONTRAST	CCR								
37	70491	CAT.SOFT TISSUE NECK;W/ CONTRAST MAT	CCR								
37	70492	CAT,NECK;W/OUT-W/ CONTRAST MATERIAL	CCR								
37	70496	CT ANGIOGRAPHY HEAD	CCR								
37	70498	CT ANGIOGRAPHY NECK	CCR								
37	70540	MRI-ORBIT,FACE AND NECK	CCR								
37	70542	MR IMAGING ORBIT, FACE, AND NECK	CCR								
37	70543	MR IMAGING ORBIT, FACE , AND NECK	CCR								
37	70544	MR ANGIOGRAPHY HEAD	CCR								
37	70545	MR ANGIOGRAPHY	CCR								
37	70546	MR ANGIOGRAPHY NECK	CCR								
37	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	CCR								
37	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	CCR								
37	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	CCR								
37	70551	MRI-BRAIN/INCLUDING BRAIN STEM	CCR								
37	70552	MRI,BRAIN W CONTRAST MATERIAL	CCR								
37	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
37	71045	RADIOLOGICAL EXAMINATION, CHEST;SING	CCR					X			
37	71046	RADIOLOGICAL EXAMINATION, CHEST; 2 V	CCR					X			
37	71047	RADIOLOGICAL EXAMINATION, CHEST; 3 V	CCR					X			
37	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	CCR								
37	71100	X-RAY EXAM OF RIBS	CCR								
37	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	CCR								
37	71110	X-RAY EXAM OF RIBS	CCR								
37	71111	X-RAY RIBS,BILAT;POSTEROANTERI CHEST	CCR								
37	71120	X-RAY EXAM OF BREASTBONE	CCR								
37	71130	X-RAY EXAM OF BREASTBONE	CCR								
37	71250	CAT,THORAX;W.OUT CONTRAST MATERIAL	CCR								
37	71260	CAT.THORAX, W/ CONTRAST MATERIAL	CCR								
37	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	CCR								
37	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	CCR								
37	71275	CT ANGIOGRAPHY, CHEST	CCR								
37	71550	MRI-CHEST/LYPHADENOPATHY EVAL	CCR								
37	71551	MRI CHEST W/DYE	CCR								

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	71552	MRI CHEST W/O&W DYE	CCR								
37	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	CCR								
37	72020	X-RAY SPINE,SINGLE VIEW	CCR								
37	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	CCR								
37	72050	X-RAY EXAM OF NECK SPINE	CCR								
37	72052	X-RAY EXAM OF NECK SPINE	CCR								
37	72070	X-RAY EXAM OF THORAX SPINE	CCR								
37	72072	X-RAY SPINE;THORACIC,ANTEROPOS;LATER	CCR								
37	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	CCR								
37	72080	X-RAY EXAM OF TRUNK SPINE	CCR								
37	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
37	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
37	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
37	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
37	72100	X-RAY EXAM OF LOWER SPINE	CCR								
37	72110	X-RAY EXAM OF LOWER SPINE	CCR								
37	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
37	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
37	72125	CAT SCAN,CERVICAL SPINE W/OUT C M	CCR								
37	72126	CAT SCAN CERVICAL SPINE W/CONT MATER	CCR								
37	72127	CAT-CERVICAL SPINE;W/O,W/ CONTRAST	CCR								
37	72128	CAT SCAN,THORACIC SPINE W/OUT C MATE	CCR								
37	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	CCR								
37	72130	CAT-THORACIC SPINE;W/OUT,W/CONTRAST	CCR								
37	72131	CAT SCAN LUMBAR W/OUT CONTRAST	CCR								
37	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	CCR								
37	72133	CAT-LUMBAR SPINE;W/OUT,W/CONTRAST	CCR								
37	72141	MRI,SPINAL CANAL...;CERVICAL	CCR								
37	72142	MRI,SPINAL CANAL & CONTENTD,CERVICAL	CCR								
37	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	CCR								
37	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	CCR								
37	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	CCR								
37	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	CCR								
37	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
37	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
37	72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
37	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	CCR								
37	72170	X-RAY EXAM OF PELVIS	CCR								
37	72190	X-RAY EXAM OF PELVIS	CCR								
37	72191	CT ANGIOGRAPH PELV W/O&W DYE	CCR								
37	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	CCR								
37	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	CCR								
37	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	CCR								
37	72195	MRI PELVIS W/O DYE	CCR								
37	72196	MRI,PELVIS	CCR								
37	72197	MRI PELVIS W/O & W DYE	CCR								
37	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	CCR								
37	72200	X-RAY EXAM SACROILIAC JOINTS	CCR								
37	72202	X-RAY EXAM SACROILIAC JOINTS	CCR								
37	72220	X-RAY EXAM OF TAILBONE	CCR								

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	72240	CONTRAST X-RAY OF NECK SPINE	CCR								
37	72255	CONTRAST X-RAY THORAX SPINE	CCR								
37	72265	CONTRAST X-RAY LOWER SPINE	CCR								
37	72270	RADIOLOGICAL SUPERVISION AND INTERPR	CCR								
37	72285	X-RAY OF NECK SPINE DISK	CCR								
37	72295	X-RAY OF LOWER SPINE DISK	CCR								
37	73000	X-RAY EXAM OF COLLARBONE	CCR					X			
37	73010	X-RAY EXAM OF SHOULDER BLADE	CCR					X			
37	73020	X-RAY EXAM OF SHOULDER	CCR					X			
37	73030	X-RAY EXAM OF SHOULDER	CCR					X			
37	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	CCR					X			
37	73050	X-RAY EXAM OF SHOULDERS	CCR								
37	73060	X-RAY EXAM OF HUMERUS	CCR					X			
37	73070	X-RAY EXAM OF ELBOW	CCR					X			
37	73080	X-RAY EXAM OF ELBOW	CCR					X			
37	73085	X-RAY,ELBOW,ARTHROGRAPHY;SUPER/INTER	CCR					X			
37	73090	X-RAY EXAM OF FOREARM	CCR					X			
37	73092	X-RAY EXAM OF ARM, INFANT	CCR					X			
37	73100	X-RAY EXAM OF WRIST	CCR					X			
37	73110	X-RAY EXAM OF WRIST	CCR					X			
37	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	CCR					X			
37	73120	X-RAY EXAM OF HAND	CCR					X			
37	73130	X-RAY EXAM OF HAND	CCR					X			
37	73140	X-RAY EXAM OF FINGER(S)	CCR					X			
37	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	CCR					X			
37	73201	CAT,UPPER EXTREMITY;W/ CONTRAST MAT.	CCR					X			
37	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST	CCR					X			
37	73206	CT ANGIO UPR EXTRM W/O&W DYE	CCR					X			
37	73218	MRI UPPER EXTREMITY W/O DYE	CCR					X			
37	73219	MRI UPPER EXTREMITY W/DYE	CCR					X			
37	73220	MRI-UPPER EXTREMITY	CCR					X			
37	73221	MRE, ANY JOINT OF UPPER EXTREMITY	CCR					X			
37	73222	MRI JOINT UPR EXTREM W/ DYE	CCR					X			
37	73223	MRI JOINT UPR EXTR W/O&W DYE	CCR					X			
37	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	CCR					X			
37	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
37	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
37	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	CCR								
37	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
37	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
37	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	CCR								
37	73525	CONTRAST X-RAY OF HIP	CCR					X			
37	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	CCR								
37	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	CCR								
37	73560	X-RAY EXAM OF KNEE	CCR					X			
37	73562	X-RAY KNEE A/P.OBLIQUES,3+VIEWS	CCR					X			
37	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	CCR					X			
37	73565	RADIO EXAM,KNEES,STANDING,ANTEROPOST	CCR								
37	73580	CONTRAST X-RAY OF KNEE JOINT	CCR					X			
37	73590	X-RAY EXAM OF LOWER LEG	CCR					X			

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	73592	X-RAY EXAM OF LEG, INFANT	CCR					X			
37	73600	X-RAY EXAM OF ANKLE	CCR					X			
37	73610	X-RAY EXAM OF ANKLE	CCR					X			
37	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	CCR					X			
37	73620	X-RAY EXAM OF FOOT	CCR					X			
37	73630	X-RAY EXAM OF FOOT	CCR					X			
37	73650	X-RAY EXAM OF HEEL	CCR					X			
37	73660	X-RAY EXAM OF TOE(S)	CCR					X			
37	73700	CAT,LOWER EXTREMITY;W/OUT COUNTRAST	CCR					X			
37	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT.	CCR					X			
37	73702	CAT.,LOWER EXT.;W/OUT-W/CONTRAST	CCR								
37	73706	CT ANGIO LWR EXTR W/O&W DYE	CCR					X			
37	73718	MRI LOWER EXTREMITY W/O DYE	CCR					X			
37	73719	MRI LOWER EXTREMITY W/DYE	CCR					X			
37	73720	MRI-LIWER EXTREMITY	CCR					X			
37	73721	MRI,ANY JOINT,LOWER EXTREMITY	CCR					X			
37	73722	MRI JOINT OF LWR EXTR W/DYE	CCR					X			
37	73723	MRI JOINT LWR EXTR W/O&W DYE	CCR					X			
37	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	CCR					X			
37	74018	RADIOLOGICAL EXAMINATION,ABDOMEN; 1	CCR					X			
37	74019	RADIOLOGICAL EXAMINATION,ABDOMEN; 2	CCR					X			
37	74021	RADIOLOGICAL EXAMINATION, ABDOMEN; 3	CCR					X			
37	74022	IMAGING OF ABDOMEN AND CHEST	CCR								
37	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	CCR								
37	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	CCR								
37	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	CCR								
37	74174	COMPUTED TORNOGRAPHIC ANGIOGRAPHY,AB	CCR								
37	74175	CT ANGIO ABDOM W/O&W DYE	CCR								
37	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
37	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
37	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					X			
37	74181	MRI-ABDOMEN	CCR								
37	74182	MRI ABDOMEN W/DYE	CCR								
37	74183	MRI ABDOMEN W/O&W DYE	CCR								
37	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	CCR								
37	74190	PERITONEOGRAM (EG, AFTER INJECTION O	CCR								
37	74210	CONTRAST XRAY EXAM OF THROAT	CCR								
37	74220	CONTRAST XRAY EXAM,ESOPHAGUS	CCR								
37	74221	X-RAY OF ESOPHAGUS WITH DOUBLE CONTR	CCR								
37	74230	CINEMA XRAY THROAT/ESOPHAGUS	CCR								
37	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	CCR								
37	74240	X-RAY EXAM UPPER GI TRACT	CCR								
37	74246	X-RAY GASTROINTESTINAL TRACT	CCR								
37	74248	FOLLOW-THROUGH X-RAY OF UPPER DIGEST	CCR								
37	74250	X-RAY EXAM OF SMALL BOWEL	CCR								
37	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	CCR								
37	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
37	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
37	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
37	74270	CONTRAST X-RAY EXAM OF COLON	CCR								

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	74280	CONTRAST X-RAY EXAM OF COLON	CCR								
37	74283	BARIUM ENEMA,THERAPEUTIC	CCR								
37	74290	CONTRAST X-RAY, GALLBLADDER	CCR								
37	74300	CONTRAST X-RAY OF BILE DUCTS	CCR								
37	74301	CHOLANGIOGRA;ADDITIONAL SET/SURGERY	CCR								
37	74328	XRAY FOR BILE DUCT ENDOSCOPY	CCR								
37	74329	X-RAY FOR PANCREAS ENDOSCOPY	CCR								
37	74330	XRAY,BILE/PANCREAS ENDOSCOPY	CCR								
37	74340	X-RAY GUIDE FOR GI TUBE	CCR								
37	74355	PERC.PLACE ENTEROLYSIS TUBE;GUIDANCE	CCR								
37	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	CCR								
37	74363	PERCUT TRANS DILAT BIL DUCT W-W/O ST	CCR								
37	74400	CONTRAST X-RAY URINARY TRACT	CCR								
37	74410	CONTRAST X-RAY URINARY TRACT	CCR								
37	74415	CONTRAST X-RAY URINARY TRACT	CCR								
37	74420	CONTRAST X-RAY URINARY TRACT	CCR								
37	74425	CONTRAST X-RAY URINARY TRACT	CCR								
37	74430	CONTRAST X-RAY OF BLADDER	CCR								
37	74440	XRAY EXAM MALE GENITAL TRACT	CCR								
37	74445	COPORA CAVERNOSOGRAPHY;SUPER/INTERP	CCR								
37	74450	X-RAY EXAM URETHRA/BLADDER	CCR								
37	74455	X-RAY EXAM URETHRA/BLADDER	CCR								
37	74470	X-RAY-RENAL CYST STUDY	CCR								
37	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	CCR								
37	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	294.41			X			01/01/16		
37	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR					X			
37	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	CCR								
37	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
37	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
37	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
37	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
37	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	CCR								
37	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	CCR								
37	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR								
37	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	CCR								
37	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	CCR								
37	75580	ANALYSIS OF DATA FROM CT STUDY OF HE	CCR								
37	75600	CONTRAST X-RAY EXAM OF AORTA	CCR								
37	75605	CONTRAST X-RAY EXAM OF AORTA	CCR								
37	75609	BRAIN IMAGING,POSITRON EMISSION	CCR		X						
37	75625	CONTRAST X-RAY EXAM OF AORTA	CCR								
37	75630	AORTOGRAPH;ABDOMEN-BILAT	CCR								
37	75635	CT ANGIO ABDOMINAL ARTERIES	CCR								
37	75705	ARTERY X-RAYS, SPINE	CCR								
37	75710	ARTERY X-RAYS, ARM/LEG	CCR								
37	75716	ARTERY X-RAYS, ARMS/LEGS	CCR								
37	75726	ARTERY X-RAYS, ABDOMEN	CCR								
37	75731	ARTERY X-RAYS, ADRENAL GLAND	CCR								
37	75733	ARTERY X-RAYS,ADRENAL GLANDS	CCR								
37	75736	ARTERY X-RAYS, PELVIS	CCR								

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	75741	ARTERY X-RAYS, LUNG	CCR								
37	75743	ARTERY X-RAYS, LUNGS	CCR								
37	75746	ARTERY X-RAYS, LUNG	CCR								
37	75756	ARTERY X-RAYS, CHEST	CCR								
37	75801	LYMPH VESSEL X-RAY, ARM/LEG	CCR								
37	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	CCR								
37	75805	LYMPH VESSEL X-RAY, TRUNK	CCR								
37	75807	LYMPH VESSEL X-RAY, TRUNK	CCR								
37	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	CCR								
37	75810	VEIN X-RAY, SPLEEN/LIVER	CCR								
37	75820	VEIN X-RAY, ARM/LEG	CCR								
37	75822	VEIN X-RAY, ARMS/LEGS	CCR								
37	75825	VEIN X-RAY, TRUNK	CCR								
37	75827	VEIN X-RAY, CHEST	CCR								
37	75831	VEIN X-RAY, KIDNEY	CCR								
37	75833	VEIN X-RAY, KIDNEYS	CCR								
37	75840	VEIN X-RAY, ADRENAL GLAND	CCR								
37	75842	VEIN X-RAY, ADRENAL GLANDS	CCR								
37	75860	VEIN X-RAY, NECK	CCR								
37	75870	VEIN X-RAY, SKULL	CCR								
37	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	CCR								
37	75880	VEIN X-RAY, EYE SOCKET	CCR								
37	75885	VEIN X-RAY, LIVER	CCR								
37	75887	VEIN X-RAY, LIVER	CCR								
37	75889	VEIN X-RAY, LIVER	CCR								
37	75891	VEIN X-RAY, LIVER	CCR								
37	75893	VENOUS SAMPLING BY CATHETER	CCR								
37	75894	XRAYS, TRANSCATHETER THERAPY	CCR								
37	75898	FOLLOW-UP ANGIOGRAM	CCR								
37	75901	REMOVE CVA DEVICE OBSTRUCT	CCR								
37	75902	REMOVE CVA LUMEN OBSTRUCT	CCR								
37	75970	TRANSCATH BXX;SUPER/INTERP	CCR								
37	75989	RAD.GUIDE....SUPERVISION/INTERP ONLY	CCR								
37	76000	FLUOROSCOPY,MD TIME TO 1 HR	CCR								
37	76010	X-RAY,NOWE-RECTUM,SINGLE FILM,CHILD	CCR								
37	76014	ASSESSMENT BY TRAINED CLINICAL STAFF	CCR								
37	76015	ASSESSMENT BY TRAINED CLINICAL STAFF	CCR								
37	76016	DETERMINATION OF MR SAFETY BY A PHYS	CCR								
37	76017	MEDICAL PHYSICS EXAMINATION CUSTOMIZ	CCR								
37	76018	PREPARATION UNDER SUPERVISION OF PHY	CCR								
37	76019	IMPLANT POSITIONING AND/OR IMMOBILIZ	CCR								
37	76080	X-RAY EXAM OF FISTULA	CCR								
37	76098	RADIO.EXAM.,BREAST SURGICAL SPECIMEN	CCR					X			
37	76100	X-RAY EXAM OF BODY SECTION	CCR								
37	76120	CINEMATIC X-RAYS	CCR								
37	76125	CINEMATIC X-RAYS	CCR								
37	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	CCR								
37	76376	3D RENDER W/O POSTPROCESS	CCR								
37	76377	3D RENDERING W/POSTPROCESS	CCR								
37	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	CCR								

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	76390	MR SPECTROSCOPY	CCR									
37	76391	MAGNETIC RESONANCE (EG, VIBRATION) E	CCR									
37	76496	FLUOROSCOPIC PROCEDURE	CCR									
37	76497	CT PROCEDURE	CCR									
37	76498	MRI PROCEDURE	CCR									
37	76499	RADIOGRAPHIC PROCEDURE	CCR									
37	76506	ECHO EXAM OF HEAD B-MODE COMPLETE	CCR									
37	76510	OPHTH US, B & QUANT A	CCR									
37	76511	ECHO EXAM OF EYE	CCR						X			
37	76512	ECHO EXAM OF EYE	CCR									
37	76513	OPHTH.ULTRASOUND,ECHOGRAPHY;H2O-B-SC	CCR									
37	76514	ECHO EXAM OF EYE, THICKNESS	CCR									
37	76516	ECHO EXAM OF EYE	CCR									
37	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	CCR									
37	76529	ECHO EXAM OF EYE	CCR									
37	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/IMAGE	CCR									
37	76604	ECHO EXAM OF CHEST	CCR									
37	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR									
37	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	CCR									
37	76700	ECHO EXAM OF ABDOMEN	CCR									
37	76705	ECHO EXAM OF ABDOMEN	CCR									
37	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	CCR									
37	76770	ECHO EXAM ABDOMEN BACK WALL	CCR									
37	76775	ECHO EXAM ABDOMEN BACK WALL	CCR									
37	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	CCR									
37	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	CCR									
37	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	CCR					F				
37	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR					F	X			
37	76805	ULTRASOUND, PREGNANT UTERUS	CCR	10	59			F				
37	76810	EACH ADDITIONAL GESTATION	CCR	10	59			F	X			
37	76811	ULTRASOUND,PREG UTER, TRNSAB; FIRST	CCR					F				
37	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	CCR					F	X			
37	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR	10	60			F				
37	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	CCR	10	60			F	X			
37	76815	ECHO EXAM FOR FETAL GROWTH	CCR					F				
37	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	CCR					F				
37	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	CCR					F				
37	76818	FETAL BIOPHYSICAL PROFILE	CCR									
37	76819	FETL BIOPHYS PROFIL W/O STRS	CCR									
37	76820	UMBILICAL ARTERY ECHO	CCR	10	59			F				
37	76821	MIDDLE CEREBRAL ARTERY ECHO	CCR	10	59			F				
37	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO	CCR	00	60			F				
37	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	CCR									
37	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR									
37	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	CCR									
37	76830	ECHOGRAPHY, TRANSVAGINAL	CCR									
37	76831	ECHO EXAM, UTERUS	CCR					F				
37	76856	ECHOGRAPHY, PELVIC, REAL TIME	CCR									
37	76857	ECHOGRAPHY, PELVIC,LIMITED OR FOLLOW	CCR									
37	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	CCR					M				

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	76872	ECHOGRAPHY, TRANSRECTAL	CCR									
37	76873	ECHOGRAP TRANS R, PROS STUDY	CCR					M				
37	76881	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR									
37	76882	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR									
37	76883	COMPREHENSIVE ULTRASOUND SCAN OF ENT	CCR						X			
37	76885	ECHO EXAM, INFANT HIPS	CCR									
37	76886	ECHO EXAM, INFANT HIPS	CCR									
37	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	CCR									
37	76936	ECHO GUIDE FOR ARTERY REPAIR	CCR									
37	76937	US GUIDE, VASCULAR ACCESS	CCR									
37	76940	US GUIDE, TISSUE ABLATION	CCR									
37	76941	ECHO GUIDE FOR TRANSFUSION	CCR									
37	76942	ECHO GUIDE FOR BIOPSY	CCR						X			
37	76945	ULTRASONIC GUIDE/COLL/DRAIN;COM.PROC	CCR									
37	76946	ECHO GUIDE FOR AMNIOCENTESIS	CCR						X			
37	76965	ECHO GUIDANCE RADIOTHERAPY	CCR									
37	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	CCR									
37	76977	US BONE DENSITY MEASURE	CCR									
37	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR									
37	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR									
37	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	CCR									
37	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LESI	CCR									
37	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	CCR									
37	76984	ULTRASOUND OF CHEST AORTA DURING SUR	CCR									
37	76987	ULTRASOUND OF HEART DURING SURGERY T	CCR									
37	76988	ULTRASOUND OF HEART DURING SURGERY T	CCR									
37	76989	ULTRASOUND OF HEART DURING SURGERY T	CCR									
37	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	CCR									
37	76999	ECHO EXAMINATION PROCEDURE	CCR									
37	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	CCR									
37	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	CCR									
37	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	CCR									
37	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	CCR									
37	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	CCR									
37	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	CCR									
37	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	CCR									
37	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	CCR									
37	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	CCR									
37	77046	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
37	77047	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
37	77048	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
37	77049	MAGNETIC RESONANCE IMAGING, BREAST	CCR									
37	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	CCR									
37	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	CCR									
37	77061	DIGITAL BREAST TOMOSYNTHESIS; UNILAT	CCR									
37	77062	DIGITAL BREAST TOMOSYNTHESIS; BILATE	CCR									
37	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	CCR	30	99			F				
37	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
37	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
37	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	CCR	30	99			F				

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	77071	MANUAL APPLICATION OF STRESS PERFORM	CCR								
37	77072	BONE AGE STUDIES	CCR								
37	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	CCR								
37	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
37	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
37	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
37	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	CCR								
37	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	CCR								
37	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
37	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
37	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
37	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
37	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	CCR								
37	77261	SIMPLE TREAT PLAN-THERA RADIOL	CCR								
37	77262	INTER TREAT PLAN-THERA RADIOLO	CCR								
37	77263	COMPLEX TREAT PLAN-THERA RADIO	CCR								
37	77280	SIMPLE,RAD SIMU-AIDED FIELDSET	CCR								
37	77285	INTER,RAD SIMU-AIDED FIELD SET	CCR								
37	77290	COMP,RAD SIMU-AIDED FIELD SET	CCR								
37	77293	Respiratory motion management simula	CCR								
37	77295	MANAGEMENT OF RADIATION THERAPY, 3D	CCR					X			
37	77299	UNLISTED CLINICAL TREAT.PLAN	CCR								
37	77300	BASIC RAD DOSIMETRY CALCULATIO	CCR								
37	77301	RADIOLTHERAPY DOS PLAN, IMRT	CCR								
37	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	CCR								
37	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	CCR								
37	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	CCR								
37	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	CCR								
37	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	CCR								
37	77321	SPEC TELETHERAPY PLAN TOTALBOD	CCR								
37	77331	SPECIAL DOSIMETRY (SPECIFY)	CCR					X			
37	77332	TREATMENT DEVICES,DESIGN/CONSTR;SIMP	CCR								
37	77333	TREATMENT DEVICES/DESIGN;INTERMEDIAT	CCR								
37	77334	TREATMENT DEVICES/DESIGN;COMPLEX	CCR					X			
37	77336	CONTINUING RADIATION PHYSICS CONSULT	CCR								
37	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	CCR								
37	77370	SPECIAL MED RAD PHYSICS CONSULTATION	CCR								
37	77371	RADIATION TREATMENT DELIVERY, STEREO	CCR								
37	77372	RADIATION TREATMENT DELIVERY, STEREO	CCR								
37	77373	STEREOTACTIC BODY RADIATION THERAPY,	CCR								
37	77385	INTENSITY MODULATED RADIATION TREATM	CCR								
37	77386	INTENSITY MODULATED RADIATION TREATM	CCR								
37	77399	UNLISTED RAD THER/PHYSICS CONS	CCR								
37	77401	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO	CCR								
37	77402	RADIAT TRTMNT DELIVER-SING AREA/PORT	CCR								
37	77407	RADIAT TRTMNT DELIVERY-2AREAS,3PORTS	CCR								
37	77412	RADIAT TRTMNT DELIV UP TO 5 MEV	CCR								
37	77417	THERAPEUTIC RADIOLOGY PORT FILMS	CCR					X			
37	77423	NEUTRON BEAM TX, COMPLEX	CCR								
37	77424	INTRAOPERATIVE RADIATION TREATMENT D	MP			X			01/01/12		

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	77425	INTRAOPERATIVE RADIATION TREATMENT D	MP				X			01/01/12		
37	77427	RADIATION TX MANAGEMENT, X5	CCR									
37	77431	RADIATION THERAPY MANAGEMENT W COMPL	CCR						X			
37	77432	STEREOTACTIC RADIATION TREATMENT MAN	CCR									
37	77435	STEREOTACTIC BODY RADIATION THERAPY,	CCR									
37	77469	INTRAOPERATIVE RADIATION TREATMENT M	CCR									
37	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	CCR									
37	77499	UNLISTED,CLINICAL TREAT. MNGT	CCR						X			
37	77520	PROTON BEAM DELIVERY	CCR	00	20							
37	77522	PROTON TRMT, SIMPLE W/COMP	CCR	00	20							
37	77523	PROTON BEAM DELIVERY	CCR	00	20							
37	77525	PROTON TREATMENT, COMPLEX	CCR	00	20							
37	77600	HYPERTHERMIA,EXT GEN, SUPERFICIAL	CCR									
37	77605	HYPERTHERMIA,EXT GEN/DEEP	CCR						X			
37	77610	HYPERTHERMIA;INTERSTITIAL/5 0R <	CCR						X			
37	77615	HYPERTHERMIA/INTERSTITIAL/>5	CCR						X			
37	77620	HYPERTHERMIA...INTRACACITARY PROBE	CCR									
37	77750	INFUSE/INSTILL RADIOELEMENT	CCR									
37	77761	SIMPLE INTRACAV RADIOELEMENT	CCR									
37	77762	INTERM,INTRACAV RADIOELEMENT	CCR									
37	77763	COMPLEX,INTRACAV RADIOELEMENT	CCR									
37	77767	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
37	77768	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
37	77770	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
37	77771	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
37	77772	REMOTE AFTERLOADING HIGH DOES RATE R	CCR									
37	77778	INTERSTITIAL RADIOELEMENT-COMPLEX	CCR									
37	77789	SURFACE APPLICATION OF RADIOELEMENT	CCR									
37	77790	SUPERVISE/HANDLE/LOAD RADIOELEMENT	CCR									
37	77799	UNLISTED CLINICAL BRACHYTHERAPY	CCR									
37	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	CCR									
37	78013	THYROID IMAGING (INCLUDING VASCULAR	CCR									
37	78014	THYROID IMAGING (INCLUDING VASCULAR	CCR									
37	78015	NUCLEAR SCAN OF THYROID	CCR									
37	78016	EXTENSIVE THYROID SCAN	CCR									
37	78018	THYROID CA IMAGING;WHOLE BODY Y	CCR									
37	78020	THYROID MET UPTAKE	CCR									
37	78070	PARATHROID IMAGING	CCR									
37	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR									
37	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	CCR									
37	78075	NUCLEAR SCAN OF ADRENALS	CCR									
37	78099	ENDOCRINE NUCLEAR PROCEDURE	CCR									
37	78102	NUCLEAR SCAN OF BONE MARROW	CCR									
37	78103	NUCLEAR SCAN OF BONE MARROW	CCR									
37	78104	NUCLEAR SCAN OF BONE MARROW	CCR									
37	78110	NUCLEAR EXAM, PLASMA VOLUME	CCR									
37	78111	NUCLEAR EXAM, PLASMA VOLUME	CCR									
37	78120	NUCLEAR EXAM OF RBC MASS	CCR									
37	78121	NUCLEAR EXAM OF RBC MASS	CCR									
37	78122	WHOLE BLOOD VOLUME DETERMINATION	CCR									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	78130	RED CELL SURVIVAL EXAM	CCR								
37	78140	NUCLEAR EXAM,RED BLOOD CELLS	CCR								
37	78185	NUCLEAR SCAN OF SPLEEN	CCR								
37	78195	NUCLEAR SCAN OF LYMPH SYSTEM	CCR								
37	78199	NUCLEAR EXAM BLOOD/LYMPH	CCR								
37	78201	NUCLEAR SCAN OF LIVER	CCR								
37	78202	NUCLEAR SCAN OF LIVER	CCR								
37	78215	NUCLEAR SCAN, LIVER & SPLEEN	CCR								
37	78216	NUCLEAR SCAN, LIVER/SPLEEN	CCR								
37	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
37	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
37	78230	NUCLEAR SCAN, SALIVARY GLAND	CCR								
37	78231	NUCLEAR SCANS,SALIVARY GLAND	CCR								
37	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	257.26			X			01/01/16		
37	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	CCR								
37	78267	BREATH TST ATTAIN/ANAL C-14	10.86						07/01/00		
37	78268	BREATH TEST ANALYSIS, C-14	40.00						07/01/00		
37	78278	ACUTE GI BLOOD LOSS IMAGING	CCR								
37	78290	INTESTINE IMAGING	CCR								
37	78299	G.I. NUCLEAR PROCEDURE	CCR								
37	78300	NUCLEAR SCAN OF BONE	CCR								
37	78305	NUCLEAR SCAN OF BONES	CCR								
37	78306	NUCLEAR SCAN OF SKELETON	CCR								
37	78315	BONE IMAGING;BY THREE PHASE TECHNIQU	CCR								
37	78399	MUSCULOSKELETAL NUCLEAR EXAM	CCR								
37	78414	DETERMINE VENTRIC.EJECT FRACTION	CCR								
37	78445	NUCLEAR SCAN OF BLOOD FLOW	CCR								
37	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR								
37	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGR	CCR								
37	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR								
37	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR	CCR					X			
37	78456	ACUTE VENOUS THROMBUS IMAGE	CCR								
37	78466	MYOCARD IMAGING..;AT REST,QUAL.	CCR								
37	78468	MYOCARD IMAGING..AT REST;FIRST PASS	CCR								
37	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	CCR								
37	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	CCR								
37	78473	CARDIAC BLOOD POOL IMAGING, GATED EQ	CCR								
37	78481	CARD BLD POOL IMAG-FRST PASS TECH...	CCR								
37	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	CCR								
37	78494	HEART IMAGE, SPECT	CCR								
37	78496	HEART FIRST PASS ADD-ON	CCR								
37	78499	CARDIOVASCULAR NUCLEAR EXAM	CCR								
37	78579	PULMONARY VENTILATION IMAGING (EG, A	CCR								
37	78580	PULMONARY PERFUSION IMAGING (EG, PAR	CCR								
37	78582	PULMONARY VENTILATION (EG, AEROSOL O	CCR								
37	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR								
37	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR								
37	78599	RESPIRATORY NUCLEAR EXAM	CCR								
37	78600	NUCLEAR SCAN OF BRAIN	CCR								
37	78601	NUCLEAR SCAN OF BRAIN	CCR								

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	78605	NUCLEAR SCAN OF BRAIN	CCR								
37	78606	NUCLEAR SCAN OF BRAIN	CCR								
37	78608	BRAIN IMAGING, POSITRON EMISSION TOM	CCR		X						
37	78609	BRAIN IMAGING,POSITRON EMISSION	CCR		X						
37	78610	NUCLEAR SCAN OF BRAIN	CCR								
37	78630	CEREBROSPINAL FLUID SCAN	CCR								
37	78635	CEREBROSPINAL FLUID SCAN	CCR								
37	78645	CEREBROSPINAL FLUID SCAN	CCR								
37	78650	CEREBROSPINAL FLUID SCAN	CCR								
37	78660	NUCLEAR EXAM OF TEAR FLOW	CCR								
37	78699	NERVOUS SYSTEM NUCLEAR EXAM	CCR								
37	78700	NUCLEAR SCAN OF KIDNEY	CCR								
37	78701	NUCLEAR SCAN OF KIDNEY	CCR								
37	78707	NUCLEAR SCAN OF KIDNEY	CCR								
37	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	CCR								
37	78709	KIDNEY FLOW & FUNCTION IMAGE	CCR								
37	78725	NUCLEAR EXAM OF KIDNEY	CCR								
37	78730	NUCLEAR EXAM OF BLADDER	CCR								
37	78740	NUCLEAR EXAM OF URETER	CCR								
37	78761	TESTICULAR IMAGING,W/VASCULAR	CCR					X			
37	78799	GENITOURINARY NUCLEAR EXAM	CCR								
37	78800	NUCLEAR EXAM OF LESION	CCR								
37	78801	NUCLEAR EXAM OF LESIONS	CCR								
37	78802	NUCLEAR EXAM OF LESIONS	CCR								
37	78803	TUMOR LOCALIZATION (SPECT)	CCR								
37	78804	TUMOR IMAGING, WHOLE BODY	CCR								
37	78811	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
37	78812	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
37	78813	POSITRON EMISSON TOMOGRAPHY (PET)	CCR		X						
37	78814	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
37	78815	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
37	78816	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		X						
37	78830	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
37	78831	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
37	78832	SPECT NUCLEAR MEDICINE LOCALIZATION	CCR								
37	78835	QUANTIFICATION OF RADIOACTIVE TRACER	CCR								
37	78999	NUCLEAR DIAGNOSTIC EXAM	CCR								
37	79005	NUCLEAR RX, ORAL ADMIN	CCR								
37	79101	NUCLEAR RX, IV ADMIN	CCR								
37	79200	RADIONUCLIDE THERAPY	CCR								
37	79300	RADIONUCLIDE THERAPY	CCR								
37	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR								
37	79440	RADIONUCLIDE THERAPY	CCR								
37	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR								
37	79999	NUCLEAR MEDICINE THERAPY	CCR								
37	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.51						01/01/15		
37	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
37	80050	GENERAL HEALTH PANEL	45.73						01/01/09		
37	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
37	80053	COMPREHENSIVE METABOLIC PANEL	10.56						01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	80055	OBSTETRIC BLOOD TEST PANEL	24.12	10 59			F		01/01/09		
37	80061	LIPID PANEL	13.39						01/01/20		
37	80069	RENAL FUNCTION PANEL	8.68						01/01/20		
37	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
37	80076	HEPATIC FUNCTION PANEL	8.17						01/01/20		
37	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
37	80143	ACETAMINOPHEN	18.64					X	01/01/21		
37	80145	MEASUREMENT OF ADALIMUMAB	38.57						01/01/20		
37	80150	AMIKACIN	15.08						01/01/20		
37	80151	AMIODARONE	18.64						01/01/21		
37	80155	CAFFEINE	19.25						01/01/15		
37	80156	CARBAMAZEPINE; TOTAL	14.57						01/01/20		
37	80157	CARBAMAZEPINE; FREE	13.25						01/01/20		
37	80158	CYCLOSPORINE	18.05						01/01/20		
37	80159	CLOZAPINE	20.15						01/01/20		
37	80161	-10, 11-EPOXIDE	18.64						01/01/21		
37	80162	DIGOXIN; TOTAL	13.28						01/01/20		
37	80163	DIGOXIN; FREE	13.28						01/01/20		
37	80164	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
37	80165	VALPROIC ACID (DIPROPYLACETIC ACID);	13.54						01/01/20		
37	80167	FELBAMATE	18.64						01/01/21		
37	80168	ETHOSUXIMIDE	16.34						01/01/20		
37	80169	EVEROLIMUS	13.73						01/01/20		
37	80170	GENTAMICIN	15.84						01/01/15		
37	80171	GABAPENTIN LEVEL	18.04						01/01/15		
37	80173	HALOPERIDOL	15.78						01/01/20		
37	80175	LAMOTRIGINE	13.25						01/01/20		
37	80176	LIDOCAINE	14.69						01/01/20		
37	80177	LEVETIRACETAM	13.25						01/01/20		
37	80178	LITHIUM	6.61						01/01/20		
37	80179	SALICYLATE	18.64					X	01/01/21		
37	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID)	18.05						01/01/20		
37	80181	FLECAINIDE	18.64						01/01/21		
37	80183	OXCARBAZEPINE	13.25						01/01/20		
37	80184	PHENOBARBITAL	15.30						01/01/18		
37	80185	PHENYTOIN; TOTAL	13.25						01/01/20		
37	80186	PHENYTOIN; FREE	13.76						01/01/20		
37	80187	MEASUREMENT OF POSACONAZOLE	27.11						01/01/20		
37	80188	PRIMIDONE	16.59						01/01/20		
37	80189	ITRACONAZOLE	27.11						01/01/21		
37	80190	PROCAINAMIDE;	22.80						01/01/15		
37	80192	PROCAINAMIDE; WITH METABOLITES (EG,	16.75						01/01/20		
37	80193	LEFLUNOMIDE	38.57						01/01/21		
37	80194	QUINIDINE	14.60						01/01/20		
37	80195	SIROLIMUS	13.73						01/01/20		
37	80197	TACROLIMUS	13.73						01/01/20		
37	80198	THEOPHYLLINE	14.14						01/01/20		
37	80199	TIAGABINE	24.58						01/01/15		
37	80200	TOBRAMYCIN	15.84						01/01/15		
37	80201	TOPIRAMATE	11.92						01/01/20		

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	80202	VANCOMYCIN	13.54						01/01/20		
37	80203	ZONISAMIDE	13.25						01/01/20		
37	80204	METHOTREXATE	38.57						01/01/21		
37	80210	RUFINAMINDE	27.11						01/01/21		
37	80220	MEASUREMENT OF HYDROXYCHLOROQUINE	18.64						01/01/22		
37	80230	MEASUREMENT OF INFLIXIMAB	38.57						01/01/20		
37	80235	MEASUREMENT OF LACOSAMIDE	27.11						01/01/20		
37	80280	MEASUREMENT OF VEDOLIZUMAB	38.57						01/01/20		
37	80285	MEASUREMENT OF VORICONAZOLE	27.11						01/01/20		
37	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	18.64						01/01/15		
37	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	12.60						01/01/19		
37	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	17.14						01/01/19		
37	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	62.14						01/01/20		
37	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.62						01/01/20		
37	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.96						01/01/20		
37	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	78.26						01/01/20		
37	80408	ALDOSTERONE SUPPRESSION EVALUATION P	125.50						01/01/20		
37	80410	CALCITONIN STIMULATION PANEL	29.77						01/01/19		
37	80412	CORTICOTROPIC RELEASING HOMRONE (CRH	448.57						01/01/15		
37	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.64						01/01/20		
37	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.89						01/01/20		
37	80416	RENAL VEIN RENIN STIMULATION PANEL	179.58						01/01/15		
37	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.99						01/01/20		
37	80418	COMBINED RAPID ANTERIOR PITUITARY EV	579.48						01/01/20		
37	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	98.04						01/01/15		
37	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	46.07						01/01/20		
37	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.50						01/01/20		
37	80426	GONADOTROPIN RELEASING HORMONE STIMU	148.41						01/01/20		
37	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.70						01/01/20		
37	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	106.80						01/01/15		
37	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	165.61						01/01/19		
37	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	137.68						01/01/15		
37	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	103.00						01/01/20		
37	80436	METYRAPONE PANEL	91.16						01/01/20		
37	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.41						01/01/20		
37	80439	THYROTROPIN RELEASING HORMONE (TRH)	67.21						01/01/20		
37	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	19.08						01/01/22		
37	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	38.45						01/01/22		
37	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	69.95						01/01/22		
37	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	31.40						01/01/22		
37	81000	URINALYSIS, BY DIP STICK OR TABLET	4.02					X	01/01/18		
37	81001	URINALYSIS, BY DIP STICK OR TABLET	3.17						01/01/20		
37	81002	URINALYSIS, BY DIP STICK OR TABLET	3.48					X	01/01/15		
37	81003	URINALYSIS, BY DIP STICK OR TABLET	2.25						01/01/20		
37	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.17					X	01/01/20		
37	81007	URINALYSIS; BACTERIURIA SCREEN, EXCE	3.49						01/01/15		
37	81015	URINALYSIS; MICROSCOPY ONLY	3.05					X	01/01/20		
37	81020	URINALYSIS; 2 OR 3 GLASS TEST	4.70						01/01/18		
37	81025	URINE PREGNANCY TEST, BY VISUAL COLO	8.61				F		01/01/15		
37	81050	VOLUME MEASUREMENT FOR TIMED COLLECT	3.64					X	01/01/19		

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	81099	URINALYSIS TEST PROCEDURE	MP				X			06/01/08		
37	81162	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	1,824.88	19	70	X				01/01/20		E
37	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	468.00	19	70	X				01/01/19		
37	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	584.23	19	70	X				01/01/19		
37	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	282.88	19	70	X				01/01/19		
37	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	301.35	19	70	X				01/01/19		
37	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED)	282.88	19	70	X				01/01/19		
37	81168	CCND1/IGH (T(11;14)) (EG, MANTLE CEL	207.31							01/01/21		
37	81170	ABL1 (ABL PROTO-ONCOGENE 1, NON-RECE	300.00							01/01/19		
37	81191	NTRK1 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
37	81192	NTRK2 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
37	81193	NTRK3 (NEUROTROPHIC RECEPTOR TYROSIN	207.31							01/01/21		
37	81194	NTRK (NEUROTROPHIC-TROPOMYOSIN RECEP	518.28							01/01/21		
37	81195	OPTICAL GENOME MAPPING FOR HEMATOLOG	1,263.53							01/01/25		
37	81206	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	163.96							01/01/20		
37	81207	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	144.84							01/01/20		
37	81208	BCR/ABL 1 (T(9;22)) (EG, CHRONIC MYE	214.62							01/01/19		
37	81212	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	176.44	19	70	X				07/01/16		E
37	81215	BRCA1 (BREAST CANCER1)(EG,HEREDITARY	93.10	19	70	X				07/01/16		E
37	81216	BRCA2 (BREAST CANCER 2) (EG, HEREDIT	93.10	19	70	X				07/01/16		E
37	81217	BRCA2 (BREAST CANCER2)(EG,HEREDITARY	93.10	19	70	X				07/01/16		E
37	81220	CFTR (CYSTIC FIBROSIS TRANSMEMBRANE	224.01	00	01					01/01/12		
37	81229	CYTOGENOMIC CONSTITUTIONAL (GENOME-W	143.24							06/01/14		
37	81235	EGFR (EPIDERMAL GROWTH FACTOR RECEPT	324.58							07/01/19		
37	81241	F5 (COAGULATION FACTOR V) (EG, HERED	73.37							01/01/21		
37	81275	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25							01/01/19		
37	81276	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25							01/01/19		
37	81278	IGH@/BCL2 (T(14;18))(EG, FOLLICULAR	207.31							01/01/21		
37	81279	JAK2 (JANUS KINASE 2)(EG, MYELOPROLI	185.20							01/01/21		
37	81307	GENE ANALYSIS (PARTNER AND LOCALIZER	282.88	19	70					01/01/20		
37	81308	GENE ANALYSIS (PARTNER AND LOCALIZER	301.35	19	70					01/01/20		
37	81309	GENE ANALYSIS (PARTNER AND LOCALIZER	274.83	19	70					01/01/20		
37	81311	NRAS (NEUROBLASTOMA RAS VIRAL V-RAS	295.79							01/01/19		
37	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	150.33							01/01/21		
37	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	185.20							01/01/21		
37	81347	SF3B1 (SPLICING FACTOR 3Bì SUBUNIT	193.25							01/01/21		
37	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	175.40							01/01/21		
37	81351	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	641.85							01/01/21		
37	81352	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	329.51							01/01/21		
37	81353	TP53 (TUMOR PROTEIN 53)(EG, LI-FRAUM	308.00							01/01/21		
37	81357	U2AF1 (U2 SMALL NUCULEAR RNA AUXILIA	193.25							01/01/21		
37	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	193.25							01/01/21		
37	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,448.56	00	15					01/01/21		
37	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	759.05	10	59		X	F		02/01/19		
37	81425	GENOME (EG, UNEXPLAINED CONSTITUTION	3,773.40	00	00	X				01/01/23		
37	81426	GENOME (EG, UNEXPLAINED CONSTITUTION	2,032.46			X				01/01/23		
37	81427	GENOME (EG, UNEXPLAINED CONSTITUTION	1,753.24	00	20	X				01/01/23		
37	81457	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
37	81458	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
37	81459	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIG	965.25		X				01/01/23		
37	81462	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR								
37	81463	GENOMIC SEQUENCE ANALYSIS OF DNA IN	CCR								
37	81464	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR								
37	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND	795.00	10 59			F		07/01/19		
37	81513	INFECTIOUS DISEASE, BACTERIAL VAGINO	142.63						01/01/21		
37	81514	INFECTIOUS DISEASE, BACTERIAL VAGINO	262.99						01/01/21		
37	81515	TEST FOR DETECTION OF BACTERIA CAUSI	262.99						01/01/25		
37	81517	TEST FOR DETECTING 3 BIOMARKERS ASSO	503.40						01/01/24		
37	81596	INFECTIOUS DISEASE, CHRONIC HEPATITI	72.19						01/01/19		
37	82009	KETON BODY(S) (EG, ACETON, ACETOACET	4.52					X	01/01/20		
37	82010	KETON BODY(S) (EG, ACETON, ACETOACET	8.17					X	01/01/20		
37	82013	ACETYLCHOLINESTERASE	12.29					X	01/01/20		
37	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	16.49					X	01/01/19		
37	82017	AACYLCARNITINE; QUANTITATIVE, EACH S	16.87					X	01/01/20		
37	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	38.62						01/01/20		
37	82030	ADENOSINE, 5-MONOPHOSPHATEC CYCLIC (	19.24						01/01/15		
37	82040	ALBUMIN; SERUM, PLASMA OR WHOLE BLOO	4.95						01/01/20		
37	82042	ALBUMIN; URINE OR OTHER SOURCE, QUAN	7.04						01/01/15		
37	82043	ALBUMIN; URINE MICROALBUMIN, QUANTIT	5.78						01/01/20		
37	82044	ALBUMIN; URINE MICROALBUMIN, SEMIQUA	4.14						01/01/15		
37	82045	ALBUMIN, ISCHEMIA MODIFIED	33.94						01/01/20		
37	82075	ALCOHOL (ETHANOL), BREATH	16.40					X	01/01/15		
37	82077	ALCOHOL (ETHANOL); ANY SPECIMEN EXCE	17.27						01/01/21		
37	82085	ALDOLASE	9.71						01/01/20		
37	82088	ALDOSTERONE	40.75						01/01/20		
37	82103	ALPHA-1-ANTITRYPSIN; TOTAL	13.44						01/01/20		
37	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	14.46						01/01/20		
37	82105	ALPHA-FETOPROTEIN (AFP); SERUM	16.77						01/01/20		
37	82106	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	17.00						01/01/20		
37	82107	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	64.41						01/01/20		
37	82108	ALUMINUM	11.53						01/01/15		
37	82120	AMINES, VAGINAL FLUID, QUALITATIVE	5.12				F		01/01/15		
37	82127	AMINO ACIDS; SINGLE, QUALITATIVE, EA	14.18					X	01/01/20		
37	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87						01/01/20		
37	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	22.95					X	01/01/15		
37	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.45						01/01/20		
37	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	19.61					X	01/01/19		
37	82139	AMINO ACIDS, 6 OR MORE AMINO ACIDS,	16.87					X	01/01/20		
37	82140	AMMONIA	14.57					X	01/01/20		
37	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	9.35						01/01/15		
37	82150	AMYLASE	6.48					X	01/01/20		
37	82154	ANDROSTANEDIOL GLUCURONIDE	28.83						01/01/20		
37	82157	ANDROSTENEDIONE	29.28						01/01/20		
37	82160	ANDROSTERONE	25.55						01/01/20		
37	82163	ANGIOTENSIN II	20.52						01/01/20		
37	82164	ANGIOTENSIN I-CONVERTING ENZYME (ACE	14.60						01/01/20		
37	82166	TEST FOR ANTI-MULLERIAN HORMONE	38.62						01/01/24		
37	82175	ARSENIC	18.97						01/01/20		
37	82180	ASCORBIC ACID (VITAMIN C), BLOOD	9.89						01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH	11.09					X	01/01/15		
37	82232	BETA-2 MICROGLOBULIN	16.18						01/01/20		
37	82239	BILE ACIDS; TOTAL	17.12						01/01/20		
37	82240	BILE ACIDS; CHOLYLGLYCINE	26.58						01/01/20		
37	82247	BILIRUBIN; TOTAL	4.73						01/01/15		
37	82248	BILIRUBIN; DIRECT	4.73						01/01/15		
37	82252	BILIRUBIN; FECES, QUALITATIVE	4.56						01/01/20		
37	82261	BIOTINIDASE, EACH SPECIMEN	16.87					X	01/01/20		
37	82270	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.38						01/01/18		
37	82271	OCCULT BLOOD, FECES, SINGLE	4.43						01/01/16		
37	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.23						01/01/18		
37	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	15.92						01/01/20		
37	82286	BRADYKININ	5.16						01/01/20		
37	82300	CADMIUM	23.64						01/01/20		
37	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.60						01/01/20		
37	82308	CALCITONIN	26.79						01/01/20		
37	82310	CALCIUM; TOTAL	5.16					X	01/01/20		
37	82330	CALCIUM; IONIZED	13.68						01/01/20		
37	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.04						01/01/15		
37	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.03						01/01/20		
37	82355	CALCULUS; QUALITATIVE ANALYSIS	11.58						01/01/20		
37	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.87						01/01/20		
37	82365	CALCULUS; INFARED SPECTROSCOPY	12.90						01/01/20		
37	82370	CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
37	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	18.06						01/01/20		
37	82374	CARBON DIOXIDE (BICARBONATE)	4.88					X	01/01/20		
37	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE	12.32					X	01/01/20		
37	82376	CARBOXYHEMOGLOBIN; QUALITATIVE	8.15					X	01/01/15		
37	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	18.96						01/01/20		
37	82379	CARNITINE (TOTAL AND FREE), QUANTITA	16.87					X	01/01/20		
37	82380	CAROTENE	9.22						01/01/20		
37	82382	CATECHOLAMINES; TOTAL URINE	23.40						01/01/15		
37	82383	CATECHOLAMINES; BLOOD	29.08						01/01/19		
37	82384	CATECHOLAMINES; FRACTIONATED	25.25						01/01/20		
37	82387	CATHEPSIN-D	10.48						01/01/15		
37	82390	CERULOPLASMIN	10.74						01/01/20		
37	82397	CHEMILUMINESCENT ASSAY	6.31						01/01/15		
37	82415	CHLORAMPHENICOL	12.67						01/01/20		
37	82435	CHLORIDE; BLOOD	4.60					X	01/01/20		
37	82436	CHLORIDE; URINE	5.75						01/01/19		
37	82438	CHLORIDE; OTHER SOURCE	5.00						01/01/20		
37	82441	CHLORINATED HYDROCARBONS, SCREEN	6.01						01/01/20		
37	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.35						01/01/20		
37	82480	CHOLINESTERASE; SERUM	7.87						01/01/20		
37	82482	CHOLINESTERASE; RBC	9.81					X	01/01/18		
37	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.65						01/01/20		
37	82495	CHROMIUM	20.28						01/01/20		
37	82507	CITRATE	27.80						01/01/20		
37	82523	COLLAGEN CROSS LINKS, ANY METHOD	18.68						01/01/20		
37	82525	COPPER	12.41						01/01/20		

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	82528	CORTICOSTERONE	22.52						01/01/20		
37	82530	CORTISOL; FREE	16.71						01/01/20		
37	82533	CORTISOL; TOTAL	16.30					X	01/01/20		
37	82540	CREATINE	4.64						01/01/20		
37	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	24.09						01/01/18		
37	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.51					X	01/01/20		
37	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.39					X	01/01/20		
37	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.55						01/01/20		
37	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.87						01/01/20		
37	82565	CREATININE; BLOOD	5.12					X	01/01/20		
37	82570	CREATININE; OTHER SOURCE	5.18						01/01/20		
37	82575	CREATININE; CLEARANCE	9.46						01/01/20		
37	82585	CRYOFIBRINOGEN	11.68					X	01/01/15		
37	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.47						01/01/20		
37	82600	CYANIDE	19.40						01/01/20		
37	82607	CYANOCOBALAMIN (VITAMIN B-12);	15.08						01/01/20		
37	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.32						01/01/20		
37	82610	CYSTATIN C	6.31						01/01/15		
37	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	9.55						01/01/19		
37	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
37	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.23						01/01/20		
37	82633	DESOXYCORTICOSTERONE, 11 -	30.98						01/01/20		
37	82634	DEOXYCORTISOL, 11 -	29.28						01/01/20		
37	82638	DIBUCAINE NUMBER	12.25						01/01/20		
37	82642	DIHYDROTESTOSTERONE (DHT)	29.28						01/01/20		
37	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.50						01/01/20		
37	82653	MEASUREMENT OF PANCREATIC ELASTASE (	22.97						01/01/22		
37	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53						01/01/20		
37	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.17						01/01/19		
37	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	24.58						01/01/15		
37	82664	ELECTOPHORETIC TECHNIQUE, NOT ELSEWH	46.75						01/01/15		
37	82668	ERYTHROPOIETIN	18.79						01/01/20		
37	82670	ESTRADIOL	27.94						01/01/20		
37	82671	ESTROGENS; FRACTIONATED	32.30						01/01/20		
37	82672	ESTROGENS; TOTAL	21.70						01/01/20		
37	82677	ESTRIOL	24.18						01/01/20		
37	82679	ESTRONE	24.95						01/01/20		
37	82681	ESTRADIOL; FREE, DIRECT MEASUREMENT	27.94						01/01/21		
37	82693	ETHYLENE GLYCOL	14.90						01/01/20		
37	82696	ETIOCHOLANOLONE	26.24						01/01/19		
37	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.10						01/01/20		
37	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.80						01/01/20		
37	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	22.97						01/01/18		
37	82725	FATTY ACIDS, NONESTERIFIED	18.12						01/01/15		
37	82726	VERY LONG CHAIN FATTY ACIDS	19.75						01/01/20		
37	82728	FERRITIN	13.63						01/01/20		
37	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.41						01/01/20		
37	82735	FLUORIDE	18.54						01/01/20		
37	82746	FOLIC ACID; SERUM	14.70						01/01/20		
37	82747	FOLIC ACID; RBC	17.65						01/01/20		

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37	82757	FRUCTOSE, SEMEN	17.34						01/01/20		
37	82759	GALACTOKINASE, RBC	21.48						01/01/20		
37	82760	GALACTOSE	11.20					X	01/01/20		
37	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	21.07						01/01/20		
37	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFE	11.41						01/01/15		
37	82777	GALECTIN-3	17.80						01/01/13		
37	82784	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGA	9.30					X	01/01/20		
37	82785	GAMMAGLOBULIN (IMMUNOGLOBULIN); IGE	16.46						01/01/20		
37	82787	GAMMAGLOBULIN (IMMUNOGLOBULIN); IMMU	6.59						01/01/15		
37	82800	GASES, BLOOD, PH ONLY	11.00					X	01/01/18		
37	82803	GASES, BLOOD, ANY COMBINATION OF PH,	7.10					X	01/01/15		
37	82805	GASES, BLOOD, ANY COMBINATION OF PH,	12.31						01/01/15		
37	82810	GASES, BLOOD, O2 SATURATION ONLY, BY	5.22						01/01/15		
37	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR	13.34						01/01/18		
37	82930	GASTRIC ACID ANALYSIS, INCLUDES PH I	6.29						01/01/15		
37	82938	GASTRIN AFTER SECRETIN STIMULATION	17.69						01/01/20		
37	82941	GASTRIN	17.63					X	01/01/20		
37	82943	GLUCAGON	14.29						01/01/20		
37	82945	GLUCOSE, BODY FLUID; OTHER THAN BLO	3.93						01/01/20		
37	82946	GLUCAGON TOLERANCE TEST	15.84						01/01/15		
37	82947	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT	3.93					X	01/01/20		
37	82948	GLUCOSE; BLOOD, REAGENT STRIP	4.31					X	01/01/15		
37	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES	4.75						01/01/20		
37	82951	GLUCOSE; TOLERANCE TEST (GTT), 3 SPE	12.87						01/01/20		
37	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITI	3.92					X	01/01/20		
37	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.70						01/01/20		
37	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.05						01/01/20		
37	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORING	3.19					X	01/01/15		
37	82963	GLUCOSIDASE,BETA	21.48						01/01/20		
37	82965	GLUTAMATE DEHYDROGENASE	10.52						01/01/15		
37	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	7.20						01/01/20		
37	82978	GLUTATHIONE	15.45						01/01/20		
37	82979	GLUTATHIONE REDUCTASE, RBC	9.38						01/01/15		
37	82985	GLYCATED PROTEIN	16.76						01/01/19		
37	83001	GONADOTROPIN; FOLLICLE STIMULATING H	18.58						01/01/20		
37	83002	GONADOTROPIN; LUTEINIZING HORMONE	18.52						01/01/20		
37	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOT	16.67						01/01/20		
37	83009	HELICOBACTER PYLORI, BLOOD TEST ANAL	39.38						01/01/15		
37	83010	HAPTOGLOBIN; QUANTITATIVE	12.58						01/01/20		
37	83012	HAPTOGLOBIN; PHENOTYPES	23.40						01/01/15		
37	83013	HELICOBACTER PYLORI; BREATH TEST ANA	39.38						01/01/15		
37	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	7.86						01/01/20		
37	83015	HEAVY METAL SCREENING	15.45						01/01/15		
37	83018	CHROMATOGRAPH SCREEN, METALS	11.56						01/01/15		
37	83020	ASSAY HEMOGLOBIN	12.87					X	01/01/20		
37	83021	HEMOGLOBIN CHROMOTOGRAPHY	18.06						01/01/20		
37	83026	HEMOGLOBIN;	3.22						01/01/15		
37	83030	FETAL HEMOGLOBIN ASSAY	4.70						01/01/15		
37	83033	FETAL FECAL HEMOGLOBIN ASSAY	8.00						01/01/18		
37	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.71						01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	83045	BLOOD METHEMOGLOBIN TEST	6.49						01/01/18		
37	83050	BLOOD METHEMOGLOBIN ASSAY	8.20						01/01/19		
37	83051	ASSAY PLASMA HEMOGLOBIN	7.31						01/01/20		
37	83060	BLOOD SULFHEMOGLOBIN ASSAY	8.80						01/01/20		
37	83065	HEMOGLOBIN HEAT ASSAY	9.00						01/01/18		
37	83068	HEMOGLOBIN STABILITY SCREEN	9.47						01/01/19		
37	83069	ASSAY URINE HEMOGLOBIN	3.95						01/01/20		
37	83070	ASSAY URINE HEMOSIDERIN	4.75						01/01/20		
37	83080	B HEXOSAMINIDASE ASSAY	16.87					X	01/01/20		
37	83088	ASSAY HISTAMINE	29.53						01/01/20		
37	83090	ASSAY OF HOMOCYSTINE	17.92						01/01/20		
37	83150	ASSAY URINE FOR HVA	22.41						01/01/19		
37	83491	HYDROXYCORTICOSTEROIDS,17-RIA	17.90						01/01/20		
37	83497	ASSAY URINE 5-HIAA	12.90						01/01/20		
37	83498	RIA ASSAY OF PROGESTERONE	27.17						01/01/20		
37	83500	ASSAY URINE HYDROXYPROLINE	22.65						01/01/20		
37	83505	ASSAY URINE HYDROXYPROLINE	24.30						01/01/20		
37	83516	IMMUNOASSAY, NON ANTIBODY	11.53						01/01/20		
37	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN	6.31						01/01/15		
37	83519	IMMUNOASSAY, ANALYTE;	6.33						01/01/15		
37	83520	IMMUNOASSAY, ANALYTE;	17.27						01/01/18		
37	83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT	17.27						01/01/22		
37	83525	RIA ASSAY OF INSULIN	11.43					X	01/01/20		
37	83527	INSULIN;	12.95						01/01/20		
37	83528	INTRINSIC FACTOR LEVEL	19.82						01/01/18		
37	83529	MEASUREMENT OF INTERLEUKIN-6	17.27						01/01/22		
37	83540	ASSAY SERUM IRON	6.47						01/01/20		
37	83550	SERUM IRON BINDING TEST	8.74						01/01/20		
37	83570	UV-ASSAY BLOOD IDH ENZYME	8.85						01/01/20		
37	83582	ASSAY URINE 17-KGS	15.47						01/01/20		
37	83586	ASSAY BLOOD 17-KETOSTEROIDS	12.80						01/01/20		
37	83593	CHROMATOGRAPH KETOSTEROIDS	11.56						01/01/15		
37	83605	LACTIC ACID ASSAY	11.57					X	01/01/20		
37	83615	UV-ASSAY BLOOD LDH ENZYME	6.04					X	01/01/20		
37	83625	ASSAY BLOOD LDH ENZYMES	12.58					X	01/01/15		
37	83630	LACTOFERRIN, FECAL (QUAL)	19.70						01/01/20		
37	83632	RIA PLACENTAL LACTOGEN	20.22						01/01/20		
37	83633	TEST URINE FOR LACTOSE	7.48						01/01/15		
37	83655	ASSAY BLOOD FOR LEAD	12.11						01/01/20		
37	83661	ASSAY AMNIOTIC L/S RATIO	21.99						01/01/20		
37	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RA	18.91						01/01/20		
37	83663	FLUORO POLARIZE, FETAL LUNG	18.91						01/01/20		
37	83664	LAMELLAR BDY, FETAL LUNG	19.32						01/01/20		
37	83670	UV-ASSAY BLOOD LAP ENZYME	9.81						01/01/20		
37	83690	ASSAY BLOOD LIPASE	6.89						01/01/20		
37	83695	ASSAY OF LIPOPROTEIN(A)	14.32						01/01/20		
37	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	46.19						01/01/15		
37	83701	LIPOPROTEIN BLD, HR FRACTION	33.78						01/01/15		
37	83704	LIPOPROTEIN, BLD, BY NMR	34.19						01/01/20		
37	83718	BLOOD LIPOPROTEIN ASSAY	8.19						01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	83719	LIPOPROTEIN,VLDL CHOLESTEROL	12.75						01/01/20		
37	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.50						01/01/20		
37	83722	LIPOPROTEIN, DIRECT MEASUREMENT	34.19						01/01/20		
37	83727	LUTEINIZING RELEASING FACTOR, RIA	17.19						01/01/20		
37	83735	ASSAY BLOOD MAGNESIUM	6.70					X	01/01/20		
37	83775	UV-ASSAY OF MD ENZYME	7.37						01/01/20		
37	83785	ASSAY OF MANGANESE	26.65						01/01/20		
37	83789	MASS SPECTROMETRY QUANT	24.11					X	01/01/18		
37	83825	ASSAY BLOOD MERCURY	16.26						01/01/20		
37	83835	ASSAY URINE METANEPHRINES	16.94						01/01/20		
37	83857	ASSAY METHEMALBUMIN	10.74						01/01/20		
37	83861	MICROFLUIDIC ANALYSIS UTILIZING AN I	22.48						01/01/15		
37	83864	BLOOD MUCOPOLYSACCHARIDES	27.10						01/01/15		
37	83872	ASSAY SYNOVIAL FLUID MUCIN	5.86						01/01/20		
37	83873	MYELIN BASIC PROTEIN,CSF,RIA	17.20						01/01/20		
37	83874	MYOGLOBIN ELECTROPHORESIS	12.92						01/01/20		
37	83876	MYELOPEROXIDASE (MPO)	18.91						01/01/09		
37	83880	NATRIURETIC PEPTIDE	39.26						01/01/19		
37	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEW	6.31					X	01/01/15		
37	83885	ASSAY URINE FOR NICKEL	24.51						01/01/20		
37	83915	NUCLEOTIDASE 5' (ENZYME) LEVEL	11.15						01/01/20		
37	83916	OLIGOCLONAL IMMUNE GLOBULIN,CSF	27.37						01/01/15		
37	83918	ASSAY ORGANIC ACIDS	22.39						01/01/15		
37	83919	ASSAY ORGANIC ACIDS QUAL	16.45						01/01/20		
37	83921	ORGANIC ACID, SINGLE, QUANT	21.21						01/01/18		
37	83930	ASSAY BLOOD OSMOLALITY	6.61					X	01/01/20		
37	83935	ASSAY URINE OSMOLALITY	6.82					X	01/01/20		
37	83937	OSTEOCALCIN (BONE G1A PROTEIN)	29.85						01/01/20		
37	83945	ASSAY URINE OXALATE	14.45						01/01/19		
37	83950	ONCORPROTEIN, HER-2/NEU	64.41						01/01/20		
37	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTH	64.41						01/01/20		
37	83970	RIA ASSAY OF PARATHORMONE	41.28						01/01/20		
37	83986	ASSAY BODY FLUID ACIDITY	3.58					X	01/01/20		
37	83987	PH; EXHALED BREATH CONDENSATE	3.58						01/01/20		
37	83992	ASSAY FOR PHENCYCLIDINE	20.00						01/01/15		
37	83993	CALPROTECTIN, FECAL	19.63						01/01/20		
37	84030	ASSAY BLOOD PKU	5.50					X	01/01/20		
37	84035	ASSAY BLOOD PHENYLKETONES	3.98					X	01/01/20		
37	84060	ASSAY BLOOD ACID PHOSPHATASE	7.64						01/01/20		
37	84066	ASSAY PROSTATE PHOSPHATASE, RIA	9.66						01/01/20		
37	84075	ASSAY ALKALINE PHOSPHATASE	5.18						01/01/20		
37	84078	ASSAY ALKALINE PHOSPHATASE	7.85						01/01/15		
37	84080	ASSAY ALKALINE PHOSPHATASES	14.78						01/01/20		
37	84081	PHOSPHATYDYLGLYCEROL	16.52						01/01/20		
37	84085	ASSAY RBC PG6D ENZYME	9.18					X	01/01/15		
37	84087	ASSAY PHOSPHOHEXOSE ENZYMES	10.73						01/01/20		
37	84100	ASSAY BLOOD PHOSPHORUS	4.74						01/01/20		
37	84105	ASSAY URINE PHOSPHORUS	5.78						01/01/19		
37	84106	TEST FOR PORPHOBILINOGEN	5.82						01/01/15		
37	84110	ASSAY PORPHOBILINOGEN	6.70						01/01/15		

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37	84112	CERVICOVAGINAL SECRETION OF PLACENTA	87.65						01/01/15		
37	84119	TEST URINE FOR PORPHYRINS	11.72						01/01/15		
37	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		
37	84126	ASSAY FECES PORPHYRINS	34.66						01/01/15		
37	84132	ASSAY BLOOD POTASSIUM	4.76					X	01/01/20		
37	84133	ASSAY URINE POTASSIUM	4.73					X	01/01/20		
37	84134	PREALBUMIN	7.59						01/01/15		
37	84135	PREGNANEDIOL; RIA	21.27						01/01/19		
37	84138	PREGNANETRIOL;RIA	21.05						01/01/19		
37	84140	PREGNENOLONE	20.67						01/01/20		
37	84143	17-HYDROXYPREGNENOLONE	22.81						01/01/20		
37	84144	ASSAY PROGESTERONE	20.86						01/01/20		
37	84145	PROCALCITONIN (PCT)	27.22						01/01/20		
37	84146	RIA ASSAY FOR PROLACTIN	19.38						01/01/20		
37	84150	RIA ASSAY OF PROSTAGLANDIN	33.96						01/01/15		
37	84152	ASSAY OF PSA, COMPLEXED	18.39						01/01/20		
37	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.39						01/01/20		
37	84154	PSA FREE	18.39						01/01/20		
37	84155	ASSAY SERUM PROTEIN	3.67						01/01/20		
37	84156	ASSAY OF PROTEIN, URINE	3.67						01/01/20		
37	84157	ASSAY OF PROTEIN, OTHER	4.00						01/01/20		
37	84160	ASSAY SERUM PROTEIN	5.61						01/01/20		
37	84163	PAPPA, SERUM	15.05	10 59			F		01/01/20		
37	84165	ASSAY SERUM PROTEINS	10.74						01/01/20		
37	84166	PROTEIN E-PHORESIS/URINE/CSF	17.83						01/01/20		
37	84182	PROTEIN;	24.49					X	01/01/15		
37	84202	ASSAY RBC PROTOPORPHYRIN	14.35						01/01/20		
37	84203	TEST RBC PROTOPORPHYRIN	9.74						01/01/19		
37	84206	RIA ASSAY OF PROINSULIN	24.24						01/01/15		
37	84207	ASSAY VITAMIN B-6	19.24						01/01/15		
37	84210	ASSAY BLOOD PYRUVATE	14.48						01/01/18		
37	84220	ASSAY RBC PYRUVIC KINASE	9.44						01/01/20		
37	84228	ASSAY QUININE	11.63						01/01/20		
37	84233	RECEPTOR ASSAY; ESTROGEN(ESTRADIOL)	87.65						01/01/15		
37	84234	RECEPTOR ASSAY; PROGESTERONE	64.88						01/01/20		
37	84235	RECEPTOR ASSAY;ENDOCRINE;OTHER	71.23						01/01/15		
37	84238	RECEPTOR ASSAY;	36.57						01/01/20		
37	84244	RIA ASSAY OF RENIN	21.99					X	01/01/20		
37	84252	ASSAY VITAMIN B-2	20.24						01/01/20		
37	84255	ASSAY SELENIUM	25.53						01/01/20		
37	84260	ASSAY BLOOD SEROTONIN	30.98						01/01/20		
37	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.73						01/01/20		
37	84275	ASSAY BLOOD SIALIC ACID	13.44						01/01/20		
37	84285	ASSAY SILICA	25.21						01/01/20		
37	84295	ASSAY BLOOD SODIUM	4.81					X	01/01/20		
37	84300	ASSAY URINE SODIUM	5.06					X	01/01/20		
37	84302	ASSAY OF SWEAT SODIUM	4.86						01/01/20		
37	84305	SOMATOMEDIN	21.26						01/01/20		
37	84307	SOMATOSTATIN	18.28						01/01/20		
37	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.10						01/01/19		

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	84315	BODY FLUID SPECIFIC GRAVITY	3.28						01/01/18		
37	84375	CHROMATOGRAM ASSAY, SUGARS	26.68						01/01/15		
37	84376	SUGARS SINGLE QUAL	5.50					X	01/01/20		
37	84377	SUGARS MULTIPLE QUAL	5.50					X	01/01/20		
37	84378	SUGARS SINGLE QUANT	11.02					X	01/01/15		
37	84379	SUGARS MULTIPLE QUANT	11.02					X	01/01/15		
37	84392	SULFATE, URINE	5.49					X	01/01/19		
37	84402	TESTOSTERONE;	25.47						01/01/20		
37	84403	RIA ASSAY BLOOD TESTOSTERONE	25.81						01/01/20		
37	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT M	51.28				M		01/01/20		
37	84425	ASSAY VITAMIN B-1	21.23						01/01/20		
37	84430	ASSAY BLOOD THIOCYANATE	11.63						01/01/20		
37	84431	THROMBOXANE METABOLITE(S), INCLUDING	18.54						01/01/10		
37	84432	THYROGLOBULIN	16.06						01/01/20		
37	84433	EVALUATION OF THIOPURINE S-METHYLTRA	22.17						01/01/23		
37	84436	THYROXINE, TRUE, RIA	6.58						01/01/15		
37	84437	THYROXINE, NEONATAL	6.47						01/01/20		
37	84439	THYROID PANEL	9.02						01/01/20		
37	84442	THYROID ACTIVITY (TBG) ASSAY	14.78						01/01/20		
37	84443	RIA ASSAY OF TS HORMONE	16.80						01/01/20		
37	84445	RIA THYROTROPIN FACTOR	25.05						01/01/15		
37	84446	ASSAY VITAMIN E	14.18						01/01/20		
37	84449	TRANSCORTIN (CORTISOL BINDING GLOBUL	18.00						01/01/20		
37	84450	UV-ASSAY TRANSAMINASE (SGOT)	5.18					X	01/01/20		
37	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.30					X	01/01/20		
37	84466	TRANSFERRIN	12.76						01/01/20		
37	84478	ASSAY BLOOD TRIGLYCERIDES	5.74						01/01/20		
37	84479	TRIIODOTHYRONINE, RESIN UPTAKE	6.32						01/01/15		
37	84480	RIA ASSAY, T-3	8.73						01/01/15		
37	84481	TRIIODOTHYRONINE, FREE RIA	13.43						01/01/15		
37	84482	TRIDOTHYRONINE (T-3);	6.32						01/01/15		
37	84484	TROPONIN	12.47						01/01/18		
37	84485	ASSAY DUODENAL FLUID TRYPSIN	7.20						01/01/20		
37	84488	TEST FECES FOR TRYPSIN	7.30						01/01/20		
37	84490	ASSAY FECES FOR TRYPSIN	9.62						01/01/15		
37	84510	ASSAY BLOOD TYROSINE	10.63						01/01/20		
37	84512	TROPONIN, QUAL	10.09						01/01/18		
37	84520	ASSAY BUN	3.95					X	01/01/20		
37	84525	STICK-ASSAY BUN	5.12					X	01/01/15		
37	84540	ASSAY URINE UREA-N	5.56					X	01/01/19		
37	84545	UREA-N CLEARANCE TEST	7.20						01/01/20		
37	84550	ASSAY BLOOD URIC ACID	4.52						01/01/20		
37	84560	ASSAY URINE URIC ACID	5.08						01/01/20		
37	84577	ASSAY FECES UROBILINOGEN	16.80						01/01/20		
37	84578	TEST URINE UROBILINOGEN	4.43						01/01/15		
37	84580	ASSAY URINE UROBILINOGEN	9.55						01/01/19		
37	84583	ASSAY URINE UROBILINOGEN	6.05						01/01/19		
37	84585	ASSAY URINE VMA	15.50						01/01/20		
37	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.33						01/01/20		
37	84588	RIA ASSAY VASOPRESSIN	33.94						01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	84590	ASSAY BLOOD VITAMIN-A	11.61						01/01/20		
37	84591	ASSAY OF NOS VITAMIN	15.79						01/01/15		
37	84597	ASSAY VITAMIN-K	13.72						01/01/20		
37	84600	ASSAY FOR VOLATILES	17.11						01/01/20		
37	84620	XYLOSE TOLERANCE TEST, BLOOD	12.91						01/01/20		
37	84630	ASSAY BLOOD ZINC	11.39						01/01/20		
37	84702	GONADOTROPIN,CHORIONIC;QUANTITATIVE	15.05						01/01/20		
37	84703	GONADOTROPIN,CHORIONIC;QUALITATIVE	7.52						01/01/20		
37	84704	GONADOTROPIN, CHORIONIC (HCG); FREE	15.29						01/01/20		
37	84830	OVULATION TESTS, BY VISUAL COLOR COM	12.70						01/01/18		
37	84999	UNLISTED CHEMISTRY /TOXICOLOGY	MP			X			06/01/08		
37	85002	BLEEDING TIME TEST	4.82					X	01/01/20		
37	85004	AUTOMATED DIFF WBC COUNT	6.47						01/01/20		
37	85007	DIFFERENTIAL WBC COUNT	3.41					X	01/01/15		
37	85008	BLOOD COUNT;	3.43						01/01/20		
37	85009	DIFFERENTIAL WBC COUNT	5.06					X	01/01/15		
37	85013	BLOOD COUNT;	3.23						01/01/15		
37	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.37					X	01/01/20		
37	85018	HEMOGLOBIN, COLORIMETRIC	2.37					X	01/01/20		
37	85025	BLOOD COUNT;HEMO.PLAT.COUNT,AUTO/AUT	7.77						01/01/20		
37	85027	HEMOGRAM,AUTOMATED W/PLATELET COUNT	6.47					X	01/01/20		
37	85032	MANUAL CELL COUNT, EACH	4.31						01/01/20		
37	85041	RED BLOOD CELL (RBC) COUNT	3.02					X	01/01/20		
37	85044	RETICULOCYTE COUNT	4.31						01/01/20		
37	85045	RETICULOCYTE COUNT FLOW CYTOMETRY	3.99						01/01/20		
37	85046	RETICYTE, HGB CONCENTRATE	5.57						01/01/20		
37	85048	WHITE BLOOD CELL (WBC) COUNT	2.54						01/01/20		
37	85049	AUTOMATED PLATELET COUNT	4.48						01/01/20		
37	85055	RETICULATED PLATELET ASSAY	27.40						01/01/15		
37	85097	BONE MARROW SMEAR INTERPRET	60.28					X	01/01/21		
37	85130	CHROMOGENIC SUBSTRATE ASSAY	11.89						01/01/20		
37	85170	BLOOD CLOT RETRACTION SCREEN	4.92					X	01/01/15		
37	85175	BLOOD CLOT LYSIS TIME	6.19					X	01/01/15		
37	85210	BLOOD CLOT FACTOR II TEST	7.85					X	01/01/15		
37	85220	BLOOD CLOT FACTOR V TEST	17.65					X	01/01/20		
37	85230	BLOOD CLOT FACTOR VII TEST	17.90					X	01/01/20		
37	85240	BLOOD CLOT FACTOR VIII TEST	17.90					X	01/01/20		
37	85244	FACTOR VIII RELATED ANTIGEN QUAN	20.42					X	01/01/20		
37	85245	CLOTTING;	22.94						01/01/20		
37	85246	CLOTTING;	22.94						01/01/20		
37	85247	CLOTTING;	22.94						01/01/20		
37	85250	BLOOD CLOT FACTOR IX TEST	19.04					X	01/01/20		
37	85260	BLOOD CLOT FACTOR X TEST	17.90					X	01/01/20		
37	85270	BLOOD CLOT FACTOR XI TEST	17.90					X	01/01/20		
37	85280	BLOOD CLOT FACTOR XII TEST	19.24					X	01/01/15		
37	85290	BLOOD CLOT FACTOR XIII TEST	16.34					X	01/01/20		
37	85291	BLOOD CLOT FACTOR XIII TEST	9.11					X	01/01/20		
37	85292	CLOTTING; PREKALLIKRIEW ASSAY	18.93						01/01/20		
37	85293	CLOTTING;H-M-W KINNINOGEN ASSA	18.93						01/01/20		
37	85300	ANTITHROMBIN III TEST	11.85					X	01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.81					X	01/01/20		
37	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.01					X	01/01/20		
37	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		
37	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.61						01/01/20		
37	85306	CLOTTING INHIBITORS OR ANTICOAGULANT	15.32						01/01/20		
37	85307	ASSAY ACTIVATED PROTEIN C	15.32						01/01/20		
37	85335	FACTOR INHIBITOR TEST	12.87						01/01/20		
37	85337	THROMBOMODULIN	14.19						01/01/15		
37	85345	COAGULATION TIME	4.69					X	01/01/20		
37	85347	COAGULATION TIME	3.92					X	01/01/15		
37	85348	COAGULATION TIME	4.49					X	01/01/19		
37	85360	EUGLOBULIN LYSIS	8.41						01/01/20		
37	85362	FIBRIN DEGRADATION PRODUCTS	6.89					X	01/01/20		
37	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	11.72						01/01/15		
37	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRO	12.43						01/01/20		
37	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER	7.71						01/01/15		
37	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER	10.18						01/01/20		
37	85380	FIBRIN DEGRADATION, VTE	10.18						01/01/20		
37	85384	FIBRINOGEN;	9.72						01/01/19		
37	85385	FIBRINOGEN;	11.56						01/01/15		
37	85390	FIBRINOLYSINS SCREEN	7.04						01/01/15		
37	85397	COAGULATION AND FIBRINOLYSIS, FUNCTI	30.86						01/01/18		
37	85400	FIBRINOLYTIC PLASMIN	7.71						01/01/20		
37	85410	FIBRINOLYTIC ANTIPLASMIN	7.71						01/01/20		
37	85415	FIBRINOLYTIC FACTORS AND INHIBITORS;	17.19						01/01/20		
37	85420	FIBRINOLYTIC PLASMINOGEN	6.53						01/01/20		
37	85421	FIBR0 MECH;PLASM.ANTIGENIC ASS	10.18						01/01/20		
37	85441	HEINZ BODIES; DIRECT	4.20						01/01/20		
37	85445	HEINZ BODIES; INDUCED	6.82						01/01/20		
37	85460	HEMOGLOBIN, FETAL	6.32						01/01/15		
37	85461	HEMOGLOBIN, FETAL	4.21						01/01/15		
37	85475	HEMOLYSIN, ACID	8.87						01/01/20		
37	85520	HEPARIN ASSAY	11.53						01/01/15		
37	85525	HEPARIN NEUTRALIZATION	11.53						01/01/15		
37	85530	HEPARIN-PROTAMINE TOLERANCE	13.09						01/01/20		
37	85536	IRON STAIN PERIPHERAL BLOOD	6.88						01/01/20		
37	85540	WBC ALKALINE PHOSPHATASE	8.60						01/01/20		
37	85547	RBC MECHANICAL FRAGILITY	8.60						01/01/20		
37	85549	SERUM MURAMIDASE	18.75						01/01/20		
37	85555	RBC OSMOTIC FRAGILITY	6.32						01/01/15		
37	85557	RBC OSMOTIC FRAGILITY	13.36						01/01/20		
37	85576	PLATELET;AGGREGATION (IN VITRO)	24.91					X	01/01/19		
37	85590	PLATELET PHASE MICROSCOPY	5.56					X	01/01/09		
37	85597	PLATELET NEUTRALIZATION	17.98						01/01/20		
37	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGON	17.98						01/01/20		
37	85610	PROTHROMBIN TIME	4.29					X	01/01/20		
37	85611	PROTHROMBIN TIME;	3.94					X	01/01/20		
37	85612	VIPER VENOM PROTHROMBIN TIME	13.03						01/01/15		
37	85613	RUSSELL VIPER VENOM TIME (INCLUDES V	9.58						01/01/20		
37	85635	REPTILASE TEST	9.85						01/01/20		

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	85651	RBC SEDIMENTATION RATE	4.27						01/01/19		
37	85652	RBC SED RATE, AUTO	2.70						01/01/20		
37	85660	RBC SICKLE CELL TEST	5.51					X	01/01/20		
37	85670	THROMBIN TIME; PLASMA	5.77						01/01/20		
37	85675	THROMBIN TIME; TITER	6.85						01/01/20		
37	85705	THROMBOPLASTIN INHIBITION;	9.35						01/01/15		
37	85730	THROMBOPLASTIN TIME, PARTIAL	6.01					X	01/01/20		
37	85732	THROMBOPLASTIN TIME, PARTIAL	6.47					X	01/01/20		
37	85810	BLOOD VISCOSITY EXAMINATION	11.67					X	01/01/20		
37	85999	HEMATOLOGY PROCEDURE	MP			X			06/01/08		
37	86000	AGGLUTININS; FEBRILE	6.98						01/01/20		
37	86001	ALLERGEN SPECIFIC IGG	7.10					X	01/01/15		
37	86003	ALLERGEN SPECIFIC IGE;	5.22					X	01/01/20		
37	86005	ALLERGEN SPECIFIC IGE;	7.97						01/01/20		
37	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE	17.93					X	01/01/20		
37	86015	MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	11.53						01/01/22		
37	86021	WBC ANTIBODY IDENTIFICATION	15.05						01/01/20		
37	86022	PLATELET ANTIBODIES	18.37						01/01/20		
37	86023	ANTIBODY ID,PLAT.ASS. IMMUNOBLO	12.46						01/01/20		
37	86036	SCREENING TEST FOR ANTINEUTROPHIL CY	12.05					X	01/01/22		
37	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.05					X	01/01/22		
37	86038	ANTINUCLEAR ANTIBODIES (ANA), RIA	12.09						01/01/20		
37	86039	ANTINUCLEAR ANTIBODIES (ANA);	11.16						01/01/20		
37	86041	TEST FOR ACETYLCHOLINE RECEPTOR BIND	18.40						01/01/24		
37	86042	TEST FOR ACETYLCHOLINE RECEPTOR BLOC	18.40						01/01/24		
37	86043	TEST FOR ACETYLCHOLINE RECEPTOR MODU	12.05						01/01/24		
37	86051	ELISA DETECTION OF AQUAPORIN-4 (NEUR	11.53						01/01/22		
37	86052	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
37	86053	FLOW CYTOMETRY DETECTION OF AQUAPORI	12.05						01/01/22		
37	86060	ANTISTREPTOLYSIN O TITER	7.30						01/01/20		
37	86063	ANTISTREPTOLYSIN O SCREEN	5.77						01/01/20		
37	86140	C-REACTIVE PROTEIN	5.18						01/01/20		
37	86141	C-REACTIVE PROTEIN, HS	12.95						01/01/20		
37	86146	GLYCOPROTEIN ANTIBODY	15.82						01/01/15		
37	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	15.82						01/01/15		
37	86148	PHOSPHOLIPID ANTIBODY	15.82						01/01/15		
37	86155	CHEMOTAXIS ASSAY	15.99						01/01/20		
37	86156	COLD AGGLUTININ;	8.07						01/01/19		
37	86157	COLD AGGLUTININ;	8.06						01/01/20		
37	86160	COMPLEMENT;	12.00					X	01/01/20		
37	86161	COMPLEMENT;	12.00					X	01/01/20		
37	86162	COMPLEMENT; TOTAL (CH 50)	20.32						01/01/20		
37	86171	COMPLEMENT FIXATION, EACH	10.01						01/01/20		
37	86200	CCP ANTIBODY	12.95						01/01/20		
37	86215	DEOXYRIBONUCLEASE, ANTIBODY	13.25						01/01/20		
37	86225	DNA ANTIBODY	13.74						01/01/20		
37	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.11						01/01/20		
37	86231	DETECTION OF ENDOMYSIAL ANTIBODY (EM	12.09					X	01/01/22		
37	86235	ENA ANTIBODY	15.84						01/01/15		
37	86255	FLUORESCENT ANTIBODY; SCREEN	12.05						01/01/20		

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37	86256	FLUORESCENT ANTIBODY; TITER	12.05						01/01/20		
37	86258	DETECTION OF GLIADIN (DEAMIDATED) (D	11.53					X	01/01/22		
37	86277	GROWTH HORMONE,HUMAN,ANTIBODY, RIA	15.74						01/01/20		
37	86280	HEMAGGLUTINATION INHIBITION	8.19						01/01/20		
37	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	20.81						01/01/20		
37	86301	IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
37	86304	IMMUNOASSAY, TUMOR CA 125	20.81						01/01/20		
37	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.81				F		01/01/20		
37	86308	HETEROPHILE ANTIBODIES;	5.18						01/01/20		
37	86309	HETEROPHILE ANTIBODIES;	6.47						01/01/20		
37	86310	HETEROPHILE ANTIBODIES	7.37						01/01/20		
37	86316	IMMUNOASSAY FOR TUMOR ANTIGEN	20.81					X	01/01/20		
37	86317	IMMUNOASSAY/INFECTIOUS AGENT	14.99						01/01/20		
37	86318	IMMUNOASSAY FOR CHEM. CONSTITUENT	17.62						01/01/15		
37	86320	SERUM IMMUNOELECTROPHORESIS	29.92						01/01/18		
37	86325	OTHER IMMUNOELECTROPHORESIS	23.13						01/01/20		
37	86328	IMMUNOASSAY INF AGT,SINGLE STEP,CV19	33.92						05/12/23		
37	86329	IMMUNODIFFUSION, EACH	14.05					X	01/01/20		
37	86331	IMMUNODIFFUSION OUCHTERLONY	11.98						01/01/20		
37	86332	IMMUNE COMPLEX ASSAY;C1G BINDING CEL	24.37						01/01/20		
37	86334	IMMUNOFIXATION ELECTROPHORESIS	22.34						01/01/20		
37	86336	INHIBIN A	15.59						01/01/20		
37	86337	INSULIN ANTIBODIES, RIA	14.23						01/01/15		
37	86340	INTRINSIC FACTOR ANTIBODIES, RIA	15.08						01/01/20		
37	86341	ISLET CELL ANTIBODY	23.57						01/01/19		
37	86344	LEUKOCYTE PHAGOCYTOSIS	10.39						01/01/18		
37	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	97.30						01/01/10		
37	86353	LYMPHOCYTE TRANSFORMATION	49.03						01/01/20		
37	86355	B CELLS, TOTAL COUNT	37.73						01/01/20		
37	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI	26.78					X	01/01/20		
37	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	37.73						01/01/20		
37	86359	T CELLS;	37.73						01/01/20		
37	86360	T CELLS;	46.98						01/01/20		
37	86361	T CELL ABSOLUTE COUNT	26.78						01/01/20		
37	86362	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
37	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.05						01/01/22		
37	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.53					X	01/01/22		
37	86366	TEST FOR MUSCLE-SPECIFIC KINASE ANTI	18.40						01/01/24		
37	86367	STEM CELLS, TOTAL COUNT	51.34						01/01/15		
37	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.55						01/01/20		
37	86381	MEASUREMENT OF MITOCHONDRIAL ANTIBOD	25.45					X	01/01/22		
37	86382	NEUTRALIZATION TEST, VIRAL	16.91						01/01/20		
37	86384	NITROBLUE TETRAZOLIUM DYE	13.61						01/01/19		
37	86386	NUCLEAR MATRIX PROTEIN 22 (NMP22), Q	21.73						01/01/15		
37	86403	PRECIPITIN (EG, LATEX BEAD) OR AGGLU	11.54						01/01/19		
37	86406	PARTICLE AGGLUTINATION TEST	10.64						01/01/20		
37	86408	NEUTRALIZING ANTIBODY..;SCREEN	31.60						05/12/23		
37	86409	NEUTRALIZING ANTIBODY..;TITER	79.00						05/12/23		
37	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT	31.60						05/12/23		
37	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	86431	RHEUMATOID FACTOR;	5.67						01/01/20		
37	86480	TB TEST, CELL IMMUN MEASURE	61.98						01/01/20		
37	86481	TUBERCULOSIS TEST, CELL MEDIATED IMM	87.22						01/01/11		
37	86485	SKIN TEST;	8.06						01/01/09		
37	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP			X			06/01/08		
37	86510	HISTOPLASMOSIS SKIN TEST	5.51						01/01/15		
37	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/09		
37	86590	STREPTOKINASE, ANTIBODY	7.73						01/01/15		
37	86592	SYPHILIS TEST(S),QUALITATIVE	4.27						01/01/20		
37	86593	SYPHILIS TEST, QUANTITATIVE	4.40						01/01/20		
37	86602	ANTIBODY;	10.18						01/01/20		
37	86603	ANTIBODY;	12.87						01/01/20		
37	86606	ANTIBODY;	15.05						01/01/20		
37	86609	ANTIBODY;	12.88						01/01/20		
37	86611	BARTONELLA ANTIBODY	10.18						01/01/20		
37	86612	ANTIBODY;	12.90						01/01/20		
37	86615	ANTIBODY;	13.19						01/01/20		
37	86617	LYME DISEASE ANTIBODY	15.49						01/01/20		
37	86618	ANTIBODY;	17.03						01/01/20		
37	86619	ANTIBODY;	13.38						01/01/20		
37	86622	ANTIBODY;	8.93						01/01/20		
37	86625	ANTIBODY;	13.12						01/01/20		
37	86628	ANTIBODY;	12.01						01/01/20		
37	86631	ANTIBODY;	11.82						01/01/20		
37	86632	ANTIBODY;	12.68						01/01/20		
37	86635	ANTIBODY;	11.47						01/01/20		
37	86638	ANTIBODY;	12.12						01/01/20		
37	86641	ANTIBODY;	14.41						01/01/20		
37	86644	ANTIBODY;	14.39						01/01/20		
37	86645	ANTIBODY;	16.85						01/01/20		
37	86648	ANTIBODY;	15.21						01/01/20		
37	86651	ANTIBODY;	13.19						01/01/20		
37	86652	ANTIBODY;	13.19						01/01/20		
37	86653	ANTIBODY;	13.19						01/01/20		
37	86654	ANTIBODY;	13.19						01/01/20		
37	86658	ANTIBODY;	13.03						01/01/20		
37	86663	ANTIBODY;	13.12						01/01/20		
37	86664	ANTIBODY;	15.29						01/01/20		
37	86665	ANTIBODY;	18.14						01/01/20		
37	86666	EHRLICHIA ANTIBODY	10.18						01/01/20		
37	86668	ANTIBODY;	14.16						01/01/15		
37	86671	ANTIBODY;	12.25						01/01/20		
37	86674	ANTIBODY;	14.72						01/01/20		
37	86677	ANTIBODY;	15.82						01/01/15		
37	86682	ANTIBODY;	13.01						01/01/20		
37	86684	ANTIBODY;	15.84						01/01/20		
37	86687	HTLVI, ANTIBODY DETECTION;IMMUNOASSA	9.09						01/01/20		
37	86688	ANTIBODY;	14.00						01/01/20		
37	86689	CONFIRMATORY TEST	19.35						01/01/20		
37	86692	ANTIBODY;	17.16						01/01/20		

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COLUMN:

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	86694	ANTIBODY;	14.39						01/01/20		
37	86695	ANTIBODY;	13.19						01/01/20		
37	86696	HERPES SIMPLEX TYPE 2	19.35						01/01/20		
37	86698	ANTIBODY;	13.79						01/01/20		
37	86701	ANTIBODY;	8.89						01/01/20		
37	86702	ANTIBODY;	13.52						01/01/20		
37	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE RE	13.71						01/01/20		
37	86704	HEP B CORE AB TEST, IGG & M	12.05						01/01/20		
37	86705	HEP B CORE AB TEST, IGM	11.77						01/01/20		
37	86706	HEPATITIS B SURFACE AB TEST	10.74						01/01/20		
37	86707	HEPATITIS BE AB TEST	11.57						01/01/20		
37	86708	HEP A AB TEST, IGG & M	12.39						01/01/20		
37	86709	HEP A AB TEST, IGM	11.26						01/01/20		
37	86710	ANTIBODY;	13.55						01/01/20		
37	86711	ANTIBODY; JC (JOHN CUNNINGHAM) VIRUS	16.89						01/01/19		
37	86713	ANTIBODY;	15.30						01/01/20		
37	86717	ANTIBODY;	12.25						01/01/20		
37	86720	ANTIBODY;	16.20						01/01/19		
37	86723	ANTIBODY;	13.19						01/01/20		
37	86727	ANTIBODY;	12.87						01/01/20		
37	86732	ANTIBODY;	15.00						01/01/19		
37	86735	ANTIBODY;	13.05						01/01/20		
37	86738	ANTIBODY;	13.24						01/01/20		
37	86741	ANTIBODY;	13.19						01/01/20		
37	86744	ANTIBODY;	15.99						01/01/19		
37	86747	ANTIBODY;	15.03						01/01/20		
37	86750	ANTIBODY;	13.19						01/01/20		
37	86753	ANTIBODY;	12.39						01/01/20		
37	86756	ANTIBODY;	15.89						01/01/19		
37	86757	RICKETTSIA ANTIBODY	19.35						01/01/20		
37	86759	ANTIBODY;	17.95						01/01/15		
37	86762	ANTIBODY;	14.39						01/01/20		
37	86765	ANTIBODY;	12.88						01/01/20		
37	86768	ANTIBODY;	13.19						01/01/20		
37	86769	ANTIBODY,...(SARS-COV-2)..(COVID-19)	31.60						05/12/23		
37	86771	ANTIBODY;	17.95						01/01/15		
37	86774	ANTIBODY;	13.32						01/01/15		
37	86777	ANTIBODY;	14.39						01/01/20		
37	86778	ANTIBODY;	14.41						01/01/20		
37	86780	ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
37	86784	ANTIBODY;	6.32						01/01/15		
37	86787	ANTIBODY;	12.88						01/01/20		
37	86788	ANTIBODY; WEST NILE VIRUS, IGM	16.85						01/01/20		
37	86789	ANTIBODY; WEST NILE VIRUS	14.39						01/01/20		
37	86790	ANTIBODY;	12.88						01/01/20		
37	86793	ANTIBODY;	13.19						01/01/20		
37	86794	ZIKA VIRUS, IGM	16.85						01/01/20		
37	86800	THYROGLOBULIN ANTIBODY, RIA	15.91						01/01/20		
37	86803	HEPATITIS C AB TEST	14.27						01/01/20		
37	86804	HEP C AB TEST, CONFIRM	15.49						01/01/20		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	86805	LYMPHOCYTOTOXICITY ASSAY;W/TITRATION	71.16						01/01/15		
37	86806	SEE 86805; WITHOUT TITRATION	47.59						01/01/20		
37	86807	SERUM SCREEN.-PRA;STANDARD METHOD	48.22						01/01/15		
37	86808	SERUM SCREEN.-PRA; QUICK METHOD	29.68						01/01/20		
37	86812	TISSUE TYPING;	25.81						01/01/20		
37	86813	TISSUE TYPING;	58.00						01/01/20		
37	86816	TISSUE TYPING;	30.17						01/01/20		
37	86817	TISSUE TYPING;	87.62						01/01/15		
37	86821	TISSUE TYPING;	36.56						01/01/20		
37	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	82.21						01/01/15		
37	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSM	27.40						01/01/15		
37	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	48.22					X	01/01/15		
37	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	40.39					X	01/01/15		
37	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	95.52					X	01/01/19		
37	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	81.88					X	01/01/19		
37	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	172.66					X	01/01/15		
37	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	156.97					X	01/01/15		
37	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
37	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
37	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			X			06/01/08		
37	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.21					X	01/01/16		
37	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.60					X	01/01/09		
37	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.04					X	01/01/09		
37	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.39					X	01/01/20		
37	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.72					X	01/01/20		
37	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.18					X	01/01/20		
37	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.94						01/01/09		
37	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.50						01/01/09		
37	86900	BLOOD TYPING;	2.99						01/01/20		
37	86901	BLOOD TYPING;	2.99						01/01/20		
37	86902	BLOOD TYPING; ANTIGEN TESTING OF DON	5.20						01/01/15		
37	86904	BLOOD TYPING;	12.94					X	01/01/15		
37	86905	BLOOD TYPING;	3.83					X	01/01/20		
37	86906	BLOOD TYPING;	7.75						01/01/20		
37	86910	BLOOD TYPING;	21.76					X	01/01/09		
37	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.77						01/01/09		
37	86920	COMPATIBILITY TEST EACH UNIT;	51.59						01/01/09		
37	86921	COMPATIBILITY TEST EACH UNIT;	51.59						01/01/09		
37	86922	COMPATIBILITY TEST EACH UNIT;	49.15						01/01/09		
37	86923	COMPATIBILITY TEST, ELECTRIC	MP			X			06/01/08		
37	86927	FRESH FROZEN PLASMA, THAWING, EACH U	11.10					X	01/01/09		
37	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.77					X	01/01/20		
37	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.11					X	01/01/20		
37	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.52					X	01/01/09		
37	86950	LEUKOCYTE TRANSFUSION	43.60						01/01/09		
37	86960	VOL REDUCTION OF BLOOD/PROD	MP			X			06/01/08		
37	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.19						01/01/09		

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	86970	PRETREATMENT OF RBC'S FOR USE IN RBC	2.77					X	01/01/09		
37	86971	PRETREATMENT OF RBC'S FOR USE IN RBC	8.29					X	01/01/09		
37	86972	PRETREATMENT OF RBC'S FOR USE IN RBC	2.77						01/01/09		
37	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.77					X	01/01/09		
37	86976	PRETREATMENT OF SERUM FOR USE IN RBC	2.77						01/01/09		
37	86977	PRETREATMENT OF SERUM FOR USE IN RBC	8.29					X	01/01/09		
37	86978	PRETREATMENT OF SERUM FOR USE IN RBC	10.60					X	01/01/09		
37	86985	SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.24					X	01/01/09		
37	86999	IMMUNOLOGY PROCEDURE	50.49			X			06/01/08		
37	87003	SMALL ANIMAL INOCULATION	16.84						01/01/20		
37	87015	SPECIMEN CONCENTRATION	6.68					X	01/01/20		
37	87040	BLOOD CULTURE FOR BACTERIA	10.32					X	01/01/20		
37	87045	STOOL CULTURE FOR BACTERIA	9.44					X	01/01/20		
37	87046	STOOL CULTR, BACTERIA, EACH	9.44					X	01/01/20		
37	87070	CULTURE SPECIMEN, BACTERIA	8.62					X	01/01/20		
37	87071	CULTURE BACTERI AEROBIC OTHR	9.89						01/01/20		
37	87073	CULTURE BACTERIA ANAEROBIC	9.66						01/01/20		
37	87075	CULTURE SPECIMEN, BACTERIA	9.47					X	01/01/20		
37	87076	BACTERIA IDENTIFICATION	8.08						01/01/20		
37	87077	CULTURE AEROBIC IDENTIFY	8.08					X	01/01/20		
37	87081	BACTERIA CULTURE SCREEN	6.63						01/01/20		
37	87084	PRESUM PATHOG CUL SCR;W/COLONY ESTIM	11.72						01/01/15		
37	87086	URINE CULTURE, COLONY COUNT	8.07						01/01/20		
37	87088	URINE BACTERIA CULTURE	8.09						01/01/20		
37	87101	SKIN FUNGUS CULTURE	7.71						01/01/20		
37	87102	FUNGUS ISOLATION CULTURE	8.41						01/01/20		
37	87103	CULTURE,FUNGI,ISOLATION BLOOD	11.53						01/01/15		
37	87106	FUNGUS IDENTIFICATION	10.32						01/01/20		
37	87107	FUNGI IDENTIFICATION, MOLD	10.32						01/01/20		
37	87109	MYCOPLASMA CULTURE	15.39						01/01/20		
37	87110	CULTURE CHLAMYDIA	19.60						01/01/20		
37	87116	MYCOBACTERIA CULTURE	10.80						01/01/20		
37	87118	MYCOBACTERIA IDENTIFICATION	5.60						01/01/15		
37	87140	CULTURE TYPING, FLUORESCENT	5.57						01/01/20		
37	87143	CULTURE TYPING, GLC METHOD	12.52						01/01/20		
37	87147	CULTURE TYPING, SEROLOGIC	5.18						01/01/20		
37	87149	CULTURE TYPE, NUCLEIC ACID	20.05						01/01/20		
37	87150	CULTURE, TYPING; IDENTIFICATION BY N	35.09						01/01/20		
37	87152	CULTURE TYPE PULSE FIELD GEL	7.12						01/01/15		
37	87153	CULTURE, TYPING; IDENTIFICATION BY N	115.36						01/01/20		
37	87158	CULTURE TYPING, ADDED METHOD	7.12						01/01/15		
37	87164	DARK FIELD EXAMINATION	10.74						01/01/20		
37	87166	DARK FIELD EXAMINATION	11.30						01/01/20		
37	87168	MACROSCOPIC EXAM ARTHROPOD	4.27						01/01/20		
37	87169	MACACROSCOPIC EXAM PARASITE	4.31						01/01/20		
37	87172	PINWORM EXAM	4.27						01/01/20		
37	87176	ENDOTOXIN, BACTERIAL	5.88						01/01/20		
37	87177	OVA AND PARASITES SMEARS	8.90					X	01/01/20		
37	87181	ANTIBIOTIC SENSITIVITY, EACH	4.75						01/01/20		
37	87184	ANTIBIOTIC SENSITIVITY, EACH	7.48					X	01/01/20		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	87185	MICROBE SUSCEPTIBLE, ENZYME	4.75					X	01/01/20		
37	87186	ANTIBIOTIC SENSITIVITY, MIC	8.65						01/01/20		
37	87187	SENSITIVITY STUDIES,ANTIBIOTIC; MCB	14.10						01/01/15		
37	87188	ANTIBIOTIC SENSITIVITY, EACH	6.64						01/01/20		
37	87190	TB ANTIBIOTIC SENSITIVITY	7.31						01/01/18		
37	87197	SERUM BACTERICIDAL TITER	15.02						01/01/20		
37	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.24						01/01/09		
37	87205	SMEAR, STAIN & INTERPRET	4.27					X	01/01/20		
37	87206	SMEAR, STAIN & INTERPRET	5.39					X	01/01/20		
37	87207	SMEAR, STAIN & INTERPRET	5.99					X	01/01/20		
37	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
37	87210	SMEAR, STAIN & INTERPRET	5.81					X	01/01/15		
37	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
37	87230	TOXIN/ANTITOXIN ASSAY,TISSUE CULTURE	19.74					X	01/01/20		
37	87250	VIRUS INOCULATION FOR TEST	19.56					X	01/01/20		
37	87252	VIRUS ID;TISSUE CULT.INOCULATION/OBS	26.07						01/01/20		
37	87253	VIRUS ID;TISS CULT,ADD STDY,@ ISOLAT	20.20					X	01/01/20		
37	87254	VIRUS INOCULATION, SHELL VIA	19.56					X	01/01/20		
37	87255	GENET VIRUS ISOLATE, HSV	33.86						01/01/20		
37	87260	ADENOVIRUS AG, DFA	14.43						01/01/19		
37	87265	PERTUSSIS AG, DFA	11.98						01/01/20		
37	87267	ENTEROVIRUS ANTIBODY, DFA	13.42						01/01/19		
37	87269	GIARDIA AG, IF	13.61						01/01/19		
37	87270	CHYLMD TRACH AG, DFA	11.98						01/01/20		
37	87271	CYTOMEGALOVIRUS DFA	13.42						01/01/19		
37	87272	CRYPTOSPORIDUM AG, DFA	11.98						01/01/20		
37	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
37	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
37	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
37	87276	INFLUENZA AG, DFA	16.07						01/01/18		
37	87278	LEGION PNEUMO AG, DFA	15.60						01/01/18		
37	87279	PARAINFLUENZA, AG, IF	16.32						01/01/15		
37	87280	RESP SYNCYTIAL AG, DFA	13.42						01/01/19		
37	87281	PNEUMOCYSTIS CARINII, AG, IF	11.98						01/01/20		
37	87283	RUBEOLA, AG, IF	16.32						01/01/15		
37	87285	TREPON PALLIDUM AG, DFA	12.18						01/01/20		
37	87290	VARICELLA AG, DFA	13.42						01/01/19		
37	87299	AG DETECTION NOS, DFA	16.10						01/01/18		
37	87300	AG DETECTION, POLYVAL, IF	11.98					X	01/01/20		
37	87301	ADENOVIRUS AG, EIA	11.98						01/01/20		
37	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	11.98						01/01/20		
37	87320	CHYLMD TRACH AG, EIA	15.00						01/01/18		
37	87324	CLOSTRIDIUM AG, EIA	11.98						01/01/20		
37	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.42						01/01/19		
37	87328	CRYPTOSPOR AG, EIA	13.82						01/01/19		
37	87329	GIARDIA AG, EIA	11.98						01/01/20		
37	87332	CYTOMEGALOVIRUS AG, EIA	11.98						01/01/20		
37	87335	E COLI 0157 AG, EIA	12.66						01/01/20		
37	87336	ENTAMOEB HIST DISPR, AG, EIA	16.00						01/01/18		
37	87337	ENTAMOEB HIST GROUP, AG, EIA	11.98						01/01/20		

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	87338	HPYLORI, STOOL, EIA	6.31						01/01/15		
37	87339	HPYLORI AG, EIA	16.00						01/01/18		
37	87340	HEPATITIS B SURFACE AG, EIA	10.33						01/01/20		
37	87341	HEPATITIS B SURFACE, AG, EIA	10.33						01/01/20		
37	87350	HEPATITIS B AG, EIA	11.53						01/01/20		
37	87380	HEPATITIS DELTA AG, EIA	16.82						01/01/15		
37	87385	HISTOPLASMA CAPSUL AG, EIA	13.25						01/01/20		
37	87389	INFECTIOUS AGENT ANTIGEN DETECTION B	24.08						01/01/20		
37	87390	HIV-1 AG, EIA	24.01						01/01/15		
37	87391	HIV-2 AG, EIA	21.90						01/01/18		
37	87400	INFLUENZA A/B, AG, EIA	14.13					X	01/01/19		
37	87420	RESP SYNCYTIAL AG, EIA	13.91						01/01/19		
37	87425	ROTAVIRUS AG, EIA	11.98						01/01/20		
37	87426	INF AGT DETECTION BY IMMUNO-COVID-19	31.52						05/12/23		
37	87427	SHIGA-LIKE TOXIN AG, EIA	11.98						01/01/20		
37	87428	INF AGT BY IA;SARSCOV & INFL VIR A&B	23.21						05/12/23		
37	87430	STREP A AG, EIA	16.32						01/01/15		
37	87449	AG DETECT NOS, EIA, MULT	11.98						01/01/20		
37	87451	AG DETECT POLYVAL, EIA, MULT	6.31						01/01/15		
37	87467	MEASUREMENT OF HEPATITIS B SURFACE A	15.05						01/01/23		
37	87468	DETECTION OF ANAPLASMA PHAGOCYTOPHIL	35.09						01/01/23		
37	87469	DETECTION OF BABESIA MICROTIM BY AMP	35.09						01/01/23		
37	87471	BARTONELLA, DNA, AMP PROBE	35.09						01/01/20		
37	87472	BARTONELLA, DNA, QUANT	42.84						01/01/20		
37	87475	LYME DIS, DNA, DIR PROBE	20.05						01/01/20		
37	87476	LYME DIS, DNA, AMP PROBE	35.09						01/01/20		
37	87478	DETECTION OF BABESIA BORRELIA MIYAMO	35.09						01/01/23		
37	87480	CANDIDA, DNA, DIR PROBE	20.05						01/01/20		
37	87481	CANDIDA, DNA, AMP PROBE	35.09						01/01/20		
37	87482	CANDIDA, DNA, QUANT	55.74						01/01/18		
37	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	48.14						01/01/17		
37	87484	DETECTION OF EHRLICHIA CHAFFEENSIS B	35.09						01/01/23		
37	87485	CHYLMD PNEUM, DNA, DIR PROBE	20.05						01/01/20		
37	87486	CHYLMD PNEUM, DNA, AMP PROBE	35.09						01/01/20		
37	87487	CHYLMD PNEUM, DNA, QUANT	42.84						01/01/20		
37	87490	CHYLMD TRACH, DNA, DIR PROBE	22.75						01/01/19		
37	87491	CHYLMD TRACH, DNA, AMP PROBE	35.09					X	01/01/20		
37	87492	CHYLMD TRACH, DNA, QUANT	47.57						01/01/15		
37	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S)	37.27						01/01/20		
37	87495	CYTOMEG, DNA, DIR PROBE	27.29						01/01/15		
37	87496	CYTOMEG, DNA, AMP PROBE	35.09						01/01/20		
37	87497	CYTOMEG, DNA, QUANT	42.84						01/01/20		
37	87498	DETECTION TEST FOR ENTEROVIRUS (INTE	35.09						01/01/20		
37	87500	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87501	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31						01/01/20		
37	87502	INFECTIOUS AGENT DETECTION BY NUCLEI	95.80						01/01/19		
37	87503	INFECTIOUS AGENT DETECTION BY NUCLEI	28.26						01/01/15		
37	87505	INFECTIOUS AGENT DETECTION BY NUCLEI	128.29						01/01/20		
37	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	262.99						01/01/19		
37	87507	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78						01/01/20		

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COLUMN:

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	87510	GARDNER VAG, DNA, DIR PROBE	20.05						01/01/20		
37	87511	GARDNER VAG, DNA, AMP PROBE	35.09						01/01/20		
37	87512	GARDNER VAG, DNA, QUANT	41.76						01/01/20		
37	87513	DETECTION TEST BY NUCLEIC ACID FOR H	35.09						01/01/25		
37	87516	HEPATITIS B , DNA, AMP PROBE	35.09						01/01/20		
37	87517	HEPATITIS B , DNA, QUANT	42.84						01/01/20		
37	87520	HEPATITIS C , RNA, DIR PROBE	27.29						01/01/15		
37	87521	DETECTION TEST FOR HEPATITIS C VIRUS	35.09						01/01/20		
37	87522	DETECTION TEST FOR HEPATITIS C VIRUS	42.84						01/01/20		
37	87523	DETECTION OF HEPATITIS D (DELTA)	42.84						01/01/24		
37	87525	HEPATITIS G , DNA, DIR PROBE	27.29						01/01/15		
37	87526	HEPATITIS G, DNA, AMP PROBE	39.26						01/01/19		
37	87527	HEPATITIS G, DNA, QUANT	41.76						01/01/20		
37	87528	HSV, DNA, DIR PROBE	20.05						01/01/20		
37	87529	HSV, DNA, AMP PROBE	35.09						01/01/20		
37	87530	HSV, DNA, QUANT	42.84						01/01/20		
37	87531	HHV-6, DNA, DIR PROBE	27.29						01/01/15		
37	87532	HHV-6, DNA, AMP PROBE	35.09						01/01/20		
37	87533	HHV-6, DNA, QUANT	41.76						01/01/20		
37	87534	HIV-1, DNA, DIR PROBE	21.92						01/01/20		
37	87535	DETECTION TEST FOR HIV-1 VIRUS	35.09						01/01/20		
37	87536	DETECTION TEST FOR HIV-1 VIRUS	85.10						01/01/20		
37	87537	HIV-2, DNA, DIR PROBE	21.92						01/01/20		
37	87538	DETECTION TEST FOR HIV-2 VIRUS	35.09						01/01/20		
37	87539	DETECTION TEST FOR HIV-2 VIRUS	58.29						01/01/15		
37	87540	LEGION PNEUMO, DNA, DIR PROB	20.05						01/01/20		
37	87541	LEGION PNEUMO, DNA, AMP PROB	35.09						01/01/20		
37	87542	LEGION PNEUMO, DNA, QUANT	41.76						01/01/20		
37	87550	MYCOBACTERIA, DNA, DIR PROBE	20.05						01/01/20		
37	87551	MYCOBACTERIA, DNA, AMP PROBE	47.76						01/01/15		
37	87552	MYCOBACTERIA, DNA, QUANT	42.84						01/01/20		
37	87555	M.TUBERCULO, DNA, DIR PROBE	26.88						01/01/18		
37	87556	M.TUBERCULO, DNA, AMP PROBE	41.68						01/01/19		
37	87557	M.TUBERCULO, DNA, QUANT	42.84						01/01/20		
37	87560	M.AVIUM-INTRA, DNA, DIR PROB	27.29						01/01/15		
37	87561	M.AVIUM-INTRA, DNA, AMP PROB	35.09						01/01/20		
37	87562	M.AVIUM-INTRA, DNA, QUANT	42.84						01/01/20		
37	87563	DETECTION OF MYCOPLASMA GENITALIUM B	35.09						01/01/20		
37	87564	DETECTION TEST BY NUCLEIC ACID FOR M	76.77						01/01/25		
37	87580	M.PNEUMON, DNA, DIR PROBE	20.05						01/01/20		
37	87581	M.PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
37	87582	M.PNEUMON, DNA, QUANT	56.82						01/01/15		
37	87590	N.GONORRHOEAE, DNA, DIR PROB	26.88						01/01/18		
37	87591	N.GONORRHOEAE, DNA, AMP PROB	35.09					X	01/01/20		
37	87592	N.GONORRHOEAE, DNA, QUANT	42.84						01/01/20		
37	87593	INFECTIOUS AGT DETECTION (MONKEYPOX)	38.48	18 99					07/26/22		
37	87594	DETECTION TEST BY NUCLEIC ACID FOR P	35.09						01/01/25		
37	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	40.55						01/01/19		

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	87626	DETECTION TEST BY NUCLEIC ACID FOR H	70.20						01/01/25		
37	87631	INFECTIOUS AGENT DETECTION BY NUCLEI	142.63		X				01/01/19		
37	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	218.06		X				01/01/20		
37	87633	INFECTIOUS AGENT DETECTION BY NUCLEI	416.78		X				01/01/20		
37	87634	INFECTIOUS AGENT DETECTION BY NUCLEI	70.20						01/01/20		
37	87635	INFECTIOUS AGENT DETECTION-COVID-19	38.48						05/12/23		
37	87636	SARSCOV2 & INF A & B AMP PRB	106.97						05/12/23		
37	87637	SARSCOV2 & INF A & B & RSV AMP PRB	106.97						05/12/23		
37	87640	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87641	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87650	STREP A, DNA, DIR PROBE	20.05						01/01/20		
37	87651	STREP A, DNA, AMP PROBE	35.09						01/01/20		
37	87652	STREP A, DNA, QUANT	41.76						01/01/20		
37	87653	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87660	TRICHOMONAS VAGIN, DIR PROBE	20.05				F		01/01/20		
37	87661	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
37	87662	INFECTIOUS AGENT DETECTION BY NUCLEI	51.31					X	01/01/20		
37	87797	DETECT AGENT NOS, DNA, DIR	27.29						01/01/15		
37	87798	DETECT AGENT NOS, DNA, AMP	35.09						01/01/20		
37	87799	DETECT AGENT NOS, DNA, QUANT	13.55						02/01/12		
37	87800	DETECT AGNT MULT, DNA, DIREC	43.67						01/01/20		
37	87801	DETECT AGNT MULT, DNA, AMPLI	70.20						01/01/20		
37	87802	STREP B ASSAY W/OPTIC	12.73						01/01/20		
37	87803	CLOSTRIDIUM TOXIN A W/OPTIC	16.00						01/01/18		
37	87804	AGENT NOS ASSAY W/OPTIC	16.32					X	01/01/15		
37	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	30.60						01/01/15		
37	87807	RSV ASSAY W/OPTIC	13.10						01/01/20		
37	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.29				F		01/01/18		
37	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.32						01/01/15		
37	87810	CHYLMD TRACH ASSAY W/OPTIC	16.32						01/01/15		
37	87811	SARS-COV-2 COVID 19 W/OPTIC	31.04						05/12/23		
37	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.32						01/01/15		
37	87880	STREP A ASSAY W/OPTIC	16.32						01/01/15		
37	87899	AGENT NOS ASSAY W/OPTIC	16.07						01/01/18		
37	87900	PHENOTYPE, INFECT AGENT DRUG	130.35						01/01/20		
37	87901	GENOTYPE, DNA, HIV REVERSE T	257.45						01/01/20		
37	87902	GENOTYPE, DNA, HEPATITIS C	257.45						01/01/20		
37	87903	PHENOTYPE, DNA HIV W/CULTURE	488.66						01/01/20		
37	87904	PHENOTYPE, DNA HIV W/CLT ADD	26.07						01/01/20		
37	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22						01/01/20		
37	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	128.73						01/01/20		
37	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
37	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
37	87913	NFCT AGT GNTYP ALYS SARSCOV2	193.09						05/12/23		
37	87999	MICROBIOLOGY PROCEDURE	MP			X			06/01/08		
37	88104	CYTOPATHOLOGY	55.68						01/01/09		
37	88106	CYTOPATHOLOGY	56.20						01/01/21		
37	88108	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B	54.14						01/01/21		
37	88112	CYTOPATHOLOGY,SELECT CELL ENHANCEMNT	57.32	10 59			F		01/01/21		
37	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.97						01/01/11		

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	204.27							01/01/11		
37	88125	FORENSIC CYTOPATHOLOGY	19.84							01/01/09		
37	88130	SEX CHROMATIN IDENTIFICATION	17.98							01/01/20		
37	88140	SEX CHROMATIN IDENTIFICATION	7.99							01/01/20		
37	88141	CYTOPATH CERV/VAG INTERPRET	18.99	21	99					01/01/21		
37	88142	CYTOPATH CERV/VAG THIN LAYER	20.26	21	99					01/01/20		
37	88143	CYTPATH C/VAG T/LAYER REDO	18.72	21	99					01/01/15		
37	88147	CYTPATH C/VAG AUTOMATED	14.38	21	99					01/01/15		
37	88148	CYTPATH C/VAG AUTO RESCREEN	14.38	21	99					01/01/15		
37	88150	CYTOPATHOLOGY, PAP SMEAR	14.38	21	99			F		01/01/15		
37	88152	CYTOPATH CERV/VAG AUTO	14.38	21	99					01/01/15		
37	88153	CYTPATH C/VAG REDO	14.38	21	99					01/01/15		
37	88155	CYTOPATH,(PAP);W/ DEF.HORMONAL EVAL	8.15	21	99			F		01/01/15		
37	88160	CYTOPATHOLOGY	47.19							01/01/09		
37	88161	CYTOPATH....;PREP,SCREEN,INTERP.	49.09							01/01/09		
37	88162	CYTOPATH..;EXT.STUDY,+5 SLIDES,MULTI	71.14							01/01/09		
37	88164	CYTPATH TBS C/VAG MANUAL	14.38	21	99					01/01/15		
37	88165	CYTPATH TBS C/VAG REDO	14.38	21	99					01/01/15		
37	88166	CYTPATH TBS C/VAG AUTO REDO	14.38	21	99					01/01/15		
37	88167	CYTPATH TBS C/VAG SELECT	14.38	21	99					01/01/15		
37	88172	IMMEDIATE EVAL/ASPIRATE,SPEC ADEQUAC	47.53							01/01/21		
37	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	121.73							01/01/09		
37	88174	CYTOPATHOLOGY,VAGINAL OR CERVICAL CO	19.86	21	99			F		01/01/15		
37	88175	CYTOPATHOLOGY, WITH SCREENING	25.04	21	99			F		01/01/15		
37	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	14.91							01/01/11		
37	88182	FLOW CYTOMETRY;	92.09							01/01/09		
37	88184	FLOWCYTOMETRY/ TC, 1 MARKER	54.87							01/01/17		
37	88185	FLOWCYTOMETRY/TC, ADD-ON	19.31						X	01/01/22		
37	88187	FLOWCYTOMETRY/READ, 2-8	MP				X			06/01/08		
37	88188	FLOWCYTOMETRY/READ, 9-15	MP				X			06/01/08		
37	88189	FLOWCYTOMETRY/READ, 16 & >	MP				X			06/01/08		
37	88199	CYTOPATHOLOGY PROCEDURE	MP				X			06/01/08		
37	88230	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE	86.97							01/01/15		
37	88233	TISS CULT,CHROM.ANAL;SKIN/OTHER BX	86.97							01/01/15		
37	88235	TISS CULT,CHROM ANAL;AMNIOTIC/CHORIO	86.97							01/01/15		
37	88237	TISS CULT,CHROM ANAL;BONE MARROW ...	86.97							01/01/15		
37	88239	TISS CULT,CHROM ANAL; OTHER TISSUE	86.97							01/01/15		
37	88240	CELL CRYOPRESERVE/STORAGE	13.07							01/01/18		
37	88241	FROZEN CELL PREPARATION	12.09							01/01/19		
37	88245	CHROM ANAL/BREAKAGE SYND;25 CELLS...	86.97							01/01/15		
37	88248	CHROM ANAL/BREAKAGE SYND;100 CELLS..	173.17							01/01/20		
37	88249	CHROMOSOME ANALYSIS, 100	173.17							01/01/20		
37	88261	CHROMOSOME COUNT: 1-4 CELLS	240.51							01/01/15		
37	88262	CHROMOSOME COUNT: 1-20 CELLS	125.49							01/01/20		
37	88263	CHROM ANAL;45 CELL-MOSAICISM,.....	86.97							01/01/15		
37	88264	CHROMOSOME ANALYSIS, 20-25	144.61							01/01/19		
37	88267	CHROMOSOME COUNT: AMNIOTIC	188.57							01/01/20		
37	88269	CHROM ANALY;IN SITU AMNIOTIC FLUID..	173.66							01/01/20		
37	88271	CYTOGENETICS, DNA PROBE	21.42							01/01/20		
37	88272	CYTOGENETICS, 3-5	36.44							01/01/15		

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37	88273	CYTOGENETICS, 10-30	34.81						01/01/20		
37	88274	CYTOGENETICS, 25-99	42.38						01/01/19		
37	88275	CYTOGENETICS, 100-300	51.19						01/01/18		
37	88280	CHROMOSOME COUNT: ADDITIONAL	33.47						01/01/18		
37	88283	CHROM ANAL;ADD SPEC BANDING TECH.	37.97						01/01/15		
37	88285	CHROMOSOME COUNT: ADDITIONAL	25.86						01/01/15		
37	88289	CHROM ANAL;ADD HI RESOLUTION STUDY	34.43						01/01/20		
37	88299	CYTOGENETIC STUDY	5.81			X			06/01/08		
37	88300	SURGICAL PATHOLOGY, GROSS	13.52					X	01/01/21		
37	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					X	01/01/21		
37	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	35.41					X	01/01/21		
37	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	60.71					X	01/01/21		
37	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.46						01/01/09		
37	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.62						01/01/09		
37	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.90						01/01/09		
37	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.21						01/01/09		
37	88313	SPECIAL STAIN INCLUDING INTERPRETATI	61.45						01/01/15		
37	88314	SPECIAL STAIN INCLUDING INTERPRETATI	68.33						01/01/15		
37	88321	MICROSLIDE CONSULTATION	83.83						01/01/09		
37	88323	MICROSLIDE CONSULTATION	98.80						01/01/21		
37	88325	COMPREHENSIVE REVIEW OF DATA	145.04						01/01/21		
37	88329	CONSULTATION DURING SURGERY	45.71					X	01/01/09		
37	88331	CONSULTATION DURING SURGERY	83.18					X	01/01/09		
37	88332	PATHOLOGY CONSULTATION DURING SURGER	37.45						01/01/09		
37	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	46.40					X	01/01/15		
37	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	83.29					X	01/01/15		
37	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	80.28						01/01/15		
37	88346	IMMUNOFLUORESCENCE PER SPEC; INITIAL	98.09						01/01/21		
37	88348	ELECTRON MICROSCOPY	314.30						01/01/15		
37	88350	IMMUNOFLUORESCENCE, PER SPECIMEN; E	74.54					X	01/01/21		
37	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			X			06/01/08		
37	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	105.39						01/01/21		
37	88363	EXAMINATION AND SELECTION OF RETRIEV	20.23						01/01/11		
37	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	66.47						01/01/15		
37	88365	TISSUE IN SITU HYBRID.;INTERP/REPORT	140.84					X	01/01/09		
37	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	103.35						01/01/15		
37	88367	INSITU HYBRIDIZATION, AUTO	98.24						01/01/21		
37	88368	INSITU HYBRIDIZATION, MANUAL	100.19						01/01/15		
37	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	50.78						01/01/15		
37	88371	PROTEIN ANALYSIS OF TISSUE BY WESTER	22.23						01/01/20		
37	88372	PROTEIN ANALYSIS OF TISSUE BY WESTER	26.22					X	01/01/19		
37	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	41.67						01/01/15		
37	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	139.04						01/01/15		
37	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	146.66						01/01/15		
37	88387	MACROSCOPIC EXAMINATION, DISSECTION,	29.28						01/01/10		
37	88399	SURGICAL PATHOLOGY PROCEDURE	MP			X			06/01/08		
37	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	4.73						01/01/15		
37	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRAN	4.73						01/01/15		
37	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.73						01/01/15		
37	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN	4.73						01/01/15		

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

1	2	3	4	5 AGE		6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X-OVERS	SPEC IND
37	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP				X			01/01/11		
37	89050	BODY FLUID CELL COUNT	4.72						X	01/01/20		
37	89051	BODY FLUID CELL COUNT	5.60						X	01/01/20		
37	89055	LEUKOCYTE ASSESSMENT, FECAL	4.27							01/01/20		
37	89060	CRYSTAL IDENTIFICATION BY COMPENSATE	7.33							01/01/20		
37	89125	SPECIMEN FAT STAIN	5.88						X	01/01/15		
37	89160	EXAM FECES FOR MEAT FIBERS	4.85							01/01/18		
37	89190	NASAL SMEAR FOR EOSINOPHILS	5.79							01/01/19		
37	89220	SPUTUM SPECIMEN COLLECTION	12.99							01/01/09		
37	89230	COLLECT SWEAT FOR TEST	2.12							01/01/21		
37	89240	PATHOLOGY LAB PROCEDURE	MP				X			06/01/08		
37	90281	HUMAN IG, IM	CCR									
37	90283	HUMAN IG, IV	CCR									
37	90287	BOTULINUM ANTITOXIN	CCR									
37	90288	BOTULISM IG, IV	CCR									
37	90291	CMV IG, IV	CCR									
37	90296	DIPHTHERIA ANTITOXIN	CCR									
37	90371	HEPB IG, IM	CCR									
37	90375	RABIES IMMUNE GLOBULIN FOR INJECTION	CCR									
37	90376	RABIES IG, HEAT TREATED	CCR									
37	90380	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR									
37	90381	RESPIRATORY SYNCYTIAL VIRUS ANTIBODY	CCR									
37	90384	RH IG, FULL-DOSE, IM	CCR									
37	90385	RH IG, MINIDOSE, IM	CCR									
37	90386	RH IG, IV	CCR									
37	90389	TETANUS IG, IM	CCR									
37	90393	VACCINA IG, IM	CCR									
37	90396	VARICELLA-ZOSTER IG, IM	CCR									
37	90399	IMMUNE GLOBULIN	CCR									
37	90476	ADENOVIRUS VACCINE, TYPE 4	CCR									
37	90477	ADENOVIRUS VACCINE, TYPE 7	CCR									
37	90480	IMMUNIZATION ADMIN, IM, SAR-COV-2	CCR									
37	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS OR	CCR									
37	90585	BCG TICE VACCINE, 50 MG	CCR									
37	90586	BCG LIVE (INTRAVESICAL)	CCR									
37	90587	VACCINE FOR DENGUE FOR INJECTION UND	MP				X			01/01/18		
37	90611	SMALLPOX AND MONKEYPOX VACCINE...SQ	270.00	18	99					04/01/24		
37	90620	MENINGOCOCCAL RECOMBINANT PROTEIN	CCR	10	99							E
37	90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEI	CCR	10	99							E
37	90623	MENINGOCOCCAL CONJUGATE VACCINE SERO	CCR	19	99							
37	90632	HEPATITIS A VACCINE (HEPA),ADULT	CCR	19	99							E
37	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR	01	21							
37	90636	HEPATITIS A AND HEPATITIS B VAC	CCR									
37	90647	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR	00	21							
37	90648	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR									E
37	90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE	CCR	09	26							
37	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6	CCR	09	45							
37	90653	INFLUENZA VACCINE, INACTIVATED, SUBU	CCR	65	99							
37	90655	FLU VACCINE, 6-35 MO, IM	CCR	00	02							
37	90656	FLU VACCINE NO PRESERV 3 & >	CCR									

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	90657	FLU VACCINE, 6-35 MO, IM	CCR									
37	90658	INFLUENZA VIRUS VACCINE, TRIVALENT	CCR	00	21							
37	90660	INFLUENZA VIRUS VACC,INTRANASAL USE	CCR	00	49							
37	90661	INFLUENZA VIRUS VACCINE, DERIVED FRO	CCR									
37	90662	INFLUENZA VIRUS VACCINE,SPLIT VIRU	CCR	65	99							
37	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
37	90666	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
37	90667	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
37	90668	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP				X			01/01/11		
37	90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 V	CCR									E
37	90673	VACCINE FOR INFLUENZA ADMINISTERED I	CCR	19	99							
37	90675	RABIES VACCINE, IM	CCR									
37	90676	RABIES VACCINE, ID	CCR									
37	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00	18							
37	90682	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	19	99							
37	90683	RESPIRATORY SYNCYTIAL VIRUS VACCINE	CCR	10	59			F				
37	90690	TYPHOID VACCINE, ORAL	CCR									
37	90691	TYPHOID VACCINE, IM	CCR									
37	90698	DTAP-HIB-IPV VACCINE, IM	CCR	00	20							
37	90700	DTAP, DIPHTH, TETANUS TOXO,PETRUSSIS	CCR	00	21							
37	90702	IMMUNIZATION,DT	CCR	00	21							
37	90707	MEASLES,MUMPS AND RUBELLA VIRUS-MMR	CCR									E
37	90710	MEASLES,MUMPS,RUBELLA, AND VARICELL	CCR	00	18							
37	90713	IMMUNIZATION,POLIO INJECTION	CCR									
37	90714	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR	07	99							
37	90715	TDAP VACCINE >7 IM	CCR	07	99							E
37	90716	VARICELLA VIRUS VACCINE (VAR) LIVE	CCR									E
37	90717	IMMUNIZATION,YELLOW FEVER	CCR	00	21							
37	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	00	20							
37	90732	PNEUMOCOCCAL POLYSACC VACCINE,23-VAL	CCR	02	99							
37	90734	MENINGOCOCCAL CONJUGATE VACCINE, IM	CCR									E
37	90736	ZOSTER (SHINGLES) VACCINE	CCR	21	99							E
37	90739	HEPATITIS B VACCINE, ADULT DOSAGE (2	CCR									
37	90740	HEPB VACC, ILL PAT 3 DOSE IM	CCR									
37	90743	HEP B VACC, ADOL, 2 DOSE, IM	CCR	00	21							
37	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR	00	20							
37	90746	HEPATITIS B VACCINE, ADULT DOSAGE,IM	CCR	19	99							E
37	90748	HEPATITIS B/HIB VACCINE	CCR	00	21							
37	90749	IMMUNIZATION,UNLISTED PROCEDURE	CCR									
37	90750	ZOSTER (SHINIGLES) VACCINE (HZV), RE	CCR	50	99							
37	90756	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR									
37	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR									
37	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	CCR									
37	90940	HEMODIALYSIS ACCESS STUDY	CCR									
37	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	CCR									
37	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	CCR									
37	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
37	90952	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
37	90953	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
37	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
37	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
37	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
37	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
37	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
37	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
37	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
37	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
37	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
37	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
37	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
37	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
37	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
37	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
37	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
37	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
37	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	CCR									
37	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	CCR									
37	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	CCR									
37	90999	UNLISTED DIALYSIS PROCEDURE	CCR									
37	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR			X						
37	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR									
37	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	CCR									
37	91022	DUODENAL MOTILITY STUDY	CCR									
37	91030	ACID PERFUSION FOR ESOPHAGITIS	CCR									
37	91034	GASTROESOPHAGEAL REFLUX TEST	CCR									
37	91035	G-ESOPH REFLX TST W/ELECTROD	CCR									
37	91037	ESOPH IMPED FUNCTION TEST	CCR									
37	91038	ESOPH IMPED FUNCT TEST > 1H	CCR									
37	91040	ESOPH BALLOON DISTENSION TST	CCR									
37	91065	MEASUREMENT OF HYDROGEN IN BREATH TO	53.23							01/01/14		
37	91110	GI TRACT IMAGING, INTRALUMINAL	CCR									
37	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	CCR									
37	91120	RECTAL SENSATION TEST	CCR									
37	91122	ANORECTAL MANOMETRY	CCR									
37	91132	ELECTROGASTROGRAPHY	CCR									
37	91133	ELECTROGASTROGRAPHY W/TEST	CCR									
37	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	CCR									
37	91299	UNLISTED DX GASTRO. PROC	CCR									
37	91304	NOVAVAX COVID-19 VACCINE, ADJUVANTED	148.20	12	99					10/03/23		
37	92002	EYE EXAM; INTERMEDIATE; NEW PT	CCR									
37	92004	EYE EXAM; COMPREHENSIVE; NEW PT	CCR									
37	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	CCR									
37	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	CCR									
37	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	CCR									
37	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	CCR									
37	92060	SENSORIMOTOR EXAM EYE	CCR									
37	92065	ORTHOPTIC/PLEOPTIC TRAINING	CCR	00	21							
37	92066	EYE TRAINING EXERCISE UNDER SUPERVIS	CCR									
37	92081	TANGENT SCREEN; AUTOPLOT	CCR									

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	92082	QUANTITATIVE PERIMETRY	CCR									
37	92083	MEASUREMENT OF FIELD OF VISION DURIN	CCR									
37	92100	SERIAL TONOGRAPHY W/EVALUATION	CCR									
37	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
37	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
37	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR									
37	92136	OPHTHALMIC BIOMETRY	CCR									
37	92137	IMAGING OF RETINA WITH OPTICAL COHER	CCR									
37	92145	CORNEAL HYSTERESIS DETERMINATION, BY	CCR									
37	92201	EXTENDED EXAMINATION OF EYE WITH DRA	CCR									
37	92202	EXTENDED EXAMINATION OF EYE WITH DRA	CCR									
37	92227	REMOTE IMAGING FOR DETECTION OF RETI	CCR									
37	92228	REMOTE IMAGING FOR MONITORING AND MA	CCR									
37	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	CCR									
37	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	CCR						X			
37	92240	ICG ANGIOGRAPHY	CCR									
37	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	CCR									
37	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	CCR									
37	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	CCR									
37	92265	OCULOELECTROMYOGRAPHY	CCR									
37	92270	ELECTRO-OCULOGRAPHY	CCR									
37	92283	COLOR VISION EXAMINATION	CCR									
37	92284	DARK ADAPTATION EXAMINATION	CCR									
37	92285	EXTERNAL OCULAR PHOTOGRAPHY	CCR									
37	92286	SPECULAR ENDOTHELIAL MICROSCOPY	CCR									
37	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	CCR									
37	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	CCR									
37	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	CCR			X						
20	92507	SPEECH LANGUAGE HEARING THERAPY	49.56	00	02	X				03/01/13		
37	92507	TREATMENT OF SPEECH,LANGUAGE,AUDITOR	33.00	03	99	X				03/01/13		
37	92511	NASOPHARYNGOSCOPY	CCR			X						
37	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
37	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
37	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
20	92521	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
37	92521	EVALUATION OF SPEECH FLUENCY	77.70	03	99					01/01/14		
20	92522	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
37	92522	EVALUATE SPEECH PRODUCTION	63.31	03	99					01/01/14		
20	92523	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
37	92523	SPEECH SOUND LANG COMPREHENSION	131.19	03	99					01/01/14		
20	92524	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	02					01/01/14		
37	92524	BEHAVRAL QUALIT ANALYS VOICE	65.93	03	99					01/01/14		
37	92531	SPONTANEOUS NYSTAGMUS W/GAZE	CCR									
37	92532	POSITIONAL NYSTAGMUS STUDY	CCR									
37	92533	CALORIC VESTIBULAR TEST; EACH	CCR						X			
37	92534	OPTOKINETIC NYSTAGMUS	CCR									
37	92537	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
37	92538	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
37	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	CCR									
37	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	CCR									

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37	92542	POSITIONAL NYSTAGMUS W/RECORDING	CCR									
37	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	CCR									
37	92545	OSCILLATING TRACKING W/RECORDING	CCR									
37	92546	TORSION SWING TEST W/RECORDING	CCR									
37	92547	ADDED USE OF VERTICAL ELECTRODES	CCR									
37	92548	POSTUROGRAPHY	CCR									
37	92549	COMPUTERIZED DYNAMIC ASSESSMENT OF B	CCR									
37	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	CCR									
37	92551	SCREENING; PURE TONE; AIR ONLY	CCR									
37	92552	PURE TONE AUDIOMETRY; AIR ONLY	CCR									
37	92553	PURE TONE AUDIOMETRY; AIR AND BONE	CCR									
37	92555	SPEECH AUDIOMETRY; THRESHOLD ONLY	CCR									
37	92556	SPEECH AUDIOMETRY, COMPLETE	CCR									
37	92557	BASIC COMPREHENSIVE AUDIOMETRY	CCR									
37	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREEN	MP				X			01/01/12		
37	92563	TONE DECAY HEARING TEST	CCR									
37	92565	STENGER TEST, PURE TONE	CCR									
37	92567	TYMPANOMETRY	CCR									
37	92568	ACOUSTIC REFLEX TESTING	CCR									
37	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDE	CCR									
37	92571	FILTERED SPEECH TEST	CCR									
37	92572	STAGGERED SPONDAIC WORD TEST	CCR									
37	92575	SENSORINEURAL ACUITY LEVEL TEST	CCR									
37	92576	SYNTHETIC SENTENCE ID TEST	CCR									
37	92577	STENGER TEST, SPEECH	CCR									
37	92579	VISUAL AUDIOMETRY (VRA)	CCR									
37	92582	CONDITIONING PLAY AUDIOMETRY	CCR									
37	92583	SELECT PICTURE AUDIOMETRY	CCR									
37	92584	ELECTROCOCHLEOGRAPHY	CCR									
37	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR									
37	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	CCR									
37	92590	HEARING AID EXAM/SELECTION;MONAURAL	CCR									
37	92591	HEARING AID EXAM/SELECTION;BINAURAL	CCR									
37	92592	HEARING AID CHECK; MONAURAL	CCR									
37	92593	HEARING AID CHECK; BINAURAL	CCR									
37	92594	ELECTROACOUSTIC EVAL HEAR AID;MONAUR	CCR									
37	92595	ELECTROACOUSTIC EVAL HEAR AID;BINAUR	CCR									
37	92610	EVALUATE SWALLOWING FUNCTION	37.33							01/01/03		
37	92611	MOTION FLUOROSCOPY/SWALLOW	40.53							01/01/03		
37	92612	ENDOSCOPY SWALLOW TST	155.52							01/01/03		
37	92618	EVALUATION FOR PRESCRIPTION OF NON-S	MP				X			01/01/12		
37	92620	AUDITORY FUNCTION, 60 MIN	CCR									
37	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	CCR						X			
37	92622	ANALYSIS, PROGRAMMING, AND VERIFICAT	CCR									
37	92623	ANALYSIS, PROGRAMMING, AND VERIFICAT	CCR						X			
37	92625	TINNITUS ASSESSMENT	CCR									
37	92626	EVAL AUD REHAB STATUS	CCR	02	99	X						
37	92627	EVAL AUD STATUS REHAB ADD-ON	CCR	02	99	X			X			
37	92630	AUD REHAB PRE-LING HEAR LOSS	CCR			X	X					
37	92633	AUD REHAB POSTLING HEAR LOSS	CCR	02	99	X	X					

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	CCR									
37	92650	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
37	92651	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
37	92652	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
37	92653	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
37	92700	ENT PROCEDURE/SERVICE	CCR									
37	92920	BALLOON DILATION OF NARROWED OR BLOC	CCR									
37	92921	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
37	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
37	92925	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
37	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR									
37	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR									
37	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
37	92934	PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR									
37	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
37	92938	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
37	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
37	92944	PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR									
37	92950	CARDIOPULMONARY RESUSCITATION	CCR						X			
37	92960	ELECTRICAL CARDIOVERSION	CCR						X			
37	92961	CARDIOVERSION, ELECTRIC, INT	CCR									
37	92972	SHOCKWAVE DESTRUCTION OF CALCIFIED P	CCR									
37	92973	PERCUT CORONARY THROMBECTOMY	CCR									
37	92974	CATH PLACE, CARDIO BRACHYTX	CCR									
37	92978	INTRAVASCULAR US, HEART	CCR									
37	92979	INTRAVASCULAR US, HEART	CCR						X			
37	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR									
37	92987	REVISION OF MITRAL VALVE	CCR									
37	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR									
37	92997	PUL ART BALLOON REPAIR, PERC	CCR									
37	92998	PUL ART BALLOON REPAIR, PERC	CCR						X			
37	93000	ROUTINE ECG W/AT LEAST 12 LEADS	CCR						X			
37	93005	ECG; TRACING ONLY	CCR						X			
37	93010	ECG; INTERPRETATION AND REPORT	CCR						X			
37	93015	CARDIOVASCULAR STRESS TEST	CCR									
37	93016	CARDIOVASCULAR STRESS TEST USING MAX	CCR									
37	93017	CARDIOVASCULAR STRESS TEST; TRACING	CCR									
37	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	CCR									
37	93025	MICROVOLT T-WAVE ASSESS	CCR									
37	93040	RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	CCR						X			
37	93041	RHYTHM ECG; TRACING ONLY	CCR						X			
37	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	CCR						X			
37	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	CCR									
37	93150	ACTIVATION OF IMPLANTED PHRENIC NERV	CCR									
37	93151	EVALUATION AND PROGRAMMING OF IMPLAN	CCR									
37	93152	EVALUATION AND PROGRAMMING OF IMPLAN	CCR									
37	93153	EVALUATION OF IMPLANTED PHRENIC NERV	CCR									
37	93224	ECG MONITORING 24 HR BY CONT ORIG	CCR									
37	93227	PHYSICIAN REVIEW & INTERPRETATION	CCR									
37	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	CCR									

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93260	PROGRAMMING DEVICE EVALUATION (IN PE	CCR								
37	93261	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93268	ECG,PT DEMAND;PRE-SYMPTOM MEM LOOP	CCR								
37	93272	ECG MONITORING; SCANNING ANALYSIS	CCR								
37	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	CCR								
37	93279	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93280	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93281	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93282	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93283	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93284	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93285	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
37	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
37	93288	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93289	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93290	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93291	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93292	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	CCR								
37	93294	INTERROGATION DEVICE EVALUATION(S) (	CCR								
37	93295	INTERROGATION DEVICE EVALUATION(S) (	CCR								
37	93296	INTERROGATION DEVICE EVALUATION(S) (	CCR								
37	93297	INTERROGATION DEVICE EVALUATION(S),	CCR								
37	93298	INTERROGATION DEVICE EVALUATION(S),	CCR								
37	93303	ECHO TRANSTHORACIC	CCR								
37	93304	ECHO TRANSTHORACIC	CCR								
37	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
37	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	CCR								
37	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	CCR								
37	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	CCR								
37	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
37	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
37	93315	ECHO TRANSESOPHAGEAL	CCR								
37	93316	ECHO TRANSESOPHAGEAL	CCR								
37	93317	ECHO TRANSESOPHAGEAL	CCR								
37	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR								
37	93319	3D ULTRASOUND IMAGING OF HEART FOR E	CCR								
37	93320	DOPPLER ECHOCARDIOGRAPHY	CCR								
37	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	CCR								
37	93325	DOPPLER COLOR FLOW VELOCITY	CCR								
37	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
37	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	CCR								
37	93356	HEART MUSCLE STRAIN IMAGING	CCR								
37	93451	RIGHT HEART CATHETERIZATION INCLUDIN	CCR								
37	93452	LEFT HEART CATHETERIZATION INCLUDING	CCR								
37	93453	COMBINED RIGHT AND LEFT HEART CATHET	CCR								
37	93454	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93455	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93456	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93457	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93458	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93459	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93460	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93461	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93462	LEFT HEART CATHETERIZATION BY TRANSS	CCR								
37	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	CCR								
37	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	CCR								
37	93503	INSERTION AND PLACEMENT OF FLOW DIR	CCR								
37	93505	ENDOCARDIAL BIOPSY 000	CCR								
37	93563	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93564	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93565	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93566	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93567	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93568	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93569	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
37	93571	HEART FLOW RESERVE MEASURE	CCR								
37	93572	HEART FLOW RESERVE MEASURE	CCR								
37	93573	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
37	93574	INJECTION FOR SELECTIVE IMAGING OF P	CCR					X			
37	93575	INJECTION FOR SELECTIVE IMAGING OF M	CCR								
37	93580	TRANSCATH CLOSURE OF ASD	CCR								
37	93581	TRANSCATH CLOSURE OF VSD	CCR								
37	93582	Closure of congenital heart defect f	CCR								
37	93584	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
37	93585	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
37	93586	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
37	93587	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
37	93588	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
37	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
37	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
37	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR					X			
37	93593	RIGHT HEART CATHETERIZATION FOR CONG	CCR								
37	93594	RIGHT HEART CATH...ABN NATIVE CONN	220.67						01/01/22		
37	93595	LEFT HEART CATHETERIZATION FOR CONG	CCR								
37	93596	RIGHT AND LEFT HEART CATHETERIZATION	CCR								
37	93597	R/L HEART CATH...ABN NATIVE CONN	CCR								
37	93598	CARDIAC OUTPUT MEASUREMENT(S),THERM	CCR								
37	93600	BUNDLE OF HIS RECORDING	CCR								
37	93602	INTRA-ATRIAL RECORDING	CCR								

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				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	93603	RIGHT VENTRICULAR RECORDING;	CCR			X					
37	93609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	CCR								
37	93610	INTRA-ATRIAL PACING	CCR								
37	93612	INTRAVENTRICULAR PACING	CCR								
37	93613	ELECTROPHYS MAP, 3D, ADD-ON	CCR								
37	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	CCR								
37	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	CCR								
37	93619	ELECTROPHYSIOLOGY EVALUATION	CCR								
37	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	CCR								
37	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	CCR								
37	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	CCR								
37	93623	PROGRAMMED ST IMULATION & PACING	CCR								
37	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	CCR								
37	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	CCR								
37	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	CCR								
37	93641	ELECTROPHYSIOLOGY EVALUATION	CCR								
37	93642	ELECTROPHYSIOLOGY EVALUATION	CCR								
37	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	CCR								
37	93650	INTRACARDIAC CATHETER ABLATION OF	CCR								
37	93653	EVALUATION AND INSERTION OF CATHETER	CCR								
37	93654	EVALUATION AND INSERTION OF CATHETER	CCR								
37	93655	INTRACARDIAC CATHETER ABLATION OF A	CCR								
37	93656	EVALUATION AND INSERTION OF CATHETER	CCR								
37	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	CCR								
37	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	CCR								
37	93662	INTRACARDIAC ECHO DURING TX/DX	CCR								
37	93668	PERIPHERAL VASCULAR REHAB	CCR					X			
37	93701	BIOIMPEDANCE, THORACIC	CCR								
37	93702	BIOIMPEDANCE SPECTROSCOPY (BIS), EXT	CCR								
37	93724	ANALYZE PACEMAKER SYSTEM	CCR								
37	93740	TEMPERATURE GRADIENT STUDIES	CCR								
37	93770	DETERMINATION OF VENOUS PRESSURE	CCR					X			
37	93792	PATIENT/CAREGIVER TRAINING FOR INITI	CCR								
37	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	CCR								
37	93799	CARDIOVASCULAR PROCEDURE	CCR								
37	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
37	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
37	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
37	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
37	93892	TCD, EMBOLI DETECT W/O INJ	CCR								
37	93893	TCD, EMBOLI DETECT W/INJ	CCR								
37	93895	QUANTITATIVE CAROTID INTIMA MEDIA TH	CCR								
37	93896	ULTRASOUND OF BLOOD FLOW WITHING BRA	CCR								
37	93897	ULTRASOUND OF VESSELS IN BRAIN FOR D	CCR								
37	93898	DETECTION OF ABNORMAL BLOOD FLOW IN	CCR								
37	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	CCR								
37	93923	EXTREMITY STUDY	CCR								
37	93924	EXTREMITY STUDY	CCR								
37	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
37	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR									
37	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR									
37	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR									
37	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR									
37	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
37	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
37	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR									
37	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA	CCR									
37	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
37	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	CCR									
37	93985	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR									
37	93986	ULTRASOUND SCAN OF BLOOD FLOW IN EXT	CCR									
37	93990	DOPPLER FLOW TESTING	CCR									
37	94002	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
37	94003	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
37	94004	VENTILATION ASSIST AND MANAGEMENT, I	CCR									
37	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	CCR									
37	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02							
37	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	CCR	00	02							
37	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	CCR	00	02							
37	94014	PATIENT RECORDED SPIROMETRY	CCR									
37	94015	PATIENT RECORDED SPIROMETRY	CCR									
37	94016	REVIEW PATIENT SPIROMETRY	CCR									
37	94060	BRONCHOSPASM EVALUATION	CCR									
37	94070	BRONCHOSPASM EVALUATION; PROLONGED	CCR									
37	94150	VITAL CAPACITY; TOTAL	CCR									
37	94200	MAXIMUM BREATHING CAPACITY	CCR									
37	94375	RESPIRATORY FLOW VOLUME LOOP	CCR									
37	94450	HYPOXIA RESPONSE CURVE	CCR									
37	94452	HAST W/REPORT	CCR									
37	94453	HAST W/OXYGEN TITRATE	CCR									
37	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR									
37	94618	PULMONARY STRESS TESTING (EG, 6-MINU	CCR									
37	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	CCR									
37	94621	PULM STRESS TEST/COMPLEX	CCR									
37	94625	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X	
37	94626	PROFESSIONAL SERVICES FOR OUTPATIENT	CCR								X	
37	94640	NONPRESSURIZED INHALATION	CCR						X			
37	94642	AERO INHAL PENTAMIDINE FOR PNEUMOCYS	CCR									
37	94644	CONTINUOUS INHALATION TREATMENT WITH	CCR									
37	94645	CONTINUOUS INHALATION TREATMENT WITH	CCR									
37	94652	IPPB; NEWBORN INFANTS	CCR						X			
37	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	CCR									
37	94662	CONTINUOUS NEGATIVE PRESSURE	CCR									
37	94664	AEROSOL/VAPOR INHALATIONS; INITIAL	CCR									
37	94667	MANIPULATION CHEST WALL; INITIAL	CCR									
37	94668	MANIPULATION CHEST WALL; SUBSEQUENT	CCR						X			
37	94669	Mechanical chest wall manipulation f	CCR									
37	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR						X			
37	94681	OXYGEN UPTAKE W/CO2 OUTPUT	CCR						X			

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37	94690	OXYGEN UPTAKE; REST; INDIRECT	CCR					X			
37	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	CCR								
37	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	CCR								
37	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	CCR								
37	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	CCR								
37	94760	NONINVASIVE OXIMETRY-02;SINGLE DETER	CCR								
37	94761	SEE 94760;MULTIPLE DETERMINATIONS	CCR								
37	94762	SEE 94760;CONT.OVERNIGHT MONITORING	CCR								
37	94772	CIRCADIAN RESPIRATORY PATTERN RECORD	CCR								
37	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
37	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	CCR								
37	94799	PULMONARY SERVICE/PROCEDURE	CCR								
37	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR					X			
37	95012	NITRIC OXIDE EXPIRED GAS DETERMINATI	CCR								
37	95017	ALLERGY TESTING, ANY COMBINATION OF	CCR					X			
37	95018	ALLERGY TESTING, ANY COMBINATION OF	CCR								
37	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
37	95028	INTRACUTANEOUS (INTRADERMAL) TESTS W	CCR					X			
37	95044	PATCH OR APPLICATION TEST(S) (SPECIF	CCR					X			
37	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER	CCR					X			
37	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	CCR					X			
37	95065	NASAL MUCOUS MEMBRANE TEST	CCR								
37	95070	INHALATION BRONCH CHALLENGE TESTING	CCR								
37	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	CCR								
37	95117	ALLER.INJ.W/OUT EXTRACT PROV--+1 INJ	CCR								
37	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	CCR								
37	95125	IMMUNOTHERAPY(RX MD)MULTIPLE ANTIGEN	CCR								
37	95130	IMMUNOTHERAPY(RX MD)1 INSECT VENOM	CCR								
37	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	CCR								
37	95132	IMMUNOTHERAPY;3 INSECT VENOMS	CCR								
37	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	CCR			X					
37	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
37	95145	PROV..+1 INSECT VENOM,SING DOSE VIAL	CCR					X			
37	95146	PROV;2 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
37	95147	PROV;3 INSECT VENOMS,SING.DOSE VIALS	CCR					X			
37	95165	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					X			
37	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	CCR								
37	95180	RAPID DESENSITIZATION; EACH HOUR	CCR			X		X			
37	95199	ALLERGY IMMUNOLOGY SERVICES	CCR			X					
37	95249	AMBULATORY CONTINUOUS GLUCOSE MONITO	CCR								
37	95250	GLUCOSE MONITORING, CONT	CCR								
37	95251	GLUC MONITOR, CONT, PHYS I&R	CCR								
37	95717	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95718	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95719	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95720	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95721	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95722	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95723	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37	95724	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	95725	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR									
37	95726	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR									
37	95782	SLEEP MONITORING OF PATIENT (YOUNGER	CCR	00	05							
37	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEAR	CCR	00	05							
37	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR									
37	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR									
37	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	CCR									
37	95806	SLEEP STUDY, UNATTENDED	CCR									
37	95807	SLEEP STUDY, 3 OR MORE PARANETERS OF	CCR									
37	95808	POLYSOMNOGRAPHY, 1-3	CCR									
37	95810	POLYSOMNOGRAPHY, 4 OR MORE	CCR	06	99							
37	95811	POLYSOMNOGRAPHY W/CPAP	CCR	06	99							
37	95812	ELECTROENCEPHALOGRAM (EEG)	CCR									
37	95813	ELECTROENCEPHALOGRAM (EEG)	CCR									
37	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	CCR									
37	95819	EEG-STD/PORT; SAME FACILITY	CCR									
37	95822	EEG; SLEEP ONLY	CCR									
37	95824	EEG; CEREBRAL DEATH RECORDING	CCR						X			
37	95829	ELECTROCORTICOGRAM AT SURGERY	CCR									
37	95830	MD INSERT SPHENOIDAL ELECTRODE	CCR									
37	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	CCR						X			
37	95852	RANGE OF MOTION; HAND	CCR									
37	95857	TENSILON TEST FOR MYASTHENIA GRAVIS	CCR									
37	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	CCR									
37	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	CCR									
37	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	CCR									
37	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	CCR									
37	95865	MUSCLE TEST, LARYNX	CCR									
37	95866	MUSCLE TEST, HEMIDIAPHRAGM	CCR									
37	95867	MYOGRAPHY; CRANIAL NERVE; UNILATERAL	CCR									
37	95868	MYOGRAPHY; CRANIAL NERVE; BILATERAL	CCR									
37	95869	ELECTROMYOGRAPHY; SPECIFIC MUSCLES	CCR									
37	95870	MUSCLE TEST, NON-PARASPINAL	CCR									
37	95872	ELECTROMYOGRAPHY,SING.FIBER,ANY TECH	CCR									
37	95873	GUIDE NERV DESTR, ELEC STIM	CCR									
37	95874	GUIDE NERV DESTR, NEEDLE EMG	CCR									
37	95875	ISCHEMIC LIMB EXERCISE,EMG,.....	CCR									
37	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR						X			
37	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	CCR						X			
37	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	CCR									
37	95905	NEEDLE MEASUREMENT AND RECORDING OF	CCR						X			
37	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	CCR									
37	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	CCR									
37	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	CCR									
37	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	CCR									
37	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	CCR									
37	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	CCR									
37	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	CCR									
37	95919	MEASUREMENT OF PUPIL WITH HEALTHCARE	CCR									
37	95925	SOMATOSENSORY TESTING,ONE > NERVES	CCR									

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
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COLUMN:

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	95926	SOMATOSENSORY TESTING	CCR									
37	95927	SOMATOSENSORY TESTING	CCR									
37	95928	C MOTOR EVOKED, UPPR LIMBS	CCR									
37	95929	C MOTOR EVOKED, LWR LIMBS	CCR									
37	95930	VISUAL EVOKED POTENTIAL TEST	CCR									
37	95933	BLINK REFLEX,ELETRODIAGNOSTIC TEST	CCR									
37	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	CCR						X			
37	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	CCR									
37	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	CCR									
37	95940	CONTINUOUS MONITORING OF NERVOUS SYS	CCR									
37	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSI	CCR									
37	95957	EEG DIGITAL ANALYSIS	CCR									
37	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	CCR									
37	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	CCR									
37	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	CCR									
37	95965	MEG, SPONTANEOUS	CCR									
37	95966	MEG, EVOKED, SINGLE	CCR									
37	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	CCR						X			
37	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
37	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
37	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR									
37	95990	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99							
37	95991	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04	99							
37	95992	CANALITH REPOSITIONING PROCEDURE(S)	CCR				X					
37	95999	UNLISTED NEUROLOGICAL/MUSCULAR DX PR	CCR									
37	96000	MOTION ANALYSIS, VIDEO/3D	CCR									
37	96001	MOTION TEST W/FT PRESS MEAS	CCR									
37	96002	DYNAMIC SURFACE EMG	CCR									
37	96004	PHYS REVIEW OF MOTION TESTS	CCR									
37	96105	ASSESSMENT OF APHASIA	CCR						X			
37	96110	DEVELOPMENTAL SCREENING (EG. DEVELOP	CCR	00	02				X			
37	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	CCR									
37	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMEN	CCR									
37	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	CCR									
37	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	CCR									
37	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	CCR						X			
37	96160	ADMINISTRATION AND INTERPRETATION OF	CCR									
37	96161	ADMINISTRATION AND INTERPRETATION OF	CCR	00	00							
37	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	CCR									
37	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	CCR						X			
37	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR									
37	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR						X			
37	96380	ADMINISTRATION OF RESPIRATORY SYNCYT	CCR	00	02							
37	96381	ADMINISTRATION OF RESPIRATORY SYNCYT	CCR									
37	96401	CHEMO, ANTI-NEOPL, SQ/IM	CCR									
37	96402	CHEMO HORMON ANTINEOPL SQ/IM	CCR									
37	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR									
37	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	CCR									
37	96409	CHEMO, IV PUSH, SNGL DRUG	CCR									
37	96411	CHEMO, IV PUSH, ADDL DRUG	CCR						X			

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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				AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	96413	CHEMO, IV INFUSION, 1 HR	CCR									
37	96415	CHEMO, IV INFUSION, ADDL HR	CCR						X			
37	96416	CHEMO PROLONG INFUSE W/PUMP	CCR									
37	96417	CHEMO IV INFUS EACH ADDL SEQ	CCR									
37	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
37	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
37	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
37	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR									
37	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	CCR									
37	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	CCR									
37	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	CCR									
37	96521	REFILL/MAINT, PORTABLE PUMP	CCR									
37	96522	REFILL/MAINT PUMP/RESVR SYST	CCR									
37	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	CCR									
37	96547	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR									
37	96548	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR						X			
37	96567	PHOTODYNAMIC TX, SKIN	CCR									
37	96570	PHOTODYNAMIC TX, 30 MIN	CCR									
37	96571	PHOTODYNAMIC TX, ADDL 15 MIN	CCR						X			
37	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	CCR									
37	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	CCR									
37	96900	ACTINOTHERAPY	CCR									
37	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	CCR									
37	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR									
37	96912	PHOTOCHEMOTHERAPY/PUVA	CCR									
37	96913	PHOTOCHEMOTHERAPY	CCR									
37	96920	LASER TX, SKIN < 250 SQ CM	CCR									
37	96921	LASER TX, SKIN 250-500 SQ CM	CCR									
37	96922	LASER TX, SKIN > 500 SQ CM	CCR									
37	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
37	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR									
37	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR						X			
37	96935	REFLECTANCE CONFOCAL MICROSCOPY(RCM)	CCR						X			
37	96999	DERMATOLOGICAL PROCEDURE	CCR									
37	97037	LOW-LEVEL LASER THERAPY APPLICATION	CCR									
20	97110	PT-ONE AREA THERAPEUTIC 15 MINUTES	16.21	00	02				X	02/01/13		
37	97110	THERAPEUTIC PROCEDURE,LOR MORE,15MIN	11.00	03	99	X			X	05/01/03		
37	97161	PHYSICAL THERAPY EVALUATION: LOW COM	58.94							01/01/17		
37	97162	PHYSICAL THERAPY EVALUATION: MODERAT	58.94							01/01/17		
37	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	58.94							01/01/17		
37	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	39.88							01/01/17		
37	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	57.26							01/01/17		
37	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	57.26							01/01/17		
37	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	57.26							01/01/17		
37	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	37.65							01/01/17		
20	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	13.35	00	02				X	02/01/13		
37	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.80	03	99	X			X	05/01/03		
37	97610	LOW FREQUENCY, NON-CONTACT, NON-THER	CCR									
37	97760	ORTHOTIC MGMT AND TRAINING	21.65						X	01/01/18		
37	97761	PROSTHETIC TRAINING	19.37						X	01/01/18		

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TS	CODE	DESCRIPTION	FEE	MIN	MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	34.15						X	01/01/18		
37	97799	UNLISTED PHYSICAL MED SER/PROC	CCR									
37	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	CCR	00	20		X					
37	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00	20		X					
37	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00	01				X			
37	99151	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		X					
37	99152	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		X					
37	99153	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		X		X			
37	99155	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		X					
37	99156	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		X					
37	99157	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		X		X			
37	99170	EXAMINATION OF GENITAL AND ANAL REGI	CCR						X			
37	99172	VISUAL FUNCTION SCREENING	CCR									
37	99173	SCREENING TEST VISUAL ACUITY BILAT	CCR									
37	99175	EMESIS INDUCTION WITH MEDICATION	CCR									
37	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	CCR				X		X			
37	99195	PHLEBOTOMY,THERAPEUTIC (SEPAR)	CCR									
37	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	33.00							10/21/02		
37	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	38.00							10/21/02		
37	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00							10/21/02		
37	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00							10/21/02		
37	99211	OFFICE/OUTPATIENT,EST MINIMAL PROBS	33.00						X	10/21/02		
37	99212	ESTABLISHED PATIENT OFFICE OR OTHER	33.00						X	10/21/02		
37	99213	ESTABLISHED PATIENT OFFICE OR OTHER	38.00							10/21/02		
37	99214	ESTABLISHED PATIENT OFFICE OR OTHER	57.00							10/21/02		
37	99215	ESTABLISHED PATIENT OFFICE OR OTHER	57.00							10/21/02		
37	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	CCR									
37	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	CCR									
37	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	CCR									
37	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR									
37	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR									
37	99291	CRITICAL CARE, FIRST HOUR	CCR				X					
37	99304	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
37	99305	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
37	99306	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
37	99307	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99308	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99309	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99310	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99315	NURSING FAC DISCHARGE DAY	CCR									
37	99316	NURSING FAC DISCHARGE DAY	CCR									
37	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	CCR									
37	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	CCR									
37	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	CCR									
37	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	CCR									
37	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR						X			

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37	99381	INIT E&M HEALTHY INDV,NEW PT,TO 1 YR	CCR	00	01							
37	99382	INIT E&M HEALTHY INDV,ERLY CHD 1-4YR	CCR	01	04							
37	99383	INIT E&M HEALTHY INDV,LTE CHLD 5-11	CCR	05	11							
37	99384	INIT E&M HEALTHY INDV,ADOLS,12-17YRS	CCR	12	17							
37	99385	INIT COMP PREV MED 18-39 YRS	CCR	18	39							
37	99386	INIT COMP PREV MED 40-64 YRS	CCR	40	64							
37	99387	INIT COMP PREV MED 65+	CCR	65	99							
37	99391	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	00	00							
37	99392	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	01	04							
37	99393	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	05	11							
37	99394	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	12	17							
37	99395	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	18	39							
37	99396	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	40	64							
37	99397	ESTABLISHED PATIENT PERIODIC PREVENT	CCR	65	99							
37	99401	PREVENTIVE MEDICINE COUNSELING AND/	19.72	05	99					07/01/16		E
37	99402	PREVENTIVE MEDICINE COUNSELING AND/	33.64	05	99					07/01/16		E
37	99403	PREVENTIVE MEDICINE COUNSELING AND/	40.85	05	99					07/01/16		E
37	99404	PREVENTIVE MEDICINE COUNSELING AND/	49.61	05	99					07/01/16		E
37	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	CCR	11	99							
37	99417	PROLONGED OFFICE OR OTHER OUTPATIENT	CCR									
37	99418	PROLONGED INPATIENT OR OBSERVATION S	CCR						X			
37	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	CCR									
37	99459	PELVIC EXAM	CCR					F				
37	99460	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00	00							
37	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	CCR	00	00							
37	99463	INITIAL HOSPITAL OR BIRTHING CENTER	CCR	00	00							
37	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	CCR	00	00							
37	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	CCR	00	00							
37	99466	CRITICAL CARE SERVICES DELIVERED BY	CCR	00	01							
37	99467	CRITICAL CARE SERVICES DELIVERED BY	CCR	00	01				X			
37	99489	COMPLEX CHRONIC CARE COORDINATION SE	CCR									
37	99495	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR									
37	99496	TRANSITIONAL CARE MANAGEMENT SERVICE	CCR									
37	99499	UNLISTED EVALUATION AND MANAGEMENT S	CCR									

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EXHIBIT 104

Louisiana Medicaid Hospital Provider Inpatient
Per Diem Rates
(Effective 7/1/2024)

LOUISIANA MEDICAID HOSPITAL PROVIDER INPATIENT PER DIEM RATES
(Effective for dates of service on
and after 7/1/2024)

Medicaid Prov. #	Facility Name	Hospital Type	Rate Type	Rural	State	SCH	IP Name	IP Rate	CURRENT Per Diem	CURRENT Per Diem Effective	GME is in Per Diem	GME Part of Per Diem	Non GME Part of Per	GME Effective	Outpatient CCR	OP CCR Effective
2700359	Acadian Medical Center	Peer Group 3	Acute						$2,579.09	9/17/2024	FALSE	$0.00	$2,579.09		0.1890	9/17/2024
2700359	Acadian Medical Center	Peer Group 3	Default Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
2700359	Acadian Medical Center	Peer Group 3	Nursery/Boarder Baby						$850.53	9/17/2024	FALSE	$0.00	$850.53			
1733741	Abbeville General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3851	7/1/2023
1733741	Abbeville General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1733741	Abbeville General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705586	Abbeville General Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734314	Acadia St Landry Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		1.0000	7/1/2016
1734314	Acadia St Landry Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734314	Acadia St Landry Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705284	Acadia St Landry Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1700801	Accord Rehabilitaion Hospital (Pay to: MMO Rehab & Well	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2947	1/1/2020
1700801	Accord Rehabilitaion Hospital (Pay to: MMO Rehab & Well	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700801	Accord Rehabilitaion Hospital (Pay to: MMO Rehab & Well	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1734691	Allen Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.2837	7/1/2024
1734691	Allen Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734691	Allen Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705268	Allen Parish Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
2700201	Apollo Behavioral Health Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700070	Assumption Community Hospital	Rural	Acute	Rural											0.7228	7/1/2024
1704466	Avala (formerly: Fairway Medical Center, LLC)	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1405	1/1/2023
1704466	Avala (formerly: Fairway Medical Center, LLC)	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704466	Avala (formerly: Fairway Medical Center, LLC)	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1730530	Avoyelles Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.2245	7/1/2024
1730530	Avoyelles Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1730530	Avoyelles Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
2700294	Avoyelles Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
2700219	Baton Rouge Behavioral Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720020	Baton Rouge General Medical Center	Peer Group 1	Acute						$1,211.29	1/1/2021	FALSE	$0.00	$1,211.29		0.1519	7/1/2024
1720020	Baton Rouge General Medical Center	Peer Group 1	Burn Specialty Unit						$1,921.40	1/1/2021	TRUE	$23.22	$1,898.18	1/1/2021		
1720020	Baton Rouge General Medical Center	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720020	Baton Rouge General Medical Center	Peer Group 1	NICU 3 Specialty Unit						$913.75	7/1/2024	FALSE	$0.00	$913.75			
1720020	Baton Rouge General Medical Center	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1705012	Baton Rouge General Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1747670	Baton Rouge Rehab Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.0988	7/1/2024
1747670	Baton Rouge Rehab Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1747670	Baton Rouge Rehab Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700227	Beacon Behavioral Hospital - Central	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2184164	Beacon Behavioral Hospital, LLC	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1455181	Beacon Behavioral Hospital-New Orleans	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1709549	Beacon Behavioral Hospital-Northshore (formerly: Magnol	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720038	Beauregard Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4003	7/1/2024
1720038	Beauregard Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720038	Beauregard Memorial Hospital	Rural	NICU 2 Specialty Unit	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22			
1720038	Beauregard Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1704237	Bethesda Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2483	1/1/2020
1704237	Bethesda Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704237	Bethesda Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1707023	Bienville Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.6957	7/1/2024
1707023	Bienville Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1707023	Bienville Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
2700332	Bogalusa Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2407	3/24/2020
2700332	Bogalusa Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700332	Bogalusa Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1749826	Brentwood Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1764582	Bridgepoint Continuing Care Hospital (formerly: LA Continu	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2947	1/1/2020
1764582	Bridgepoint Continuing Care Hospital (formerly: LA Continu	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1735167	Bunkie General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4809	7/1/2024
1735167	Bunkie General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1735167	Bunkie General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1745618	Byrd Regional Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.1416	7/1/2024
1745618	Byrd Regional Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1745618	Byrd Regional Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1740641	Caldwell Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3692	7/1/2024
1740641	Caldwell Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1740641	Caldwell Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1710555	Central La State Hospital	State FSP	Free Standing Psychiatric		State				$737.63	1/1/2021	FALSE	$0.00	$737.63			
1734489	Childrens Hospital - New Orleans	Childrens	Acute						$2,061.14	1/1/2021	TRUE	$162.11	$1,899.03	1/1/2021	0.4153	7/1/2024
1734489	Childrens Hospital - New Orleans	Childrens	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1734489	Childrens Hospital - New Orleans	Childrens	NICU 3 Regional Specialty Unit						$2,243.65	1/1/2021	TRUE	$154.85	$2,088.80	1/1/2021		
1734489	Childrens Hospital - New Orleans	Childrens	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1734489	Childrens Hospital - New Orleans	Childrens	PICU 1 Specialty Unit						$4,190.82	1/1/2021	TRUE	$169.82	$4,021.00	1/1/2021		
1700851	Children's Hospital - New Orleans DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700014	Christus Central Louisiana Surgical Hospital	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.0986	7/1/2024
2700014	Christus Central Louisiana Surgical Hospital	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700014	Christus Central Louisiana Surgical Hospital	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1766283	Christus Coushatta Health Care Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3509	7/1/2024
1766283	Christus Coushatta Health Care Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1766283	Christus Coushatta Health Care Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1704415	Christus Dubuis Hospital of Alexandria	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2483	1/1/2020
1704415	Christus Dubuis Hospital of Alexandria	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1744379	Christus Health Shreveport-Bossier	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1423	7/1/2024
1744379	Christus Health Shreveport-Bossier	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1744379	Christus Health Shreveport-Bossier	Peer Group 5	NICU 3 Specialty Unit						$1,554.55	7/1/2024	FALSE	$0.00	$1,554.55			
1744379	Christus Health Shreveport-Bossier	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1767671	Christus Ochsner Lake Area Hospital	Peer Group 4	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.0810	7/1/2024
1767671	Christus Ochsner Lake Area Hospital	Peer Group 4	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1767671	Christus Ochsner Lake Area Hospital	Peer Group 4	NICU 3 Specialty Unit						$1,365.91	1/1/2021	FALSE	$0.00	$1,365.91			
1767671	Christus Ochsner Lake Area Hospital	Peer Group 4	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1720241	Christus Ochsner St Patrick Hospital	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1357	7/1/2024
1720241	Christus Ochsner St Patrick Hospital	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720241	Christus Ochsner St Patrick Hospital	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1705799	Christus Ochsner St Patrick Hospital Lake Charles DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720208	Christus St Frances Cabrini Hospital	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1201	7/1/2024
1720208	Christus St Frances Cabrini Hospital	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720208	Christus St Frances Cabrini Hospital	Peer Group 5	NICU 3 Specialty Unit						$1,161.88	7/1/2024	FALSE	$0.00	$1,161.88			
1720208	Christus St Frances Cabrini Hospital	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1740764	Citizens Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4471	7/1/2024
1740764	Citizens Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1740764	Citizens Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1734403	Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4297	7/1/2024
1734403	Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734403	Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1766577	Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehat	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2947	1/1/2020
1766577	Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehat	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1766577	Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehat	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1709204	Community Care Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2327232	Compass Behavioral Center of Alexandria	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704351	Compass Behavioral Center of Crowley	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700120	Compass Behavioral Center of Houma	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1709590	Compass Senior Care Hospital (formerly: Jennings Senior C	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			

LOUISIANA MEDICAID HOSPITAL PROVIDER INPATIENT PER DIEM RATES
(Effective for dates of service on
and after 7/1/2024)

1702536	Cornerstone Hospital - West Monroe	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.0740	7/1/2024
1702536	Cornerstone Hospital - West Monroe	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1749044	Cornerstone Hospital of Bossier City	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2160	1/1/2020
1749044	Cornerstone Hospital of Bossier City	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1762296	Cornerstone Hospital of Southwest Louisiana	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2483	1/1/2020
1762296	Cornerstone Hospital of Southwest Louisiana	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700235	Covington - AMG Physical Rehab	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2952	1/1/2020
2700235	Covington - AMG Physical Rehab	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700235	Covington - AMG Physical Rehab	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1760536	Covington Behavioral Health (formerly: Greenbrier Hospita	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1709581	Freedom Behavioral Hospital of Bastrop (formerly: Cypress	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700022	Cypress Pointe Surgical Hospital	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1301	7/1/2024
2700022	Cypress Pointe Surgical Hospital	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700022	Cypress Pointe Surgical Hospital	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1741795	DeQuincy Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.5946	7/1/2024
1741795	DeQuincy Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1741795	DeQuincy Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705161	DeQuincy Memorial Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1743283	DeSoto Regional Health System	Rural	Acute	Rural		SCH			$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4772	7/1/2024
1743283	DeSoto Regional Health System	Rural	Default Psychiatric	Rural		SCH			$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1743283	DeSoto Regional Health System	Rural	Nursery/Boarder Baby	Rural		SCH			$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1746550	East Carroll Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.6759	7/1/2024
1746550	East Carroll Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1746550	East Carroll Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705594	Tulane University Hospital and Clinic DPP - Lakeside Psychi	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1710016	Eastern La State Hospital	State FSP	Free Standing Psychiatric		State				$737.63	1/1/2021	FALSE	$0.00	$737.63			
1762890	Encompass Health Rehabilitation Hospital of Alexandria	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.3065	1/1/2020
1762890	Encompass Health Rehabilitation Hospital of Alexandria	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1762890	Encompass Health Rehabilitation Hospital of Alexandria	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700421	Encompass Health Rehabilitation Hospital of Shreveport	Rehab	Acute/Rehab						$852.89	8/20/2021	FALSE	$0.00	$852.89		0.2407	8/20/2021
2700421	Encompass Health Rehabilitation Hospital of Shreveport	Rehab	Default Psychiatric						$737.63	8/20/2021	FALSE	$0.00	$737.63			
2700421	Encompass Health Rehabilitation Hospital of Shreveport	Rehab	Nursery/Boarder Baby						$213.60	8/20/2021	FALSE	$0.00	$213.60			
2700499	Freedom Behavioral Hospital of Ferriday (formerly: Ferrida	FS Psychiatric	Free Standing Psychiatric						$737.63	12/20/2022	FALSE	$0.00	$737.63			
2700511	Freedom Behavioral Hospital of Leesville, LLC	FS Psychiatric	Free Standing Psychiatric						$737.63	6/26/2024	FALSE	$0.00	$737.63			
1720062	Bayou Bend Health System (formerly: Franklin Foundation	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.7170	7/1/2024
1720062	Bayou Bend Health System (formerly: Franklin Foundation	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720062	Bayou Bend Health System (formerly: Franklin Foundation	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1734888	Franklin Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3162	7/1/2024
1734888	Franklin Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734888	Franklin Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1710831	Freedom Behavioral Hospital of Monroe (formerly: Allegiar	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700537	GBC Behavioral Health	FS Psychiatric	Free Standing Psychiatric						$737.63	5/1/2025	FALSE	$0.00	$737.63			
1702633	Genesis Behavioral Hospital, Inc.	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1731382	Glenwood Regional Medical Center	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.0904	7/1/2024
1731382	Glenwood Regional Medical Center	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1731382	Glenwood Regional Medical Center	Peer Group 5	NICU 2 Specialty Unit						$870.02	1/1/2021	FALSE	$0.00	$870.02			
1731382	Glenwood Regional Medical Center	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1705845	Glenwood Regional Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730114	Hardtner Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.5430	7/1/2024
1730114	Hardtner Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1730114	Hardtner Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705926	Hardtner Medical Center DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1735116	Hood Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.7079	7/1/2024
1735116	Hood Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1735116	Hood Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1703371	HOUMA-AMG SPECIALTY HOSPITAL	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2483	1/1/2020
1703371	HOUMA-AMG SPECIALTY HOSPITAL	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720330	Iberia General Hospital and Medical Center	Peer Group 4	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1274	7/1/2024
1720330	Iberia General Hospital and Medical Center	Peer Group 4	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720330	Iberia General Hospital and Medical Center	Peer Group 4	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2432192	Iberia General Hospital and Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1710822	Acadiana Rehabilitation (formerly: IBERIA REHABILITATION	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2483	1/1/2020
1710822	Acadiana Rehabilitation (formerly: IBERIA REHABILITATION	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1710822	Acadiana Rehabilitation (formerly: IBERIA REHABILITATION	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1760935	Intensive Specialty Hospital (formerly: Promise Hospital of	LTAC	Acute/Rehab						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.3051	1/1/2020
1760935	Intensive Specialty Hospital (formerly: Promise Hospital of	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2639293	Intensive Specialty Hospital DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	9/1/2023	FALSE	$0.00	$737.63			
1731072	Jackson Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.7092	7/1/2024
1731072	Jackson Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1731072	Jackson Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1748285	KPC Promise Hospital of Baton Rouge (formerly: Promise H	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.8584	1/1/2020
1748285	KPC Promise Hospital of Baton Rouge (formerly: Promise H	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720089	Lady of the Sea General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.8204	7/1/2024
1720089	Lady of the Sea General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720089	Lady of the Sea General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705951	Lafayette General Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704253	Lafayette Physical Rehab Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2483	1/1/2020
1704253	Lafayette Physical Rehab Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704253	Lafayette Physical Rehab Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1703036	Lafayette Surgical Specialty Hospital	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.2584	7/1/2024
1703036	Lafayette Surgical Specialty Hospital	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1703036	Lafayette Surgical Specialty Hospital	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1762326	Lafayette-AMG Specialty Hospital (PayTo:LTAC of Louisiana	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.4224	1/1/2020
1762326	Lafayette-AMG Specialty Hospital (PayTo:LTAC of Louisiana	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720461	Lake Charles Memorial Hospital	Peer Group 1	Acute						$1,211.29	1/1/2021	FALSE	$0.00	$1,211.29		0.1548	7/1/2024
1720461	Lake Charles Memorial Hospital	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720461	Lake Charles Memorial Hospital	Peer Group 1	NICU 3 Specialty Unit						$1,554.55	1/1/2021	FALSE	$0.00	$1,554.55			
1720461	Lake Charles Memorial Hospital	Peer Group 1	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1720461	Lake Charles Memorial Hospital	Peer Group 1	PICU 2 Specialty Unit						$1,400.64	7/1/2021	FALSE	$0.00	$1,400.64			
1705578	Lake Charles Memorial Hospital DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720411	Lallie Kemp Regional Medical Center	State Hospital	Acute		State				$4,382.07	7/1/2024	TRUE	$10.63	$4,371.44	7/1/2024	0.5518	7/1/2024
1720411	Lallie Kemp Regional Medical Center	State Hospital	Default Psychiatric		State				$714.76	1/1/2020	FALSE	$0.00	$714.76			
1720101	Lane Regional Medical Center	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1245	7/1/2024
1720101	Lane Regional Medical Center	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720101	Lane Regional Medical Center	Peer Group 5	NICU 2 Specialty Unit						$870.02	1/1/2021	FALSE	$0.00	$870.02			
1720101	Lane Regional Medical Center	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1734977	Lasalle General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.5773	7/1/2024
1734977	Lasalle General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734977	Lasalle General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
2433857	Lasalle General Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1702951	Leesville Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2483	1/1/2020
1702951	Leesville Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702951	Leesville Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1739227	Leonard J Chabert Medical Center	Peer Group 1	Acute						$1,394.38	1/1/2021	TRUE	$183.07	$1,211.31	1/1/2021	0.2844	7/1/2024
1739227	Leonard J Chabert Medical Center	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1739227	Leonard J Chabert Medical Center	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1705136	Leonard J Chabert Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1709417	Longleaf Hospital (PayTo: Crossroads Regional Hospital)	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700413	Louisiana Behavioral Health	FS Psychiatric	Free Standing Psychiatric						$737.63	1/5/2021	FALSE	$0.00	$737.63			
1700665	Louisiana Extended Care Hospital of Lafayette	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2840	1/1/2020
1700665	Louisiana Extended Care Hospital of Lafayette	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700398	Louisiana Extended Care Hospital of Natchitoches	LTAC	Acute/Rehab						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2947	1/1/2020
1700398	Louisiana Extended Care Hospital of Natchitoches	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720119	Madison Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.6181	7/1/2023

LOUISIANA MEDICAID HOSPITAL PROVIDER INPATIENT PER DIEM RATES
(Effective for dates of service on
and after 7/1/2024)

1720119	Madison Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720119	Madison Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
2700464	Mercy Behavioral Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	8/20/2021	FALSE	$0.00	$737.63			
1700525	Mercy Regional Medical Center	Peer Group 4	Acute						$2,579.09	9/17/2024	FALSE	$0.00	$2,579.09		0.1209	9/17/2024
1700525	Mercy Regional Medical Center	Peer Group 4	Default Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1700525	Mercy Regional Medical Center	Peer Group 4	Nursery/Boarder Baby						$850.53	9/17/2024	FALSE	$0.00	$850.53			
2700472	Mercy Regional Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1767085	Minden Medical Center	Peer Group 5	Acute						$2,579.09	9/17/2024	FALSE	$0.00	$2,579.09		0.1419	9/17/2024
1767085	Minden Medical Center	Peer Group 5	Default Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1767085	Minden Medical Center	Peer Group 5	NICU 2 Specialty Unit						$2,579.09	9/17/2024	FALSE	$0.00	$2,579.09			
1767085	Minden Medical Center	Peer Group 5	Nursery/Boarder Baby						$850.53	9/17/2024	FALSE	$0.00	$850.53			
1700657	Monroe Surgical Hospital	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1130	7/1/2024
1700657	Monroe Surgical Hospital	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700657	Monroe Surgical Hospital	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1720135	Morehouse General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4202	7/1/2024
1720135	Morehouse General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720135	Morehouse General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705781	Morehouse General Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720143	Natchitoches Regional Medical Center	Rural	Acute	Rural		SCH			$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3053	7/1/2024
1720143	Natchitoches Regional Medical Center	Rural	Default Psychiatric	Rural		SCH			$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720143	Natchitoches Regional Medical Center	Rural	Nursery/Boarder Baby	Rural		SCH			$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705705	Natchitoches Regional Medical Center DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
2700189	New Orleans East Hospital	Peer Group 4	Acute						$2,882.51	7/1/2024	FALSE	$0.00	$2,882.51		0.2999	1/1/2023
2700189	New Orleans East Hospital	Peer Group 4	Default Psychiatric						$1,184.58	7/1/2024	FALSE	$0.00	$1,184.58			
2700189	New Orleans East Hospital	Peer Group 4	Nursery/Boarder Baby						$950.59	7/1/2024	FALSE	$0.00	$950.59			
1733199	North Caddo Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.6378	7/1/2024
1733199	North Caddo Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1733199	North Caddo Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1720267	North Oaks Medical Center	Peer Group 5	Acute						$1,174.55	1/1/2021	TRUE	$0.83	$1,173.72	1/1/2021	0.0867	7/1/2024
1720267	North Oaks Medical Center	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720267	North Oaks Medical Center	Peer Group 5	NICU 3 Specialty Unit						$1,554.55	1/1/2021	FALSE	$0.00	$1,554.55			
1720267	North Oaks Medical Center	Peer Group 5	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1702871	North Oaks Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2483	1/1/2020
1702871	North Oaks Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702871	North Oaks Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1765627	Northern Louisiana Medical Center	Peer Group 5	Acute						$2,579.09	9/17/2024	FALSE	$0.00	$2,579.09		0.1430	9/17/2024
1765627	Northern Louisiana Medical Center	Peer Group 5	Default Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1765627	Northern Louisiana Medical Center	Peer Group 5	Nursery/Boarder Baby						$850.53	9/17/2024	FALSE	$0.00	$850.53			
2700111	Northlake Behavioral Health System	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700316	Northshore Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2407	1/1/2020
2700316	Northshore Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700316	Northshore Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1734233	Oakdale Community Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.2964	7/1/2024
1734233	Oakdale Community Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734233	Oakdale Community Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
2700367	Oakdale Community Hospital DPP (Freedom Behavioral)	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1704474	Oceans Behavioral Hospital of Alexandria LLC	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1709603	Oceans Behavioral Hospital of Baton Rouge	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1523879	Oceans Behavioral Hospital of DeRidder	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704482	Oceans Behavioral Hospital of Greater New Orleans, LLC	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702153	Oceans Behavioral Hospital of Hammond (Kentwood Offsit	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700100	Oceans Behavioral Hospital of Lake Charles	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704440	Oceans Behavioral Hospital of Opelousas	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704717	Oceans Hospital of Broussard	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720011	Ochsner Abrom Kaplan Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.8622	7/1/2024
1720011	Ochsner Abrom Kaplan Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720011	Ochsner Abrom Kaplan Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705616	Ochsner Abrom Kaplan Memorial Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1730254	Ochsner Acadia General Hospital (formerly: American Legic	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1518	7/1/2024
1730254	Ochsner Acadia General Hospital (formerly: American Legic	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730254	Ochsner Acadia General Hospital (formerly: American Legic	Peer Group 5	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1720071	Ochsner American Legion Hospital (formerly: Jennings Ame	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4311	7/1/2024
1720071	Ochsner American Legion Hospital (formerly: Jennings Ame	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720071	Ochsner American Legion Hospital (formerly: Jennings Ame	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1702293	Ochsner Extended Care Hospital	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2483	1/1/2020
1702293	Ochsner Extended Care Hospital	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730351	Ochsner Foundation Hospital	Peer Group 1	Acute						$1,740.10	1/1/2021	TRUE	$225.97	$1,514.13	1/1/2021	0.1989	7/1/2024
1730351	Ochsner Foundation Hospital	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730351	Ochsner Foundation Hospital	Peer Group 1	NICU 3 Regional Specialty Unit						$2,030.60	1/1/2021	TRUE	$10.58	$2,020.02	1/1/2021		
1730351	Ochsner Foundation Hospital	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1730351	Ochsner Foundation Hospital	Peer Group 1	PICU 1 Specialty Unit						$3,500.34	1/1/2021	TRUE	$32.97	$3,467.37	1/1/2021		
1730351	Ochsner Foundation Hospital	Peer Group 1	Well Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1730092	Ochsner Lafayette General Medical Center	Peer Group 1	Acute						$1,211.29	1/1/2021	FALSE	$0.00	$1,211.29		0.1325	7/1/2024
1730092	Ochsner Lafayette General Medical Center	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730092	Ochsner Lafayette General Medical Center	Peer Group 1	NICU 3 Specialty Unit						$1,331.97	1/1/2021	FALSE	$0.00	$1,331.97			
1730092	Ochsner Lafayette General Medical Center	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1720372	Ochsner LSU Health Monroe (formerly: University Health C	Peer Group 1	Acute						$1,331.61	1/1/2021	TRUE	$120.30	$1,211.31	1/1/2021	0.1678	7/1/2024
1720372	Ochsner LSU Health Monroe (formerly: University Health C	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1705128	Ochsner LSU Health Monroe DPP (formerly: University Hea	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720372	Ochsner LSU Health Monroe (formerly: University Health C	Peer Group 1	NICU 2 Specialty Unit						$870.02	1/1/2021	FALSE	$0.00	$870.02			
1720372	Ochsner LSU Health Monroe (formerly: University Health C	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700341	Ochsner LSU Health Shreveport - St. Mary Medical Center	Peer Group 1	Acute						$1,211.29	1/1/2021	FALSE	$0.00	$1,211.29		0.2064	7/1/2024
2700341	Ochsner LSU Health Shreveport - St. Mary Medical Center	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700341	Ochsner LSU Health Shreveport - St. Mary Medical Center	Peer Group 1	NICU - Level 3						$875.71	7/1/2024	FALSE	$0.00	$875.71			
2700341	Ochsner LSU Health Shreveport - St. Mary Medical Center	Peer Group 1	Nursery - Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700341	Ochsner LSU Health Shreveport - St. Mary Medical Center	Peer Group 1	PICU - Level 2						$1,400.64	7/1/2024	FALSE	$0.00	$1,400.64			
2700341	Ochsner LSU Health Shreveport - St. Mary Medical Center	Peer Group 1	Well Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1737712	Ochsner LSU Health Shreveport (formerly: University Healt	Peer Group 1	Acute						$1,355.82	1/1/2021	TRUE	$144.50	$1,211.32	1/1/2021	0.2338	7/1/2024
1737712	Ochsner LSU Health Shreveport (formerly: University Healt	Peer Group 1	Burn Specialty Unit						$1,913.99	1/1/2021	TRUE	$15.83	$1,898.16	1/1/2021		
1737712	Ochsner LSU Health Shreveport (formerly: University Healt	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1737712	Ochsner LSU Health Shreveport (formerly: University Healt	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1737712	Ochsner LSU Health Shreveport (formerly: University Healt	Peer Group 1	Well Baby						$0.00	7/1/2024	FALSE	$0.00	$0.00			
1737712	Ochsner LSU Health Shreveport (formerly: University Healt	Peer Group 1	PICU - Level 2						$1,400.64	7/1/2023	FALSE	$0.00	$1,400.64			
1700797	Ochsner Medical Center Baton Rouge	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1927	7/1/2024
1700797	Ochsner Medical Center Baton Rouge	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700797	Ochsner Medical Center Baton Rouge	Peer Group 5	NICU 3 Specialty Unit						$875.71	1/1/2021	FALSE	$0.00	$875.71			
1700797	Ochsner Medical Center Baton Rouge	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1704385	Ochsner Medical Center Kenner LLC	Peer Group 1	Acute						$1,533.21	1/1/2021	TRUE	$19.09	$1,514.12	1/1/2021	0.1777	7/1/2024
1704385	Ochsner Medical Center Kenner LLC	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704385	Ochsner Medical Center Kenner LLC	Peer Group 1	NICU 2 Specialty Unit						$870.02	1/1/2021	FALSE	$0.00	$870.02			
1704385	Ochsner Medical Center Kenner LLC	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700278	Ochsner Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2484	1/1/2020
2700278	Ochsner Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700278	Ochsner Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1734730	Ochsner St Martin Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3419	7/1/2024
1734730	Ochsner St Martin Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734730	Ochsner St Martin Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1700240	Ochsner St Mary (formerly: Teche Regional Medical Center	Peer Group 5	Acute			SCH			$2,579.09	9/17/2024	FALSE	$0.00	$2,579.09		0.1360	9/17/2024
1700240	Ochsner St Mary (formerly: Teche Regional Medical Center	Peer Group 5	Default Psychiatric			SCH			$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1700240	Ochsner St Mary (formerly: Teche Regional Medical Center	Peer Group 5	Nursery/Boarder Baby			SCH			$850.53	9/17/2024	FALSE	$0.00	$850.53			
1705861	Ochsner St Mary DPP (formerly: Teche Regional Medical Ce	DP Psychiatric	Distinct Part Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1734357	Ochsner St. Anne General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.2850	7/1/2024
1734357	Ochsner St. Anne General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734357	Ochsner St. Anne General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			

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1706540	Ochsner St. Anne General Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720429	Ochsner University Hospitals & Clinic	Peer Group 1	Acute						$1,343.52	1/1/2021	TRUE	$132.20	$1,211.32	1/1/2021	0.2148	7/1/2024
1720429	Ochsner University Hospitals & Clinic	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720429	Ochsner University Hospitals & Clinic	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1720151	Opelousas General Hospital	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1633	7/1/2024
1720151	Opelousas General Hospital	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720151	Opelousas General Hospital	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1704539	Opelousas General Hospital DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1561	7/1/2024
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	Burn Specialty Unit						$1,898.16	1/1/2021	FALSE	$0.00	$1,898.16			
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	NICU 3 Regional Specialty Unit						$1,765.57	1/1/2021	FALSE	$0.00	$1,765.57			
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	PICU 2 Specialty Unit						$1,765.86	1/1/2021	FALSE	$0.00	$1,765.86			
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	Well Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700146	Our Lady of the Angels Hospital	Peer Group 2	Acute						$2,579.09	9/17/2024	TRUE	$0.20	$2,578.89	1/1/2021	0.4459	9/17/2024
2700146	Our Lady of the Angels Hospital	Peer Group 2	Default Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
2700146	Our Lady of the Angels Hospital	Peer Group 2	Nursery/Boarder Baby						$850.53	9/17/2024	FALSE	$0.00	$850.53			
2700154	Our Lady of the Angels Hospital DPP	DP Psychiatric	Distinct Part Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1720160	Our Lady of the Lake Regional	Peer Group 1	Acute						$2,792.56	7/1/2024	TRUE	$133.50	$2,659.06	7/1/2024	0.3143	7/1/2024
1720160	Our Lady of the Lake Regional	Peer Group 1	Default Psychiatric						$1,316.20	7/1/2024	TRUE	$184.93	$1,131.27	7/1/2024		
1720160	Our Lady of the Lake Regional	Peer Group 1	NICU 3 Regional Specialty Unit						$2,792.56	7/1/2024	TRUE	$133.50	$2,659.06	7/1/2024		
1720160	Our Lady of the Lake Regional	Peer Group 1	Nursery/Boarder Baby						$187.39	2/1/2013	FALSE	$0.00	$187.39			
1720160	Our Lady of the Lake Regional	Peer Group 1	PICU 1 Specialty Unit						$2,792.56	7/1/2024	TRUE	$133.50	$2,659.06	7/1/2024		
1705331	Our Lady of the Lake Regional DPP	DP Psychiatric	Distinct Part Psychiatric						$1,316.20	7/1/2024	TRUE	$184.93	$1,131.27	7/1/2024		
1704261	Our Lady of the Lake Surgical Hospital (formerly: Southern	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1833	7/1/2024
1704261	Our Lady of the Lake Surgical Hospital (formerly: Southern	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704261	Our Lady of the Lake Surgical Hospital (formerly: Southern	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1703176	PAM Specialty Hospital of Covington (formerly: Northshore	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2038	7/1/2024
1703176	PAM Specialty Hospital of Covington (formerly: Northshore	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1710814	Pam Specialty Hospital of Hammond	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2483	1/1/2020
1710814	Pam Specialty Hospital of Hammond	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1761044	PAM Specialty Hospital of Shreveport (formerly: Lifecare H	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2947	1/1/2020
1761044	PAM Specialty Hospital of Shreveport (formerly: Lifecare H	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700819	Park Place Surgery Center, LLC	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1601	7/1/2024
1700819	Park Place Surgery Center, LLC	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700819	Park Place Surgery Center, LLC	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700006	Pathway Rehabilitation Hospital of Bossier	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2964	1/1/2020
2700006	Pathway Rehabilitation Hospital of Bossier	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700006	Pathway Rehabilitation Hospital of Bossier	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700260	Perimeter Behavioral Hospital of New Orleans (Formerly: L	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1703427	Physicians Behavioral Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1767611	Physicians Medical Center	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.3293	7/1/2024
1767611	Physicians Medical Center	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1767611	Physicians Medical Center	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1730521	Pointe Coupee General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.5666	7/1/2024
1730521	Pointe Coupee General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1730521	Pointe Coupee General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1743291	Prevost Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		1.0000	7/1/2021
1743291	Prevost Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1743291	Prevost Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1730106	Rapides Regional Medical Center	Peer Group 1	Acute						$1,211.29	1/1/2021	TRUE	$9.11	$1,202.18	1/1/2021	0.0512	7/1/2024
1730106	Rapides Regional Medical Center	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730106	Rapides Regional Medical Center	Peer Group 1	NICU 3 Specialty Unit						$1,331.96	7/1/2024	FALSE	$0.00	$1,331.96			
1730106	Rapides Regional Medical Center	Peer Group 1	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1730106	Rapides Regional Medical Center	Peer Group 1	PICU 2 Specialty Unit						$1,451.44	1/1/2021	FALSE	$0.00	$1,451.44			
1709565	Red River Behavioral Center	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1734853	Reeves Memorial Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.8282	7/1/2024
1734853	Reeves Memorial Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734853	Reeves Memorial Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
2700286	Regions Behavioral Hospital	FS	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700088	Rehabilitation Hospital of Jennings	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2947	1/1/2020
1700088	Rehabilitation Hospital of Jennings	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700088	Rehabilitation Hospital of Jennings	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1735370	Richardson Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4189	7/1/2024
1735370	Richardson Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1735370	Richardson Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1735299	Richland Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.6916	7/1/2024
1735299	Richland Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1735299	Richland Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1761672	River Oaks Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700251	River Place Behavioral Health	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700517	Riverbend Rehabilitation Hospital (formerly: Bastrop Rehat	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.4642	1/1/2020
1700517	Riverbend Rehabilitation Hospital (formerly: Bastrop Rehat	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700517	Riverbend Rehabilitation Hospital (formerly: Bastrop Rehat	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1764914	Riverbridge Specialty Hospital (formerly: Promise Hospital (	LTAC	Acute/Rehab						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2140	7/1/2024
1764914	Riverbridge Specialty Hospital (formerly: Promise Hospital (	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704512	Riverside Hospital of Louisiana, Inc.	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2964	1/1/2020
1704512	Riverside Hospital of Louisiana, Inc.	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1734047	Riverside Medical Center - Franklinton	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4717	7/1/2024
1734047	Riverside Medical Center - Franklinton	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734047	Riverside Medical Center - Franklinton	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1763152	Ruston Regional Specialty Hospital (formerly: Lifecare Spec	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.1856	7/1/2024
1763152	Ruston Regional Specialty Hospital (formerly: Lifecare Spec	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1760811	Sabine Medical Center	Rural	Acute	Rural		SCH			$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3651	7/1/2024
1760811	Sabine Medical Center	Rural	Default Psychiatric	Rural		SCH			$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1760811	Sabine Medical Center	Rural	Nursery/Boarder Baby	Rural		SCH			$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
2700308	Sabine Medical Center DPP - Allegiance Hospital of Many	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1749036	Sage LTAC LLC (Formerly: Baton Rouge AMG Specialty Hosp	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.0782	1/1/2020
1749036	Sage LTAC LLC (Formerly: Baton Rouge AMG Specialty Hosp	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700576	Sage Rehab Institute	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.4215	7/1/2024
1700576	Sage Rehab Institute	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700576	Sage Rehab Institute	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700448	Sage Specialty and Rehab Center of Lafayette (formerly: Sa	LTAC	Acute						$1,037.29	5/17/2022	FALSE	$0.00	$1,037.29		0.2407	5/10/2021
2700448	Sage Specialty and Rehab Center of Lafayette (formerly: Sa	LTAC	Default Psychiatric						$737.63	5/10/2021	FALSE	$0.00	$737.63			
2700375	Sage Specialty Hospital Psych DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1766062	Savoy Medical Center	Peer Group 5	Acute						$2,579.09	9/17/2024	FALSE	$0.00	$2,579.09		0.2039	9/17/2024
1766062	Savoy Medical Center	Peer Group 5	Default Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
1766062	Savoy Medical Center	Peer Group 5	Nursery/Boarder Baby						$850.53	9/17/2024	FALSE	$0.00	$850.53			
1705772	Savoy Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$1,059.89	9/17/2024	FALSE	$0.00	$1,059.89			
2700081	Seaside Health System	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704865	Serenity Springs Specialty Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
2700481	Shreveport Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	2/18/2022	FALSE	$0.00	$852.89		0.2407	2/18/2022
2700481	Shreveport Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	2/18/2022	FALSE	$0.00	$737.63			
2700481	Shreveport Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	2/18/2022	FALSE	$0.00	$213.60			
1720313	Slidell Memorial Hospital	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1103	7/1/2024
1720313	Slidell Memorial Hospital	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720313	Slidell Memorial Hospital	Peer Group 5	NICU 3 Specialty Unit						$1,161.89	1/1/2021	FALSE	$0.00	$1,161.89			
1720313	Slidell Memorial Hospital	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1700169	Southeast Regional Medical Center	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2947	1/1/2020
1700169	Southeast Regional Medical Center	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702439	Specialists Hospital Shreveport	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1993	7/1/2024
1702439	Specialists Hospital Shreveport	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702439	Specialists Hospital Shreveport	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			

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1765708	Specialty Hospital	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2947	1/1/2020
1765708	Specialty Hospital	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702021	Specialty Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2947	1/1/2020
1702021	Specialty Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702021	Specialty Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1767930	Springhill Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.5325	7/1/2024
1767930	Springhill Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1767930	Springhill Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1704458	Springhill Medical Center DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
2700103	St Bernard Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3093	7/1/2024
2700103	St Bernard Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
2700103	St Bernard Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1720186	St Charles Hospital - Luling	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.5304	7/1/2024
1720186	St Charles Hospital - Luling	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720186	St Charles Hospital - Luling	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1705322	St Charles Hospital - Luling DPP	Rural DPP	Distinct Part Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1739570	St Francis Medical Center	Peer Group 2	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1242	7/1/2024
1739570	St Francis Medical Center	Peer Group 2	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1739570	St Francis Medical Center	Peer Group 2	NICU 3 Specialty Unit						$1,554.55	1/1/2021	FALSE	$0.00	$1,554.55			
1739570	St Francis Medical Center	Peer Group 2	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1739570	St Francis Medical Center	Peer Group 2	PICU 2 Specialty Unit						$1,400.64	1/1/2021	FALSE	$0.00	$1,400.64			
1734055	St Helena Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		1.0000	7/1/2022
1734055	St Helena Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734055	St Helena Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1703320	St James Behavioral Health Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720224	St James Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.4964	7/1/2024
1720224	St James Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1720224	St James Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1720259	St Tammany Parish Hospital	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1297	7/1/2024
1720259	St Tammany Parish Hospital	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720259	St Tammany Parish Hospital	Peer Group 5	NICU 3 Specialty Unit						$1,161.89	1/1/2021	FALSE	$0.00	$1,161.89			
1720259	St Tammany Parish Hospital	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1720259	St Tammany Parish Hospital	Peer Group 5	PICU 2 Specialty Unit						$1,400.64	1/1/2021	FALSE	$0.00	$1,400.64			
1702749	Sterling Surgical Hospital	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.0817	7/1/2024
1702749	Sterling Surgical Hospital	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702749	Sterling Surgical Hospital	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1700495	Sterlington Rehabilitation Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.3149	1/1/2020
1700495	Sterlington Rehabilitation Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700495	Sterlington Rehabilitation Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700502	Stonebridge Behavioral Hospital	FS Psychiatric	Free Standing Psychiatric						$737.63	11/17/2023	FALSE	$0.00	$737.63			
1702358	Surgical Specialty Center of Baton Rouge	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1769	7/1/2024
1702358	Surgical Specialty Center of Baton Rouge	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1702358	Surgical Specialty Center of Baton Rouge	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1720275	Terrebonne General Medical Center	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1859	7/1/2024
1720275	Terrebonne General Medical Center	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720275	Terrebonne General Medical Center	Peer Group 5	NICU 3 Specialty Unit						$875.71	1/1/2021	FALSE	$0.00	$875.71			
1720275	Terrebonne General Medical Center	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700324	The General	Peer Group 5	Acute						$2,882.51	7/1/2024	FALSE	$0.00	$2,882.51		0.4447	7/1/2024
2700324	The General	Peer Group 5	Default Psychiatric						$1,184.58	7/1/2024	FALSE	$0.00	$1,184.58			
1704059	The Neuro Medical Center Rehab Hospital	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2483	1/1/2020
1704059	The Neuro Medical Center Rehab Hospital	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1704059	The Neuro Medical Center Rehab Hospital	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1707082	The Spine Hospital of Louisiana (PayTo: The Neuro Medica	Peer Group 3	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1263	1/1/2023
1707082	The Spine Hospital of Louisiana (PayTo: The Neuro Medica	Peer Group 3	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1707082	The Spine Hospital of Louisiana (PayTo: The Neuro Medica	Peer Group 3	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1736848	Thibodaux Regional Medical Center	Peer Group 5	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1095	7/1/2024
1736848	Thibodaux Regional Medical Center	Peer Group 5	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1736848	Thibodaux Regional Medical Center	Peer Group 5	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1736848	Thibodaux Regional Medical Center	Peer Group 5	NICU 2 Specialty Unit						$870.02	7/1/2023	FALSE	$0.00	$870.02			
1720470	Touro Infirmary	Peer Group 1	Acute						$1,428.48	1/1/2021	TRUE	$25.11	$1,403.37	1/1/2021	0.1105	7/1/2024
1720470	Touro Infirmary	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1720470	Touro Infirmary	Peer Group 1	NICU 3 Specialty Unit						$1,333.10	1/1/2021	TRUE	$1.11	$1,331.99	1/1/2021		
1720470	Touro Infirmary	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1720470	Touro Infirmary	Peer Group 1	Well Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1732231	Trinity Medical (formerly: Riverland Medical Center)	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.2696	7/1/2024
1732231	Trinity Medical (formerly: Riverland Medical Center)	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1732231	Trinity Medical (formerly: Riverland Medical Center)	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1763799	Tulane University Hospital and Clinic (CHOW/Name Change	Peer Group 1	Acute						$1,878.84	1/1/2021	TRUE	$297.15	$1,581.69	1/1/2021	0.0839	7/1/2024
1763799	Tulane University Hospital and Clinic (CHOW/Name Change	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1763799	Tulane University Hospital and Clinic (CHOW/Name Change	Peer Group 1	NICU 3 Specialty Unit						$1,526.41	7/1/2024	TRUE	$194.45	$1,331.96	1/1/2021		
1763799	Tulane University Hospital and Clinic (CHOW/Name Change	Peer Group 1	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1763799	Tulane University Hospital and Clinic (CHOW/Name Change	Peer Group 1	Well Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1763799	Tulane University Hospital and Clinic (CHOW/Name Change	Peer Group 1	PICU 2 Specialty Unit						$2,167.82	9/11/2023	TRUE	$312.55	$1,855.27	9/11/2023		
1743577	Union General Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.7647	7/1/2024
1743577	Union General Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1743577	Union General Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1700223	United Medical Healthwest	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2947	1/1/2020
1700223	United Medical Healthwest	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700223	United Medical Healthwest	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1700711	Oasis Point Rehabilitation Hospital (formerly United Medic	Rehab	Acute/Rehab						$852.89	1/1/2021	FALSE	$0.00	$852.89		0.2947	1/1/2020
1700711	Oasis Point Rehabilitation Hospital (formerly United Medic	Rehab	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1700711	Oasis Point Rehabilitation Hospital (formerly United Medic	Rehab	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
2700430	Universal Behavioral Health Hospital Inc.	FS Psychiatric	Free Standing Psychiatric						$737.63	3/24/2021	FALSE	$0.00	$737.63			
1765651	University Medical Center New Orleans	Peer Group 1	Burn Specialty Unit						$3,880.73	7/1/2024	TRUE	$271.12	$3,609.61	7/1/2024		
1765651	University Medical Center New Orleans	Peer Group 1	Default Psychiatric						$1,705.76	7/1/2024	FALSE	$0.00	$1,705.76			
1765651	University Medical Center New Orleans	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1765651	University Medical Center New Orleans	Peer Group 1	Acute						$3,880.73	7/1/2024	TRUE	$271.12	$3,609.61	7/1/2024	0.3634	7/1/2024
1705748	University Medical Center New Orleans-DPP	DP Psychiatric	Distinct Part Psychiatric						$1,705.76	7/1/2024	FALSE	$0.00	$1,705.76			
1709981	Vermillion Behavioral Health (PayTo: Acadia Hospital of Laf	FS Psychiatric	Free Standing Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730483	West Calcasieu Cameron Hospital	Peer Group 4	Acute						$1,173.72	1/1/2021	FALSE	$0.00	$1,173.72		0.1798	7/1/2024
1730483	West Calcasieu Cameron Hospital	Peer Group 4	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730483	West Calcasieu Cameron Hospital	Peer Group 4	NICU 2 Specialty Unit						$870.02	1/1/2021	FALSE	$0.00	$870.02			
1730483	West Calcasieu Cameron Hospital	Peer Group 4	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1733725	West Carroll Memorial Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.5957	7/1/2024
1733725	West Carroll Memorial Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1733725	West Carroll Memorial Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1734811	West Feliciana Parish Hospital	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		1.0000	7/1/2022
1734811	West Feliciana Parish Hospital	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1734811	West Feliciana Parish Hospital	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1732788	West Jefferson Medical Center	Peer Group 1	Acute						$1,211.29	1/1/2021	FALSE	$0.00	$1,211.29		0.1154	7/1/2024
1732788	West Jefferson Medical Center	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1732788	West Jefferson Medical Center	Peer Group 1	NICU 3 Specialty Unit						$1,161.89	1/1/2021	FALSE	$0.00	$1,161.89			
1732788	West Jefferson Medical Center	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1747572	Willis Knighton Medical Center	Peer Group 1	Acute						$1,211.29	1/1/2021	FALSE	$0.00	$1,211.29		0.1652	7/1/2024
1747572	Willis Knighton Medical Center	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1747572	Willis Knighton Medical Center	Peer Group 1	NICU 3 Regional Specialty Unit						$1,567.62	1/1/2021	FALSE	$0.00	$1,567.62			
1747572	Willis Knighton Medical Center	Peer Group 1	Nursery/Boarder Baby						$213.60	1/1/2021	FALSE	$0.00	$213.60			
1747572	Willis Knighton Medical Center	Peer Group 1	PICU 1 Specialty Unit						$2,960.54	1/1/2021	FALSE	$0.00	$2,960.54			
1705519	Willis Knighton Medical Center DPP	DP Psychiatric	Distinct Part Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			
1730246	Winn Parish Medical Center	Rural	Acute	Rural					$3,034.22	7/1/2024	FALSE	$0.00	$3,034.22		0.3871	7/1/2024
1730246	Winn Parish Medical Center	Rural	Default Psychiatric	Rural					$1,246.93	7/1/2024	FALSE	$0.00	$1,246.93			
1730246	Winn Parish Medical Center	Rural	Nursery/Boarder Baby	Rural					$1,000.62	7/1/2024	FALSE	$0.00	$1,000.62			
1734560	Womans Hospital	Peer Group 1	Acute						$1,211.29	1/1/2021	FALSE	$0.00	$1,211.29		0.3370	7/1/2023
1734560	Womans Hospital	Peer Group 1	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			

LOUISIANA MEDICAID HOSPITAL PROVIDER INPATIENT PER DIEM RATES
(Effective for dates of service on
and after 7/1/2024)

1734560	Womans Hospital	Peer Group 1	NICU 3 Regional Specialty Unit						$2,010.89	1/1/2021	FALSE	$0.00	$2,010.89			
1734560	Womans Hospital	Peer Group 1	PICU 2 Specialty Unit						$1,400.64	9/9/2024	FALSE	$0.00	$1,400.64			
1734560	Womans Hospital	Peer Group 1	Nursery/Boarder Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
1734560	Womans Hospital	Peer Group 1	Well Baby						$221.33	1/1/2021	FALSE	$0.00	$221.33			
2700529	Womans Hospital	DP Psychiatric	Distinct Part Psychiatric						$737.63	9/13/2024	FALSE	$0.00	$737.63			
1702013	Zachary-AMG Specialty Hospital (Formerly: Feliciana-AMG	LTAC	Acute						$1,037.29	1/1/2021	FALSE	$0.00	$1,037.29		0.2947	1/1/2020
1702013	Zachary-AMG Specialty Hospital (Formerly: Feliciana-AMG	LTAC	Default Psychiatric						$737.63	1/1/2021	FALSE	$0.00	$737.63			

EXHIBIT 105

Pam Belluck,
California Passes Bill Allowing Omission of Patients' Names from Abortion Pill Bottles,
N.Y. Times (Sept. 11, 2025)

The New York Times https://www.nytimes.com/2025/09/11/health/california-abortion-pill-protections.html

California Passes Bill Allowing Omission of Patients' Names From Abortion Pill Bottles

The intent is to protect health care providers who send the pills to patients in states with abortion bans, and to reassure patients who fear they could be identified.

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By Pam Belluck

Sept. 11, 2025

California legislators have passed one of the strongest measures so far to protect health care providers who send abortion pills to states with abortion bans and the patients who receive them.

The bill, approved by wide margins in the State Assembly Wednesday night and the Senate Tuesday, is expected to be signed by Gov. Gavin Newsom. It would allow health care providers to mail abortion pills with only a minimum of identifying information: Medication labels and paperwork in the packages could omit the name of the patient, prescriber and pharmacist. The legislation is expected to have broad national impact because a majority of medication abortion services across the country use pharmacies based in California to dispense and ship the medication.

The measure is intended to make it harder for states with abortion bans to develop evidence to make legal cases against doctors and others operating under shield laws that were adopted by many states to protect abortion pill prescribers after the Supreme Court revoked the national right to abortion. It is also intended to

reassure women in states with bans who seek abortions and who may be afraid to obtain prescription pills, fearing they could be identified by the authorities if their name is on the bottle.

The abortion shield laws in at least eight states prevent officials from obeying subpoenas, extradition requests and other legal actions that states with bans take against abortion providers. That is a stark departure from typical interstate practices of cooperating in legal matters.

James Bopp Jr., the general counsel for National Right to Life, called legislation to strengthen shield laws "almost horrifying." He said the California bill would result in "no accountability for abortion drugs or the people that prescribed them," adding "even if you find the doctor, they could say, 'Well I didn't prescribe those pills.' How are you going to prove that the pills she took in this box with no names on it were the ones that he prescribed?"

Shield-law providers have become a major avenue of abortion access for women in states with bans, currently serving an estimated 12,000 patients per month —about one-eighth of all abortion patients in America. As use of shield-law providers has grown, abortion opponents in states with bans have begun filing civil lawsuits and criminal charges, with at least one case — a showdown between Texas and New York — poised to become a constitutional contest likely to reach the Supreme Court.

In response to the escalating legal actions, several states, including New York, Washington and Massachusetts, recently passed measures to allow prescribers to send abortion pills with only the name of their medical practice on the medication packages, not their individual names. But because many providers in those states use California pharmacies to ship the medication, they have had to follow California's requirement that the prescriber's name be on the bottle.

That would change under the new bill. "Because California is such a hub for this, we needed to take it a step further," said Jessica Nouhavandi, a California pharmacist who advised on the legislation. "Protecting just one piece of the puzzle wasn't enough."

Pharmacists and prescribers would continue to be required to keep records with the patient's name and all other information typically required for prescription medication, she said, but the bill would allow abortion patients to receive a "bare bones" label with the name of the drug, directions for appropriate use and a phone number to call for any questions.

Removing the abortion patient's name from anything in the package the patient receives is especially significant, said Natalie Birnbaum, the state legal and policy director for the Reproductive Health Initiative for Telehealth Equity and Solutions, who helped craft the California bill.

"It's clear that having a patient's name on their label for abortion medication is preventing people from getting the care that they need," she said. Even though state abortion bans currently exempt the patients themselves from prosecution or penalty, "there is confusion, there is fear, there is an increasing abortion stigma," she added.

Ameet Sarpatwari, an assistant professor of medicine at Harvard Medical School, said that "patient names have historically been on prescriptions and packaging to safeguard safety and prevent misuse and abuse." But, he said, given that the California bill is limited to abortion medication, and that many studies have shown that abortion pills are safe, the California measure "doesn't really raise fears."

Brigid Groves, vice president of professional affairs for the American Pharmacists Association, said that in general, giving patients medications without their name on it raises concerns about "making sure that the right patient at the right time is getting that."

But she said her organization did not take a position on the California bill. "The concern is, if we start this process or this exclusion for one class of medications, how far does that go?" she said. But, with abortion pills, she said, "I understand wanting to make sure that in this case, people aren't being targeted or going to have other repercussions because of the medication they've been prescribed."

Pam Belluck is a health and science reporter for The Times, covering a range of subjects, including reproductive health, long Covid, brain science, neurological disorders, mental health and genetics.

EXHIBIT 106

The Associated Press,
Texas Has a New Abortion Pill Law. But At Least One Provider Plans to Keep Shipping Them There,
Newsday (Sept. 18, 2025)

Advertisement

NEWS / NATION/WORLD

Texas has a new abortion pill law. But at least one provider plans to keep shipping them there

Dr. Angel Foster, co-founder of Massachusetts Medication Abortion Access Project, points out on a map of the United States on May 13, 2025, in Somerville, Mass., to show where her organization provides care. Credit: AP/Charles Krupa

By The Associated Press
September 18, 2025 11:41 am

SHARE

Republican Texas Gov. Greg Abbott has signed a first-of-its-kind law that lets anyone sue prescribers and others responsible for getting abortion pills into the state.

Supporters are heralding the law, which Abbott signed Wednesday, as a way to enforce an existing ban. Abortion-rights advocates are bashing the law, saying it has the potential to turn abortion opponents, aggrieved former lovers and others into bounty hunters.

But it doesn't mean that organizations will stop sending pills into Texas.

Advertisement

Angel Foster, who runs Massachusetts-based The MAP, which prescribes the regimen of pills to women in every state, said her organization will keep sending pills to women in Texas, as it has about 10,000 times in the past two years.

“We really don’t change things unless we’re legally required to,” she said.

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Rebecca Nall, the founder of I Need an A, which runs a website with abortion access information, suggested other providers also won't change.

“We’re confident people in Texas (and every state) will still be able to get abortion pills by mail,” she said in an email.

Pills are at the heart of a new generation of abortion lawsuits

The majority of abortions in the U.S. employ pills, usually a combination of the drugs misoprostol and mifepristone.

Since the U.S. Supreme Court overturned Roe v. Wade in 2022 and allowed states to enforce abortion bans, the method has moved to the center of the latest legal and political battles.

At least eight Democratic-controlled states have adopted shield laws that seek to protect medical professionals in their borders who prescribe the pills via telehealth and send them to patients in states where abortion or telehealth pill prescriptions are banned.

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Those prescriptions are a key reason that the number of abortions has not fallen despite 12 states enforcing bans on abortion at all stages of pregnancy, with limited exceptions, and four more barring it after about six weeks of gestation.

The Texas law allows $100,000 claims against prescribers and others

The Texas law, which is to take effect in three months, builds on an approach the state used when it implemented an earlier abortion ban: leaving enforcement to private people filing lawsuits rather than the government.

Under this measure, anyone could file a claim for $100,000 against people who cause the pills to be sent to Texas.

If a pregnant woman, the man who impregnated her or other close relatives sue successfully, they could be entitled to collect the entire $100,000. Others who sue would be in line for $10,000 — with the other $90,000 going to charity.

The law also answers a provision of shield laws that allows protected prescribers to sue those who sue them. The Texas law says that would not apply for the civil suits that originate there.

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One provider says her group won't be deterred

The Abortion Coalition for Telemedicine, which provides legal and other support for abortion pill prescribers, is telling members that the shield laws should protect them from civil suits from Texas, said McKensey Smith, the group's deputy director.

Texas, the nation’s second most populous state, accounts for about one-third of the pills The MAP prescribes.

Foster said that she expects other prescribers to keep sending the pills to Texas, too.

She still anticipates the law will have an impact: Women seeking abortion in Texas could stop telling others that they are planning to seek pills from out-of-state providers lest those confidants use the information to launch lawsuits.

“One of the effects will be to isolate abortion patients in Texas,” Foster said.

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Pill access is facing other court challenges

Mary Ziegler, a law professor at the University of California, Davis, said she expects that people sued under the Texas law will make their own court claims, arguing that it is not enforceable.

“The drug manufacturers and the providers are all willing to take the risk that the shield laws will protect them,” she said.

She said the result could be individual court decisions on whether the Texas law applies in certain circumstances rather than one sweeping ruling.

Those suits won't be the first legal test around abortion pills, though.

Last month, Texas and Florida asked a court if they could join a lawsuit filed by the attorneys general of Idaho, Kansas and Missouri that seeks to have some federal approvals for mifepristone rolled back — and possibly blocking telehealth prescriptions for it.

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And a New York doctor accused of shipping pills out of state faces two legal actions: criminal charges in Louisiana and a civil judgment in Texas. New York officials are refusing to extradite her or to enforce the judgment.

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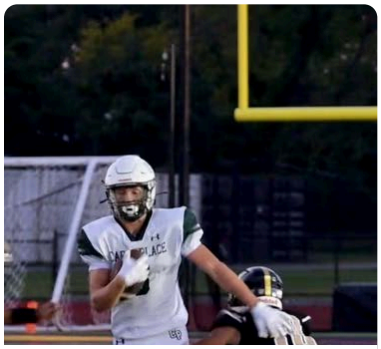

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EXHIBIT 107

Caroline Kitchener,
Blue-State Doctors Launch Abortion Pill Pipeline Into States With Bans,
Wash. Post (July 19, 2023)

The Washington Post

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Abortion Tracking abortion laws by state Abortion on the ballot Before Roe Dobbs v. Jackson Women's Hea

Blue-state doctors launch abortion pill pipeline into states with bans

At least 3,500 doses have been shipped to antiabortion states since mid-June, a process enabled by new shield laws

July 19, 2023

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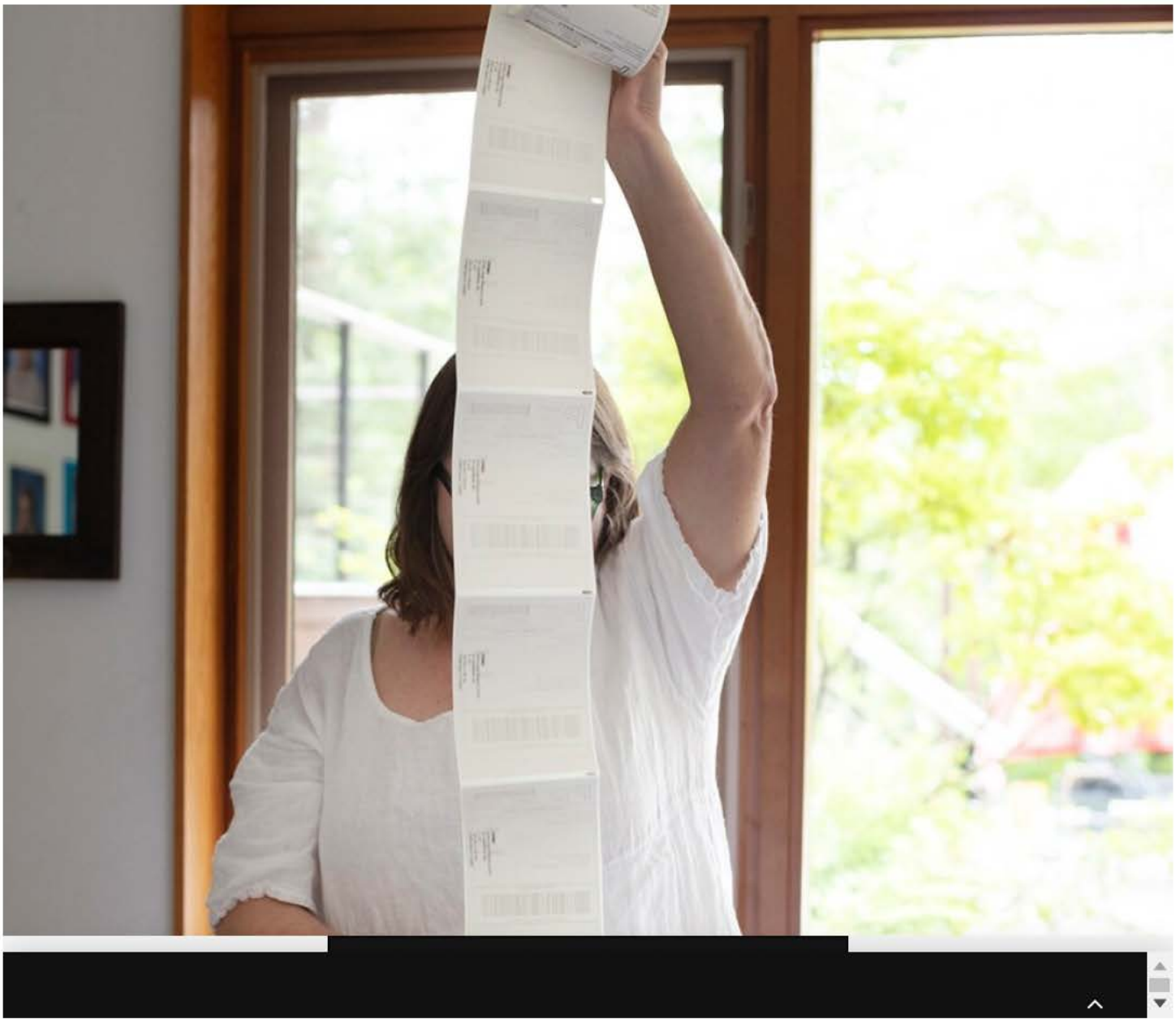

A doctor reviews mailing labels as she prepares to ship abortion pills from her home in New York's Hudson Valley. (Nadia Sablin for The Washington Post)

By Caroline Kitchener

The doctor starts each day with a list of addresses and a label maker.

Sitting in her basement in New York's Hudson Valley, next to her grown children's old bunk beds, she reviews the list of towns and cities she'll be mailing to that day: Baton Rouge, Tucson, Houston.

A month ago, a phone call was the only thing the doctor could offer to women in states with abortion bans who faced unexpected pregnancies. Hamstrung by the laws, she could only coach them through the process of taking abortion pills they received from overseas suppliers.

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Then, all of a sudden, the whole system changed. Now she can legally mail them pills herself.

A new procedure adopted in mid-June by one of the largest abortion pill suppliers, Europe-based Aid Access, allows U.S. medical professionals in certain Democratic-led states that have passed abortion "shield" laws to prescribe and mail pills directly to patients in antiabortion states.

The Hudson Valley doctor works from a makeshift office set up in the basement of her home. (Nadia Sablin for The Washington Post)

Previously, Aid Access allowed only Europe-based doctors to prescribe abortion pills to women in states where abortion is restricted and then shipped those pills internationally, leaving patients to wait weeks. The telemedicine shield laws, enacted over the past year in New York, Massachusetts, Washington, Vermont and Colorado, explicitly protect abortion providers who mail pills to restricted states from inside their borders.

The result is a new pipeline of legally prescribed abortion pills flowing into states with abortion bans. In less than a month, seven U.S.-based providers affiliated with Aid Access — including the Hudson Valley doctor, who spoke on the condition of anonymity because she was concerned for her safety — have

mailed 3,500 doses of abortion pills to people in antiabortion states, according to Aid Access, putting just this small group alone on track to help facilitate at least 42,000 abortions in restricted states over the next year. If more doctors and nurses sign up, as current providers hope they will, the numbers could climb far higher.

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"Everything I'm doing is completely legal," the Hudson Valley doctor said, her family's ping-pong table covered with abortion pills bound for the South and Midwest, where abortion has been largely illegal since the Supreme Court overturned *Roe v. Wade* in June 2022.

"Texas might say I'm breaking their laws, but I don't live in Texas."

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The development tees up a complicated interstate battle where doctors on U.S. soil are empowered to legally circumvent abortion laws — allowing blue states to potentially undermine the red state bans that many Republicans hoped would end abortion within their borders. Meanwhile, some conservative groups are angling to outlaw the abortion pill nationwide, attempting to outlaw the medication in the courts as well as calling for a national abortion ban.

The increasing flow of prescribed pills adds to an already expanding underground network for pills being imported from overseas and illegally

distributed by abortion rights advocates largely without medical oversight, underscoring the prominent role pills are playing in post-*Roe* America.

The shield laws are "a huge breakthrough for people who need abortions in banned states," said David Cohen, a Drexel University law professor who focuses on abortion legislation. "Providers are protected in many ways as long as they remain in the state with the shield law."

Bottles of misoprostol and boxes of mifepristone sit on a ping-pong table, waiting to be mailed to patients. (Nadia Sablin for The Washington Post)

The doctor prepares packages containing abortion medication to mail out from her home. (Nadia Sablin for The Washington Post)

Some lawyers say these doctors could face repercussions, even if they steer clear of traveling to states in which abortion bans call for prosecuting abortion

providers. At a minimum, some experts said, the question of legal peril could wind up in a gray area ultimately resolved by the courts, such as whether shield law states have the power to block other states from extraditing people charged with crimes.

Major groups that support abortion rights, including Planned Parenthood and the American College of Obstetricians and Gynecologists (ACOG), have been largely silent on the subject of mailing pills from shield law states. Several Aid Access providers say the groups have expressed concern about backing the approach, worried that providers could put themselves at risk.

Molly Meegan, the ACOG's general counsel and chief legal officer, said the group is "not positioned to provide legal advice to individual members," adding that "it is wrong for a state to be able to prosecute clinicians and patients in other states where abortion remains legal and unrestricted." Planned Parenthood issued a statement saying that its advocacy arm was "doing everything possible, and looking into every opportunity, to ensure that patients can access care no matter where they live."

Jonathan Mitchell, the former solicitor general of Texas and architect of the state's six-week abortion ban, said it was too early to predict how these shield laws would play out, but said the providers may face consequences.

"There absolutely is a world in which they could get in trouble for it," he said. "Someone in Texas could do a sting operation and charge them with attempted murder."

In many states, including Texas, someone found guilty of distributing abortion pills could be sentenced to at least several years in prison. Current abortion bans explicitly exempt those seeking abortions from prosecution, though prosecutors have a history of charging people who have abortions with other crimes.

A volunteer folds guides to mail with abortion pills. (Nadia Sablin for The Washington Post)

A volunteer sorts and attaches prescription labels to abortion medication organized on a ping-pong table from a home in Hudson Valley. (Nadia Sablin for The Washington Post)

The Hudson Valley doctor said she's not worried about her own legal risk. When she arrives at the post office with dozens of new packages every afternoon, she said, no one ever asks any questions.

"Nobody has any idea. I could be doing so many different mailer businesses from home," she said. "It could be beaded necklaces. It could be soaps. It could be candy."

Massachusetts passed the first telemedicine abortion shield law of its kind just days after *Roe v. Wade* was overturned. The most recent law passed in New York in mid-June.

The New York law specifies that no state or local government employee "shall cooperate with or provide information to any individual or out-of-state agency or department regarding any legally protected health activity in this state."

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With shield laws, abortion rights advocates have seized an opportunity to "define the landscape," said Julie F. Kay, a human rights lawyer and the legal director of the Abortion Coalition for Telemedicine Access. One key question that could emerge in the coming months is whether prosecutors in any antiabortion states would attempt to extradite medical providers from shield law states, thereby challenging the power of the new laws.

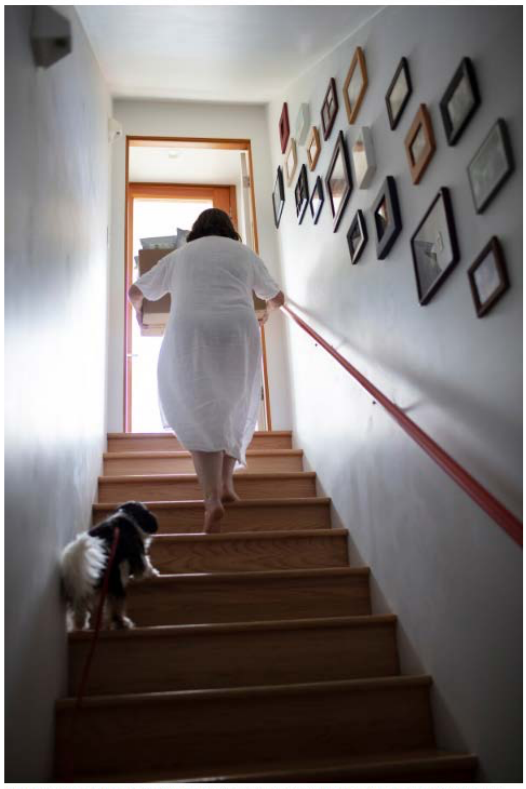
Kay said that traditional extradition laws would be difficult to apply in these circumstances.

"One state can extradite if a person commits the crime in the state, then flees," Kay said. "But no one is fleeing here. You are just sitting in your office in New York."

Aid Access started sending abortion pills to women in the United States long before the June 2022 Supreme Court ruling. The service, which costs $150 or less, is far cheaper than having a surgical abortion or obtaining medication at a clinic — usually between $500 and $800 — making it an appealing option even to people in states where abortion is readily accessible.

Once *Roe* fell, the organization operated in a legal gray area, shipping pills to antiabortion states from India. Aid Access providers mail pills sealed in clearly marked boxes, setting the organization apart from many other overseas pills suppliers, which send pills without a prescription, sometimes unmarked and

unsealed.



The doctor carries two boxes full of packages of abortion medication up from the basement of her home to her car. (Nadia Sablin for The Washington Post)

Demand for pills from Aid Access has soared since the June 2022 Supreme Court ruling, with the organization receiving almost 60 percent more requests for pills this spring than in the months immediately following the decision, according to Abigail Aiken, lead investigator of the Self-managed Abortion Needs Assessment Project at the University of Texas at Austin. People seeking an abortion often find the group online, then make their request through its website. The request gets forwarded to one of the providers.

U.S.-based Aid Access providers were used to the process of receiving and processing requests for abortion pills, accustomed to working with patients in states where abortion is legal — but the process of ordering the medication and mailing it out was far less familiar.

The providers order mifepristone and misoprostol — the pills in a two-step medication abortion regimen — from licensed pill distributors, and ship out the pills to patients fairly quickly along with detailed instructions.

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Before the recent change in procedure, the Aid Access providers would send all of their prescriptions to an online pharmacy in California to handle shipping, one of two online pharmacies nationwide that dispenses abortion pills. But neither of those pharmacies is located in a state with a shield law. Until California passes one, a development that is expected this fall, the doctors have to prepare and package the pills bound for restricted states themselves, creating their own labels to stick on the pill boxes they receive, providers said. (Doctors are legally permitted to order and distribute pills on their own, the providers said — it's just not typical.)

"We're medical providers suddenly thrown into this world of shipping," said Lauren Jacobson, a nurse practitioner who operates out of Massachusetts. "Do we write labels by hand? What if we mess up an address? How on earth do we ship 50 packages a day?"

Jacobson concedes that this system is far from perfect. While medication abortion is overwhelmingly safe and effective, she said, on rare occasions her patients in restricted states require in-person care — and they fear the legal risk that could come with a trip to the hospital. In those cases, she said, she will try to help them navigate their state's health-care system safely, searching online for a trustworthy provider and advising them on what to say. Sometimes, she said, she'll go on LinkedIn and scope out the local OB/GYNs, searching for someone who has posted something that supports abortion rights.

"This isn't normal health care," she said. "We don't want to have to do this."

The doctor purchases an envelope for an extra package of abortion medication at a post office. (Nadia Sablin for The Washington Post)

"They know me at the post office," says the doctor, who drops off packages of abortion medication daily. (Nadia Sablin for The Washington Post)

Providers also recognize that many patients prefer or require a surgical procedure to end their pregnancy instead of pills.

One major impetus for Aid Access changing its protocol was the shipping time, said Linda Prine, an Aid Access provider and doctor based in New York. Patients would have to wait weeks for pills shipped from India, she said, often pushing their abortions well into the second trimester — a far more difficult and complicated process. (The U.S. Food and Drug Administration endorses the use of abortion pills up to 10 weeks, though some studies show it's safe and effective to use them significantly later in pregnancy.)

"They were having a really scary miserable experience," Prine said, with some far enough along that they would pass a recognizable fetus.

Prine founded the Miscarriage and Abortion Hotline, where people often call with questions about medication abortion. Since Aid Access's protocol change, she said, she has noticed a significant decrease in calls from women who are taking pills in their second trimester.

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Eventually, the Aid Access providers fully expect Republicans to take a swing at their efforts.

"We're all like, 'Okay which one of us is going to be the case?'" said the doctor in the Hudson Valley. "It's not if there will be lawsuits, it's when."

Jacobson said she trusts the Massachusetts courts to protect her.

"We have seven American providers who are stepping in and saying, 'You know what, we're not going to be intimidated,'" Jacobson said.

The providers are eagerly waiting for the shield law to pass in California.

Once that passes, the Hudson Valley doctor may no longer have to run a complex shipping operation from her basement. She'll likely be able to send her prescriptions to the pharmacy, just like she used to, she said.

For now, she said, she doesn't mind staying up until 1 a.m. to finish the packing.

"It feels like I'm giving a big middle finger to that part of the country that has

done this," she said.

U.S. abortion access, reproductive rights

Tracking abortion access in the United States: Since the Supreme Court struck down *Roe v. Wade*, the legality of abortion has been left to individual states. The Washington Post is tracking states where abortion is legal, banned or under threat.

New report: The number of people who traveled across state lines to obtain an abortion declined in 2024 even as the total number of abortions remained steady, according to a report published by a research and advocacy group that favors abortion rights.

Abortion pills: A decision by a federal judge has revived the effort to limit access to the abortion pill mifepristone. The first legal swipe at the drug failed at the Supreme Court in 2024. Here's how mifepristone is used and the states where abortion pills are legal.

Abortion and the election: Here's how Americans in 10 states voted on ballot measures relating to abortion access and reproductive rights. Here's where President Donald Trump stands on abortion.

What readers are saying

The comments reflect strong support for reproductive rights and criticism of abortion restrictions, particularly in red states. Many commenters express admiration for the physicians and volunteers aiding women in accessing abortion pills, likening their efforts to a modern... Show more

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All comments 2786

The U.S. fight over abortion HAND CURATED

States where abortion is legal, banned or under threat

March 5, 2025

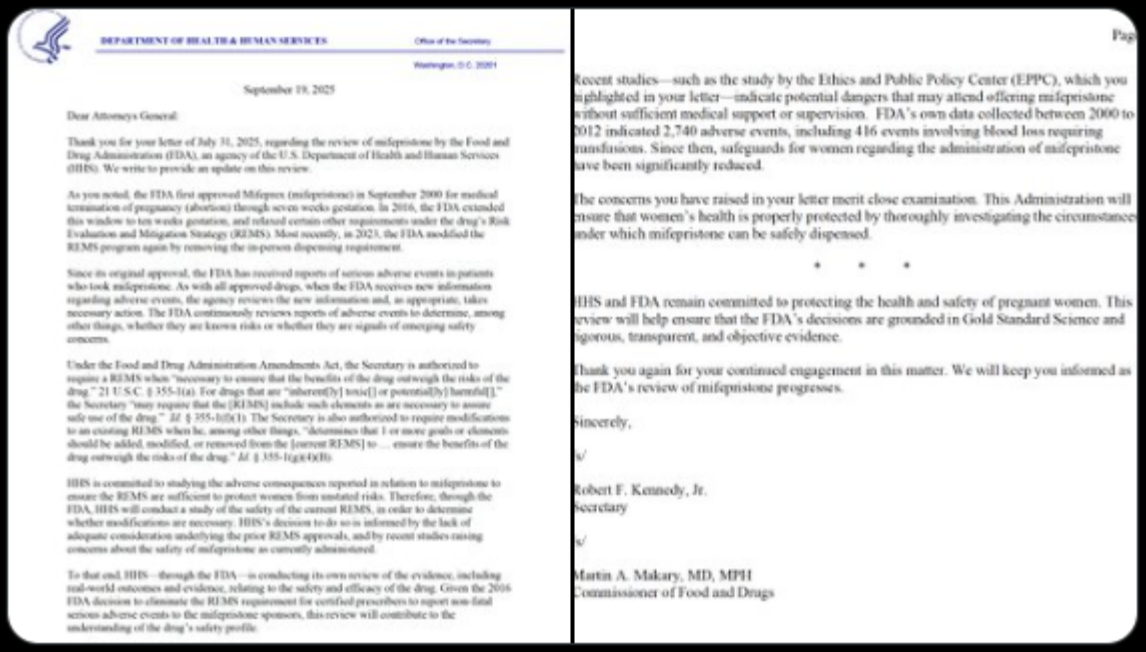
EXHIBIT 108

Secretary Kennedy
(@SecKennedy),
X (Oct. 2, 2025, 5:44 PM)

Secretary Kennedy
@SecKennedy

The Biden administration removed mifepristone's in-person dispensing rule without studying the safety risks. We are filling that gap. Last month, I joined @DrMakaryFDA in writing to state attorneys general, pledging to review all the evidence — including real-world outcomes — on the safety of this drug. Recent studies already point to serious risks when mifepristone is used without proper medical oversight.

@US_FDA only approved a second generic mifepristone tablet because federal law requires approval when an application proves the generic is identical to the brand-name drug.



DEPARTMENT OF HEALTH & HUMAN SERVICES — Office of the Secretary — Washington, D.C. 20201

September 19, 2025

Dear Attorneys General:

Thank you for your letter of July 31, 2025, regarding the review of mifepristone by the Food and Drug Administration (FDA), an agency of the U.S. Department of Health and Human Services (HHS). We write to provide an update on this review.

As you noted, the FDA first approved Mifeprex (mifepristone) in September 2000 for medical termination of pregnancy (abortion) through seven weeks gestation. In 2016, the FDA extended this window to ten weeks gestation, and relaxed certain other requirements under the drug's Risk Evaluation and Mitigation Strategy (REMS). Most recently, in 2023, the FDA modified the REMS program again by removing the in-person dispensing requirement.

Since its original approval, the FDA has received reports of serious adverse events in patients who took mifepristone. As with all approved drugs, when the FDA receives new information regarding adverse events, the agency reviews the new information and, as appropriate, takes necessary action. The FDA continuously reviews reports of adverse events to determine, among other things, whether they are known risks or whether they are signals of emerging safety concerns.

Under the Food and Drug Administration Amendments Act, the Secretary is authorized to require a REMS when "necessary to ensure that the benefits of the drug outweigh the risks of the drug." 21 U.S.C. § 355-1(a). For drugs that are "inherent[ly] toxic[] or potential[ly] harmful[]," the Secretary "may require that the [REMS] include such elements as are necessary to assure safe use of the drug." *Id.* § 355-1(f)(1). The Secretary is also authorized to require modifications to an existing REMS when he, among other things, "determines that 1 or more goals or elements should be added, modified, or removed from the [current REMS] to … ensure the benefits of the drug outweigh the risks of the drug." *Id.* § 355-1(g)(4)(B).

HHS is committed to studying the adverse consequences reported in relation to mifepristone to ensure the REMS are sufficient to protect women from unstated risks. Therefore, through the FDA, HHS will conduct a study of the safety of the current REMS, in order to determine whether modifications are necessary. HHS's decision to do so is informed by the lack of adequate consideration underlying the prior REMS approvals, and by recent studies raising concerns about the safety of mifepristone as currently administered.

To that end, HHS—through the FDA—is conducting its own review of the evidence, including real-world outcomes and evidence, relating to the safety and efficacy of the drug. Given the 2016 FDA decision to eliminate the REMS requirement for certified prescribers to report non-fatal serious adverse events to the mifepristone sponsors, this review will contribute to the understanding of the drug's safety profile.

Page

Recent studies—such as the study by the Ethics and Public Policy Center (EPPC), which you highlighted in your letter—indicate potential dangers that may attend offering mifepristone without sufficient medical support or supervision. FDA's own data collected between 2000 to 2012 indicated 2,740 adverse events, including 416 events involving blood loss requiring transfusions. Since then, safeguards for women regarding the administration of mifepristone have been significantly reduced.

The concerns you have raised in your letter merit close examination. This Administration will ensure that women's health is properly protected by thoroughly investigating the circumstances under which mifepristone can be safely dispensed.

* * *

HHS and FDA remain committed to protecting the health and safety of pregnant women. This review will help ensure that the FDA's decisions are grounded in Gold Standard Science and rigorous, transparent, and objective evidence.

Thank you again for your continued engagement in this matter. We will keep you informed as the FDA's review of mifepristone progresses.

Sincerely,

/s/

Robert F. Kennedy, Jr.
Secretary

/s/

Martin A. Makary, MD, MPH
Commissioner of Food and Drugs

5:44 PM · Oct 2, 2025 · **117.4K** Views

310 743 2.9K 132

EXHIBIT 109

Evita Solutions,
Making Generic
Mifepristone Available
and Accessible Today

FDA Approved September 2025

Making generic mifepristone available and accessible today

A new generic mifepristone product is coming soon. Evita Solutions LLC's Mifepristone Tablets, 200 mg was approved for use by the US Food and Drug Administration (FDA) in September 2025 for terminating an early pregnancy, up to 70 days from the first day of the last menstrual period.

Learn About Mifepristone

About Evita Solutions

FOR MEDIA & PRESCRIBER INQUIRIES

customerservice@evitasolutionsllc.com

866-718-0098

FDA Approved

A new FDA-approved generic mifepristone product coming soon

Mifepristone Tablets, 200 mg is used in combination with misoprostol for safe, effective medical abortion.

Medical abortion is 97% effective when Mifepristone Tablets, 200 mg is taken in combination with misoprostol. Mifepristone blocks the hormone needed for pregnancy to continue, and misoprostol causes contractions to expel the pregnancy from the body. Mifepristone has been approved for use in the U.S. since 2000.

For Providers

Mifepristone Tablets, 200 mg is only available under the FDA approved Mifepristone Risk Evaluation and Mitigation Strategy (REMS) Program. In order to prescribe Mifepristone Tablets, 200 mg, all providers are required to complete and sign our Prescriber Agreement and return a copy to our distributor to dispense Mifepristone Tablets, 200 mg directly, or to the certified pharmacy of your choice for pharmacy dispensing. Providers must meet the requirements of the Mifepristone REMS Program, which ensures certified prescribers will properly dispense and supervise dispensing of mifepristone.

For Pharmacists

Mifepristone is available only under the FDA approved Mifepristone Risk Evaluation and Mitigation Strategy (REMS) Program. To become a certified pharmacy and begin filling prescriptions for Evita Solutions LLC's Mifepristone Tablets, 200 mg, a pharmacy must be able to meet the requirements of the Mifepristone REMS Program. Certified pharmacies will be able to better serve their clients with pharmacy friendly packaging, simple ordering processes, and timely order fulfillment.

Evita solutions

For Patients

Evita Solutions supports your decision about your pregnancy. If you choose to end a pregnancy, you have several options available. Medical abortion with mifepristone is an effective, safe way to terminate early pregnancy. Mifepristone Tablets, 200 mg is available with a prescription from certified healthcare providers, which you may obtain from an in-person visit or by telemedicine, if it's permitted where you seek abortion care. Your healthcare provider may give you a dose of Mifepristone Tablets, 200 mg or they may write a prescription to be filled by a certified pharmacy. Your prescription may require in-store pick-up or may be shipped by mail, depending on the certified pharmacy. Mifepristone Tablets, 200 mg is not available over the counter.

Our Values

We know reproductive rights are human rights

Medical abortion care is rife with medically unnecessary restrictions and social stigma in the United States. As a result, many people who choose to end a pregnancy may struggle to get the necessary care they need.

Evita Solutions believes that all people should have access to safe, affordable, high-quality, effective, and compassionate abortion care, regardless of their race, sex, gender, age, sexuality, income, or where they live. We know that you can make the best choice for your body.

Our Mission

We are committed to supporting individuals in making health care decisions by ensuring high-quality and affordable products, accurate information, and a trusted network of prescribers are available, when and where they are needed. Through our work, we assist the medical community in recognizing the utility and freedom that medical abortion provides patients, we seek to normalize abortion care, and we commit to making care accessible to all.

Our Vision

We envision a world where all people are empowered to exercise choice and self determination.

Accessible healthcare for all

Empowered decision making

Global reproductive rights

Important Safety Information

Mifepristone tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation.

WARNING: SERIOUS AND SOMETIMES FATAL INFECTIONS OR BLEEDING

Serious and sometimes fatal infections and bleeding occur very rarely following spontaneous, surgical, and medical abortions, including Mifepristone Tablets, 200 mg use. No causal relationship between the use of Mifepristone Tablets, 200 mg and misoprostol and these events has been established.

- **Atypical Presentation of Infection.** Patients with serious bacterial infections (e.g., Clostridium sordellii) and sepsis can present without fever, bacteremia or significant findings on pelvic examination. Very rarely, deaths have been reported in patients who presented without fever, with or without abdominal pain, but with leukocytosis with a marked left shift, tachycardia, hemoconcentration, and general malaise. A high index of suspicion is needed to rule out serious infection and sepsis.
- **Bleeding.** Prolonged and heavy bleeding may be a sign of incomplete abortion or other complications and prompt medical or surgical intervention may be needed. Advise patients to seek immediate medical attention if they experience prolonged heavy vaginal bleeding.

Because of the risks of serious complications detailed above, Mifepristone Tablets, 200 mg is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Mifepristone REMS Program.

Before prescribing mifepristone, inform the patient about the risk of these serious events. Ensure the patient knows whom to call and what to do, including going to an Emergency Room if none of the provided contacts are reachable, if they experience sustained fever, severe abdominal pain, prolonged heavy bleeding, or syncope, or if they experience abdominal pain or discomfort, or general malaise (including weakness, nausea, vomiting, or diarrhea) for more than 24 hours after taking misoprostol.

Contraindications

Administration of Mifepristone Tablets, 200 mg and misoprostol for the termination of pregnancy (the "treatment procedure") is contraindicated in patients with any of the following conditions:

- Confirmed or suspected ectopic pregnancy or undiagnosed adnexal mass (the treatment procedure will not be effective to terminate an ectopic pregnancy)
- Chronic adrenal failure (risk of acute adrenal insufficiency)
- Concurrent long term corticosteroid therapy (risk of acute adrenal insufficiency)
- History of allergy to mifepristone, misoprostol, or other prostaglandins (allergic reactions including anaphylaxis, angioedema, rash, hives, and itching have been reported)
- Hemorrhagic disorders or concurrent anticoagulant therapy (risk of heavy bleeding)
- Inherited porphyrias (risk of worsening or of precipitation of attacks)

Use of Mifepristone Tablets, 200 mg and misoprostol for termination of intrauterine pregnancy is contraindicated in patients with an intrauterine device ("IUD") in place (the IUD might interfere with pregnancy termination). If the IUD is removed, mifepristone tablets, 200 mg may be used.

Warnings and Precautions

Infection and Sepsis

As with other types of abortion, cases of serious bacterial infection, including very rare cases of fatal septic shock, have been reported following the use of mifepristone tablets, 200 mg. Healthcare providers evaluating a patient who is undergoing a medical abortion should be alert to the possibility of this rare event. A sustained (> 4 hours) fever of 100.4°F or higher, severe abdominal pain, or pelvic tenderness in the days after a medical abortion may be an indication of infection.

A high index of suspicion is needed to rule out sepsis (e.g., from Clostridium sordellii if a patient reports abdominal pain or discomfort or general malaise (including weakness, nausea, vomiting, or diarrhea) more than 24 hours after taking misoprostol. Very rarely, deaths have been reported in patients who presented without fever, with or without abdominal pain, but with leukocytosis with a marked left shift, tachycardia, hemoconcentration, and general malaise. No causal relationship between Mifepristone Tablets, 200 mg and misoprostol use and an increased risk of infection or death has been established. Clostridium sordellii infections have also been reported very rarely following childbirth (vaginal delivery and caesarian section), and in other gynecologic and non gynecologic conditions.

Uterine Bleeding

Uterine bleeding occurs in almost all patients during a medical abortion. Prolonged heavy bleeding (soaking through two thick, full size sanitary pads per hour for two consecutive hours) may be a sign of incomplete abortion or other complications, and prompt medical or surgical intervention may be needed to prevent the development of hypovolemic shock. Counsel patients to seek immediate medical attention if they experience prolonged heavy vaginal bleeding following a medical abortion.

Women should expect to experience vaginal bleeding or spotting for an average of 9 to 16 days. Women report experiencing heavy bleeding for a median direction of 2 days. Up to 8% of all subjects may experience some type of bleeding for 30 days or more. In general, the duration of bleeding and spotting increased as the duration of the pregnancy increased.

Decreases in hemoglobin concentration, hematocrit, and red blood cell count may occur in patients who bleed heavily.

Excessive uterine bleeding usually requires treatment by uterotonics, vasoconstrictor drugs, surgical uterine evacuation, administration of saline infusions, and/or blood transfusions. Based on data from several large clinical trials, vasoconstrictor drugs were used in 4.3% of all subjects, there was a decrease in hemoglobin of more than 2 g/dL in 5.5% of subjects, and blood transfusions were administered to ≤ 0.1% of subjects. Because heavy bleeding requiring surgical uterine evacuation occurs in about 1% of patients, special care should be given to patients with hemostatic disorders, hypocoagulability, or severe anemia.

Mifepristone REMS Program

Mifepristone tablets, 200 mg is available only through a restricted program under a REMS called the Mifepristone REMS Program, because of the risks of serious complications.

Notable requirements of the Mifepristone REMS Program include the following:

- Prescribers must be certified with the program by completing the Prescriber Agreement Form.
- Patients must sign a Patient Agreement Form.
- Mifepristone tablets, 200 mg must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices and hospitals by or under the supervision of a certified prescriber.

Further information is available at 866 718 0098.

Ectopic Pregnancy

Mifepristone tablets, 200 mg is contraindicated in patients with a confirmed or suspected ectopic pregnancy because mifepristone is not effective for terminating ectopic pregnancies. Healthcare providers should remain alert to the possibility that a patient who is undergoing a medical abortion could have an undiagnosed ectopic pregnancy because some of the expected symptoms experienced with a medical abortion (abdominal pain, uterine bleeding) may be similar to those of a ruptured ectopic pregnancy. The presence of an ectopic pregnancy may have been missed even if the patient underwent ultrasonography prior to being prescribed Mifepristone tablets, 200 mg.

Patients who became pregnant with an IUD in place should be assessed for ectopic pregnancy.

Rhesus Immunization

The use of Mifepristone Tablets, 200 mg is assumed to require the same preventive measures as those taken prior to and during surgical abortion to prevent rhesus immunization.

Adverse Reactions

Most common adverse reactions (>15%) are nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness.

For additional information about mifepristone, see the Full Prescribing Information, including Boxed Warning.

EXHIBIT 110

Letter from Robert F. Kennedy, Jr., Secretary of Health and Human Services, to Attorneys General (Sept. 19, 2025)

DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

September 19, 2025

Dear Attorneys General:

Thank you for your letter of July 31, 2025, regarding the review of mifepristone by the Food and Drug Administration (FDA), an agency of the U.S. Department of Health and Human Services (HHS). We write to provide an update on this review.

As you noted, the FDA first approved Mifeprex (mifepristone) in September 2000 for medical termination of pregnancy (abortion) through seven weeks gestation. In 2016, the FDA extended this window to ten weeks gestation, and relaxed certain other requirements under the drug's Risk Evaluation and Mitigation Strategy (REMS). Most recently, in 2023, the FDA modified the REMS program again by removing the in-person dispensing requirement.

Since its original approval, the FDA has received reports of serious adverse events in patients who took mifepristone. As with all approved drugs, when the FDA receives new information regarding adverse events, the agency reviews the new information and, as appropriate, takes necessary action. The FDA continuously reviews reports of adverse events to determine, among other things, whether they are known risks or whether they are signals of emerging safety concerns.

Under the Food and Drug Administration Amendments Act, the Secretary is authorized to require a REMS when "necessary to ensure that the benefits of the drug outweigh the risks of the drug." 21 U.S.C. § 355-1(a). For drugs that are "inherent[ly] toxic[] or potential[ly] harmful[]," the Secretary "may require that the [REMS] include such elements as are necessary to assure safe use of the drug." *Id.* § 355-1(f)(1). The Secretary is also authorized to require modifications to an existing REMS when he, among other things, "determines that 1 or more goals or elements should be added, modified, or removed from the [current REMS] to … ensure the benefits of the drug outweigh the risks of the drug." *Id.* § 355-1(g)(4)(B).

HHS is committed to studying the adverse consequences reported in relation to mifepristone to ensure the REMS are sufficient to protect women from unstated risks. Therefore, through the FDA, HHS will conduct a study of the safety of the current REMS, in order to determine whether modifications are necessary. HHS's decision to do so is informed by the lack of adequate consideration underlying the prior REMS approvals, and by recent studies raising concerns about the safety of mifepristone as currently administered.

To that end, HHS—through the FDA—is conducting its own review of the evidence, including real-world outcomes and evidence, relating to the safety and efficacy of the drug. Given the 2016 FDA decision to eliminate the REMS requirement for certified prescribers to report non-fatal serious adverse events to the mifepristone sponsors, this review will contribute to the understanding of the drug's safety profile.

Recent studies—such as the study by the Ethics and Public Policy Center (EPPC), which you highlighted in your letter—indicate potential dangers that may attend offering mifepristone without sufficient medical support or supervision. FDA's own data collected between 2000 to 2012 indicated 2,740 adverse events, including 416 events involving blood loss requiring transfusions. Since then, safeguards for women regarding the administration of mifepristone have been significantly reduced.

The concerns you have raised in your letter merit close examination. This Administration will ensure that women's health is properly protected by thoroughly investigating the circumstances under which mifepristone can be safely dispensed.

* * *

HHS and FDA remain committed to protecting the health and safety of pregnant women. This review will help ensure that the FDA's decisions are grounded in Gold Standard Science and rigorous, transparent, and objective evidence.

Thank you again for your continued engagement in this matter. We will keep you informed as the FDA's review of mifepristone progresses.

Sincerely,

/s/

Robert F. Kennedy, Jr.
Secretary

/s/

Martin A. Makary, MD, MPH
Commissioner of Food and Drugs

JS 44 (Rev. 03/24)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. *(SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)*

I. (a) PLAINTIFFS

The State of Louisiana, by and through its Attorney General, Liz Murrill, and Rosalie Markezich

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys *(Firm Name, Address, and Telephone Number)*

See attachment

DEFENDANTS

See attachment

County of Residence of First Listed Defendant _____
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys *(If Known)*

See attachment

II. BASIS OF JURISDICTION *(Place an "X" in One Box Only)*

- ☐ 1 U.S. Government Plaintiff
- ☐ 3 Federal Question *(U.S. Government Not a Party)*
- ☒ 2 U.S. Government Defendant
- ☐ 4 Diversity *(Indicate Citizenship of Parties in Item III)*

III. CITIZENSHIP OF PRINCIPAL PARTIES *(Place an "X" in One Box for Plaintiff and One Box for Defendant)*

(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	☐ 1	☐ 1	Incorporated *or* Principal Place of Business In This State	☐ 4	☐ 4
Citizen of Another State	☐ 2	☐ 2	Incorporated *and* Principal Place of Business In Another State	☐ 5	☐ 5
Citizen or Subject of a Foreign Country	☐ 3	☐ 3	Foreign Nation	☐ 6	☐ 6

IV. NATURE OF SUIT *(Place an "X" in One Box Only)*

Click here for: Nature of Suit Code Descriptions.

CONTRACT
- ☐ 110 Insurance
- ☐ 120 Marine
- ☐ 130 Miller Act
- ☐ 140 Negotiable Instrument
- ☐ 150 Recovery of Overpayment & Enforcement of Judgment
- ☐ 151 Medicare Act
- ☐ 152 Recovery of Defaulted Student Loans (Excludes Veterans)
- ☐ 153 Recovery of Overpayment of Veteran's Benefits
- ☐ 160 Stockholders' Suits
- ☐ 190 Other Contract
- ☐ 195 Contract Product Liability
- ☐ 196 Franchise

TORTS

PERSONAL INJURY
- ☐ 310 Airplane
- ☐ 315 Airplane Product Liability
- ☐ 320 Assault, Libel & Slander
- ☐ 330 Federal Employers' Liability
- ☐ 340 Marine
- ☐ 345 Marine Product Liability
- ☐ 350 Motor Vehicle
- ☐ 355 Motor Vehicle Product Liability
- ☐ 360 Other Personal Injury
- ☐ 362 Personal Injury - Medical Malpractice

PERSONAL INJURY
- ☐ 365 Personal Injury - Product Liability
- ☐ 367 Health Care/ Pharmaceutical Personal Injury Product Liability
- ☐ 368 Asbestos Personal Injury Product Liability

PERSONAL PROPERTY
- ☐ 370 Other Fraud
- ☐ 371 Truth in Lending
- ☐ 380 Other Personal Property Damage
- ☐ 385 Property Damage Product Liability

FORFEITURE/PENALTY
- ☐ 625 Drug Related Seizure of Property 21 USC 881
- ☐ 690 Other

LABOR
- ☐ 710 Fair Labor Standards Act
- ☐ 720 Labor/Management Relations
- ☐ 740 Railway Labor Act
- ☐ 751 Family and Medical Leave Act
- ☐ 790 Other Labor Litigation
- ☐ 791 Employee Retirement Income Security Act

IMMIGRATION
- ☐ 462 Naturalization Application
- ☐ 465 Other Immigration Actions

BANKRUPTCY
- ☐ 422 Appeal 28 USC 158
- ☐ 423 Withdrawal 28 USC 157

INTELLECTUAL PROPERTY RIGHTS
- ☐ 820 Copyrights
- ☐ 830 Patent
- ☐ 835 Patent - Abbreviated New Drug Application
- ☐ 840 Trademark
- ☐ 880 Defend Trade Secrets Act of 2016

SOCIAL SECURITY
- ☐ 861 HIA (1395ff)
- ☐ 862 Black Lung (923)
- ☐ 863 DIWC/DIWW (405(g))
- ☐ 864 SSID Title XVI
- ☐ 865 RSI (405(g))

FEDERAL TAX SUITS
- ☐ 870 Taxes (U.S. Plaintiff or Defendant)
- ☐ 871 IRS—Third Party 26 USC 7609

OTHER STATUTES
- ☐ 375 False Claims Act
- ☐ 376 Qui Tam (31 USC 3729(a))
- ☐ 400 State Reapportionment
- ☐ 410 Antitrust
- ☐ 430 Banks and Banking
- ☐ 450 Commerce
- ☐ 460 Deportation
- ☐ 470 Racketeer Influenced and Corrupt Organizations
- ☐ 480 Consumer Credit (15 USC 1681 or 1692)
- ☐ 485 Telephone Consumer Protection Act
- ☐ 490 Cable/Sat TV
- ☐ 850 Securities/Commodities/ Exchange
- ☐ 890 Other Statutory Actions
- ☐ 891 Agricultural Acts
- ☐ 893 Environmental Matters
- ☐ 895 Freedom of Information Act
- ☐ 896 Arbitration
- ☒ 899 Administrative Procedure Act/Review or Appeal of Agency Decision
- ☐ 950 Constitutionality of State Statutes

REAL PROPERTY
- ☐ 210 Land Condemnation
- ☐ 220 Foreclosure
- ☐ 230 Rent Lease & Ejectment
- ☐ 240 Torts to Land
- ☐ 245 Tort Product Liability
- ☐ 290 All Other Real Property

CIVIL RIGHTS
- ☐ 440 Other Civil Rights
- ☐ 441 Voting
- ☐ 442 Employment
- ☐ 443 Housing/ Accommodations
- ☐ 445 Amer. w/Disabilities - Employment
- ☐ 446 Amer. w/Disabilities - Other
- ☐ 448 Education

PRISONER PETITIONS

Habeas Corpus:
- ☐ 463 Alien Detainee
- ☐ 510 Motions to Vacate Sentence
- ☐ 530 General
- ☐ 535 Death Penalty

Other:
- ☐ 540 Mandamus & Other
- ☐ 550 Civil Rights
- ☐ 555 Prison Condition
- ☐ 560 Civil Detainee - Conditions of Confinement

V. ORIGIN *(Place an "X" in One Box Only)*

☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District *(specify)* ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing ***(Do not cite jurisdictional statutes unless diversity)***:
Administrative Procedure Act, 5 U.S.C. §§ 553, 701-706

Brief description of cause:
Action for judicial review of agency action under the Administrative Procedure Act.

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A **CLASS ACTION** UNDER RULE 23, F.R.Cv.P.

DEMAND $ Set aside the 2023 REMS

CHECK YES only if demanded in complaint:
JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions): JUDGE _____ DOCKET NUMBER _____

DATE 10/06/2025

SIGNATURE OF ATTORNEY OF RECORD s/ Caitlin Huettemann

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

ATTACHMENT TO CIVIL COVER SHEET

I. (a) Defendants

U.S. Food and Drug Administration; **Martin A. Makary, M.D., M.P.H.**, in his official capacity as Commissioner of Food and Drugs, U.S. Food and Drug Administration; **George Francis Tidmarsh, M.D., PH.D.**, in his official capacity as Director, Center for Drug Evaluation and Research, U.S. Food and Drug Administration; **U.S. Department Of Health And Human Services**; and **Robert F. Kennedy, Jr.**, in his official capacity as Secretary, U.S. Department of Health and Human Services.

I. (c) Plaintiffs' Attorneys

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