

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
AMARILLO DIVISION

**State of Missouri, et al.,**

*Intervenor-Plaintiffs, and*

**State of Florida, State of Texas,**

*Proposed Intervenor-Plaintiffs,*

and

**Rosalie Markezich and State of  
Louisiana, by and through its  
Attorney General, Liz Murrill,**

*Proposed Intervenor-Plaintiffs,*

v.

**United States Food and Drug  
Administration, et al.,**

*Defendants, and*

**Danco Laboratories, LLC,**

*Intervenor-Defendant, and*

**GenBioPro, Inc.,**

*Intervenor-Defendant.*

**Civ. No. 2:22-cv-00223-Z**

APPENDIX IN SUPPORT OF PROPOSED INTERVENOR-PLAINTIFFS  
ROSALIE MARKEZICH AND THE STATE OF LOUISIANA'S  
MOTION TO INTERVENE

VOLUME D

## INDEX

| VOLUME A                                                                                                                                                                                                              |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Ex. 1: Society of Family Planning, #WeCount Report April 2022 to June 2024 (Oct. 22, 2024)                                                                                                                            | App. 1-57    |
| Ex. 2: Society of Family Planning, #WeCount Report April 2022 to December 2024 (Jun. 23, 2025)                                                                                                                        | App. 58-125  |
| Ex. 3: 2021 FDA Letter to ACOG and SMFM About Mifepristone REMS (Apr. 12, 2021)                                                                                                                                       | App. 126-128 |
| Ex. 4: Dr. Margaret Carpenter indictment                                                                                                                                                                              | App. 129-131 |
| Ex. 5: Center for Drug Evaluation and Research, Application Number: 20-687 Medical Review(s) (Jan. 27, 2000)                                                                                                          | App. 132-175 |
| Ex. 6: Blake M. Autry & Roopma Wadhwa, <i>Mifepristone</i> , StatPearls (Feb. 28, 2024)                                                                                                                               | App. 176-184 |
| Ex. 7: <i>The Facts on Mifepristone</i> , Planned Parenthood                                                                                                                                                          | App. 185-188 |
| Ex. 8: <i>Medication Abortion: Your Questions Answered</i> , Yale Med. (Sept. 11, 2023)                                                                                                                               | App. 189-194 |
| Ex. 9: FDA-Approved Label for Mifepristone (Mifeprex) (Jan. 2023) (“Mifeprex 2023 Label”)                                                                                                                             | App. 195-214 |
| Ex. 10: 2021 FDA Letter to AAPLOG and Am. Coll. of Pediatricians denying in part and granting in part 2016 Citizen Petition, Docket No. FDA-2019-P-1534 (Dec. 16, 2021)                                               | App. 215-255 |
| Ex. 11: Center for Drug Evaluation and Research, Application Number: 020687Orig1s020 Summary Review (Mar. 29, 2016) (“FDA 2016 Summary Review”)                                                                       | App. 256-284 |
| Ex. 12: Maarit Niinimäki et al., <i>Comparison of rates of adverse events in adolescent and adult women undergoing medical abortion: population register based study</i> , BMJ (April 20, 2011)                       | App. 285-292 |
| Ex. 13: Jamie Bryan Hall & Ryan T. Anderson, <i>The Abortion Pill Harms Women: Insurance Data Reveals One in Ten Patients Experiences a Serious Adverse Event</i> , Ethics & Pub. Pol’y Ctr. (Apr. 28, 2025)          | App. 293-299 |
| Ex. 14: James Studnicki et al., <i>Comparative Acuity of Emergency Department Visits Following Pregnancy Outcomes Among Medicaid Eligible Women, 2004–2015</i> , Int’l J. Epidemiology & Pub. Health Rsch., Apr. 2024 | App. 300-304 |
| Ex. 15: <i>Will a doctor be able to tell if you’ve taken abortion pills?</i> Women Help Women (Sept. 23, 2019)                                                                                                        | App. 305-307 |
| Ex. 16: <i>How do you know if you have complications and what should you do?</i> Aid Access                                                                                                                           | App. 308-310 |

|                                                                                                                                                                                                                                    |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Ex. 17: <i>Am. Coll. of Obstetricians and Gynecologists Practice Bulletin No. 181: Prevention of Rh D Alloimmunization</i> , 130 Obstetrics & Gynecology 481 (Aug. 2017)                                                           | App. 311-325 |
| Ex. 18: Katherine A. Rafferty & Tessa Longbons, <i>#AbortionChangesYou: A Case Study to Understand the Communicative Tensions in Women's Medication Abortion Narratives</i> , 36 Health Commc'n 1485 (2021)                        | App. 326-336 |
| Ex. 19: Population Council                                                                                                                                                                                                         | App. 337-351 |
| Ex. 20: 2002 Citizen Petition of AAPLOG to FDA (Aug. 8, 2002) ("2002 Citizen Petition")                                                                                                                                            | App. 352-444 |
| Ex. 21: Robert O'Harrow Jr., <i>Drug's U.S. Marketer Remains Elusive</i> , Wash. Post (Oct. 11, 2000)                                                                                                                              | App. 445-448 |
| Ex. 22: Hannah Levintova, <i>The Abortion Pill's Secret Money Men</i> , Mother Jones (March–April 2023)                                                                                                                            | App. 449-459 |
| Ex. 23: Letter from Center for Drug Evaluation and Research to Ann Robbins, Ph.D. (Sept. 18, 1996)                                                                                                                                 | App. 460-470 |
| Ex. 24: 2000 FDA Approval Letter for Mifeprex (mifepristone) Tablets (Sept. 28, 2000)                                                                                                                                              | App. 471-474 |
| Ex. 25: 2019 FDA ANDA Approval Letter to GenBioPro, Inc. (Apr. 11, 2019)                                                                                                                                                           | App. 475-481 |
| Ex. 26: FDA Center for Drug Evaluation & Research Letter to Population Council re: NDA (Feb. 18, 2000)                                                                                                                             | App. 482-489 |
| Ex. 27: 2000 FDA Approval Memo. to Population Council re: NDA 20-687 Mifeprex (mifepristone) (Sept. 28, 2000)                                                                                                                      | App. 490-498 |
| Ex. 28: Identification of Drug and Biological Products Deemed to Have Risk Evaluation and Mitigation Strategies for Purposes of the Food and Drug Administration Amendments Act of 2007, 73 Fed. Reg. 16313, 16314 (Mar. 27, 2008) | App. 499-501 |
| Ex. 29: 2011 FDA Supplemental Approval Letter to Danco Laboratories, LLC (June 8, 2011) ("2011 Approval Letter")                                                                                                                   | App. 502-506 |
| Ex. 30: 2011 REMS for NDA 20-687 Mifeprex (mifepristone) Tablets, 200mg (June 8, 2011) ("2011 REMS")                                                                                                                               | App. 507-517 |
| VOLUME B                                                                                                                                                                                                                           |              |
| Ex. 31: 2016 FDA Letter to AAPLOG, Christian Medical & Dental Associations, and Concerned Women for America denying 2002 Citizen Petition, Docket No. FDA2002-P-0364 (Mar. 29, 2016) ("2016 Petition Denial")                      | App. 518-551 |
| Ex. 32: 2020 Letter from ACOG & SMFM to FDA about Mifepristone REMS (Apr. 20, 2020) ("2020 ACOG-SMFM Letter")                                                                                                                      | App. 552-555 |
| Ex. 33: Students for Life of America, Citizen Petition to FDA (Dec. 13, 2022)                                                                                                                                                      | App. 556-623 |

|                                                                                                                                                                                                |              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| Ex. 34: 2023 FDA Letter to Students for Life of Am. denying 2022 SFLA Petition, Docket No. FDA-2022-P-3209 (Jan. 3, 2023)                                                                      | App. 624-626 |
| Ex. 35: 2021 FDA Center for Drug Evaluation & Research Director Patrizia Cavazzoni Letter to Dr. Graham Chelius (Dec. 16, 2021)                                                                | App. 627-628 |
| Ex. 36: Oral History Interview with Ruth B. Merkatz (Oct. 16, 2019)                                                                                                                            | App. 629-727 |
| Ex. 37: White House, Readout of White House Roundtable Meeting with Women's Rights and Reproductive Health Leaders (Sept. 3, 2021)                                                             | App. 728-731 |
| Ex. 38: White House, Press Briefing by Press Secretary Jen Psaki and Deputy National Security Advisor for Cyber and Emerging Technologies Anne Neuberger, September 2, 2021 (Sept. 2, 2021)    | App. 732-769 |
| Ex. 39: Ian Millhiser, <i>It sure sounds like Roe v. Wade is doomed</i> , Vox (Dec. 1, 2021)                                                                                                   | App. 770-778 |
| Ex. 40: White House, Remarks by President Biden Before Meeting with His Task Force on Reproductive Healthcare Access (Jan. 22, 2024)                                                           | App. 779-786 |
| Ex. 41: White House, Remarks by President Biden on the Supreme Court's Decision on Affirmative Action (June 29, 2023)                                                                          | App. 787-794 |
| Ex. 42: White House, FACT SHEET: President Biden to Sign Executive Order Protecting Access to Reproductive Health Care Services (July 8, 2022)                                                 | App. 795-802 |
| Ex. 43: White House, Remarks by President Biden on the Supreme Court Decision to Overturn <i>Roe v. Wade</i> (June 24, 2022)                                                                   | App. 803-809 |
| Ex. 44: Exec. Order No. 14076, Protecting Access to Reproductive Healthcare Services, 87 Fed. Reg. 42053 (July 8, 2022)                                                                        | App. 810-813 |
| Ex. 45: Exec. Order No. 14079, Securing Access to Reproductive and Other Healthcare Services, 87 Fed. Reg. 49505 (Aug. 3, 2022)                                                                | App. 814-817 |
| Ex. 46: Presidential Memorandum, Further Efforts To Protect Access to Reproductive Healthcare Services, 88 Fed. Reg. 4895 (Jan. 22, 2023)                                                      | App. 818-821 |
| Ex. 47: White House, FACT SHEET: President Biden Announces Actions In Light of Today's Supreme Court Decision on <i>Dobbs v. Jackson Women's Health Organization</i> (June 24, 2022)           | App. 822-824 |
| Ex. 48: Press Release, HHS, HHS Secretary Becerra's Statement on Supreme Court Ruling in <i>Dobbs v. Jackson Women's Health Organization</i> (June 24, 2022)                                   | App. 825-826 |
| Ex. 49: Press Release, HHS, Remarks by Secretary Xavier Becerra at the Press Conference in Response to President Biden's Directive following Overturning of <i>Roe v. Wade</i> (June 28, 2022) | App. 827-830 |
| Ex. 50: Center for Drug Evaluation and Research, Application Number: 020687Orig1s025 Summary Review (Jan. 3, 2023) ("FDA 2023 Summary Review")                                                 | App. 831-920 |



|                                                                                                                                                                                                                                                                                                               |                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Ex. 51: Center for Drug Evaluation and Research, Application Numbers: 020687 and 91178 Rationale Review (Dec. 16, 2021) (“FDA 2021 Rationale Review”)                                                                                                                                                         | App. 921-971   |
| Ex. 52: FDA Adverse Events Reporting System (FAERS) Public Dashboard                                                                                                                                                                                                                                          | App. 972-989   |
| Ex. 53: Kathi A. Aultman et al., <i>Deaths and Severe Adverse Events After the Use of Mifepristone as an Abortifacient from September 2000 to February 2019</i> , 26 Issues in L. & Med., no. 1, Nov. 1, 2021                                                                                                 | App. 990-1015  |
| Ex. 54: <i>Specifications for Preparing and Submitting Electronic ICSRs and ICSR Attachments</i> (Apr. 2021)                                                                                                                                                                                                  | App. 1016-1064 |
| <b>VOLUME C</b>                                                                                                                                                                                                                                                                                               |                |
| Ex. 55: Christiana A. Cirucci et al., <i>Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act</i> , 8 Health Servs. Rsch & Managerial Epidemiology 1, 1 (2021) | App. 1065-1070 |
| Ex. 56: Pam Belluck, <i>CVS and Walgreens Will Begin Selling Abortion Pills this Month</i> , N.Y. Times (Mar. 1, 2024)                                                                                                                                                                                        | App. 1071-1076 |
| Ex. 57: 2019 REMS Single Shared System for Mifepristone 200MG (Apr. 2019)                                                                                                                                                                                                                                     | App. 1077-1085 |
| Ex. 58: HHS, Marking the 50th Anniversary of Roe: Biden-Harris Administration Efforts to Protect Reproductive Health Care (Jan. 19, 2023)                                                                                                                                                                     | App. 1086-1092 |
| Ex. 59: Press Release, HHS, HHS Releases Report Detailing Biden-Harris Administration Efforts to Protect Reproductive Health Care Since Dobbs (Jan. 19, 2023)                                                                                                                                                 | App. 1093-1096 |
| Ex. 60: White House, FACT SHEET: The Biden-Harris Administration’s Record on Protecting Access to Medication Abortion (Apr. 12, 2023)                                                                                                                                                                         | App. 1097-1099 |
| Ex. 61: HHS, Secretary’s Report, Health Care Under Attack: An Action Plan to Protect and Strengthen Reproductive Care (Aug. 2022)                                                                                                                                                                             | App. 1100-1123 |
| Ex. 62: Abuzz, <i>Abortion Pill Access in Louisiana</i>                                                                                                                                                                                                                                                       | App. 1124-1126 |
| Ex. 63: Abuzz, <i>Need abortion care at home?</i>                                                                                                                                                                                                                                                             | App. 1127-1133 |
| Ex. 64: A Safe Choice, <i>Home</i>                                                                                                                                                                                                                                                                            | App. 1134-1140 |
| Ex. 65: A Safe Choice, <i>Online Consultation Form</i>                                                                                                                                                                                                                                                        | App. 1141-1143 |
| Ex. 66: Choices Rising, <i>Abortion Pill</i>                                                                                                                                                                                                                                                                  | App. 1144-1148 |

|                                                                                                                                                              |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Ex. 67: MAP, <i>Frequently asked questions</i>                                                                                                               | App. 1149-1152 |
| Ex. 68: Scott Calvert, <i>The Parties Where Volunteers Pack Abortion Pills for Red-State Women</i> , Wall St. J. (Aug. 12, 2024)                             | App. 1153-1160 |
| Ex. 69: Rachel Roubein, <i>'Shield' Laws Make it Easier to Send Abortion Pills to Banned States</i> , Wash. Post. (July 20, 2023)                            | App. 1161-1166 |
| Ex. 70: Rebecca Grant, <i>Group Using 'Shield Laws' to Provide Abortion Care in States That Ban It</i> , The Guardian (July 23, 2023)                        | App. 1167-1170 |
| Ex. 71: Aid Access, <i>Get Abortion Pill Online in Louisiana</i>                                                                                             | App. 1171-1175 |
| Ex. 72: Elissa Nadworny, <i>Inside a medical practice sending abortion pills to states where they're banned</i> , NPR (Aug. 7, 2024)                         | App. 1176-1183 |
| Ex. 73: Abigail Brooks & Dasha Burns, <i>How a network of abortion pill providers works together in the wake of new threats</i> , NBC News (April 7, 2024)   | App. 1184-1191 |
| Ex. 74: Pam Belluck, <i>Abortion Shield Laws: A New War Between the States</i> , N.Y. Times (Feb. 22, 2024)                                                  | App. 1192-1209 |
| Ex. 75: Caroline Kitchener, <i>Alone in a bathroom: The fear and uncertainty of a post-Roe medication abortion</i> , Wash. Post (April 11, 2024)             | App. 1210-1244 |
| Ex. 76: Her Safe Harbor, <i>Abortion Pills Online</i>                                                                                                        | App. 1245-1250 |
| Ex. 77: Pam Belluck, <i>A day with one abortion pill prescriber</i> , N.Y. Times (Jun. 9, 2025)                                                              | App. 1251-1264 |
| <b>VOLUME D</b>                                                                                                                                              |                |
| Ex. 78: Abuzz, <i>FAQs</i>                                                                                                                                   | App. 1265-1278 |
| Ex. 79: ACT, <i>Who We Are</i>                                                                                                                               | App. 1279-1283 |
| Ex. 80: ACT, <i>What We Do</i>                                                                                                                               | App. 1284-1288 |
| Ex. 81: ACT, <i>FAQs</i>                                                                                                                                     | App. 1289-1293 |
| Ex. 82: ACT, <i>Resources</i>                                                                                                                                | App. 1294-1297 |
| Ex. 83: Alaa Elassar, <i>New York Doctor Indicted in Louisiana Abortion Case Recognized as a Leader in Women's Reproductive Health</i> , CNN (Feb. 23, 2025) | App. 1298-1311 |
| Ex. 84: Rosemary Westwood, <i>After Historic Indictment, Doctors Will Keep Mailing Abortion Pills Over State Lines</i> , NPR (Mar. 19, 2025)                 | App. 1312-1322 |

|                                                                                                                                                                                                                             |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Ex. 85: Katherine Donlevy, <i>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</i> , New York Post (Feb. 15, 2025) | App. 1323-1328 |
| Ex. 86: Lorena O'Neil, <i>Louisiana Mother Pleads Not Guilty Following Abortion Pill Indictment</i> , La. Illuminator (Mar. 11, 2025)                                                                                       | App. 1329-1332 |
| Ex. 87: Press Release, ACT, Statement on Governor Hochul's Response to Louisiana Extradition Order (Feb. 13, 2025)                                                                                                          | App. 1333-1334 |
| Ex. 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)                                           | App. 1335-1345 |
| Ex. 89: Rosemary Westwood, <i>Louisiana Investigates Second Case Against New York Doctor Over Mailing Abortion Pills</i> , La. Illuminator (May 13, 2025)                                                                   | App. 1346-1348 |
| Ex. 90: Governor Kathy Hochul (GovKathyHochul), X (May 13, 2025, 4:28 PM)                                                                                                                                                   | App. 1349-1350 |
| Ex. 91: Society of Family Planning, #WeCount Report April 2022 to December 2024 (Jun. 23, 2025)                                                                                                                             | App. 1351-1368 |
| Ex. 92: Rosalie Markezich Declaration                                                                                                                                                                                       | App. 1369-1374 |
| Ex. 93: <i>Exhibit 5: Medicaid as a Share of States' Total Budgets and State-Funded Budgets, SFY 2021</i> , Medicaid and CHIP Payment and Access Commission (MACPAC) (2023)                                                 | App. 1375-1378 |
| Ex. 94: Julie O'Donoghue, <i>Louisiana Medicaid Set to Grow Under Landry, Even as D.C. May Force Cuts</i> , La. Illuminator, (Mar. 26, 2025)                                                                                | App. 1379-1384 |
| Ex. 95: Louisiana Department of Health, Medicaid Annual Report 2022/2023                                                                                                                                                    | App. 1385-1510 |
| Ex. 96: Marc Roemer, HHS, Agency for Healthcare Research and Quality, <i>Costs of Treat-and-Release Emergency Department Visits in the United States, 2021</i> (September 2024)                                             | App. 1511-1524 |
| Ex. 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)                                               | App. 1525-1623 |
| Ex. 98: Louisiana Medicaid Hospital Ambulatory Surgery Fee Schedule: State Hospitals (Effective Jan. 1, 2025)                                                                                                               | App. 1624-1692 |
| Ex. 99: Louisiana Medicaid Hospital Ambulatory Surgery Fee Schedule: Rural Hospitals (Effective Jan. 1, 2025)                                                                                                               | App. 1693-1760 |
| Ex. 100: Louisiana Medicaid Hospital Ambulatory Surgery Fee Schedule: Non-Rural and Non-State Hospitals (Effective Jan. 1, 2025)                                                                                            | App. 1761-1829 |

|                                                                                                                                                                 |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Ex. 101: Medicaid Services, Louisiana Department of Health                                                                                                      | App. 1830-1839 |
| Ex. 102: State Hospitals Outpatient Services Fee Schedule (Effective Jan. 1, 2025)                                                                              | App. 1840-1935 |
| Ex. 103: Small Rural Hospital Outpatient Services Fee Schedule (Effective Jan. 1, 2025)                                                                         | App. 1936-2031 |
| Ex. 104: Louisiana Medicaid Hospital Provider Inpatient Per Diem Rates (Effective 7/1/2024)                                                                     | App. 2032-2038 |
| Ex. 105: Pam Belluck, <i>California Passes Bill Allowing Omission of Patients' Names from Abortion Pill Bottles</i> , N.Y. Times (Sept. 11, 2025)               | App. 2039-2043 |
| Ex. 106: The Associated Press, <i>Texas Has a New Abortion Pill Law. But At Least One Provider Plans to Keep Shipping Them There</i> , Newsday (Sept. 18, 2025) | App. 2044-2047 |
| Ex. 107: Caroline Kitchener, <i>Blue-state doctors launch abortion pill pipeline into states with bans</i> , Wash. Post (July 19, 2023)                         | App. 2048-2061 |

# EXHIBIT 78

Abuzz,  
*FAQs*



X Quick Exit

## Frequently Asked Questions\*

*Services*

*About Abortion Pills*

*Before Taking Abortion Pills*

*How to Use Abortion Pills*

*During An Abortion With Pills*

*After An Abortion With Pills*

## Services

I can't afford \$150. Can I still get help?

Yes, you can still get help! Just let your provider know what you can afford when you fill out the form.

Can I get abortion pills even if I'm not pregnant?

Yes, clinicians offer abortion pills "just in case" you do get pregnant. These are sometimes called "advance provision" or "pills for future use." Financial assistance is limited for this service, so there is a minimum fee of \$90.

Do I have to have a video visit or phone call?

In most cases, a phone or video call is not required. Everything is done through the intake form. You will receive a phone number so that you can contact the medical team for any follow up questions.



### What happens after I fill out the form? —

We will connect you with a provider that is best suited to support your care. The provider will arrange payment with you and review your file. They might ask you some follow up questions. If you are eligible to receive services, they will mail you abortion pills.

### How do I get started? —

Fill in the form [here](#).

## About abortion with pills

### What comes in the abortion pill kit? —

The abortion pill kit has two medicines: mifepristone and misoprostol. The combination of mifepristone and misoprostol is very effective and has the fewest side effects.

### How do the abortion pills work? —

Mifepristone stops the pregnancy from growing. Misoprostol makes the uterus contract and push out the pregnancy just like a natural miscarriage.

### How effective are abortion pills? —

The combination of mifepristone and misoprostol has been shown to be 98% effective at ending a pregnancy.

Is there a difference between the generic (mifepristone) and brand (Mifeprex) versions of mifepristone? —

There is no difference between them.

Are abortion pills safe? —

They are very safe – safer than Tylenol and safer than driving in a car! The risk of severe, life-threatening complications requiring hospitalization is less than 1%.

If abortion pills are so safe, why are they so restricted? —

Restrictions on abortion pills have nothing to do with medical safety or effectiveness. The restrictions are made by politicians who are against abortion.

Will the abortion pills affect my ability to get pregnant in the future? —

No, abortion pills do not affect your future fertility. You can still get pregnant again.

I have an Rh negative blood type. Will I need Rhogam if I am less than 12 weeks when I take the abortion pills? —

No, Rhogam is only needed for people with Rh negative blood *after* 12 weeks.

Do abortion pills increase the risk of infection? —

Infections from abortions are very rare. They occur in less than 2% of all abortions and usually are easily treated with antibiotics when they do occur.

How far in pregnancy can I use abortion pills? —

The clinicians we refer to will send the pills to people up to 12 weeks and 6 days pregnant. If you are 13 weeks pregnant or more, you can find services here.

### What is an ectopic pregnancy and how would I know if I had one? —

Ectopic (tubal) pregnancies are located outside of the uterus. The risk of having an ectopic pregnancy is very low (less than 2%), but if it bursts it is a medical emergency. The only way to know for sure if you have an ectopic pregnancy is by ultrasound. If you are pregnant and have any of the following signs of a ruptured ectopic pregnancy, you should go to the hospital right away: severe abdominal pain on one side, dizziness, lightheadedness, feeling very weak. There is a higher risk of ectopic pregnancy if you have an IUD or history of ectopic pregnancies.

### Will the pills work if I have an ectopic pregnancy? —

The abortion pills will NOT work for an ectopic pregnancy. If you take abortion pills and do not have any bleeding within 24 hours after taking misoprostol, you should speak to your abortion pill provider right away. They may recommend an ultrasound to check the location of the pregnancy.

### Can I use abortion pills if I have an IUD in place? —

It is very rare to become pregnant with an IUD in place. If you are pregnant with an IUD, there is a higher risk of it being an ectopic pregnancy. Ectopic pregnancies are dangerous because they can burst suddenly and cause severe internal bleeding. While an ultrasound is not required, it would show the location of the pregnancy and the IUD. You don't need to have the IUD taken out before taking abortion pills. They will still work (unless it is an ectopic pregnancy) and a risk is that the IUD may come out with the pregnancy. Since you have become pregnant, it also means you will need to have the IUD replaced after the abortion since it is no longer working correctly.

### I got an abortion pill kit for future use. How long is it good for? —

You can store the pills for at least two years (and probably longer) in a cool, dry, dark place. It's not recommended to store them in the bathroom because the heat and humidity can make the pills less effective.

### Can I receive just misoprostol?

Using mifepristone and misoprostol together is considered the “gold standard” protocol for abortion with pills. Typically, clinicians prefer to prescribe the two medications together as they have fewer side effects and the process is easier. If you cannot take or do not want to take mifepristone, you can fill in the online form and ask your clinician about a misoprostol-only abortion.

### Can I fill an abortion pill prescription at my local pharmacy?

Local pharmacies in the U.S. are allowed to dispense mifepristone after getting certified. You can locate a pharmacy [here](#). Some clinicians may be able to send a prescription for you to fill at a local pharmacy. At this time, Abuzz does not offer this service.

## Before taking abortion pills

### What should I do before taking abortion pills?

Before taking pills, it is helpful to do a pregnancy test to confirm you're pregnant. This avoids taking pills unnecessarily and prevents confusion. If you don't want to take a pregnancy test, you don't have to. You should also estimate how far along the pregnancy is. Pregnancies are measured starting from the first day of your last period (and not from conception or when you had sex). You can figure out how far along the pregnancy is using your last period in a [pregnancy calculator like this one](#) or by getting an ultrasound.

### What kind of pregnancy test should I use before taking the pills?

Almost any pregnancy test will work. Dollar store tests work great. We do not recommend using any digital (positive/negative or +/-) pregnancy tests because we have noticed many people having false positives (a positive test result when they are not actually pregnant).

### Do I need to get an ultrasound before taking abortion pills?

No, getting an ultrasound is not required for most people. You do not need to get an ultrasound as long as your provider can figure out how far along your pregnancy is and you do not have signs of an ectopic pregnancy.

### How should I get ready to take my abortion pills?

1. Read our information on how to take the pills, what you might see and feel, and how to identify signs of complications.
2. Have a plan for where and when you will take the pills. You will want to be in a comfortable place and have access to a bathroom for up to 12 hours after taking misoprostol (the second medicine).
3. Have a plan for how to get emergency medical care in the unlikely event that you need it. It can be good to have a support person (in-person or [virtually](#)) in case you need help – especially the day you take misoprostol because this is when you'll have the most cramping/pain and bleeding.
4. Have on hand whatever you usually use to help with your periods (ex: large overnight pads, painkillers, anti-nausea medicine, heating pads, comfortable clothes, snacks, netflix/movies, etc).

## How to use abortion pills

### How should I take the abortion pills?

Check out the [instructions](#). How you take the abortion pills depends on how far along the pregnancy is. You can figure out how far along the pregnancy is based on your last period or by getting an ultrasound. There are many different ways to take the pills and most work well. The [World Health Organization](#) recommends:

|                   |                                                                                                                                                                                                                                                                                      |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Less than 9 weeks | <ul style="list-style-type: none"> <li>• Swallow 1 mifepristone 200mg pill orally</li> <li>• Wait 1-2 days</li> <li>• Take 4 misoprostol 200mcg pills under the tongue, in the cheek, or in the vagina. If you don't start bleeding after 24 hours, take another 4 pills.</li> </ul> |
| 9-11 weeks        | <ul style="list-style-type: none"> <li>• Swallow 1 mifepristone 200mg pill orally</li> <li>• Wait 1-2 days</li> <li>• Take 4 misoprostol 200mcg pills under the tongue, in the cheek, or in the vagina. 4 hours later, take another 4 misoprostol 200mcg pills.</li> </ul>           |
| 12+ weeks         | <ul style="list-style-type: none"> <li>• Swallow 1 mifepristone 200mg pill orally</li> <li>• Wait 1-2 days</li> <li>• Take 2 misoprostol 200mcg pills under the tongue, in the cheek, or in the vagina every 3 hours until the pregnancy tissue is out.</li> </ul>                   |

#### How long do I have to wait to take misoprostol (the second medicine)?

We recommend taking misoprostol 1-2 days (24-48 hours) after mifepristone because this will be the most effective.

#### How do I take misoprostol (the second medicine)?

Misoprostol can be taken in 3 different ways – vaginally, buccally, or sublingually. Vaginally means inserting the medicine with your fingers into the vagina. Buccally means holding the medicine in your cheeks like how a chipmunk holds food. Sublingually means holding the medicine under your tongue. If you take the misoprostol sublingually or buccally, after 30 minutes you can swallow whatever remains of the pills.

#### What is the difference between putting the misoprostol (the second medicine) under your tongue, in your cheek, or in the vagina?

In areas where abortion is restricted, it can be safer to put the misoprostol in your cheek or under your tongue. After 30 minutes you can swallow or spit out anything that is left. Using the medicines in your cheeks or under your tongue can give you more side effects (nausea, vomiting, diarrhea).

Using the medicines in the vagina gives you less side effects, but the pills could be seen during a vaginal exam. If this is a concern for you, we recommend that you use the pills in your cheek or under your tongue.

### What can I take for nausea?

You can take over the counter anti-nausea medicine like Unisom or Dramamine. Other things that can help with nausea include ginger tea, chewing gum, and sucking on hard candies. A prescription for anti-nausea medication can be sent if needed.

### What can I take for pain?

1. It's most effective to wait until you feel some pain before taking painkillers (but do not wait until the pain is unbearable). You can take over-the-counter painkillers like ibuprofen (Motrin/Advil) and acetaminophen (Tylenol). You can take 600-800mg ibuprofen every 6-8 hours with food. You can take 1000mg of acetaminophen every 6 hours. You can also take ibuprofen and acetaminophen together. If you do not want to use ibuprofen, you can try taking naproxen (Aleve) 550mg every 12 hours. To be more comfortable during the process, you can also try using a hot water bottle or heating pad on the belly, listening to music, having a support person, being someplace private, etc.

### Why do I start with fewer misoprostol pills when I'm 12+ weeks pregnant?

The farther along you are, the fewer misoprostol pills you need for each dose. After 12 weeks, people should take 1 mifepristone followed by 2 misoprostol pills repeated every 3 hours until the pregnancy passes.

### Why do I have extra pills and what should I do with them?

Extra misoprostol pills are sent in case:

1. You vomit after taking the pills
2. You don't bleed enough after taking the pills
3. You have too much bleeding after taking the pills



Please keep any extra misoprostol for at least 2 months. This way you will have it on hand in case you experience a complication and are advised to take it.

### What do I do with my extra pills?

Please keep any extra misoprostol for at least 2 months. This way you will have it on hand in case you experience a complication and are advised to take it.

### What if I throw up after taking the abortion pills?

As long as you can keep the mifepristone (first medicine) down for at least 30 minutes, it will most likely be effective. If you vomit less than 30 minutes after taking mifepristone, it might not be as effective, so contact us for further information.

As long as you keep the misoprostol (second medicine) in your mouth for at least 20 minutes, that should be enough time for the medication to absorb and be effective. If you vomit less than 20 minutes after taking the misoprostol by mouth, it's recommended to take anti-nausea medication, wait a few hours, and try again.

## During an abortion with pills

### What happens after taking the abortion pills?

Most people don't have any symptoms after taking mifepristone (the first medicine). Some people might have light bleeding or nausea. The main symptoms of bleeding and cramping usually begin after taking the misoprostol (the second medicine).

### How much bleeding and cramping will I have?

Every person is different, and there is a range of normal bleeding and cramping. . Most people have bleeding and cramping that is heavier than a period and can include blood clots the size of lemons. Some people only have light bleeding. It usually starts 4-6 hours after taking the misoprostol (the second medicine) and starts to slow down within 1 day. Some people have mild pain, and other people have very intense cramps.

#### What if I start bleeding/having a miscarriage before I use the abortion pills? —

Signs of a miscarriage don't always mean you had a complete miscarriage so it is recommended that you still use the abortion pills to make sure the pregnancy passes fully.

#### What are the side effects of misoprostol (the second medicine)? —

The side effects of misoprostol include nausea, vomiting, headache, diarrhea, fever, and chills. These are usually temporary and go away on their own. If the fever (more than 101 degrees) continues for more than 24 hours after taking misoprostol, please contact your abortion pill provider because this can be a sign of infection.

#### How much bleeding is too much? —

It is normal to have heavy bleeding and blood clots. If you are soaking 2 large overnight pads per hour for 2 hours in a row (4 pads in 2 hours) that is too much bleeding. You should seek medical attention right away if this happens. Sometimes providers recommend taking 2 more misoprostol pills to slow the bleeding down while waiting for medical attention.

#### What are signs of a complication? —

If you have very heavy bleeding (soaking 2 large overnight pads per hour for 2 hours in a row), fever for over 24 hours since taking misoprostol, or severe pain that is not relieved by painkillers, these are signs of severe medical complications, and you should seek medical attention right away.

#### Will anyone be able to tell that I took abortion pills? —

No, there are no tests to detect that you took abortion pills by mouth. The only way for the providers to know is if you tell them or if you took the pills vaginally and they see them on an internal exam. You do not need to say that you took abortion pills.

#### If I have to go to the hospital, what should I say? —

The treatment for a miscarriage and abortion are the same, so you can just say something like “I’m bleeding but it doesn’t feel like my usual period. I’m afraid something is wrong” or “I’m pregnant and bleeding. I’m scared there’s something wrong” and you should get the care you need.

## After an abortion with pills

#### How do I know if the abortion pills worked? —

Most people can tell if the pills worked by what they experience and how they feel. Some signs that the abortion pills worked can include: bleeding (light or heavy), cramping after taking the pills, passing clots and/or tissue, and no longer feeling pregnant. Pregnancy tests can stay positive for up to 5 weeks after a successful abortion, so they are not reliable before that time. If you still feel pregnant, you should contact your abortion pill provider.

#### What if I have little or no bleeding after taking the abortion pills? —

This could be a sign that the pills didn’t work, so you need to talk to your abortion pill provider for further guidance.

#### How long will I bleed after taking abortion pills? —

Bleeding should start to slow down after the pregnancy passes. However, light bleeding and/or spotting can continue off and on for up to 6 weeks. If you have been bleeding more than 6 weeks, contact your abortion pill provider.

### What if I have vaginal odor after using the pills? —

Your vagina needs time to adjust to the changing hormones after ending the pregnancy, so any odor changes can be normal. Burning or pain from the discharge are reasons to seek medical attention.

### When can I get pregnant again after an abortion? —

You can get pregnant as soon as 1 week after your abortion. If you want to prevent pregnancy, it is important to start birth control soon after your abortion.

### When can I start birth control after my abortion? —

You can start most methods right away. If you start within 1 week, you are protected from pregnancy right away. Here is a [guide](#) to starting birth control after an abortion.

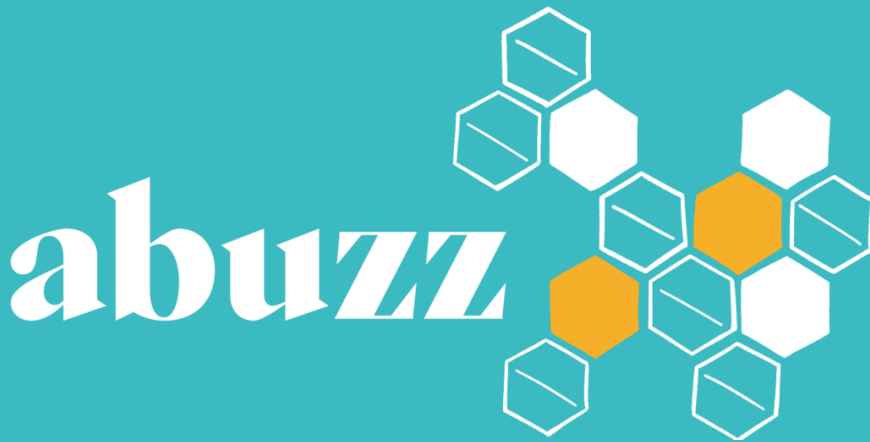
### When can I start exercising or return to work/school after an abortion with pills? —

Everybody is different. Most people are able to return to normal activities the day after you finish taking misoprostol (the second medicine).

### When can I have sex again after an abortion? —

This is up to you and what feels right for your body. You can have sex again whenever you feel ready.

\* Nothing on this website is to be construed as medical advice. Please consult with a trusted healthcare professional before making any medical or healthcare decisions.



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# EXHIBIT 79

ACT,  
*Who We Are*



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NEWSROOM

FAQs

RESOURCES

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## OUR MISSION

The Abortion Coalition for Telemedicine (ACT) directly supports clinicians who make safe, timely, and affordable telemedicine abortion care available to patients in all 50 states. Medication abortion accounts for more than half of abortions performed in the U.S., making telemedicine care vital to closing the accessibility gap and empowering women and pregnant people to exercise their reproductive freedom.

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# OUR STORY

ACT was founded in 2022 after the Supreme Court overturned Roe v. Wade, resulting in 20 states severely limiting access to abortion and miscarriage-care. Our co-founders Dr. Linda Prine, Dr. Maggie Carpenter, and Julie F. Kay, JD, are leaders in the reproductive freedom movement who have harnessed their collective medical and legal expertise to meet this moment with comprehensive support for the clinicians stepping up to provide telemedicine care for patients in abortion-hostile states.

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# OUR IMPACT



ACT is the only nationwide advocacy organization proactively working to advance telemedicine abortion. We provide clinicians who are licensed in states where telemedicine abortion practitioners are shielded under the law with the technical assistance and consulting services needed to operate an interstate practice that serves patients who would otherwise be denied access to quality care because of where they live or their circumstances.



## OUR VALUES

We are guided by the belief that reproductive freedom is a fundamental human right. It's no secret that abortion deserts disproportionately harm patients from marginalized and vulnerable communities, placing ACT's mission at the intersection of racial justice, gender equity, LGBTQ+ rights, economic inequality, rural health care disparities, and accessibility for disabled individuals. That's why it's now more important than ever to support the clinicians treating these populations with medication abortion via telemedicine.



*Reproductive freedom is a human right.  
Join us on our mission to support the  
clinicians who serve patients across the  
U.S. with safe, timely &  
affordable telemedicine abortion care.*

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[About](#)

[Our Mission](#)

[ACT in the news](#)

[Privacy & Security](#)

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[Want to be a Shield Provider?](#)

[Looking for an Abortion?](#)

[FAQs](#)

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## DISCLAIMER

ACT is not a reproductive care or abortion provider, nor do we provide legal representation. If you're a patient interested in learning about telemedicine abortion and your legal rights, visit our [Resources](#) page for more information.

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# EXHIBIT 80

ACT,  
*What We Do*



[WHO WE ARE](#)

[WHAT WE DO](#)

[TAKE ACTION](#)

[NEWSROOM](#)

[FAQs](#)

[RESOURCES](#)

[RESEARCH](#)

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## OUR WORK

ACT is solution-minded and result-driven.

After the Supreme Court overturned *Roe v. Wade* in 2022, we got to work advocating for and passing state-level legislation that shields clinicians licensed in states where abortion remains legal from criminal or civil liability. With laws on the books in states like NY, WA, CO, VT, MA, and CA, we established a playbook for shielded clinicians to provide safe, timely, and affordable medication abortion via telemedicine to patients in under resourced areas.

We're now focused on working directly with clinicians to launch shielded practices so more patients can legally receive interstate telemedicine abortion care.

---

# WHY TELEMEDICINE ABORTION?

For more than two decades, since it was approved by the U.S. Food and Drug Administration (FDA), medication abortion has been a safe, timely, and evidence-based treatment for patients across the globe. Telemedicine abortion offers greater freedom for everyone to make their own reproductive health decisions and is now the most common form of abortion in the U.S. The two-step process of mifepristone and misoprostol is an FDA-approved method for terminating early pregnancies up to 12 weeks and can be done in the comfort of a patient's home with the support of a telemedicine provider. Access to medication abortion via telehealth is also critical for treating the communities most impacted by the overturning of *Roe v Wade*, particularly BIPOC, LGBTQ+, low-income, disabled, and rural patients – many of whom experience higher maternal mortality rates and significant barriers to care.

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## ACT's EXPERTISE

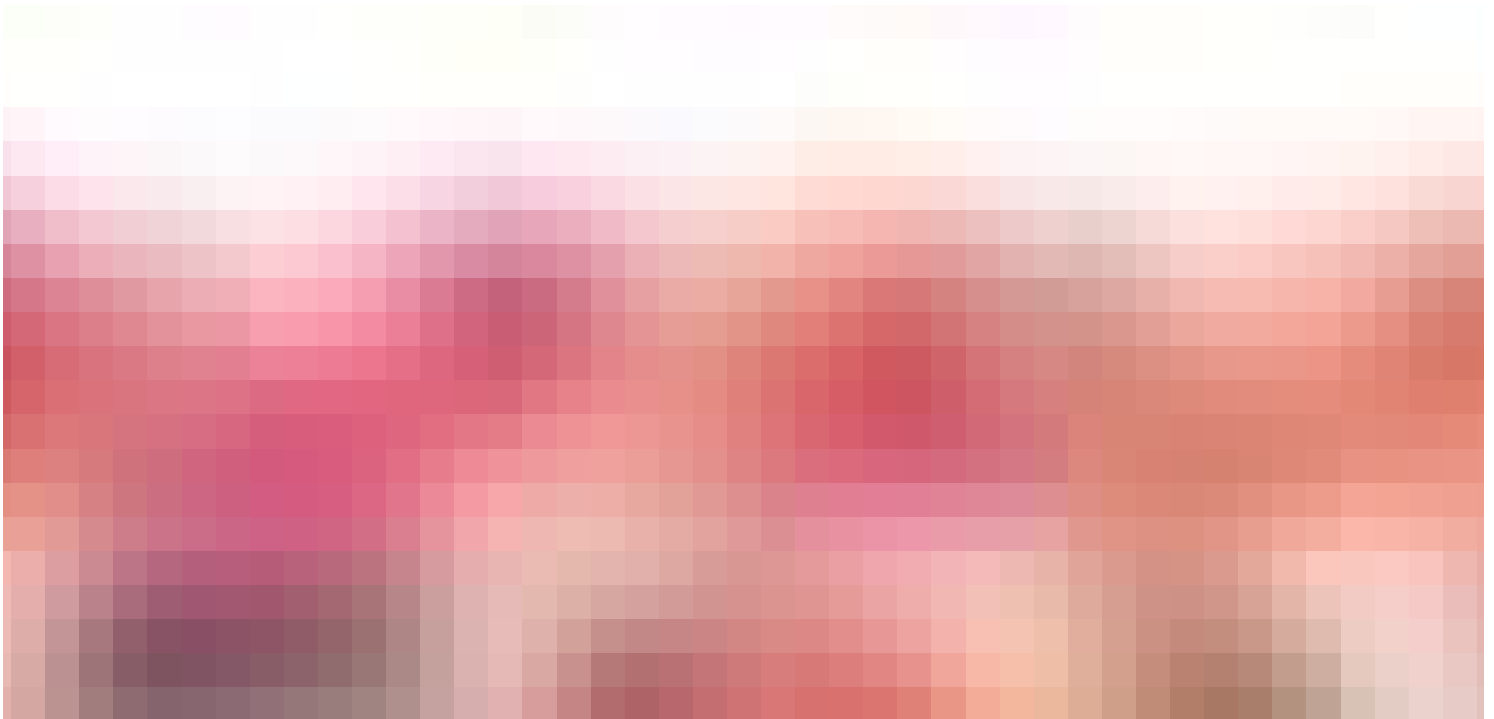
We understand that starting a shielded practice may seem complex and overwhelming, especially in such an uncertain political climate. That's why ACT is committed to providing clinicians with the medical, legal, and technical resources and assistance they need to begin treating patients across state lines, including:

o Licensure

- o Malpractice insurance
- o PLLC or PC business registration
- o Data security
- o Dispensing software
- o Pharmaceutical distributor contracts
- o Mifepristone and misoprostol distributor contracts
- o Mail-order pharmacy agreements

If you're a clinician licensed in a shielded state and interested in practicing telemedicine abortion care, read ACT's "Steps to Becoming a Shield Provider."

[Steps to Becoming a Shield Provider](#)



*Reproductive freedom is a human right.  
Join us on our mission to support the  
clinicians who serve patients across the  
U.S. with safe, timely &  
affordable telemedicine abortion care.*

## SITEMAP

[About](#)

[Our Mission](#)

[ACT in the news](#)

[Privacy & Security](#)

## GET INVOLVED

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[FAQs](#)

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## DISCLAIMER

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# EXHIBIT 81

ACT,  
*FAQs*



# FAQs

The following research is in response to frequently asked questions that have been asked regarding the telemedicine shield bills.

For more information, please contact ACT at [info@theactgroup.org](mailto:info@theactgroup.org)

- 1. Most Common Questions ACT Receives**
- 2. Understanding Shield Laws**
- 3. Accessing Telemedicine Abortion Services**
- 4. Providing Telemedicine Abortion Services**
- 5. Understanding the Legal Impact of Shield Laws**

# 1

## Here are the most common questions ACT receives:

### a. What are shield laws?

Access to abortion in many states is dire, with patients getting medication abortion pills from overseas or through underground networks. This access is often later in pregnancy than is ideal, resulting in a difficult or even traumatizing experience and sometimes medical complications, as well as an increased risk of legal liability as well. Telemedicine abortion access by licensed medical providers serving those in under resourced areas is urgently needed.

Telemedicine shield laws are an effective way for legislatures to provide some legal protection from criminal and civil liability for medical providers who seek to provide the full range of reproductive health care services to women and pregnant people nationwide. These providers are acting in response to the dramatic decrease in services for the most marginalized communities as a result of the Supreme Court decision to overturn Roe v. Wade. Providers practicing in states where abortion remains legally available are seeking to serve those denied abortion access elsewhere because they view access to abortion as a human right.

-

### b. What does ACT do?

ACT advocates for and passes state-level legislation to shield clinicians, licensed in states where abortion is legal, from liability. With laws in states like NY, WA, CO, VT, MA, and CA, we enable clinicians to provide safe, timely, and affordable medication abortion via telemedicine to patients in abortion deserts. We work directly with clinicians to launch shielded practices, expanding legal access to interstate telemedicine abortion care. Emphasizing telemedicine abortion's safety and evidence-based nature, we focus on supporting marginalized communities in under resourced areas. ACT provides expertise in licensure, malpractice insurance, business registration, data security, dispensing software, pharmaceutical distributor contracts, and mail-order pharmacy agreements to facilitate clinicians in starting shielded practices.

-

### c. What is medication abortion?

For more than two decades, since it was approved by the U.S. Food and Drug Administration (FDA), medication abortion has been a safe, timely, and evidence-based treatment for patients across the globe. Telemedicine abortion offers greater freedom for everyone to make their own reproductive health decisions and is now the most common form of abortion in the U.S. The two-step process of mifepristone and misoprostol is an FDA-approved method for terminating early pregnancies up to 12 weeks and can be done in the comfort of a patient's home with the support of a telemedicine provider. Access to medication abortion via telehealth is also critical for treating the communities most impacted by the overturning of Roe v. Wade, particularly BIPOC, LGBTQ+, low-income, dis/abled, and rural patients – many of whom experience higher maternal mortality rates and significant barriers to care.

-

### d. Which states currently have telemedicine abortion shield laws?

Six states specifically protect providers and prevent abortion-hostile states from interfering with care for patients traveling for abortion services: California, Colorado, Massachusetts, New York, Vermont and Washington. Post-Dobbs v. Jackson Women's Health Organization (June 2022), abortion-friendly states enacted laws safeguarding providers and easing patient access for patients who are traveling. Notably, without a shield law for telemedicine, protection applies only when both the patient and provider are in the friendly state.

-

## 2

## Understanding Shield Laws

### a. What are shield laws and why are they important?

Access to abortion in many states is dire, with patients getting medication abortion pills from overseas or through underground networks. This access is often later in pregnancy than is ideal, resulting in a difficult or even traumatizing experience and sometimes medical complications, as well as an increased risk of legal liability as well. Urgently needed is telemedicine abortion access provided by licensed medical providers to help close the gap in abortion accessibility.

Telemedicine shield laws are an effective way for legislatures to provide some legal protection from criminal and civil liability for medical providers who seek to provide the full range of reproductive health care services to women and pregnant people nationwide. These providers are acting in response to the dramatic decrease in services for the most marginalized communities as a result of the Supreme Court decision to overturn *Roe v. Wade*. Providers practicing in states where abortion remains legally available are seeking to serve those denied abortion access elsewhere because they view access to abortion as a human right.

-

### b. What are the basic protections shield laws provide?

Access to abortion in many states is dire, with patients getting medication abortion pills from overseas or through underground networks. This access is often later in pregnancy than is ideal, resulting in a difficult or even traumatizing experience and sometimes medical complications, as well as an increased risk of legal liability as well. Telemedicine abortion access by licensed medical providers serving those in under resourced areas is urgently needed.

Telemedicine shield laws are an effective way for legislatures to provide some legal protection from criminal and civil liability for medical providers who seek to provide the full range of reproductive health care services to women and pregnant people nationwide. These providers are acting in response to the dramatic decrease in services for the most marginalized communities as a result of the Supreme Court decision to overturn *Roe v. Wade*. Providers practicing in states where abortion remains legally available are seeking to serve those denied abortion access elsewhere because they view access to abortion as a human right.

-

### c. Why do specific states introduce shield laws? Will more states pass similar laws?

In the immediate aftermath of the *Dobbs v. Jackson Women's Health Organization* in June 2022, several abortion-friendly states passed a variety of laws to protect abortion providers and to facilitate access for patients within or traveling to their states. Seven states passed some type of law specifically to help protect providers and to prohibit an abortion-hostile states from taking action against the provision of care to a patient who had traveled to the abortion-supportive state for care. However, in the case of telemedicine, without a shield law, a provider is protected only when both the patient and provider are located in the friendly state.

Telemedicine shield laws are essential for those who cannot or do not want to travel to abortion-friendly states. Five states currently have telemedicine shield laws in place: New York, Massachusetts, Vermont, Washington and Colorado.

-

## 3

## Accessing Telemedicine Abortion Services

### a. What happens if medication abortion (mifepristone) is taken off the market?

If FDA-approved mifepristone is removed from the market due to anti-abortion efforts, it would impact the widely used two-drug medication abortion protocol in the U.S., which is crucial for terminating pregnancies up to 11 weeks. Over half of U.S. abortions are medication abortions, offering a private and affordable option, especially post the 2022 *Roe v. Wade* overturn. Despite FDA approval, anti-abortion measures in states restrict mifepristone access, emphasizing the urgency of telemedicine prescriptions. Concerns about federal litigation in Texas potentially removing mifepristone highlight the importance of alternative options, such as misoprostol-only regimens, though less effective. The demand for telemedicine abortion providers is anticipated to surge if mifepristone becomes unavailable in the U.S. market.

-

### b. Does ACT provide telehealth abortion services?

No, ACT does not directly provide telehealth abortion services. Instead, the organization assists licensed clinicians who want to offer telemedicine abortion. After the 2022 overturn of *Roe v. Wade*, ACT focused on advocating for and passing state-level legislation to protect clinicians in states where abortion is legal. With established laws in states like NY, WA, CO, VT, MA, and CA, ACT created a playbook to guide shielded clinicians in providing safe and timely telemedicine abortion to patients in states with abortion deserts. The organization collaborates with clinicians to launch shielded practices, offering support in various areas such as licensure, malpractice insurance, business registration, data security, dispensing software, pharmaceutical distributor contracts, and mail-order pharmacy agreements.

-

### c. If I live in an abortion-hostile state, what should I do to connect with a shielded provider?

ACT is proud to work alongside an ever-growing coalition of medical experts, clinicians, policymakers, attorneys, community leaders, civil rights groups, activists, and grassroots supporters dedicated to preserving and expanding abortion access for all.

Check our Resources page for trusted organizations intended to educate and empower individuals to make informed decisions about their reproductive health. For example, if looking for an abortion in a hostile state - go to [PlanCPills.org](https://PlanCPills.org) and [Ineedana.org](https://Ineedana.org) websites

-

## 4

**Providing Telemedicine Abortion Services****a. Where do providers need to be licensed, in order to provide telemedicine abortion services?**

With telehealth shield laws, providers should hold valid licenses in the shield state and should be residing in the shield state.

**b. How do shield laws impact current telemedicine laws in their states?**

The proposed expansions of shield laws do not fundamentally redefine telemedicine in the shielded state. The shield laws simply define legally protected reproductive health care by telemedicine as having taken place where the licensed provider is located when they give care from their state. These shield laws do not define the scope of telemedicine across other fields of medicine.

-

**c. Do shield laws affect medical malpractice insurance?**

Yes, shield laws protect medical malpractice insurance for providers who engage in lawfully protected reproductive healthcare. If expanded to include telemedicine across state lines, the shield laws would protect these providers as well.

These shield laws prohibit insurers from taking any adverse action against a health care provider solely on the basis that the health care provider provides lawfully protected reproductive healthcare. Adverse action might include refusing to renew or execute a contract, charging more in fees or copayments, or making other unfavorable changes in terms or amount of coverage, or reporting the provider to a government or private entity for potentially violating other state's laws.

Unfortunately, in all shielded states several barriers to accessing medical malpractice insurance coverage remain. This is due to factors such as the lack of clarity with insurers, continued bias against abortion providers generally and medication abortion specifically, and a lack of affordable insurance options for providers who work independently. In order for shield laws to be successfully implemented, particularly for those engaged in telemedicine across state lines, these concerns will have to be addressed by shield state officials and private insurers.

-

**d. How does ACT help providers launch shielded practices?**

Once telemedicine abortion bills are enacted, several barriers to implementation still need to be overcome. Thus, our work includes support for solo practitioners or small group practices dedicated to providing telemedicine abortion. (Large abortion providing organizations are averse to interstate telemedicine abortion services in an uncertain political and legal climate.)

Dedicated clinicians need assistance with establishing a separate business or LLC, setting up electronic medical records systems, obtaining malpractice insurance, creating contracts with Mifepristone and misoprostol distributors as well as other nuts and bolts activities. Medical malpractice coverage for telemedicine-only abortion practices is either non-existent or prohibitively expensive because of the bias against abortion coverage. We have been working to identify investors interested in establishing a "risk management pool" to create independent coverage by working with non-biased insurance agents.

We discuss that civil and criminal law risks still remain for providers and their patients and discuss practices to minimize these risks. Our organization is working in several states to make connections, raise funds, and mentor clinicians so that these barriers can be overcome.

-

## 5

**Understanding the Legal Impact of Shield Laws****a. How do shield laws protect providers from various legal actions?**

Telemedicine shield laws can provide protection by acting to:

- prohibit extradition (removal from an abortion-friendly state to a state where abortion is illegal) of a licensed healthcare provider who lawfully provides telemedicine care while they are physically located within the shield state to a person who is physically located in a state where medication abortion is unavailable. This protection is only available if the provider was located in the shielded state during the entirety of the time related to the care.

- prevent shield state law enforcement officials from cooperating with any investigation or inquiry from out-of-state officials

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care was provided by telemedicine from the shielded state, and

- prohibit medical malpractice insurers from discriminating in coverage for state licensed health care professionals offering legally protected reproductive health care from shielded states to patients located outside of the state.

- prohibit state courts from cooperating with out-of-state subpoenas, deposition notices, summons, and other devices intended to force those in shield states to cooperate with out of state lawsuits and prosecutions.

-

**b. Do shield laws create conflicts with existing federal law or with other states & criminal laws, especially regarding extradition practices?**

No, shield laws in this way do not create conflicts with federal or constitutional law. In general, states are able to define what does or does not violate their own state laws without implicating other states.

interstate extradition is a legal proceeding based in constitutional law that allows one state (called the demanding state) to receive someone fleeing a crime committed in that state from another state (called the receiving state) to which they have fled. Extradition is for the purpose of standing trial in the demanding state. It requires a judge in the receiving state to authorize an arrest warrant.

However, the constitution only requires extradition (physical removal or arrest) from a state when the accused person has been physically present in the state where the alleged crime was committed. The case law around extradition is clear that it applies only if a person is alleged to have committed a crime while physically present in a state and then fled that state. This doctrine has existed for centuries. The Supreme Court in theory could overturn these precedents, but doing so would change the basics of long-existing extradition law.

Shield laws regarding telemedicine abortion do not raise any problems in this regard. In this scenario, the telemedicine abortion provider is not physically present in the state when providing care. Therefore, the extradition clause does not require extradition because the provider was never physically in the state and therefore never “fled.” States can opt to extradite in a variety of situations, and most states have done so by statute. However, shield laws exempt lawful reproductive health care from this statutory obligation. Under the shield laws, shield state courts and law enforcement officials will not cooperate in physically turning over the charged person from the shielded state.

Some states have earlier versions of shield laws or executive orders that protect providers engaged in lawful reproductive health care from extradition but only when the patient is physically present in the shielded state or a state that permits abortion by telemedicine for telemedicine providers who are practicing across state lines. Telemedicine abortion shield laws (currently passed in NY, MA, VT, CO and WA) provide expanded protection to providers offering services by telemedicine across state lines.

### **c. Do shield laws create conflicts with civil law at the federal or state level and the concept of giving full faith and credit?**

No, shield laws do not create conflicts with the Constitution’s full faith and credit doctrine. Shield laws also comply with existing civil law procedures between states.

The full faith and credit clause (Article IV, Sec I of the Constitution) requires state courts to respect a judgment by another state’s court. Its purpose is to prevent conflict among the states and to create a level of dependability of legal rulings in civil cases from one state to another. It applies only to the final judgment by another state’s court, not to subpoenas, depositions, summons, and other such intermediary orders.

It remains up to each individual state whether to recognize an intermediary or evidentiary ruling (subpoenas, discovery orders, and the like) by another state. Every state has procedures in place for doing so as a general matter. Shield laws exempt lawful reproductive health care from these provisions, meaning courts in the shielded state will not recognize or enforce out-of-state orders related to discovery, subpoenas, summons, or any other evidence-procuring procedures regarding lawful reproductive health care in the shield state. The shielded state also has no constitutional obligation to participate in out of state criminal or administrative investigations into legally protected reproductive health care. Shield laws that prohibit such cooperation stand on firm constitutional ground.

In contrast, all states, including shielded ones, are required to respect and enforce a final civil judgment. For example, let’s say an abortion opponent files a civil lawsuit in an Alabama court claiming to be damaged by a New York based telemedicine provider who treated a patient in Alabama. The New York provider either loses or defaults, and the Alabama court issues a final judgment against the New York provider. As long as the Alabama court had proper jurisdiction over the provider and the lawsuit is about compensating the plaintiff rather than merely punishing the defendant, that judgment must be respected by the state of New York under the full faith and credit provision of the Constitution. The Alabama plaintiff may now move to collect damages through a



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**About**

**Our Mission**

**ACT in the news**

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# EXHIBIT 82

ACT,  
*Resources*

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## RESOURCES

ACT is proud to work alongside an ever-growing coalition of medical experts, clinicians, policymakers, attorneys, community leaders, civil rights groups, activists, and grassroots supporters dedicated to preserving and expanding abortion access for all.

These resources come from trusted organizations and are intended to educate and empower individuals to make informed decisions about their reproductive health.

### Telemedicine Abortion Care

- [AbortionFinder](#)
- [Abortion on Demand](#)
- [AidAccess](#)
- [carafem](#)
- [Hey Jane](#)
- [ineedana](#)
- [Just the Pill](#)
- [Mayday Health](#)
- [Plan C](#)
- [Whole Women's Health](#)

### Support

#### Medical and Emotional

- [Abortion on Our Own Terms](#)
- [All-Options](#)
- [Ally Chatbot](#)
- [Charley Chatbot](#)
- [Exhale Pro-Voice](#)
- [M+A \(Miscarriage + Abortion\) Hotline](#)
- [National Abortion Hotline](#)
- [National Domestic Violence Hotline](#)
- [National Sexual Assault Hotline](#)
- [Reprocare Healthline](#)
- [safe2choose](#)
- [SASS – Self-Managed Abortion; Safe & Supported](#)

#### Legal

- [Abortion Access Legal Defense Fund](#)
- [Jane's Due Process \(TX only\)](#)
- [Repro Legal Helpline](#)
- [Pregnancy Justice](#)

#### Financial

- [Abortion Freedom Fund](#)
- [National Network of Abortion Funds](#)
- [WRRAP \(Women's Reproductive Rights Assistance Project\)](#)

#### Digital & Security

- [Digital Defense Fund](#)

## Research & Policy

### Nonprofits & Think Tanks

- ACOG (The American College of Obstetricians and Gynecologists)
- ACLU (American Civil Liberties Union)
- Center for American Progress
- Center for Reproductive Rights
- Guttmacher Institute
- Kaiser Family Foundation
- National Women's Law Center

### Government

- Centers for Disease Control and Prevention
- ReproductiveRights.gov
- U.S. Food & Drug Administration

### Academic Papers

- Columbia Law Review
- Stanford Law Review
- Patient Acceptability of Telehealth Medication Abortion Care in the United States, 2021–2022: A Cohort Study
- Evaluation of a "Smart" Screening Tool for Asynchronous Assessment of Medication Abortion Eligibility: A Pilot Study

## Reproductive Justice & Advocacy

### Academic Papers

- Advocates for Youth
- The Afiya Center
- Forward Together
- In Our Own Voice: National Black Women's Reproductive Justice Agenda
- Indigenous Women Rising
- Las Libres
- National Center for Lesbian Rights
- National Institute for Reproductive Health
- National Latina Institute for Reproductive Justice
- New Voices for Reproductive Justice
- Reproductive Health Access Project
- Shout Your Abortion
- Sister Song
- SPARK Reproductive Justice NOW
- Transgender Law Center
- We Testify
- WPATH (World Professional Association for Transgender Health)

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We value protecting the safety of your data and take steps to prevent it being used in retaliation for seeking abortion care."



*Reproductive freedom is a human right.*

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# 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

🕒 11 min read · Published 9:00 AM EST, Sun February 23, 2025



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.

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.

**RELATED ARTICLE**

Abortion bans in US led to more births and infant deaths, especially among vulnerable groups

“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

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.”

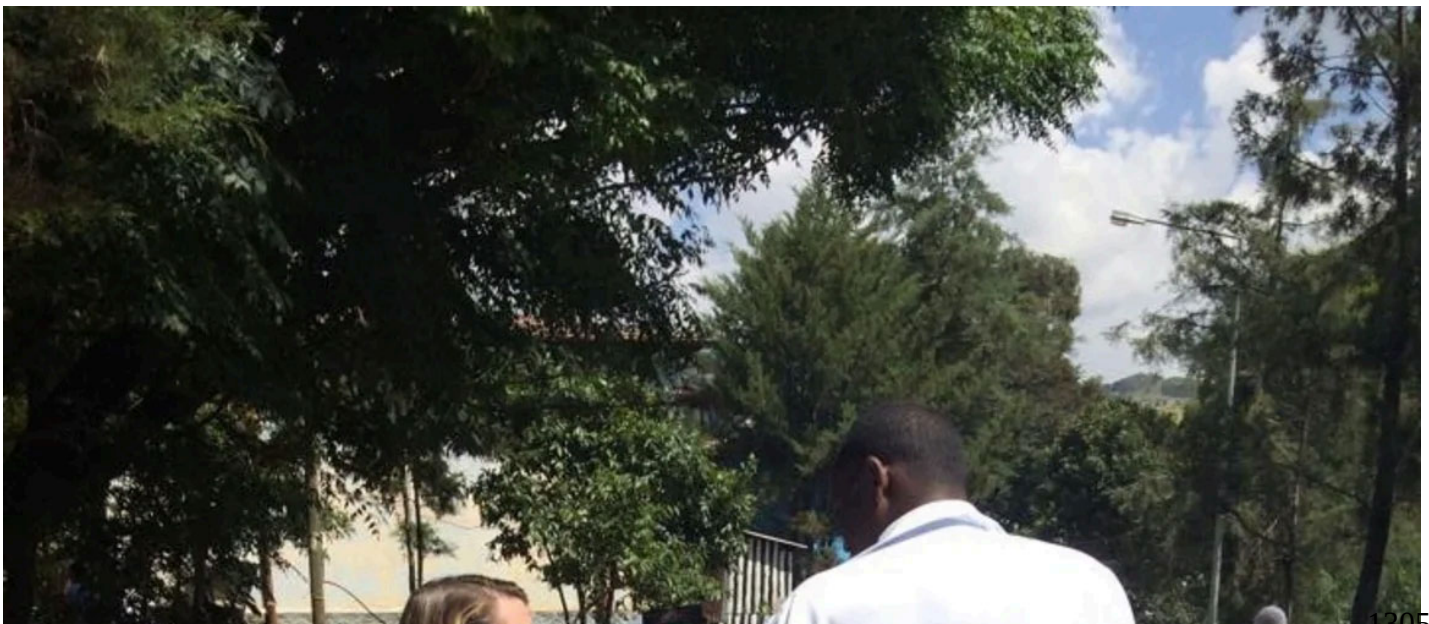
Carpenter was working as a primary care provider at the Institute for Family Health in New Paltz, New York, when Frengle-Burke started working there. They shared an office together and immediately became close friends.

“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

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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.



## **RELATED ARTICLE**

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

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)



## Shots

SHOTS - HEALTH NEWS

# 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*



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.



"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



#### 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.

### **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 Jippings'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



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](#).*

dr. margaret carpenter   medication ab   telemedicine   lousiana abortion ban



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# EXHIBIT 85

Katherine Donlevy,

*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,*

New York Post (Feb. 15, 2025)



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 Louisiana 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.

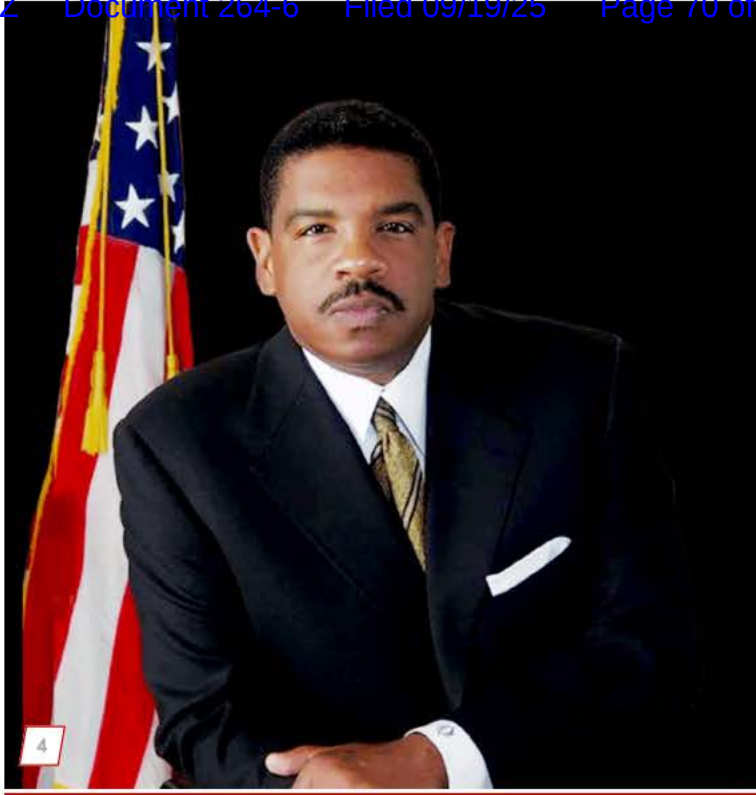
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"She has to go to New Jersey, Philadelphia to visit relatives. If she goes on a cruise, if she does anything" outside of New York, we're going to effectuate the warrant."

Clayton has repeatedly claimed that Carpenter violated Louisiana'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 Louisiana'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."

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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

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## 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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## LORENA O'NEIL ✕

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

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#### Federal judge rules workplace abortion accommodations should be overturned

BY ELISHA BROWN  
May 23, 2025



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BY GRACE PANETTA, THE 19TH AND  
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May 18, 2025

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# EXHIBIT 87

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

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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.



*Reproductive freedom is a human right.  
Join us on our mission to support the  
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U.S. with safe, timely &  
affordable telemedicine abortion care.*

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### DISCLAIMER

ACT is not a reproductive care or abortion provider, nor do we provide legal representation. If you're a patient interested in learning about telemedicine abortion and your legal rights, visit our **Resources** page for more information.

# 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)



**GOVERNOR** KATHY HOCHUL



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

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.”

Governor Hochul Signs Bill Affirming New York's Status as a Safe ...



Abortion health information • An induced abortion is a procedure to end a pregnanc...



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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**

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**

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# 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

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## 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](mailto:SFP@ConwayStrategic.com).

For questions about #WeCount and information on how to [enroll](#) your practice, please contact [WeCount@SocietyFP.org](mailto: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/10.46621/725961gzsna1>.*

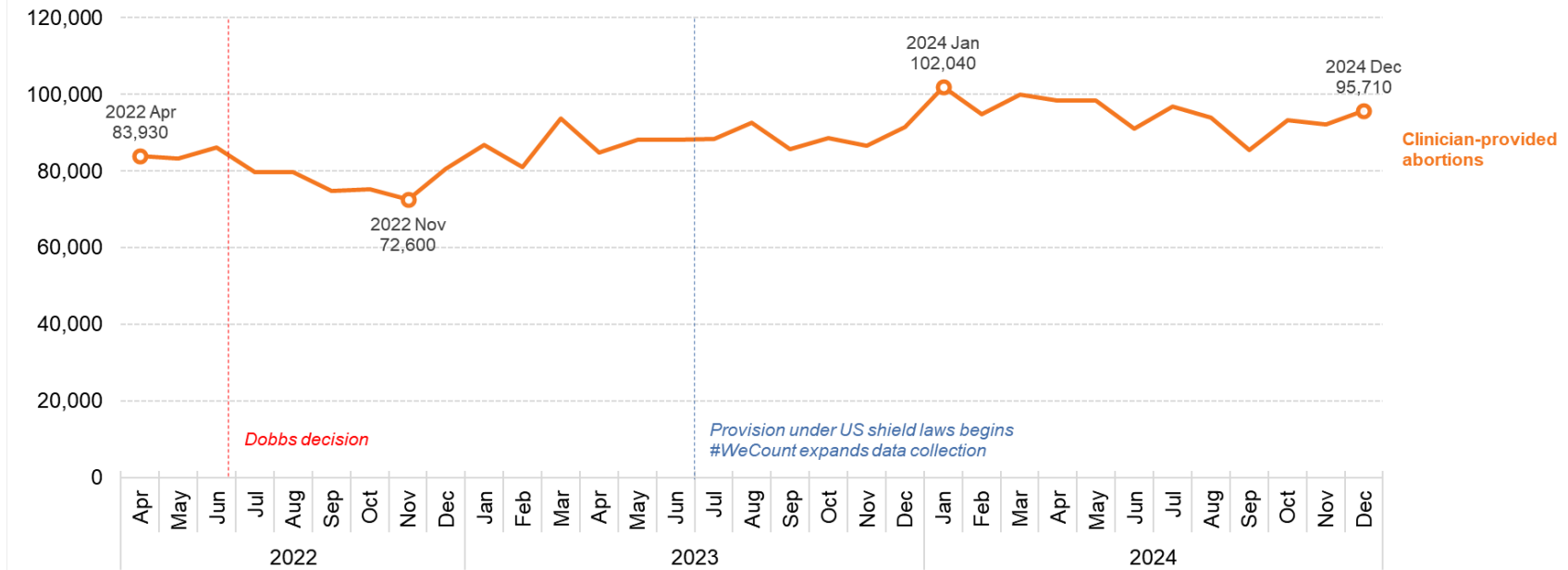
### Key findings

- 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

April 2022 to December 2024

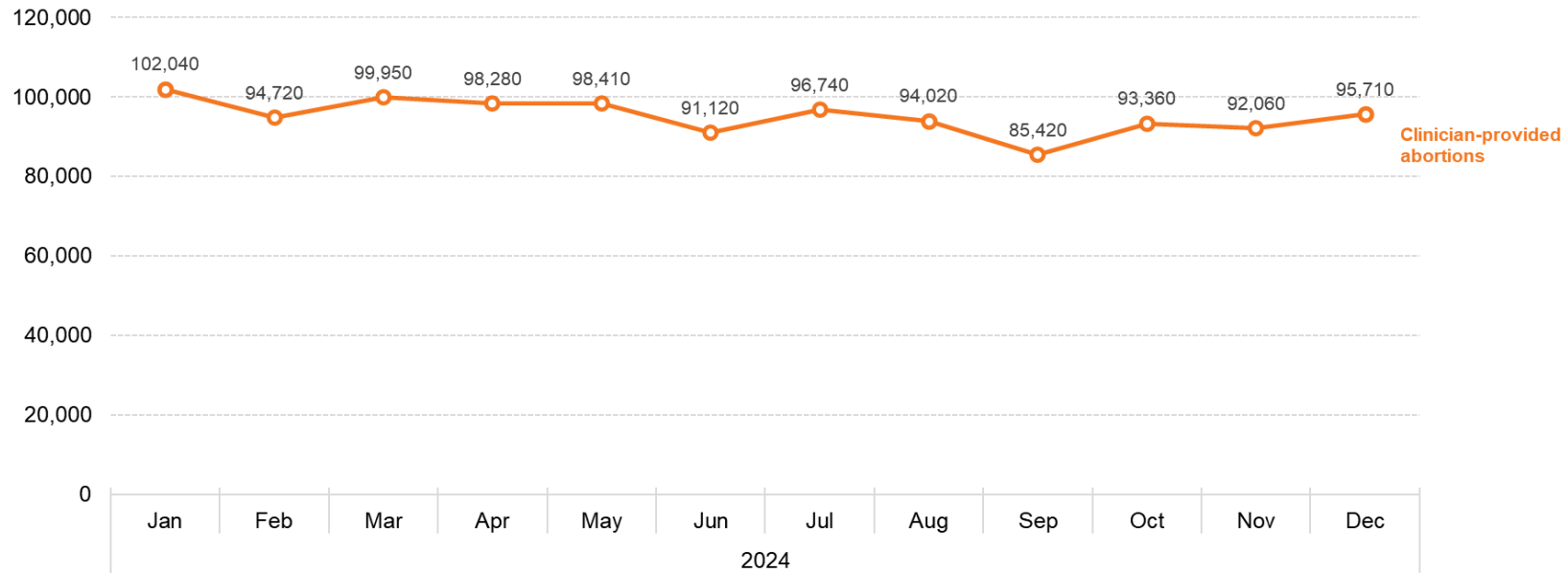


The monthly number of abortions increased gradually over time in the US since 2022.



**US abortions totaled 1.14 million in 2024**

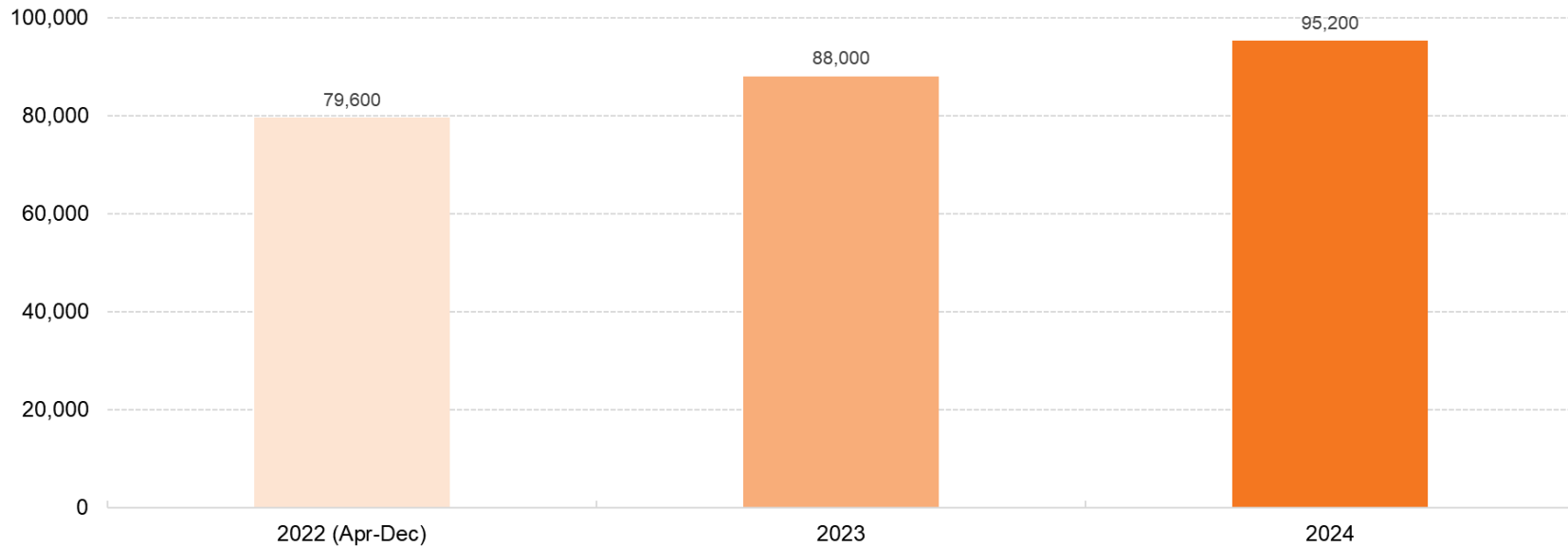
January 2024 to December 2024



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.

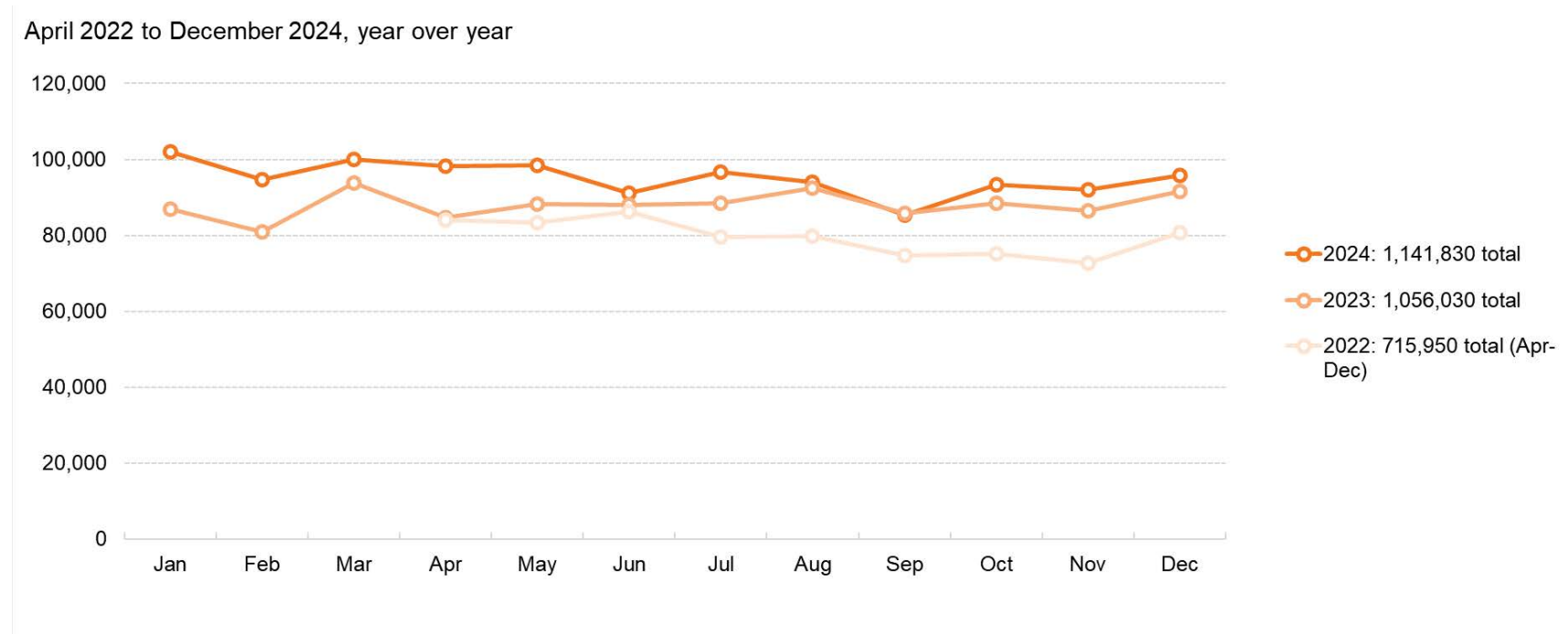
### Monthly average number of abortions increased each year

April 2022 to December 2024



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.

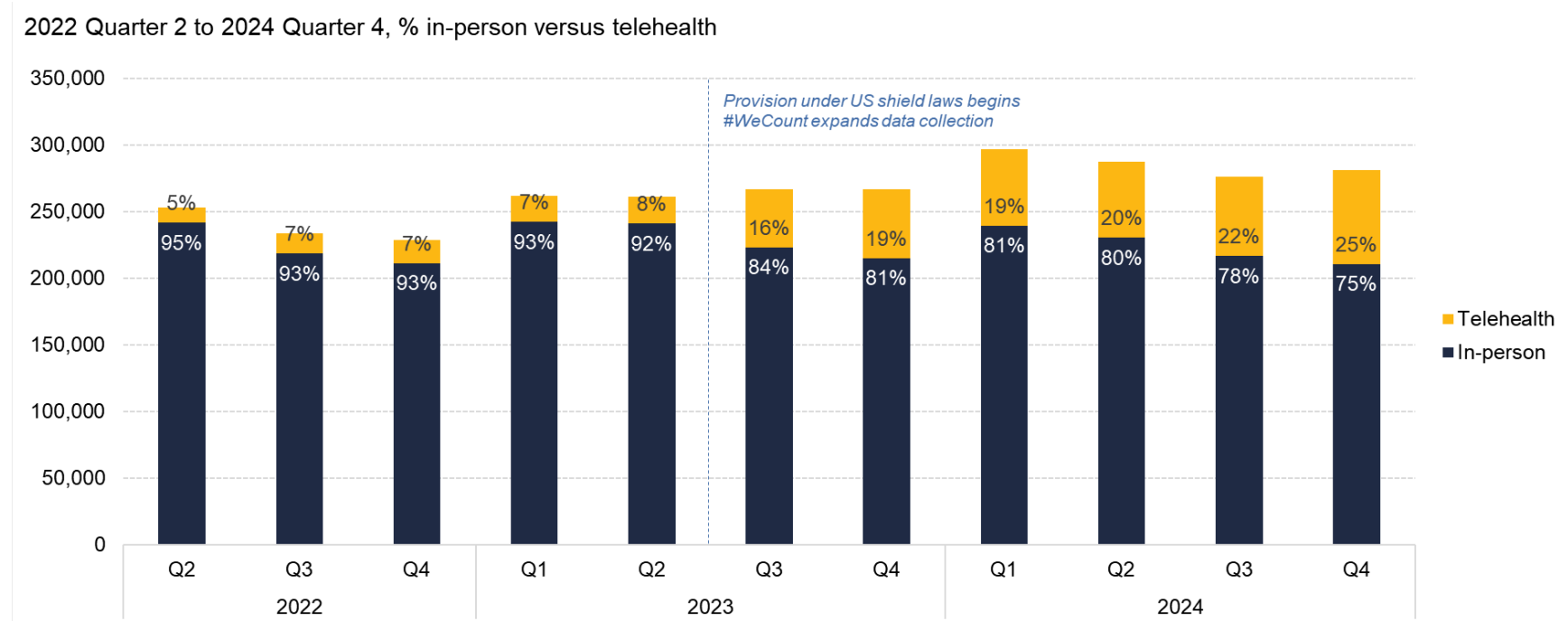
### The monthly number of abortions increased each year



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

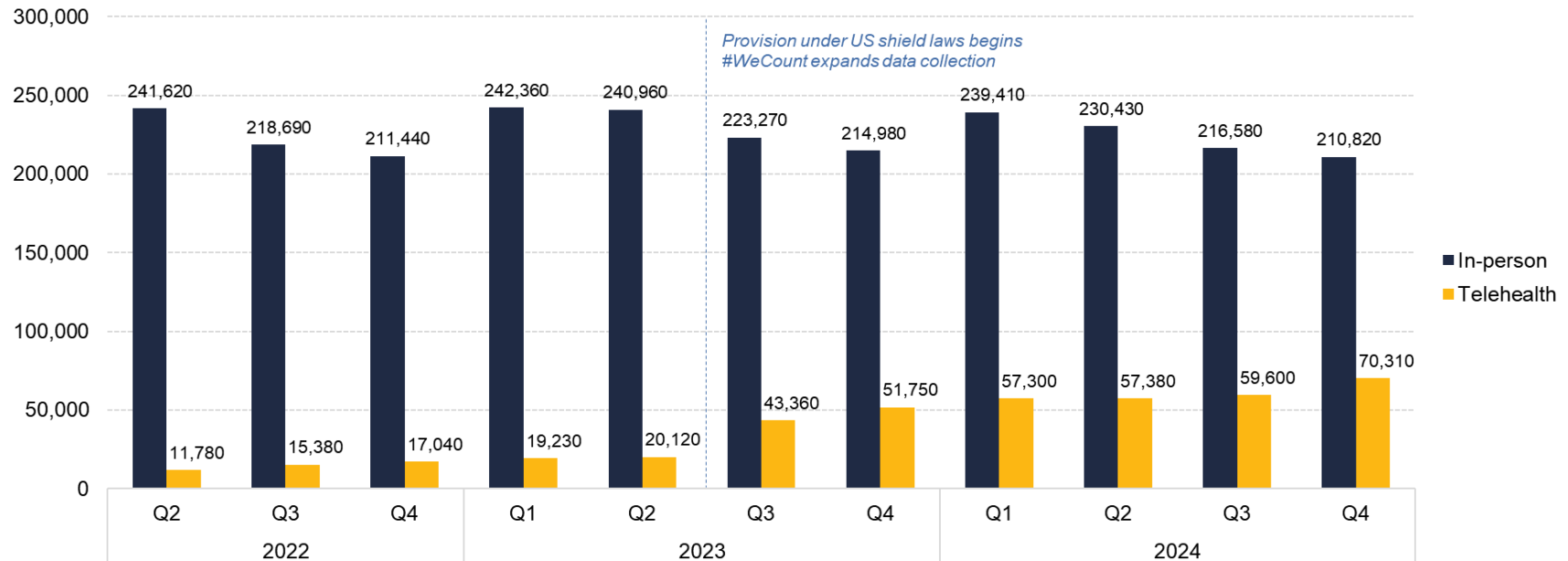
**By Q4 of 2024, 1 in 4 abortions were provided via telehealth**



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.

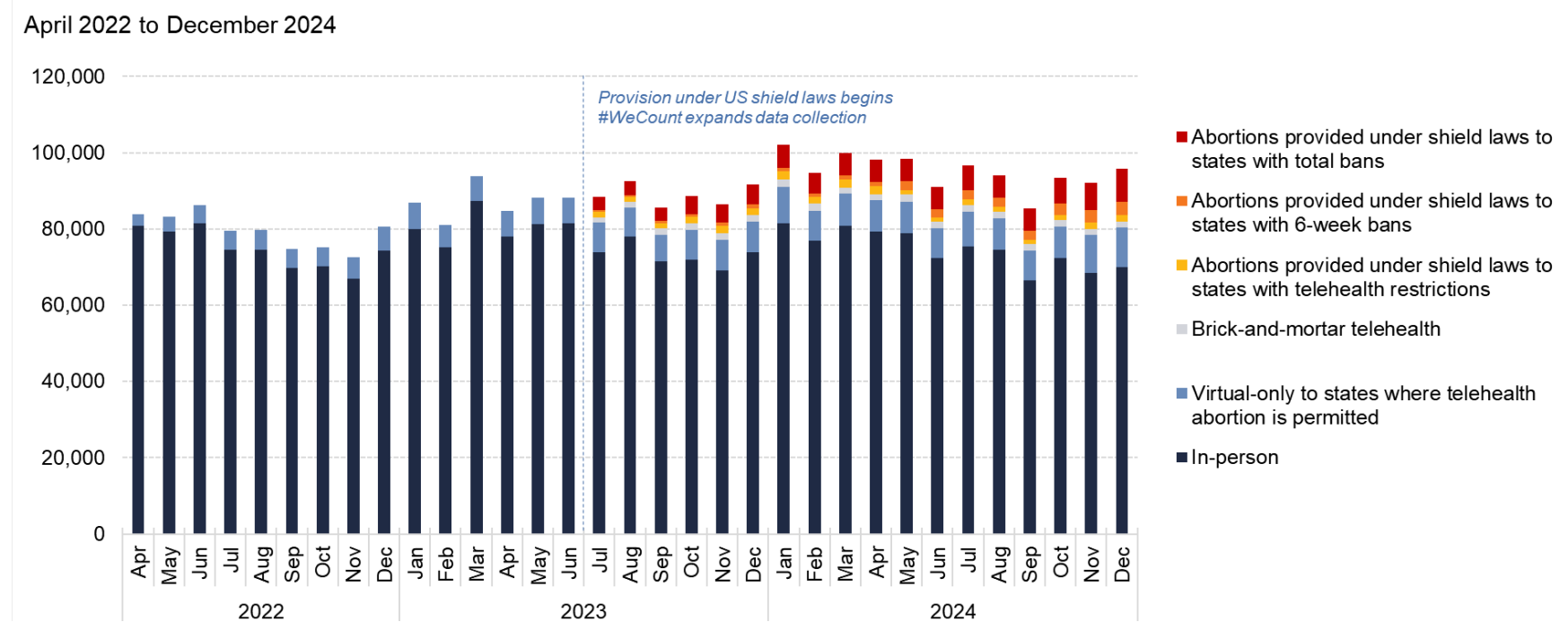
### In-person abortion care declined slightly, while telehealth grew

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.

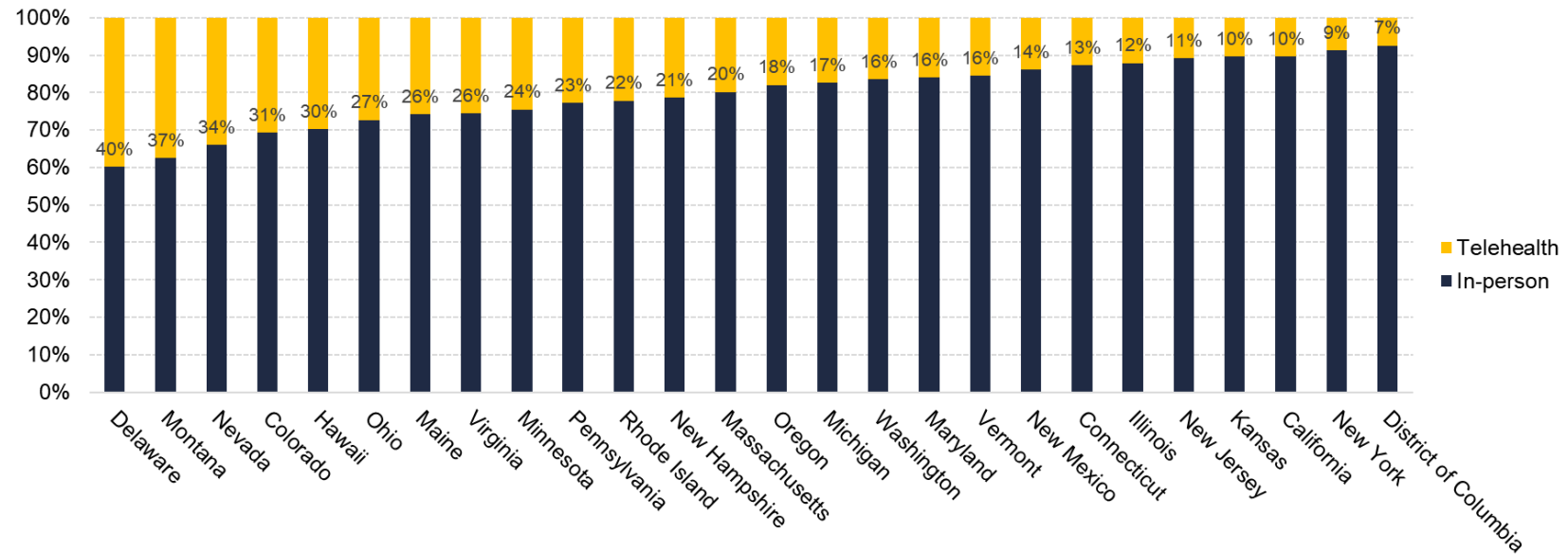
## The majority of abortions still take place in-person



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

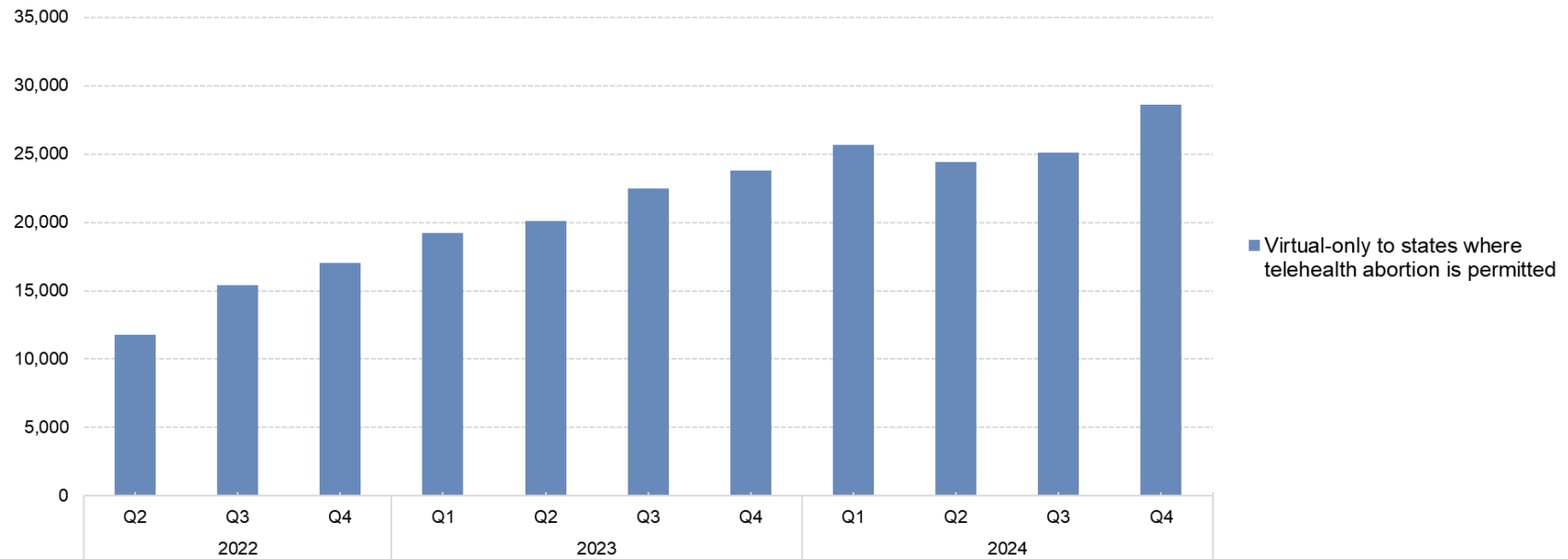
June 2024 to December 2024, % provided via telehealth in states where permitted



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*

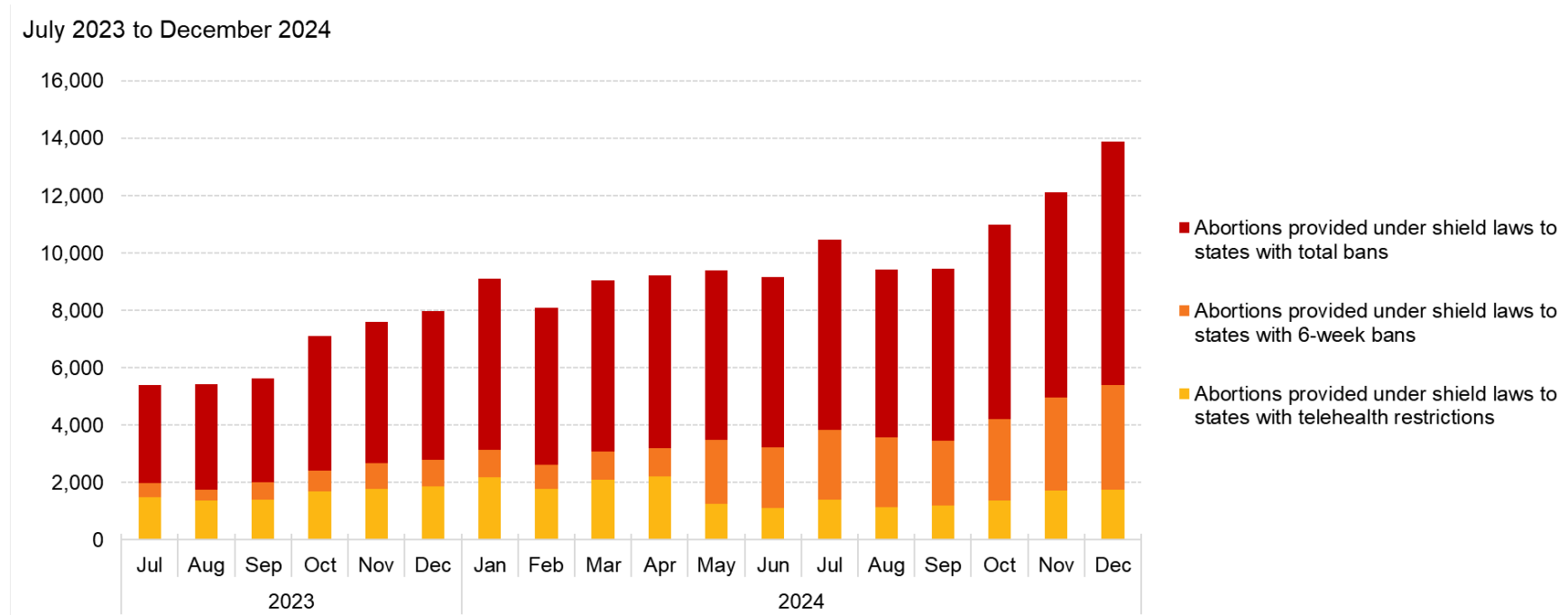
Virtual-only to states where telehealth is permitted (excludes abortions provided under shield laws)



Virtual clinics (those 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.



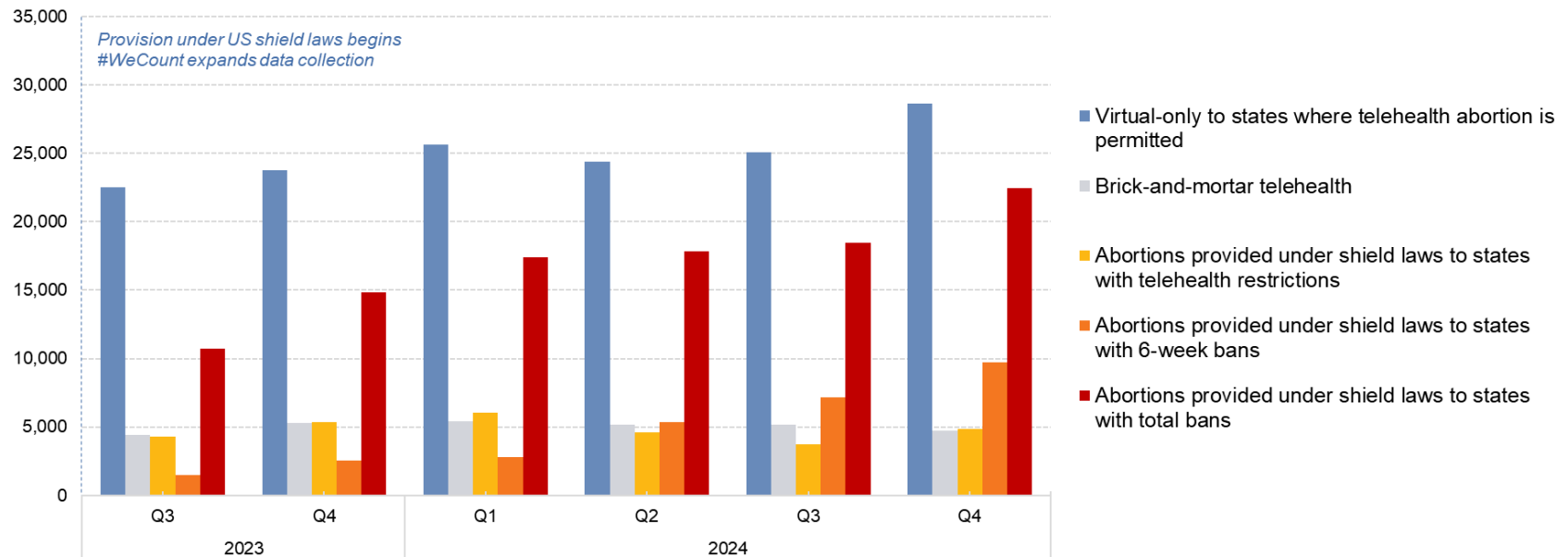
### Abortions provided under shield laws have increased since this route to care became available



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

2023 Quarter 1 to 2024 Quarter 4



Telehealth abortions provided by virtual clinics (those 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**

| <b>2024 monthly average number of abortions</b> |           |            |
|-------------------------------------------------|-----------|------------|
|                                                 | 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](https://abortionfinder.org) and [INeedanA.com](https://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](https://www.nytimes.com). For a legal analysis of restrictions that prevent explicitly ban telehealth or implicitly preclude telehealth abortion, we rely on the [RHITES map](https://www.rhites.org). 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,

PLAINTIFF,

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. \_\_\_\_\_

**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   |                                                                         |                                          |                     |
|----------------------|--------------------------------------------------|-----------------------------------------------------------|------------------------------------------|---------------------|-----------------------|-------------------------------------------------------------------------|------------------------------------------|---------------------|
|                      | Dollars<br>(millions)                            | Total spending as a share<br>of total budget <sup>1</sup> |                                          |                     | Dollars<br>(millions) | State-funded spending as a share<br>of state-funded budget <sup>1</sup> |                                          |                     |
|                      |                                                  | Medicaid                                                  | Elementary<br>and secondary<br>education | Higher<br>education |                       | Medicaid                                                                | Elementary<br>and secondary<br>education | Higher<br>education |
| <b>Total</b>         | <b>\$2,678,389</b>                               | <b>26.8%</b>                                              | <b>18.7%</b>                             | <b>8.5%</b>         | <b>\$1,585,532</b>    | <b>14.4%</b>                                                            | <b>24.3%</b>                             | <b>12.2%</b>        |
| 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<br>(millions)                            | Total spending as a share<br>of total budget <sup>1</sup> |                                          |                     | Dollars<br>(millions) | State-funded spending as a share<br>of state-funded budget <sup>1</sup> |                                          |                     |
|                |                                                  | Medicaid                                                  | Elementary<br>and secondary<br>education | Higher<br>education |                       | Medicaid                                                                | Elementary<br>and secondary<br>education | Higher<br>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.

<sup>1</sup> 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>.

# 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 health 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



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.

Louisiana Illuminator is part of [States Newsroom](#), the nation's largest state-focused nonprofit news organization.

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April 30, 2025

## SHINING A LIGHT ON THE BAYOU STATE

### DEMOCRACY TOOLKIT



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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# EXHIBIT 95

Louisiana Department of Health,  
Medicaid Annual Report 2022/2023



# LOUISIANA MEDICAID 2023 ANNUAL REPORT

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

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# LOUISIANA MEDICAID 2023 ANNUAL REPORT

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

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**THIS REPORT WAS PRODUCED BY:**

Bureau of Health Services Financing (BHSF)  
Louisiana Department of Health  
P.O. Box 629, Bin #34  
Baton Rouge, LA 70821-0629  
Phone: (225) 342-6319

**THIS REPORT CAN BE VIEWED AT:**

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



## 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

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<sup>1</sup> 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](http://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.



# Table of Contents

|                                                                  |    |
|------------------------------------------------------------------|----|
| <b>Highlights of State Fiscal Year 2022/23</b>                   | 1  |
| <i>Successful Beginning to Medicaid Unwind</i>                   | 1  |
| <i>Statewide Provider Enrollment</i>                             | 1  |
| <i>Interoperability and Patient Access</i>                       | 2  |
| <i>Texting</i>                                                   | 2  |
| <i>Member Web Service for Demographic Update</i>                 | 2  |
| <i>LA Wallet – Electronic Medicaid Cards</i>                     | 2  |
| <i>Humana Onboarded</i>                                          | 2  |
| <i>Expanded Tobacco Cessation Counseling</i>                     | 2  |
| <i>Comprehensive Dental Coverage for Adults Residing in ICFs</i> | 2  |
| <b>Louisiana Medicaid Outcomes</b>                               | 3  |
| <i>HEDIS Performance Measures</i>                                | 3  |
| <b>Technical Notes</b>                                           | 6  |
| <i>State Fiscal Year and Federal Fiscal Year</i>                 | 6  |
| <i>Expenditures versus Payments</i>                              | 6  |
| <i>Enrollee, Recipient and Payment Counts</i>                    | 6  |
| <i>Date of Payment versus Date of Service</i>                    | 6  |
| <i>Date of Payment (DOP)</i>                                     | 6  |
| <i>Date of Service (DOS)</i>                                     | 7  |
| <b>Year in Review</b>                                            | 8  |
| <i>Expenditures</i>                                              | 8  |
| <i>Payments</i>                                                  | 8  |
| <i>Enrollees and Recipients</i>                                  | 8  |
| <b>Medicaid Finances</b>                                         | 10 |
| <i>Means of Finance</i>                                          | 10 |
| <i>Financial Factors</i>                                         | 10 |
| <b>Medicaid Expenditures</b>                                     | 12 |
| <i>Major Budget Categories</i>                                   | 13 |
| <b>Medicaid Eligibility</b>                                      | 15 |
| <i>Eligibility Requirements and the Enrollment Process</i>       | 15 |
| <i>Leading Enrollment Categories</i>                             | 19 |
| <i>Louisiana Medicaid Coverage for Children</i>                  | 20 |
| <i>Adult Group – Expansion</i>                                   | 21 |
| <i>Medicare Buy-In and Medicare Savings Program</i>              | 21 |
| <i>Enrollment Statistics</i>                                     | 22 |
| <i>Percentage of the Population</i>                              | 23 |
| <i>Age, Gender and Race</i>                                      | 26 |
| <i>Basis of Eligibility</i>                                      | 32 |
| <i>Recipients Ranked by Payments</i>                             | 34 |
| <b>Managed Care in Louisiana</b>                                 | 36 |
| <b>Healthy Louisiana</b>                                         | 37 |
| <i>Healthy Louisiana Enrollment</i>                              | 37 |
| <i>Categories of Assistance for Healthy Louisiana</i>            | 43 |

|                                                                                      |     |
|--------------------------------------------------------------------------------------|-----|
| Supplemental Security Income (SSI) Related Seniors and People with Disabilities..... | 43  |
| Breast and Cervical Cancer .....                                                     | 43  |
| Home and Community-Based Services.....                                               | 43  |
| Act 421-TEFRA .....                                                                  | 43  |
| Expansion .....                                                                      | 43  |
| Families and Children .....                                                          | 43  |
| Foster Children.....                                                                 | 43  |
| LaCHIP Affordable Plan (LAP) .....                                                   | 43  |
| Specialized Behavioral Health Services.....                                          | 43  |
| <b>Dental Benefits Plan Manager</b> .....                                            | 45  |
| <i>EPSDT Dental</i> .....                                                            | 45  |
| <i>Adult Dentures</i> .....                                                          | 45  |
| <i>Adult Waiver/ICF Dental</i> .....                                                 | 45  |
| <b>Louisiana Behavioral Health Partnership</b> .....                                 | 46  |
| <b>Managed Care Payments</b> .....                                                   | 46  |
| <b>Fee-for-Service Providers</b> .....                                               | 50  |
| <b>Medicaid Home and Community-Based Service Waivers</b> .....                       | 54  |
| <i>Adult Day Health Care Waiver</i> .....                                            | 54  |
| <i>Children's Choice Waiver</i> .....                                                | 54  |
| <i>Community Choices Waiver</i> .....                                                | 54  |
| <i>New Opportunities Waiver</i> .....                                                | 54  |
| <i>Residential Options Waiver</i> .....                                              | 55  |
| <i>Supports Waiver</i> .....                                                         | 55  |
| <b>Appendix A:</b> Parish Level Tables.....                                          | 58  |
| <b>Appendix B:</b> Budget Category of Services .....                                 | 106 |
| <b>Appendix C:</b> Glossary .....                                                    | 109 |
| <b>Appendix D:</b> Acronyms .....                                                    | 115 |
| <b>Appendix E:</b> Medicaid Office Information.....                                  | 117 |



## List of Tables

|                                                                                                                                |    |
|--------------------------------------------------------------------------------------------------------------------------------|----|
| <b>Table 1:</b> Population Poverty Status for All Income Levels, Calendar Year 2022.....                                       | 10 |
| <b>Table 2:</b> Medical Vendor Program Expenditures Means of Finance by State Fiscal Year .....                                | 12 |
| <b>Table 3:</b> Medical Vendor Program Expenditures for Budget Programs by State Fiscal Year .....                             | 12 |
| <b>Table 4:</b> Medical Vendor Administration Expenditures Means of Finance by State Fiscal Year .....                         | 12 |
| <b>Table 5:</b> Expenditures by Budget Category of Service .....                                                               | 13 |
| <b>Table 6:</b> Eligibility Requirements for Louisiana Medicaid.....                                                           | 15 |
| <b>Table 7:</b> 2023 Federal Poverty Guidelines for All States (Except Alaska and Hawaii) .....                                | 18 |
| <b>Table 8:</b> Regular Medicaid Children and LaCHIP Enrollees, Recipients and Payments by Age Group .....                     | 21 |
| <b>Table 9:</b> Medicare Premiums and Deductibles.....                                                                         | 22 |
| <b>Table 10:</b> Medicare Buy-In Requirements and Coverage .....                                                               | 22 |
| <b>Table 11:</b> Expenditures and Recipients for the Medicare Buy-In Program.....                                              | 22 |
| <b>Table 12:</b> Enrollment, Population and Percentage of Population Enrolled by State Fiscal Year .....                       | 23 |
| <b>Table 13:</b> Population, Enrollees, Recipients and Payments by Region.....                                                 | 25 |
| <b>Table 14:</b> Enrollees, Recipients, and Payments by Age Group and Gender .....                                             | 26 |
| <b>Table 15:</b> Recipients by Age Group, Race and Gender .....                                                                | 26 |
| <b>Table 16:</b> Enrollees by Age Group, Race and Gender.....                                                                  | 27 |
| <b>Table 17:</b> Payments by Age Group, Race and Gender .....                                                                  | 27 |
| <b>Table 18:</b> Enrollees by Region, Race and Gender .....                                                                    | 29 |
| <b>Table 19:</b> Recipients by Region, Race and Gender .....                                                                   | 30 |
| <b>Table 20:</b> Payments by Region, Race and Gender.....                                                                      | 31 |
| <b>Table 21:</b> Payments by Basis of Eligibility, Race and Gender.....                                                        | 32 |
| <b>Table 22:</b> Recipients by Basis of Eligibility, Race and Gender .....                                                     | 33 |
| <b>Table 23:</b> Enrollees by Basis of Eligibility, Race and Gender .....                                                      | 33 |
| <b>Table 24:</b> Enrollees per Month by Basis of Eligibility for SFY 2021/22 and SFY 2022/23 .....                             | 34 |
| <b>Table 25:</b> Top 10 Case Types of Top 3 Percent of Medicaid Recipients.....                                                | 35 |
| <b>Table 26:</b> Healthy Louisiana Enrollment per Plan by Region and Type of Service.....                                      | 38 |
| <b>Table 27:</b> Healthy Louisiana Enrollment per Plan by Age Group, Health Plan and Gender .....                              | 39 |
| <b>Table 28:</b> Healthy Louisiana Enrollment by Age Group, Race and Gender.....                                               | 41 |
| <b>Table 29:</b> Expansion Enrollees by Age Group, Race and Gender.....                                                        | 42 |
| <b>Table 30:</b> Managed Care Encounter Payments for the Top Ten Provider Types Ranked by Payment .....                        | 47 |
| <b>Table 31:</b> Number of Managed Care Providers for the Top Ten Provider Types Ranked by Payment .....                       | 47 |
| <b>Table 32:</b> Managed Care Encounter Payments by Region for the Top Ten Provider Types<br>Ranked by Payment .....           | 48 |
| <b>Table 33:</b> Payments, Number of Providers and Recipients by State for Out-of-State MCO Providers.....                     | 49 |
| <b>Table 34:</b> Payments for the Top Ten Provider Types Ranked by Fee-for-Service Payments .....                              | 51 |
| <b>Table 35:</b> Number of Providers for the Top Ten Provider Types Ranked by Fee-for-Service Payments....                     | 51 |
| <b>Table 36:</b> Payments by Region for the Top Ten Provider Types Based on Payments.....                                      | 52 |
| <b>Table 37:</b> Fee-for-Service Payments, Number of Providers and Recipients by State Based on<br>Out-of-State Payments ..... | 53 |
| <b>Table 38:</b> Home and Community-Based Service Waivers, Eligible Populations and Income Limits .....                        | 55 |
| <b>Table 39:</b> Home and Community-Based Service Waiver Slots, Recipients and Payments by State Fiscal Year ...               | 56 |

## List of Tables (Appendices)

|                                                                                                             |     |
|-------------------------------------------------------------------------------------------------------------|-----|
| <b>Table AA1:</b> Population, Enrollees, Recipients and Payments by Parish.....                             | 58  |
| <b>Table AA2:</b> Enrollees, Recipients, and Payments by Race and Parish.....                               | 60  |
| <b>Table AA3:</b> Healthy Louisiana Payments and Recipients by Parish and Health Plan .....                 | 64  |
| <b>Table AA4:</b> Healthy Louisiana Payments by Parish, Race and Gender.....                                | 68  |
| <b>Table AA5:</b> Healthy Louisiana Recipients by Parish, Race and Gender .....                             | 72  |
| <b>Table AA6:</b> Expansion Enrollees by Parish, Race and Gender.....                                       | 74  |
| <b>Table AA7:</b> Healthy Louisiana Payments and Recipients by Category of Assistance .....                 | 76  |
| <b>Table AA8:</b> Dental Benefits Plan Manager Payments and Recipients by Eligibility Group.....            | 80  |
| <b>Table AA9:</b> Dental Benefits Plan Manager Payments by Parish, Race and Gender .....                    | 82  |
| <b>Table AA10:</b> Dental Benefits Recipients by Parish, Race and Gender .....                              | 86  |
| <b>Table AA11:</b> LaCHIP and Regular Medicaid Children by Enrollees, Recipients and Payments by Parish.... | 88  |
| <b>Table AA12:</b> Payments by Parish for the Top Ten Provider Types Based on Payments.....                 | 90  |
| <b>Table AA13:</b> Number of Providers by Parish for the Top Ten Provider Types Based on Payments.....      | 94  |
| <b>Table AA14:</b> Number of Recipients by Parish for the Top Ten Provider Types Based on Payments.....     | 98  |
| <b>Table AA15:</b> Payments per Recipient by Parish for the Top Ten Provider Types Based on Payments.....   | 102 |

## List of Figures

|                                                                                                                 |    |
|-----------------------------------------------------------------------------------------------------------------|----|
| <b>Figure 1:</b> Louisiana Medicaid Average Annual Payment Per Recipient.....                                   | 8  |
| <b>Figure 2:</b> Louisiana Medicaid Enrollees and Recipients .....                                              | 9  |
| <b>Figure 3:</b> Enrollment Compared to Total Population.....                                                   | 9  |
| <b>Figure 4:</b> Average Unemployment Rate in Louisiana and the United States by Fiscal Year .....              | 11 |
| <b>Figure 5:</b> Expenditures by Budget Categories of Service.....                                              | 13 |
| <b>Figure 6:</b> Louisiana Medicaid Coverage Groups and Income Eligibility Requirements.....                    | 19 |
| <b>Figure 7:</b> Enrollment by Major Eligibility Groupings .....                                                | 20 |
| <b>Figure 8:</b> Parish Percentage of Population Enrolled in Medicaid.....                                      | 24 |
| <b>Figure 9:</b> Parish Payments Per Recipient .....                                                            | 24 |
| <b>Figure 10:</b> Enrollment by Age Group .....                                                                 | 28 |
| <b>Figure 11:</b> Enrollment by Gender.....                                                                     | 28 |
| <b>Figure 12:</b> Enrollment by Race .....                                                                      | 28 |
| <b>Figure 13:</b> Percentage of Payments and Enrollment by Basis of Eligibility .....                           | 32 |
| <b>Figure 14:</b> Percentage of Recipients and Payments Ranked by Payments.....                                 | 35 |
| <b>Figure 15:</b> Percentage of Enrollees by Medicaid Enrollment Groups.....                                    | 37 |
| <b>Figure 16:</b> Healthy Louisiana Enrollee Groups by Healthy Louisiana Plans .....                            | 41 |
| <b>Figure 17:</b> Healthy Louisiana Enrollee Groups by Age Group.....                                           | 41 |
| <b>Figure 18:</b> Expansion Enrollment by Parish .....                                                          | 42 |
| <b>Figure 19:</b> Healthy Louisiana Payments Compared with Enrollment for Groupings of COAs.....                | 44 |
| <b>Figure 20:</b> Dental Benefits Plan Manager Payments by Eligibility Group.....                               | 45 |
| <b>Figure 21:</b> Dental Benefits Plan Manager Recipients by Eligibility Group .....                            | 45 |
| <b>Figure 22:</b> Top Ten Provider Types (Public and Private) Based on Total Payments Fee-for-Service Only .... | 50 |
| <b>Figure 23:</b> Historical Waiver Filled Slots by State Fiscal Year .....                                     | 57 |
| <b>Figure 24:</b> Historical Waiver Recipients by State Fiscal Year .....                                       | 57 |
| <b>Figure 25:</b> Historical Waiver Total Payments by State Fiscal Year.....                                    | 57 |



## **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.<sup>1</sup> BHSF uses HEDIS, established by the **National Committee for Quality Assurance (NCQA)**, to evaluate MCO performance, improvements and outcomes.<sup>2</sup> 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 Patients 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

<sup>1</sup> 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>.

<sup>2</sup> National Quality Measures Clearinghouse, National Committee for Quality Assurance, HEDIS Measures and Technical Resources. Retrieved from <https://www.ncqa.org/hedis/measures>.

Case 2:22-cv-00223-Z Document 264-6 Filed 09/19/25 Page 141 of 805 PageID 18459  
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 Patients 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.

- 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.

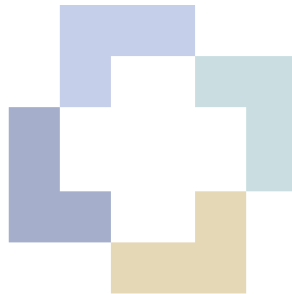
### Date of Payment (DOP)

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."

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.



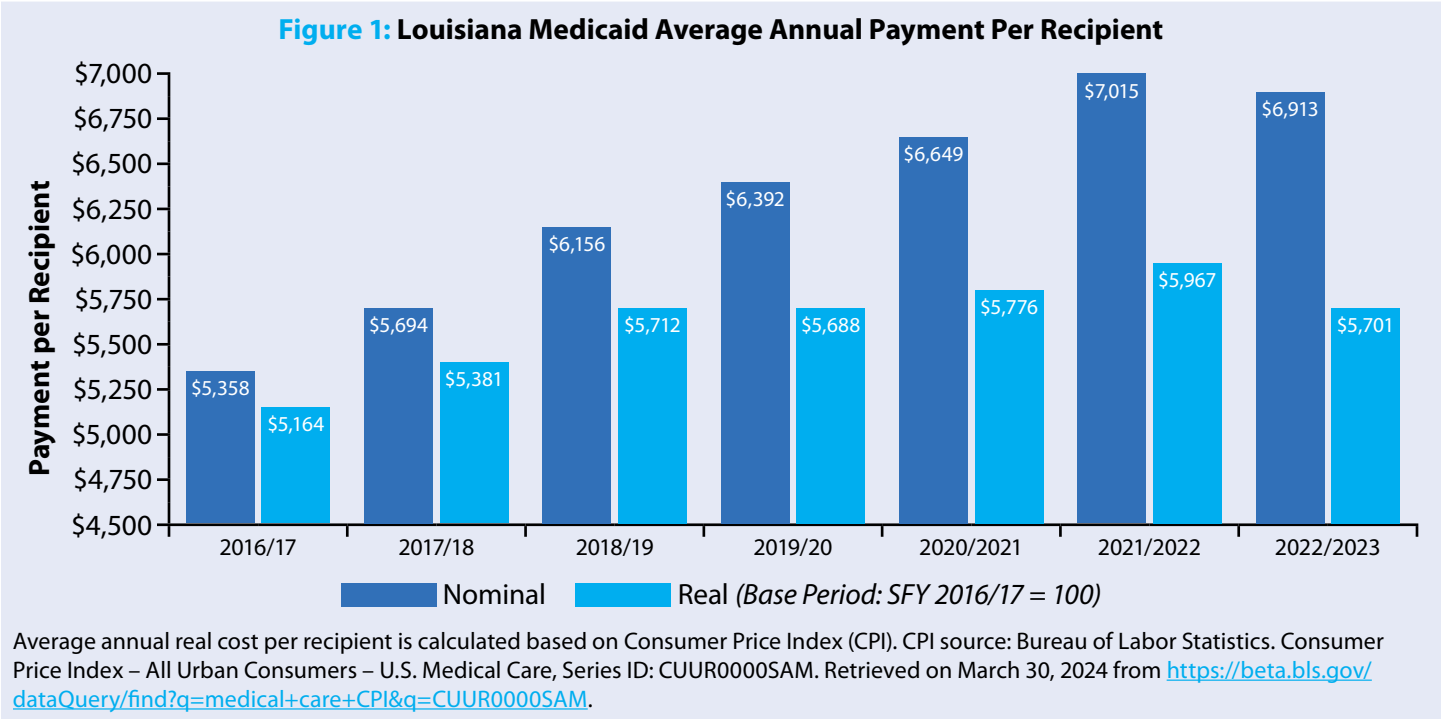


## Expenditures

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<sup>3</sup>, 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.

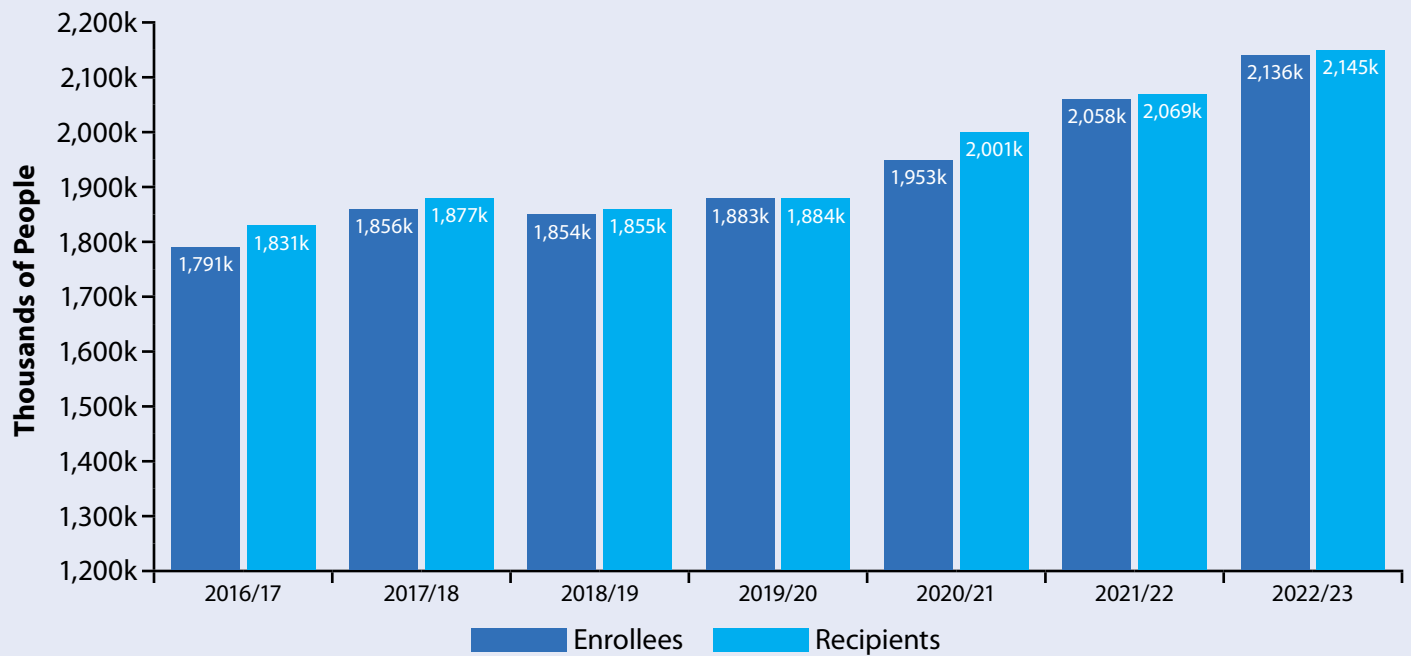
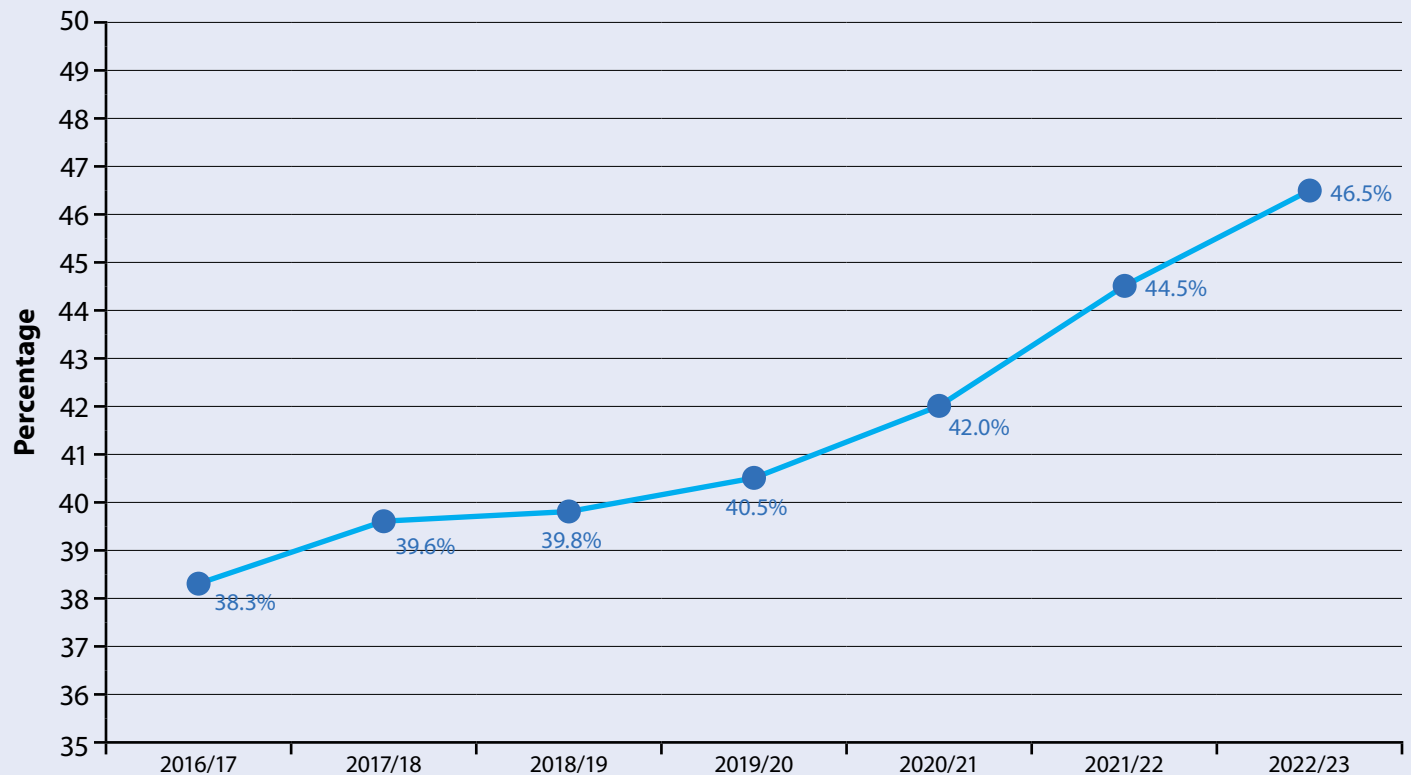


## Enrollees and Recipients

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.

<sup>3</sup> 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>.

## 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<sup>4</sup>, 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.

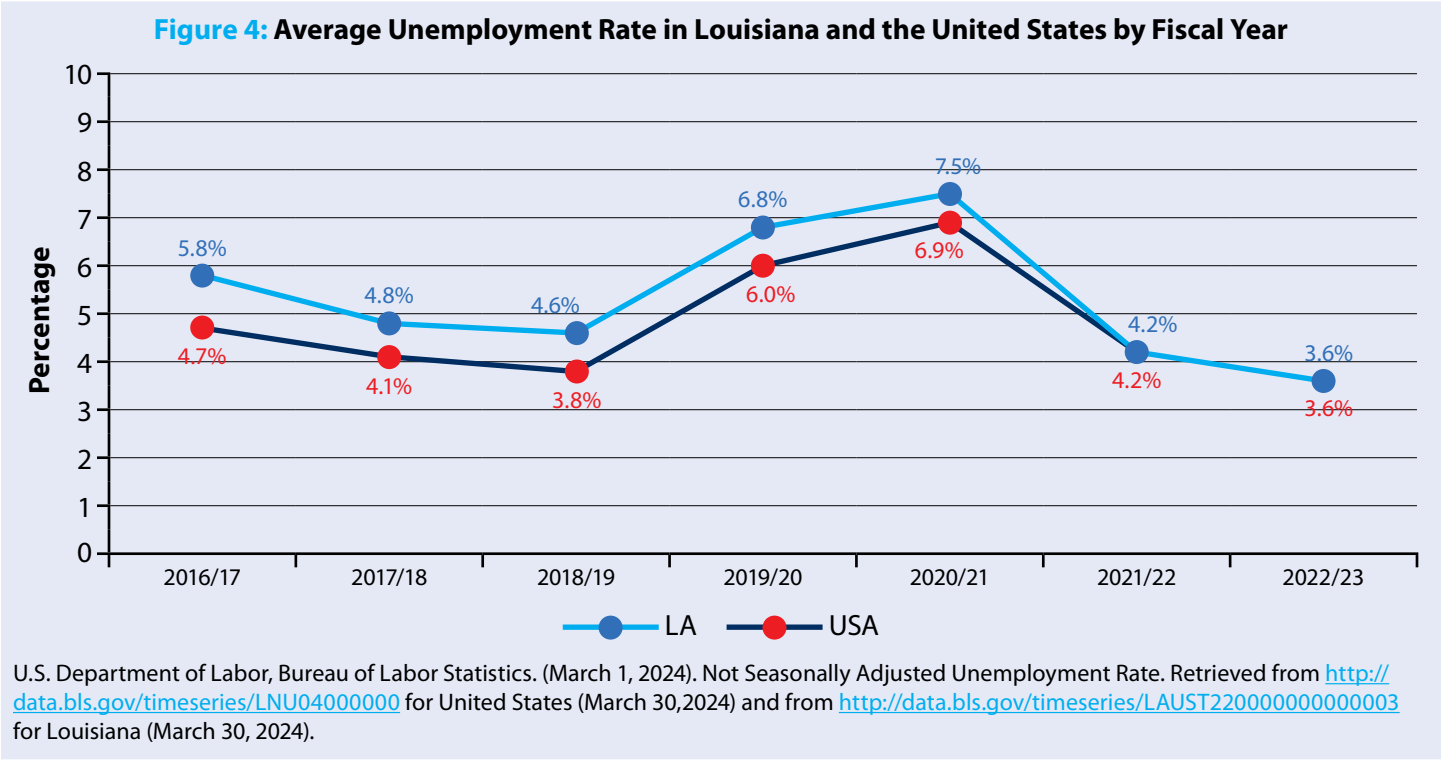
**Table 1: Population Poverty Status for All Income Levels, Calendar Year 2022**

| 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%          |
| <b>Total ≤ 200% of Poverty</b> | <b>38.6%</b> | <b>27.5%</b>  |
| 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>.

<sup>4</sup> 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.



The **Louisiana Health Insurance Survey** conducted by the **LSU Public Policy Research Lab**<sup>5</sup> 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.



<sup>5</sup> 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 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**

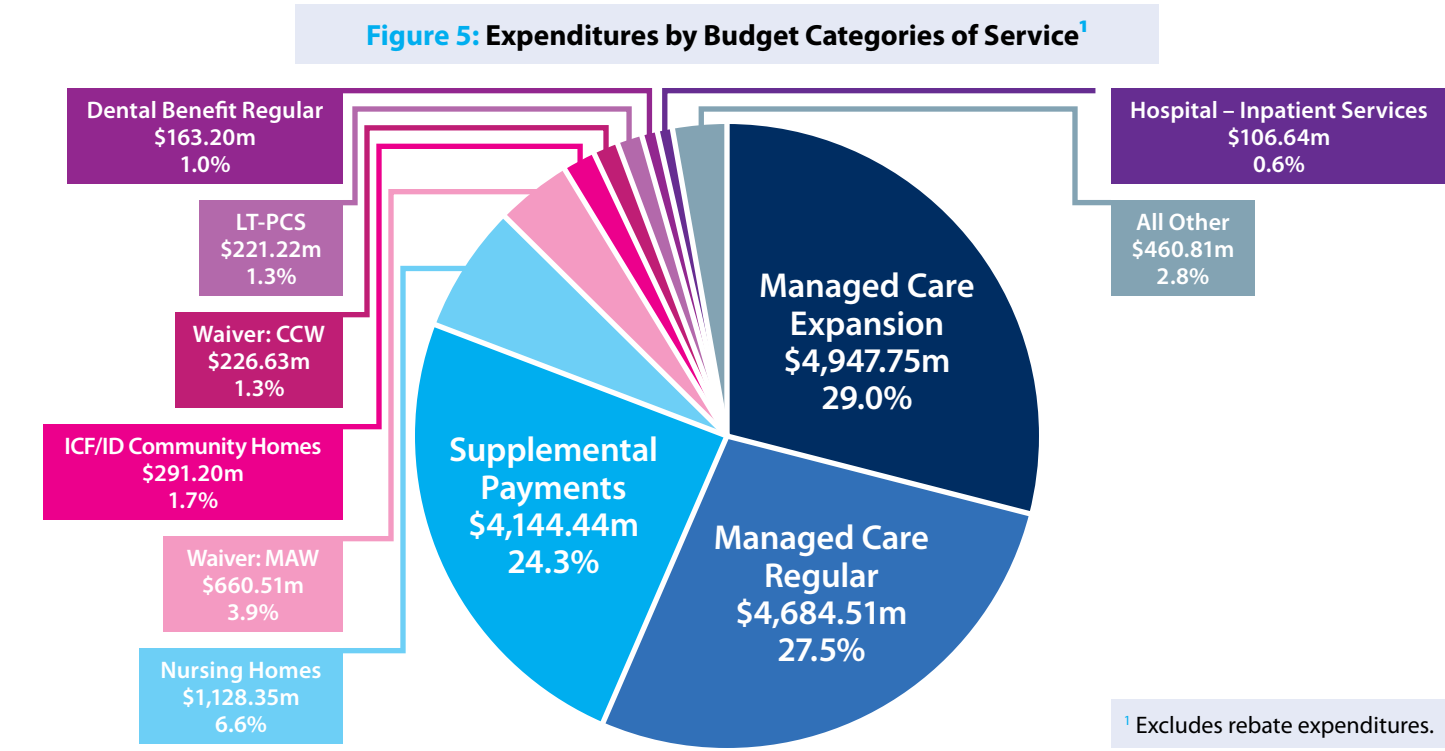
| Financing Category | 2020/21 Expenditures    | Percent        | 2021/22 Expenditures    | Percent        | 2022/23 Expenditures    | Percent        |
|--------------------|-------------------------|----------------|-------------------------|----------------|-------------------------|----------------|
| 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%         |
| <b>Total</b>       | <b>\$14,049,902,727</b> | <b>100.00%</b> | <b>\$15,074,817,111</b> | <b>100.00%</b> | <b>\$16,795,677,562</b> | <b>100.00%</b> |

**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%          |
| <b>Total</b>          | <b>\$14,049,902,727</b> | <b>100.00%</b> | <b>\$15,074,817,111</b> | <b>100.00%</b> | <b>\$16,795,677,562</b> | <b>100.00%</b> |

**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%         |
| <b>Total</b>       | <b>\$354,067,445</b> | <b>100.00%</b> | <b>\$359,269,398</b> | <b>100.00%</b> | <b>\$416,042,282</b> | <b>100.00%</b> |



## 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 <i>(continued)</i>       |                                                       | 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                               | <b>-\$12,254,684</b>    |
| <b>Sub-Total Traditional Private Providers</b> |                                                       | <b>\$3,011,458,698</b>  |
| 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           |
| <b>Sub-Total Supplemental Payments</b>         |                                                       | <b>\$4,144,444,951</b>  |
| 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            |
| <b>Sub-Total Managed Care Providers</b>        |                                                       | <b>\$9,879,352,398</b>  |
| Pharmacy Rebates – Regular                     |                                                       | <b>-\$770,038,588</b>   |
| Pharmacy Rebates – Expansion                   |                                                       | <b>-\$864,270,361</b>   |
| <b>Sub-Total Pharmacy Rebates</b>              |                                                       | <b>-\$1,634,308,949</b> |
| <b>Total Private Providers</b>                 |                                                       | <b>\$15,400,947,098</b> |

| 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         |
| <b>Total Public Providers</b> |                                                                 | <b>\$227,166,912</b> |

| C – Buy-ins and Supplements          |                                              | Expenditures         |
|--------------------------------------|----------------------------------------------|----------------------|
| C_01                                 | Medicare Premiums & Supplements <sup>1</sup> | \$586,775,028        |
| C_02                                 | Part D Clawback                              | \$151,537,335        |
| <b>Total Buy-Ins and Supplements</b> |                                              | <b>\$738,312,363</b> |

| 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        |
| <b>Total Uncompensated Care Costs</b> |                                   | <b>\$429,251,189</b> |

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

<sup>1</sup> Includes payments to CMS for Medicare Part A & B premiums, payments to providers for deductibles, coinsurance and co-payments; Optional State Supplement (OSS); and LaHIPPP reimbursements.





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](http://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<sup>1</sup>**

| Program            | Description                                                                                                                                                                         | Income Limit                                                                                                       |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>A. Children</b> | Ages 0 to 18 (through 19th birthday) with other insurance                                                                                                                           | 147% of poverty; No assets test                                                                                    |
|                    | <b>A1. CHAMP – Low Income Children</b><br>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                                                                                    |
|                    | <b>A2. LaCHIP (Title XXI)</b><br>Ages 6 to 18 (through 19th birthday). Uninsured                                                                                                    | >147% and up to 217% of poverty; No assets test                                                                    |
|                    | <b>A3. LaCHIP Affordable Plan (LAP)</b><br>Ages 0 to 18 (through 19th birthday). Uninsured                                                                                          | >217% and up to 255% of poverty; Some cost sharing involved; No assets test                                        |
| <b>B. Families</b> | <b>A4. Deemed Eligible Child</b><br>Age 0 (through first birthday)                                                                                                                  | Infants born to Medicaid eligible pregnant women; No assets test                                                   |
|                    | <b>A5. CWO Children</b><br>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>B1. Parent/Caretaker Relative (PCR) Group</b><br>Parent/Caretaker relative who lives with a dependent child                                                                      | 24% of poverty; No assets test                                                                                     |
|                    | <b>B2. MAGI – Related Medically Needy</b><br>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                                                           |
|                    | <b>B3. MAGI – Related Spend Down Medically Needy</b><br>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>B. Families</b>                 | <b>B4. Temporary Aid for Needy Families (TANF) Recipients</b>       | Recipients of cash assistance as determined by the Department of Children & Family Services                                                                                                                           | 10% of poverty; Assets limit: \$2,000                                                                                                                                                                       |
|                                    | <b>B5. Transitional Medicaid</b>                                    | 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                                                          |
| <b>C. Women</b>                    | <b>C1. CHAMP/LaMOMS – Pregnant Women</b>                            | Covers each month of a verified pregnancy and 2-month postpartum period                                                                                                                                               | 138% of poverty; No assets test                                                                                                                                                                             |
|                                    | <b>C2. LaCHIP IV (Title XXI)</b>                                    | 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                                                                                                                                                                             |
|                                    | <b>C3. Breast and Cervical Cancer</b>                               | Women under 65 diagnosed with breast or cervical cancer, in a precancerous condition or early stage cancer                                                                                                            | 255% of poverty; No assets test                                                                                                                                                                             |
| <b>D. Aged, Blind, or Disabled</b> | <b>D1. Disabled Adult Child (DAC)</b>                               | 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                                             |
|                                    | <b>D2. Disabled Widows/Widowers</b>                                 | 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                            |
|                                    | <b>D3. SSI Recipients</b>                                           | 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                                                                                                                                 |
|                                    | <b>D4. SGA Disabled Widows/Widowers/ Surviving Divorced Spouses</b> | 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 |
|                                    | <b>D5. PICKLE</b>                                                   | 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                                            |
|                                    | <b>D6. Provisional Medicaid</b>                                     | 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                                                                                                                                |
|                                    | <b>D7. Early Widows/Widowers</b>                                    | 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                            |
|                                    | <b>D8. QMB – Qualified Medicare Beneficiary</b>                     | Pays Medicare Part A and B premiums, deductibles and co-insurance                                                                                                                                                     | 100% of poverty (+\$20); No assets test                                                                                                                                                                     |
|                                    | <b>D9. SLMB – Specified Low-Income Medicare Beneficiary</b>         | Pays Medicare Part B premium only                                                                                                                                                                                     | >100% and up to 120% of poverty (+\$20); No assets test                                                                                                                                                     |
|                                    | <b>D10. QI-1 – Qualified Individual Category 1</b>                  | Pays Medicare Part B premium only                                                                                                                                                                                     | >120% and up to 135% of poverty (+\$20); No assets test                                                                                                                                                     |
|                                    | <b>D11. QDWI – Qualified Disabled Working Individual</b>            | 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                                                                                                                                                                             |

continued on next page...



|                                    | Program                                                                              | Description                                                                                                                                                                                | Income Limit                                                                                                                                                                                                                                                                  |
|------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D. Aged, Blind, or Disabled</b> | 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.                                                                                                                                                                    |
| <b>E. Other</b>                    | 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                                                                                                                                                                                                                                               |
| <b>F. Adult</b>                    | 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                                                                                                                                                                                                                                               |

<sup>1</sup> 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)**

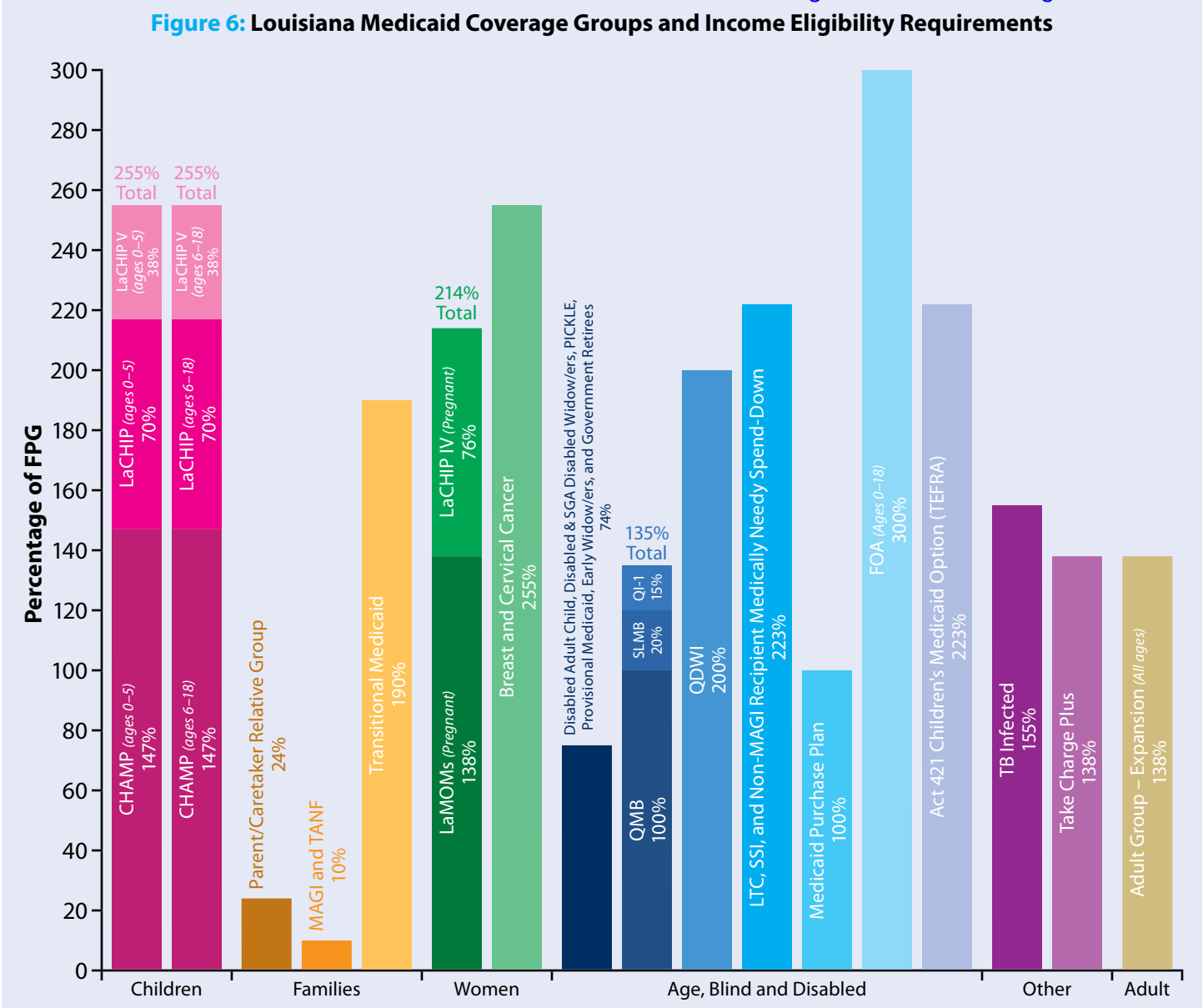
| Family Size    | Monthly Income in Dollars |          |          |          |          |          |          |           |           |           |
|----------------|---------------------------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|
|                | 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 <sup>2</sup> | \$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  |          |          |          |          |          |          |           |           |           |
|                | 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 <sup>2</sup> | \$37,920                  | \$50,560 | \$60,672 | \$67,245 | \$68,256 | \$75,840 | \$93,536 | \$101,120 | \$126,400 | \$151,680 |

<sup>1</sup> 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>.

<sup>2</sup> 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**

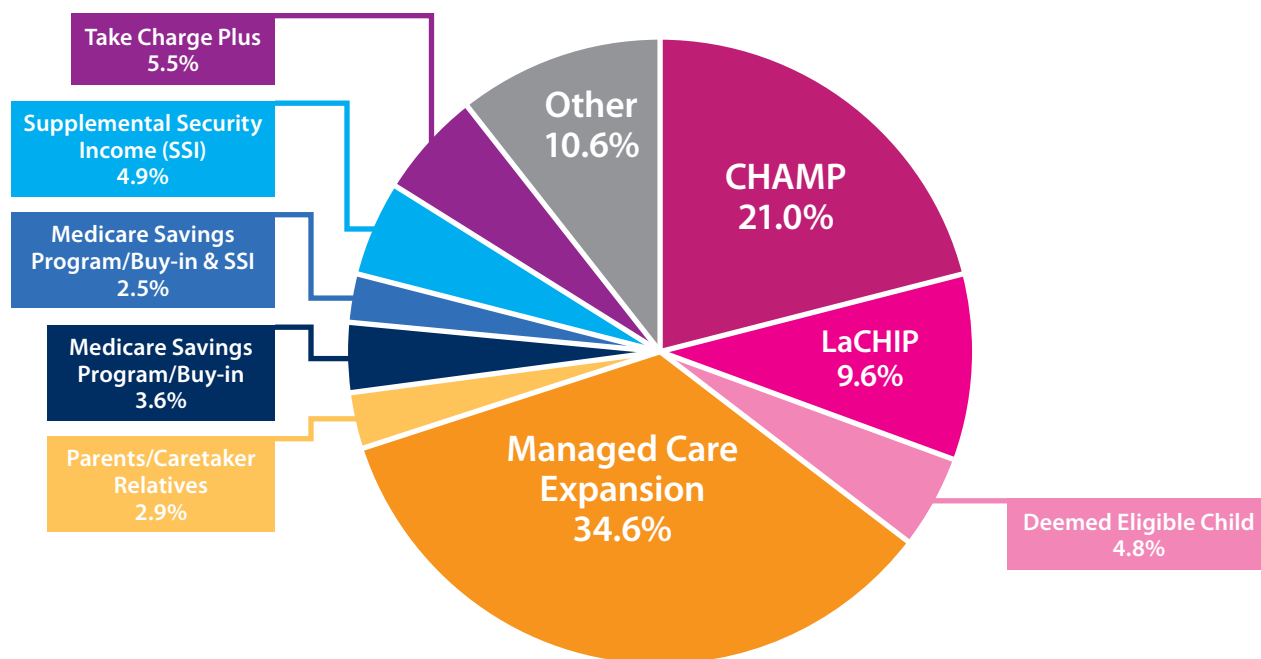


Eligibility determination is a federally approved process which is operated in the same manner throughout the state. In Louisiana, caseworkers in each of the nine regions of the Department of Health determine an individual’s eligibility for Medicaid in accordance with standardized written policy. Processing 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        | Payments             | LaCHIP Enrollees | Recipients     | Payments               | Medicaid Enrollees | Recipients     | Payments               | Total Enrollees | Recipients     |
|------------------|----------------------|------------------|----------------|------------------------|--------------------|----------------|------------------------|-----------------|----------------|
| 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+ <sup>3</sup> | \$104,178,265        | 24,363           | 30,089         | \$491,475,923          | 68,489             | 69,084         | \$595,654,188          | 87,853          | 90,119         |
| <b>Total</b>     | <b>\$582,561,919</b> | <b>232,072</b>   | <b>248,880</b> | <b>\$3,168,081,398</b> | <b>762,471</b>     | <b>786,334</b> | <b>\$3,750,643,317</b> | <b>916,668</b>  | <b>921,150</b> |

<sup>1</sup> Age as of January 1, 2023.

<sup>2</sup> 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.

<sup>3</sup> 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](http://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<sup>1</sup>**

| Calendar Year | Part A Monthly Premiums by Eligible Work History |             | Part A Deductible | Part B Monthly Premium | Part B Deductible | Part D Base Monthly Premium | 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          |

<sup>1</sup> 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>.

<sup>2</sup> Part A is free to those who have worked for more than 10 years of Medicare-covered employment.

<sup>3</sup> 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<sup>1</sup>**

| Eligible Group                          | Coverage                                                                                                                                                                                                  | Income Requirement                   | Asset Limit <sup>3</sup> |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| Qualified Medicare Beneficiary (QMB)    | Medicaid payment of Medicare Part A <sup>2</sup> 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 <sup>4</sup>           | 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 <sup>4</sup> | 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 <sup>4</sup> | Not Applicable           |

<sup>1</sup> Retrieved on April 9, 2024 from <https://ldh.la.gov/assets/medicaid/MedicaidEligibilityPolicy/Z-200m.pdf>.

<sup>2</sup> Part A is paid for only those who have not worked for more than 10 years of Medicare-covered employment.

<sup>3</sup> Effective October 1, 2019 State Plans changed the asset limit for MSP programs to not applicable.

<sup>4</sup> Federal Poverty Income Guidelines

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

| State Fiscal Year | Part A       |                         | Part B        |                         | Part D <sup>1</sup> |                         |
|-------------------|--------------|-------------------------|---------------|-------------------------|---------------------|-------------------------|
|                   | Expenditures | Recipients <sup>2</sup> | Expenditures  | Recipients <sup>2</sup> | Expenditures        | Recipients <sup>2</sup> |
| 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                 |

<sup>1</sup> Part D expenditures are all state funds. SFY 2022/23 Part D data currently under internal review with CMS.

<sup>2</sup> 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 | Medicaid Enrollment | 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%                          |

<sup>1</sup> 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>.

<sup>2</sup> 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**

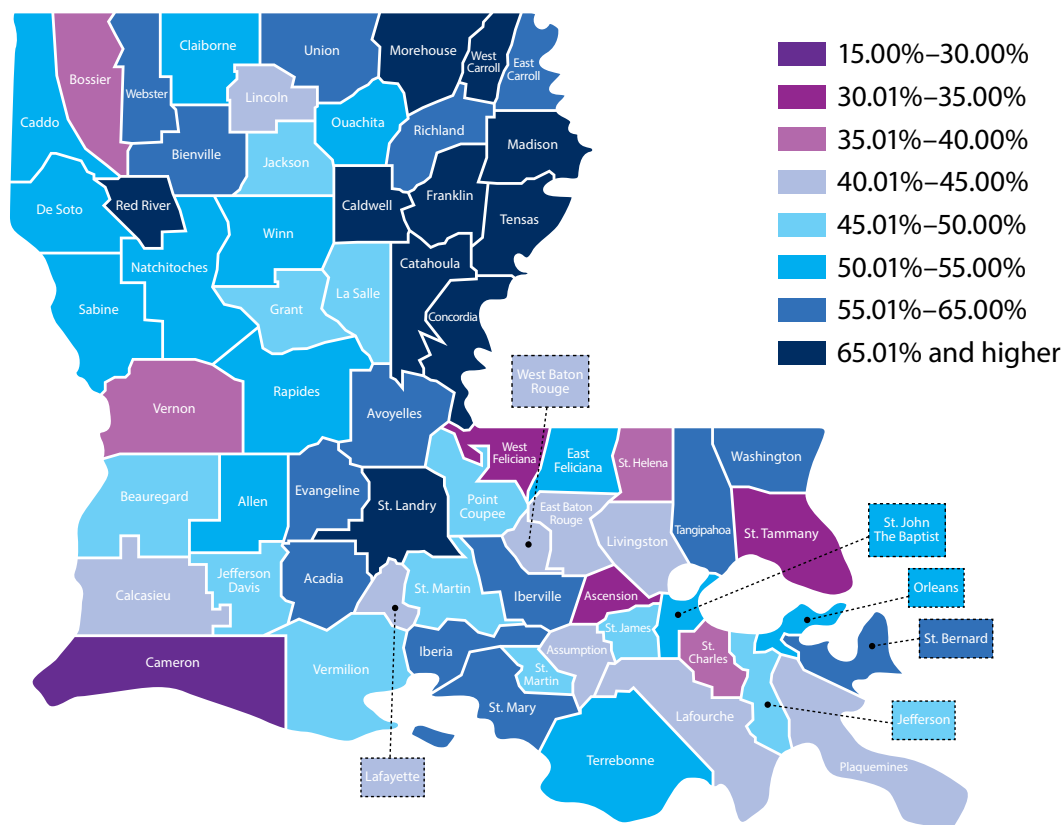
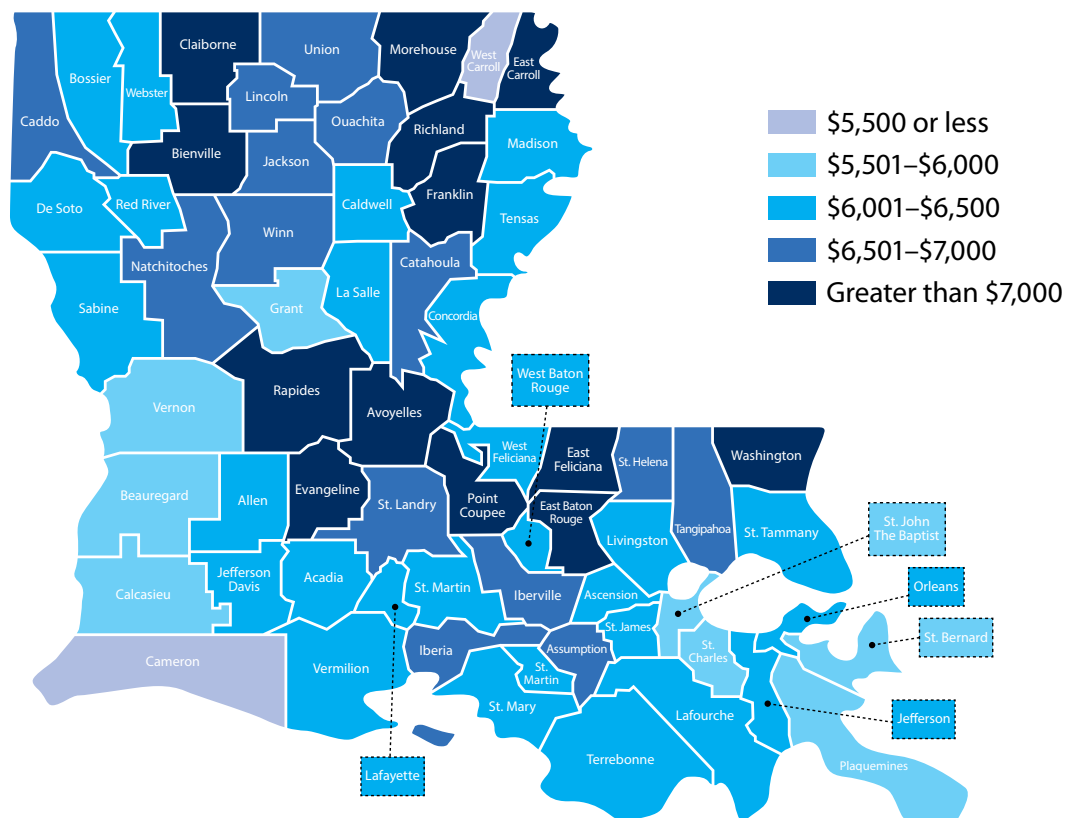


**Figure 9: Parish Payments Per Recipient**





Case 2:22-cv-00223-Z Document 264-6 Filed 09/19/25 Page 162 of 805 PageID 18480  
 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 <sup>1</sup> | Medicaid Enrollees <sup>2</sup> | Enrollees/Population Ratio | Rank     | Medicaid Recipients <sup>3</sup> | Payments <sup>3</sup>   | 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               |
|                                                                    | <b>State Total</b>       | <b>4,590,241</b>             | <b>2,136,072</b>                | <b>46.5</b>                | <b>—</b> | <b>2,145,426</b>                 | <b>\$14,832,088,397</b> | <b>\$6,913</b>        |

<sup>1</sup> 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>.  
<sup>2</sup> 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.  
<sup>3</sup> 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    | 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         |
| <b>Total</b> | <b>961,469</b> | <b>1,174,603</b> | <b>2,136,072</b> | <b>960,780</b> | <b>1,184,646</b> | <b>2,145,426</b> | <b>\$6,523,761,611</b> | <b>\$8,308,326,787</b> | <b>\$14,832,088,397</b> |

<sup>1</sup> Age as of January 1, 2023.

**Table 15: Recipients by Age Group, Race<sup>1</sup> and Gender**

| Age Group    | Black/African-American |                |                | White          |                |                | Other <sup>2</sup> |                |                | 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           |
| <b>Total</b> | <b>423,116</b>         | <b>539,049</b> | <b>962,165</b> | <b>353,985</b> | <b>450,568</b> | <b>804,553</b> | <b>183,679</b>     | <b>195,029</b> | <b>378,708</b> | <b>2,145,426</b>  |

<sup>1</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>2</sup> Age as of January 1, 2023.

<sup>3</sup> Other includes all individuals not in Black/African-American or White.

**Table 16: Enrollees by Age Group, Race<sup>1</sup> and Gender**

| Age Group    | Black/African-American |                |                | White          |                |                | Other <sup>3</sup> |                |                | Total (all races) |
|--------------|------------------------|----------------|----------------|----------------|----------------|----------------|--------------------|----------------|----------------|-------------------|
|              | Male                   | Female         | Total          | Male           | Female         | Total          | Male               | Female         | Total          |                   |
| 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           |
| <b>Total</b> | <b>423,377</b>         | <b>535,076</b> | <b>958,453</b> | <b>353,203</b> | <b>446,360</b> | <b>799,563</b> | <b>184,889</b>     | <b>193,167</b> | <b>378,056</b> | <b>2,136,072</b>  |

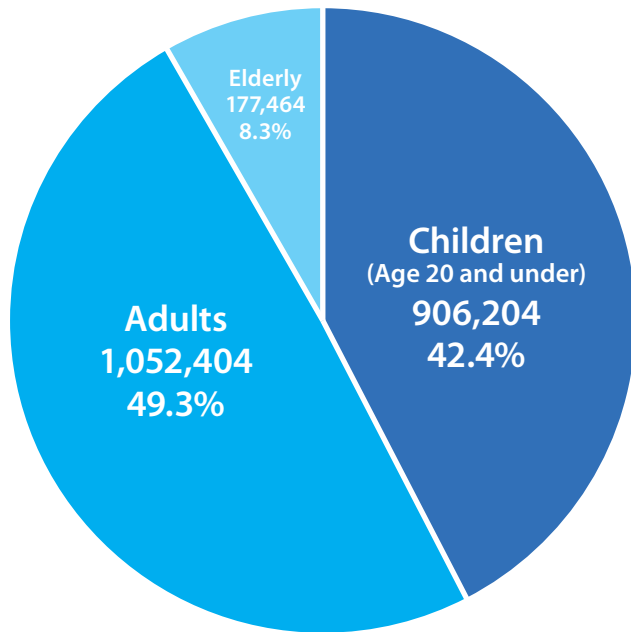
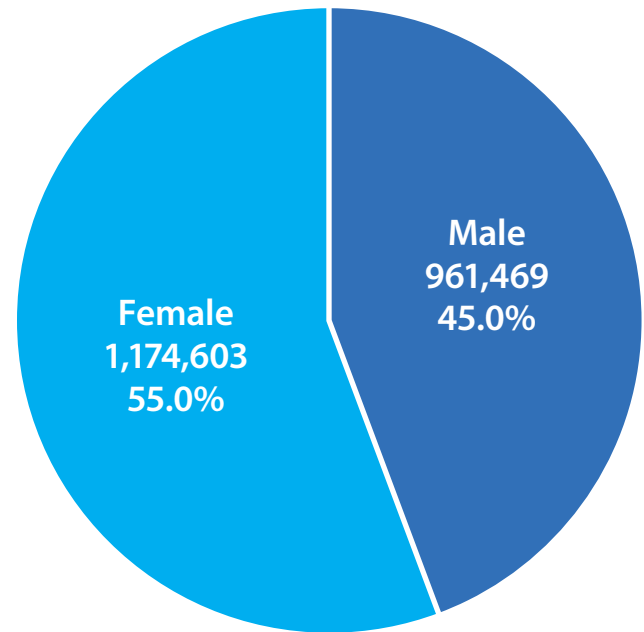
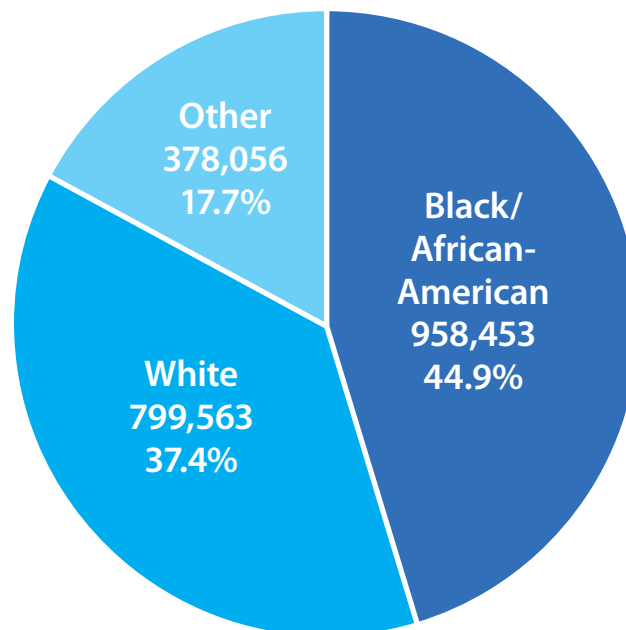
<sup>1</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.<sup>2</sup> Age as of January 1, 2023.<sup>3</sup> Other includes all individuals not in Black/African-American or White.**Table 17: Payments by Age Group, Race<sup>1</sup> and Gender**

| Age Group    | Black/African-American |                        |                        | White                  |                        |                        |
|--------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
|              | Male                   | Female                 | Total                  | Male                   | Female                 | 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          |
| <b>Total</b> | <b>\$2,942,255,088</b> | <b>\$3,788,042,389</b> | <b>\$6,730,297,477</b> | <b>\$2,394,549,622</b> | <b>\$3,212,777,579</b> | <b>\$5,607,327,201</b> |

| Age Group    | Other <sup>3</sup>     |                        |                        | Total (across all races) |
|--------------|------------------------|------------------------|------------------------|--------------------------|
|              | Male                   | Female                 | Total                  |                          |
| 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          |
| <b>Total</b> | <b>\$1,186,956,901</b> | <b>\$1,307,506,819</b> | <b>\$2,494,463,720</b> | <b>\$14,832,088,398</b>  |

<sup>1</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.<sup>2</sup> Age as of January 1, 2023.<sup>3</sup> 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<sup>1</sup>, Race<sup>2</sup> and Gender**

| Race                       | Gender | 1<br>Greater New Orleans Area | 2<br>Capital Area | 3<br>South Central Louisiana | 4<br>Acadiana | 5<br>Southwest Louisiana |
|----------------------------|--------|-------------------------------|-------------------|------------------------------|---------------|--------------------------|
| Black/<br>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 <sup>3</sup>         | 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<br>Central Louisiana | 7<br>Northwest Louisiana | 8<br>Northeast Louisiana | 9<br>Northshore Louisiana | Out of State | Total<br><i>(across all regions)</i> |
|----------------------------|--------|------------------------|--------------------------|--------------------------|---------------------------|--------------|--------------------------------------|
| Black/<br>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 <sup>3</sup>         | 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                            |

<sup>1</sup> 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.

<sup>2</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>3</sup> Other includes all individuals not in Black/African-American or White.

**Table 19: Recipients by Region<sup>1</sup>, Race<sup>2</sup> and Gender**

| Race                       | Gender | 1<br>Greater New Orleans Area | 2<br>Capital Area | 3<br>South Central Louisiana | 4<br>Acadiana | 5<br>Southwest Louisiana |
|----------------------------|--------|-------------------------------|-------------------|------------------------------|---------------|--------------------------|
| Black/<br>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 <sup>3</sup>         | 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<br>Central Louisiana | 7<br>Northwest Louisiana | 8<br>Northeast Louisiana | 9<br>Northshore Louisiana | Out of State | Total<br><i>(across all regions)</i> |
|----------------------------|--------|------------------------|--------------------------|--------------------------|---------------------------|--------------|--------------------------------------|
| Black/<br>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 <sup>3</sup>         | 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                            |

<sup>1</sup> 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.

<sup>2</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>3</sup> Other includes all individuals not in Black/African-American or White.

**Table 20: Payments<sup>1</sup> by Region<sup>2</sup>, Race<sup>3</sup> and Gender**

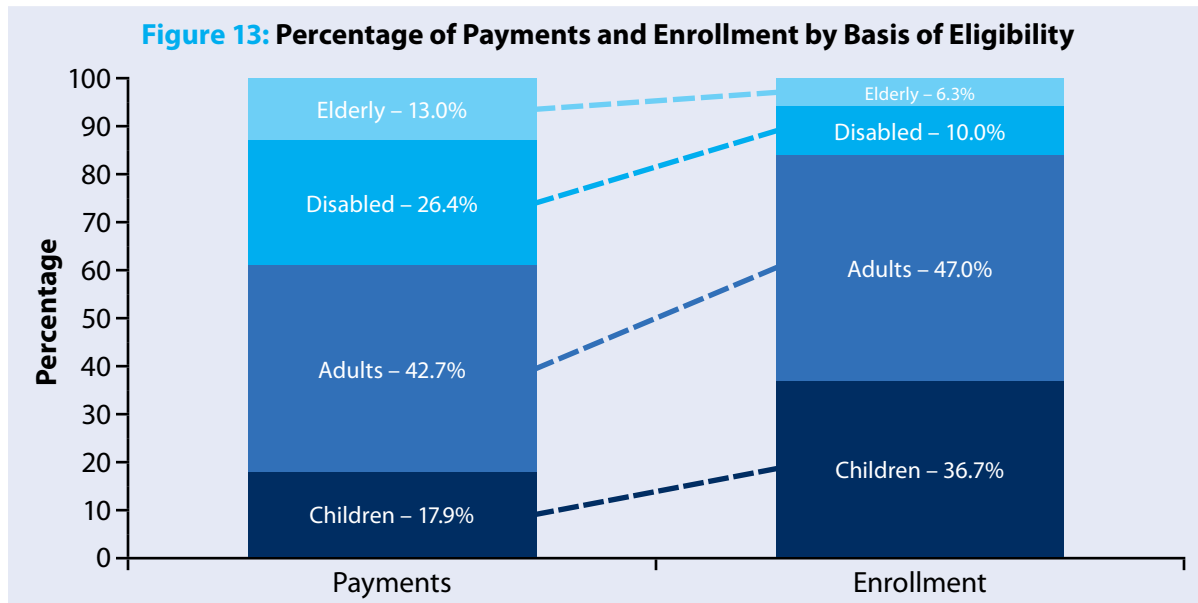
| Race                       | Gender        | 1<br>Greater New Orleans Area | 2<br>Capital Area        | 3<br>South Central Louisiana | 4<br>Acadiana             | 5<br>Southwest Louisiana |                               |
|----------------------------|---------------|-------------------------------|--------------------------|------------------------------|---------------------------|--------------------------|-------------------------------|
| Black/<br>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 <sup>4</sup>         | 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            |                               |
| <b>Total</b>               | <b>Male</b>   | <b>\$1,234,367,332</b>        | <b>\$934,700,464</b>     | <b>\$488,238,351</b>         | <b>\$857,320,357</b>      | <b>\$350,861,737</b>     |                               |
|                            | <b>Female</b> | <b>\$1,501,613,384</b>        | <b>\$1,153,670,330</b>   | <b>\$667,957,679</b>         | <b>\$1,154,442,386</b>    | <b>\$468,379,682</b>     |                               |
|                            | <b>Total</b>  | <b>\$2,735,980,716</b>        | <b>\$2,088,370,794</b>   | <b>\$1,156,196,030</b>       | <b>\$2,011,762,743</b>    | <b>\$819,241,419</b>     |                               |
| Race                       | Gender        | 6<br>Central Louisiana        | 7<br>Northwest Louisiana | 8<br>Northeast Louisiana     | 9<br>Northshore Louisiana | Out of State             | Total<br>(across all regions) |
| Black/<br>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 <sup>4</sup>         | 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               |
| <b>Total</b>               | <b>Male</b>   | <b>\$548,740,019</b>          | <b>\$753,219,901</b>     | <b>\$591,722,890</b>         | <b>\$755,854,749</b>      | <b>\$8,735,811</b>       | <b>\$6,523,761,610</b>        |
|                            | <b>Female</b> | <b>\$624,080,866</b>          | <b>\$973,267,296</b>     | <b>\$751,582,449</b>         | <b>\$1,001,606,776</b>    | <b>\$11,725,938</b>      | <b>\$8,308,326,786</b>        |
|                            | <b>Total</b>  | <b>\$1,172,820,885</b>        | <b>\$1,726,487,197</b>   | <b>\$1,343,305,339</b>       | <b>\$1,757,461,525</b>    | <b>\$20,461,749</b>      | <b>\$14,832,088,397</b>       |

<sup>1</sup> Payments are based on recipient region payments.<sup>2</sup> 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.<sup>3</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.<sup>4</sup> 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.



**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<sup>1</sup> and Gender**

| Race                           | Gender | Basis of Eligibility |                 |                 |                 | Total            |
|--------------------------------|--------|----------------------|-----------------|-----------------|-----------------|------------------|
|                                |        | Elderly              | Disabled        | Children        | Adults          |                  |
| Black/<br>African-<br>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 <sup>2</sup>             | 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 |

<sup>1</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>2</sup> Other includes all individuals not in Black/African-American or White.



**Table 22: Recipients<sup>1</sup> by Basis of Eligibility, Race<sup>2</sup> and Gender**

| Race                           | Gender        | Basis of Eligibility |                |                |                | Total            |
|--------------------------------|---------------|----------------------|----------------|----------------|----------------|------------------|
|                                |               | Elderly              | Disabled       | Children       | Adults         |                  |
| Black/<br>African-<br>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 <sup>3</sup>             | 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          |
| <b>Total</b>                   | <b>Male</b>   | <b>69,337</b>        | <b>136,415</b> | <b>422,516</b> | <b>383,583</b> | <b>960,780</b>   |
|                                | <b>Female</b> | <b>117,205</b>       | <b>123,955</b> | <b>419,979</b> | <b>576,062</b> | <b>1,184,646</b> |
|                                | <b>Total</b>  | <b>186,542</b>       | <b>260,370</b> | <b>842,495</b> | <b>959,645</b> | <b>2,145,426</b> |

<sup>1</sup> 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.

<sup>2</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>3</sup> Other includes all individuals not in Black/African-American or White.

**Table 23: Enrollees<sup>1</sup> by Basis of Eligibility, Race<sup>2</sup> and Gender**

| Race                           | Gender        | Basis of Eligibility |                |                |                  | Total            |
|--------------------------------|---------------|----------------------|----------------|----------------|------------------|------------------|
|                                |               | Elderly              | Disabled       | Children       | Adults           |                  |
| Black/<br>African-<br>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 <sup>3</sup>             | 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          |
| <b>Total</b>                   | <b>Male</b>   | <b>53,198</b>        | <b>120,857</b> | <b>418,045</b> | <b>431,035</b>   | <b>961,469</b>   |
|                                | <b>Female</b> | <b>89,310</b>        | <b>105,561</b> | <b>415,453</b> | <b>636,861</b>   | <b>1,174,603</b> |
|                                | <b>Total</b>  | <b>142,508</b>       | <b>226,418</b> | <b>833,498</b> | <b>1,067,896</b> | <b>2,136,072</b> |

<sup>1</sup> 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.

<sup>2</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>3</sup> 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<sup>1</sup>**

|                                  | 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        |
|                                  | <b>Total<sup>2</sup></b> | <b>134,203</b> | <b>229,424</b> | <b>818,813</b> | <b>1,011,790</b> | <b>2,057,869</b> |
|                                  | 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        |
|                                  | <b>Total<sup>2</sup></b> | <b>142,508</b> | <b>226,418</b> | <b>833,498</b> | <b>1,067,896</b> | <b>2,136,072</b> |
| <b>Total Change Between SFYs</b> |                          | <b>6.19%</b>   | <b>-1.31%</b>  | <b>1.79%</b>   | <b>5.55%</b>     | <b>3.80%</b>     |

<sup>1</sup> 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.

<sup>2</sup> 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.

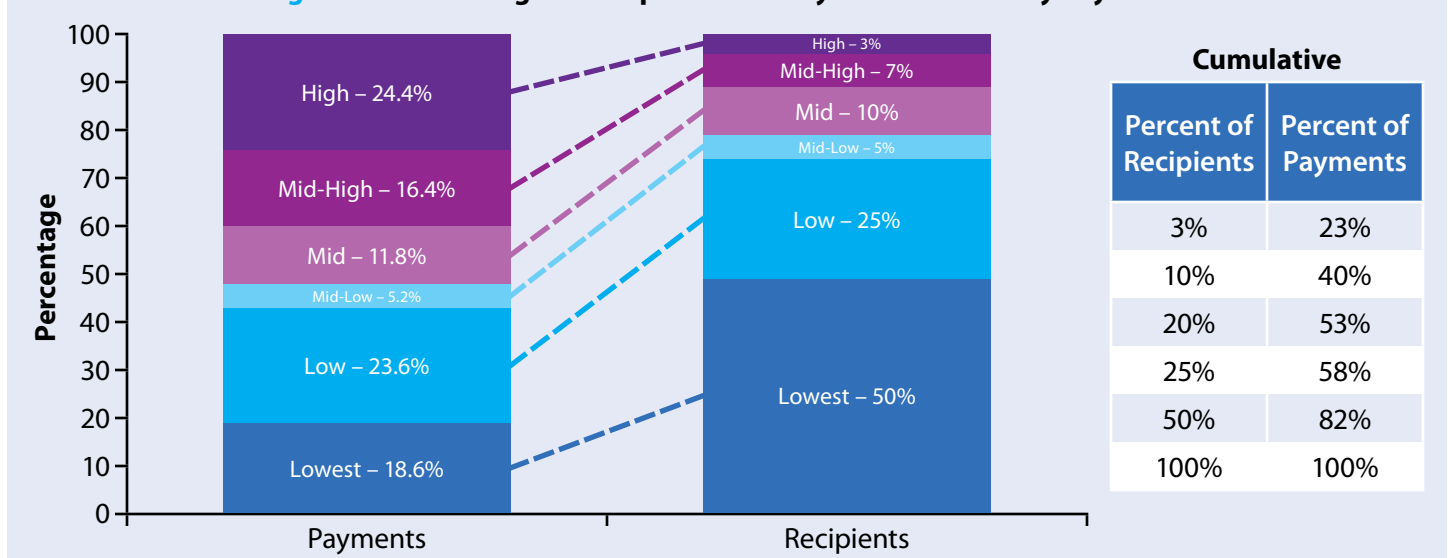
**Figure 14: Percentage of Recipients and Payments Ranked by Payments**

**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    | Provider Types         |                         |                      |                        |                     |                        | Total                  |
|-----------------------------------|---------------|------------------------|-------------------------|----------------------|------------------------|---------------------|------------------------|------------------------|
|                                   |               | Nursing Facilities     | Personal Care Attendant | ICF/ID Group Home    | Personal Care Services | Hospice Services    | All Other Providers    |                        |
| 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          |
| <b>Total</b>                      | <b>64,362</b> | <b>\$1,120,734,458</b> | <b>\$642,892,732</b>    | <b>\$409,067,913</b> | <b>\$208,853,961</b>   | <b>\$71,183,978</b> | <b>\$1,154,296,839</b> | <b>\$3,607,029,880</b> |

<sup>1</sup> 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.

<sup>2</sup> All Other Providers includes all payments not in five provider types listed.

**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).



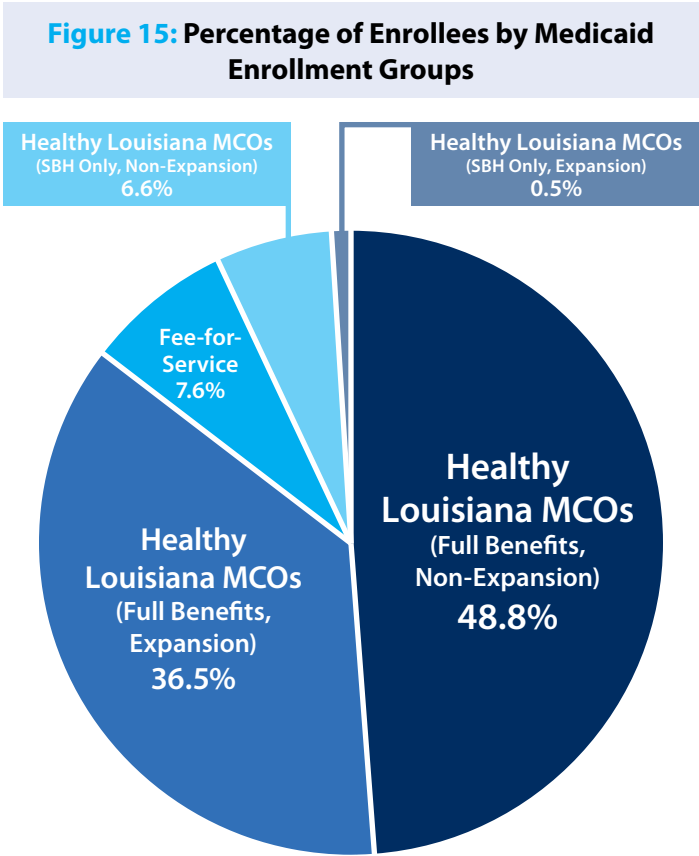
Healthy Louisiana MCOs provide full coverage of both physical and **specialized behavioral health (SBH)** including **non-emergency medical transportation (NEMT)** to 85.3% of Medicaid enrollees. An additional 7.1% of enrollees receive SBH and NEMT coverage through the MCEs, with all other covered services 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%<sup>6</sup> 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.



<sup>6</sup> Limit includes additional 5% income disregard.

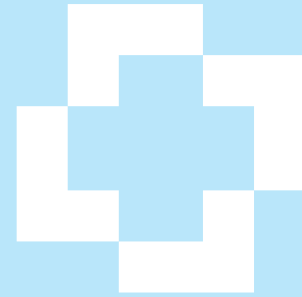
**Table 26: Healthy Louisiana Enrollment per Plan by Region and Type of Service<sup>1</sup>**

| 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          |
| <b>Total</b>               | <b>119,459</b>                   | <b>117,865</b> | <b>1,923</b> | <b>24,674</b> | <b>258,251</b> | <b>137,811</b>                   | <b>197,615</b> | <b>1,588</b> | <b>24,488</b> | <b>353,456</b> |
| Region                     | Healthy Blue                     |                |              |               |                | Humana Healthy Horizons          |                |              |               |                |
|                            | 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            |
| <b>Total</b>               | <b>232,933</b>                   | <b>272,487</b> | <b>3,259</b> | <b>29,177</b> | <b>524,875</b> | <b>65,289</b>                    | <b>94,491</b>  | <b>211</b>   | <b>7,177</b>  | <b>165,309</b> |
| 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          |
| <b>Total</b>               | <b>272,554</b>                   | <b>429,758</b> | <b>3,230</b> | <b>34,514</b> | <b>720,451</b> | <b>276,706</b>                   | <b>391,109</b> | <b>3,993</b> | <b>36,375</b> | <b>689,961</b> |

*continued on next page...*



| Region                     | Total (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           |
| <b>Total</b>               | <b>815,837</b>           | <b>1,072,367</b> | <b>13,980</b> | <b>152,706</b> | <b>1,985,845</b> |



<sup>1</sup> 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.

<sup>2</sup> Effective January 1, 2023, Humana Healthy Horizons joined as the sixth Managed Care Organization (MCO).

<sup>3</sup> 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.

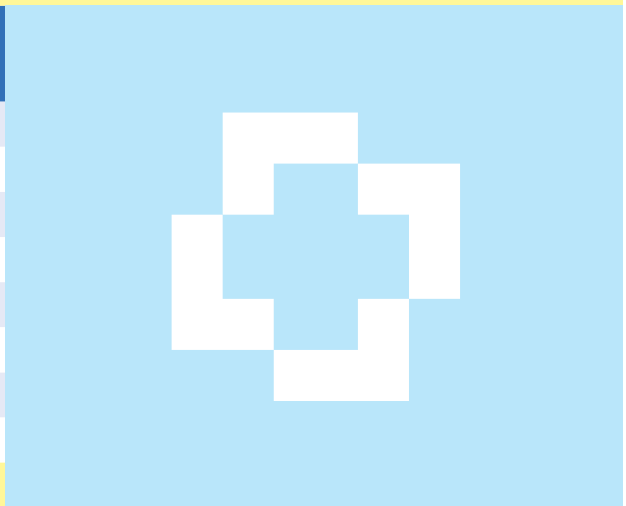
**Table 27: Healthy Louisiana Enrollment per Plan by Age Group, Health Plan and Gender**

| Age Group              | 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         |
| <b>Total</b>           | <b>119,263</b>                   | <b>138,988</b> | <b>258,251</b> | <b>161,838</b>                       | <b>191,618</b> | <b>353,456</b> |
| Age Group <sup>1</sup> | Healthy Blue                     |                |                | Humana Healthy Horizons <sup>2</sup> |                |                |
|                        | 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          |
| <b>Total</b>           | <b>241,730</b>                   | <b>283,145</b> | <b>524,875</b> | <b>79,146</b>                        | <b>86,163</b>  | <b>165,309</b> |

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| Age Group <sup>1</sup> | 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         |
| <b>Total</b>           | <b>323,674</b>                   | <b>396,777</b> | <b>720,451</b> | <b>310,790</b>                 | <b>379,171</b> | <b>689,961</b> |

| Age Group <sup>1</sup> | Total <sup>2</sup> (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           |
| <b>Total</b>           | <b>892,370</b>                        | <b>1,093,475</b> | <b>1,985,845</b> |



<sup>1</sup> Age as of January 1, 2023.

<sup>2</sup> Effective January 1, 2023, Humana Healthy Horizons joined as the sixth Managed Care Organization (MCO).

<sup>3</sup> 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<sup>1</sup> and Gender**

| Age Group <sup>2</sup> | 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         |
| <b>Total</b>           | <b>396,286</b>         | <b>502,298</b> | <b>898,584</b> | <b>326,883</b> | <b>414,761</b> | <b>741,644</b> |

| Age Group <sup>2</sup> | Other <sup>3</sup> |                |                | Total (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           |
| <b>Total</b>           | <b>169,201</b>     | <b>176,416</b> | <b>345,617</b> | <b>892,370</b>           | <b>1,093,475</b> | <b>1,985,845</b> |

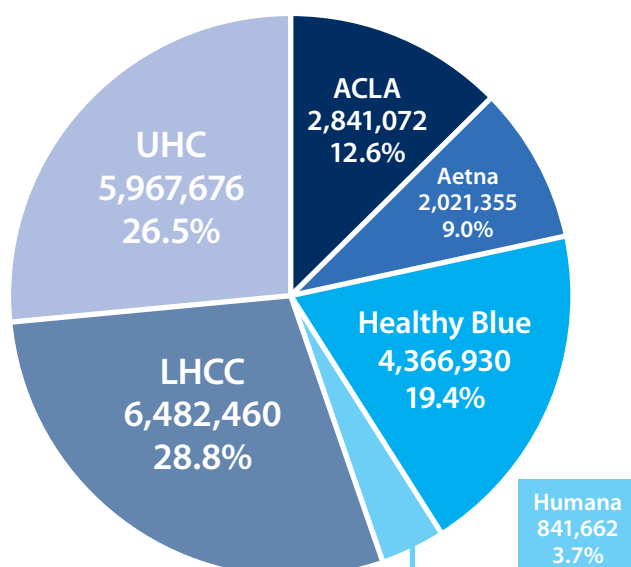
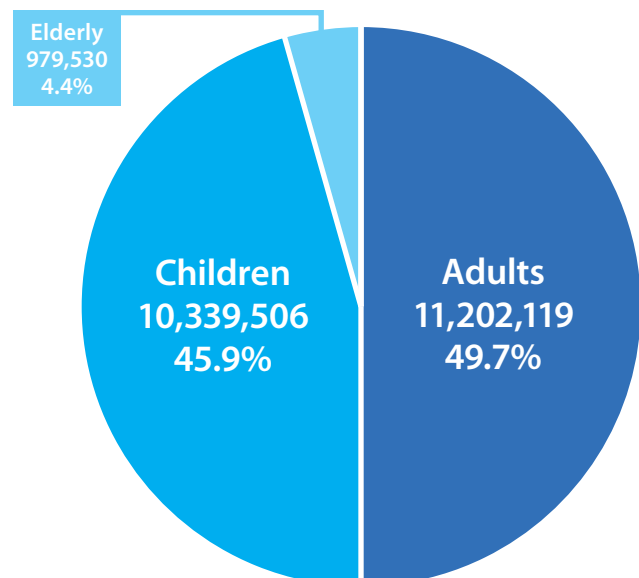
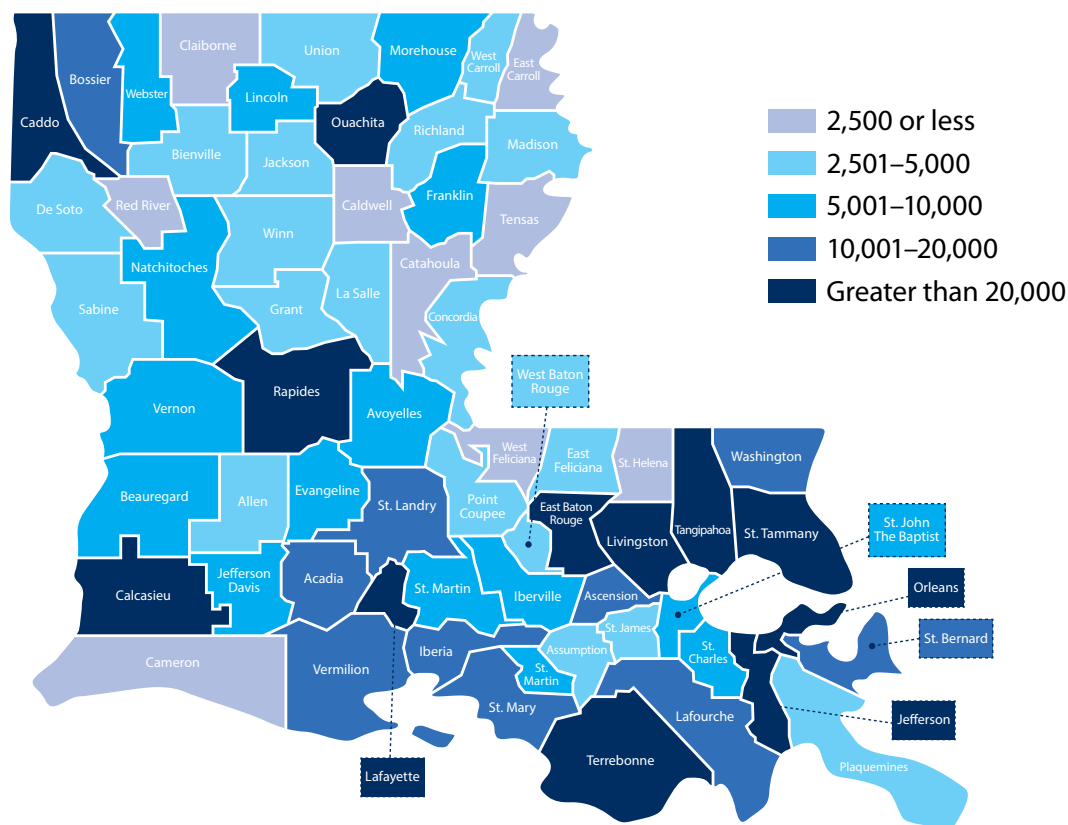
<sup>1</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.<sup>2</sup> Age as of January 1, 2023.<sup>3</sup> Other includes all individuals not in Black/African-American or White.<sup>4</sup> The number of enrollees may not sum to the totals 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<sup>1</sup> and Gender**

| Age Group <sup>2</sup>   | Black/African-American |                |                | White          |                |                | Other <sup>3</sup> |               |                | Grand Total    |
|--------------------------|------------------------|----------------|----------------|----------------|----------------|----------------|--------------------|---------------|----------------|----------------|
|                          | 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        |
| <b>Total<sup>4</sup></b> | <b>147,370</b>         | <b>212,620</b> | <b>359,990</b> | <b>138,757</b> | <b>187,941</b> | <b>326,698</b> | <b>64,794</b>      | <b>61,301</b> | <b>126,095</b> | <b>812,783</b> |

<sup>1</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>2</sup> Age as of January 1, 2023.

<sup>3</sup> Other includes all individuals not in Black/African-American or White.

<sup>4</sup> 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.

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%<sup>7</sup> 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%<sup>8</sup> of FPG for regular CHIP enrollment but with incomes lower than 255%<sup>7</sup> of FPG. Families pay a monthly premium of \$50.

### **Specialized Behavioral Health Services**

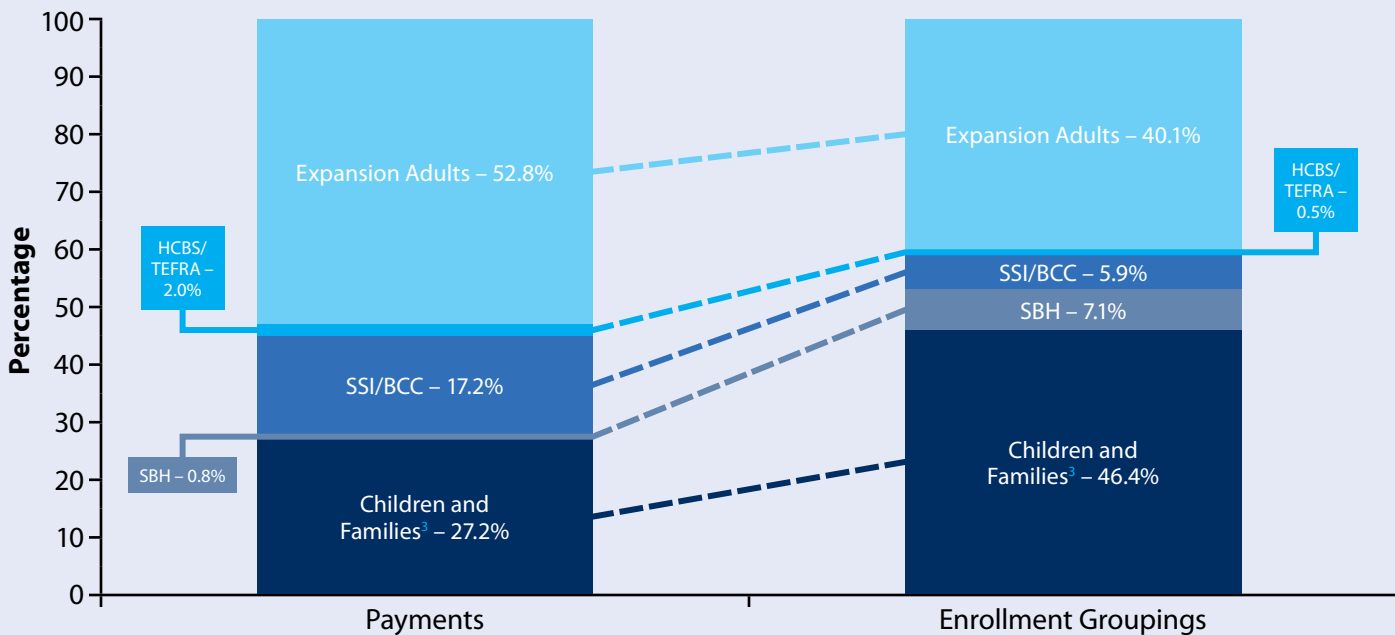
Adults and Children who primarily require aid for specialized behavioral health services. The majority of the people in this category were enrolled in Louisiana Behavioral Health Partnership (LBHP) prior to December 2015. Specialized behavioral health services are provided to all managed care recipients,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

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<sup>7</sup> Limit includes additional 5% income disregard.

**Figure 19: Healthy Louisiana Payments Compared with Enrollment<sup>1</sup> for Groupings of Categories of Assistance<sup>2</sup>**



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



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.

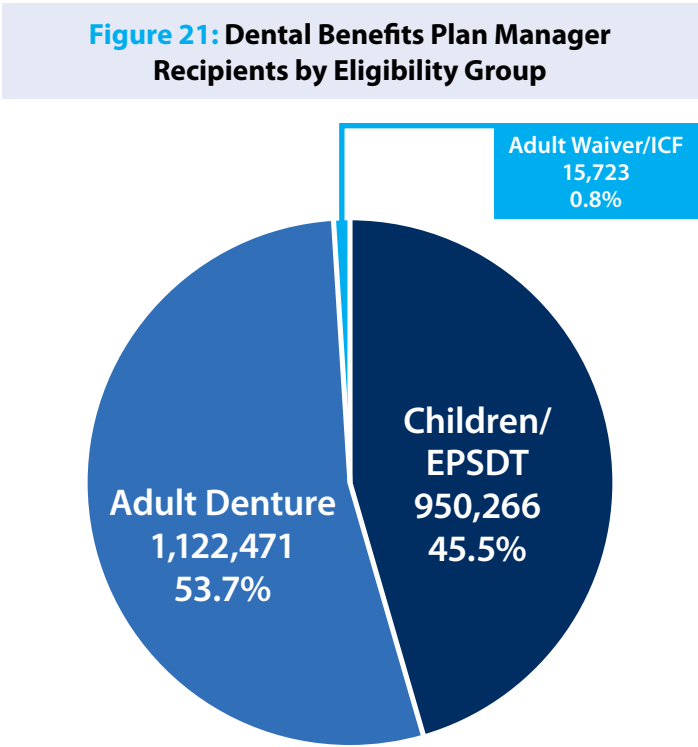
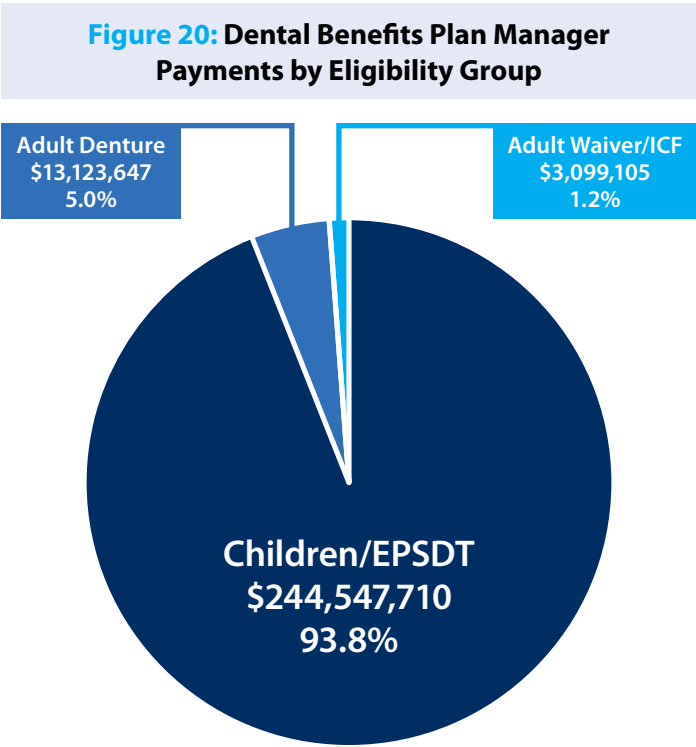
### Adult Dentures

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.



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.

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## MANAGED CARE PAYMENTS

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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                                | Payments               |                      |                        | Ratio of Each Program |                |                | Ratio Between IS & OOS |              |
|----------------------------------------------|------------------------|----------------------|------------------------|-----------------------|----------------|----------------|------------------------|--------------|
|                                              | In-State               | 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 <sup>3</sup>                      | \$824,917,882          | \$12,122,892         | \$837,040,774          | 10.71%                | 2.24%          | 10.15%         | 98.55%                 | 1.45%        |
| <b>Total</b>                                 | <b>\$7,703,570,159</b> | <b>\$541,602,189</b> | <b>\$8,245,172,348</b> | <b>100.00%</b>        | <b>100.00%</b> | <b>100.00%</b> | <b>93.43%</b>          | <b>6.57%</b> |

<sup>1</sup> Used other provider types based on attending NPIs when provider types were error.<sup>2</sup> Providers with no parish listed are included in In-State.<sup>3</sup> 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                                | Number of Providers |               |               | Ratio Between IS & OOS |               |
|----------------------------------------------|---------------------|---------------|---------------|------------------------|---------------|
|                                              | In-State            | 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 <sup>4</sup>                      | 14,962              | 2,898         | 17,686        | 83.77%                 | 16.23%        |
| <b>Total</b>                                 | <b>35,381</b>       | <b>34,473</b> | <b>68,966</b> | <b>50.65%</b>          | <b>49.35%</b> |

<sup>1</sup> Used other provider types based on attending NPIs when provider types were error.<sup>2</sup> Provider numbers may not add up to Total because providers can be listed under multiple provider types. Providers are unduplicated.<sup>3</sup> Providers with no parish listed are included in In-State.<sup>4</sup> 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<sup>1</sup> 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                 |              |
| <b>Total In-State<sup>3</sup></b> |                          | <b>\$2,512,273,543</b>                       | <b>\$2,318,841,984</b>               | <b>\$935,801,069</b> | <b>\$285,797,394</b>      | <b>\$230,256,011</b>    | <b>\$171,611,758</b>         |              |
| <b>Total Out-of-State</b>         |                          | <b>\$308,337,531</b>                         | <b>\$112,366,645</b>                 | <b>\$13,726,194</b>  | <b>\$966,488</b>          | <b>\$898,451</b>        | <b>\$307,651</b>             |              |
| <b>Total</b>                      |                          | <b>\$2,820,611,075</b>                       | <b>\$2,431,208,630</b>               | <b>\$949,527,263</b> | <b>\$286,763,882</b>      | <b>\$231,154,462</b>    | <b>\$171,919,409</b>         |              |
| Region                            |                          | Substance Use Residential Treatment Facility | Non-Licensed Behavioral Health Staff | Independent Lab      | Durable Medical Equipment | All Others <sup>2</sup> | 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            |
| <b>Total In-State<sup>3</sup></b> |                          | <b>\$144,927,252</b>                         | <b>\$136,992,207</b>                 | <b>\$59,335,480</b>  | <b>\$82,815,578</b>       | <b>\$824,917,882</b>    | <b>\$7,703,570,159</b>       | —            |
| <b>Total Out-of-State</b>         |                          | <b>\$52,498</b>                              | <b>\$174,538</b>                     | <b>\$70,770,978</b>  | <b>\$21,878,322</b>       | <b>\$12,122,892</b>     | <b>\$541,602,189</b>         | —            |
| <b>Total</b>                      |                          | <b>\$144,979,750</b>                         | <b>\$137,166,744</b>                 | <b>\$130,106,458</b> | <b>\$104,693,900</b>      | <b>\$837,040,774</b>    | <b>\$8,245,172,348</b>       | —            |

<sup>1</sup> Used other provider types based on attending NPIs when provider types were error.

<sup>2</sup> All Others includes all provider types not in the top ten provider types.

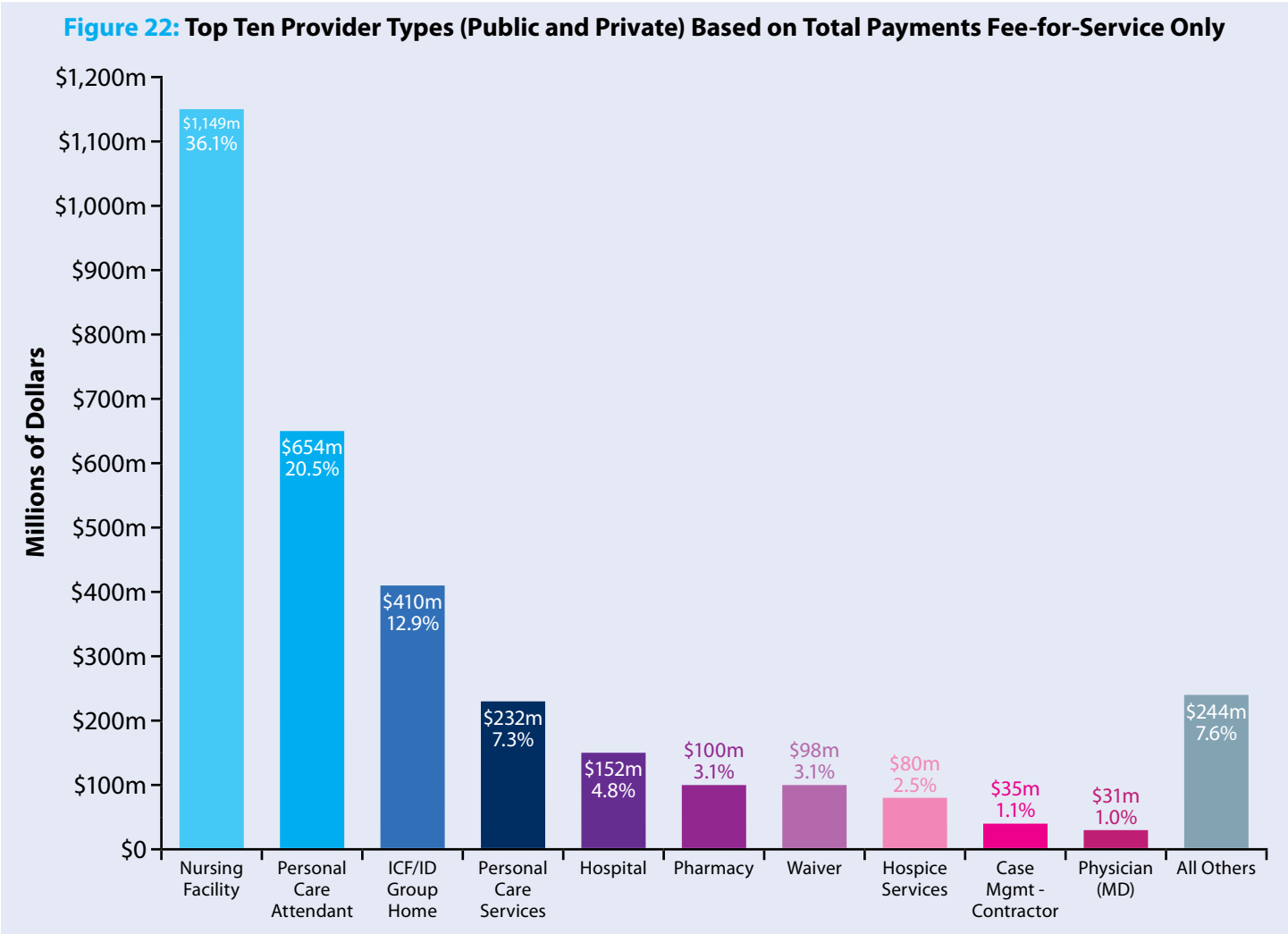
<sup>3</sup> Providers with no parish listed are included in In-State.



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.

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

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.



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               | 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 <sup>2</sup>      | \$242,203,980          | \$1,925,967          | \$244,129,947          | 7.89%                 | 1.66%          | 7.67%          | 99.21%                 | 0.79%         |
| <b>Total</b>                 | <b>\$3,069,122,132</b> | <b>\$115,703,145</b> | <b>\$3,184,825,278</b> | <b>100.00%</b>        | <b>100.00%</b> | <b>100.00%</b> | <b>96.37%</b>          | <b>3.63%</b>  |
| <b>CMS</b>                   | <b>—</b>               | <b>\$719,444,808</b> | <b>\$719,444,808</b>   | <b>—</b>              | <b>—</b>       | <b>—</b>       | <b>—</b>               | <b>—</b>      |
| <b>Grand Total</b>           | <b>\$3,069,122,132</b> | <b>\$835,147,954</b> | <b>\$3,904,270,086</b> | <b>100.00%</b>        | <b>100.00%</b> | <b>100.00%</b> | <b>78.61%</b>          | <b>21.39%</b> |

<sup>1</sup> Providers with no parish listed are included in In-State.<sup>2</sup> 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 |              |               | Ratio Between IS & OOS |              |
|------------------------------|---------------------|--------------|---------------|------------------------|--------------|
|                              | In-State            | 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 <sup>3</sup>      | 11,122              | 223          | 11,339        | 98.03%                 | 1.97%        |
| <b>Total</b>                 | <b>25,939</b>       | <b>633</b>   | <b>26,532</b> | <b>97.62%</b>          | <b>2.38%</b> |

<sup>1</sup> 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.<sup>2</sup> Providers with no parish listed are included in In-State.<sup>3</sup> 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           | —                            |              |
| <b>Total In-State<sup>1</sup></b>                                                      | <b>\$1,148,992,062</b> | <b>\$653,940,602</b>    | <b>\$409,625,819</b> | <b>\$149,693,451</b>   | <b>\$231,894,305</b>   | <b>—</b>                     |              |
| <b>Total Out-of-State<sup>2</sup></b>                                                  | <b>—</b>               | <b>—</b>                | <b>—</b>             | <b>\$2,119,943</b>     | <b>—</b>               | <b>\$97,594,847</b>          |              |
| <b>Total</b>                                                                           | <b>\$1,148,992,062</b> | <b>\$653,940,602</b>    | <b>\$409,625,819</b> | <b>\$151,813,394</b>   | <b>\$231,894,305</b>   | <b>\$97,594,847</b>          |              |
| Region                                                                                 | Hospice Services       | Pharmacy                | Physician (MD)       | Case Mgmt - Contractor | All Others             | 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            |
| <b>Total In-State<sup>1</sup></b>                                                      | <b>\$80,189,365</b>    | <b>\$86,145,300</b>     | <b>\$31,320,695</b>  | <b>\$35,116,553</b>    | <b>\$242,203,980</b>   | <b>\$3,069,122,132</b>       | —            |
| <b>Total Out-of-State<sup>2</sup></b>                                                  | <b>—</b>               | <b>\$14,027,886</b>     | <b>\$34,502</b>      | <b>—</b>               | <b>\$1,925,967</b>     | <b>\$115,703,145</b>         | —            |
| <b>Total</b>                                                                           | <b>\$80,189,365</b>    | <b>\$100,173,186</b>    | <b>\$31,355,197</b>  | <b>\$35,116,553</b>    | <b>\$244,129,947</b>   | <b>\$3,184,825,278</b>       | —            |
| <sup>1</sup> Providers with no parish listed are included in In-State.                 |                        |                         |                      |                        |                        |                              |              |
| <sup>2</sup> Excluding payments to CMS.                                                |                        |                         |                      |                        |                        |                              |              |
| <sup>3</sup> All Others includes all provider types not in the top ten provider types. |                        |                         |                      |                        |                        |                              |              |

Case 2:22-cv-00223-Z Document 264-6 Filed 09/19/25 Page 190 of 805 PageID 18508  
**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).

| <b>Table 37: FFS Payments, Number of Providers and Recipients by State Based on Out-of-State Payments</b> |    |                       |            |               |
|-----------------------------------------------------------------------------------------------------------|----|-----------------------|------------|---------------|
| State                                                                                                     |    | Payments <sup>1</sup> | 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            |
| <b>Total<sup>2</sup></b>                                                                                  |    | <b>\$115,703,145</b>  | <b>634</b> | <b>13,360</b> |

<sup>1</sup> Any negative amounts reflect a net negative payment due to recoupment of prior year payments.

<sup>2</sup> 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, accessibility 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).



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 <sup>1</sup> | 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 <sup>2</sup>     | 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 <sup>1</sup>  | 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 <sup>2</sup>     | 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 <sup>2</sup>   | 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 <sup>2</sup>              | 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 |

<sup>1</sup> Obtained February 14, 2024 from <http://ldh.la.gov/index.cfm/newsroom/detail/1433>.

<sup>2</sup> 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 | Direct Waiver | Non-Waiver   | Total Payments |
|----------------------------------|-------------------|-----------------|--------------|------------|---------------|--------------|----------------|
| 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 <sup>3</sup>   | 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 <sup>3</sup>   | 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 <sup>3</sup> | 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 <sup>3</sup>            | 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   |

<sup>1</sup> Recipient counts are based on waiver services payments.<sup>2</sup> 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.<sup>3</sup> 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

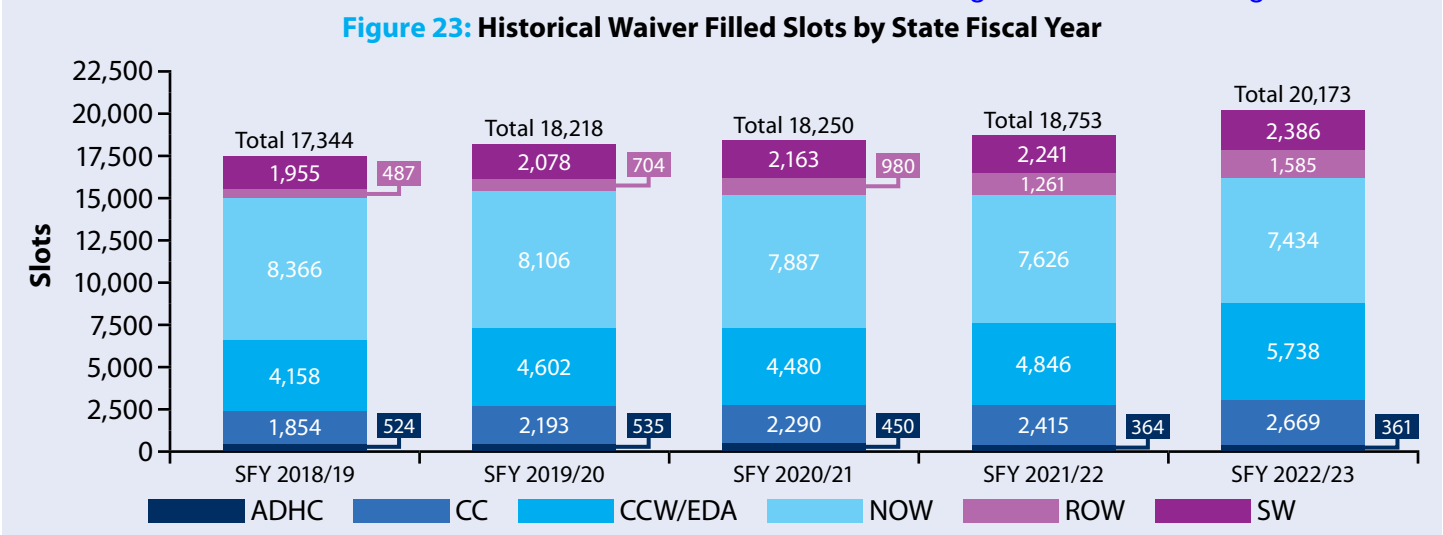


Figure 24: Historical Waiver Recipients by State Fiscal Year

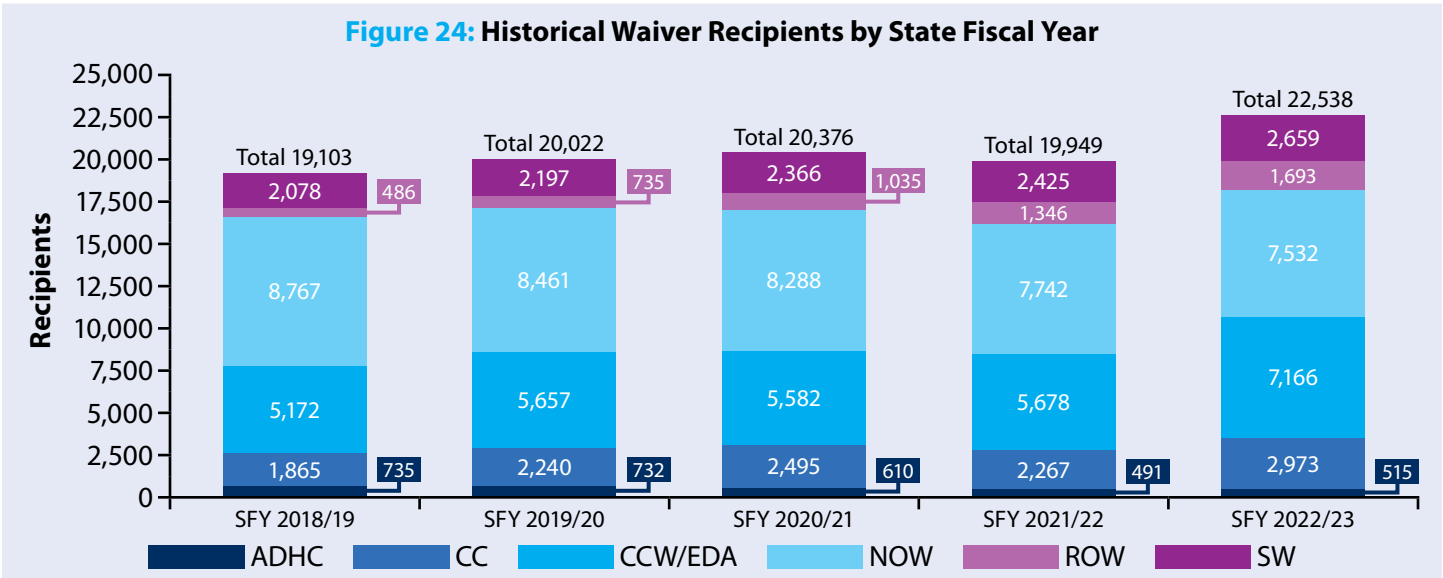
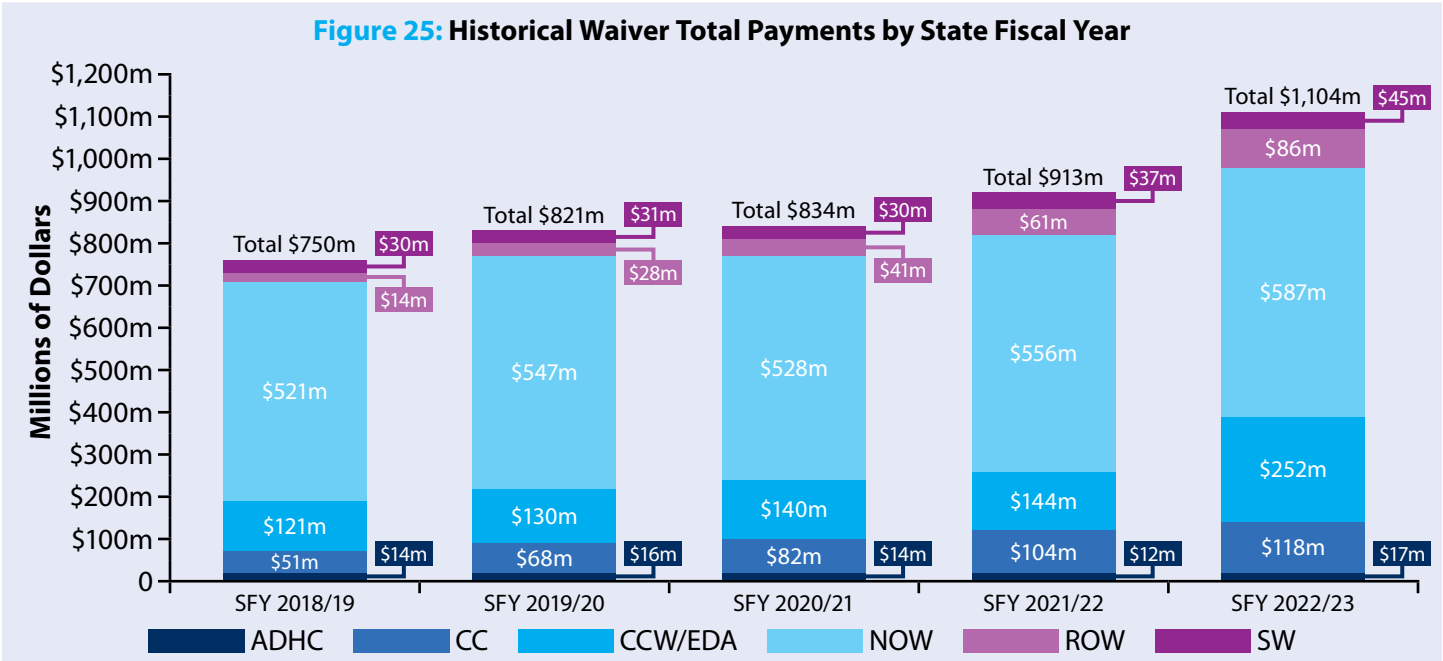


Figure 25: Historical Waiver Total Payments by State Fiscal Year



# APPENDIX A: PARISH LEVEL TABLES

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

|    | Parish           | 2022 Population | Medicaid Enrollees <sup>2</sup> | Poverty Percentage | Enrollees/Population Ratio | Rank | Medicaid Recipients <sup>2</sup> | Payments <sup>1</sup> | 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  | Medicaid Enrollees <sup>2</sup> | Poverty Percentage <sup>3</sup> | Enrollees/Population Ratio | Rank     | Medicaid Recipients <sup>2</sup> | Payments <sup>4</sup>   | 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               |
| <b>Total</b>        | <b>4,590,241</b> | <b>2,136,072</b>                | <b>18.6</b>                     | <b>46.5%</b>               | <b>—</b> | <b>2,145,426</b>                 | <b>\$14,832,088,398</b> | <b>\$6,913</b>        |

<sup>1</sup> 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>.

<sup>2</sup> 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.

<sup>3</sup> 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>.

<sup>4</sup> Payments are based on recipient parish payments.

**Table AA2: Enrollees, Recipients and Payments by Race<sup>1</sup> and Parish (Part 1)**

| Parish              | 2022/23 Population <sup>2</sup> |         |        |         | Enrollees <sup>3</sup> |        |        |         |
|---------------------|---------------------------------|---------|--------|---------|------------------------|--------|--------|---------|
|                     | Black/African-American          | White   | Other  | Total   | Black/African-American | White  | Other  | 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     |                  |                |                  | Enrollees              |                |                |                  |
|---------------------|------------------------|------------------|----------------|------------------|------------------------|----------------|----------------|------------------|
|                     | Black/African-American | White            | Other          | Total            | Black/African-American | White          | Other          | 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           |
| <b>Total</b>        | <b>1,504,750</b>       | <b>2,868,945</b> | <b>216,546</b> | <b>4,590,241</b> | <b>958,453</b>         | <b>799,563</b> | <b>378,056</b> | <b>2,136,072</b> |

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**Table AA2: Enrollees, Recipients and Payments by Race<sup>1</sup> and Parish (Part 2)**

| Parish              | Recipients <sup>3</sup> |        |        |         | Payments <sup>5</sup>  |               |                    |                 |
|---------------------|-------------------------|--------|--------|---------|------------------------|---------------|--------------------|-----------------|
|                     | Black/African-American  | White  | Other  | Total   | Black/African-American | White         | Other <sup>6</sup> | 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   |

*continued on next page...*

| Parish              | Recipients <sup>1</sup> |                |                    |                  | Payments <sup>5</sup>  |                        |                        |                         |
|---------------------|-------------------------|----------------|--------------------|------------------|------------------------|------------------------|------------------------|-------------------------|
|                     | Black/African-American  | White          | Other <sup>3</sup> | Total            | Black/African-American | White                  | Other <sup>3</sup>     | 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            |
| <b>Total</b>        | <b>962,165</b>          | <b>804,553</b> | <b>378,708</b>     | <b>2,145,426</b> | <b>\$6,730,297,476</b> | <b>\$5,607,327,200</b> | <b>\$2,494,463,720</b> | <b>\$14,832,088,398</b> |

<sup>1</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>2</sup> 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>.

<sup>3</sup> 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.

<sup>4</sup> Other includes all individuals not in Black/African-American or White.

<sup>5</sup> Payments are based on recipient parish payments.



**Table AA3: Healthy Louisiana Payments<sup>1</sup> and Recipients<sup>2</sup> by Parish and Health Plan (Part 1)**

| Parish              | Aetna Better Health of Louisiana |               | AmeriHealth Caritas of Louisiana |               | Healthy Blue |               | Humana Healthy Horizons <sup>3</sup> |              |
|---------------------|----------------------------------|---------------|----------------------------------|---------------|--------------|---------------|--------------------------------------|--------------|
|                     | 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  |

*continued on next page...*



| Parish              | Aetna Better Health of Louisiana |                      | AmeriHealth Caritas of Louisiana |                        | Healthy Blue   |                        | Humana Healthy Horizons |                      |
|---------------------|----------------------------------|----------------------|----------------------------------|------------------------|----------------|------------------------|-------------------------|----------------------|
|                     | 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            |
| <b>Total</b>        | <b>257,189</b>                   | <b>\$971,270,401</b> | <b>354,162</b>                   | <b>\$1,358,830,433</b> | <b>524,339</b> | <b>\$2,193,240,071</b> | <b>159,316</b>          | <b>\$233,559,400</b> |

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**Table AA3: Healthy Louisiana Payments<sup>1</sup> and Recipients<sup>2</sup> 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 |                        | United Healthcare of Louisiana |                        | Total (across all plans) |                         |
|---------------------|----------------------------------|------------------------|--------------------------------|------------------------|--------------------------|-------------------------|
|                     | Recipients                       | Payments               | Recipients                     | Payments               | Recipients               | 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            |
| <b>Total</b>        | <b>720,289</b>                   | <b>\$2,962,232,359</b> | <b>690,188</b>                 | <b>\$2,876,486,714</b> | <b>1,978,599</b>         | <b>\$10,595,619,379</b> |

<sup>1</sup> Payments are based on recipient parish payments.

<sup>2</sup> 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.

<sup>3</sup> 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<sup>1</sup> by Parish, Race<sup>2</sup> 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            |
| <b>Total</b>        | <b>\$2,081,646,148</b> | <b>\$2,816,879,465</b> | <b>\$4,898,525,613</b> | <b>\$1,610,202,949</b> | <b>\$2,304,475,317</b> | <b>\$3,914,678,267</b> |

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**Table AA4: Healthy Louisiana Payments<sup>1</sup> by Parish, Race<sup>2</sup> and Gender (Part 2)**

|    | Parish           | Other <sup>3</sup> |               |               | 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 <sup>1</sup>   |                      |                        | 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            |
| <b>Total</b>        | <b>\$860,630,701</b> | <b>\$921,784,798</b> | <b>\$1,782,415,499</b> | <b>\$4,552,479,799</b>   | <b>\$6,043,139,580</b> | <b>\$10,595,619,379</b> |

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



**Table AA5: Healthy Louisiana Recipients<sup>1</sup> by Parish, Race<sup>2</sup> and Gender**

| Parish             | Black/African-American |        |         | White  |        |        | Other <sup>3</sup> |        |        | 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 <sup>3</sup> |                |                | 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           |
| <b>Total</b>      | <b>395,573</b>         | <b>501,025</b> | <b>896,598</b> | <b>326,066</b> | <b>413,472</b> | <b>739,538</b> | <b>167,594</b>     | <b>174,869</b> | <b>342,463</b> | <b>889,233</b>           | <b>1,089,366</b> | <b>1,978,599</b> |

<sup>1</sup> 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.

<sup>2</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>3</sup> Other includes all individuals not in Black/African-American or White.

**Table AA6: Expansion Enrollees<sup>1</sup> by Parish, Race<sup>2</sup> and Gender**

| Parish             | Black/African-American |        |        | White  |        |        | Other <sup>3</sup> |        |        | 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  |

*continued on next page...*

| Parish            | Black/African-American |                |                | White          |                |                | Other <sup>2</sup> |               |                | 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          |
| <b>Total</b>      | <b>149,405</b>         | <b>214,240</b> | <b>363,645</b> | <b>140,870</b> | <b>190,080</b> | <b>330,950</b> | <b>66,512</b>      | <b>62,456</b> | <b>128,968</b> | <b>356,787</b>           | <b>466,776</b> | <b>823,563</b> |

<sup>1</sup> 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.

<sup>2</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>3</sup> Other includes all individuals not in Black/African-American or White.

**Table AA7: Healthy Louisiana Payments<sup>1</sup> and Recipients<sup>2</sup> by Category of Assistance (Part 1)**

| Parish |                 | Family and Children |            | Home and Community-Based Services/Chisholm |            | Maternity Kick Payments |            | Social Security Income/<br>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      |

continued on next page...

| Parish            | Family and Children    |                | Home and Community-     |               | Maternity Kick Payments |               | Social Security Income/<br>Breast and Cervical Cancer |                |
|-------------------|------------------------|----------------|-------------------------|---------------|-------------------------|---------------|-------------------------------------------------------|----------------|
|                   | Payments               | Recipients     | Based Services/Chisholm | 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            |
| <b>Total</b>      | <b>\$2,737,331,060</b> | <b>938,362</b> | <b>\$190,756,710</b>    | <b>10,518</b> | <b>\$231,127,824</b>    | <b>20,973</b> | <b>\$1,768,076,553</b>                                | <b>123,021</b> |

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**Table AA7: Healthy Louisiana Payments<sup>1</sup> and Recipients<sup>2</sup> by Category of Assistance (Part 2)**

| Parish             | Specialized Behavioral Health Services |            | Expansion     |            | Children Medicaid Option <sup>3</sup> |            | 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 <sup>3</sup> |              | 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           |
| <b>Total</b>      | <b>\$77,870,567</b>                    | <b>147,417</b> | <b>\$5,345,544,531</b> | <b>814,704</b> | <b>\$11,352,733</b>                   | <b>1,126</b> | <b>\$10,362,059,979</b>       | <b>1,960,665</b> |

<sup>1</sup> Payments are based on recipient parish payments.

<sup>2</sup> 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.

<sup>3</sup> 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<sup>1</sup> and Recipients<sup>2</sup> by Eligibility Group**

|    | Parish           | Children/EPSTDT |            | Adult Denture |            | Adult Waiver/ICF |            | 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   |               | 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           |
| <b>Total</b>        | <b>\$244,547,710</b> | <b>950,266</b> | <b>\$13,123,647</b> | <b>1,122,471</b> | <b>\$3,099,105</b> | <b>15,723</b> | <b>\$260,770,462</b>      | <b>2,017,045</b> |

<sup>1</sup> Payments are based on recipient parish payments.

<sup>2</sup> 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.

<sup>3</sup> 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](https://ldh.la.gov/assets/BayouHealth/Information_Bulletins/2023/IB23-07.pdf).

**Table AA9: Dental Benefits Plan Manager Payments<sup>1</sup> by Parish, Race<sup>2</sup> 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 |                     |                      | White               |                     |                     |
|---------------------|------------------------|---------------------|----------------------|---------------------|---------------------|---------------------|
|                     | Male                   | Female              | Total                | Male                | Female              | 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           |
| <b>Total</b>        | <b>\$59,857,106</b>    | <b>\$60,525,130</b> | <b>\$120,382,236</b> | <b>\$46,628,652</b> | <b>\$46,062,400</b> | <b>\$92,691,052</b> |

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**Table AA9: Dental Benefits Plan Manager Payments<sup>1</sup> by Parish, Race<sup>2</sup> and Gender (Part 2)**

|    | Parish           | Other <sup>3</sup> |             |             | 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 <sup>1</sup>  |                     |                     | Total (across all races) |                      |                      |
|---------------------|---------------------|---------------------|---------------------|--------------------------|----------------------|----------------------|
|                     | Male                | Female              | Total               | Male                     | Female               | 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            |
| <b>Total</b>        | <b>\$24,186,385</b> | <b>\$23,510,789</b> | <b>\$47,697,174</b> | <b>\$130,672,142</b>     | <b>\$130,098,320</b> | <b>\$260,770,462</b> |

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

**Table AA10: Dental Benefits Recipients<sup>1</sup> by Parish, Race<sup>2</sup> and Gender**

| Parish             | Black/African-American |        |         | White  |        |        | Other <sup>3</sup> |        |        | 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 <sup>2</sup> |                |                | 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           |
| <b>Total</b>      | <b>402,372</b>         | <b>508,244</b> | <b>910,616</b> | <b>333,075</b> | <b>421,491</b> | <b>754,566</b> | <b>171,618</b>     | <b>180,245</b> | <b>351,863</b> | <b>907,065</b>           | <b>1,109,980</b> | <b>2,017,045</b> |

<sup>1</sup> 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.

<sup>2</sup> From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

<sup>3</sup> 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<sup>1</sup>**

| Parish             | LaCHIP (XXI) <sup>2</sup> |                          |                         | Medicaid (XIX) |                        |                         | Total (XXI and XIX) |                        |                         |
|--------------------|---------------------------|--------------------------|-------------------------|----------------|------------------------|-------------------------|---------------------|------------------------|-------------------------|
|                    | Payments                  | Enrollees <sup>3,4</sup> | Recipients <sup>4</sup> | Payments       | Enrollees <sup>4</sup> | Recipients <sup>4</sup> | Payments            | Enrollees <sup>4</sup> | Recipients <sup>4</sup> |
| 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                   |

*continued on next page...*



| Parish            | LaCHIP (XXI) <sup>2</sup> |                          |                         | Medicaid (XIX)         |                        |                         | Total (XXI and XIX)    |                        |                         |
|-------------------|---------------------------|--------------------------|-------------------------|------------------------|------------------------|-------------------------|------------------------|------------------------|-------------------------|
|                   | Payments                  | Enrollees <sup>3,4</sup> | Recipients <sup>4</sup> | Payments               | Enrollees <sup>4</sup> | Recipients <sup>4</sup> | Payments               | Enrollees <sup>4</sup> | Recipients <sup>4</sup> |
| 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                   |
| <b>Total</b>      | <b>\$582,561,919</b>      | <b>232,072</b>           | <b>248,880</b>          | <b>\$3,168,081,398</b> | <b>762,471</b>         | <b>786,334</b>          | <b>\$3,750,643,317</b> | <b>916,668</b>         | <b>921,150</b>          |

<sup>1</sup> 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.

<sup>2</sup> LaCHIP payment and recipient amounts are underestimated due to LaCHIP's previous payment methodology.

<sup>3</sup> Since LaCHIP IV is based on pregnancy, some enrollees may be older than 20.

<sup>4</sup> 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               | <b>-\$3,752</b>   | \$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            |
| <b>Total In-State<sup>1</sup></b>     |                  | <b>\$1,148,992,062</b> | <b>\$653,940,602</b>    | <b>\$409,625,819</b> | <b>\$231,894,305</b>   | <b>\$149,693,451</b> | <b>\$86,145,300</b>  |
| <b>Total Out-of-State<sup>2</sup></b> |                  | <b>—</b>               | <b>—</b>                | <b>—</b>             | <b>—</b>               | <b>\$2,119,943</b>   | <b>\$14,027,886</b>  |
| <b>Total</b>                          |                  | <b>\$1,148,992,062</b> | <b>\$653,940,602</b>    | <b>\$409,625,819</b> | <b>\$231,894,305</b>   | <b>\$151,813,394</b> | <b>\$100,173,186</b> |

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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 <sup>3</sup> | 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 <sup>3</sup> | 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           |
| <b>Total In-State<sup>1</sup></b>     | —                   | <b>\$80,189,365</b> | <b>\$35,116,553</b>    | <b>\$31,320,695</b> | <b>\$242,203,980</b>    | <b>\$3,069,122,132</b>       | —            |
| <b>Total Out-of-State<sup>2</sup></b> | <b>\$97,594,847</b> | —                   | —                      | <b>\$34,502</b>     | <b>\$1,925,967</b>      | <b>\$115,703,145</b>         | —            |
| <b>Total</b>                          | <b>\$97,594,847</b> | <b>\$80,189,365</b> | <b>\$35,116,553</b>    | <b>\$31,355,197</b> | <b>\$244,129,947</b>    | <b>\$3,184,825,278</b>       | —            |

<sup>1</sup> Providers with no parish listed are included in In-State.<sup>2</sup> Excluding payments to CMS.<sup>3</sup> 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<sup>1</sup> 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            |
| <b>Total In-State<sup>2</sup></b> | <b>344</b>         | <b>485</b>              | <b>688</b>        | <b>432</b>             | <b>296</b> | 1,196        |
| <b>Total Out-of-State</b>         | <b>1</b>           | <b>—</b>                | <b>—</b>          | <b>—</b>               | <b>98</b>  | <b>49</b>    |
| <b>Total<sup>3</sup></b>          | <b>345</b>         | <b>485</b>              | <b>688</b>        | <b>432</b>             | <b>390</b> | <b>1,244</b> |

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**Table AA13: Number of Providers by Parish for the Top Ten Provider Types<sup>1</sup> Based on Payments (Part 2)**

|    | Parish           | Waiver | Hospice Services | Case Mgmt - Contractor | Physician (MD) | All Others <sup>4</sup> | 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 <sup>4</sup> | Total<br>(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           |
| <b>Total In-State<sup>2</sup></b> | —        | <b>180</b>       | <b>35</b>              | <b>12,165</b>  | <b>11,122</b>           | <b>25,939</b>                   | —            |
| <b>Total Out-of-State</b>         | <b>2</b> | —                | —                      | 265            | <b>223</b>              | <b>633</b>                      | —            |
| <b>Total<sup>3</sup></b>          | <b>2</b> | <b>180</b>       | <b>35</b>              | <b>12,399</b>  | <b>11,339</b>           | <b>26,532</b>                   | —            |

<sup>1</sup> Used other provider types based on attending NPIs when provider types resulted in an error.

<sup>2</sup> Providers with no parish listed are included in In-State.

<sup>3</sup> 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.

<sup>4</sup> All Others includes all provider types not in the top ten provider types.

**Table AA14: Number of Recipients<sup>1</sup> by Parish for the Top Ten Provider Types<sup>2</sup> 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           |
| <b>Total In-State</b>     | <b>28,533</b>      | <b>13,828</b>           | <b>4,219</b>      | <b>13,263</b>          | <b>147,869</b> | <b>71,517</b> |
| <b>Total Out-of-State</b> | <b>1</b>           | <b>—</b>                | <b>—</b>          | <b>—</b>               | <b>539</b>     | <b>1,357</b>  |
| <b>Total</b>              | <b>28,534</b>      | <b>13,828</b>           | <b>4,219</b>      | <b>13,263</b>          | <b>148,043</b> | <b>72,349</b> |

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**Table AA14: Number of Recipients<sup>1</sup> by Parish for the Top Ten Provider Types<sup>2</sup> Based on Payments (Part 2)**

|    | Parish           | Waiver | Hospice Services | Case Mgmt - Contractor | Physician (MD) | All Others <sup>3</sup> | 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 <sup>3</sup> | 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           |
| <b>Total In-State</b>     | —            | <b>5,611</b>     | <b>15,507</b>          | <b>168,619</b> | <b>252,263</b>          | <b>363,897</b>               | —            |
| <b>Total Out-of-State</b> | <b>2,342</b> | —                | —                      | <b>1,210</b>   | <b>8,818</b>            | <b>13,360</b>                | —            |
| <b>Total</b>              | <b>2,342</b> | <b>5,611</b>     | <b>15,507</b>          | <b>168,719</b> | <b>253,178</b>          | <b>364,293</b>               | —            |

<sup>1</sup> 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.

<sup>2</sup> Used other provider types based on attending NPIs when provider types resulted in an error.

<sup>3</sup> 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<sup>1</sup> 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           |
| <b>Total In-State</b>     |                  | <b>\$40,269</b>    | <b>\$47,291</b>         | <b>\$97,091</b>   | <b>\$17,484</b>        | <b>\$1,012</b> | <b>\$1,205</b>  |
| <b>Total Out-of-State</b> |                  | —                  | —                       | —                 | —                      | <b>\$3,933</b> | <b>\$10,337</b> |
| <b>Total</b>              |                  | <b>\$40,267</b>    | <b>\$47,291</b>         | <b>\$97,091</b>   | <b>\$17,484</b>        | <b>\$1,025</b> | <b>\$1,385</b>  |

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**Table AA15: Payments per Recipient by Parish for the Top Ten Provider Types<sup>1</sup> Based on Payments (Part 2)**

|    | Parish           | Waiver | Hospice Services | Case Mgmt - Contractor | Physician (MD) | All Others <sup>2</sup> | 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 <sup>2</sup> | 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           |
| <b>Total In-State</b>     |                  | —               | <b>\$14,291</b>  | <b>\$2,265</b>         | <b>\$186</b>   | <b>\$960</b>            | <b>\$8,434</b>               | —            |
| <b>Total Out-of-State</b> |                  | <b>\$41,672</b> | —                | —                      | <b>\$29</b>    | <b>\$218</b>            | <b>\$8,660</b>               | —            |
| <b>Total</b>              |                  | <b>\$41,672</b> | <b>\$14,291</b>  | <b>\$2,265</b>         | <b>\$186</b>   | <b>\$964</b>            | <b>\$8,742</b>               | —            |

<sup>1</sup> Used other provider types based on attending NPIs when provider types resulted in an error.<sup>2</sup> 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 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.

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.

**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.

**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.

**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.

**(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.

Case 2:22-cv-00223-Z Document 264-6  
**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.

Filed 09/19/25 Page 249 of 805 PageID 18567  
**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

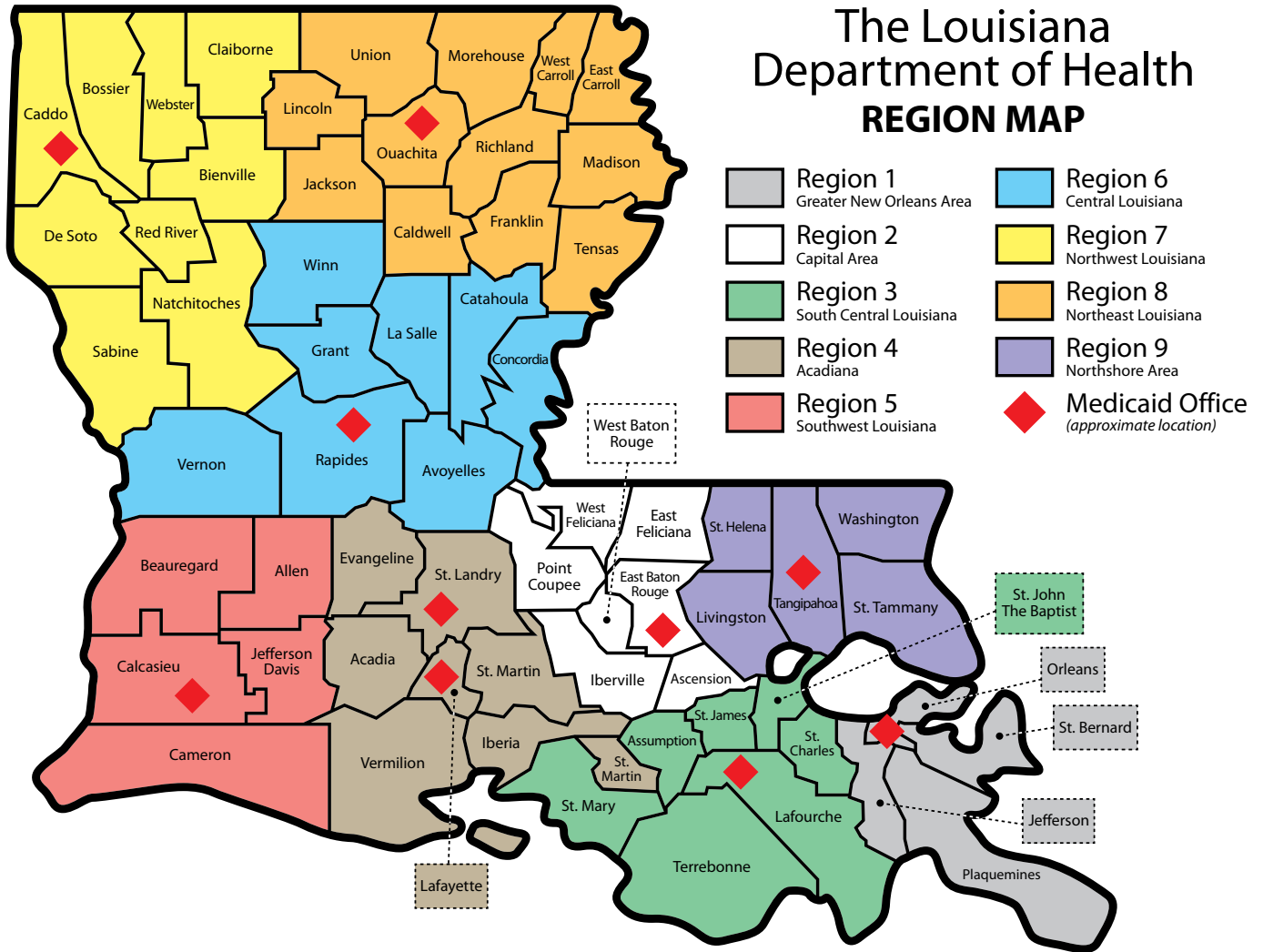
|              |                                                        |               |                                                            |
|--------------|--------------------------------------------------------|---------------|------------------------------------------------------------|
| <b>ABA</b>   | Applied Behavior Analysis                              | <b>FFY</b>    | Federal Fiscal Year                                        |
| <b>ACA</b>   | Affordable Care Act                                    | <b>FITAP</b>  | Family Independence Temporary Assistance Program           |
| <b>ADHC</b>  | Adult Day Health Care                                  | <b>FMAP</b>   | Federal Medical Assistance Percentage                      |
| <b>ADL</b>   | Activities of Daily Living                             | <b>FOA</b>    | Federal Opportunity Act                                    |
| <b>AFDC</b>  | Aid to Families with Dependent Children<br>(Now LIFC)  | <b>FPG</b>    | Federal Poverty Guidelines                                 |
| <b>BCOS</b>  | Budget Category of Service                             | <b>FPL</b>    | Federal Poverty Level                                      |
| <b>BHSF</b>  | Bureau of Health Services Financing<br>(Also Medicaid) | <b>FQHC</b>   | Federally Qualified Health Center                          |
| <b>BOE</b>   | Basis of Eligibility                                   | <b>FSO</b>    | Family Support Organizations                               |
| <b>CC</b>    | Children's Choice Waiver                               | <b>GNOCHC</b> | Greater New Orleans Community Health Connection            |
| <b>CCW</b>   | Community Choices Waiver                               | <b>HCBS</b>   | Home and Community-Based Services                          |
| <b>CDC</b>   | Centers for Disease Control                            | <b>HCSO</b>   | Health Care Services Division                              |
| <b>CHAMP</b> | Child Health and Maternity Program                     | <b>HEDIS</b>  | Healthcare Effectiveness Data and Information Set          |
| <b>CMS</b>   | Center for Medicare and Medicaid Services              | <b>HIT</b>    | Health Information Technology                              |
| <b>CPI</b>   | Consumer Price Index                                   | <b>HSC</b>    | Health Sciences Center                                     |
| <b>CSOC</b>  | Coordinated System of Care                             | <b>IADL</b>   | Instrumental Activities of Daily Living                    |
| <b>CWO</b>   | Child Welfare Office                                   | <b>ICF/ID</b> | Intermediate Care Facility – Intellectually Disabled       |
| <b>CY</b>    | Calendar Year                                          | <b>LaCHIP</b> | Louisiana Children's Health Insurance Program              |
| <b>DAC</b>   | Disabled Adult Child                                   | <b>LaGOV</b>  | LaGOV Enterprise Resource Planning System – Finance Module |
| <b>DBPM</b>  | Dental Benefits Plan Manager                           | <b>LaHIPP</b> | Louisiana Health Insurance Premium Payment                 |
| <b>DD</b>    | Developmentally Disabled                               | <b>LAP</b>    | LaCHIP Affordable Plan                                     |
| <b>DHHS</b>  | Department of Health and Human Services                | <b>LBHP</b>   | Louisiana Behavioral Health Partnership                    |
| <b>DME</b>   | Durable Medical Equipment                              | <b>LDH</b>    | Louisiana Department of Health                             |
| <b>DOE</b>   | Department of Education                                | <b>LIFC</b>   | Low Income Families with Children                          |
| <b>DOP</b>   | Date of Payment                                        | <b>LINCCA</b> | Low Income and Needy Care Collaboration Agreement          |
| <b>DOS</b>   | Date of Service                                        | <b>LIS</b>    | Low Income Subsidy                                         |
| <b>DRA</b>   | Deficit Reduction Act of 2005                          | <b>LSU</b>    | Louisiana State University                                 |
| <b>DSH</b>   | Disproportionate Share Hospitals                       | <b>LSUMC</b>  | Louisiana State University Medical Center                  |
| <b>ESO</b>   | Economic Stability Office                              | <b>LTC</b>    | Long Term Care                                             |
| <b>EDA</b>   | Elderly and Disabled Adult                             | <b>LT-PCS</b> | Long Term – Personal Care Services                         |
| <b>EHR</b>   | Electronic Health Records                              | <b>LTSS</b>   | Long Term Services and Supports                            |
| <b>EPSDT</b> | Early and Periodic Screening, Diagnosis and Treatment  | <b>MAGI</b>   | Modified Adjusted Gross Income                             |
| <b>ESRD</b>  | End Stage Renal Disease                                |               |                                                            |
| <b>FFP</b>   | Federal Financial Participation (Also FMAP)            |               |                                                            |
| <b>FFS</b>   | Fee-for-Service                                        |               |                                                            |

|                |                                                             |
|----------------|-------------------------------------------------------------|
| <b>MARS</b>    | Management Administrative Reporting Subsystem               |
| <b>MCE</b>     | Managed Care Entity                                         |
| <b>MCO</b>     | Managed Care Organization                                   |
| <b>MD</b>      | Medical Doctor                                              |
| <b>MDW</b>     | MARS Data Warehouse                                         |
| <b>MLTSS</b>   | Managed Long Term Supports and Services                     |
| <b>MMA</b>     | Medicare Modernization Act of 2003                          |
| <b>MMIS</b>    | Medicaid Management Information System                      |
| <b>MNP</b>     | Medically Needy Program                                     |
| <b>MPP</b>     | Medicaid Purchase Plan                                      |
| <b>MSP</b>     | Medicare Savings Program                                    |
| <b>MVA</b>     | Medical Vendor Administration                               |
| <b>MVP</b>     | Medical Vendor Payment                                      |
| <b>NBCCEDP</b> | National Breast and Cervical Cancer Early Detection Program |
| <b>NCQA</b>    | National Committee for Quality Assurance                    |
| <b>NEMT</b>    | Non-Emergency Medical Transportation                        |
| <b>NOW</b>     | New Opportunities Waiver                                    |
| <b>OAAS</b>    | Office of Aging and Adult Services                          |
| <b>OBH</b>     | Office of Behavioral Health                                 |
| <b>OCDD</b>    | Office For Citizens with Developmental Disabilities         |
| <b>OLOL</b>    | Our Lady of the Lake                                        |
| <b>OMF</b>     | Office of Management and Finance                            |
| <b>OOS</b>     | Out-of-State                                                |
| <b>PACE</b>    | Program of All-Inclusive Care for the Elderly               |
| <b>PAS</b>     | Personal Assistance Services                                |
| <b>PCCM</b>    | Primary Care Case Management                                |
| <b>PCP</b>     | Primary Care Physician/Provider                             |
| <b>PCS</b>     | Personal Care Services                                      |
| <b>PMPM</b>    | Per-Member-Per-Month                                        |
| <b>PSH</b>     | Permanent Supportive Housing                                |
| <b>PSP</b>     | Prohibited SSI Provisions                                   |
| <b>QDWI</b>    | Qualified Disabled Working Individual                       |
| <b>QI</b>      | Qualified Individuals                                       |
| <b>QMB</b>     | Qualified Medicare Beneficiary                              |
| <b>RFP</b>     | Request for Proposal                                        |
| <b>RFSR</b>    | Request for Services Registry                               |

|              |                                                |
|--------------|------------------------------------------------|
| <b>ROW</b>   | Residential Options Waiver                     |
| <b>RSDI</b>  | Retirement, Survivors and Disability Insurance |
| <b>SBH</b>   | School Based Hospital                          |
| <b>SCHIP</b> | State Children's Health Insurance Program      |
| <b>SFY</b>   | State Fiscal Year                              |
| <b>SGA</b>   | Substantial Gainful Activity                   |
| <b>SLMB</b>  | Specified Low-Income Beneficiary               |
| <b>SMO</b>   | Statewide Management Organization              |
| <b>SSA</b>   | Social Security Administration                 |
| <b>SSI</b>   | Supplemental Security Income                   |
| <b>SW</b>    | Supports Waiver                                |
| <b>TANF</b>  | Temporary Aid for Needy Families               |
| <b>TB</b>    | Tuberculosis                                   |
| <b>UCC</b>   | Uncompensated Care Costs                       |
| <b>UPL</b>   | Upper Payment Limit                            |
| <b>WAA</b>   | Wrap Around Agencies                           |



# APPENDIX E: MEDICAID OFFICE INFORMATION



## 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

## 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

## 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)



# 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<sup>1</sup> despite a decrease in the volume of inpatient stays<sup>2</sup> and emergency department (ED) visits<sup>3,4</sup> during the COVID-19 pandemic. Most hospital inpatient stays in 2021 (59.1 percent) included evidence of ED services prior to admission.<sup>5</sup> Further, in 2021, 18.0 percent of adults in the United States reported that they had an ED visit during the previous 12 months.<sup>6</sup> 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.<sup>7</sup>

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

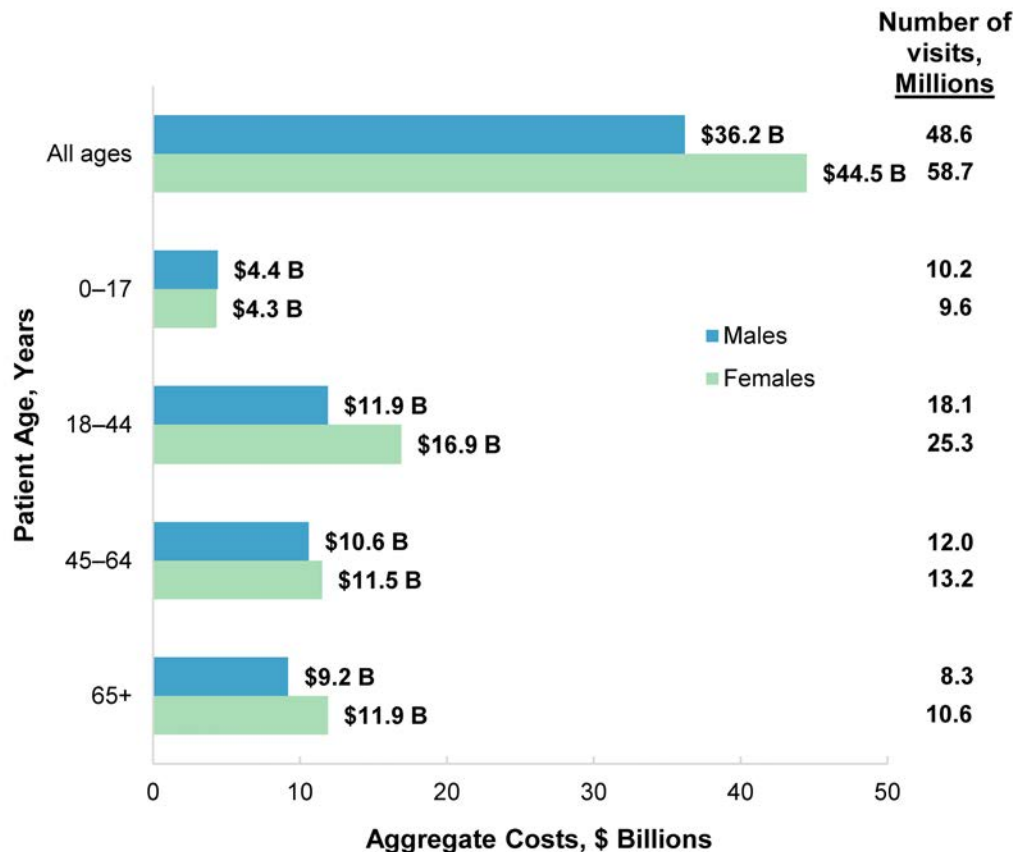
- In 2021, there were 107.4 million treat-and-release emergency department (ED) visits in the United States, with aggregate costs amounting to \$80.3 billion (B).
- Aggregate costs were higher for females (\$44.5 B) than for males (\$36.2 B).
- ED costs for patients residing in large metropolitan areas 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      | %            |
| <b>Total</b>                           | <b>80.3</b>     | <b>100.0</b> | <b>750</b>                 | <b>107.4</b>     | <b>100.0</b> |
| <b>Age group, years</b>                |                 |              |                            |                  |              |
| 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         |
| <b>Sex</b>                             |                 |              |                            |                  |              |
| Female                                 | 44.5            | 55.1         | 760                        | 58.7             | 54.7         |
| Male                                   | 36.2            | 44.9         | 740                        | 48.6             | 45.3         |
| <b>Primary expected payer</b>          |                 |              |                            |                  |              |
| 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          |
| <b>Community-level income</b>          |                 |              |                            |                  |              |
| 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         |
| <b>Location of patient's residence</b> |                 |              |                            |                  |              |
| 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          |
| <b>Discharge status</b>                |                 |              |                            |                  |              |
| 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.**

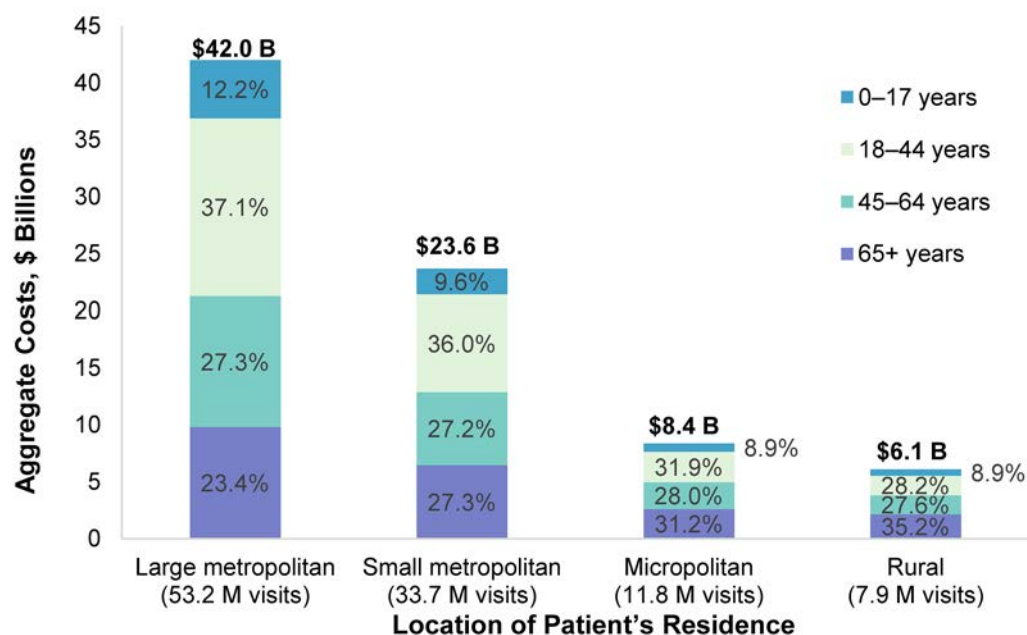
Of the 107.4 million treat-and-release ED visits in the United States in 2021, 92.8 percent were routine discharges and 3.9 percent were transfers. The cost per visit was substantially higher for transfers than it was for routine discharges (\$1,560 vs. \$710).

**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.

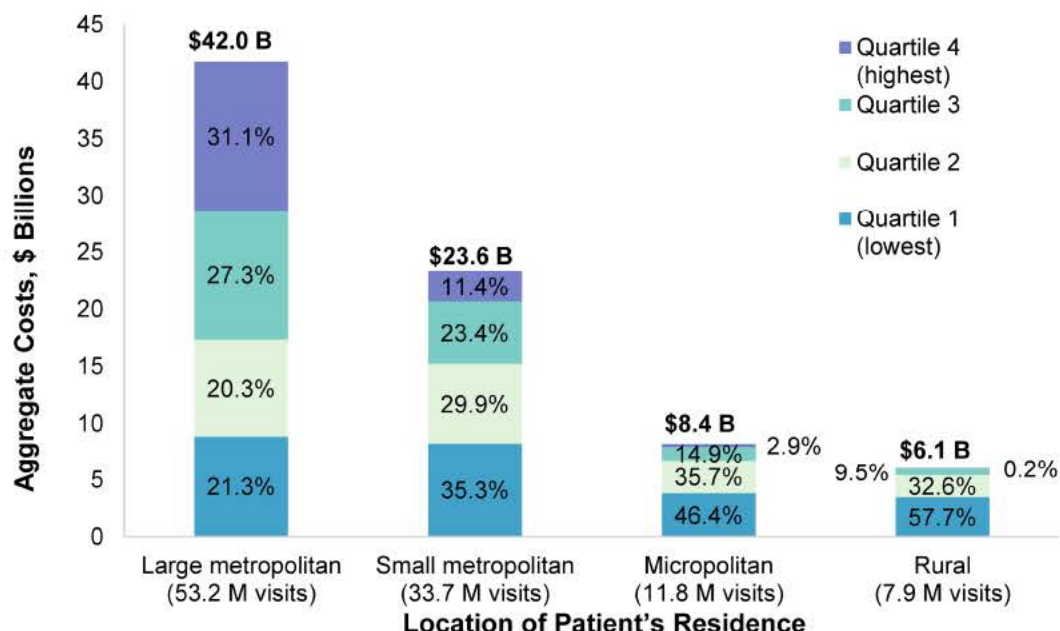
**Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **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.

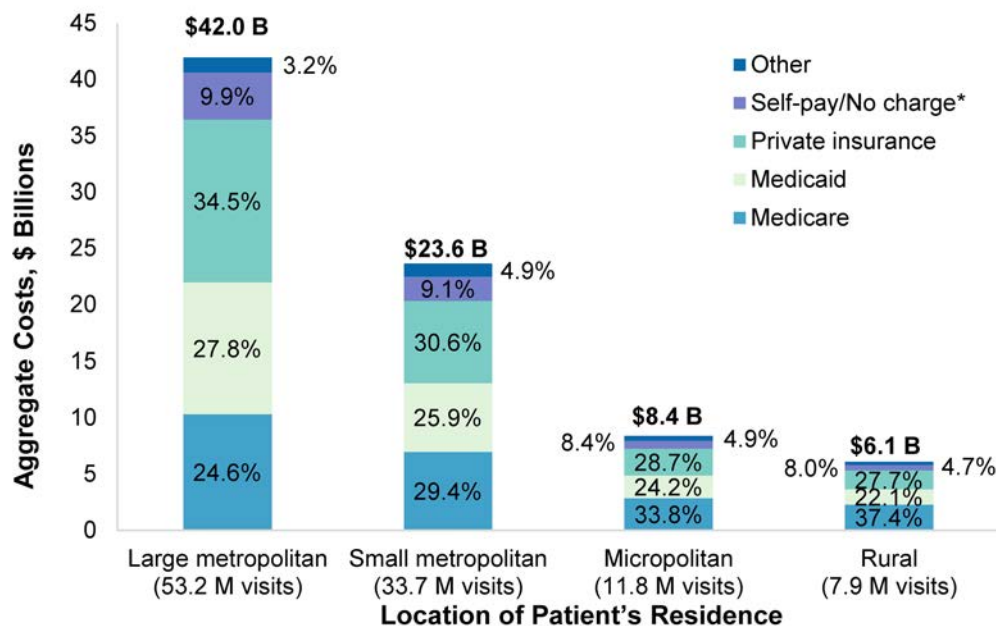
**Source:** Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

- **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      | %            |
| <b>Total</b>                    | <b>80.3</b>     | <b>100.0</b> | <b>750</b>                 | <b>107.4</b>     | <b>100.0</b> |
| <b>Region</b>                   |                 |              |                            |                  |              |
| 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         |
| <b>Ownership</b>                |                 |              |                            |                  |              |
| 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         |
| <b>Teaching status</b>          |                 |              |                            |                  |              |
| Nonteaching                     | 25.4            | 31.5         | 720                        | 35.3             | 32.8         |
| Teaching                        | 55.4            | 68.5         | 770                        | 72.1             | 67.2         |
| <b>Trauma level designation</b> |                 |              |                            |                  |              |
| 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

- <sup>1</sup> 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.
- <sup>2</sup> American Hospital Association. Fast Facts on U.S. Hospitals, 2021. AHA Hospital Statistics, 2021 Edition. Chicago, IL: American Hospital Association; 2021.
- <sup>3</sup> 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](https://www.cdc.gov/nchs/data/nhamcs/web_tables/2021-nhamcs-ed-web-tables-508.pdf). Accessed September 9, 2024.
- <sup>4</sup> 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.
- <sup>5</sup> HCUPnet, Healthcare Cost and Utilization Project. Rockville, MD: Agency for Healthcare Research and Quality. <https://datatools.ahrq.gov/hcupnet>.
- <sup>6</sup> 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](https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html). Accessed September 9, 2024.
- <sup>7</sup> 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).<sup>a</sup> *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.

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<sup>a</sup> 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](https://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.<sup>b</sup> 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.

<sup>b</sup> 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.<sup>c</sup> 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:<sup>d</sup>

- 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 ACS/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.<sup>e</sup> 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.

<sup>c</sup> American Trauma Society. Trauma Information Exchange Program (TIEP). [www.amtrauma.org/page/TIEP](http://www.amtrauma.org/page/TIEP). Accessed September 9, 2024.

<sup>d</sup> 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.

<sup>e</sup> 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:

|                                                                    |                                                                           |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>Alaska</b> Department of Health                                 | <b>Nebraska</b> Hospital Association                                      |
| <b>Alaska</b> Hospital and Healthcare Association                  | <b>Nevada</b> Department of Health and Human Services                     |
| <b>Arizona</b> Department of Health Services                       | <b>New Hampshire</b> Department of Health & Human Services                |
| <b>Arkansas</b> Department of Health                               | <b>New Jersey</b> Department of Health                                    |
| <b>California</b> Department of Health Care Access and Information | <b>New Mexico</b> Department of Health                                    |
| <b>Colorado</b> Hospital Association                               | <b>New York</b> State Department of Health                                |
| <b>Connecticut</b> Hospital Association                            | <b>North Carolina</b> Department of Health and Human Services             |
| <b>Delaware</b> Division of Public Health                          | <b>North Dakota</b> (data provided by the Minnesota Hospital Association) |
| <b>District of Columbia</b> Hospital Association                   | <b>Ohio</b> Hospital Association                                          |
| <b>Florida</b> Agency for Health Care Administration               | <b>Oklahoma</b> State Department of Health                                |
| <b>Georgia</b> Hospital Association                                | <b>Oregon</b> Association of Hospitals and Health Systems                 |
| <b>Hawaii</b> Lauima Data Alliance                                 | <b>Oregon</b> Health Authority                                            |
| <b>Hawaii</b> University of Hawai'i at Hilo                        | <b>Pennsylvania</b> Health Care Cost Containment Council                  |
| <b>Illinois</b> Department of Public Health                        | <b>Rhode Island</b> Department of Health                                  |
| <b>Indiana</b> Hospital Association                                | <b>South Carolina</b> Revenue and Fiscal Affairs Office                   |
| <b>Iowa</b> Hospital Association                                   | <b>South Dakota</b> Association of Healthcare Organizations               |
| <b>Kansas</b> Hospital Association                                 | <b>Tennessee</b> Hospital Association                                     |
| <b>Kentucky</b> Cabinet for Health and Family Services             | <b>Texas</b> Department of State Health Services                          |
| <b>Louisiana</b> Department of Health                              | <b>Utah</b> Department of Health                                          |
| <b>Maine</b> Health Data Organization                              | <b>Vermont</b> Association of Hospitals and Health Systems                |
| <b>Maryland</b> Health Services Cost Review Commission             | <b>Virginia</b> Health Information                                        |
| <b>Massachusetts</b> Center for Health Information and Analysis    | <b>Washington</b> State Department of Health                              |
| <b>Michigan</b> Health & Hospital Association                      | <b>West Virginia</b> Department of Health and Human Resources             |
| <b>Minnesota</b> Hospital Association                              | <b>Wisconsin</b> Department of Health Services                            |
| <b>Mississippi</b> State Department of Health                      | <b>Wyoming</b> Hospital Association                                       |
| <b>Missouri</b> Hospital Industry Data Institute                   |                                                                           |
| <b>Montana</b> Hospital Association                                |                                                                           |

## Suggested Citation

Roemer M. Costs of Treat-and-Release Emergency Department Visits in the United States, 2021. HCUP Statistical Brief #311. Rockville, MD: Agency for Healthcare Research and Quality; September 2024. <https://hcup-us.ahrq.gov/reports/statbriefs/sb311-ED-visit-costs-2021.pdf>.

\* \* \*

## 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](http://www.hcup-us.ahrq.gov/reports/statbriefs/sbtopic.jsp).

For additional HCUP statistics, visit:

- HCUP Fast Stats at <https://datatools.ahrq.gov/hcup-fast-stats> for easy access to the latest HCUP-based statistics for healthcare information topics
- 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](mailto:hcup@ahrq.gov) or send a letter to the address below:

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This Statistical Brief was posted online on September 27, 2024.

# 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)



# **HOSPITAL SERVICES PROVIDER MANUAL**

*Chapter Twenty-five of the Medicaid Services Manual*

**Issued July 1, 2011**

**State of Louisiana  
Bureau of Health Services Financing**

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/01/21****CHAPTER 25: HOSPITAL SERVICES****SECTION: TABLE OF CONTENTS****PAGE(S) 5****HOSPITAL SERVICES****TABLE OF CONTENTS**

| <b>SUBJECT</b>                                                                   | <b>SECTION</b> |
|----------------------------------------------------------------------------------|----------------|
| <b>OVERVIEW</b>                                                                  | <b>25.0</b>    |
| <b>PROVIDER REQUIREMENTS</b>                                                     | <b>25.1</b>    |
| Licensure                                                                        |                |
| Clinical Laboratory Improvement Amendments of 1988 (CLIA)                        |                |
| Distinct Part Psychiatric Units                                                  |                |
| <b>INPATIENT SERVICES</b>                                                        | <b>25.2</b>    |
| Preadmission Certification                                                       |                |
| Inpatient Status vs. Outpatient Status                                           |                |
| Distinct Part Psychiatric Units                                                  |                |
| Obstetrical and Gynecological Services Requiring Special Procedures              |                |
| Sterilizations                                                                   |                |
| Exceptions to Sterilization Policy                                               |                |
| Informed Consent                                                                 |                |
| Abortions                                                                        |                |
| Dilations and Curettage                                                          |                |
| Ectopic Pregnancies                                                              |                |
| Molar Pregnancies                                                                |                |
| Hysterectomies                                                                   |                |
| Exceptions to the Hysterectomy Policy                                            |                |
| Deliveries Prior to 39 Weeks                                                     |                |
| Deliveries with Non-Payable Sterilizations                                       |                |
| Donor Human Milk                                                                 |                |
| Long Acting Reversible Contraceptives (LARCs) in the Inpatient Hospital Setting  |                |
| Other Inpatient Services                                                         |                |
| Blood                                                                            |                |
| Hospital-Based Ambulance Services                                                |                |
| Mother/Newborn/Nursery                                                           |                |
| Inpatient Hospital Definition of Discharge                                       |                |
| Discharge and Readmit on the Same Day                                            |                |
| Date of Discharge or Death                                                       |                |
| Out-of-State Hospitals in Acute Care Hospitals (Psychiatric and Substance Abuse) |                |
| Rehabilitation Units in Acute Care Hospitals                                     |                |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/01/21****CHAPTER 25: HOSPITAL SERVICES****SECTION: TABLE OF CONTENTS****PAGE(S) 5**

Psychiatric Diagnosis within an Acute Care Hospital

**OUTPATIENT SERVICES 25.3**

Therapeutic and Diagnostic Services

Proton Beam Therapy

Emergency Room Services

Hospital-Based Ambulances (Air or Ground)

Hospitals Laboratory Services

Hyperbaric Oxygen Therapy

Long Acting Reversible Contraceptives (LARCs) in the Outpatient Hospital Setting

Outpatient Rehabilitation Services

Outpatient Surgery

Intraocular Lens Implants

Observation Room Charges

Outpatient Hospital Clinic Services

Psychiatric and Substance Abuse

Screening Mammography

Diabetes Self-Management Training

**HOSPITAL-BASED PHYSICIANS 25.4**

Enrollment of Hospital-Based Physicians

**RESERVED 25.5****PRIOR AUTHORIZATION 25.6**

Requests for Prior Authorization

Outpatient Rehabilitation Services

Outpatient Surgery Performed on an Inpatient Basis

Organ Transplants

Required Documentation for Organ Transplant Authorization Requests

Standards for Coverage

Cochlear Implementation

Medical and Social Criteria

General Criteria

Age-Specific Criteria

Children One through Nine Years

Children 10 -17 Years

Adults 18 – 20 Years

Reimbursement

Billing for the Device

Re-performance of the Surgery



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/01/21****CHAPTER 25: HOSPITAL SERVICES****SECTION: TABLE OF CONTENTS****PAGE(S) 5**

Replacement of the External Speech Processor  
 Billing for the Replacement of the External Speech Processor  
 Non-Covered Expenses  
 Vagus Nerve Stimulator  
 Intrathecal Baclofen Therapy  
   Criteria for Patient Selection  
   Exclusion Criteria for Beneficiaries  
 Out-of-State Non-Emergency Hospitalizations  
 Positron Emission Tomography (PET) Scans  
   Positron Emission Tomography (PET) Scans for Oncologic Conditions  
   Combination Studies PET/Computed Tomography (CT)  
   Prior Authorization  
 Reconsiderations  
   Instructions for Submitting Reconsideration

**REIMBURSEMENT****25.7**

History  
 Inpatient Reimbursement  
   State-Owned Hospitals  
   Small Rural Hospitals  
   Non-small Rural / Non-state Hospitals  
 Acute Care Hospitals Peer Group Assignment  
 Changing Peer Group Status  
 Specialty Hospitals  
 Boarder Baby per Diem  
 Well Baby per Diem  
 Qualifications for Well Baby Rate  
 Continuing Qualification for Well Baby Rate  
 Specialty Units  
 Neonatal Intensive Care Units  
 Pediatric Intensive Care Units  
 Change in Level of Care in Specialty Unit  
 Burn Units  
 Transplant Services  
 Outliers  
 Qualifying Loss Review Process  
 Permissible Basis  
   Basis Not Allowable  
   Burden of Proof  
   Required Documentation  
   Consideration Factors for Additional Reimbursement Requests  
   Determination to Award Relief

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/01/21****CHAPTER 25: HOSPITAL SERVICES****SECTION: TABLE OF CONTENTS****PAGE(S) 5**

|                                                                               |  |
|-------------------------------------------------------------------------------|--|
| Notification of Relief Awarded                                                |  |
| Effect of Decision                                                            |  |
| Administrative Appeal                                                         |  |
| Judicial Review                                                               |  |
| Reimbursement Methodology for Acute Care Inpatient Hospital Services          |  |
| Small Rural Hospitals                                                         |  |
| State-Owned Hospitals                                                         |  |
| Out of State Hospitals                                                        |  |
| Out of State Inpatient Psychiatric Services                                   |  |
| Inpatient Psychiatric (Free-Standing and Distinct Part Psychiatric) Hospitals |  |
| Outpatient Hospital                                                           |  |
| Rehabilitation Services (Physical, Occupational, and Speech Therapy)          |  |
| Other Outpatient Hospital Services                                            |  |
| In-State Non-Small Rural Private Hospital Outpatient Services                 |  |
| In-State State – Owned Hospital Outpatient Services                           |  |
| In-State Small Rural Hospital Outpatient Services                             |  |
| Cost Reporting                                                                |  |
| Supplemental Payments                                                         |  |
| Disproportionate Share Hospitals (DSH)                                        |  |

**CLAIMS RELATED INFORMATION****25.8**

|                                                            |  |
|------------------------------------------------------------|--|
| Provider Preventable Conditions                            |  |
| Other Provider Preventable Conditions (OPPC's)             |  |
| Outpatient Hospital Claims                                 |  |
| Blood                                                      |  |
| Hospital-Based Ambulance Services                          |  |
| Mother/Newborn                                             |  |
| Deliveries with Non-Payable Sterilizations                 |  |
| Split-Billing                                              |  |
| Claims Filing for Outpatient Rehabilitation Services       |  |
| Billing for the Implantation of the Infusion Pump Catheter |  |
| Billing for the Cost of the Infusion Pump                  |  |
| Billing for Replacement Pumps and Catheters                |  |
| The Crossover Claims Process                               |  |
| Inpatient Part A Crossovers                                |  |
| Medicare Part A and B Claims                               |  |
| Medicare Part A Only Claims                                |  |
| Exhausted Medicare Part A Claims                           |  |
| Medicare Part B Only Claims                                |  |

**LOUISIANA MEDICAID PROGRAM**

**ISSUED: 09/28/21**

**REPLACED: 01/01/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION: TABLE OF CONTENTS**

**PAGE(S) 5**

---

**FORMS AND LINKS**

**APPENDIX A**

**CONTACT/REFERRAL INFORMATION**

**APPENDIX B**

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**CHAPTER 25: HOSPITAL SERVICES**

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**SECTION 25.0: OVERVIEW****PAGE(S) 1**

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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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.1: PROVIDER REQUIREMENTS****PAGE(S) 1**

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**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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

**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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

**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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

**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 31<sup>st</sup> 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.

## LOUISIANA MEDICAID PROGRAM

ISSUED: 09/28/21

REPLACED: 01/07/21

---

CHAPTER 25: HOSPITAL SERVICES

---

SECTION 25.2: INPATIENT SERVICES

---

PAGE(S) 16

---

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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

- 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16****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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16****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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

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;

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

- 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](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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

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;

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

- 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

**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).

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

---

**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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16****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:

| <b>Louisiana Trade Area</b> |                             |                       |
|-----------------------------|-----------------------------|-----------------------|
| <b>Arkansas Counties</b>    | <b>Mississippi Counties</b> | <b>Texas Counties</b> |
| 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 MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 01/07/21****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.2: INPATIENT SERVICES****PAGE(S) 16**

| 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17****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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

---

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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

---

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;

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

- 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

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.

| <b>Description</b>                    | <b>HCPC</b> |
|---------------------------------------|-------------|
| 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       |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

| <b>Description</b>                         | <b>HCPC</b> |
|--------------------------------------------|-------------|
| 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

---

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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

---

**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;



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

- 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

**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:

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

- 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

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 13<sup>th</sup> 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17****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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

- 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 02/05/20****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.3: OUTPATIENT SERVICES****PAGE(S) 17**

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:

| <b>Louisiana Trade Area</b> |                             |                       |
|-----------------------------|-----------------------------|-----------------------|
| <b>Arkansas Counties</b>    | <b>Mississippi Counties</b> | <b>Texas Counties</b> |
| 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               |                       |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 07/01/11****REPLACED: 09/15/94**

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**CHAPTER 25: HOSPITAL SERVICES**

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**SECTION 25.4: HOSPITAL-BASED PHYSICIANS****PAGE(S) 1**

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**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.



**LOUISIANA MEDICAID PROGRAM**

**ISSUED: 08/24/18**

**REPLACED: 07/01/11**

---

**CHAPTER 25: HOSPITAL SERVICES**

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**SECTION 25.5: RESERVED**

**PAGE(S) 1**

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**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17****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.**

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17****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.

| <b>Description</b>                     | <b>HCPC</b> |
|----------------------------------------|-------------|
| 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       |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

| <b>Description</b>                         | <b>HCPC</b> |
|--------------------------------------------|-------------|
| 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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

- 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:

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

- 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:

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

---

- 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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

- 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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

---

**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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

- 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;

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

- 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).

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

---

**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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

---

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?



**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

- 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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 08/24/18****REPLACED: 05/25/16**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.6: PRIOR AUTHORIZATION****PAGE(S) 17**

---

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).

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24****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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24****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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

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**

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

**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,

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

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).

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

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:

| <b>If the qualifying hospital's average percentage:</b>    | <b>Tier</b> | <b>Additional Per Diem</b> |
|------------------------------------------------------------|-------------|----------------------------|
| 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                   |



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

| <b>If the qualifying hospital's average percentage:</b>                                                                                                                                                                                                                                     | <b>Tier</b> | <b>Additional Per Diem</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|
| Exceeds 0 percent but is less than or equal to 1.5 percent; and the<br><br>Hospital received greater than .25 percent of the outlier payments for dates of service in: <ul style="list-style-type: none"> <li>• SFY 2008,</li> <li>• SFY 2009, and</li> <li>• Calendar year 2010</li> </ul> | 4           | \$263.33                   |
| <b>If the qualifying hospital:</b>                                                                                                                                                                                                                                                          | <b>Tier</b> | <b>Additional Per Diem</b> |
| Exceeds 0 percent but received less than .25 percent of outlier payments for dates of service in: <ul style="list-style-type: none"> <li>• SFY 2008,</li> <li>• SFY 2009, and</li> <li>• Calendar year 2010</li> </ul>                                                                      | 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24****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:

| <b>If the qualifying hospital's average percentage</b>                                                                                                                                                                                                                                     | <b>Tier</b> | <b>Additional Per Diem</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|
| 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<br><br>Hospital received greater than .25 percent of the outlier payments for dates of service in: <ul style="list-style-type: none"> <li>• SFY 2008,</li> <li>• SFY 2009, and</li> <li>• Calendar year 2010</li> </ul> | 3           | \$178.27                   |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

| <b>If the qualifying hospital:</b>                                                                                                                                                                               | <b>Tier</b> | <b>Additional Per Diem</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------|
| Exceeds 0 percent but received less than .25 percent of outlier payments for dates of service in: <ul style="list-style-type: none"> <li>SFY 2008,</li> <li>SFY 2009, and</li> <li>Calendar year 2010</li> </ul> | 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24****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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

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;

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

- 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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

"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;



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

- 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:

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

- 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;

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

- 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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

- 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](http://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:

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

- 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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

- 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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24****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:

| <b>Dates of Services</b>              | <b>Percentage of Costs</b> |
|---------------------------------------|----------------------------|
| 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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24****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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 08/24/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.7: REIMBURSEMENT****PAGE(S) 24**

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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9****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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9**

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](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**

| <b><u>Code</u></b> | <b><u>Definition</u></b>                                                                     |
|--------------------|----------------------------------------------------------------------------------------------|
| 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>

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9****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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18**

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**CHAPTER 25: HOSPITAL SERVICES**

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**SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9**

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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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9****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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9**

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.



**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9****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

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****SECTION 25.8: CLAIMS RELATED INFORMATION****PAGE(S) 9**

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.

**LOUISIANA MEDICAID PROGRAM**

**ISSUED: 09/28/21**

**REPLACED: 09/11/18**

---

**CHAPTER 25: HOSPITAL SERVICES**

---

**SECTION 25.8: CLAIMS RELATED INFORMATION**

**PAGE(S) 9**

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**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.

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/11/18****REPLACED: 08/24/18**

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**CHAPTER 25: HOSPITALS SERVICES**

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**APPENDIX A: FORMS AND LINKS****PAGE(S) 1**

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## **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](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_non-Rural_non-State.pdf)

[http://www.lamedicaid.com/provweb1/fee\\_schedules/Out\\_Amb\\_FS\\_Rural\\_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](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](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](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>

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****APPENDIX B: CONTACT/REFERRAL INFORMATION****PAGE(S) 4****CONTACT/REFERRAL INFORMATION****Gainwell Technologies**

The Medicaid Program's fiscal intermediary, Molina Medicaid Solutions can be contacted for assistance with the following:

| <b>TYPE OF ASSISTANCE</b>                                                             | <b>CONTACT INFORMATION</b>                                                                                                                                    |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>e-CDI technical support</b>                                                        | Gainwell Technologies<br>(877) 598-8753 (Toll Free)                                                                                                           |
| <b>Electronic Media Interchange (EDI)</b><br>Electronic Claims testing and assistance | P.O. Box 91025<br>Baton Rouge, LA 70898<br>Phone: (225) 216-6000<br>Fax: (225) 216-6335                                                                       |
| <b>Pharmacy Point of Sale (POS)</b>                                                   | P.O. Box 91019<br>Baton Rouge, LA 70821<br>Phone: (800) 648-0790 (Toll Free)<br>Phone: (225) 216-6381 (Local)<br><i>*After hours, please call REVS</i>        |
| <b>Prior Authorization Unit (PAU)</b>                                                 | Gainwell Technologies – Prior Authorization<br>Phone: (800) 807-1320<br>e-PA Fax: (225) 216-6481                                                              |
| <b>Provider Enrollment Unit (PEU)</b>                                                 | Gainwell Technologies-Provider Enrollment<br>P. O. Box 80159<br>Baton Rouge, LA 70898-0159<br>Phone: (225) 216-6370<br>Fax: (225) 216-6392                    |
| <b>Provider Relations Unit (PR)</b>                                                   | Gainwell Technologies – Provider Relations Unit<br>P. O. Box 91024<br>Baton Rouge, LA 70821<br>Phone: (225) 924-5040 or (800) 473-2783<br>Fax: (225) 216-6334 |
| <b>Recipient Eligibility Verification (REVS)</b>                                      | Phone: (800) 766-6323 (Toll Free)<br>Phone: (225) 216-7387 (Local)                                                                                            |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****APPENDIX B: CONTACT/REFERRAL INFORMATION****PAGE(S) 4****Louisiana Department of Health (LDH)**

| <b>TYPE OF ASSISTANCE</b>                                                                | <b>CONTACT INFORMATION</b>                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>General Medicaid Information</b>                                                      | General Hotline (888) 342-6207 (Toll Free)<br>www.lamedicaid.com                                                                                                                                                                                                                                                                       |
| <b>Health Standards Section (HHS)</b><br>Licensing Standards                             | P.O. Box 3767<br>Baton Rouge, LA 70821<br>Phone: (225) 342-0128<br>Fax: (225) 342-5292<br><a href="http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1623">http://new.dhh.louisiana.gov/index.cfm/newsroom/detail/1623</a>                                                                                                        |
| <b>Louisiana Children's Health Insurance Program (LaCHIP)</b>                            | (225) 342-0555 (Local)<br>(877) 252-2447 (Toll Free)<br><a href="http://new.dhh.louisiana.gov/index.cfm/page/222">http://new.dhh.louisiana.gov/index.cfm/page/222</a>                                                                                                                                                                  |
| <b>Office of Aging and Adult Services (OAAS)</b><br>Waiver Assistance and Complaints     | P.O. Box 2031<br>Baton Rouge, LA 70821<br>Phone: (866) 758-5035<br>Fax: (225) 219-0202<br>E-mail: <a href="mailto:MedWeb@dhh.la.gov">MedWeb@dhh.la.gov</a><br><a href="http://dhh.louisiana.gov/index.cfm/subhome/12/n/327">http://dhh.louisiana.gov/index.cfm/subhome/12/n/327</a>                                                    |
| <b>Office for Citizens with Developmental Disabilities (OCDD)</b>                        | 628 N. Fourth Street<br>P.O. Box 3117<br>Baton Rouge, LA 70821-3117<br>Phone: (225) 342-0095 (Local)<br>Phone: (866) 783-5553 (Toll-free)<br>E-mail: <a href="mailto:ocddinfo@la.gov">ocddinfo@la.gov</a><br><a href="http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8">http://new.dhh.louisiana.gov/index.cfm/subhome/11/n/8</a> |
| <b>Office of Management and Finance (Bureau of Health Services Financing) - MEDICAID</b> | P.O. Box 91030<br>Baton Rouge, LA 70810-9030<br><a href="http://new.dhh.louisiana.gov/index.cfm/subhome/1">http://new.dhh.louisiana.gov/index.cfm/subhome/1</a>                                                                                                                                                                        |
| <b>Rate Setting and Audit</b><br>Hospital Services                                       | P.O. Box 91030<br>Baton Rouge, LA 70821<br>Phone: 225-342-0127<br>225-342-9462                                                                                                                                                                                                                                                         |
| <b>Beneficiary Assistance for Authorized Services</b>                                    | Phone: (888) 342-6207 (Toll Free)                                                                                                                                                                                                                                                                                                      |
| <b>Recovery and Premium Assistance</b><br>TPL Recovery, Trauma                           | P.O. Box 3588<br>Baton Rouge, LA 70821<br>Phone: (225) 342-8662<br>Fax: (225) 342-1376                                                                                                                                                                                                                                                 |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****APPENDIX B: CONTACT/REFERRAL INFORMATION****PAGE(S) 4****LDH (continued)**

|                         |                                                                                                                                                    |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Take Charge Plus</b> | P.O. Box 91030<br>Baton Rouge, LA 70821<br>Phone: (888) 342-6207<br><a href="http://www.MakingMedicaidBetter.com">www.MakingMedicaidBetter.com</a> |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|

**Fraud hotline**

| <b>TYPE OF ASSISTANCE</b> | <b>CONTACT INFORMATION</b>                                                                                                                                                                                                                                |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To report fraud</b>    | Program Integrity (PI) Section<br>P.O. Box 91030<br>Baton Rouge, LA 70821-9030<br>Fraud and Abuse Hotline: (800) 488-2917<br>Fax: (225) 219-4155<br><a href="http://dhh.louisiana.gov/index.cfm/page/219">http://dhh.louisiana.gov/index.cfm/page/219</a> |

**Appeals**

| <b>TYPE OF ASSISTANCE</b> | <b>CONTACT INFORMATION</b>                                                                                                                                                   |
|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To file an appeal</b>  | Division of Administrative Law (DAL) -<br>Health and Hospitals Section<br>Post Office Box 4189<br>Baton Rouge, LA 70821-4189<br>Phone: (225) 342-0443<br>Fax: (225) 219-9823 |

**Other Helpful Contact Information:**

| <b>TYPE OF ASSISTANCE</b>                                 | <b>CONTACT INFORMATION</b>                                                                                                                                                                           |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Leblanc, Robertson, Chisholm &amp; Associates, LLC</b> | Attention: Ms. Priscilla Smith<br>5555 Hilton Avenue, Suite 605<br>Baton Rouge, LA 70808<br>Phone: 225 218-6242<br>Email: <a href="mailto:questions@cypressaudit.com">questions@cypressaudit.com</a> |
| <b>Office of Population Affairs (OPA) Clearinghouse</b>   | P.O. Box 30686<br>Bethesda, MD 20824-0686<br>Phone: 866-640-7827<br>Fax: 866-592-3299<br>E-mail: <a href="mailto:Info@OPAClearinghouse.org">Info@OPAClearinghouse.org</a>                            |

**LOUISIANA MEDICAID PROGRAM****ISSUED: 09/28/21****REPLACED: 09/11/18****CHAPTER 25: HOSPITAL SERVICES****APPENDIX B: CONTACT/REFERRAL INFORMATION****PAGE(S) 4**

| TYPE OF ASSISTANCE     | CONTACT INFORMATION                                                                                                      |
|------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <b>Thomson Reuters</b> | 777 East Eisenhower Parkway<br>Ann Arbor, MI 48108<br>Phone: 508-842-0656 / Help Line: 877-843-6796<br>Fax: 866-314-2572 |



# EXHIBIT 98

Louisiana Medicaid Hospital Ambulatory Surgery  
Fee Schedule: State Hospitals  
(Effective Jan. 1, 2025)

LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025  
LEGEND

REPORT NO: RF-0-76A3

PAGE:

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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.

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 1

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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 MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS

REPORT NO: RF-0-76A3

PAGE: 2

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

| COLUMN: | 1     | 2                                    | 3           | 4   | 5              | 6          | 7   | 8           |
|---------|-------|--------------------------------------|-------------|-----|----------------|------------|-----|-------------|
|         |       | CODE                                 | DESCRIPTION | FEE | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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 MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3  
 PAGE: 3

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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REPORT NO: RF-0-76A3

PAGE: 4

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 5

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS |       |                                      |        |                |            |     |             |
| 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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RUN: 05/27/25 08:22:26

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LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 6

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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, THERAPEUTICI     | 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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RUN: 05/27/25 08:22:26

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 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 7

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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 INTERSTITIAL 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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RUN: 05/27/25 08:22:26

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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 8

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 9

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |          |                |            |     |             |
| 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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 10

COLUMN:

| 1  | 2     | 3                                     | 4        | 5       | 6   | 7   | 8     |
|----|-------|---------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                       | FEE      | AGE     | MED |     | X-    |
|    |       | DESCRIPTION                           |          | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  |                                       |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 11

COLUMN:

| 1  | 2     | 3                                         | 4        | 5              | 6          | 7   | 8           |
|----|-------|-------------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                           | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                               |          |                |            |     |             |
| 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 SHOULDER  | 483.29   |                |            |     |             |
| 15 | 23073 | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER  | 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) TISSUE  | 552.64   |                |            |     |             |
| 15 | 23078 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE | 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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LAM5M131  
 RUN: 05/27/25 08:22:26

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 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3  
 PAGE: 12

| COLUMN: | 1 | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|---|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |   |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      |   | CODE  | DESCRIPTION                          |          |                |            |     |             |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS

REPORT NO: RF-0-76A3

PAGE: 13

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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 MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 14

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 15

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    |       |                                      | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |        |                |            |     |             |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 16

COLUMN:

| 1  | 2     | 3                            | 4        | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|----------|---------|-----|-----|-------|
|    |       |                              |          | AGE     | MED |     | X-    |
|    |       |                              | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 17

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 18

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 19

COLUMN:

| 1  | 2     | 3                                  | 4      | 5       | 6   | 7   | 8     |
|----|-------|------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                    |        | AGE     | MED |     | X-    |
|    |       |                                    | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                        | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 20

COLUMN:

| 1  | 2     | 3                                | 4        | 5       | 6   | 7   | 8     |
|----|-------|----------------------------------|----------|---------|-----|-----|-------|
|    |       |                                  |          | AGE     | MED |     | X-    |
|    |       |                                  | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                      |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 21

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 22

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 23

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 24

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS

REPORT NO: RF-0-76A3

PAGE: 25

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

| 1  | 2     | 3                            | 4      | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|--------|---------|-----|-----|-------|
|    |       |                              |        | AGE     | MED |     | X-    |
|    |       |                              | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 26

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 27

COLUMN:

| 1  | 2     | 3                            | 4        | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|----------|---------|-----|-----|-------|
|    |       |                              |          | AGE     | MED |     | X-    |
|    |       |                              | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  | FEE      |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 28

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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 HAMMERTOES                 | 552.64 |         |     |     |       |
| 15 | 28286 | REPAIR OF HAMMERTOES                 | 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 29

COLUMN:

| 1  | 2     | 3                            | 4      | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|--------|---------|-----|-----|-------|
|    |       |                              |        | AGE     | MED |     | X-    |
|    |       |                              | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 30

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 31

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 32

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS |       |                                      |          |                |            |     |             |
| 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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 33

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 34

COLUMN:

| 1  | 2     | 3                                      | 4      | 5       | 6   | 7   | 8     |
|----|-------|----------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                        |        | AGE     | MED |     | X-    |
|    |       |                                        | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                            |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS

REPORT NO: RF-0-76A3

PAGE: 35

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 PREVIOUSLY 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 36

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS |       |                                      |          |                |            |     |             |
| 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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 RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3  
 PAGE: 37

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| 15      | TS | 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 38

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:26

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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 39

COLUMN:

| 1  | 2     | 3                                      | 4      | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|----------------------------------------|--------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                            | FEE    |                     |                 |          |                  |
| 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 | GINGIVECTOMY, 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 | EXCISION 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 40

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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 DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS

REPORT NO: RF-0-76A3

PAGE: 41

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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       |         |     |     |       |
| 15 | 43180 | ESOPHAGOSCOPY, RIGID, TRANSORAL WITH | 360.84   |         |     | X   |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 42

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 43

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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/BIOPI         | 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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 44

COLUMN:

| 1  | 2     | 3                                     | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|---------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                           | FEE      |                     |                 |          |                  |
| 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       |                     |                 |          |                  |
| 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 | PROCTOSIGMOIDOSCOPY, 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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LAM5M131

RUN: 05/27/25 08:22:26

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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 45

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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LAM5M131

RUN: 05/27/25 08:22:26

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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 46

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 | ANOSCOPY; 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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LAM5M131

RUN: 05/27/25 08:22:26

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 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 47

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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, BILIARY            | 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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REPORT NO: RF-0-76A3

PAGE: 48

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 49

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 50

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 51

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:26

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 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 52

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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 | REMOV/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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 53

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 EPIDIDYMISS                | 360.84   |         |     | M   |       |
| 15 | 54830 | REMOVE EPIDIDYMISS LESION            | 552.64   |         |     | M   |       |
| 15 | 54840 | REMOVE EPIDIDYMISS LESION            | 682.67   |         |     | M   |       |
| 15 | 54860 | REMOVAL OF EPIDIDYMISS               | 552.64   |         |     | M   |       |
| 15 | 54861 | REMOVAL OF EPIDIDYMISS               | 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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 54

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 15 | 55880 | ABLATION OF MALIGNANT PROSTATE TISSU | 1,078.18 |         |     | M   |       |
| 15 | 55899 | GENITAL SURGERY PROCEDURE            | MP       |         | X   | M   |       |
| 15 | 56405 | INCISION AND DRAINAGE OF 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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 55

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |          |                |            |     |             |
| 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, STERILIZATION          | 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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LAM5M131

RUN: 05/27/25 08:22:26

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 56

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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LAM5M131

RUN: 05/27/25 08:22:26

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 57

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |          |                |            |     |             |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 58

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 15 | 63685 | IMPLANT NEUROSRECEIVER               | 483.29 |         |     |     |       |
| 15 | 63688 | REVISE/REMOVE NEUROSRECEIVER         | 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 NEUROSRECEIVER         | 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 59

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 60

COLUMN:

| 1  | 2     | 3                                   | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|-------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                         | FEE      |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:26

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STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 61

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS

REPORT NO: RF-0-76A3

PAGE: 62

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |          |                |            |     |             |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 63

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 64

COLUMN:

| 1  | 2     | 3                                     | 4      | 5              | 6          | 7   | 8           |
|----|-------|---------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                           | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 65

COLUMN:

| 1  | 2     | 3                            | 4      | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|------------------------------|--------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                  | FEE    |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 66

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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LAM5M131

RUN: 05/27/25 08:22:26

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A3

PAGE: 67

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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)

LAM5M117

RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025  
LEGEND

REPORT NO: RF-0-76A

PAGE: 1

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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.

LAM5M117

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 2

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 15 | G0105 | COLORECTAL SCRIN; HI RISK IND        | 468.30   |         |     |     |       |
| 15 | G0121 | COLON CA SCRIN; 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 3

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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LAM5M117

RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 4

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 5

| COLUMN: | 1     | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|---------|-------|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|         |       | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| 15      | 15151 | 15151 | TISSUE CULTURED SKIN AUTOGRAFT, TRUN | 349.65 |                |            |     |             |
| 15      | 15152 | 15152 | TISSUE CULTURED SKIN AUTOGRAFT, TRUN | 349.65 |                |            |     |             |
| 15      | 15155 | 15155 | TISSUE CULTURED SKIN AUTOGRAFT, FACE | 468.30 |                |            |     |             |
| 15      | 15156 | 15156 | TISSUE CULTURED SKIN AUTOGRAFT, FACE | 349.65 |                |            |     |             |
| 15      | 15157 | 15157 | TISSUE CULTURED SKIN AUTOGRAFT, FACE | 349.65 |                |            |     |             |
| 15      | 15200 | 15200 | SKIN FULL GRAFT                      | 535.50 |                |            |     |             |
| 15      | 15201 | 15201 | SKIN FULL GRAFT ADD-ON               | 468.30 |                |            |     |             |
| 15      | 15220 | 15220 | SKIN FULL GRAFT                      | 468.30 |                |            |     |             |
| 15      | 15221 | 15221 | SKIN FULL GRAFT ADD-ON               | 468.30 |                |            |     |             |
| 15      | 15240 | 15240 | SKIN FULL GRAFT                      | 535.50 |                |            |     |             |
| 15      | 15241 | 15241 | SKIN FULL GRAFT ADD-ON               | 535.50 |                |            |     |             |
| 15      | 15260 | 15260 | SKIN FULL GRAFT                      | 468.30 |                |            |     |             |
| 15      | 15261 | 15261 | SKIN FULL GRAFT ADD-ON               | 468.30 |                |            |     |             |
| 15      | 15570 | 15570 | FORM SKIN PEDICLE FLAP               | 535.50 |                |            |     |             |
| 15      | 15572 | 15572 | FORM SKIN PEDICLE FLAP               | 535.50 |                |            |     |             |
| 15      | 15574 | 15574 | FORM SKIN PEDICLE FLAP               | 535.50 |                |            |     |             |
| 15      | 15576 | 15576 | FORM SKIN PEDICLE FLAP               | 535.50 |                |            |     |             |
| 15      | 15600 | 15600 | SKIN GRAFT                           | 535.50 |                |            |     |             |
| 15      | 15610 | 15610 | SKIN GRAFT                           | 535.50 |                |            |     |             |
| 15      | 15620 | 15620 | SKIN GRAFT                           | 661.50 |                |            |     |             |
| 15      | 15630 | 15630 | SKIN GRAFT                           | 535.50 |                |            |     |             |
| 15      | 15650 | 15650 | TRANSFER SKIN PEDICLE FLAP           | 752.85 |                |            |     |             |
| 15      | 15730 | 15730 | MIDFACE FLAP (IE, ZYGOMATICOFACIAL F | 535.50 |                |            |     |             |
| 15      | 15733 | 15733 | MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN | 535.50 |                |            |     |             |
| 15      | 15734 | 15734 | MUSCLE-SKIN GRAFT, TRUNK             | 535.50 |                |            |     |             |
| 15      | 15736 | 15736 | MUSCLE-SKIN GRAFT, ARM               | 535.50 |                |            |     |             |
| 15      | 15738 | 15738 | MUSCLE-SKIN GRAFT, LEG               | 535.50 |                |            |     |             |
| 15      | 15740 | 15740 | ISLAND PEDICLE FLAP GRAFT            | 468.30 |                |            |     |             |
| 15      | 15750 | 15750 | NEUROVASCULAR PEDICLE GRAFT          | 468.30 |                |            |     |             |
| 15      | 15760 | 15760 | COMPOSITE SKIN GRAFT                 | 468.30 |                |            |     |             |
| 15      | 15769 | 15769 | GRAFTING OF AUTOLOGOUS SOFT TISSUE   | 535.50 |                |            |     |             |
| 15      | 15770 | 15770 | DERMA-FAT-FASCIA GRAFT               | 535.50 |                |            |     |             |
| 15      | 15771 | 15771 | GRAFTING OF AUTOLOGOUS FAT HARVESTED | 535.50 |                |            |     |             |
| 15      | 15772 | 15772 | GRAFTING OF AUTOLOGOUS FAT HARVESTED | 535.50 |                |            |     |             |
| 15      | 15773 | 15773 | GRAFTING OF AUTOLOGOUS FAT HARVESTED | 535.50 |                |            |     |             |
| 15      | 15774 | 15774 | GRAFTING OF AUTOLOGOUS FAT HARVESTED | 535.50 |                |            |     |             |
| 15      | 15820 | 15820 | REVISION OF LOWER EYELID             | 535.50 |                |            | X   |             |
| 15      | 15821 | 15821 | REVISION OF LOWER EYELID             | 535.50 |                |            | X   |             |
| 15      | 15822 | 15822 | REVISION OF UPPER EYELID             | 535.50 |                |            | X   |             |
| 15      | 15823 | 15823 | REVISION OF UPPER EYELID             | 752.85 |                |            | X   |             |
| 15      | 15840 | 15840 | GRAFT FOR FACE NERVE PALSY           | 661.50 |                |            |     |             |
| 15      | 15841 | 15841 | GRAFT FOR FACE NERVE PALSY           | 661.50 |                |            |     |             |
| 15      | 15842 | 15842 | MICROSUR MUSCLE GRAFT FACE PALSY     | 661.50 |                |            |     |             |
| 15      | 15845 | 15845 | SKIN AND MUSCLE REPAIR, FACE         | 661.50 |                |            |     |             |
| 15      | 15852 | 15852 | CHANGE DRESSING UNDER ANESTHESIA     | 349.65 |                |            |     |             |
| 15      | 15860 | 15860 | IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT | 349.65 |                |            |     |             |
| 15      | 15920 | 15920 | REMOVAL OF TAIL BONE ULCER           | 535.50 |                |            |     |             |

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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 6

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 7

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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   |         |     |     |       |
| 15 | 19318 | REDUCTION OF LARGE BREAST            | 661.50   | 18 99   | X   | F   |       |
| 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, THERAPEUTIC      | 349.65   |         |     |     |       |
| 15 | 20501 | INJECT SINUS TRACT; DIAGNOSTIC       | 349.65   |         |     |     |       |
| 15 | 20520 | REMOVE FOREIGN 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 CALIPER AND REMOVE    | 349.65   | 00 00   |     |     |       |

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RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 8

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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 INTERSTITIAL 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 9

| COLUMN: | 1     | 2                                    | 3  | 4        | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|----|----------|---------|-----|-----|-------|
|         |       |                                      |    |          | AGE     | MED |     | X-    |
|         |       |                                      |    | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |    |          |         |     |     |       |
| 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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 RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 10

| COLUMN: | 1  | 2     | 3                                     | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|---------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                           | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 11

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 12

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 13

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE      |         |     |     |       |
| 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       |         |     |     |       |
| 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 14

| COLUMN: | 1     | 2                                    | 3 | 4        | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|---|----------|---------|-----|-----|-------|
|         |       |                                      |   |          | AGE     | MED |     | X-    |
|         |       |                                      |   | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |   |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 15

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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     |                |            |     |             |
| 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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RUN: 05/27/25 08:21:51

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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 16

| COLUMN: | 1     | 2                                    | 3 | 4      | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|---|--------|---------|-----|-----|-------|
|         |       |                                      |   |        | AGE     | MED |     | X-    |
|         |       |                                      |   | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |   |        |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 17

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE      |         |     |     |       |
| 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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 RUN: 05/27/25 08:21:51

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 18

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
|         | TS |       |                                      |        |                |            |     |             |
| 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 PROCEDURE, 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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RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 19

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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 RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 20

| COLUMN: | 1 | 2     | 3                            | 4        | 5              | 6          | 7   | 8           |
|---------|---|-------|------------------------------|----------|----------------|------------|-----|-------------|
|         |   |       |                              | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      |   | CODE  | DESCRIPTION                  |          |                |            |     |             |
| 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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 RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 21

| COLUMN: | 1     | 2                                | 3 | 4        | 5       | 6   | 7   | 8     |
|---------|-------|----------------------------------|---|----------|---------|-----|-----|-------|
|         |       |                                  |   |          | AGE     | MED |     | X-    |
|         |       |                                  |   | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                      |   |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 22

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 23

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 24

| COLUMN: | 1 | 2     | 3                            | 4        | 5       | 6   | 7   | 8     |
|---------|---|-------|------------------------------|----------|---------|-----|-----|-------|
|         |   |       |                              |          | AGE     | MED |     | X-    |
|         |   |       |                              | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      |   | CODE  | DESCRIPTION                  |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 25

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 26

| COLUMN: | 1  | 2     | 3                                   | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|-------------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                         | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
|         | TS |       |                                     |        |                |            |     |             |
| 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 MANAGEMENT INFORMATION SYSTEM  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 27

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 28

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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 HAMMERTOES                 | 535.50 |         |     |     |       |
| 15 | 28286 | REPAIR OF HAMMERTOES                 | 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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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 29

| COLUMN: | 1  | 2     | 3                            | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                  | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
|         | TS |       |                              |        |                |            |     |             |
|         | 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 30

| COLUMN: | 1 | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|---|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |   | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      |   |       |                                      |          |                |            |     |             |
| 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 31

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 32

COLUMN:

| 1  | 2     | 3                                   | 4        | 5       | 6   | 7   | 8     |
|----|-------|-------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                     |          | AGE     | MED |     | X-    |
|    |       |                                     | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                         | FEE      |         |     |     |       |
| 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       |         |     |     |       |
| 15 | 31000 | IRRIGATION MAXILLARY SINUS          | 349.65   |         |     | X   |       |
| 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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 RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 33

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
|         | TS |       |                                      |        |                |            |     |             |
| 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     |                |            |     |             |
| 15      |    | 31300 | REMOVAL OF LARYNX LESION             | 752.85 |                |            | X   |             |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 34

| COLUMN: | 1     | 2                                      | 3 | 4      | 5       | 6   | 7   | 8     |
|---------|-------|----------------------------------------|---|--------|---------|-----|-----|-------|
|         |       |                                        |   |        | AGE     | MED |     | X-    |
|         |       |                                        |   | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                            |   |        |         |     |     |       |
| 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     |         |     |     |       |
| 15      | 31603 | TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL |   | 349.65 | 15 99   |     | X   |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 35

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 PREVIOUSLY 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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RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 36

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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 RUN: 05/27/25 08:21:51

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 37

| COLUMN: | 1     | 2                                    | 3  | 4      | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|----|--------|---------|-----|-----|-------|
|         |       |                                      |    |        | AGE     | MED |     | X-    |
|         |       |                                      |    | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |    |        |         |     |     |       |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 38

| COLUMN: | 1  | 2     | 3                                     | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|---------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                           | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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 RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 39

| COLUMN: | 1  | 2     | 3                                      | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|----------------------------------------|--------|----------------|------------|-----|-------------|
|         | TS | CODE  | DESCRIPTION                            | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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 | GINGIVECTOMY, EXC. CING, EACH QUADRANT | 349.65 |                |            |     |             |

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LAM5M117  
 RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 40

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
|         | TS |       |                                      |          |                |            |     |             |
| 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 | EXCISION 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       |                |            |     |             |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 41

| COLUMN: | 1     | 2                                    | 3 | 4        | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|---|----------|---------|-----|-----|-------|
|         |       |                                      |   |          | AGE     | MED |     | X-    |
|         |       |                                      |   | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |   |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 42

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 43

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 44

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
|         | TS |       |                                      |          |                |            |     |             |
| 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 | APPEENDECTOMY                        | 1,405.95 |                | X          |     |             |
| 15      |    | 44970 | LAPAROSCOPY, APPEENDECTOMY           | 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 | PROCTOSIGMOIDOSCOPY, 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 45

| COLUMN: | 1     | 2                                    | 3  | 4      | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|----|--------|---------|-----|-----|-------|
|         |       |                                      |    |        | AGE     | MED |     | X-    |
|         |       |                                      |    | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |    |        |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 46

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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 | ANOSCOPY; 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 47

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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, ABDOM/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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 48

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 49

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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       |         |     |     |       |
| 15 | 52000 | CYSTOSCOPY                           | 349.65   |         |     | X   |       |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 50

| COLUMN: | 1     | 2                                    | 3 | 4        | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|---|----------|---------|-----|-----|-------|
|         |       |                                      |   |          | AGE     | MED |     | X-    |
|         |       |                                      |   | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |   |          |         |     |     |       |
| 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 51

| COLUMN: | 1     | 2                                    | 3        | 4   | 5              | 6          | 7   | 8           |
|---------|-------|--------------------------------------|----------|-----|----------------|------------|-----|-------------|
|         |       |                                      |          | FEE | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | CODE  | DESCRIPTION                          |          |     |                |            |     |             |
| 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 52

| COLUMN: | 1     | 2                                    | 3 | 4      | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|---|--------|---------|-----|-----|-------|
|         |       |                                      |   |        | AGE     | MED |     | X-    |
|         |       |                                      |   | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |   |        |         |     |     |       |
| 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 | REMOV/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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 53

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 EPIDIDYMISS                | 349.65   |         |     | M   |       |
| 15 | 54830 | REMOVE EPIDIDYMISS LESION            | 535.50   |         |     | M   |       |
| 15 | 54840 | REMOVE EPIDIDYMISS LESION            | 661.50   |         |     | M   |       |
| 15 | 54860 | REMOVAL OF EPIDIDYMISS               | 535.50   |         |     | M   |       |
| 15 | 54861 | REMOVAL OF EPIDIDYMISS               | 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 DRAINAGE OF 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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RUN: 05/27/25 08:21:51

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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 54

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 55

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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, STERILIZATION          | 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 56

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 57

| COLUMN: | 1     | 2                                    | 3        | 4      | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|----------|--------|---------|-----|-----|-------|
|         |       |                                      |          |        | AGE     | MED |     | X-    |
|         |       |                                      |          | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:21:51

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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 58

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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LAM5M117  
 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 59

| COLUMN: | 1  | 2     | 3                            | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
|         |    |       |                              | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 60

| COLUMN: | 1     | 2                                    | 3 | 4        | 5       | 6   | 7   | 8     |
|---------|-------|--------------------------------------|---|----------|---------|-----|-----|-------|
|         |       |                                      |   |          | AGE     | MED |     | X-    |
|         |       |                                      |   | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      | CODE  | DESCRIPTION                          |   |          |         |     |     |       |
| 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 61

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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RUN: 05/27/25 08:21:51

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RURAL HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 62

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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       |         |     |     |       |
| 15 | 67005 | PARTIAL REMOVAL OF EYE FLUID         | 661.50   |         |     | X   |       |
| 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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 RUN: 05/27/25 08:21:51

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 63

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| 15      | TS | 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 DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 64

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|---------|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|         |    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS      | 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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 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 65

| COLUMN: | 1 | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|---------|---|-------|--------------------------------------|----------|---------|-----|-----|-------|
|         |   |       |                                      |          | AGE     | MED |     | X-    |
|         |   |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS      |   | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A

PAGE: 66

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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, OSSEINTEGRATED 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 MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 RURAL HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A  
 PAGE: 67

COLUMN:

| 1  | 2     | 3                              | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                    | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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)

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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025  
LEGEND

REPORT NO: RF-0-76A2

PAGE: 1

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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.  
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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.

LAM5M125

RUN: 05/27/25 08:22:16

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 2

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |          |                |            |     |             |
| 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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RUN: 05/27/25 08:22:16

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 3

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:16

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 4

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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REPORT NO: RF-0-76A2

PAGE: 5

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 6

COLUMN:

| 1  | 2     | 3                                    | 4      | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|--------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE    |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 7

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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, THERAPEUTICI     | 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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RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 8

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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 INTERSTITIAL 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 9

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 10

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 11

COLUMN:

| 1  | 2     | 3                                     | 4        | 5              | 6          | 7   | 8           |
|----|-------|---------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                       | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                           |          |                |            |     |             |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 12

COLUMN:

| 1  | 2     | 3                                         | 4        | 5       | 6   | 7   | 8     |
|----|-------|-------------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                           |          | AGE     | MED |     | X-    |
|    |       |                                           | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                               |          |         |     |     |       |
| 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 SHOULDER  | 481.27   |         |     |     |       |
| 15 | 23073 | EXCISION, TUMOR, SOFT TISSUE OF SHOULDER  | 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) TISSUE  | 550.32   |         |     |     |       |
| 15 | 23078 | REMOVAL (5 CENTIMETERS OR GREATER) TISSUE | 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 13

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 14

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 15

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 16

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS |       |                                      |        |                |            |     |             |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 17

COLUMN:

| 1  | 2     | 3                            | 4        | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|----------|---------|-----|-----|-------|
|    |       |                              |          | AGE     | MED |     | X-    |
|    |       |                              | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 18

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 19

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 20

COLUMN:

| 1  | 2     | 3                                  | 4      | 5       | 6   | 7   | 8     |
|----|-------|------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                    |        | AGE     | MED |     | X-    |
|    |       |                                    | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                        | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 21

COLUMN:

| 1  | 2     | 3                                | 4        | 5       | 6   | 7   | 8     |
|----|-------|----------------------------------|----------|---------|-----|-----|-------|
|    |       |                                  |          | AGE     | MED |     | X-    |
|    |       |                                  | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                      |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 22

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 23

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 24

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 25

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 26

COLUMN:

| 1  | 2     | 3                            | 4      | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|--------|---------|-----|-----|-------|
|    |       |                              |        | AGE     | MED |     | X-    |
|    |       |                              | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 27

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 28

COLUMN:

| 1  | 2     | 3                            | 4        | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|----------|---------|-----|-----|-------|
|    |       |                              |          | AGE     | MED |     | X-    |
|    |       |                              | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 29

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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 HAMMERTOES                 | 550.32 |         |     |     |       |
| 15 | 28286 | REPAIR OF HAMMERTOES                 | 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 30

COLUMN:

| 1  | 2     | 3                            | 4      | 5              | 6          | 7   | 8           |
|----|-------|------------------------------|--------|----------------|------------|-----|-------------|
|    |       |                              | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                  |        |                |            |     |             |
| 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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LAM5M125

RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 31

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 32

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 33

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 34

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 35

COLUMN:

| 1  | 2     | 3                                      | 4      | 5       | 6   | 7   | 8     |
|----|-------|----------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                        |        | AGE     | MED |     | X-    |
|    |       |                                        | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                            |        |         |     |     |       |
| 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     |         |     |     |       |
| 15 | 31603 | TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL | 359.35 | 15 99   |     | X   |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 36

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 PREVIOUSLY 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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RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 37

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS |       |                                      |          |                |            |     |             |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 38

COLUMN:

| 1  | 2     | 3                                      | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|----------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                            | FEE      |                     |                 |          |                  |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 39

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:16

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 40

COLUMN:

| 1  | 2     | 3                                      | 4      | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|----------------------------------------|--------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                            | FEE    |                     |                 |          |                  |
| 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 | GINGIVECTOMY, 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 | EXCISION 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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RUN: 05/27/25 08:22:16

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 41

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 42

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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       |                |            |     |             |
| 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   |                |            |     |             |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 43

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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 |         |     |     |       |
| 15 | 43253 | Injection of diagnostic or therapeut | 481.27 |         |     | X   |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 44

COLUMN:

| 1  | 2     | 3                                    | 4        | 5<br>AGE<br>MIN-MAX | 6<br>MED<br>REV | 7<br>SEX | 8<br>X-<br>OVERS |
|----|-------|--------------------------------------|----------|---------------------|-----------------|----------|------------------|
| TS | CODE  | DESCRIPTION                          | FEE      |                     |                 |          |                  |
| 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/BIO           | 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 45

COLUMN:

| 1  | 2     | 3                                     | 4        | 5       | 6   | 7   | 8     |
|----|-------|---------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                       |          | AGE     | MED |     | X-    |
|    |       |                                       | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                           |          |         |     |     |       |
| 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 | PROCTOSIGMOIDOSCOPY, 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 46

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |        |         |     |     |       |
| 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 47

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 | ANOSCOPY; 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 48

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS |       |                                      |          |                |            |     |             |
| 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, BILIARY            | 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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RUN: 05/27/25 08:22:16

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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 49

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 50

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS |       |                                      |          |                |            |     |             |
| 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       |                |            |     |             |
| 15 | 52000 | CYSTOSCOPY                           | 359.35   |                |            |     | X           |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 51

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 52

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    |       |                                      | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |          |                |            |     |             |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 53

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|--------|----------------|------------|-----|-------------|
|    |       |                                      | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                          |        |                |            |     |             |
| 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 | REMOV/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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RUN: 05/27/25 08:22:16

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 54

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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 EPIDIDYMISS                | 359.35   |         |     | M   |       |
| 15 | 54830 | REMOVE EPIDIDYMISS LESION            | 550.32   |         |     | M   |       |
| 15 | 54840 | REMOVE EPIDIDYMISS LESION            | 679.83   |         |     | M   |       |
| 15 | 54860 | REMOVAL OF EPIDIDYMISS               | 550.32   |         |     | M   |       |
| 15 | 54861 | REMOVAL OF EPIDIDYMISS               | 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 55

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 15 | 55880 | ABLATION OF MALIGNANT PROSTATE TISSU | 1,073.67 |         |     | M   |       |
| 15 | 55899 | GENITAL SURGERY PROCEDURE            | MP       |         | X   | M   |       |
| 15 | 56405 | INCISION AND DRAINAGE OF 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 56

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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, STERILIZATION          | 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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LAM5M125

RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 57

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 58

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 59

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 15 | 63685 | IMPLANT NEUROSURGEON                 | 481.27 |         |     |     |       |
| 15 | 63688 | REVISION/REMOVE NEUROSURGEON         | 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 | REVISION/REMOVE NEUROSURGEON         | 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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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

REPORT NO: RF-0-76A2

PAGE: 60

COLUMN:

| 1  | 2     | 3                                    | 4      | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|--------|---------|-----|-----|-------|
|    |       |                                      |        | AGE     | MED |     | X-    |
|    |       |                                      | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          | FEE    |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 61

COLUMN:

| 1  | 2     | 3                                   | 4        | 5       | 6   | 7   | 8     |
|----|-------|-------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                     |          | AGE     | MED |     | X-    |
|    |       |                                     | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                         |          |         |     |     |       |
| 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 MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 62

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>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   |                |            |     |             |
| 15 | 65785 | IMPLANTATION OF INTRASTROMAL CORNEAL | 679.83   |                |            | X   |             |
| 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 MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
NON-RURAL AND NON-STATE HOSPITALS  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 63

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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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RUN: 05/27/25 08:22:16

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 64

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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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RUN: 05/27/25 08:22:16

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 65

COLUMN:

| 1  | 2     | 3                                     | 4      | 5              | 6          | 7   | 8           |
|----|-------|---------------------------------------|--------|----------------|------------|-----|-------------|
|    |       |                                       | FEE    | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | CODE  | DESCRIPTION                           |        |                |            |     |             |
| 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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RUN: 05/27/25 08:22:16

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 66

COLUMN:

| 1  | 2     | 3                            | 4      | 5       | 6   | 7   | 8     |
|----|-------|------------------------------|--------|---------|-----|-----|-------|
|    |       |                              |        | AGE     | MED |     | X-    |
|    |       |                              | FEE    | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                  |        |         |     |     |       |
| 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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LAM5M125

RUN: 05/27/25 08:22:16

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REPORT NO: RF-0-76A2

PAGE: 67

COLUMN:

| 1  | 2     | 3                                    | 4        | 5       | 6   | 7   | 8     |
|----|-------|--------------------------------------|----------|---------|-----|-----|-------|
|    |       |                                      |          | AGE     | MED |     | X-    |
|    |       |                                      | FEE      | MIN-MAX | REV | SEX | OVERS |
| TS | CODE  | DESCRIPTION                          |          |         |     |     |       |
| 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   |         |     |     |       |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE  
 NON-RURAL AND NON-STATE HOSPITALS  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

REPORT NO: RF-0-76A2

PAGE: 68

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6          | 7   | 8           |
|----|-------|--------------------------------------|----------|----------------|------------|-----|-------------|
|    | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | MED<br>REV | SEX | X-<br>OVERS |
| TS | 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   |                |            |     |             |

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# EXHIBIT 101

Medicaid Services,  
Louisiana Department of Health

[🏠](#) > [Medicaid](#) > [Get More Information](#) > [Medicaid Services](#)

## 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.



\*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 



Family Planning Services - Take Charge Plus 

Family Planning Services in Physician's Office 

Federally Qualified Health Centers (FQHC) 

Free Standing Birthing Centers 

Hearing Aids 

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](mailto:ProviderRelations@la.gov)

Members: [Healthy@la.gov](mailto: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](mailto:ProviderRelations@la.gov)

Members: [Healthy@la.gov](mailto: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](mailto:ProviderRelations@la.gov)

Members: [Healthy@la.gov](mailto: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



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)



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)

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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025  
 LEGEND

REPORT NO: RF-0-76SH

PAGE:

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 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

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 1

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 SUPPLY                       | 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           |                |             |             |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 2

| COLUMN: | 1  | 2     | 3                                    | 4    | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE  | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 ADMINISTRATRIION               | 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 EMISSION 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           |                |             |             |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 3

| COLUMN: | 1  | 2     | 3                                      | 4    | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|----------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                            | FEE  | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | AUDIOLOGY-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 CLASSIFICATION  | 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 CLASSIFICATION | 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           |                |             |             |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 4

COLUMN:

| 1  | 2     | 3                                    | 4    | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE  | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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REPORT NO: RF-0-76SH  
 PAGE: 5

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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, ETELCAICETIDE, 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 | CEFZAZOLIN 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 6

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 - JSIM, 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           |                |             |             |



LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 7

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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|         | 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, MICA FUNGIN IN SODIUM (BAXTER),  | CCR |                |    |            |     | X           |                |             |             |
|         | 39 | J2247 | INJECTION, MICA FUNGIN SODIUM (PAR PH | CCR | 12 99          |    |            |     | X           |                |             |             |
|         | 39 | J2248 | INJECTION, MICA FUNGIN 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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 8

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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|         | 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 | UNCLASSIFIED 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 DERIVATIVE, 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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 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 9

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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, CEMIPILIMAB-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           |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 10

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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|         | 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 PYELOALYCEAL 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           |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 11

| COLUMN: | 1     | 2                                    | 3           | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|-------|--------------------------------------|-------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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         |     |                |    |            |     | X           |                |             |             |
| 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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RUN: 05/27/25 08:22:07

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REPORT NO: RF-0-76SH

PAGE: 12

| COLUMN: | 1  | 2     | 3                                    | 4        | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|----------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 EPIDERM  | 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 13

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 PELLETS(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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 14

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
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REPORT NO: RF-0-76SH  
 PAGE: 15

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 16

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |
|         | 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 |                |    |            |     |             |                |             |             |
|         | 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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 17

| COLUMN: | 1  | 2     | 3                                       | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|-----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                             | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 | ARTHRODESIS, W/BONE GRAFT               | CCR |                |    |            |     |             |                |             |             |
| 39      |    | 22556 | ARTHRODESIS; 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 |                |    |            |     |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 18

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 19

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 20

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 & TROCANEER 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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 21

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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 |                |    |            |     |             |                |             |             |



LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 22

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |
| 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 |                |    |            |     |             |                |             |             |
| 39 | 28360 | RECONSTRUCT CLEFT FOOT                | CCR |                |    |            |     |             |                |             |             |
| 39 | 28430 | TREAT CLSD TALUS FX, W/O MANIP        | CCR |                |    |            |     |             |                |             |             |
| 39 | 28446 | OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS   | CCR |                |    |            |     |             |                |             |             |



LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 23

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 24

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 25

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 26

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 27

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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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 FEMOROPLOPLITEAL 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           |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 28

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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           |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 29

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37225 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37226 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37227 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37228 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37229 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37230 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37231 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37232 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37233 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37234 | REVASCLARIZATION, ENDOVASCULAR, OPE   | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37235 | REVASCLARIZATION, 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 | OCCCLUSION OF VENOUS MALFORMATIONS (O | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37242 | OCCCLUSION OF ARTERY (OTHER THAN HEMO | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37243 | OCCCLUSION OF TUMORS OR OBSTRUCTED BL | CCR |                |    |            |     |             |                |             |             |
|         | 39 | 37244 | OCCCLUSION 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 30

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 31

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 |            |     |             |                |             |             |
| 39 | 43772 | LAPAROSCOPY, SURIGCAL GASTRIC RESTRI | CCR | 16             | 99 |            |     |             |                |             |             |
| 39 | 43773 | LAPAROSCOPY, SURIGCAL GASTRIC RESTRI | CCR | 16             | 99 |            |     |             |                |             |             |
| 39 | 43774 | LAPAROSCOPY, SURIGCAL GASTRIC RESTRI | CCR | 16             | 99 |            |     |             |                |             |             |
| 39 | 43831 | GASTROSTOMY, OPEN, NEONATAL          | CCR | 00             | 00 |            |     |             |                |             |             |
| 39 | 43840 | REPAIR OF STOMACH LESION             | CCR |                |    |            |     |             |                |             |             |
| 39 | 43886 | REVISE GASTRIC PORT, OPEN            | CCR | 16             | 99 |            |     |             |                |             |             |
| 39 | 43887 | REMOVE GASTRIC PORT, OPEN            | CCR | 16             | 99 |            |     |             |                |             |             |
| 39 | 43888 | CHANGE GASTRIC PORT, OPEN            | CCR | 16             | 99 |            |     |             |                |             |             |
| 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 |                |    |            |     |             |                |             |             |
| 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 |                |    |            |     |             |                |             |             |
| 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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 32

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 PRECACLAL/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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 33

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |
| 39 | 51701 | INSERTION NON-INDWELLNG BLADDER CATH | CCR |                |    |            |     |             |                |             |             |
| 39 | 51702 | INSERT TEMP INDWELL BLADDER CATHETER | CCR |                |    |            |     |             |                |             |             |

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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 34

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | REMOV/REPLC PENIS PROS, COMP         | CCR |                |    |            |     |             |                |             |             |
| 39 | 54417 | REMOV/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   |             |                |             |             |

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: 35  
 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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   |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 36

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 37

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |



LAM5M123

RUN: 05/27/25 08:22:07

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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 38

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |



LAM5M123  
 RUN: 05/27/25 08:22:07

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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 39

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |
|         | 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 40

| COLUMN: | 1  | 2     | 3                                      | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                            | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 TEMPOROMANDIBULAR 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 41

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 39 | 70350 | CEPHALOGRAPH; 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/FLUROSCOPY    | 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 CONSTRAS    | 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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 42

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 43

| COLUMN: | 1  | 2     | 3                                       | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|-----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                             | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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           |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 44

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

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: 45  
 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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    |                |    |            |     |             |                |             |             |



LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 46

COLUMN:

| 1  | 2     | 3                                      | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | XRAY, 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 BX; 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 47

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:07

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 48

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 |                |    |            |     |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 49

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 RADIOLO      | 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 SUPPCL/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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 50

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 OR <     | 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 51

| COLUMN: | 1  | 2     | 3                                     | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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 | HEPATOBIILIARY SYSTEM IMAGING, INCLUD | CCR    |                |    |            |     |             |                |             |             |
|         | 39 | 78227 | HEPATOBIILIARY 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    |                |    |            |     |             |                |             |             |

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: 52  
 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 53

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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       |             |             |



LAM5M123

RUN: 05/27/25 08:22:07

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 54

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|----------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE      | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:07

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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 55

COLUMN:

| 1  | 2     | 3                                     | 4        | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|----------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE      | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 3B1 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 NUCLEAR 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 56

COLUMN:

| 1  | 2     | 3                                       | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|-----------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                             | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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       |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 57

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 FECAL 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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## 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: 58

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     | PA | MED | SEX | UVS  | EFFECT   | X-    | SPEC |
|         |    |       |                                       |       | MIN-MAX |    | REV |     | >001 | DATE     | OVERS | IND  |
|         | 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 | ELECTROPHORETIC 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 |       |      |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 59

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 60

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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 HOMOCYSTEINE                | 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       |             |             |



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: 61  
 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     | PA | MED | SEX | UVS  | EFFECT   | X-    | SPEC |
|         |    |       |                                      |       | MIN-MAX |    | REV |     | >001 | DATE     | OVERS | IND  |
|         | 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 |       |      |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 62

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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       |             |             |



LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 63

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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       |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 64

COLUMN:

| 1  | 2     | 3                                        | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|------------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                              | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 KININNOGEN 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       |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 65

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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 | FIBRO 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 66

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 67

| COLUMN: | 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 EPIDIDYMS 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 TRANSLUTAMINA  | 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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## 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: 68

## 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 69

| COLUMN: | 1  | 2     | 3                                        | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|------------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                              | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 70

COLUMN:

| 1  | 2     | 3                                     | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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<br>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 | ANTI HUMAN GLOBULIN TEST (COOMBS TEST | 5.39   |                |    |            |     | X           | 01/01/20       |             |             |
| 39 | 86885 | ANTI HUMAN GLOBULIN TEST (COOMBS TEST | 5.72   |                |    |            |     | X           | 01/01/20       |             |             |
| 39 | 86886 | ANTI HUMAN 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<br>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<br>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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 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 71

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 72

| COLUMN: | 1  | 2     | 3                                       | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|-----------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                             | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | CHYLM D TRACH AG, DFA                   | 11.98 |                |    |            |     |             | 01/01/20       |             |             |
| 39      |    | 87271 | CYTOMEGALOVIRUS DFA                     | 13.42 |                |    |            |     |             | 01/01/19       |             |             |
| 39      |    | 87272 | CRYPTOSPORIDIUM 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 A, 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 | TREPO N 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 | CHYLM D 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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REPORT NO: RF-0-76SH  
 PAGE: 73

| COLUMN: | 1  | 2     | 3                                    | 4      | 5       | 6  | 7   | 8   | 9    | 10       | 11    | 12   |
|---------|----|-------|--------------------------------------|--------|---------|----|-----|-----|------|----------|-------|------|
|         | TS | CODE  | DESCRIPTION                          | FEE    | AGE     | PA | MED | SEX | UVS  | EFFECT   | X-    | SPEC |
|         |    |       |                                      |        | MIN-MAX |    | REV |     | >001 | DATE     | OVERS | 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 | CHYLM D PNEUM, DNA, DIR PROBE        | 20.05  |         |    |     |     |      | 01/01/20 |       |      |
|         | 39 | 87486 | CHYLM D PNEUM, DNA, AMP PROBE        | 35.09  |         |    |     |     |      | 01/01/20 |       |      |
|         | 39 | 87487 | CHYLM D PNEUM, DNA, QUANT            | 42.84  |         |    |     |     |      | 01/01/20 |       |      |
|         | 39 | 87490 | CHYLM D TRACH, DNA, DIR PROBE        | 22.75  |         |    |     |     |      | 01/01/19 |       |      |
|         | 39 | 87491 | CHYLM D TRACH, DNA, AMP PROBE        | 35.09  |         |    |     |     | X    | 01/01/20 |       |      |
|         | 39 | 87492 | CHYLM D 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 74

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 75

| COLUMN: | 1  | 2     | 3                                     | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | CHYLM D 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 ENZYMATI C 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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 76

COLUMN:

| 1  | 2     | 3                                     | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |



LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 77

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 78

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |            |     |             |                |             |             |



LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 79

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 80

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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; AUTO PLOT            | 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 81

| COLUMN: | 1  | 2     | 3                                      | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|----------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                            | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | OCULO-ELECTROMYOGRAPHY                 | 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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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 82

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 83

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 84

COLUMN:

| 1  | 2     | 3                                      | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | ECHOCARDIOGRAPHY, REAL-TIME W IMAGE    | CCR |                |    |            |     |             |                |             |             |
| 39 | 93351 | ECHOCARDIOGRAPHY, TRANSTHORACIC, REA   | CCR |                |    |            |     |             |                |             |             |
| 39 | 93355 | ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T   | CCR |                |    |            |     |             |                |             |             |
| 39 | 93356 | HEART MUSCLE STRAIN IMAGING            | CCR |                |    |            |     |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 85

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 TRANS  | 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    |                |    |            |     |             |                |             |             |



LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 86

| COLUMN: | 1  | 2     | 3                                    | 4   | 5       | 6  | 7   | 8   | 9    | 10     | 11    | 12   |
|---------|----|-------|--------------------------------------|-----|---------|----|-----|-----|------|--------|-------|------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE     | PA | MED | SEX | UVS  | EFFECT | X-    | SPEC |
|         |    |       |                                      |     | MIN-MAX |    | REV |     | >001 | DATE   | OVERS | IND  |
|         | 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 |         |    |     |     |      |        |       |      |



LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 87

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 |                |    |            |     |             |                |             |             |

LAM5M123

RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 88

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 INSC T 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 |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 89

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M123  
 RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 90

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 91

COLUMN:

| 1  | 2     | 3                                      | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | DEBRIDEMENT 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          |     |             |                |             |             |

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: 92  
 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:07

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH

PAGE: 93

| COLUMN: |       |                                      |       |                |    |            |     |             |                |             |             |
|---------|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| 1       | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
| TS      | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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   |                |    |            |     |             |                |             |             |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SH  
 PAGE: 94

COLUMN:

| 1  | 2    | 3           | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|------|-------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE | DESCRIPTION | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |



# EXHIBIT 103

Small Rural Hospital Outpatient Services Fee Schedule  
(Effective Jan. 1, 2025)

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025  
 LEGEND

REPORT NO: RF-0-76SR

PAGE:

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 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.  
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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

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 RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 1

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 SUPPLY                       | 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           |                |             |             |

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RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 2

COLUMN:

| 1  | 2     | 3                                    | 4    | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 EMISSION 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           |                |             |             |

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 3

COLUMN:

| 1  | 2     | 3                                    | 4    | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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           |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 4

COLUMN:

| 1  | 2     | 3                                    | 4    | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE  | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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  |                |    |            |     | X           |                |             |             |
| 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  |                |    |            |     | X           |                |             |             |
| 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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 5

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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, ETELALCETIDE, 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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 6

COLUMN:

| 1  | 2     | 3                                      | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 | ONJECTION, 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           |                |             |             |



LAM5M122  
 RUN: 05/27/25 08:22:02

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REPORT NO: RF-0-76SR  
 PAGE: 7

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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, NAFICILLIN 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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 8

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | UNCLASSIFIED 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 DERIVATIVE, 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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 9

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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, CEMIPILIMAB-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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 10

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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-IREC, 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           |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 11

COLUMN:

| 1  | 2     | 3                                    | 4    | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE  | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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  |                |    |            |     | X           |                |             |             |
| 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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 12

COLUMN:

| 1  | 2     | 3                                    | 4        | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|----------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 EPIDERM  | 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           |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 13

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 PELLETT(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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 14

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 15

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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| 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 |                |    |            |     |             |                |             |             |

LAM5M122  
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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 16

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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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 |                |    |            |     |             |                |             |             |
| 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 |                |    |            |     |             |                |             |             |
| 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 |                |    |            |     |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 17

| COLUMN: | 1  | 2     | 3                                       | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|-----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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|         | 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 | ARTHRODESIS; 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 18

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 19

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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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RUN: 05/27/25 08:22:02

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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 20

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 & TROCANE 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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 21

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 KNEE | 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 |                |    |            |     |             |                |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 22

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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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 |                |    |            |     |             |                |             |             |
| 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 |                |    |            |     |             |                |             |             |
| 37 | 28360 | RECONSTRUCT CLEFT FOOT                | CCR |                |    |            |     |             |                |             |             |
| 37 | 28430 | TREAT CLSD TALUS FX,W/O MANIP         | CCR |                |    |            |     |             |                |             |             |
| 37 | 28446 | OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS   | CCR |                |    |            |     |             |                |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 23

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 |                |    |            |     |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 24

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 25

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 ABLATION OF ARRHYTH FOCUS;W CAR | CCR |                |    |            |     |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 26

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 |                |    |            |     |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 27

| COLUMN: | 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 FEMOROPLOPLITEAL 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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 28

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 29

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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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 |                |    |            |     |             |                |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 30

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 |                |    |            |     |             |                |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 31

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 32

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 PRECACLAL/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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 33

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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/FLURO             | 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 |                |    |            |     |             |                |             |             |
| 37 | 51701 | INSERTION NON-INDWELLING BLADDER CATH | CCR |                |    |            |     |             |                |             |             |
| 37 | 51702 | INSERT TEMP INDWELL BLADDER CATHETER  | CCR |                |    |            |     |             |                |             |             |

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RUN: 05/27/25 08:22:02

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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 34

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 | REMOV/REPLC PENIS PROS, COMP          | CCR |                |    |            |     |             |                |             |             |
| 37 | 54417 | REMOV/REPLC PENIS PROS, COMPL         | CCR |                |    |            |     |             |                |             |             |
| 37 | 54560 | EXPLORATION FOR TESTIS                | CCR |                |    |            | M   |             |                |             |             |
| 37 | 54650 | ORCHIOPEXY, ABDOMINAL APPROACH, FOR   | CCR |                |    |            | M   |             |                |             |             |
| 37 | 54865 | EXPLORATION OF EPIDIDYMISS, 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   |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 35

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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           |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 36

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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| 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/VO 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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 37

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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           |                |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 38

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
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| 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 |                |    |            |     |             |                |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 39

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 40

COLUMN:

| 1  | 2     | 3                                      | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 TEMPOROMANDIBULAR JNT; UNIL      | CCR |                |    |            |     |             |                |             |             |
| 37 | 70330 | ARTHROTOMOGRAPHY; TEMPOROMAND.-COMPLT  | CCR |                |    |            |     |             |                |             |             |
| 37 | 70332 | TEMPOROMAND. ARTHROGRAPHY; SUPER/INTER | CCR |                |    |            |     |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 41

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 42

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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/0 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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 43

COLUMN:

| 1  | 2     | 3                                       | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|-----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                             | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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           |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 44

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 45

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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    |                |    |            |     |             |                |             |             |



LAM5M122  
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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 46

COLUMN:

| 1  | 2     | 3                                      | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 47

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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   |             |                |             |             |

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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 48

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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   |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 49

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 50

COLUMN:

| 1  | 2     | 3                                    | 4   | 5       | 6  | 7   | 8   | 9    | 10       | 11    | 12   |
|----|-------|--------------------------------------|-----|---------|----|-----|-----|------|----------|-------|------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE     | PA | MED | SEX | UVS  | EFFECT   | X-    | SPEC |
|    |       |                                      | MP  | MIN-MAX |    | REV |     | >001 | DATE     | OVERS | IND  |
| 37 | 77425 | INTRAOPERATIVE RADIATION TREATMENT D | CCR |         |    | 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 OR <     | 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 |         |    |     |     |      |          |       |      |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 51

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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    |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 52

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 EMISSION 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       |             |             |

LAM5M122 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76SR  
 RUN: 05/27/25 08:22:02 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 53  
 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 54

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | METRAPONE 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       |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 55

COLUMN:

| 1  | 2     | 3                                      | 4        | 5       | 6  | 7   | 8   | 9    | 10       | 11    | 12   |
|----|-------|----------------------------------------|----------|---------|----|-----|-----|------|----------|-------|------|
| TS | CODE  | DESCRIPTION                            | FEE      | AGE     | PA | MED | SEX | UVS  | EFFECT   | X-    | SPEC |
|    |       |                                        | MP       | MIN-MAX |    | REV |     | >001 | DATE     | OVERS | IND  |
| 37 | 81099 | URINALYSIS TEST PROCEDURE              |          |         |    | 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 3B1 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 NUCLEAR 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      |         |    |     |     |      |          |       |      |

LAM5M122 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76SR  
 RUN: 05/27/25 08:22:02 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 56  
 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 57

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 58

COLUMN:

| 1  | 2     | 3                                     | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | ELECTROPHORETIC 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       |             |             |

LAM5M122 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76SR  
 RUN: 05/27/25 08:22:02 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 59  
 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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
|         | 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       |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 60

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 61

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | PHOSPHATIDYLGLYCEROL                 | 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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 62

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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       |             |             |



LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 63

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 64

COLUMN:

| 1  | 2     | 3                                        | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|------------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                              | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 KININNOGEN ASSA          | 18.93 |                |    |            |     |             | 01/01/20       |             |             |
| 37 | 85300 | ANTITHROMBIN III TEST                    | 11.85 |                |    |            |     | X           | 01/01/20       |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 65

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | FIBRO 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       |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 66

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 67

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 EPIDIDYMIIS 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       |             |             |

LAM5M122

## LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

REPORT NO: RF-0-76SR

RUN: 05/27/25 08:22:02

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING

PAGE: 68

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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

LAM5M122

## LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

REPORT NO: RF-0-76SR

RUN: 05/27/25 08:22:02

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING

PAGE: 69

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<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 70

COLUMN:

| 1  | 2     | 3                                     | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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<br>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 | ANTI HUMAN GLOBULIN TEST (COOMBS TEST | 5.39   |                |    |            |     | X           | 01/01/20       |             |             |
| 37 | 86885 | ANTI HUMAN GLOBULIN TEST (COOMBS TEST | 5.72   |                |    |            |     | X           | 01/01/20       |             |             |
| 37 | 86886 | ANTI HUMAN 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<br>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<br>MP     |        |                |    | X          |     |             | 06/01/08       |             |             |
| 37 | 86965 | POOLING OF PLATELETS OR OTHER BLOOD   | 15.19  |                |    |            |     |             | 01/01/09       |             |             |



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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 71

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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       |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 72

COLUMN:

| 1  | 2     | 3                                       | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|-----------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                             | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | CRYPTOSPORIDIUM 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       |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 73

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 74

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 75

COLUMN:

| 1  | 2     | 3                                     | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | CHYLM D 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       |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 76

COLUMN:

| 1  | 2     | 3                                         | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|-------------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                               | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 ANAL; 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       |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 77

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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       |             |             |

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RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 78

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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    |                |    |            |     |             |                |             |             |



LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 79

COLUMN:

| 1  | 2     | 3                                     | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|---------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                           | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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          |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 80

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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; AUTOPILOT            | CCR    |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 81

COLUMN:

| 1  | 2     | 3                                      | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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    |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 82

COLUMN:

| 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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   |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 83

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 84

COLUMN:

| 1  | 2     | 3                                      | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | ECHOCARDIOGRAPHY, REAL-TIME W IMAGE    | CCR |                |    |            |     |             |                |             |             |

LAM5M122  
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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 85

| COLUMN: | 1  | 2     | 3                                    | 4      | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|--------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE    | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 TRANS  | 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    |                |    |            |     |             |                |             |             |



LAM5M122  
 RUN: 05/27/25 08:22:02

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 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
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REPORT NO: RF-0-76SR  
 PAGE: 86

| COLUMN: | 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|---------|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
|         | TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 |                |    |            |     |             |                |             |             |



LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 87

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 88

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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 INSECT 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 |                |    |            |     |             |                |             |             |

LAM5M122  
 RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 89

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 PARAMETERS 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-STND/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 |                |    |            |     |             |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 90

COLUMN:

| 1  | 2     | 3                                    | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-----|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 91

COLUMN:

| 1  | 2     | 3                                      | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|----------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                            | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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 | DEBRIDEMENT OF PREMALIGNANT HYPERKER   | CCR   |                |    |            |     |             |                |             |             |
| 37 | 96900 | ACTINOTHERAPY                          | CCR   |                |    |            |     |             |                |             |             |
| 37 | 96904 | WHOLE BODY INTEGUMENTARY PHOTOGRAPHY   | CCR   |                |    |            |     |             |                |             |             |
| 37 | 96910 | PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLE  | 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       |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 92

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
|----|-------|--------------------------------------|-------|----------------|----|------------|-----|-------------|----------------|-------------|-------------|
| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>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           |                |             |             |

LAM5M122

RUN: 05/27/25 08:22:02

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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR

PAGE: 93

COLUMN:

| 1  | 2     | 3                                    | 4     | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
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| TS | CODE  | DESCRIPTION                          | FEE   | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |
| 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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LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
 SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE  
 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

REPORT NO: RF-0-76SR  
 PAGE: 94

COLUMN:

|    |      |             |     |                |    |            |     |             |                |             |             |
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| 1  | 2    | 3           | 4   | 5              | 6  | 7          | 8   | 9           | 10             | 11          | 12          |
| TS | CODE | DESCRIPTION | FEE | AGE<br>MIN-MAX | PA | MED<br>REV | SEX | UVS<br>>001 | EFFECT<br>DATE | X-<br>OVERS | SPEC<br>IND |



# EXHIBIT 104

Louisiana Medicaid Hospital Provider Inpatient  
Per Diem Rates  
(Effective 7/1/2024)

| Medicaid<br>Prov. # | Facility Name                                             | Hospital Type  | Rate Type                      | Rural | State | SCH | IP Name | IP Rate | CURRENT Per<br>Diem | CURRENT Per<br>Diem Effective | GME is in<br>Per Diem | GME Part of<br>Per Diem | Non GME<br>Part of Per | GME<br>Effective | Outpatient<br>CCR | OP CCR<br>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 Rehabilitation 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 Rehabilitation Hospital (Pay to: MMO Rehab & Well) | Rehab          | Default Psychiatric            |       |       |     |         |         | \$737.63            | 1/1/2021                      | FALSE                 | \$0.00                  | \$737.63               |                  |                   |                     |
| 1700801             | Accord Rehabilitation 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 Contin | 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 Contin | 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 Coughatta 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 Coughatta Health Care Center                     | Rural          | Default Psychiatric            | Rural |       |     |         |         | \$1,246.93          | 7/1/2024                      | FALSE                 | \$0.00                  | \$1,246.93             |                  |                   |                     |
| 1766283             | Christus Coughatta 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             |                  | 0.13              |                     |

|         |                                                                  |                |                           |  |  |  |       |     |  |            |            |       |        |            |        |           |          |
|---------|------------------------------------------------------------------|----------------|---------------------------|--|--|--|-------|-----|--|------------|------------|-------|--------|------------|--------|-----------|----------|
| 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 Hospital)      | 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   |        |           |          |
| 2700002 | 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  |          |
| 2700002 | Cypress Pointe Surgical Hospital                                 | Peer Group 3   | Default Psychiatric       |  |  |  |       |     |  | \$737.63   | 1/1/2021   | FALSE | \$0.00 | \$737.63   |        |           |          |
| 2700002 | 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 Psychiatric | 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: Ferriday)     | 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: Allegiance)     | 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 |  |  |  |       |     |  | \$1,246.93 | 7/1/2024   | FALSE | \$0.00 | \$1,246.93 |        |           |          |
| 1735116 | Hood Memorial Hospital                                           | Rural          | Acute                     |  |  |  |       |     |  | \$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 Hospital) | 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 Hospital) | 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   |                           |  |  |  |       |     |  |            |            |       |        |            |        |           |          |

|         |                                                                       |                |                                |       |     |  |  |            |           |       |          |            |          |           |
|---------|-----------------------------------------------------------------------|----------------|--------------------------------|-------|-----|--|--|------------|-----------|-------|----------|------------|----------|-----------|
| 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 Regional 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    |
| 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 Offsite)              | 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 Legion)           | 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 Legion)           | Peer Group 5   | Default Psychiatric            |       |     |  |  | \$737.63   | 1/1/2021  | FALSE | \$0.00   | \$737.63   |          |           |
| 1730254 | Ochsner Acadia General Hospital (formerly: American Legion)           | Peer Group 5   | Nursery/Boarder Baby           |       |     |  |  | \$221.33   | 1/1/2021  | FALSE | \$0.00   | \$221.33   |          |           |
| 1720071 | Ochsner American Legion Hospital (formerly: Jennings American Legion) | 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 American Legion) | Rural          | Default Psychiatric            | Rural |     |  |  | \$1,246.93 | 7/1/2024  | FALSE | \$0.00   | \$1,246.93 |          |           |
| 1720071 | Ochsner American Legion Hospital (formerly: Jennings American Legion) | 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    |
| 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 Center)        | Peer Group 1   | Acute                          |       |     |  |  | \$1,331.61 | 1/1/2021  | TRUE  | \$120.30 | \$1,211.31 | 1/1/2021 | 0.1678    |
| 1720372 | Ochsner LSU Health Monroe (formerly: University Health Center)        | Peer Group 1   | Default Psychiatric            |       |     |  |  | \$737.63   | 1/1/2021  | FALSE | \$0.00   | \$737.63   |          |           |
| 1705128 | Ochsner LSU Health Monroe DPP (formerly: University Health Center)    | DP Psychiatric | Distinct Part Psychiatric      |       |     |  |  | \$737.63   | 1/1/2021  | FALSE | \$0.00   | \$737.63   |          |           |
| 1720372 | Ochsner LSU Health Monroe (formerly: University Health Center)        | 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 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   | 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 Health Center)    | Peer Group 1   | Acute                          |       |     |  |  | \$1,355.82 | 1/1/2021  | TRUE  | \$144.50 | \$1,211.32 | 1/1/2021 | 0.2338    |
| 1737712 | Ochsner LSU Health Shreveport (formerly: University Health Center)    | 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 Health Center)    | Peer Group 1   | Default Psychiatric            |       |     |  |  | \$737.63   | 1/1/2021  | FALSE | \$0.00   | \$737.63   |          |           |
| 1737712 | Ochsner LSU Health Shreveport (formerly: University Health Center)    | Peer Group 1   | Nursery/Boarder Baby           |       |     |  |  | \$213.60   | 1/1/2021  | FALSE | \$0.00   | \$213.60   |          |           |
| 1737712 | Ochsner LSU Health Shreveport (formerly: University Health Center)    | Peer Group 1   | Well Baby                      |       |     |  |  | \$0.00     | 7/1/2024  | FALSE | \$0.00   | \$0.00     |          |           |
| 1737712 | Ochsner LSU Health Shreveport (formerly: University Health Center)    | 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  |       |          |            |          |           |

|         |                                                             |                |                                |       |  |     |  |  |            |           |       |          |            |          |          |           |  |
|---------|-------------------------------------------------------------|----------------|--------------------------------|-------|--|-----|--|--|------------|-----------|-------|----------|------------|----------|----------|-----------|--|
| 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 Rehab  | Rehab          | Acute/Rehab                    |       |  |     |  |  | \$852.89   | 1/1/2021  | FALSE | \$0.00   | \$852.89   | 0.4642   | 1/1/2020 |           |  |
| 1700517 | Riverbend Rehabilitation Hospital (formerly: Bastrop Rehab  | Rehab          | Default Psychiatric            |       |  |     |  |  | \$737.63   | 1/1/2021  | FALSE | \$0.00   | \$737.63   |          |          |           |  |
| 1700517 | Riverbend Rehabilitation Hospital (formerly: Bastrop Rehab  | 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.     |            |          |          |           |  |



|         |                                                          |                |                           |  |       |  |  |  |  |            |            |       |          |            |          |        |          |
|---------|----------------------------------------------------------|----------------|---------------------------|--|-------|--|--|--|--|------------|------------|-------|----------|------------|----------|--------|----------|
| 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   |          |        |          |
| 1702024 | St James Parish Hospital                                 | Rural          | Acute                     |  | Rural |  |  |  |  | \$3,034.22 | 7/1/2024   | FALSE | \$0.00   | \$3,034.22 |          | 0.4964 | 7/1/2024 |
| 1702024 | St James Parish Hospital                                 | Rural          | Default Psychiatric       |  | Rural |  |  |  |  | \$1,246.93 | 7/1/2024   | FALSE | \$0.00   | \$1,246.93 |          |        |          |
| 1702024 | 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   |          |        |          |
| 1763797 |                                                          |                |                           |  |       |  |  |  |  |            |            |       |          |            |          |        |          |

|         |                                                         |                |                                |  |  |  |  |            |           |       |        |            |  |        |          |
|---------|---------------------------------------------------------|----------------|--------------------------------|--|--|--|--|------------|-----------|-------|--------|------------|--|--------|----------|
| 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)



# 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

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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.

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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 McKensy 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.

### **Newsday** TV SHORTS



**Carle Place athlete told he can't play both football and soccer**

02:17



**'The most rewarding hobby I've ever had'**

03:33



**What's up on LI: Green| Maritime Festival, Gre| Cow Harbor Day and Ompahfest**

01:02



# EXHIBIT 107

Caroline Kitchener,  
*Blue-state doctors launch abortion pill  
pipeline into states with bans,*  
Wash. Post (July 19, 2023)

 This article was published more than **1 year ago**

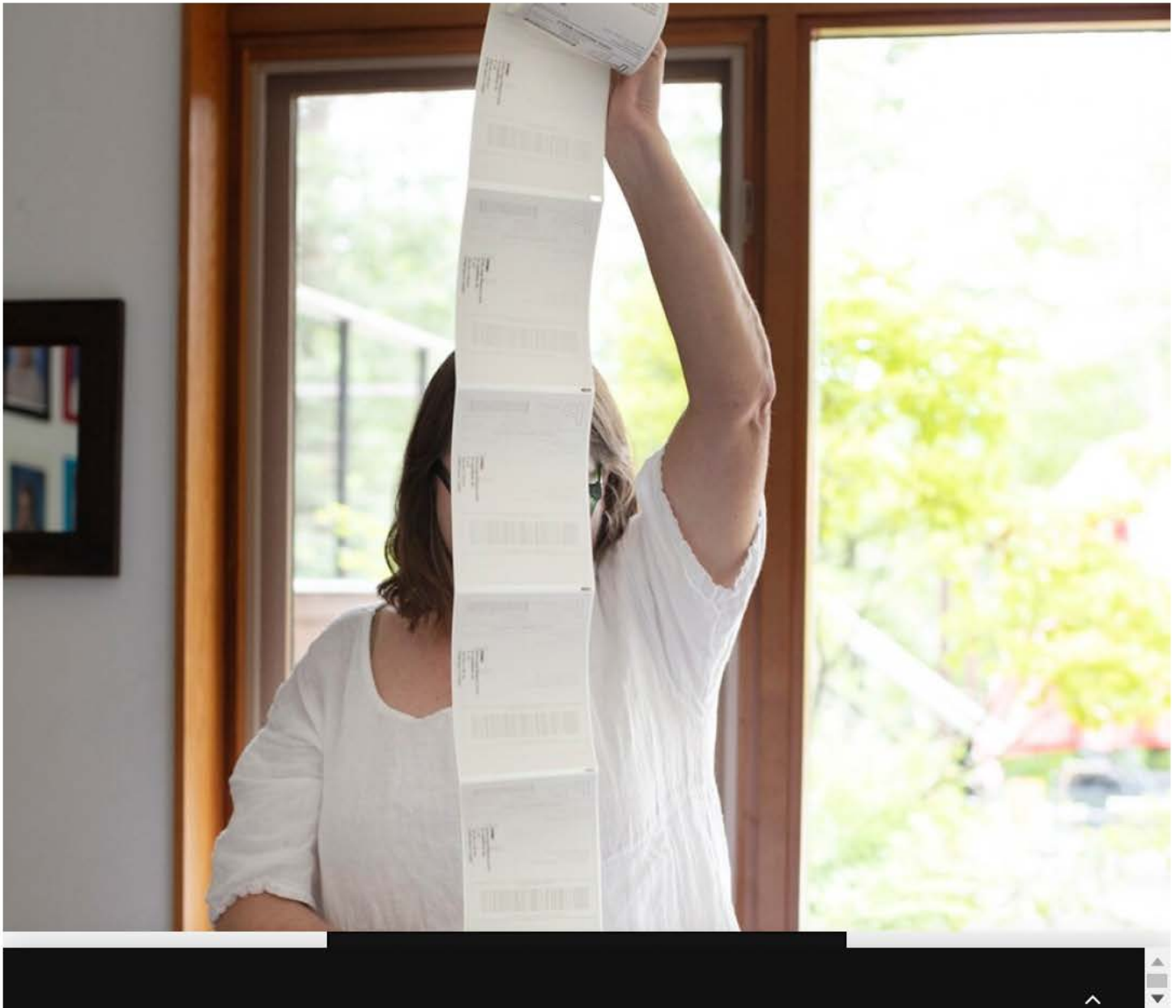
**Abortion**   Tracking abortion laws by state   Abortion on the ballot   Before Roe   Dobbs v. Jackson Women's Health

## 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

 11 min             2786





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

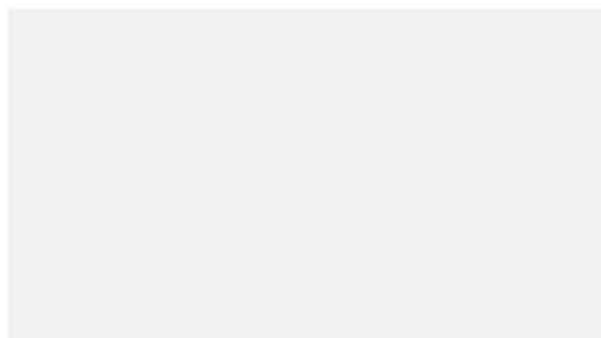
The doctor starts each day with a list of addresses and a label maker.

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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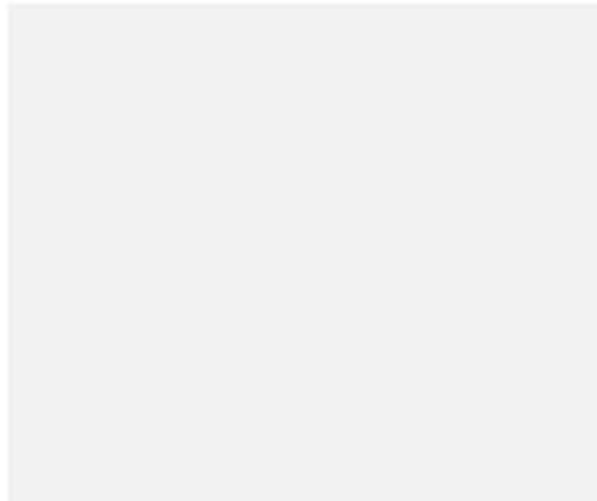


“Everything I’m doing is completely legal,” the Hudson Valley doctor said, her family’s ping-pong table covered with abortion pills bound for the South and Midwest, where abortion has been largely illegal since the Supreme Court overturned *Roe v. Wade* in June 2022.

“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.

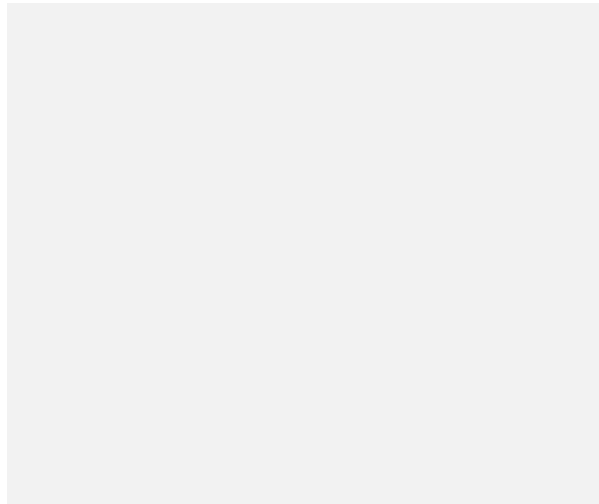
The New York law specifies that no state or local government employee "shall cooperate with or provide information to any individual or out-of-state agency or department regarding any legally protected health activity in this state."



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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



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)

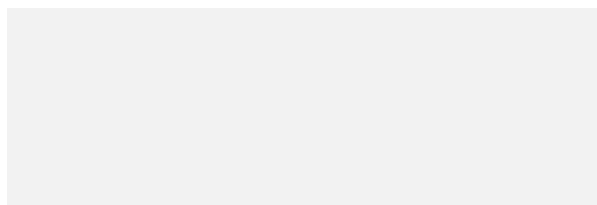
Demand for pills from Aid Access has soared since the June 2022 Supreme Court ruling, with the organization receiving almost 60 percent more requests for pills this spring than in the months immediately following the decision, according to Abigail Aiken, lead investigator of the Self-managed Abortion 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.

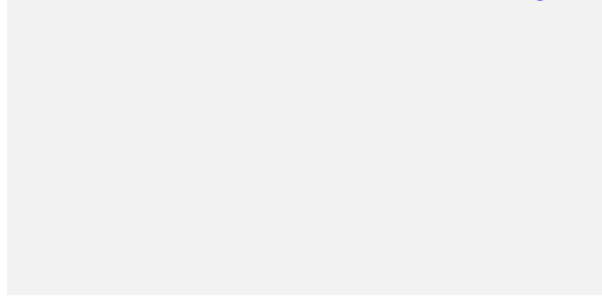
U.S.-based Aid Access providers were used to the process of receiving and processing requests for abortion pills, accustomed to working with patients in states where abortion is legal — but the process of ordering the medication and mailing it out was far less familiar.

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.)

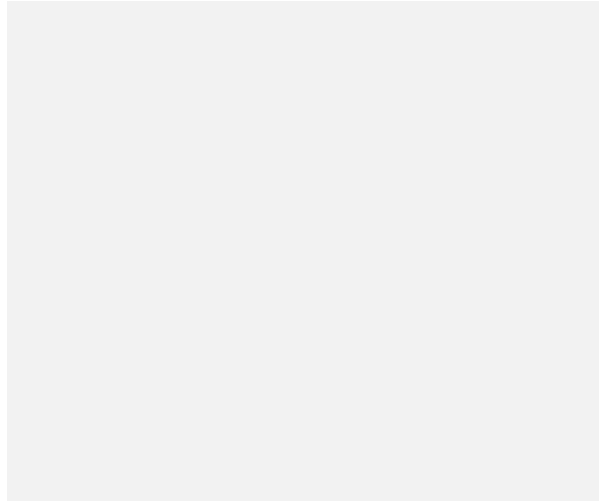
"They were having a really scary miserable experience," Prine said, with some far enough along that they would pass a recognizable fetus.

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



## U.S. abortion access, reproductive rights

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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

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March 5, 2025