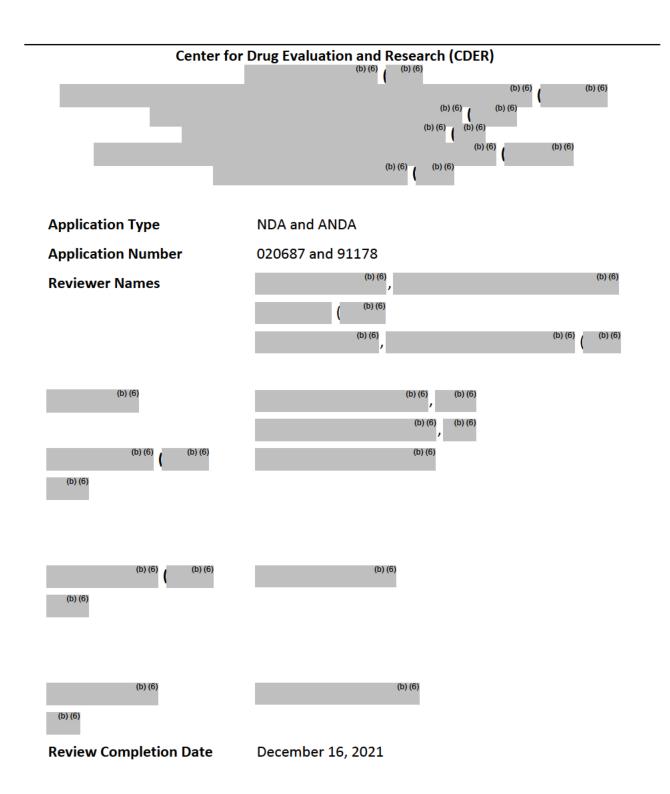
EXHIBIT 51

Center for Drug Evaluation and Research, Application Numbers: 020687 and 91178 Rationale Review (Dec. 16, 2021) ("FDA 2021 Rationale Review")



Subject REMS Modification Rationale Review

Established Name Mifepristone REMS

Name of Applicants Danco Laboratories, LLC and GenBioPro, Inc.

Therapeutic Class Progestin antagonist

Formulation Oral tablets

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EXECUTIVE SUMMARY

This review provides the	(b) (6) ((b)	and (b) (6)				
((b) (6) rationale and	conclusions regarding modifications to the	single, shared system				
Risk Evaluation and Mitigation Strategy (REMS) for mifepristone 200 mg (Mifepristone REMS						
Program) for new drug app	olication (NDA) 20687 and abbreviated new	drug application (ANDA)				
91178.						

ANDA 91178 was approved with the approval of the Mifepristone REMS Program on April 11, 2019 to mitigate the risk of serious complications associated with mifepristone 200 mg. The most recent REMS modification was approved on May 14, 2021. The REMS consists of elements to assure safe use (ETASU) under ETASU A, C and D, an implementation system, and a timetable for submission of assessments. To determine whether a modification to the REMS was warranted, FDA undertook a comprehensive review of the published literature; safety information collected during the COVID-19 public health emergency (PHE); the one-year REMS assessment report of the Mifepristone REMS Program; adverse event data; and information provided by advocacy groups, individuals and the Applicants. Our review also included an examination of literature references provided by plaintiffs in the Chelius v. Becerra litigation discussed below.

The modifications to the REMS will consist of:

- Removing the requirement under ETASU C that mifepristone be dispensed only in certain healthcare settings, specifically clinics, medical offices, and hospitals (referred to here as the "in-person dispensing requirement" for brevity)
- Adding a requirement under ETASU B that pharmacies that dispense the drug be specially certified

A REMS Modification Notification letter will be sent to both Applicants in the Single Shared System.

1. Introduction

In connection with the Chelius v. Becerra litigation, FDA agreed to undertake a full review of the Mifepristone REMS Program, in accordance with the REMS assessment provisions of the Federal Food, Drug, and Cosmetic Act (FD&C Act). This review provides the analysis of the

and the regarding whether any changes are warranted to the single, shared system Risk Evaluation and Mitigation Strategy (REMS) for mifepristone (hereafter referred to as the Mifepristone REMS Program) for new drug application (NDA) 20687 and abbreviated new drug application (ANDA) 91178. The Mifeprex REMS was initially approved in 2011; the single, shared system REMS for mifepristone 200 mg, known as the Mifepristone REMS Program, was approved in 2019.

The last time the existing REMS elements to assure safe use (under ETASU A, C and D) were reviewed was in the context of our review of supplement S-020 to NDA 20687; these ETASU were updated following review and approval of supplement S-020 on March 29, 2016. The key changes approved in 2016 are summarized below.

Changes to labeling included:

- Changing the dosing of Mifeprex to 200 mg orally x 1
- Extension of maximum gestational age through 70 days
- Inclusion of misoprostol in the indication statement
- Replacing the term "physician" with "licensed healthcare provider"
- Removal of the phrase "Under Federal Law"

The Mifeprex REMS and REMS materials were updated to reflect the changes above, and additional changes were made including:

Removing the Medication Guide as part of the REMS but retaining it as part of labeling.

2. Background

2.1. PRODUCT AND REMS INFORMATION

^a Section 505-1(g)(2) of the FD&C Act (21 U.S.C. § 355-1(g)(2)).

Mifepristone is a progestin antagonist indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy (IUP) through 70 days gestation. Mifepristone is available as 200 mg tablets for oral use.

Mifeprex (mifepristone) was approved on September 28, 2000 with a restricted distribution program under 21 CFR 314.520 (subpart H)^b to ensure that the benefits of the drug outweighed the risk of serious complications associated with mifepristone when used for medical abortion. Mifeprex was deemed to have a REMS under section 505-1 of the Federal Food, Drug, and Cosmetic Act with the passage of the Food and Drug Administration Amendments Act (FDAAA) of 2007, and the Mifeprex REMS was approved on June 8, 2011. On March 29, 2016, as noted above, a supplemental application and REMS modification was approved for Mifeprex. On April 11, 2019, ANDA 091178 was approved, and the Mifepristone REMS Program was approved. The Mifepristone REMS Program is a single, shared system REMS that includes NDA 020687 and ANDA 91178.

The goal of the REMS for mifepristone is to mitigate the risk of serious complications associated with mifepristone by:

- a. Requiring healthcare providers who prescribe mifepristone to be certified in the Mifepristone REMS Program (under ETASU A).
- b. Ensuring that mifepristone is only dispensed in certain healthcare settings, by or under the supervision of a certified prescriber (under ETASU C).
- c. Informing patients about the risk of serious complications associated with mifepristone (under ETASU D).

Under ETASU A, to become specially certified to prescribe mifepristone, a healthcare provider must review the prescribing information, complete and sign the Prescriber Agreement Form, and follow the guidelines for use of mifepristone. Under ETASU C, mifepristone must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices, and hospitals, by or under the supervision of a certified prescriber. Under ETASU D, mifepristone must be dispensed to patients with evidence or other documentation of safe use conditions (i.e., the patient must sign a *Patient Agreement Form*). The Mifepristone REMS Program also includes an implementation system, and a timetable for assessments (one year from the date of the initial approval of the REMS on April 11, 2019, and every three years thereafter).

^b NDA approval letter Mifeprex (NDA 020687) dated September 28, 2000.

2.2. REGULATORY HISTORY AND EVENTS RELEVANT TO THIS REMS MODIFICATION RATIONALE REVIEW

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The following is a summary of significant regulatory history since approval of the REMS modification on March 29, 2016:

- 03/29/2016: FDA approved an efficacy supplement (S-020) that, among other things, provided a new dosing regimen (200 mg mifepristone, followed in 24 to 48 hours by 800 mcg buccal misoprostol), increased the gestational age (GA) to which mifepristone may be used (through 70 days gestation), and modified the REMS.
- 03/29/2019: A Citizen Petition was received requesting that FDA revise the product labeling to reflect pre-2016 provisions (including limiting GA to 49 days and requiring patients to make 3 office visits) and that FDA maintain the REMS.
- 04/11/2019: ANDA 91178 was approved along with the Single Shared System REMS for Mifepristone 200 mg (Mifepristone REMS Program) for NDA 20687 and ANDA 91178.
- 01/31/2020: the COVID-19 public health emergency (PHE) was declared by the Secretary of Health and Human Services (HHS) as having existed since January 27, 2020.c
- 7/13/2020: The United States (US) District Court of Maryland granted a preliminary injunction in the ACOG v. FDA litigation to temporarily bar enforcement of the Mifepristone REMS Program in-person dispensing requirement during the COVID-19 PHE.
- 1/12/2021: US Supreme Court granted a stay of that injunction.
- 04/12/2021: FDA issued a General Advice Letter to both the NDA and ANDA Applicants, stating that provided that all other requirements of the Mifepristone REMS Program are met, and given that in-person dispensing of mifepristone for medical termination of early pregnancy may present additional COVID-related risks to patients and healthcare

^c See Secretary of Health and Human Services, Determination that a Public Health Emergency Exists (originally issued January 31, 2020, and subsequently renewed), available at https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

personnel because it may involve a clinical visit solely for this purpose, FDA intends to exercise enforcement discretion during the COVID-19 PHE with respect to the in-person dispensing requirement in the Mifepristone REMS Program, including any in-person requirements that may be related to the *Patient Agreement Form*. FDA further stated that to the extent all of the other requirements of the Mifepristone REMS Program are met, FDA intends to exercise enforcement discretion during the COVID-19 PHE with respect to the dispensing of mifepristone through the mail, either by or under the supervision of a certified prescriber, or through a mail-order pharmacy when such dispensing is done under the supervision of a certified prescriber.

- 05/07/2021: FDA stated that it would be reviewing the elements of the Mifepristone REMS Program in accordance with the REMS assessment provisions of section 505-1 of the FD&C Act.
- 05/14/2021: A modification was approved for the Mifepristone REMS Program. This
 modification was to revise the *Patient Agreement Form* to include gender-neutral
 language.
- 06/30/2021: An Information Request (IR) was sent to the Applicants for additional information on shipments and any program deviations, adverse events, or noncompliance with the REMS that occurred during the period from April 1, 2021 through September 30, 2021.
- 7/15/2021: An IR was sent to the Applicants to provide the total number of shipments during the period from April 1, 2021 to September 30, 2021 and details on whether any of those shipments were involved in any program deviation or non-compliance.
- 8/5/2021: An IR was sent to the Applicants for additional clinical and other information (e.g., adverse events and units of mifepristone shipped) for the period of March 29, 2016 through June 30, 2021, to be provided by August 31, 2021. This IR also requested information covering the period of July 1, 2021 through September 30, 2021 and an

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aggregate summary (for the period of March 29, 2016 through September 30, 2021), to be provided by October 12, 2021.^d

- 8/26/2021: The ANDA Applicant submitted a response to the IR issued on 8/5/2021.
- 08/27/2021: The NDA Applicant submitted a response to the IR issued on 8/5/2021.
- 10/08/2021: The NDA Applicant submitted a response to the June 30 and July 15, 2021 IRs as well as an aggregate summary for the period March 29, 2016 through September 30, 2021 in response to the August 5, 2021 IR. The NDA Applicant also included a follow-up to their initial response provided on August 27, 2021 to the August 5, 2021 IR.
- 10/12/2021: The ANDA Applicant submitted a response to the June 30 and July 15, 2021
 IRs as well as an aggregate summary for the period March 29, 2016 through September 30, 2021 in response to the August 5, 2021 IR.
- 10/16/2021: The ANDA Applicant revised their Oct 12, 2012 response to provide a correction to the number of mifepristone tablets.



• 11/02/2021: A (b) (6) (c) (6) meeting was convened to obtain CDER concurrence on the removal of the in-person dispensing requirement and the addition of a certification requirement for pharmacies. The (b) (6) and senior CDER leadership concurred with removing the in-person dispensing and adding pharmacy certification.

3. Rationale for Proposed REMS Modification

^d Multiple Information Requests were issued to obtain additional information on drug shipments, any program deviations or noncompliance, and use of alternative methods for drug distribution during the COVID-19 PHE. These IRs are referenced as appropriate in this document and the one-year REMS Assessment Review of the Mifepristone REMS Program, December 16, 2021.

3.1. CURRENT REQUIREMENTS FOR THE APPROVED REMS

The Mifepristone REMS Program includes elements to assure safe use (ETASU), an implementation system, and a timetable for submission of assessments. Elements to assure safe use in the current REMS include a prescriber certification requirement (ETASU A), a requirement that mifepristone be dispensed only in certain healthcare settings by or under the supervision of a certified prescriber (ETASU C), and a requirement that mifepristone be dispensed only with documentation of safe use conditions (ETASU D). Documentation of safe use conditions under ETASU D consists of a Patient Agreement Form between the prescriber and the patient indicating that the patient has received counseling from the prescriber regarding the risk of serious complications associated with mifepristone 200 mg for medical termination of early pregnancy.

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3.2. EVALUATION OF THE EVIDENCE

We reviewed multiple different sources of information, including published literature, safety information submitted to the Agency during the COVID-19 PHE, FDA Adverse Event Reporting System (FAERS) reports, the first REMS assessment report for the Mifepristone REMS Program, and information provided by advocacy groups, individuals, and the Applicants. Our review also included an examination of literature references provided by plaintiffs in the Chelius v. Becerra litigation. Below is an overview of how information relevant to the current Mifepristone REMS Program was retrieved, analyzed, and applied to each of the individual ETASUs to determine if further changes should be considered.

Methods for the literature search

(b) (6) conducted a literature search in PubMed and Embase to retrieve publications relevant to this review. The time period used for this literature search was between March 29, 2016 (when the Mifeprex labeling and REMS were last substantially revised) through July 26, 2021. The search terms used were "medical abortion" and "mifepristone" and "pregnancy termination and mifepristone."

The search retrieved 306 publications from PubMed and 613 from Embase, respectively; the search yielded 646 unique publications after eliminating duplications between the two databases. The result of our literature search was also supplemented by an examination of literature references provided by advocacy groups, individuals, plaintiffs in the Chelius litigation, and the Applicants, as well as letters from healthcare providers and researchers.

References included in these letters were considered for inclusion in this review using identical (b) (6) literature search (outlined below). selection criteria to the

For this review of the REMS, (b) (6) focused on publications containing safety data related to outcomes of medical abortion (objective safety data) obtained from our literature search and from the references provided to us relevant to the REMS ETASUs. We excluded systematic reviews and meta-analyses because these publications did not include original safety data related to the outcomes of medical abortion. The following are examples of materials that were excluded from our literature search:

- Information from survey studies or qualitative studies that evaluated perspectives on and/or satisfaction with medical abortion procedures from patients, pharmacists, clinic staff, or providers, even if the study assessed REMS ETASUs. These surveys or qualitative studies did not include objective safety data related to outcomes of medical abortion.
- Opinions, commentaries, or policy/advocacy statements. These publications did not include objective safety data related to outcomes of medical abortion.
- Safety data related to mifepristone use for second trimester medical abortion. These publications reported data not applicable to the approved indication for medical abortion up to 70 days gestation.
- Safety data related to mifepristone use for spontaneous first trimester abortion (i.e., miscarriages). These publications reported data not applicable to the approved indication for medical abortion up to 70 days gestation.
- Safety data that pertained only to surgical abortion or did not separate out medical abortion from surgical abortion.
- Other safety information unrelated to the REMS elements (e.g., articles limited to case reports or those discussing unrelated gynecologic or medical issues)
- Publications for which it was not possible to conduct a full review of the methods or results, i.e., the references were limited to an abstract of the study methods and results.
- Publications that provided only general statistics on abortion care in the United States.

- Information pertinent to molecular or other basic science aspects of mifepristone.
- Data on the logistics of accessing abortion care in general, such as time to appointment or the distance traveled to obtain care.
- Publications that provided data not related specifically to abortion care or the REMS (e.g., references focused on federal poverty guidelines, poverty data, or the financial impact of the COVID-19 pandemic).

One exception to the above literature search criteria was the inclusion in Section 3.2.2 of this review, which discusses the Patient Agreement Form, of publications that discussed changes in provider volume. The data discussed in relation to provider volume was obtained from surveys. This data was included because changes in provider volume could only be obtained from wellconducted survey studies.

Regarding medical/scientific references submitted with letters from the plaintiffs in the Chelius litigation, we applied the same criteria as for the literature search, as described above.

Letters from the plaintiffs in the Chelius litigation included several references that preceded our 2016 review of the REMS. Two of those pre-2016 studies were not captured in our 2016 literature search. These two studies were assessed as part of our current review; their results are consistent with the existing safety profile of the approved medical abortion regimen, and therefore, support our current conclusions regarding the REMS. See Appendix A.

3.2.1. Evaluation of the requirement for healthcare providers who prescribe the drug to be specially certified (ETASU A)

In order to become specially certified, prescribers must: 1) review the prescribing information for mifepristone and 2) complete the Prescriber Agreement Form. In signing the Prescriber Agreement Form, prescribers agree they meet the qualifications listed below:

- Ability to assess the duration of pregnancy accurately
- Ability to diagnose ectopic pregnancies
- Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to

- ensure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
- Has read and understood the Prescribing Information of mifepristone (which the provider can access by phone or online).

In addition to meeting these qualifications, as a condition of certification the healthcare provider also agrees to follow the guidelines for use below:

- Review the Patient Agreement Form with the patient and fully explain the risks of the mifepristone treatment regimen. Answer any questions the patient may have prior to receiving mifepristone.
- Sign and obtain the patient's signature on the *Patient Agreement Form*.
- Provide the patient with a copy of the Patient Agreement Form and the Medication Guide.
- Place the signed *Patient Agreement Form* in the patient's medical record.
- Record the serial number from each package of mifepristone in each patient's record.
- Report deaths to the Applicant, identifying the patient by a non-identifiable patient reference and the serial number from each package of mifepristone.

The literature review was the primary source of information that contributed to our reassessment of ETASU A.

We continue to be concerned that absent these provider qualifications, serious and potentially fatal complications associated with medical abortion, including missed ectopic pregnancy and heavy bleeding from incomplete abortion, would not be detected or appropriately managed. Our review of the literature did not identify any studies comparing providers who met these qualifications with providers who did not. In the absence of such studies, there is no evidence to contradict our previous finding that prescribers' ability to accurately date pregnancies, diagnose ectopic pregnancies, and provide surgical intervention or arrange for such care through others if needed, is necessary to mitigate the serious risks associated with the use of mifepristone in a regimen with misoprostol. Therefore, our review continues to support the conclusion that a healthcare provider who prescribes mifepristone should meet the above qualifications. We conclude it is reasonable to maintain the requirement for a one-time prescriber certification where prescribers attest to having the ability to diagnose an intrauterine pregnancy, to diagnose an ectopic pregnancy,^e and to either manage serious complications themselves or arrange for other providers to provide the needed care in a timely manner.

In addition, in signing the *Prescriber Agreement Form* and placing it in the patient's medical record, the prescribers acknowledge the requirement to report patient deaths associated with mifepristone to the manufacturer. Such a requirement ensures that the manufacturer receives all reports of patient deaths and, in turn, fulfills its regulatory obligations to report those deaths to the FDA.

As discussed in Section 3.2.2 below, there is a potential for doubling of the number of prescribers of mifepristone if the in-person dispensing requirement in ETASU C is removed from the Mifepristone REMS Program. Given the potential addition of new prescribers, in addition to the considerations described above, we conclude that we should maintain the requirement for prescriber certification, to ensure that providers meet the necessary qualifications and adhere to the guidelines for use. Our literature review supports that these requirements are still necessary, and the potential increase in new prescribers under the REMS is a further reason to maintain prescriber certification. Healthcare provider certification continues to be a necessary component of the REMS to ensure the benefits of mifepristone for medical abortion outweigh the risks. The burden of prescriber certification has been minimized to the extent possible by requiring prescribers to certify only one time for each applicant.

3.2.2. Evaluation of the requirement for the drug to be dispensed with evidence or other documentation of safe-use conditions (ETASU D)

In order to receive mifepristone for medical termination of pregnancy through 70 days gestation, the patient must sign a *Patient Agreement Form* indicating that the patient has received, read, and been provided a copy of the *Patient Agreement Form* and received counseling from the prescriber regarding the risk of serious complications associated with mifepristone for this indication. The *Patient Agreement Form* ensures that patients are informed of the risks of serious complications associated with mifepristone for this indication.

pregnancy. A missed ectopic pregnancy that ruptures is a medical emergency that recintervention.

^e American College of Obstetricians and Gynecologists (ACOG) Practice Bulleting Number 191, February 2018. Tubal Ectopic Pregnancy. https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/03/tubal-ectopic-pregnancy. Mifepristone is not effective for terminating ectopic pregnancy. Some of the expected symptoms experienced with a medical abortion (abdominal pain, uterine bleeding) may be similar to those of a ruptured ectopic pregnancy. A missed ectopic pregnancy that ruptures is a medical emergency that requires immediate surgical

In a number of approved REMS, *Patient Agreement Forms* or *Patient Enrollment Forms* ensure that patients are counseled about the risks of the product and/or informed of appropriate safe use conditions.^f

As a condition of certification under the Mifepristone REMS Program, healthcare providers must follow the guidelines for use of mifepristone, including reviewing the *Patient Agreement Form* with the patient, fully explaining the risks of the treatment regimen, and answering any questions the patient may have before receiving the medication. With this form, the patient acknowledges that they have received and read the form, and that they have received the counseling regarding when to take mifepristone, the risk of serious complications associated with mifepristone and what to do if they experience adverse events (e.g., fever, heavy bleeding). Both the healthcare provider and patient must sign the document and the patient must receive a copy of the signed form. In addition to the counseling described in the *Patient Agreement Form*, patients also receive a copy of the Medication Guide for mifepristone. Ultimately, the *Patient Agreement Form* serves as an important counseling component, and documentation that the safe use conditions of the Mifepristone REMS Program have been satisfied, as the prescriber is required to place the signed *Patient Agreement Form* in the patient's medical record.

- The safety profile of Mifeprex is well-characterized over 15 years of experience, with known risks occurring rarely; the safety profile has not changed over the period of surveillance.
- Established clinical practice includes patient counseling and documentation of informed consent and evidence shows that practitioners are providing appropriate patient

f REMS@FDA, https://www.accessdata fda.gov/scripts/cder/rems/index.cfm, Accessed November 15, 2021.

⁽b) (6) Clinical Review, NDA 020687/S20, dated March 29, 2016. https://darrts_fda.gov/darrts/faces/ViewDocument?documentId=090140af803dc7bd& afrRedirect=38617557320374

- counseling and education; the *Patient Agreement Form* is duplicative of these established practices.
- Medical abortion with Mifeprex is provided by a small group of organizations and their associated providers. Their documents and guidelines are duplicated in the *Patient* Agreement Form.
- ETASUs A and C remain in place: The *Prescriber Agreement Form* and the requirement that Mifeprex be dispensed to patients only in certain healthcare settings, specifically, clinics, medical offices, and hospitals under the supervision of a certified prescriber, remain in place.

In light of a memorandum from the Director of the Center for Drug Evaluation and Research, an addendum to the March 29, 2016 review and a memorandum from the signatory authority in indicated that the *Patient Agreement Form* would be retained in the REMS.^{h,i}

The current review of literature from March 29, 2016 to July 26, 2021, is relevant to our assessment of the necessity of the *Patient Agreement Form* as part of the REMS. While our literature search yielded no publications which directly addressed this element of the REMS, we identified the following literature that focused on the informed consent process. These studies were reviewed for their potential relevance on this topic, though the articles do not directly assess the need for the *Patient Agreement Form* as a condition necessary to assure safe use of Mifepristone under ETASU D.

- Two studies^{1,2} (both authored by Dr. Grossman in 2021) used the *Patient Agreement Form* and additional clinic-specific written informed consent forms as part of the study methodology. One study evaluated medical abortion with pharmacist dispensing of mifepristone and another evaluated mail-order pharmacy dispensing. Safety and efficacy outcomes were not assessed regarding the element of consent in isolation or the *Patient Agreement Form*.
- Several studies included use of electronic or verbal consent. Two studies were conducted using signed electronic consent (Chong³, Kerestes⁴). Aiken⁵ reported that patients had the option of providing consent verbally and the discussion had to be recorded in the notes. Rocca⁶ described obtaining verbal informed consent from patients seeking medical abortion provided in pharmacies or government-certified

h (b) (6) Review of proposed REMS modifications to Mifeprex. March 29, 2106.

⁽b) (6) Summary of Regulatory Action for Mifeprex. March 29, 2016.

- public health facilities by auxiliary nurse midwives (ANMs) in Nepal. Outcomes were not assessed regarding the single element of consent and its role in the efficacy of medical abortion.
- A retrospective chart review (Wiebe⁷) was conducted in Canada. This study included telemedicine abortions between January 31, 2017 and January 31, 2019 and a similar group of controls seen in the clinic during the same time frame, matched by date of initial appointment. As part of the telemedicine process, patients read a consent form (not specified whether they could view an electronic version) and gave verbal consent "witnessed by the counselor". Again, outcomes were not assessed regarding the single element of consent and its role in the efficacy of medical abortion.

After review, we conclude that there are no outcome data from these studies that address the need for the Patient Agreement Form as a condition necessary to assure safe use of mifepristone. Nor do any of these studies provide evidence of whether the patient's informed consent has been adequately documented under the process set out in the study protocol. Therefore, these studies do not provide evidence that would support removing ETASU D.

(b) (6) agrees that informed consent in medicine is an established practice, the Although National Abortion Federation's 2020 Clinical Policy Guidelines for Abortion Care⁸ continue to include a detailed section on patient education, counseling, and informed consent. The guidelines state that these steps are essential parts of the abortion process; that they should be conducted by appropriate personnel, with accurate information, including about alternatives and potential risks and benefits; and that the patients must have an opportunity to have any questions answered to their satisfaction prior to any intervention. Under these guidelines, documentation must show that the patient affirms that they understand all the information provided and that the decision to undergo an abortion is voluntary. The guidelines specifically list the risks that must be addressed at a minimum, including those pertinent to medical abortion: hemorrhage, infection, continuing pregnancy, and death. Additionally, Practice Bulletins from ACOG⁹ and the Society of Family Planning also support detailed patient counseling.

In addition, trends in US clinical practice are developing which could negatively impact adequate patient counseling about the risks of medical abortion. One survey by Jones 2017¹⁰ of abortion providers in the United States and Canada prior to the COVID-19 pandemic did reveal strong adherence to evidence-based guidelines. However, this same survey noted continued increasing uptake of medical abortion by US providers. Grossman¹¹ conducted a US survey in

2019 which suggested that the number of obstetrician/gynecologists providing medical abortion care may be increasing and that uptake might increase if mifepristone were dispensed by pharmacies instead of being dispensed in-person. A subsequent survey of US obstetricians/ gynecologists by Daniel in 2021^{12} evaluated a subsample (n = 868) from a prior national survey of providers and found that 164 (19%) reported providing medical abortion in the previous year. Of those obstetrician/gynecologists not providing medical abortion, 171 (24%) said they would offer the method to their patients if the in-person dispensing requirement for mifepristone were removed. This indicates a potential doubling of providers (+ 104%, 95%) confidence interval (CI): 97% -112%). There were geographical variations, with the largest potential increases being in the Midwest (+ 189%, 95% CI: 172% -207%) and the South (+ 118%, 95% CI: 103% -134%).

Based on the articles discussed above, removal of the in-person dispensing requirement from the Mifepristone REMS Program (as discussed below in section 3.2.3) could significantly increase the number of providers to a larger group of practitioners. The Patient Agreement Form is an important part of standardizing the medication information on the use of mifepristone that prescribers communicate to their patients, and also provides the information in a brief and understandable format for patients. The requirement to counsel the patient, to provide the patient with the Patient Agreement Form, and to have the healthcare provider and patient sign the Patient Agreement Form, ensures that each provider, including new providers, informs each patient of the appropriate use of mifepristone, risks associated with treatment, and what to do if the patient experiences symptoms that may require emergency care. The single-page Patient Agreement Form is in line with other elements of this REMS, in that it supports the requirement that certified prescribers be able to accurately assess a patient, counsel a patient appropriately and recognize and manage potential complications. The form is placed in the patient's medical record to document the patient's acknowledgment of receiving the information from the prescriber and a copy is provided to the patient. We determined, consistent with section 505-1(f)(2) of the FD&C Act, that this does not impose an unreasonable burden on providers or patients, and that the Patient Agreement Form remains necessary to assure the safe use of Mifepristone.

After considering potential burden on healthcare providers and patients and considering the available data discussed above, including the potential for increased prescribing of mifepristone if in-patient dispensing is removed from the REMS, we conclude that the *Patient Agreement* Form should remain a safe use condition in the REMS.

3.2.3. Evaluation of the requirement for drug to be dispensed only in certain healthcare settings (ETASU C)

Mifepristone applicants must ensure that mifepristone is available to be dispensed to patients only in clinics, medical offices, and hospitals by or under the supervision of a certified prescriber. This creates what we refer to in this document as an in-person dispensing requirement under the REMS; i.e., the patient must be present in person in the clinic, medical office or hospital when the drug is dispensed. The mifepristone REMS document states that mifepristone may not be distributed to or dispensed through retail pharmacies or settings other than these.

The following information contributed to our analysis of this requirement: Mifepristone REMS Program year-one assessment data, postmarketing safety information and literature review.

REMS Assessment Data

Reporting period for the Mifepristone REMS Program - April 11, 2019 through February 29, 2020

We evaluated information included in the one-year (1st) REMS assessment reports for the Mifepristone REMS Program, which included healthcare provider certification data, program utilization data, compliance data, audit results and patient exposure data. 13 The assessment reports were submitted on April 10, 2020 by the NDA Applicant and April 15, 2020 by the ANDA Applicant and cover a reporting period from April 11, 2019 through February 29, 2020. During this reporting period, the NDA Applicant reported (b) (4) newly certified healthcare providers, and the ANDA Applicant reported (b) (4) newly certified healthcare providers in the Mifepristone REMS Program. The NDA Applicant reported a total of certified healthcare providers (includes new and previously certified) ordered mifepristone during the assessment reporting period, and the ANDA Applicant reported a total of (b) (4) certified healthcare providers ordered mifepristone during the assessment reporting period. The NDA Applicant estimated (b) (4) patients were exposed to mifepristone during the assessment reporting that a total of (b) (4) patients were exposed to period. The ANDA Applicant reported an estimated total of mifepristone during the reporting period.

During the reporting period, a small number of non-compliance events were reported. The authorized distributor for the NDA applicant reported to the NDA Applicant that they experienced deviations with scanning of the product serial numbers which were confirmed during the February 2020 audit. The authorized distributor conducted a root cause analysis and developed a corrective and preventive action (CAPA) on February 12, 2020. The CAPA was

^j This REMS assessment report was the first to be submitted following the approval of the single, shared system REMS for mifepristone.

validated and deployed with monitoring of the system through April 10, 2020. The corrective action will prevent similar events from occurring in the future.

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January 27, 2020 through September 30, 2021

During the timeframe from January 27, 2020 through September 30, 2021, there were periods when the in-person dispensing requirement was not being enforced.

- On July 13, 2020, the United States District Court for the District of Maryland granted a preliminary injunction in the ACOG case to temporarily bar enforcement of the inperson dispensing requirement during the COVID-19 PHE.
- On January 12, 2021, the United States Supreme Court issued a stay of the injunction.
- On April 12, 2021, the FDA issued a General Advice Letter informing the applicants of the Agency's intent to exercise enforcement discretion during the COVID-19 public health emergency regarding the in-person dispensing requirement in the Mifepristone REMS Program.k,I

To better understand whether there was any impact on safety or noncompliance during the periods when the in-person dispensing requirement was not being enforced, we requested additional information from the Applicants to provide for more comprehensive assessment of the REMS for the time period from January 27, 2020 (the effective date of the COVID-19 PHE) to September 30, 2021. We requested the Applicants provide a summary and analysis of any program deviation or noncompliance events from the REMS requirements and any adverse events that occurred during this time period that had not already been submitted to FDA. As part of an additional request for information for the REMS assessment report, the Applicants were also asked to submit the adverse events to FAERS and to notify FDA that the reports were submitted.

Between January 27, 2020 and September 30, 2021, the NDA Applicant distributed (b) (4) tablets. The NDA Applicant reported that there were (4) shipments representing shipments representing a total of (b) (4) tablets sent to (b) non-certified healthcare providers. m,n of these healthcare providers subsequently became certified while (b) (4) did not. Of the healthcare providers who were not subsequently certified, (b) (4) returned a total of 12 of the 13

^k FDA General Advice Letter for NDA 20687, April 12, 2021.

¹ FDA General Advice Letter for ANDA 091178, April 12, 2021.

^m NDA 020687 September 9, 2021 response to the FDA's September 2, 2021 Information Request.

ⁿ NDA 020687 October 8, 2021 response to the FDA's June 30, 2021 Information Request.

Mifeprex tablets to the distributor. (b) (4) non-certified healthcare provider dispensed one tablet to a patient; no adverse events were reported. The NDA Applicant attributed the non-compliance observed to the authorized distributor's transition to a new platform. The NDA Applicant implemented a corrective and preventative action to address this issue, which we found to be acceptable.

The ANDA Applicant distributed shipments representing tablets of mifepristone from January 27, 2020 to September 30, 2021 and reported no instances of shipments to non-certified healthcare providers during this timeframe.

The NDA and the ANDA applicants reported a total of eight cases reporting adverse events between January 27, 2020 and September 30, 2021. These eight cases were also identified in the FAERS database and are described in the section below.

The number of adverse events reported to FDA during the COVID-19 PHE with mifepristone use for medical termination of pregnancy is small, and the data provide no indication that any program deviation or noncompliance with the Mifepristone REMS Program contributed to these reported adverse events. Further analysis of the adverse events is included below in the section on Pharmacovigilance Data.

Pharmacovigilance Data

The (b) (6) (conducted a search of the FAERS database and the published medical literature to identify U.S. postmarketing adverse events that reportedly occurred from January 27, 2020 through September 30, 2021 with mifepristone use for medical termination of pregnancy. o,p

The data for this time period were then further divided into date ranges when the in-person dispensing requirement was being enforced per the REMS (January 27, 2020 - July 12, 2020 & January 13, 2021 - April 12, 2021) versus when the in-person dispensing requirement was not being enforced (July 13, 2020 - January 12, 2021 (in-person dispensing requirement was temporarily enjoined) & April 13, 2021 - September 30, 2021 (in-person dispensing requirement was not being enforced because of the COVID-19 PHE)).

Events. NDA 020687 and ANDA 091178.

Events. NDA 020687 and ANDA 091178.

Events. NDA 020687 and ANDA 091178.

(b) (6) # 2007-525. Finalized April 12, 2021.

Pharmacovigilance Memorandum: Mifepristone and All Adverse Events. NDA 020687 and ANDA 091178.

(b) (6) # 2007-525. Finalized December 16, 2021.

A total of eight cases that met the search criteria were identified in FAERS and no additional case reports were identified in the medical literature. Two of the eight cases reported adverse events that occurred when the in-person dispensing requirement in the REMS was being enforced (i.e., January 27, 2020 - July 12, 2020 & January 13, 2021 - April 12, 2021). These two cases reported the occurrence of uterine/vaginal bleeding (case 1) and uterine/vaginal bleeding and sepsis (case 2). Of note, uterine/vaginal bleeding and sepsis are labeled adverse events. Five of the eight cases reported adverse events that occurred when the in-person dispensing requirement was not being enforced (i.e., July 13, 2020 - January 12, 2021 & April 13, 2021 -September 30, 2021). These five cases reported the occurrence of ongoing pregnancy (case 3), drug intoxication and death approximately 5 months after ingestion of mifepristone (case 4), death [cause of death is currently unknown] (case 5), sepsis and death (case 6), and pulmonary embolism (case 7). Although these adverse events occurred during the period when the inperson dispensing requirement was not being enforced, the narratives provided in the FAERS reports for cases 5, 6, and 7 explicitly stated that mifepristone was dispensed in-person. Of note, ongoing pregnancy, and sepsis, including the possibility of fatal septic shock, are labeled adverse events. The remaining case from July 2021 reported the occurrence of oral pain/soreness (case 8) but did not provide sufficient information to determine the exact date of the adverse event. Based upon the U.S. postmarketing data reviewed, no new safety concerns were identified by (b) (6)

In addition to the FAERS data provided above, of continuous routinely monitors adverse events reported to FAERS and published in the medical literature for mifepristone for medical termination of pregnancy. (b) (6) has not identified any new safety concerns with the use of mifepristone for medical termination of pregnancy.

To enable additional review of adverse events, the Applicants were requested^q to provide a summary and analysis of adverse events reported with incomplete medical abortion requiring surgical intervention to complete abortion, blood transfusion following heavy bleeding or hemorrhage, ectopic pregnancies, sepsis, infection without sepsis, hospitalization related to medical abortion, and emergency department (ED)/urgent care encounter related to medical abortion. The Applicant for Mifeprex provided a summary of postmarketing safety information from March 29, 2016, when S-020 was approved, through September 30, 2021, on August 27 and October 8, 2021. During the time period in question,

^q On August 5, 2021, an IR was sent to the Applicants requesting a summary and analysis of adverse events from March 29, 2016 through June 30, 2021 and from July 1, 2021 through September 30, 2021.

48 adverse events were received. The 48 adverse events included 4 deaths (one of which occurred in 2010 but was reported in 2017), 25 incomplete abortions requiring surgical intervention, 17 blood transfusions following heavy vaginal bleeding, 2 ectopic pregnancies, 7 infections (1 sepsis and 6 infection without sepsis), 13 hospitalizations, and 43 ED or urgent care visits related to medical abortion. For the period between January 27, 2020 and September 30, 2021, a time frame that includes the entire period when the COVID-19 public health emergency (PHE) has been in effect, there were three adverse events reported corresponding to the above cases from FAERS identified by (b) (6) case 1 (uterine/vaginal bleeding), case 2 (uterine/vaginal bleeding and sepsis), and case 4 (drug intoxication and death).

The ANDA Applicant provided a summary of postmarketing safety information from April 11, 2019 (date of ANDA approval) through September 30, 2021. On August 26, 2021, the Applicant provided distribution and adverse event information from April 11, 2019 through June 30, (b) (4) tablets were shipped. There were 7 adverse 2021. During this time period, a total of events including 3 deaths (1 from sepsis, 1 from bilateral pulmonary artery thromboemboli, 1 in a patient who complained of not being able to breathe), 1 ongoing pregnancy treated with uterine aspiration, 2 blood transfusions, 1 sepsis (with death), 1 hospitalization, and 3 ED or urgent care visits related to medical abortion. On October 12, 2021 the Applicant provided information from July 1, 2021 to September 30, 2021; there were no additional adverse events. For the period between January 27, 2020 and September 30, 2021, there were four adverse events reported corresponding to the above cases from FAERS identified by (b) (6) case 3 (ongoing pregnancy), case 5 (death unknown cause), case 6 (sepsis and death), and case 7 (pulmonary embolism).^r

The postmarketing data from FAERS were analyzed by (b) (6) to determine if there was a difference in adverse events between periods when the in-person dispensing requirement was being enforced and periods when the in-person dispensing requirement was not being enforced. Based on this review, we conclude that there does not appear to be a difference in adverse events between periods when the in-person dispensing requirement was being enforced and periods when the in-person dispensing requirement was not being enforced. This suggests that mifepristone may be safely used without an in-person dispensing requirement.

The eighth FAERS case, oral pain/soreness, was not within the scope of the August 5, 2021 IR and was not

considered for this review of postmarketing safety information submitted by the Applicants in response to the IRs.

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review of the Applicants' IR responses, which included the same cases identified by from FAERS, did not change our conclusion.^s

Literature Review

Published studies have described alternatives in location and method for dispensing mifepristone by a certified prescriber (or an equivalent healthcare provider in countries other than the US). Some studies have examined replacing in-person dispensing in certain health care settings with dispensing at retail pharmacies (Grossman², Wiebe³, Rocca⁶) and dispensing mifepristone from pharmacies by mail (Grossman¹, Upadhyay¹⁴, Hyland¹⁵). Other studies have evaluated two modes of dispensing by prescribers: (1) prescribers mailing the medications to women (Gynuity study [Raymond¹⁶, Chong³, Anger¹⁷], Kerestes⁴, Aiken⁵ (2021)) and (2) prescribers using couriered delivery of medications (Reynolds-Wright¹⁷). Other studies have evaluated dispensing mifepristone by mail by an entity described as "a partner organization" (Aiken¹⁷ (2017), Norton²⁷, Endler²¹). For ease of review, in the sections below that describe these studies, we have separated relevant references by the methodology used to dispense mifepristone.

Retail pharmacy dispensing

Three studies report medical abortion outcomes for retail pharmacy dispensing of mifepristone after clinical evaluation. Grossman² conducted a US-based study in which mifepristone and misoprostol were dispensed from a pharmacy partnered with the clinic where the participant had an evaluation by ultrasound and counseling. Of the 266 participants enrolled, 260 had known abortion outcomes. Complete abortion without additional procedure occurred in 243 participants (93.5% of those with known outcomes). Seventeen participants (6.5% of those with known outcomes) were diagnosed with incomplete abortion and underwent uterine aspiration. The reported proportion of complete abortion is within the range described in the approved mifepristone labeling. However, the finding represents a lower-than-expected efficacy based on the cohort's GA (84% of participants were at ≤ 56 days GA, a cohort for which the labeled success rate is 96.8%). No participants experienced a serious adverse event, were hospitalized, or required transfusion. Three participants had ED visits with treatment (intravenous hydration, pain medication, pelvic infection after uterine aspiration for incomplete abortion). The study's

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s The reporting period of (b) (6) assessment of the adverse events in FAERS is not identical to the time period for summarizes of adverse events in the IRs to the Applicants. Therefore, the numbers of cases and adverse events summarized in (b) (6) assessment may differ from the numbers of cases and adverse events summarized by the Applicants in their responses to IRs (note that each case report may include more than one adverse event).

safety and efficacy outcomes are consistent with labeled frequencies. The majority of participants (65%) were very satisfied with the experience. There were some complaints from participants about not receiving all prescribed medications at the initial pharmacy visit, privacy not being adequately maintained, and perceived negative pharmacist attitude.

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Overall, we conclude that this study has limited generalizability because it was conducted in two US states and involved partnered pharmacies, some of which were in the same building as the clinic. Additionally, all participating pharmacies in this study were required to have a pharmacist on duty during clinic hours who had been trained in the study protocol and was willing to dispense mifepristone. The study conditions may not be generalizable to US retail pharmacies; there is insufficient information to assess this. Rocca⁶ conducted an observational study evaluating 605 participants at ≤63 days GA who obtained medical abortions in Nepal by comparing the provision of medical abortion service by newly trained nurse midwives in pharmacies to medical abortion provided in government-certified clinics. Participants who presented to pharmacy study sites underwent clinical screening including a pelvic exam by trained nurse midwives at the pharmacy (which was equipped with an examination room) and if eligible for medical abortion, were dispensed mifepristone and misoprostol in the pharmacy at the time of their visit. Participants who presented to public health facilities underwent clinical screening including pelvic examination by abortion providers including trained nurse midwives and if eligible for medical abortion were dispensed mifepristone and misoprostol in the clinic at the time of their visit. The authors reported that, with respect to complete abortion (>97%) and complications (no hospitalizations or transfusions), evaluation and dispensing in pharmacy was non-inferior to in-clinic evaluation and dispensing.

Wiebe, in a retrospective, chart review study conducted in Canada, compared abortion outcomes of 182 women at ≤ 70 days GA who underwent medical abortion with telemedicine consult, and either received medications by courier or picked them up at a local pharmacy, with outcomes of a matched control cohort of 199 women who received the medications at a pharmacy after an in-clinic visit. The groups had similar documented complete medical abortion outcomes (90%, calculated maintaining subjects with unknown outcomes in the denominator; ≥ 95% calculated with known outcomes only). The telemedicine group had one case of hemorrhage (0.5%) and one case of infection requiring antibiotics (0.5%) compared with no cases of hemorrhage or infection requiring antibiotics in the in-clinic cohort. The telemedicine group had more ED visits (3.3% compared to 1.5% in-clinic cohort). Both models of dispensing mifepristone resulted in efficacy and safety outcomes within labeled frequency.

None of the three studies described above allow a determination regarding differences in safety between in-person dispensing by a certified prescriber in a health care setting and dispensing through a retail pharmacy, due to limitations on the generalizability of the studies to the current retail pharmacy environment in the US. The outcome findings from the one US study (Grossman²), in which the pharmacies were partnered with prescribers, may not be generalizable to much of the US as they do not reflect typical prescription medication availability with use of retail pharmacy dispensing. Although retail pharmacy dispensing of mifepristone and misoprostol in Canada has been described in the literature, there are important differences in healthcare systems between Canada and the US that render the findings from studies in Canada (Wiebe⁷) not generalizable to the US. In the Wiebe study, timely provision of medication from the retail pharmacy was accomplished by either courier to the woman or faxed prescription to the woman's pharmacy. It is unknown whether conditions that allow timely access to medications for medical abortion would occur in retail pharmacies throughout the US. Canada's federal government has reaffirmed that abortion is an essential health service^t which may have implications affecting access to medical abortion from retail pharmacies in Canada. The Rocca⁶ study evaluated medical abortion provided in Nepali pharmacies and essentially moved the abortion provider and clinical examination into the pharmacy, a scenario that is not, at this time, applicable to the US retail setting.

Mail order pharmacy

Grossman¹ published an interim analysis of an ongoing prospective cohort study evaluating medical abortion with mifepristone and misoprostol dispensed by mail-order pharmacy after inperson clinical assessment. All participants were evaluated for eligibility during a clinic visit with GA up to 63 days confirmed with either an ultrasound or examination; instead of receiving medication at the clinic visit, participants received medications from a mail-order pharmacy. A total of 240 participants have been enrolled; three participants did not take either medication. A total of 227 (94.6%) provided some outcome information, of whom 224 provided abortion outcome information. Complete abortion without additional procedures occurred in 217 participants (96.9% of those with known outcomes). Two (0.9%) participants experienced serious adverse events (SAE); one received a blood transfusion, and one was hospitalized overnight. Nine (4%) participants attended 10 ED visits. In this interim analysis, the outcomes are consistent with labeled frequencies. With respect to the time interval between a

^t As noted in Mark²³ and Martin²⁴, most provincial and federal health insurance programs in Canada cover medical abortion, and covered services are free at the point of care.

participant's clinic visit and receipt of medications, of the 224 participants with known abortion outcomes, 184 (82.1%) received medication within 3 days. However, 17% received between 4-7 days and one participant waited over 7 days for receipt. Seven of 216 (3.2%) participants who completed the day-3 survey reported compromised confidentiality (e.g., someone found their medication, privacy concerns).

Upadhyay¹⁴ reports findings from a retrospective cohort study of 141 women undergoing medical abortion in the US without a consultation or visit. Eligibility was assessed based on a participant-completed online form collecting pregnancy and medical history. Participants who were considered eligible received medication delivered by a mail-order pharmacy. Three interactions via text, messaging or telephone occurred to confirm medication administration, assessment of expulsion and pregnancy symptoms, and results of a 4-week home pregnancy test. Abortion outcome was determined by either the day 3 assessment or the 4-week pregnancy test. The investigators reported a complete abortion rate without additional procedures of 95% (105 participants out of 110 for whom outcomes were known) and stated that no participants had any major adverse events. The proportion of abortion outcomes assessed at 3 days versus 4 weeks is not reported. Regardless, determining outcomes at 3 days is insufficient to determine outcome rates or safety findings because a 3-day follow-up period is too short. Additionally, a substantial number of participants (31) provided no outcomes information. Among the 141 participants enrolled, 128 had any follow-up contact with the study staff, and 110 provided outcomes information. Excluding outcomes of 22% of the cohort is a limitation of this study. This study used a model with numerous deviations from standard provision of medical abortion in the US, such as no synchronous interaction with the prescriber during informed consent or prior to prescribing medication, no confirmation of self-reported medical, surgical, and menstrual history. Further, follow-up information based on a 3-day period is insufficient to determine outcome rates or safety findings. These deviations, limited follow-up information, and small sample size limit the usefulness of this study.

Hyland¹⁵ describes findings from a cohort study in Australia evaluating medical abortion outcomes utilizing telemedicine and a central mail order pharmacy. All participants obtained screening tests including ultrasound confirmation of GA. A total of 1010 participants completed the screening process and were provided mifepristone and misoprostol. Abortion outcomes were determined for 754 (75%) of the 1010. Outcomes for the remaining 256 participants (25%) were not included because 31 provided no relevant information after shipment, 14 reported not taking misoprostol, and 211 did not have "full follow up" (i.e., known outcome of either complete medical abortion, uterine evacuation, or ongoing pregnancy with plan to continue).

Complete abortions without additional procedures occurred in 727 participants (96% of those with definitively documented outcomes) and is consistent with labeled efficacy. Of the 754 participants included in the analysis 717 (95%) had no face-to-face clinical encounters after medications were mailed while 21 (3%) were admitted to the hospital and 16 (2%) had an outpatient encounter. One participant who was hospitalized and underwent a surgical uterine evacuation received a transfusion. Not included in the findings are 7 hospitalizations occurring in 7 participants who did not have "full follow up". The authors do not report any other adverse events and conclude use of the telemedicine medical abortion service is safe. The reasons for hospitalization are not discussed by the authors; therefore, it is unknown why the patients were hospitalized. Although the reported number of hospitalizations (3%) is higher than the less than 1% in the FDA-approved mifepristone labeling, conclusions regarding the safety findings in this study cannot be made in the absence of information about the reasons for hospitalization. Other limitations of this study include incomplete information about outcomes with face-to-face encounters, and not reporting outcomes of 25% of the enrolled cohort.

Overall, the three studies evaluating mail order pharmacy dispensing suggest that the efficacy of medical abortion is maintained with mail order pharmacy dispensing. In the Grossman¹ study, the interim analysis, although small, does not raise serious safety concerns. We note that 18% of participants did not receive medications within 3 days; the potential for delay in receiving medication by mail could limit the GA eligible for medical abortion through mail order pharmacy dispensing, because women at GA closer to 70 days might not receive medication in time. A small proportion (3%) of participants raised concerns regarding the issues of confidentiality and privacy. Safety findings from the Hyland¹⁵ study are difficult to interpret. Although only one transfusion is reported, and the authors state the findings demonstrate safety, the higher hospitalization rates, and lack of information on the reasons for hospitalization do not allow any conclusions about safety findings. Lastly, the Upadhyay¹⁴ study had no reported adverse events, but the findings are less useful because of the limited follow-up, and because medical abortions were provided using a model with numerous deviations from standard provision of medical abortion in the US.

Clinic dispensing by mail

A total of five studies evaluated clinic dispensing by mail.^{3,4,5,16, 17} Gynuity Health Projects conducted a prospective cohort study (the "TelAbortion" study) evaluating use of telemedicine for remote visits and mifepristone being dispensed from clinics via overnight or regular tracked mail. Three publications reviewed have reported outcomes for the Gynuity population

exclusively: Raymond¹⁶ from May 2016 to December 2018, Chong³ from May 2016 to September 2020 and Anger¹⁷ from March 2020 to September 2020. Due to the pandemic, the Gynuity study deviated from the protocol requirement of confirmation of GA by examination or ultrasound for many participants treated from March 2020 onward (although none of the three publications reported on the single element of dispensing mifepristone from the healthcare setting by mail). A fourth study, Kerestes, 4 reports outcomes of medical abortion at the University of Hawai'i from April 2020 to November 2020: seventy-five (of whom 71 were enrolled in the Gynuity study) of the 334 participants in Kerestes were dispensed mifepristone by mail after a telemedicine consult. The section below discusses these four studies from the US as well as a large UK study by Aiken⁵ (2021).

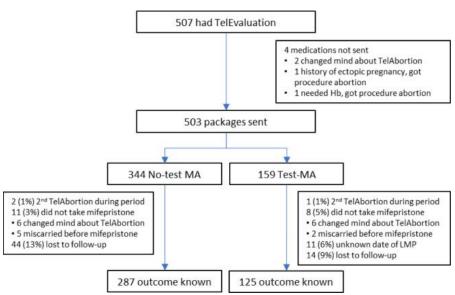
Raymond ¹⁶ (2019) reported outcomes from the Gynuity study prior to the pandemic. In the TelAbortion study, participants were not required to have an in-person clinic visit; rather, they obtained screening tests at laboratories and radiology offices and then communicated with the abortion provider by videoconference. If the participant was eligible for treatment, the provider dispensed the medications by mail. Of 433 women screened, 165 (38%) either declined to schedule the videoconference or did not keep the videoconference appointment. Among the 268 participants evaluated via videoconference, medication packages were sent to 248. Abortion outcomes were determined for 190 (77%) of the 248; outcomes for 58 (23%) participants were unknown. Complete abortion without additional procedures occurred in 177 participants (93% of those with known outcomes). The investigators obtained follow-up information from 217 participants after package shipment; there were two hospitalizations (one received a transfusion for severe anemia despite having had a complete abortion), and 16 other participants (7%) had clinical encounters in ED and urgent care centers. The reported outcomes in Raymond¹⁶ (2019) are similar to outcomes described in approved labeling except the combined ED/urgent care center encounters (7%) exceeded the ED visits in approved labeling (2.9-4.6%). The authors note that half of the ED/urgent care visits did not entail any medical treatment and opine that the increased number of visits may have been due to the study participants living farther from the abortion providers. ¹⁶ All participants received medications within 8 days.

Chong³ updated the findings from the Gynuity study described in Raymond¹⁶ and reported on 1157 medical abortion outcomes, of which approximately 50% occurred during the period of the COVID-19 PHE. Although a screening ultrasound was required per the protocol, sites determined in 52% (346/669) of abortions that occurred during the period of the COVID-19 PHE that, in order to avoid potential exposure to COVID-19 at a health care facility, those

participants were not required to obtain a screening ultrasound. Use of urine pregnancy test to confirm abortion completion also increased from 67% (144/214) in the 6 months prior to the pandemic to 90% (602/669) in the 6 months during the pandemic. Of the 1390 participants to whom medicine packages (containing both mifepristone and misoprostol) were mailed, 1157 (83.2%) had known abortion outcomes. Complete abortion without a procedure occurred in 1103 participants (95% of the those with a known outcome). Ten women experienced an SAE (5 transfusions (0.4%) and 7 hospitalizations (0.7%)) and 70 (6%) participants had unplanned clinical encounters in ED/urgent care. Surgical interventions were required in 47 participants (4.1% of 1390) to complete abortion. The reported outcomes in this study are similar to outcomes described in approved labeling, except that the combined ED/urgent care center encounters (6%) exceeded the ED visits in approved labeling (2.9-4.6%).

Anger¹⁷ compared outcomes among participants enrolled in the Gynuity study who did versus did not have confirmation of GA/intrauterine location with an examination or ultrasound from 10 jurisdictions across the US. These participants were screened for enrollment from March 25 through September 15, 2020. All participants had a telemedicine consultation and received mifepristone and misoprostol by mail from the healthcare facility. Determination of which participants did not require confirmation of GA by examination or ultrasound to be eligible depended on the study clinician's assessment of eligibility for "no-test medication abortion" u based on a sample protocol published by Raymond²² (2020). There were two key differences between the two groups. Participants for whom the study clinician determined a pre-abortion ultrasound was required were more likely than the participants who had no ultrasound or examination to live further than 150 miles from the clinic (51.2% vs. 31.7%) and were more likely to have a GA above 63 days (12.0% vs. 1.7%). The study sites shipped 503 medication packages during the analysis period; 344 packages went to the "no test" group while 159 went to the "test" medical abortion cohort (see figure below). However, because the two cohorts were not randomized in this study, they had different baseline characteristics. Consequently, findings based on the comparisons between the two cohorts should be interpreted carefully.

^u "No-test medication abortion" refers to medical abortion provided without a pretreatment ultrasound, pelvic examination, or laboratory tests when, in the judgment of the provider, doing so is medically appropriate (appropriateness based on history and symptoms); "no-test medication abortion" does include post-abortion follow up. A sample protocol is described by Raymond et al.²²



Source: Figure 1 in this publication. MA= medical abortion.

The investigators' analyses excluded 91 (18% of 503; 57 in the no-test group and 34 in the test group) participants because they did not provide a date of the last menstrual period (LMP), did not take mifepristone, or did not have a recorded abortion outcome. Overall, 410 participants (81.5% of 503) provided outcomes data. There were no reported ectopic pregnancies in either group. The number of ED/urgent care visits and the proportion of unplanned clinical encounters that led to medical treatment were not reported. In the no-test group, complete medical abortion was confirmed in 271 participants who took medications (94% among those with known outcome). In the no-test cohort, two participants were "hospitalized and/or blood transfusion," and 36 (12.5%) had an unplanned clinical encounter (participant sought in-person medical care related to abortion and the visit was not planned prior to abortion).

In the test medical abortion group, complete abortion was confirmed in 123 participants (of 125 with known outcomes); the completion rate was 98% among those with known outcomes. In the test medical abortion group, one participant was "hospitalized and/or blood transfusion," and 10 (8.0%) had an unplanned clinical encounter. The authors concluded that, compared to participants who had an ultrasound prior to medical abortion, those without an examination prior to medical abortion were more likely to require procedural interventions and had more unplanned clinical encounters.

Kerestes⁴ was the only publication that linked outcomes of medical abortion with different delivery models. Participants included in the report had GA up to 77 days and received

other serious adverse events.

medications in Hawaii between April 2020 and January 2020. A total of 334 medication packages (to 330 unique participants) were dispensed containing mifepristone and misoprostol; three different delivery models were used concurrently: 110 (32.9%) had traditional in-person visits, 149 (44.6%) had telemedicine consultation with in-person pick-up of medications, and 75 (22.5%) were sent medications by mail (71 of these were enrolled through Gynuity's TelAbortion study). Seven participants of the 330 participants who received 334 medication packages reported that they did not take them and were excluded from analysis of the outcomes. Among participants with follow-up data, the rates of successful medical abortion without surgery were 93.6%, 96.8%, and 97.1% in the in-clinic group, telemedicine + in-person pickup group, and telemedicine + mail group, respectively; these were consistent with outcomes in approved labeling. Blood transfusion was given to two participants (both in the telemedicine + in-person pickup group). Eleven participants went to an ED. Although ED visits occurred the most frequently in the telemedicine + mail group (four participants or 5.8%) and the least in the in-person group (two participants or 2.1%), the study reported no increases in

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Taken together, the three Gynuity study reports^{3,16,17} and Kerestes⁴ support dispensing mifepristone and misoprostol by mail after a telemedicine visit. Efficacy was maintained in all four studies. All of the studies reported SAEs frequencies comparable to labeled rates, except two of the Gynuity study reports (Raymond¹⁶, Chong³) and Kerestes⁴ report a higher frequency of ED/urgent care visits than the labeled frequency of ED visits. We do not know whether the reporting of combined ED and urgent care visits represents an increased rate of ED visits compared to the labeled rate of ED visits (2.9-4.6%). Other labeled SAEs (e.g., transfusion) occur infrequently (< 1%).

Aiken⁵ (2021) reports outcomes of medical abortion up to 70 days GA in the UK before and during the pandemic in a retrospective cohort study. In the UK, prior to the COVID-19 pandemic, all patients attended an in-clinic visit where they received an ultrasound, were administered mifepristone in the clinic, and given misoprostol in-clinic for use at home (traditional model). During the pandemic, medical abortion consultations were performed remotely by telephone or video. Based on the consultation and questionnaire (including date of last menstrual period; menstrual, contraceptive and medical history; symptoms; risk for ectopic pregnancy), an assessment of eligibility for treatment via telemedicine was made. If eligible, medications were delivered to participants via mail or were made available for collection from the clinic for use at home. If the participant was assessed to be ineligible for treatment via

telemedicine, an in-person assessment with ultrasound was performed and medications were provided from the clinic for home use (hybrid model).

#: 1006

The study compared the two cohorts: 22,158 obtained medical abortion before the pandemic and had in-person visits and dispensing (traditional model) and 29,984 obtained medical abortion during the pandemic with either in-person visit and in-person dispensing, or a telemedicine visit and dispensing by mail or picked up from the clinic (hybrid model). Outcomes were obtained from electronic records and incident databases. Outcomes of all hospitalizations related to abortion, ED visits, infection without sepsis, and hemorrhage without transfusion were not reported. The investigators' analysis for non-inferiority determined the efficacy and safety were comparable between both cohorts. Complete abortion occurred in > 98% in both cohorts. Hemorrhage requiring transfusion was reported in 0.04% and 0.02% of the traditional and hybrid cohorts, respectively; this is lower than the labeled 0.5% transfusion rate. There were no severe infections requiring hospitalization, major surgery or deaths reported.

A secondary analysis of the hybrid cohort was reported. Within the 29,984-person hybrid model cohort, 11,549 (39%) abortions were conducted in-person (in-person assessment with ultrasound was performed and medications provided from the clinic for home use) and 18,435 (61%) abortions were provided by telemedicine visit, without tests or confirmation of GA/intrauterine position by ultrasound, and medications either mailed or picked up from the clinic. Outcomes stratified by type of mifepristone dispensing were not reported. The rate of complete abortion was slightly higher in the telemedicine group (99.2%) than that in the inperson group (98.1%). There were no significant differences in the rates of reported SAEs. Adjustments for clinical and demographic characteristics were made because the two groups differed in baseline characteristics, including a higher proportion of pregnancies with GA over 6 weeks in the in-person group (68.2% compared with 55.1%). The authors conclude a hybrid model for medical abortion that includes no-test medical abortion^u (no ultrasound, no pelvic exam, no pregnancy test) is effective and safe.

We conclude that although the Aiken⁵ (2021) study has a large sample size and includes 85% of all medical abortions performed in England and Wales during the study period, the study has limitations. The authors acknowledge the main limitation of their study was that analysis was based on deidentified information in the NHS database and the investigators were unable to verify the outcomes extracted. Other limitations included that their search only captured

outcomes in electronic records and incident databases that met the authors' defined threshold for SAE reporting, and that the labeled abortion outcomes considered serious, such as hospitalizations related to abortion, infection without sepsis, hemorrhage without transfusion, or ED/urgent care visits, were not all included in the authors' definition of serious adverse event.

#: 1007

Data from the mail order dispensing studies with telemedicine visits from Gynuity (Raymond, Chong and Anger), 3,16,17 Kerestes4, and Aiken5 (2021) support that efficacy of medical abortion was maintained. The Aiken⁵ study appears to be of sufficient sample size to determine whether safety outcomes with mail dispensing differ from in-person dispensing; however, the study's design did not capture all serious safety outcomes, thus limiting the certainty of the findings. Study reports of Raymond¹⁶ Chong³, and Kerestes⁴ all suggest there may be an increase in ED/urgent care visits with telemedicine visits and dispensing by mail without increases in other adverse events. Anger's¹⁷ comparative analysis suggests a pre-abortion examination may decrease the occurrence of procedural intervention and decrease the number of unplanned visits for postabortion care. Overall, despite the limitations noted, these studies support that dispensing by mail is safe and effective. Although the literature suggests there may be more frequent ED/urgent care visits related to the use of mifepristone when dispensed by mail from the clinic, there are no apparent increases in other SAEs related to mifepristone use. One reason for the increase in frequent ED/urgent care visits in the Raymond¹⁶ publication, according to its authors, may have been that a substantial proportion of participants lived significant distances from their providers and increased distances have been associated with higher use of ED following treatment. Raymond¹⁶ reported that half of the participants who had an ED/urgent care visit did not require medical treatment.

Clinic dispensing by courier

Reynolds-Wright¹⁸ reported findings from a prospective cohort study of 663 women at less than 12 weeks' GA in Scotland undergoing medical abortion at home with use of telemedicine during the pandemic (from April 1 to July 9, 2020). The majority of medical abortions (78.7%) used telemedicine visits, eliminated pre-abortion ultrasound, and provided mifepristone for pick up at the service or by couriered delivery to woman's home. The number of couriered deliveries was not reported; thus, this study does not provide abortion outcomes separately for couriered delivery of mifepristone and misoprostol. With access to NHS regional hospital databases, the investigators were able to verify pregnancy outcomes and complications. Of the 663 participants, 642 (98.2%) were under 10 weeks GA, 21 (1.8%) were between 10 and 12 weeks

GA, and one participant was never pregnant. A total of 650 participants had complete abortion without requiring surgical intervention (98%), 5 (0.8%) an ongoing pregnancy and 4 (0.6%) an incomplete abortion. The outcomes from this study in Scotland are consistent with labeled mifepristone outcomes. The study shares the same limitations as the Aiken⁵ (2021) study.

Partner organization dispensing by mail

Women on Web (WoW), an internet group, connects patients and providers outside of the US and provides medical abortion globally, dispensing mifepristone through "a partner organization" by mail. Medical abortion eligibility is determined using an online questionnaire with asynchronous physician review. If eligible, medications are mailed to the women. WoW provides help and support by email or instant messaging.

Aiken¹⁹ (2017) conducted a population-based study analyzing findings from 1,636 women in the Republic of Ireland and Northern Ireland who were sent medications between 2010 and 2012. Receipt of medications was confirmed for 1,181 women, among whom 1,023 confirmed use of mifepristone and misoprostol; outcome information was available for 1,000 (61% of women sent medications). Of the 1,000 women, the majority (781, 78%) were less than 7 weeks GA and 219 (22%) were at 7-9 weeks. Complete abortion without surgical intervention occurred in 947 (94.7% of 1,000 with known outcome); 7 (0.7%) women received a blood transfusion, 26 (2.6%) received antibiotics (route of administration undetermined) and 87 (8.7%) sought medical care at a hospital or clinic for symptoms related to medical abortion. Hospitalizations related to abortion were not reported. The reported proportion of complete abortion is within the range labeled for medical abortion up to 70 days (92.7-98.1%). However, the finding of 94.7% complete abortion represents a lower-than-expected efficacy based on the cohort's GA (almost 80% less than 7 weeks, labeled success for medical abortion ≤ 49 days is 98.1%). This study has limitations, including outcomes based on self-report without validation of completed abortion by examination or laboratory testing, and no known outcomes for 39% of study cohort. Additionally, the authors noted medical abortion was provided in a legally-restrictive setting, where the law provided a maximum penalty of life imprisonment for the woman undergoing the abortion, which may affect participants' self-reporting.

In March 2019, FDA sent a WL to Aidaccess.org, a group affiliated with WoW. Aidaccess.org received this WL because it was introducing misbranded and unapproved new drugs into the U.S. In the context of this REMS review, studies involving WoW are included solely for purposes of evaluating of data regarding the methods of dispensing mifepristone.

Endler²¹ and Norten²⁰ have reported outcomes from WoW cohorts but do not provide relevant information on mifepristone dispensing by mail, because neither provide meaningful outcomes data for consideration. Endler²¹ compared the outcomes of self-reported heavy bleeding and clinical visits occurring during the "first or second day of abortion" that occurred in women undergoing medical abortion at 9 weeks GA or less, with outcomes from women at more than 9 weeks GA. Outcome data from day 1 or 2 is of limited usefulness. Norten²⁰ describes findings from a survey of women who were sent medical abortion medication through WoW and provided self-reported outcomes. Results were based on surveys returned from only 37% of participants, a return rate that is too low for the study to be considered valid.

#: 1009

WoW uses a model with numerous deviations from the standard provision of medical abortion in the US. For example, this model has no synchronous interaction with the prescriber during informed consent or prior to prescribing medication and no confirmation of self-reported medical, surgical, and menstrual history or confirmed pregnancy testing. Further, although Aiken¹⁹ (2017) is a large cohort study, the outcomes are self-reported with no verification of complete abortion by laboratory or clinical evaluation and 39% of outcomes are unaccounted for. These limitations in the Aiken study result in the data being insufficient to determine the safety of dispensing mifepristone by mail through a partner organization.

4. Discussion

After review of the published literature, safety information collected during the COVID-19 PHE, postmarketing data, information from the first Mifepristone REMS Program assessment report, responses to information requests to the Applicants, and information provided by advocacy groups, individuals and the plaintiffs in the Chelius v. Becerra litigation, we conclude that the REMS can be modified to reduce burden without compromising patient safety.

Prescriber Certification

None of the publications we reviewed would support a conclusion that a healthcare provider who prescribes mifepristone does not need to meet the qualifications included in the Mifepristone REMS Program as described above in section 3.2.1. Absent these provider qualifications, serious complications associated with medical abortion, including missed ectopic pregnancy and heavy bleeding from incomplete abortion, would not be detected or appropriately managed.

We conclude that prescriber certification (ETASU A) should be maintained. The current process requires the prescriber to agree to the requirements of the Mifepristone REMS Program and to attest that they meet the qualifications described in section 3.2.1 above. The REMS has been structured to minimize burden to prescribers by requiring only a one-time certification by the prescriber for each Applicant. We have determined that healthcare provider certification continues to be necessary to ensure the benefits outweigh the risks, especially considering that, if the in-person dispensing requirement is removed from the Mifepristone REMS Program, the number of new providers may increase (see discussion in section 3.2.2 above).

Drug to be dispensed with evidence or other documentation of safe use conditions

The requirement to counsel the patient and provide them with the *Patient Agreement Form* ensures that each patient is informed of the appropriate use of mifepristone, the risks associated with treatment, and what to do if they experience symptoms that may require emergency care.

In 2016, we initially recommended eliminating the *Patient Agreement Form* (see section 3.2.2), though the form was ultimately maintained as part of the REMS. As discussed above, our current literature review has indicated that there is no basis to remove the *Patient Agreement Form* from the REMS. In addition, surveys we reviewed suggest that if the in-person dispensing requirement for mifepristone is removed, there could be a potential doubling of medical abortion providers. This potential doubling of medical abortion providers supports the continued need to ensure that patients are consistently provided patient education under the Mifepristone REMS Program regarding the use and risks of mifepristone. The *Patient Agreement Form* is an important part of standardizing the medication information that prescribers communicate to their patients, including new prescribers, and also provides the information in a brief and understandable format to patients. We determined, in accordance with section 505-1(f)(2) of the FD&C Act, that this does not impose an unreasonable burden on providers or patients. W

Given the likelihood of a potential increase in new prescribers if the in-person dispensing requirement is removed from the Mifepristone REMS Program, we conclude that maintaining the *Patient Agreement Form* remains necessary to assure safe use at this time.

w *The Patient Agreement Form* can be signed in person or through other means.

Drug to be dispensed only in certain healthcare settings

As discussed above in section 3.2.3, our evaluation of information submitted by the applicants in the one-year (1st) REMS assessment report for the Mifepristone REMS Program and in response to follow-up requests from the Agency indicates that the number of adverse events reported to FDA during the COVID-19 PHE with mifepristone use is small, and the data provide no indication that any program deviation or noncompliance with the Mifepristone REMS Program contributed to these adverse events. We further conclude, based our review of the postmarketing safety data from FAERS during the COVID-19 PHE and information submitted by the applicants for the timeframe of January 27, 2020 through September 30, 2021, that there does not appear to be a difference in adverse events between periods during the COVID-19 PHE when the in-person dispensing requirement was being enforced and periods when the in-person dispensing requirement was not being enforced; nor have we identified any new safety concerns with the use of mifepristone for medical termination of early pregnancy.

Alternatives to in-person dispensing of mifepristone have been investigated in several studies and countries. The literature review identified 15 publications^x that assessed safety outcomes from various medication delivery models (US, UK, Canada, Ireland, Australia, Nepal), including dispensing by retail and mail order pharmacies, prescribers mailing medications or using couriered service to deliver medications, and dispensing by "partner organizations". The ability to generalize the results of these studies to the US population is hampered by differences in pre-abortion care (e.g., telemedicine versus in-person, testing), and the usefulness of the studies is limited in some instances by small sample sizes and lack of follow-up information on outcomes with regard to both safety and efficacy.

In addition, there are factors which complicate the analysis of the dispensing element alone. Some of these factors are: (1) only a few studies have evaluated alternatives for in-person dispensing of mifepristone in isolation; for example, most studies on mail dispensing of mifepristone also include telemedicine consultation, and (2) because most SAEs with medical abortion are infrequent, though they can be life threatening, further evaluation of changes in dispensing would require studies with larger numbers of participants. We did not find any large clinical studies that were designed to collect safety outcomes in healthcare systems similar to the US.

^{*} The 15 publications correspond to endnote numbers: 1-7, 14-21.

Based on the literature identified by our review, dispensing mifepristone by mail from the clinic or from a mail order pharmacy does not appear to jeopardize the efficacy of medical abortion. The studies we reviewed are not adequate on their own to establish the safety of the model of dispensing mifepristone by mail, although the safety and efficacy outcomes reported in these studies remain within the ranges described in mifepristone labeling except for increased numbers of ED/urgent care visits and hospitalizations.

Four publications (Raymond¹⁶, Chong³, Anger¹⁷ and Kerestes⁴), describe a relevant US cohort where dispensing mifepristone from the clinic by mail was paired with telemedicine visits. These studies showed that efficacy was maintained and there was no increased frequency of SAEs except for higher ED/urgent care visits. The increased ED/urgent care visits were not associated with increases of other SAEs, and in the view of one study's authors (Raymond¹⁶), may be associated with participants being located significant distances from their providers. The Aiken⁵ (2021) study of a large UK cohort where the clinics mailed mifepristone report small (lower than labeled) occurrences of transfusion and no significant infections requiring hospitalization. In Grossman¹ and Hyland¹⁵, where the pharmacies mailed mifepristone after prescribers confirmed GA, efficacy is maintained. Grossman's interim analysis found no increases in SAEs. Hyland¹⁵ reported higher numbers of hospitalizations but did not report increases of other SAEs. Overall, while the studies assessing mifepristone dispensing by mail suggest more frequent encounters with healthcare providers, they generally support a conclusion that dispensing by mail is safe. Despite the limitations of the studies we reviewed, we conclude that overall, the outcomes of these studies are not inconsistent with our conclusion that, based on the 1st year REMS assessment report and postmarketing safety data, mifepristone will remain safe, and efficacy will be maintained if the in-person dispensing requirement is removed from the Mifepristone REMS Program.

Based on the REMS assessment data, FAERS data from the time period when the in-person dispensing requirement was not being enforced, our review of the literature, and information provided by advocacy groups, individuals, the Applicants, and the plaintiffs in the *Chelius v. Becerra* litigation, we conclude that mifepristone will remain safe and effective for medical abortion if the in-person dispensing requirement is removed, provided all the other requirements of the REMS are met, and pharmacy certification is added as described below.

Removing the in-person dispensing requirement will render the REMS less burdensome to healthcare providers and patients and provided all other requirements of the REMS are met, including the additional requirement for pharmacy certification, the REMS will continue to

ensure that the benefits of mifepristone for medical abortion outweigh the risks. Therefore, to reduce the burden imposed by the REMS, the Mifepristone REMS Program should be modified to remove the in-person dispensing requirement, which would allow, for example, dispensing of mifepristone by mail via certified prescribers or pharmacies, in addition to in-person dispensing in clinics, medical offices and hospitals as currently outlined in ETASU C.

New requirement to be added for pharmacy certification

The current distribution model requires the certified prescriber to dispense mifepristone directly to the patient in a clinic, medical office, or hospital. During the periods when the inperson dispensing requirement was not being enforced, both applicants used mail order pharmacies to receive and hold mifepristone on behalf of the certified healthcare providers who had purchased the product. J. Y. Pursuant to a prescription for mifepristone, the mail order pharmacy would ship the product to a named patient.

The Mifepristone REMS Program continues to require that mifepristone be prescribed only by certified prescribers. With the removal of the in-person dispensing requirement, however, the drug is no longer required to be dispensed only in a clinic, medical office or hospital. Under the REMS as modified, mifepristone can be dispensed through a pharmacy, provided the product is prescribed by a certified prescriber and all other requirements of the REMS are met. Given this modification to the dispensing requirements in the REMS, it is necessary to add a requirement for certification of pharmacies under ETASU B. Adding the pharmacy certification requirement incorporates pharmacies into the REMS, ensures that pharmacies are aware of and agree to follow applicable REMS requirements, and ensures that mifepristone is only dispensed pursuant to prescriptions that are written by certified prescribers. Without pharmacy certification, a pharmacy might dispense product that was not prescribed by a certified prescriber. Adding pharmacy certification ensures that ETASU A is met prior to dispensing the product to a patient; certified prescribers, in turn, have agreed to meet all the conditions of the REMS, including ensuring that the Patient Agreement Form (ETASU D) is completed. In addition, wholesalers and distributors can only ship to certified pharmacies. Based on our review of the safety data and our consideration of the distribution model implemented by the Applicants during the periods

y ANDA 091178: September 23, 2021 response to the September 15, 2021 information request; October 11 and 16, 2021 responses to the June 30, 2021 and July 15, 2021 information requests; October 26, 2021 response to the October 22, 2021 information request; October 29, 2021 response to the October 27 information request. z NDA 020687: September 20, 2021 response to the September 15, 2021 information request; October 26, 2021 response to the October 22 information request.

when the in-person dispensing requirement was not being enforced, as well as REMS assessment data and published literature, we conclude that provided all other requirements of the REMS are met, the REMS program, with the removal of the in-person dispensing requirement and the addition of a requirement for pharmacy certification, will continue to ensure the benefits of mifepristone for medical abortion outweigh the risks while minimizing the burden imposed by the REMS on healthcare providers and patients. As modified, the REMS would allow, for example, dispensing by mail order or specialty pharmacies, similar to the distribution model used by applicants during the periods when the in-person dispensing requirement was not being enforced.^{aa}

The above recommendations were discussed with the senior leadership from CDER on November 2, 2021. The senior leadership, concurred with removing the in-person dispensing requirement provided that all of the remaining REMS requirements are met, including but not limited to prescriber certification where prescribers need to attest to having certain qualifications, and maintaining the *Patient Agreement Form*. The senior leadership from CDER were also in favor of adding pharmacy certification to assure the safe use of mifepristone.

5. Conclusions and Recommendations

Based on the results of REMS assessments; our review of safety data collected during the PHE as well as data from FAERS; our literature search; and information provided by advocacy groups, individuals, the Applicants, and the plaintiffs in the *Chelius v. Becerra* litigation, and have concluded that a REMS modification is necessary and should include the following changes:

- Removing the requirement under ETASU C that mifepristone be dispensed only in certain healthcare settings, specifically clinics, medical offices, and hospitals.
- Adding a requirement under ETASU B that pharmacies that dispense the drug be specially certified.

^{aa} Our current conclusion that the REMS would allow dispensing by mail order or specialty pharmacies is based on data received from Applicants relating to the periods when the in-person dispensing requirement was not enforced and mail-order pharmacies were used to dispense the product, as well as our analysis of postmarketing safety data and available literature. At this time we do not have data (from the Applicants or from other sources) to assess the certification of retail pharmacies under the REMS. We have not yet determined the details of pharmacy certification requirements, including whether any limitations on the types of pharmacies that may dispense the product are necessary.

(b) (6) recommend the Applicants be issued a REMS Modification Notification Letter that requests submission within 120 days from the date of the letter.

6. References

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7. Appendix A

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Improving Access to Mifepristone for Reproductive Health Indications	
(June 2018), https://www.acog.org/clinical-information/policy-and-	
position-statements/position-statements/2018/improving-access-to-	
mifepristone-for-reproductive-health-indications	
House of Delegates, Am. Med. Ass'n., Memorial Resolutions Adopted	Policy/advocacy statement
Unanimously No. 504 (2018) https://www.ama-assn.org/sites/ama-	
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Strategy (REMS) Categorization of Mifepristone (May 24, 2018)	
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content/uploads/2019/02/Resolution-No506-REMS.pdf	
Schummers L et al, Contraception 2020; 102(4): 273	Abstract
Upadhyay UD et al.) Obstet & Gynecol 2015; 125: 175	Published prior to March 29, 201
	July 26, 2021 timeframe for curre
	literature review. We note that the
	extensive literature review
	conducted as part of the 2016
	review, which was consistent with
	the division's standard approach
	reviewing an efficacy supplement

	and encompassed 90 references,
	did not capture this publication.
	However, the authors' conclusion in
	this publication is consistent with
	our review of the safety data in
	2016.
Kapp N et al. Best Pract Clin Obstet Gynaecol. 2020;63:37-44	Abstract. Also outside the scope of
	first trimester medical abortion.
Fuentes L et al. J Women's Health 2019; 28 (12): 1623, 1625	Focused on the logistics of
	accessing abortion care.
Bearak JM, Lancet Pub Health 2017 Nov;2(11): e493, e495-96	
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CDC MANAGE Aboution Courseillen on Heiter Chates 2040	Contains animostile sous and state it
CDC MMWR Abortion Surveillance – United States, 2018	Contains primarily general statistics
https://www.cdc.gov/mmwr/volumes/69/ss/ss6907a1.htm#T5_down	on abortion care by state.

References cited in appendix from <i>Chelius v. Becerra</i> Plaintiffs (September 29, 2021)		
References included in the REMS review		
None		

Rationale for Exclusion
Contains primarily general statistics on
abortion care and logistics of accessing
abortion care.
Not related specifically to abortion care.
Contains figures on patient characteristics
from 2008-2014.
Focused on cost of abortion.
Contains primarily statistics on number of abortions in the US.
Focused on abortion incidence and service availability.
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References excluded from the REMS review	Rationale for Exclusion		
Schummers L et al. BMJ Sex Reprod Heal 2021;47(e1)	Abstract		
Kapp et al. 2020 (as above)	Abstract		
Upadhyay et al. 2015 (as above)	(See rationale above)		
Srinivasulu et al. Contraception 2021; 104(1):92-97	Survey on clinician perspectives on access to mifepristone.		
Calloway D et al. Contraception 2021; 104(1): 24-28	Primarily addresses provider stigma around abortion care.		
Rasmussen et al. Contraception; 104(1): 98-103	Opinion/commentary		
Cleland et al. Obstet Gynecol 2013;121(1):166-171	Published prior to March 29, 2016 - July 26, 2021 timeframe for current literature review. We note that the extensive literature search conducted as part of the 2016 clinical review, which was consistent with the division's standard approach for reviewing an efficacy supplement and encompassed 90 references, did not capture this publication. However, the authors' conclusion in this publication is consistent with our review of the safety data in 2016.		
National Academy of Sciences, Engineering, and Medicine. Safety and Quality of Abortion Care in the US 2018	General information about abortion care in the US. Did not provide safety data relevant to the elements of the REMS		
Raymond EG. Obstet Gynecol 2012: 119(2): 215-219	Does not separate out medical and surgical abortion.		

Bartlett LA et al. Obstet Gynecol 2004; 103(4): 729-737	Focused on surgical abortion.
Jones RK, Jerman J. Time to appointment and delays in accessing care among U.S. abortion patients, Guttmacher 2016	Focused on logistics of accessing abortion care.
Foster DG et al. Perspect Sex Reprod Health 2013; 45(4):210-218	Focused on second trimester abortion.
Ely G et al. Heal Soc Work 2019;44(1):13-21	Focused on logistics of accessing abortion care.
Munro S et al. Ann Fam Med 2020; 18(5):413-421.	Survey on physician perspectives on implementing medical abortion with mifepristone.

EXHIBIT 52

FDA Adverse Events Reporting System (FAERS) Public Dashboard

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U.S. Department of Health and Human Services Food and Drug Administration

FDA Adverse Events Reporting System (FAERS) Public Dashboard

The FAERS public dashboard is a new, user-friendly and interactive web-based ool that was created to give the public the ability to query the FDA FAERS database and improve transparency. The data presented in the FAERS public dashboard has several key limitations. The existence of adverse event reports for a drug or biologic in FAERS does not mean that the drug or biologic caused the adverse event. Importantly, the FAERS data is not an indicator of the safety profile of the drug or biologic. For more information, please refer to the question What points should I consider while viewing the dashboard content?

Frequently Asked Questions (FAQs)

Expand all | Collapse all

General Questions

- What is FAERS?

The FDA Adverse Event Reporting System (FAERS) is a database that contains adverse event reports, medication error reports and product quality complaints resulting in adverse events that were submitted to FDA. The database is designed to support the FDA's post-marketing safety surveillance program for drug and therapeutic biologic products. The informatic structure of the FAERS database adheres to the international safety reporting guidance issued by the International Conference on Harmonisation (ICH E2B). Adverse events and medication errors are coded using terms in the Medical Dictionary for Regulatory Activities (MedDRA) terminology.

- How does FDA use the information in FAERS?

FAERS is a useful tool for FDA for activities such as looking for new safety concerns that might be related to a marketed product, evaluating a manufacturer's compliance to reporting regulations and responding to outside requests for information. The reports in FAERS are evaluated by clinical reviewers, in the Center for Drug Evaluation and Research (CDER) and the Center for Biologics Evaluation and Research (CBER), to monitor the safety of products after they are approved by FDA.

If a potential safety concern is identified in FAERS, further evaluation is performed. Further evaluation might include conducting studies using other large databases, such as those available in the Sentinel System. Based on an evaluation of the potential safety concern, FDA may take regulatory action(s) to improve product safety and protect the public health, such as updating a product's labeling information, restricting the use of the drug, communicating new safety information to the public, or, in rare cases, removing a product from the market.

- Who sends reports to FAERS?

Healthcare professionals, consumers, and manufacturers submit reports to FAERS. FDA receives voluntary reports directly from healthcare professionals (such as physicians, pharmacists, nurses and others) and consumers (such as patients, family members, lawyers and others). Healthcare professionals and consumers may also report to the products' manufacturers. If a manufacturer receives a report from a healthcare professional or consumer, it is required to send the report to FDA as specified by regulations.

- How can I report an adverse event or medication error to FDA?

The MedWatch website provides information about voluntary and mandatory reporting.

- Can mandatory reporters submit adverse events electronically?

Yes, the FDA Adverse Events Reporting System (FAERS) Electronic Submissions website provides drug and therapeutic biological product manufacturers, distributors, packers, and other interested parties with information about FDA Adverse Event Reporting System (FAERS) electronic submissions and instructions on how to electronically submit post-marketing individual case safety reports (ICSRs), with and without attachments.

Does FAERS data have limitations?

Yes, FAERS data does have limitations. First, there is no certainty that the reported event (adverse event or medication error) was due to the product. FDA does not require that a causal relationship between a product and event be proven, and reports do not always contain enough detail to properly evaluate an event. Furthermore, FDA does not receive reports for every adverse event or medication error that occurs with a product. Many factors can influence whether an event will be reported, such as the time a product has been marketed and publicity about an event. There are also duplicate reports where the same report was submitted by a consumer and by the sponsor. Therefore, FAERS data cannot be used to calculate the incidence of an adverse event or medication error in the U.S. population. For more information, please refer to the question What points should I consider while viewing the dashboard content?

Is FAERS data available to the public?

FAERS data is available to the public in the following ways:

- FAERS dashboard: a highly interactive web-based tool that allows for the querying of FAERS data in a user friendly fashion.
- FAERS data files: provides raw data consisting of individual case safety reports extracted from the FAERS database. A
 simple search of FAERS data cannot be performed with these files by persons who are not familiar with the creation of
 relational databases.
- Individual case safety reports from the FAERS database can also be obtained by sending a Freedom of Information (FOI) request to FDA.

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To confirm that your report is in FAERS, please send a Freedom of Information (FOI) request to FDA.

- What are the benefits of the FAERS public dashboard?

This tool makes the data easier to query and produces user-friendly information and charts. For example, users can view a summary of adverse event reports received from 1968 to the present or for a specific timeframe. In addition, users can search for products or reactions of interest within a specific timeframe.

- Will there be a tutorial so I can learn how to use this database?

Yes, a recorded webinar is available which reviews the capabilities, and limitations, of the FAERS public dashboard.

Please note that a new webinar addressing the version 2.0 updates to the FAERS Public dashboard will be available soon.

Is the FAERS public dashboard accessible on an Android™ or iPhone®?

Yes, but the user interface layout may not be very user friendly. FDA will continue to work on the dashboard to make the user interface Android and iPhone friendly.

- Can I download my search results from the dashboard?

Yes, you will be able to export a limited set of search data to an Excel[®] spreadsheet and then download it. FDA will still continue to provide the FAERS Latest Quarterly Data Files online.

- Where else can I find safety information?

- Potential Signals of Serious Risks/New Safety Information Identified from the FDA Adverse Event Reporting System (FAERS): quarterly reports on potential serious side effects identified by FAERS.
- Post-marketing Drug and Biologic Safety Evaluations: provides summary information about ongoing and completed
 post-marketing safety evaluations of adverse experience reports made to FDA for New Drug Applications (NDAs) and
 Biologic License Applications (BLAs) approved since September 27, 2007.
- Center for Drug Evaluation and Research (CDER): Drug Safety and Availability
- Post-market Drug Safety Information for Patients and Providers
- MedWatch: The FDA Safety Information and Adverse Event Reporting Program

- How are versions of a case in FAERS handled?

Each unique submission of a case received is assigned a version number (for example, Case #1234567, version 1). The initial version received will be version 1. If a follow up is received on a previously submitted case, then that version of the case will be version 2, and so on. The latest version of a case represents the most current information about that case.

- How frequently is the data in the FAERS public dashboard updated?

The data is updated quarterly. Dates for upcoming dashboard updates are shown below:

Quarter	Estimated data update
Q1 – 2019 (January – March)	Updated on 8-May-2019
Q2 – 2019 (April – June)	Updated on 1-Aug-2019
Q3 – 2019 (July – September)	Updated on 7-Nov-2019
Q4 – 2019 (October – December)	Updated on 5-Feb-2019
Q1 – 2020 (January – March)	Updated on 30-Apr-2020
Q2 – 2020 (April – June)	Updated on 4-Aug-2020
Q3 – 2020 (July – September)	Updated on 17-Nov-2020
Q4 – 2020 (October – December)	Updated on 29-Jan-2021
Q1 – 2021 (January – March)	Updated on 10-May-2021
Q2 – 2021 (April – June)	Updated on 3-Aug-2021
Q3 – 2021 (July – September)	Updated on 4-Nov-2021
Q4 – 2021 (October – December)	Updated on 15-Feb-2022
Q1 – 2022 (January – March)	Updated on 2-May-2022
Q2 – 2022 (April – June)	Updated on 1-Aug-2022
Q3 – 2022 (July – September)	Updated on 4-Nov-2022
Q4 – 2022 (October – December)	Updated on 30-Jan-2023
Q1 – 2023 (January – March)	Updated on 27-Jan-2023
Q2 – 2023 (April – June)	Updated on 1-Aug-2023
Q3 – 2023 (July – September)	Updated on 2-Nov-2023
Q4 – 2023 (October – December)	Updated on 23-Jan-2024
Q1 – 2024 (January – March)	Updated on 22-Apr-2024
Q2 – 2024 (April – June)	Updated on 30-Jul-2024
Q3 – 2024 (July – September)	Updated on 30-Oct-2024

Q4-2024 (October - December)	DCJ-DJA Document 1-52	Filed 10/06/25	Page 5 of 18 Page	eID
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 Q1 – 2025 (January – March)
 Updated on 28-Apr-2025

 Q2 – 2025 (April – June)
 30-July-2025

- What points should I consider while viewing the dashboard content?

When you view the website output of reported reactions (side effects or adverse drug reactions) for a drug product, it is important to consider the following points:

- **Data Quality:** There are many instances of duplicative reports and some reports do not contain all the necessary information. Duplicate reporting occurs when the same report is submitted by the consumer and the sponsor. The information in FAERS evolves daily and the number of individual cases may increase or decrease. It is therefore possible that the information on this website may change over time.
- Existence of a report does not establish causation: For any given report, there is no certainty that a suspected drug caused the reaction. While consumers and healthcare professionals are encouraged to report adverse events, the reaction may have been related to the underlying disease being treated, or caused by some other drug being taken concurrently, or occurred for other reasons. The information in these reports reflects only the reporter's observations and opinions.
- Information in reports has not been verified: Submission of a report does not mean that the information included in it has been medically confirmed nor is it necessarily a conclusion from the reporter that the drug caused or contributed to the event.
- Rates of occurrence cannot be established with reports: The number of suspected reactions in FAERS should not be used
 to determine the likelihood of a side effect occurring. The FDA does not receive reports for every adverse event or medication
 error that occurs with a product. Many factors can influence whether an event will be reported, such as the time a product has
 been marketed and publicity about an event. Therefore, information in these reports cannot be used to estimate the incidence
 (occurrence rates) of the reactions reported.
- Patients should talk to their doctor before stopping or changing how they take their medications.
- Patient Outcomes received in FAERS: These data describe the outcome of the patient as defined in U.S. reporting regulations
 (21 CFR 310.305, 314.80, 314.98, 600.80). Serious means that one or more of the following outcomes were documented in the
 report: death, hospitalization, life-threatening, disability, congenital anomaly, and/or other serious outcome. Documenting one or
 more of these outcomes in a report does not necessarily mean that the suspect product(s) named in the report was the cause of
 the outcomes.

Importantly, the FAERS data by themselves are not an indicator of the safety profile of the drug.

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Data Questions

- How do I know if a side effect I saw on the dashboard is related to the drug I was taking?

The best sources of information for the known side effects of a drug are the FDA approved product information (also known as full prescribing information or US package insert) and your health care provider. This dashboard tells you what was reported to the FDA, but it is difficult to know what caused a particular event in a particular patient from the information on the dashboard. Even if a symptom is a known side effect for a drug, it can be difficult to know if the symptom that a patient had was caused by a particular drug, since there may be other possible causes as well. For example, some medications cause headaches, but many people have headaches even when they aren't on any medications.

- If an adverse event wasn't caused by a drug, what could have caused it?

Although some adverse events can be caused by a drug, there are also other possible explanations for symptoms that appear while a patient is taking a drug. For example, the adverse event could be related to a disease that a patient already has, something in the environment, diet, or sleep habits, to name a few, could cause symptoms that could be misinterpreted as adverse events caused by a drug.

- Is every adverse event reported with a drug on the dashboard caused by the drug?

Although it is difficult to generalize, it is unlikely that every adverse event reported for a given drug was caused by that drug.

Are drugs with fewer side effects reported to the dashboard safer than those that have a higher number of side effects reported?

The FAERS dashboard should not be used to determine the safety profile of one drug compared to another. Even identical drug products can have widely differing levels of adverse event reporting due to the voluntary nature of the reporting system.

How should reports of death be interpreted?

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The same caution that applies to all of the FAERS reports, should be applied to death reports. The existence of a death report in the FAERS dashboard does not mean that the drug caused the person to die. Fatal outcome could be from the natural progression of the disease being treated.

- Does the FAERS Dashboard have all the side effects that have occurred with a drug?

No. The FAERS database contains only a small fraction of the side effects that occur with a drug. This is due to a variety of reasons. Most importantly, there is no requirement for healthcare professionals and consumers to report side effects to either the FDA or to the manufacturer. Even for side effects that have been reported to the manufacturer, only certain categories of adverse events are required to be submitted to the FDA. Lastly, there are a variety of factors that can cause more or less reporting to both the FDA and manufacturers, including whether a particular side effect is known for a drug, how long a drug has been on the market and even whether there have been recent news reports about possible side effects for a given drug or a group of drugs.

What is the difference between an adverse event, a side effect, and an adverse drug reaction?

An adverse event (AE) is any symptom that occurs while taking a drug, which may or may not have been caused by the drug. This is different from an adverse drug reaction (ADR), where there is specific evidence that the AE is related to the drug. A side effect is the same as an ADR. As a result, ADR is always an AE, but an AE may or may not be an ADR.

Should I discontinue a prescription drug I'm taking if I think that it's causing an adverse event?

You should always check with your healthcare provider before discontinuing any medication that you have been prescribed.

- I looked up a drug that I am taking on the FAERS dashboard and the list of adverse events includes deaths. What should I do?

You should check with your healthcare provider if you have any concerns about a medication that you are taking. You and your healthcare provider should decide if the potential benefits of you taking a particular drug outweigh its potential risks as well as the risks of an illness being left untreated.

- Where can I find the safety profile of the drug?

Please consult with your health care provider to discuss the safety profile and the overall benefit-safety balance of the drug.

After the data refresh for Q4 2021, why do I now see reduced counts in the Home page for previous time periods (Q3 2021 and older)?

The **Home** page displays the count of reports received each year and quarter by the FDA. This includes both initial and follow-ups reports submitted in FAERS.

In Q4 2021, the FAERS system was modernized and the data was migrated to a new database. The new database handles deletion of report submissions slightly differently compared to the previous system. Whenever a case is deleted, the previous system deleted only the latest follow-up report for the case and left the older reports in the case untouched. As a result, the counts displayed in the **Home** page included older reports for deleted cases. However, in the new FAERS database currently in use, all reports (initial and follow-ups) for a case are deleted upon the deletion of a case. Because of this, the counts of reports displayed in the **Home** page are now reduced compared to previous iterations of the FAERS Public Dashboard.

As an example, the comparison below highlights the difference in counts of reports for Q1 2021 before and after the data refresh for Q4 2021.

Q1 2021 report count <u>before</u> the data refresh for Q4 2021:

Reports received by Report Type



Q1 2021 report count after the data refresh for Q4 2021:

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Technical Questions

- Which internet browsers can I use to access the dashboard?

You can use any of the following internet browsers to access and view the dashboard: Microsoft Internet Explorer 11, Microsoft Edge, Google Chrome, Mozilla Firefox, Apple Safari.

- What is the recommended screen resolution for viewing the dashboard?

For the best dashboard viewing experience, the recommended screen resolution for your desktop or laptop is 1920x1080.

- How do I navigate through different sheets of the dashboard?

You may use the navigation bar on the top of the dashboard to navigate through different sheets. Depending on the sheet you are currently viewing, you may see different options to select in the navigation bar.

When viewing the "Home" or "Search" sheets, you will see the options shown below in the navigation bar.

Q Search Home

When viewing any other page in the dashboard after searching for a product, you will see the options shown below.

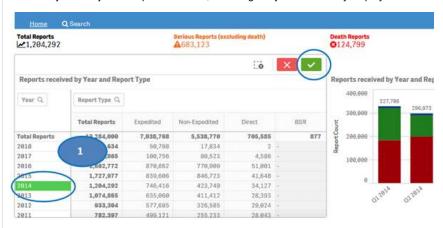
Demographics Reaction Listing of Cases Home

- How can I view report statistics for quarters and months of a specific year?

The "Home" sheet displays report statistics for all the years by default. But you may view report statistics for quarters and months of any specific year. You can view statistics for quarters of only one year at time. You can view statistics for months of only one quarter at a time.

- 1. Click on any year in the table or chart and confirm selection to view statistics for the year by quarters.
- Then select any quarter by clicking on it to view statistics for the months of the selected quarter.
- Clear the selected quarter to go back to view statistics by quarters.
- 4. Clear the year selection to go back to view statistics for all year.

Note: If a year has just one quarter of data, selecting the year will directly display months for the year without displaying quarters.



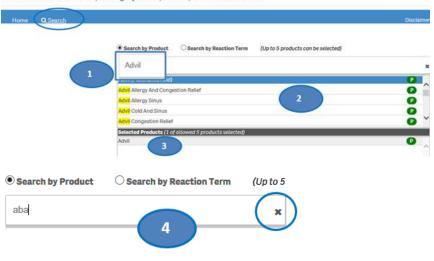
- How do I search for cases for a product or products?

After accepting the disclaimer, click on the "Search" option and then:

- 1. Type a product value in the search bar.
- 2. Click or double-click on a desired value from the list of values to select it.
- 3. The selected product will be displayed under the list "Selected Products".
- 4. To clear the search text, click on the 'X' button in the right corner of the search bar.
- 5. If you want to add more products to your search, repeat the steps above for the products you are interested in. You may select up to five products for your search.
- 6. If you want to deselect a product you have already selected, click or double-click on the product you want to deselect from the list "Selected Products".
- 7. Once you have selected all the products you want to search for, click on the "Go" button.

Please note that you can select no more than five products at a time for your search.

FDA Adverse Events Reporting System (FAERS) Public Dashboard





- Can I search for generic products as well as specific trade names?

es. You can search for a generic product or a specific trade name by simply typing the name in the search bar. The search box popp includes icons to indicate whether a suggested product is a trade name or a generic product based on FDA's internal product ctionary.

- Indicates that the suggested value is a product name or trade name.
- indicates that the suggested value is a generic product.

Search for a Product



How can I change my product search?

f you have already done a product search, the navigation bar will display a search box where you can type in and select new products or your search.



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- Does FAERS include over-the-counter (OTC) or just prescription drugs?

FAERS includes both OTC and prescription drugs.

- How can I search for cases for specific side effects/reactions?

From the "Home" sheet, click on the "Search" option and then:

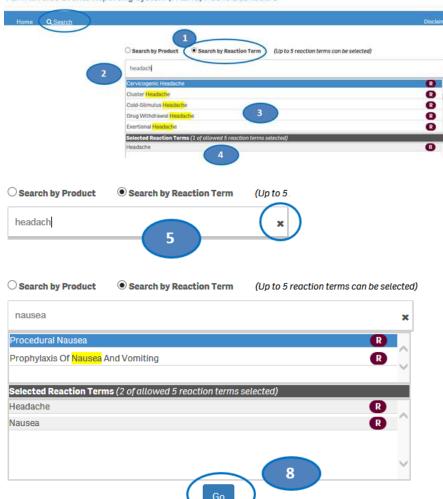
- 1. Select option "Search by Reaction Term".
- 2. Type a reaction term value in the search bar.
- 3. Click or double-click on a desired value from the list of values to select it.
- 4. The selected reaction term will be displayed under the list "Selected Reactions".
- 5. To clear the search text, click on the 'X' button in the right corner of the search bar.
- 6. If you want to add more reactions to your search, repeat the steps above for the reactions you are interested in. You may select up to five reactions for your search.

Case 6:175-CWan 16 deserted Called You have chearly street as Filed 10/06/25 reaction you have chearly street as Filed 10/06/25 reaction you have chear street as Filed 10/06/25 reaction you have the filed 10/06/25 reaction you have

8. Once you have selected all the reactions you want to search for, click on the "Go" button.

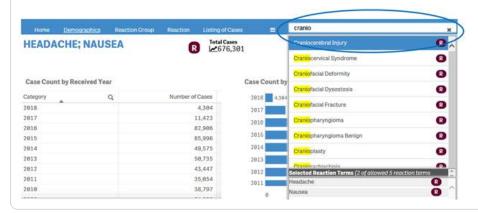
Please note that you can select no more than five reaction terms at a time for your search.

FDA Adverse Events Reporting System (FAERS) Public Dashboard



- How can I change my reaction search?

If you have already done a reaction search, the navigation bar will display a search box where you can type in and select new reactions for your search.



- What can I search for using the search box in the navigation bar?

Depending on your initial search, you can use the search box in the navigation to search for either products or reactions terms.

If your initial search in the "Search" sheet was based on product(s), you can only search for products in the search box of the navigation bar.

- How many products or reactions can I search for at a time?

You can select up to five products or reactions at a time for a search.

Note: This restriction is applicable for products and reactions only. Multiple value selections can be made for all other data elements such as sex, country, and outcomes.

- Does the "Search" sheet allow selecting products and reactions for the same search?

No, the search sheet allows you to select either products or reactions for your search but not both. For example, if you select specific products using the "Search by Product" option and then choose the "Search by Reaction Term" option, the products you have selected will be removed from the search.

You may, however, filter for products and reactions after your initial search in subsequent sheets.

- How can I view the distribution of report or case counts for different parameters?

To view distribution of counts for different parameters, click on the drop-down menu on the top right corner of a sheet and select the desired option.



- Can I view charts and tables in full screen mode? How do I exit from full screen mode?

When you hover over any chart or table, a symbol is displayed on the right top corner of the chart or table. Clicking on this icon will enable you to view the chart or table in full screen mode. To exit the full screen mode, click the X on the top right corner of the chart or table.

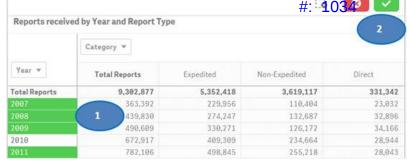
- Can I filter data in charts and tables?

Yes, the dashboard provides extensive filtering capabilities on both charts and tables.

Note: When you apply filters on a table or chart within the "Home" sheet, the filters will be applied only on charts and tables in this sheet. Conversely, when you apply filters on tables or charts in any other sheet, after searching for a product, the filters will be applied on all sheets except for the "Home" sheet.

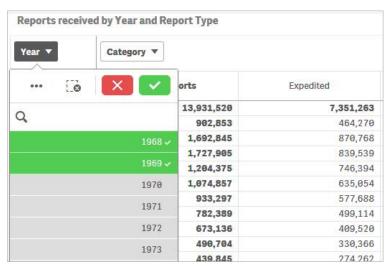
To filter data in a table, for example, filtering by year, there are two options: Option 1:

- Click on one or multiple columns or rows. You may also click and drag multiple rows or columns to select them for filtering data.
- 2. Click on the icon to confirm your selection.



Option 2:

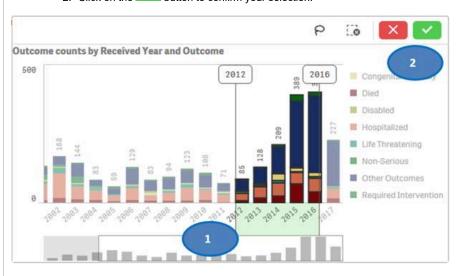
You may also use drop-downs (also known as filter panes) displayed on top of the rows or columns to choose your values for filtering. Please see screenshot below which shows how to select specific years for filtering.



To filter data in a chart, for example, filtering by year, there are two options:

Option 1:

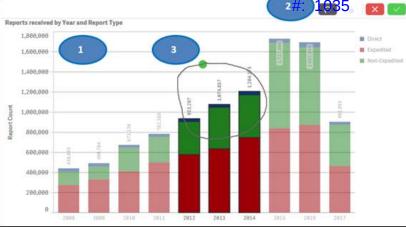
- 1. Click on one or multiple bars in the chart or items in the chart legend. You may also click and drag multiple bars to select them for filtering data.
- 2. Click on the button to confirm your selection.



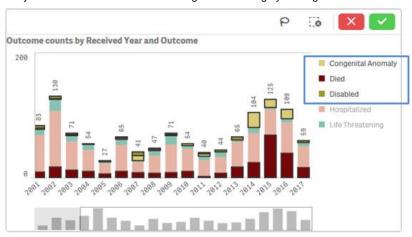
Option 2:

You may also use "lasso selection tool" to select multiple values from the chart. To use this feature:

- 1. Click anywhere on the chart.
- 2. Click on the lasso Picon.
- 3. Click and drag to draw on the chart and select the bars you want to use for filtering.



You may also select values from a chart's legend for filtering by clicking on the values.



Note that the applied filters show up on the top selection bar.



- How do I reset selected search criteria and remove all filters?

On the top left side of every sheet, you can see the icon shown below, with a dotted lined square with an "X" on it. Click the icon to clear any product you have selected for searching and all selected values used for filtering.

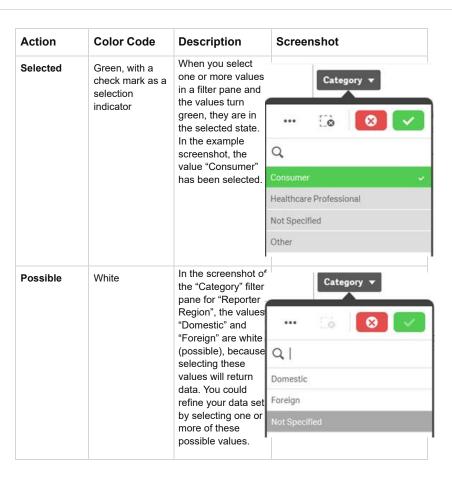
Can I extract or download dashboard data?

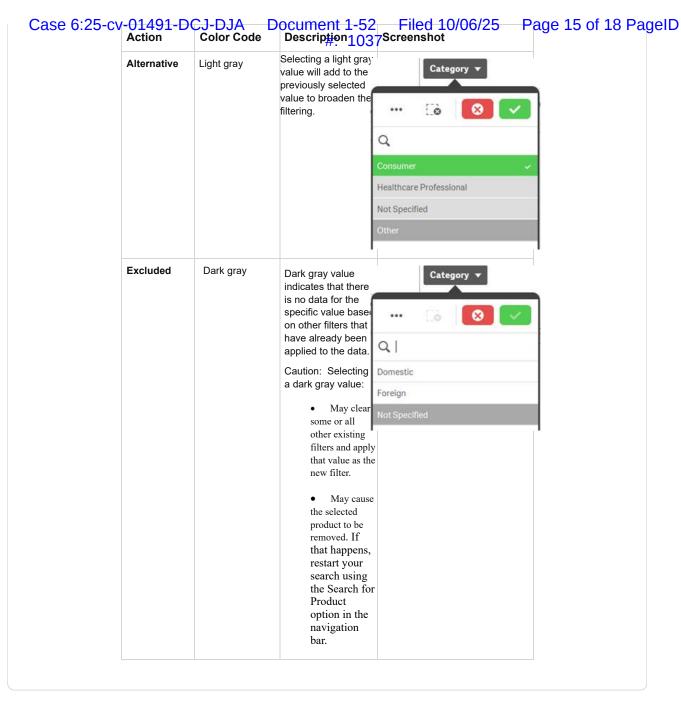
Yes, you may export or download dashboard data. Right-click on any table or chart in the dashboard and click on the "Export" option. You may choose from the following three options for exporting and downloading data:

- 1. Export as an image: This option will export a snapshot of the table or chart that you are viewing to an image file.
- 2. Export to PDF: This option will export a snapshot of the table or chart that you are viewing to a PDF file.
- 3. Export data: This option will export the underlying data of the table or chart that you are viewing to a Microsoft Excel (.xlsx) file. This option is explained in more detail in the final question of the FAQs below.

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When using filter panes (or drop-downs) for filtering, I have noticed that different colors are used to highlight different values. What do these colors indicate?





- Can I use the dashboard without accepting the disclaimer?

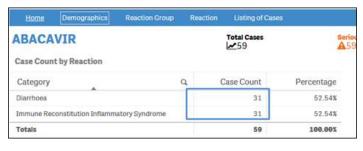
No. You will not be able to view any data in the dashboard without accepting the disclaimer.

- How recent is the data in the dashboard?

Data in the FAERS Public Dashboard is as of March 31, 2025. Data is updated quarterly.

- Why does the sum of case counts for individual reactions not add up to the overall case count for the product?

Each case might have more than one reaction term. Therefore, the sum of the case counts for individual reactions may be same or more than the total count of distinct cases.



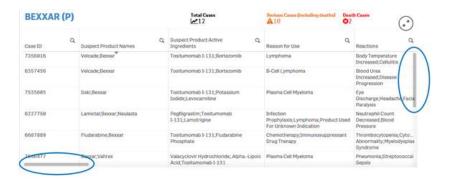
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Each case might have more than one outcome. Therefore, the sum of counts for individual outcomes may not match the total count of distinct cases.

- How do I scroll in the "Listing of Cases" table?

The "Listing of Cases" table allows you to scroll vertically or horizontally using vertical and horizontal scroll bars respectively. To view the scroll bars, hover over the listing of cases table.

- Scroll up or down in the Listing of Cases table using the vertical scroll bar on the right side of the table. This will allow you to see all the rows in the table.
- Scroll to the left or right in the Listing of Cases table using the horizontal scroll bar on the bottom of the table. This will allow
 you to see all the columns in the table.



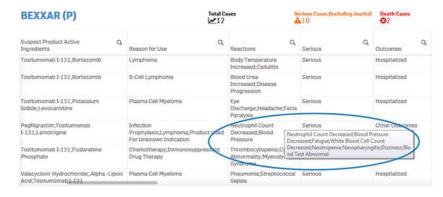
- Can I rearrange columns in the "Listing of Cases" table?

Yes, you may rearrange columns by dragging and dropping column headers anywhere in the table. To move a particular column:

- 1. Click and hold on the column header.
- 2. Drag it next to a column you want to move it to and release the click.

- Some of the cells seem to be showing only partial data. How can I see the entire content of such cells?

Due to space constraints, some cells display only partial data. To view the entire content of any cell, simply hover over the cell with your mouse. The entire content of the cell appears in a pop-up.



- How do I filter and sort data in the "Listing of Cases" table?

You can filter and sort data in the table using any column or any value in a cell. To filter using a value in cell, simply click on the cell. The table is refreshed with the filtered data. To filter using a column, click on the icon next to the column header, and then select from the list of values for that column.



To sort data using a specific column, simply click on the column header. Click once on the column header to view data in ascending order. Click again on the column heading to sort the values in descending order.

- How do I download data from the "Listing of Cases" table?

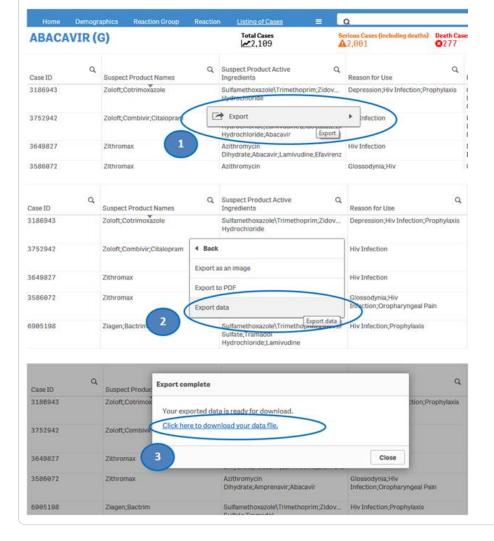
You can download data from the "Listing of Cases" table to a Microsoft Excel (.xlsx) file by using the "Export data" option.

Note: The "Listing of Cases" table provides a limited set of columns for case data. If you require a more comprehensive data set for download, you may download FAERS (FDA Adverse Events Reporting System) Quarterly Data files.

The data displayed in the FAERS Public Dashboard may not be identical to the data in the FAERS Quarterly Data files due to several reasons. Please refer to the Data Questions section for more information.

To download data from the "Listing of Cases" table:

- 1. Right-click anywhere on the "Listing of Cases" table and click on "Export".
- Select "Export data" option.
- 3. Then click on "Click here to download your data file" to save the file to your machine.



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U.S. Department of Health and Human Services

EXHIBIT 53

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Deaths and Severe Adverse Events After the Use
of Mifepristone as an Abortifacient from
September 2000 to February 2019,
26 Issues in L. & Med., no. 1,

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Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019

Kathi A. Aultman M.D.,* Christina A. Cirucci M.D., Donna J. Harrison M.D.,** Benjamin D. Beran M.D.,*** Michael D. Lockwood D.O.,**** Sigmund Seiler M.D.*****

ABSTRACT: Objectives: Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

Methods: Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

Results: The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

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The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown (Table 1).

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Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

At the very least, the FDA should reinstate the original 2011 REMS and strengthen the reporting requirements.

Conflict of Interest Statement: The authors did not report any potential conflicts of interest. Authors note that although Dr. Harrison is an associate editor for Issues in Law and Medicine, she recused herself from any involvement in the peer review process for this manuscript.

Keywords: Mifepristone, Mifeprex, RU-486, Misoprostol, Abortifacient, Medical Abortion, Abortion Pill, Medical Abortion Complications, No touch abortion, DIY Abortion, Self-Administered Abortion, Adverse Events, Adverse Event Reports, Post-marketing Surveillance, FAERS, Drug Safety, Emergency Medicine, FDA, REMS, Risk Evaluation Mitigation Strategy.

5

Introduction

The application for mifepristone (RU-486, RU-38486, Mifeprex) as an abortifacient was submitted to the Food and Drug Administration (FDA) in 1996 by the Population Council, which was given the manufacturing and distribution rights from Roussel Uclaf. ¹ The Population Council partnered with Danco Laboratories, newly created in 1995, and gave them the manufacturing, marketing, and distribution rights. The FDA approved mifepristone in September 2000 under restricted distribution regulations (Subpart H) due to the FDA's conclusion that restrictions "on the distribution and use of mifepristone are needed to ensure safe use of this product."²

Included in these restrictions was the requirement that all serious Adverse Events (AEs), after the use of mifepristone as an abortifacient, be reported to the FDA by Danco as part of post-marketing surveillance. According to the FDA,³ the purpose of such post-marketing surveillance includes identification of potential risks recognized after the time of approval, identification of unexpected deaths, causal attribution of AEs based on the product's known pharmacological action, and AEs for which a Risk Evaluation Mitigation Strategy (REMS) is intended to mitigate the risk.

In 2006, in response to the deaths of 4 women from a rare bacterial sepsis from *Clostridium sordellii* (*C. sordellii*), the FDA and CDC convened a workshop, during which mifepristone alteration of the immune system was detailed, and they concluded that such alteration could lead to impaired ability to respond to *C. sordellii* toxin.⁴

² Center for Drug Evaluation and Research. Approval Letter for Mifeprex NDA 20-687. February 18, 2000. Food and Drug Administration. p 5. Accessed November 16, 2020.

https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2000/20687approvable00.pdf

¹ Citizen petition re: Request for Stay and Repeal of the Approval of Mifeprex (mifepristone) for the Medical Termination of Intrauterine Pregnancy through 49 Day's Gestation Final. Before the Department of Health and Human Services: Food and Drug Administration. AAPLOG. 2002. 7-10. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/Documents/2002%20Aug%2020%20Citizen%20Petition Mifeprex.pdf

³ US Department of Health and Human Services, Food and Drug Administration Center for Drug Evaluation and Research, Center for Biologics Evaluation and Research. Best Practices in Drug and Biological Product Postmarket Safety Surveillance for FDA Staff. November 2019. p 7-8. Accessed Jan 16 2021. https://www.fda.gov/media/130216/download p7-8

⁴ Emerging Clostridial Disease Workshop: May 11, 2006, Atlanta, GA. Department of Health and Human Services, Centers for Disease Control and Prevention, Food and Drug Administration, National Institutes of Health. 2006. p. 109,110. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/2006%20CDC%20FDA%20Clostridial%20Disease%20Transcript.pdf

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There is evidence that both mifepristone 5,6,7 and misoprostol 8 can suppress immune response to *C. sordellii* in animal models.

#: 1045

In response to the septic deaths, Planned Parenthood changed their off-label protocol from vaginal administration of misoprostol to buccal in 2006.^{9,10} Yet, as we found in our analysis, sepsis deaths from C. sordellii and other bacteria continued to occur after 2007. All sepsis deaths occurred with either vaginal or buccal misoprostol, which were both off label routes of administration until the buccal route was authorized in 2016.11

In 2011, the FDA approved a Risk Evaluation and Mitigation Strategy (REMS) for Mifepristone incorporating the original restrictions. 12 In May 2015, Mifepristone's sponsor submitted a supplemental new drug application to the FDA to obtain approval to revise the drug's labeling, which the FDA approved in 2016. 13,14 The 2016 changes in the Regimen and Prescriber Agreement extended the original gestational age limit from 49 days to 70 days, changed the mifepristone dose from 600 mg to 200 mg orally, changed the misoprostol dose from 400 mcg orally on Day 3 to 800 mcg buccally on Day 2 or 3, allowed nonphysicians to become prescribers, reduced the number of required office visits from 3 to just one initial office visit, and allowed a repeat dose of misoprostol if complete expulsion did not occur. 15 The prescriber agreement was changed so

⁵ Emerging Clostridial Disease Workshop: May 11, 2006, Atlanta, GA. Department of Health and Human Services, Centers for Disease Control and Prevention, Food and Drug Administration, National Institutes of Health. 2006. p. 109, 110 Accessed November 13, 2020.

https://aaplog.wildapricot.org/resources/2006%20CDC%20FDA%20Clostridial%20Disease%20Transcript.pdf ⁶ Webster JI, Sternberg EM. Role of the hypothalamic-pituitary-adrenal axis, glucocorticoids and glucocorticoid receptors in toxic sequelae of exposure to bacterial and viral products. J Endocrinol. 2004;181(2):212, 213, 216, 217.

doi.org/10.1677/joe.0.1810207 Hawes AS, Rock CS, Keogh CV, Lowry SF, Calvano SE. In vivo effects of the antiglucocorticoid RU 486 on glucocorticoid and cytokine responses to Escherichia coli endotoxin. Infect Immun. 1992;60(7):2645, 2646. doi:10.1128/IAI.60.7.2641-2647.1992

⁸ Aronoff DM, Hao Y, Chung J, et al. Misoprostol impairs female reproductive tract innate immunity against Clostridium sordellii. J Immunol. 2008;180(12):8227-8229. https://doi.org/10.4049/jimmunol.180.12.8222

⁹ Trussell, J, Nucatola, D, Fjerstad, M, Lichtenberg, ES. Reduction in infection-related mortality since modifications in the regimen of medical abortion. Contraception, 2014;89(3):193-196. https://doi.org/10.1016/j.contraception.2013.11.020

¹⁰ Fjerstad M, Trussell, J, Sivin, I, Lichtenberg, ES, Rates of Serious Infection after Changes in Regimens for Medical Abortion. N Engl J Med. 2009 July 9;361(2):148-149. July 9, 2009 N Engl J Med 2009; 361:145-151. doi:10.1056/NEJMoa0809146

¹¹ GAO-18-292 Revised Mifeprex Labeling: Food and Drug Administration Information on Mifeprex Labeling Changes and Ongoing Monitoring Efforts. Report to Congressional Requesters. Food and Drug Administration. 2018. p. 7. Published March 2018. Accessed November 13, 2020. https://www.gao.gov/assets/700/690914.pdf

¹² NDA 20-687 MIFEPREX (mifepristone) Tablets, 200 mg: Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration. 2011. 1-11. Reference ID: 2957855. Published June 8, 2011. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/rems/Mifeprex_2011-06-08_Full.pdf

¹³ GAO-18-292 Revised Mifeprex Labeling: Food and Drug Administration Information on Mifeprex Labeling Changes and Ongoing Monitoring Efforts. Report to Congressional Requesters. Food and Drug Administration. 2018. p. 1. Published March 2018. Accessed November 13, 2020. https://www.gao.gov/assets/700/690914.pdf

¹⁴ NDA 20-687 MIFEPREX (mifepristone) Tablets, 200 mg: Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration. 2016. 1-8. Reference ID: 3909592. Published March 29, 2016. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020RemsR.pdf

¹⁵ GAO-18-292 Revised Mifeprex Labeling: Food and Drug Administration Information on Mifeprex Labeling Changes and Ongoing Monitoring Efforts. Report to Congressional Requesters. Food and Drug Administration. 2018. p.7. Published March 2018. Accessed November 13, 2020. https://www.gao.gov/assets/700/690914.pdf

that instead of being required to "report any hospitalization, transfusion or other serious event to Danco Laboratories," ¹⁶ providers were only required to report deaths. ¹⁷ The requirement to report ongoing pregnancies that are not terminated was also eliminated. "The FDA approved GenBioPro, Inc.'s abbreviated new drug application (ANDA) for generic Mifeprex on April 11, 2019" and "established a single, shared system REMS for mifepristone products" without substantially changing the REMS. ¹⁸

During the COVID-19 pandemic the Maryland District Court issued a preliminary injunction prohibiting the FDA from enforcing the in-person dispensing and signature requirements contained in the mifepristone REMS.¹⁹ This decision eliminated the need for an initial office visit for dispensing the medication and opened the door for dispensing of the drug via telehealth with no actual clinician contact. On January 12, 2021, the Supreme Court enabled the FDA to enforce the mifepristone REMS.²⁰ These requirements are essential for the safety of women and must be kept in place.

The first systematic analysis of these Adverse Event Reports (AERs) obtained by the Freedom of Information Act (FOIA), was published by Gary and Harrison in 2006. ²¹ This paper extends that analysis to AERs not previously published and augments the scant published literature on mifepristone safety.

Objectives

Primary: To analyze and codify the significant adverse events and their treatment after the use of mifepristone as an abortifacient, extending the previously published analysis by Gary in 2006.²² Secondary: To examine maternal decisions in the case of ongoing pregnancy after attempted mifepristone termination, and to determine if failing to take misoprostol after mifepristone increased the risk of hemorrhage.

¹⁶ NDA 20-687 MIFEPREX (mifepristone) Tablets, 200 mg: Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration. 2011. p. 7. Reference ID: 2957855. Published June 8, 2011. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda docs/rems/Mifeprex 2011-06-08 Full.pdf

¹⁷ NDA 20-687 MIFEPREX (mifepristone) Tablets, 200 mg: Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration. 2016. p. 6. Reference ID: 3909592. Published March 29, 2016. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020RemsR.pdf

¹⁸ Questions and Answers on Mifeprex. Food and Drug Administration. March 28, 2018. Updated 4-12-2019. Accessed November 13, 2020. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifeprex

¹⁹ American College of Obstetricians and Gynecologists, et al., v. Food and Drug Administration, et al., No. 20-1320, 2020 WL 3960625 (D. Md. July 13, 2020). Accessed November 16th, 2020. https://www.courthousenews.com/wp-content/uploads/2020/07/093111166803.pdf

²⁰ FDA v ACOG. SCOTUS. 20a34 3f14. Accessed January 20, 2021. https://www.supremecourt.gov/opinions/20pdf/20a34_3f14.pdf

²¹ Gary M, Harrison D. Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. Ann Pharmacother. 2006 Feb 40(2):191-7. https://doi.org/10.1345/aph.1G481

²² Gary M, Harrison D. Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. Ann Pharmacother. 2006 Feb 40(2):191-7. https://doi.org/10.1345/aph.1G481

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Materials and Methods

FDA AERs related to the use of mifepristone from September 2000 to February 2019 were obtained through the Freedom of Information Act (FOIA) from the FDA, and a comparison was made with FDA reports available online on the FDA Adverse Events Reporting System (FAERS) Dashboard.²³ Duplicate AERs were identified by comparing FDA case identification numbers, manufacturer identification numbers, dates of treatment, patient age, and descriptions of case scenarios to ensure that each case was included only once in this analysis. The authors excluded duplicates, cases originating outside of the United States, and cases previously published in the Gary analysis²⁴ (Figure 1).

One of the concerns in looking at AEs is the risk of falsely assigning causality. The FDA does not give guidance for determining causality for AEs in the AERs but does give guidance for selecting AEs for inclusion in the Adverse Reaction section of the Drug Label.²⁵ They recommend that, "Decisions on whether there is some basis to believe there is a causal relationship are a matter of judgment and are based on factors such as" the "frequency of reporting," "the extent to which the adverse event is consistent with the pharmacology of the drug," "the timing of the event relative to the time of drug exposure," and other factors. Although a causal relationship cannot be attributed with certainty to all reported AEs for a drug, a causal relationship seems probable for each of the categories of AEs we chose to analyze based on these factors, except for ectopic pregnancies and some of the deaths. Ectopic pregnancies were included in our analysis not because there is a causal relationship, but because ectopic pregnancy is a contraindication to the use of mifepristone and the diagnosis was missed, putting women's lives at risk. The deaths must be evaluated individually to determine causality.

Because reporting is often voluntary and sporadic, there is no denominator for how many mifepristone abortions are performed in the U.S. It was therefore impossible to calculate complication rates for mifepristone and misoprostol abortions based on AER data. For clarity, we specified the denominator used in each case. Coding for severity was done using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3),²⁶ since this was

²³ FDA Adverse Events Reporting System (FAERS) Public Dashboard. Food and Drug Administration. Accessed November 13, 2020. https://fis.fda.gov/sense/app/d10be6bb-494e-4cd2-82e4-0135608ddc13/sheet/33a0f68e-845c-48e2-bc81-8141c6aaf772/state/analysis

²⁴ Gary M, Harrison D. Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. Ann Pharmacother. 2006 Feb 40(2):191-7. https://doi.org/10.1345/aph.1G481

²⁵ Guidance for Industry Adverse Reactions Section of Labeling for Human Prescription Drug and Biological Products — Content and Format. U.S. Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research (CDER), Center for Biologics Evaluation and Research (CBER); January 2006. P. 8. Accessed January 8, 2021. https://www.fda.gov/media/72139/download

²⁶ Common Terminology Criteria for Adverse Events v3.0 (CTCAE). Cancer Center Therapy Evaluation Program (CTEP); 2003. 1-77. Published December 12, 2003. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/CTCAEv3.pdf

the methodology used in the original analysis of the first 607 Adverse Events.²⁷ The five levels of coding are: Mild, Moderate, Severe, Life-threatening, and Death.

Overall severity (Figure 1) for each unique AER was determined independently by two board-certified physicians (Obstetrics and Gynecology or Family Medicine). Since within each AER, a patient may have experienced several Adverse Events (AEs), the overall severity of the AER was based on the highest severity of its AEs. For the diagnoses we analyzed (Table 1), each AE was coded in the same manner and stratified according to type, severity, and treatment. Disagreements were resolved by discussion or review by a third board-certified Obstetrician-Gynecologist who also reviewed coding for uniformity. Surgeries, transfusions, providers, and location of treatment were analyzed and tabulated.

Ruptured ectopic pregnancies were coded as Life-threatening and unruptured ectopic pregnancies as Severe.

Infections were coded as Life-threatening when evidence of sepsis was present, or ICU-level treatment was required. They were coded as Severe if parenteral/IV antibiotics were given and Moderate if oral antibiotics were prescribed.

Life-threatening hemorrhage was defined, as in the previous analysis, to be transfusion of two or more units of packed red blood cells (PRBCs), hemoglobin less than 7, or documented large volume, rapid blood loss with clinical symptomatology of acute blood loss anemia (e.g., syncope, tachycardia, hypotension). Severe hemorrhage was defined as requiring surgical intervention and/or less than 2 U PRBCs. Moderate hemorrhage was defined as management with fluids/medication alone.

Retained Products of Conception (RPOC) was coded as Severe if a dilatation and curettage/evacuation (D&C) was performed. Ongoing viable intrauterine pregnancy was considered equivalent in severity to RPOC requiring curettage and thus Severe. When the ultimate outcome was unknown, the pregnancy was considered ongoing if "ongoing pregnancy" was noted or ultrasound showed cardiac motion or significant growth.

AEs which did not contain sufficient information to assign an accurate severity code were deemed "Uncodable." AERs lacking any codable information were deemed overall Uncodable.

The percent of women with significant hemorrhage after mifepristone alone was compared to those who took both mifepristone and misoprostol, to investigate the validity of the assertion that lack of subsequent misoprostol administration was a causative factor in hemorrhage after mifepristone use.²⁸

²⁷ Gary M, Harrison D. Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. Ann Pharmacother. 2006 Feb 40(2):191-7. https://doi.org/10.1345/aph.1G481

²⁸ Creinin MD, Hou MY, Dalton L, Steward R, Chen MJ. Mifepristone Antagonization With Progester-one to Prevent Medical Abortion: A Randomized Controlled Trial. Obstet Gynecol. 2020;135(1):158-165. doi:10.1097/AOG.000000000003620

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Results

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Document 1-53

Adverse Event Report Overall Severity

Figure 1 summarizes the handling of the AERs provided by the FDA and their severity coding. The FDA provided 6158 pages of AERs. Of these, any duplicates, non-US, or AERs previously published in the Gary paper were excluded from the analysis. There were 3197 unique, US-only AERs of which 537 had insufficient information to determine clinical severity, leaving 2660 Codable US-only AERs. Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

Deaths (Table 1)

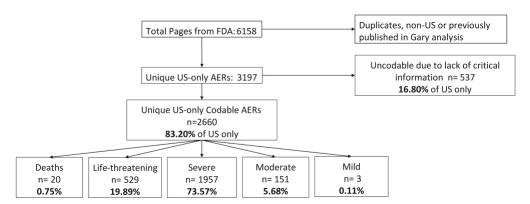
Our analysis identified 23 of the 24 deaths reported by the FDA as of 2018.²⁹ Three of those deaths were previously published in the Gary paper³⁰ leaving 20 deaths (Table 1). Our analysis yielded a total of 7 sepsis deaths. These included five cases of C. sordellii and one case of Clostridium perfringens, all consistent with those reported by the FDA. There was an additional death which we categorized as a sepsis death whereas the FDA labeled this case as "delayed onset toxic shocklike syndrome" but did not include it as a sepsis death. The patient had an exploratory laparotomy revealing green pus, which was culture positive for prevotella and peptostreptococcus, and she died intraoperatively.31

²⁹ RCM # 2007-525 NDA 20-687 Mifepristone U.S. Post-Marketing Adverse Events Summary through 12/31/2018. FDA. 1-2. Reference ID: 4401215. Accessed November 13, 2020. https://www.fda.gov/media/112118/download

³⁰ Gary M, Harrison D. Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. Ann Pharmacother. 2006 Feb 40(2):191-7. https://doi.org/10.1345/aph.1G481

³¹ Individual Case Safety Report number 4734082-4-00-01. Danco Laboratories, LLC. Office of Post-marketing Drug Risk Assessment, Food and Drug Administration. Received August 4, 2005. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/Peptostreptococcus%20death%209.10277-8.pdf





Note: From 2000 to 2016 FDA only required the manufacturer to report AEs which were severe, life-threatening or had fatal outcomes. Since 2016, FDA only requires the manufacturer to report fatal outcomes.

We categorized two deaths as suspicious for infectious death. One case was labeled by the FDA as "undetermined natural causes," however, the AER reported the cause of death as "acute visceral and pulmonary (1420 grams) congestion and edema," 32 which is consistent with the clinical findings for sepsis/Acute Respiratory Distress Syndrome (ARDS). This patient had autopsy-proven retained products of conception and blood cultures which grew *Strep viridans* isolated at less than 24 hours incubation. One additional case which the FDA labeled "methadone overdose" 33,34 we considered suspicious for sepsis. Prior to her death, this patient had fever and chills and was treated by an outside physician with cephalexin, which would have been ineffective against infections from *C. sordellii* or anaerobic gram-negative bacilli. There was no autopsy report or toxicology report in the AER.

Non-infectious deaths include one death that the FDA listed as "natural," caused by "pulmonary emphysema." This patient was a 40-year-old chronic smoker who died within hours of misoprostol ingestion and had a contusion on her head consistent with a fall, a scenario possibly related to a cardiac event or acute respiratory reaction to misoprostol. She had an intact fetus at the time of

³² Individual Case Safety Report number 9587011-03-00-01. Danco Laboratories, LLC. Office of Postmarketing Drug Risk Assessment, Food and Drug Administration. Received May 21, 2014. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/death%20Visc%20pul%20cong.pdf

³³ Individual Case Safety Report number 4970303-0-00-01. Danco Laboratories, LLC. Office of Post-marketing Drug Risk Assessment, Food and Drug Administration. Received April 21, 2014. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/death%2023%20yo%20meth%20overdose%20fever%20and%20chills.pdf

³⁴ Individual Case Safety Report number 5063156-8-00-01. Danco Laboratories, LLC. Office of Post-marketing Drug Risk Assessment, Food and Drug Administration. Received July 27, 2006. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/methadone%20AER%20(1).pdf

³⁵ Individual Case Safety Report number 11283049-02-00-01. Danco Laboratories, LLC. Office of Post-marketing Drug Risk Assessment, Food and Drug Administration. Received December 8, 2015. Accessed November 13, 2020. https://aaplog.wildapricot.org/resources/emphysema.pdf

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autopsy. Other non-infectious deaths included one death from a ruptured ectopic pregnancy, one from hemorrhage, 3 possible homicides, one suicide, and 4 deaths from drug toxicity/overdose. It is unknown whether the 8 women who died by homicide, suicide, or drug toxicity/overdose were screened for domestic violence, drug addiction, or depression prior to the abortion.

#: 1051

Infection (Table 1)

Infection was the leading cause of mortality. There were 502 cases of infection, which included 9 Deaths, 39 had Life-threatening sepsis, 249 were Severe infections, 132 Moderate infections, and 73 infections which were Uncodable.

Ectopic Pregnancy (Table 1)

There were 75 ectopic pregnancies. Of these, 26 were ruptured, including 1 death. Twenty-four were unruptured, and there were 25 for which the rupture status was not given. Fifty-six ectopic pregnancies were treated surgically and 11 were treated with methotrexate. The management was not documented in 7 cases. The patient who died received no treatment as she died on the way to the hospital.

Retained Products of Conception (RPOC) (Tables 1 and 2)

RPOC was the leading cause of morbidity. There were 977 confirmed cases of RPOC, including 2 molar pregnancies, and 1506 likely cases of RPOC (documentation was inadequate for confirmation). Of the 2146 total D&Cs, most were for RPOC, including 897 for confirmed RPOC, 1058 for bleeding or presumed RPOC, but no pathology was provided, and 2 for molar pregnancy. A small percentage of RPOC had medical treatment or no treatment.

Hemorrhage/Bleeding (Table 1)

There were 1639 bleeding events including one death. These included 466 Life-threatening and 642 Severe events. There were also 106 events coded as Moderate, while 424 reports of bleeding were Uncodable given the information in the database.

Ongoing Pregnancy (Table 1)

There were 452 ongoing pregnancies. Of these 102 chose to keep their baby, 148 chose termination, 1 miscarried, and 201 had an unknown outcome. Of those with an unknown outcome, there were 44 patients referred or scheduled for termination, who did not follow through (39 no-showed, 3 canceled, 2 did not schedule).

Surgeries (Table 2)

There were 2243 surgeries including 2146 D&Cs, 76 laparoscopies/laparotomies without hysterectomy, 7 hysterectomies, and 14 other surgeries. Of the hysterectomies, 3 were performed for sepsis, 2 for hemorrhage, 1 for a cervical ectopic, and 1 for placenta accreta. There were 1291 surgeries performed in the hospital or ER and 952 in an outpatient setting. Of the 2146 D&Cs, 1194 were performed in the hospital or ER, and 952 in an outpatient setting. Of the 2146 D&Cs, 1194 were provided by the Hospital or ER, 853 by the abortion provider, and 99 by another outpatient provider.

Transfusions (Table 2)

Four hundred and eighty-one patients required blood transfusion following medical abortions. Of these, 365 received 1 to 10 units packed red blood cells (PRBCs) alone, 1 received fresh frozen plasma (FFP) alone, 8 received a combination of PRBCs and FFP, and 107 received an unknown amount of blood product.

Relationship of Misoprostol Use to Hemorrhage (Table 3)

The use of mifepristone with misoprostol was associated with a higher incidence of hemorrhage than the use of mifepristone alone. Of the 3056 women who took both mifepristone and misoprostol, 1572 (51.44%) hemorrhaged, whereas, among the 58 women who did not take misoprostol, only 13 (22.41%) hemorrhaged. It was unclear whether 84 patients took misoprostol or not. Fiftyfour (64.29%) of them hemorrhaged. The hemorrhage rate was higher for the mifepristone with misoprostol group as compared to the mifepristone alone group even if all the unknowns were assigned to the mifepristone alone group or vice versa.

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Table 1 - Diagnosesa

Deaths	Deaths (n)	Deaths (%)	Deaths: % of (3197) Unique US AERs (%)	Organism (%)
Sepsis	9	45.00%	0.28%	
Sepsis confirmed	7	35.00%	0.22%	100%
Clostridium sordellii	5	25.00%	0.16%	71.43%
Clostridium perfringens / Peptostreptococcus	1	5.00%	0.03%	14.29%
Peptostreptococcus	1	5.00%	0.03%	14.29%
Sepsis Likely, Unknown Organism	2	10.00%	0.06%	
Visceral and Pulmonary Congestion consistent with ARDS / sepsis	1	5.00%	0.03%	
Fever / chills treated with cephalexin, found dead ^b	1	5.00%	0.03%	
Ruptured Ectopic Pregnancy	1	5.00%	0.03%	
Hemorrhage	1	5.00%	0.03%	
Possible Homicide	3	15.00%	0.09%	
Suicide	1	5.00%	0.03%	
Drug Toxicity/Overdose	4	20.00%	0.13%	
Unknown ^c	1	5.00%	0.03%	
Total Deaths	20	100%	0.63%	
Infections, Level of Severity	Infections (n)	Infections (%)	Infections: % of (3197) Unique US AERs (%)	
Death	9	1.79%	0.28%	
Life threatening infection/sepsis	39	7.77%	1.22%	
Severe infection (IV anithiotics)	249	49.60%	7.79%	
Moderate infection (oral antibiotics)	132	26.29%	4.13%	
Uncodable ^d	73	14.54%	2.28%	
Total Infections	502	100%	15.70%	

Table 1 - Diagnoses (Continued)

Ectopic Pregnancies, Rupture Status	Ectopic Pregnancies (n)	Ectopic Pregnancies (%)	Ectopic Pregnancies: % of (3197) Unique US AERs (%)
Ruptured ^e	26	34.67%	0.81%
Unruptured ^f	24	32.00%	0.75%
Surgical Treatment	13	17.33%	0.41%
Methotrexate Treatment	11	14.67%	0.34%
Unknown Rupture Status ^g	25	33.33%	0.78%
Surgical Treatment	18	24.00%	0.56%
Unknown Treatment	7	9.33%	0.22%
Total Ectopic Pregnancies	75	100%	2.35%
Ectopic Pregnancies, Level of Severity	Ectopic Pregnancies (n)	Ectopic Pregnancies (%)	Ectopic Pregnancies: % of (3197) Unique US AERs
Death	1	1.33%	0.03%
Life Threatening (Ruptured, survived)	25	33.33%	0.78%
Severe (Not Ruptured)	24	32.00%	0.75%
Uncodable	25	33.33%	0.78%
Total Ectopic Pregnancies	75	100%	2.35%

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Table 1 - Diagnoses (Continued)

Retained Products of Conception (RPOC)	RPOC (n)	RPOC (%)	RPOC: % of (3197) Unique US AERs (%)
RPOC confirmed	977	39.35%	30.56%
RPOC confirmed (by pathology or ultrasound); Had D&C	891	35.88%	27.87%
RPOC confirmed by U/S but D&C not documented	29	1.17%	0.91%
RPOC treated medically	27	1.09%	0.84%
Tissue at os (no D&C)h	27	1.09%	0.84%
Molar Pregnancy	2	0.08%	0.06%
No Treatment, RPOC on autopsy	1	0.04%	0.03%
RPOC Likely	1506	60.65%	47.11%
Had D&C, no pathology provided	1056	42.53%	33.03%
Unknown ⁱ	450	18.12%	14.08%
Total RPOCs	2483	100%	77.67%
Bleeding Events, Level of Severity	Bleeding Events (n)	Bleeding Events (%)	Bleeding Events: % of (3197) Unique US AERs
Death	1	0.06%	0.03%
Life threatening or Disabling: 2U or more transfusion or Hgb<7 or witnessed massive blood loss	466	28.43%	14.58%
Severe: surgical intervention and/or 1 U transfusion	642	39.17%	20.08%
Moderate: medical intervention	106	6.47%	3.32%
Uncodable ^j	424	25.87%	13.26%
Total Bleeding Events	1639	100%	51.27%

Table 1 - Diagnoses (Continued)

Ongoing Pregnancies, Outcome	Ongoing Pregnancies (n)	Ongoing Pregnancies	Ongoing Pregnancies: % of (3197) Unique US AERs (%)	Ongoing Pregnancies with Unknown Outcome (%)
Desired to Keep Pregnancy	102	22.57%	3.19%	
Kept Pregnancy	101	22.35%	3.16%	
Kept Pregnancy but baby died in-utero	1	0.22%	0.03%	
Terminated Pregnancy	148	32.74%	4.63%	
Surgical Termination ^k	139	30.75%	4.35%	
Medical Termination	9	1.99%	0.28%	
Unknown Intent, miscarried ^l	1	0.22%	0.03%	
Unknown Outcome	201	44.47%	6.29%	100%
Referred D&C but did not show	39	8.63%	1.22%	19.40%
Referred D&C but cancelled	3	0.66%	0.09%	1.49%
Told to schedule/referred D&C did not go	2	0.44%	0.06%	1.00%
Unknown outcome, no other information ^m	157	34.73%	4.91%	78.11%
Total	452	100%	14.14%	

- ^a Because of rounding, percentages may not appear to add up exactly.
- ^b FDA attributed to methadone overdose.
- ^c 40 year old smoker died within hours of misoprostol ingestion. Per FDA, "natural causes due to severe pulmonary emphysema."
- ^d Patients with documented infection but inadequate information to determine severity.
- ^e One of the ruptured ectopics died on the way to the hospital. The other 25 were treated surgically.
- f The unruptured ectopics include two cornual ectopics, one treated surgically and one treated medically.
- g Includes two cervical ectopics, one treated with D&C/Hysterectomy/massive transfusion and one with unknown treatment.
- ^h Either with path provided, or described as RPOC, placental fragments, fetus, or tissue.
- ⁱ Suspected RPOC indicating D&C needed, but not documented as being done.
- Patients with documented bleeding but inadequate information to determine severity.
- ^k Includes one hysterotomy for pregnancy in non-communicating horn.
- After no show for surgical termination.
- ^m Includes 10 with known gestational age 20-29 weeks.

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Table 2 - Treatment^a

Type of Surgery	Type of surgery (n)	Type of surgery (%)	Surgery: % of (3197) Unique US AERs (%)
D&rC ^b	2146	95.68%	67.13%
Hysterectomy	7	0.31%	0.22%
Sepsis (includes 2 deaths)	3	0.13%	0.09%
Hemorrhage after uterine perforation	2	0.09%	0.06%
Hemorrhage - Cervical Ectopic	1	0.04%	0.03%
Placenta accreta	1	0.04%	0.03%
Laparoscopy/Laparotomy without hysterectomy	76	3.39%	2.38%
Ectopic (Actual or Suspected)	66	2.94%	2.06%
Infection	7	0.31%	0.22%
Uterine Perforation	1	0.04%	0.03%
Salpingo oophorectomy for Torsion	1	0.04%	0.03%
Hysterotomy for pregnancy in non- communicating horn	1	0.04%	0.03%
Other Surgeries	14	0.62%	0.44%
Uterine Artery Embolization	1	0.04%	0.03%
Vaginal sutures (after 15 week surgical termination for ongoing pregnancy)	1	0.04%	0.03%
Paracenteses (multiple, same patient, death)	1	0.04%	0.03%
Necrotozing fasciitis debridement and below knee amputation	1	0.04%	0.03%
Upper and lower endoscopy for bright red bleeding	1	0.04%	0.03%
Unknown surgery for deep venous thrombosis	1	0.04%	0.03%
Angioplasty	1	0.04%	0.03%
Cholecystectomy	2	0.09%	0.06%
Appendectomy	1	0.04%	0.03%
Laceration repair (scalp, chin)	2	0.09%	0.06%
Unknown Surgery	2	0.09%	0.06%
Total	2243	100%	70.16%

Table 2 - Treatment (Continued)

Location of Surgery	Location of Surgery (n)	Location of Surgery (%)
All Surgeries	2243	100.00%
Hospital or ER	1291	57.56%
Outpatient	952	42.44%
D&rC	2146	100.00%
Hospital or ER	1194	55.64%
Outpatient	952	44.36%
Surgical Provider for D&C	Surgical Provider (n)	Surgical Provider (%)
Hospital/ER	1194	55.64%
Abortion Provider	853	39.75%
Other Provider	99	4.61%
Total	2146	100%
Indication for D&Cs	Indication for D&C (n)	Indication for D&C (%)
Confirmed D&C	2146	100%
RPOC (confirmed by pathology or ultrasound)	897	41.80%
RPOC/Bleeding (no pathology provided)	1058	49.30%
Ongoing pregnancy, surgical termination by D&C	139	6.48%
RPOC ruled out	34	1.58%
Ectopic evaluation	12	0.56%
pay throughout 🛦 a separate Mark of New York Strike	2	0.09%
Molar pregnancy Not able to take misoprostol	4	0.19%
Possible D&C	680	0.1970
Possible RPOC, unknown treatment,	000	
possible D&C	450	
RPOC confirmed by U/S but D&C not documented	29	
Ongoing pregnancy Unknown outcome, possible D&C	201	

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Table 2 - Treatment (Continued)

Transfusions	Transfusions (n)	Transfusions (%)	Transfusion: % of (3197) Unique US AERs (%)
PRBC alone	365	75.88%	11.42%
1U	32	6.65%	1.00%
1-2U	1	0.21%	0.03%
2U	246	51.14%	7.69%
2.5U	1	0.21%	0.03%
3U	45	9.36%	1.41%
4U	27	5.61%	0.84%
5U	5	1.04%	0.16%
6U	5	1.04%	0.16%
7U	2	0.42%	0.06%
10U	1	0.21%	0.03%
Other Blood products	9	1.87%	0.28%
1 U FFP	1	0.21%	0.03%
2 U PRBC/1 U FFP	1	0.21%	0.03%
2 U PRBC/ 4 U FFP	1	0.21%	0.03%
3 U PRBC/ 1 U FFP	1	0.21%	0.03%
4 U PRBC/ 1 U FFP	1	0.21%	0.03%
4 U PRBC/ 2 U FFP	1	0.21%	0.03%
5 U PRBC/ 4 U FFP	1	0.21%	0.03%
6 U PRBC/ 2 U FFP	1	0.21%	0.03%
7 U PRBC/ FFP and Platelets unknown amount	1	0.21%	0.03%
Unknown amount (documented as given, units not recorded)	107	22.25%	3.35%
Total ^d	481	100%	15.05%

Because of rounding, percentages may not appear to add up exactly.

With or without suction, one with hysteroscopy.

There were 8 patients who had 2 D&Cs and one who required uterine artery embolization. There were 4 perforations: two had resultant hysterectomies, one had a laparoscopy, and one received 2 U PRBCs but no documented surgery.
 Additionally there were 7 patients who likely received transfusion, but was not recorded, 3 patients who refused transfusion,

and 1 patient for whom transfusion was considered but not given.

Mifepristone + Mifepristone Mifepristone + Mifepristone Misoprostol + alone + Unknown Misoprostol alone unknown b unknown c % n % n % % % n n

Table 3 - Relationship of Misoprostol to Hemorrhagea

Discussion

This article is critically important considering the paucity of published literature on mifepristone safety and the minimal analysis done on the AERs by the FDA.

Ectopic Pregnancies

Although reported as AEs, ectopic pregnancies are not a direct adverse event from the medication, but rather a contraindication to its administration. They were reported as adverse events because the ectopic pregnancies were missed.

The American College of Obstetricians and Gynecologists (ACOG) notes that "According to the Centers for Disease Control and Prevention, ectopic pregnancy accounts for approximately 2% of all reported pregnancies. However, the true current incidence of ectopic pregnancy is difficult to estimate because many patients are treated in an outpatient setting where events are not tracked, and national surveillance data on ectopic pregnancy have not been updated since 1992. Despite improvements in diagnosis and management, ruptured ectopic pregnancy continues to be a significant cause of pregnancy-related mortality and morbidity. In 2011–2013, ruptured ectopic pregnancy accounted for 2.7% of all pregnancy-related deaths and was the leading cause of hemorrhage-related mortality."36

No Hemorrhage 1484 48.56% 45 77.59% 30 35.71% 1514 48.23% 75 52.82% Hemorrhage 1572 51.44% 13 22.41% 54 64.29% 1625 51.77% 67 47.18% 0 Death 1 0.03% 0.00% 0 0.00% 1 0.03% 0 0.00% 441 14.43% 5 8.62% 20 23.81% 461 14.69% 25 Life threatening 17.61% Severe 633 20.71% 3 5.17% 6 7.14% 639 20.36% 9 6.34% Moderate 101 3.30% 1 1.72% 4 4.76% 105 3.35% 5 3.52% Uncodable 396 12.96% 4 6.90% 24 28.57% 420 13.38% 28 19.72% Total US AERs 100% 58 100% 100% 3139 100% 142 100% 3056

Because of rounding, percentages may not appear to add up exactly.

Assumes all unknowns took both mifepristone and misoprostol.

Assumes all unknowns took mifepristone, but not misoprostol.

³⁶ ACOG Practice Bulletin No. 193: Tubal Ectopic Pregnancy, Obstet Gynecol: March 2018; 131(3): e91-e103. doi:10.1097/AOG.00000000000002560

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Confirmed/suspected ectopic pregnancy and undiagnosed adnexal mass are contraindications to mifepristone use under current prescribing requirements. The label warnings state: "Ectopic pregnancy: exclude before treatment." 37 Unfortunately, it is difficult to rule out ectopic pregnancy by history alone because, "half of all women who receive a diagnosis of an ectopic pregnancy do not have any known risk factors."38 According to ACOG Practice Bulletin No. 193, "The minimum diagnostic evaluation of a suspected ectopic pregnancy is a transvaginal ultrasound evaluation and confirmation of pregnancy." Of the 75 reported ectopic pregnancies in the FDA AERs we analyzed, over a third were known to be ruptured including one death. Clearly, an ultrasound should be required prior to the administration of mifepristone to document that the pregnancy is located within the uterus. Although not 100% effective, this will screen for ectopic pregnancy, confirm gestational age, which can be inaccurate based on menstrual history alone, 39 and screen for adnexal masses, another contraindication to mifepristone use.40

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Ongoing pregnancies

Of the women with an ongoing pregnancy, less than a third were known to have proceeded with termination of the pregnancy, and almost a quarter were known to have kept their pregnancy; in almost half, the outcome was unknown. The significant percentage of women with ongoing pregnancy who changed their mind and chose to keep their pregnancy, after initially choosing termination, raises concerns regarding the pre-abortion counseling and informed consent they received. Women undergoing abortion should receive the same quality of informed consent and pre-procedural counseling that is standard of care prior to other medical treatment or surgery. It is imperative that women considering abortion be provided adequate and complete information and counseling on risks, advantages, disadvantages, and alternative options.

Additionally, the high percentage of women with ongoing pregnancies for whom there is no follow up or known outcome is concerning. As health care providers we are to continue to care for our patients and manage any complications, yet in the AERs we reviewed this was not typically the case for the abortion provider. Furthermore, a federal registry of known outcomes and birth defects is imperative. One of the initial FDA post-marketing requirements for

³⁷ MIFEPREX. Package insert. Danco; 2016. Approved March 2016. p. 1. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf

³⁸ ACOG Practice Bulletin No. 193: Tubal Ectopic Pregnancy, Obstet Gynecol: March 2018; 131(3): e91-e103. doi: 10.1097/AOG.00000000000002560

³⁹ Shipp, Thomas D. 2020. Overview of ultrasound examination in obstetrics and gynecology. Lit Rev current through Dec 2020. UpToDate. Edited by Barss A Vanessa. Wolters Kluwer. June 10, 2020. Accessed January 11, 2021. https://www.uptodate.com/contents/ectopic-pregnancy-clinical-manifestations-anddiagnosis/print?source=history widget.

⁴⁰ MIFEPREX. Package insert. Danco; 2016. Approved March 2016. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s020lbl.pdf

Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient

Danco was a surveillance study of outcomes of ongoing pregnancies.⁴¹ The FDA released them from this post-marketing commitment in January 2008 because Danco reported that only one or two ongoing pregnancies per year were followed for final outcomes in part because of consent requirements.⁴² This is disturbing in light of the percentage of women in our analysis who kept their pregnancies, as well as those with ongoing pregnancy and unknown outcomes, all of whom could have been followed for final outcomes. The significant lack of follow-up of ongoing pregnancies (44.47% with unknown outcomes) and the very minimal information on those who chose to keep the pregnancy, highlights the need for a national registry especially considering the teratogenicity of misoprostol.⁴³

Relationship of Misoprostol to Hemorrhage

The Creinin study of abortion pill reversal was stopped for safety concerns due to hemorrhage in 3 of the 12 study participants.⁴⁴ One of the conclusions of that study was that "Patients who use mifepristone for a medical abortion should be advised that not using misoprostol could result in severe hemorrhage, even with progesterone treatment."45 The authors hypothesized that the absence of misoprostol caused these women to hemorrhage. The women who had documented use of misoprostol in our database hemorrhaged at a higher rate than those documented not to have taken misoprostol.

Reporting of Adverse Events

Although not the initial goal of this study, the analysis of the AERs revealed glaring deficiencies in the AE reporting system making it difficult to properly evaluate adverse events. When mifepristone was approved in 2000, FDA required that providers "must report any hospitalization, transfusion or other serious event to Danco Laboratories."46 This created an inherent conflict of interest as it is not in the best interest of the entities or providers to report adverse events to those regulating them. Because only severe events were reportable, this requirement likely resulted in an underestimation of moderate and mild AEs. It

⁴¹ Center for Drug Evaluation and Research. NDA 20-687. Approval Letter for MIFEPREX (mifepristone) Tablets, 200 mg to Population Council. Food and Drug Administration. Written September 28, 2000. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2000/20687appltr.htm

⁴² 2016 03 20 FDA resp to Cit Pet.pdf. Docket No. FDA-2002-P-0364. FDA. March 29, 2016. p. 31. Accessed November 13, 2020.

https://aaplog.wildapricot.org/resources/2016%2003%2020%20FDA%20resp%20to%20Cit%20Pet.pdf

⁴³ Cytotec (misoprostol tablets). Package insert. G.D. Searle; Revised November 2012. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/label/2012/019268s047lbl.pdf

⁴⁴ Creinin MD, Hou MY, Dalton L, Steward R, Chen MJ. Mifepristone Antagonization With Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial. Obstet Gynecol. 2020;135(1):158-165. doi:10.1097/AOG.0000000000003620

⁴⁵ Creinin MD, Hou MY, Dalton L, Steward R, Chen MJ. Mifepristone Antagonization With Progesterone to Prevent Medical Abortion: A Randomized Controlled Trial. Obstet Gynecol. 2020;135(1):5. doi:10.1097/AOG.0000000000003620

⁴⁶ M I F E P R E XTM(Mifepristone) Tablets, 200 mg Prescriber's agreement. Food and Drug Administration. September 28, 2000, 1-2. Accessed November 16, 2020. http://wayback.archiveit.org/7993/20170113112742/http://www.fda.gov/downloads/DrugSafety/PostmarketDrugSafetyInformationfor PatientsandProviders/ucm111364.pdf

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is also likely that some of the AEs that we coded as Mild or Moderate were actually Severe but there was not enough information in the AER for us to justify coding them as Severe. In March 2016, the FDA substantially reduced the prescribing requirements and changed the drug protocol 47 and yet at the same time eliminated reporting requirements except for deaths.⁴⁸ With the relaxation of reporting requirements, the ability to perform any relevant post-marketing evaluation of mifepristone was lost. It is imperative for the safety of women that the FDA restore and strengthen the 2011 REMS requirements.

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The information in the AERs is almost exclusively obtained from abortion providers, rather than the physician treating the complication, yet in this analysis, abortion providers managed only 39.75% of surgical complications (a number which is likely much lower since these are only the cases which are known to the abortion provider). Throughout the reports, there was also a lack of detail and many patients who were simply "lost to follow-up." This resulted in 16.80% of the AERs being Uncodable as to severity and likely under-coding of many AERs and AEs, as coding could only be assigned based on the scant information provided. Many of the AEs experienced by women were unknown to the abortion provider until the follow-up examination, which is troubling considering the poor follow-up rate and elimination of the requirement for an in-office follow up visit. Some of the patient deaths were not known to the abortion provider until they saw the death in an obituary or were contacted by an outside source. Because of this, in addition to abortion providers, hospitals, emergency departments, and private practitioners should be required to report AEs.

Complications occur in the best of hands in all areas of medicine, but as physicians, we are responsible to manage those complications and follow our patients through to resolution. The findings that: 1. the most common outcome of ongoing pregnancy was unknown outcome, 2. abortion providers performed less than half the D&Cs done for complications, and 3. a third of ectopic pregnancies (missed prior to administering the abortifacient) had unknown rupture status, leave us deeply concerned regarding the care these women received. A post-marketing requirement was that there be a "cohort-based study of safety outcomes of patients having medical abortion under the care of physicians with surgical intervention skills compared to physicians who refer their patients for surgical intervention."49 The applicant was released from this requirement because they stated that because there were so few providers

⁴⁷ GAO-18-292 Revised Mifeprex Labeling: Food and Drug Administration Information on Mifeprex Labeling Changes and Ongoing Monitoring Efforts. Report to Congressional Requesters. Food and Drug Administration. 2018. p. 7. Published March 2018. Accessed November 13, 2020. https://www.gao.gov/assets/700/690914.pdf

⁴⁸ NDA 20-687 MIFEPREX (mifepristone) Tablets, 200 mg: Risk Evaluation and Mitigation Strategy (REMS). Food and Drug Administration. 2016. p. 3, 6. Reference ID: 3909592. Published March 29, 2016. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2016/020687Orig1s020RemsR.pdf

⁴⁹ Center for Drug Evaluation and Research. NDA 20-687. Approval Letter for MIFEPREX (mifepristone) Tablets, 200 mg to Population Council. Food and Drug Administration. Written September 28, 2000. Accessed November 13, 2020. https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2000/20687appltr.htm

without surgical intervention skills, no meaningful study could be done.⁵⁰ Yet, that same year the FDA changed the provider agreement to allow non-physicians to become prescribers.⁵¹ These findings highlight the importance of follow-up and management of complications by the abortion provider. Allowing any further relaxation of mifepristone prescribing requirements will put women at an even higher risk of adverse events

Limitations and Strengths

It was not possible to calculate complication rates for mifepristone and misoprostol abortions based on AER data because there is no denominator for how many mifepristone abortions are performed in the U.S. since reporting is often voluntary and sporadic. For clarity, we specified the denominators we used.

Our analysis was limited by the fact that the number of AEs for which we received reports is likely a gross underestimation of the actual number of AEs that occurred. In our analysis, the surgical management of over half the complications was performed by someone other than the abortion provider, yet treating physicians are not required to report complications. Few reports were generated by those in Emergency Departments and hospitals who treated the complications.

Our analysis was also limited by the lack of information in the AERs, including redaction of critical dates, a paucity of diagnosis and treatment information, and lack of follow up.

Our study has several strengths. Our data comes from information provided to the FDA and is the largest analysis of AERs for mifepristone abortions. This data is publicly available under the Freedom of Information Act so that anyone can verify the data for themselves. This analysis reviews all AERs not reported in the first study by Gary.⁵² Although heavily redacted, there was sufficient information in over 80% of the AERs to evaluate severity. An objective standardized system, CTCAEv3, was used to code for severity, and each AER was coded by at least two board-certified obstetrician-gynecologists or family medicine physicians.

Conclusions and Relevance

This article is important because it augments the scant published literature on mifepristone safety.

Due to the lack of adequate reporting of adverse events, especially by those treating them, these unique AERs represent a fraction of the actual adverse events occurring in American women.

⁵⁰ 2016 03 20 FDA resp to Cit Pet.pdf. Docket No. FDA-2002-P-0364. FDA. March 29, 2016. p. 31. Accessed November 13, 2020.

https://aaplog.wildapricot.org/resources/2016%2003%2020%20%20%20FDA%20resp%20to%20Cit%20Pet.pdf

51 GAO-18-292 Revised Mifeprex Labeling: Food and Drug Administration Information on Mifeprex Labeling
Changes and Ongoing Monitoring Efforts. Report to Congressional Requesters. Food and Drug Administration. 2018.
p. 7. Published March 2018. Accessed November 13, 2020. https://www.gao.gov/assets/700/690914.pdf

⁵² Gary M, Harrison D. Analysis of Severe Adverse Events Related to the Use of Mifepristone as an Abortifacient. Ann Pharmacother. 2006 Feb 40(2):191-7. https://doi.org/10.1345/aph.1G481

Significant morbidity and mortality have occurred with the use of mifepristone as an abortifacient, including at least 24 US deaths reported by the FDA from September 2000 to December 2018. Because of this and the significant morbidity associated with this drug, the FDA should consider at a minimum reinstating the original 2011 REMS and strengthening the reporting requirements. The reporting of transfusions, hospitalizations, and other serious adverse events are essential.

Given the morbidity and mortality of undiagnosed ectopic pregnancy, a clear contraindication to the use of mifepristone, an ultrasound to confirm pregnancy location is essential before mifepristone is dispensed.

Considering the significant percentage of women with ongoing pregnancies who chose to continue their pregnancy, there must be reasonable waiting periods, parental involvement, and adequate pre-abortion counseling on all pregnancy options. It is also critical that a pregnancy registry be established.

In our analysis, the patients who used mifepristone alone had a lower rate of hemorrhage than those using mifepristone followed by misoprostol.

The FDA Adverse Event Reporting System is woefully inadequate to determine the post-marketing safety of mifepristone due to its inability to adequately assess the frequency or severity of adverse events. The reliance solely on interested parties to report, the large percentage of uncodable events, the redaction of critical clinical information unrelated to personally identifiable information, and the inadequacy of the reports highlight the need to overhaul the current AER System.

This analysis evaluated 3197 adverse events resulting from the use of mifepristone as an abortifacient and brought to light serious concerns about the safety requirements and care of women undergoing mifepristone abortion. Although complications may occur in the best of hands, and no medical procedure is without risks, safety measures must be employed to minimize these adverse outcomes. Women undergoing abortion should receive the same quality of informed consent and pre-procedural counseling that is standard of care prior to other medical treatment or surgery. It is imperative that women considering abortion be provided adequate and complete information and counseling on risks, advantages, disadvantages, and alternative options. Although there may be disagreements about the ethics of abortion, there must be total agreement that our patients—whether undergoing a medical abortion or otherwise—deserve the highest standard of medical care.

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Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient

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EXHIBIT 54

Specifications for Preparing and Submitting Electronic ICSRs and ICSR Attachments
(Apr. 2021)

Specifications for Preparing and Submitting Electronic ICSRs and ICSR Attachments

Technical Specifications Document

Associated Guidance Documents and Conformance Guide:

Draft Guidance for Industry: Providing Submissions in Electronic Format – Postmarketing Safety Reports (June 2014)

Guidance for Industry and FDA Staff: Postmarketing Safety Reporting for Combination Products (July 2019)

Draft Guidance for Industry: Providing Regulatory Submissions in Electronic Format: IND Safety Reports (October 2019)

Electronic Submissions of IND Safety Reports Technical Conformance Guide (October 2019)

For questions regarding this technical specifications document, contact the Office of Surveillance and Epidemiology, Center for Drug Evaluation and Research, Food and Drug Administration, at FAERSESUB@fda.hhs.gov; or Office of Communication, Outreach and Development, Center for Biologics Evaluation and Research, Food and Drug Administration, at CBERICSRSubmissions@fda.hhs.gov.

U.S. Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research (CDER)
Center for Biologics Evaluation and Research (CBER)

April 2021

Specifications for Preparing and Submitting Electronic ICSRs and ICSR Attachments

Revision History Table

Date	Version	Summary of Changes
2008-06-11	1.0	Initial Version
2008-08-06	1.1	Added Filename format information
2008-10-10	1.2	Updated UTF-8 to ISO-8859-1 encoding; indicated simultaneous acceptance of ICSR and ICSR attachments; provided another acceptable file extension for SGML files; and clarified use of abbreviations (NDA, ANDA, and STN)
2008-10-22	1.3	Provided clarification in Section II; updated footnote 3; and added new paragraph to Section V.C.
2013-07-05	1.4	Updated AERS to FAERS migration changes, removed references to SGML file formatting, incorporated updates from CBER
2018-02-06	1.5	Added a new section to highlight data fields for reporting ICSRs on Combination Products
2019-09-30	1.6	Added two new sections to provide regional data elements for electronic submissions of certain IND safety reports (section I) and IND-exempt Bioavailability (BA)/Bioequivalence (BE) studies (section J).
		Added an appendix (II) highlighting various case scenarios for electronic submissions of IND safety reports to FAERS.

2020-02-11	1.7	Added a new value to the data element B.4.k.1 for drug characterization to accommodate a similar device. Updated the data element B.4.k.18.2 to specify values. Updated the data element B.4.k.18.3 to use default
2020-12-18	1.8	value. Added a new regional data element A.1.FDA.16 (FDA Safety Report Type) in Table 2 Detailed Description of Administrative Tags Added section Submission Rules Added a new value to the data element B.4.k.1 and B.4.k.19 in section J. IND- exempt BA/BE Studies
2021-03-26	1.9	Updated section XML Header to include DTD 3.0 for premarketing reporting Updated the reference description to data element A.1.FDA.16 in Table 2 Detailed Description of Administrative Tags Updated section ICSR Message Header Information to include information in premarketing reporting Updated section AS2 Headers and Routing IDs for Premarketing Safety Report Submissions Updated section Submission Rules

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Specifications for Preparing and Submitting Electronic ICSRs and ICSR Attachments

This document provides current specifications for submitting individual case safety reports (ICSRs) and ICSR attachments in electronic form. The specifications apply to electronic submission of ICSRs for drug and biological products studied under an investigational new drug application (IND) (including bioequivalence studies conducted under IND), ICSRs from INDexempt bioavailability (BA)/bioequivalence (BE) studies, and ICSRs for marketed drug and biological products and combination products to the FDA Adverse Event Reporting System (FAERS). The specifications do not apply to the following marketed biological products: prophylactic vaccines, whole blood or components of whole blood, human cells, tissues, and cellular and tissue-based products (HCT/Ps) regulated by FDA.

This document discusses the technical specifications for electronic submission of ICSRs and ICSR attachments through the FDA Electronic Submissions Gateway (ESG). 1 ICSRs (and any ICSR attachments) are to be prepared in accordance with the International Council for Harmonisation (ICH) E2B(R2) data elements in extensible markup language (XML) file format for compatibility with the FAERS database. ICSRs for marketed products should not be submitted to the electronic Common Technical Document (eCTD).²

If you have not previously submitted an ICSR in electronic format to FAERS, you should contact the FAERS electronic submission coordinator at faersesub@fda.hhs.gov and they will assist you with submission of a test file.

ELECTRONIC SUBMISSIONS OF ICSRS AND ICSR ATTACHMENTS I.

Each initial ICSR or follow-up ICSR may consist of structured information and non-structured information, such as ICSR attachments.

For the FDA to process, review, and archive the ICSRs, prepare your ICSRs for electronic submission by following these steps:

- Provide a unique filename for the submission; see section II of this document.
- Add a file header and file extension; see section IV of this document.
- Populate the elements of the ICSR file; see section V of this document.

¹ For information on providing submissions using the ESG, refer to https://www.fda.gov/ForIndustry/ElectronicSubmissionsGateway/default.htm.

² See FAERS Electronic Submissions at https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Surveillance/AdverseDrugEffects/ucml15894.htm.

• If applicable, add ICSR attachments to ICSRs; see section VI of this document.

II. SUBMISSION FILE NAME

Each electronic submission of ICSRs or attachments to ICSRs must have a unique filename (e.g., your named file + date and time stamp down to the second: filename YYYYMMDDHHMMSS). You may choose your own format to maintain uniqueness.

III. ICSR ACKNOWLEDGEMENTS

A. ESG Acknowledgement

After submitting an ICSR or ICSR attachment, you should receive an ESG message delivery notice (MDN) notifying the sender of the receipt of their submission, but not acknowledging the acceptance of the submission. If the MDN is not received within 2 hours, go to the <u>ESG System Status</u> web page. If the ESG web page is non-operational, go to the <u>ESG Home Page</u> for further information.

B. FAERS Acknowledgment

The MDN is then followed by a FAERS acknowledgment within 2 hours of the ESG acknowledgement. The FAERS acknowledgement notifies the sender whether their submission has been processed. If you do not receive the FAERS acknowledgement, resubmit the ICSRs without changing the filename.

If you receive a report acknowledgement code 02, indicating that your submission did not process due to file error/s that are specified in the acknowledgment, then proceed as follows:

- For submission with a single ICSR, resubmit the corrected ICSR with a new unique filename.
- For a submission consisting of multiple ICSRs, if one or more ICSRs in the submission failed to process, separate those ICSRs from the processed ICSRs, correct them and resubmit only the corrected ICSRs as a new submission with a unique filename. For example, if there were 50 ICSRs in an original submission and 15 of them failed to process, then only those 15 ICSRs must be separated, corrected appropriately, and resubmitted with a new unique filename. The resubmission should not contain any of the previously processed ICSRs.

IV. ELECTRONIC TRANSPORT FORMAT: XML FILES

FDA accepts the data elements defined in the "Guidance for Industry E2BM Data Elements for

Transmission of Individual Case Safety Reports (April 2002)."³ The ICH E2B(R2) guidance provides additional information and clarification of the previously issued guidances.⁴

The electronic transport format also known as the Document Type Definition (DTD) for XML files is described in the associated document "XML Formatted DTD" (DTD Version 2.1, DTD Version 2.2 and DTD Version 3.0) (see links to the documents below in section C).

A. AS2 Headers and Routing IDs for Postmarketing Safety Report Submissions

For postmarketing safety report submissions, the sponsors should include the unique AS2 headers or routing IDs for safety reports and attachments in one of the two ways listed below.

- AS2 Headers
 - Destination: "CDER"
 - XML files: AERS
 - PDF's: AERS ATTACHMENTS

or

- Routing IDs
 - XML files: FDA AERS
 - PDF's: FDA AERS ATTACHMENTS

B. AS2 Headers and Routing IDs for Premarketing⁵ Safety Report Submissions

For premarketing safety report submissions, the sponsors should include the unique AS2 headers or routing IDs for premarketing safety reports and attachments, as listed below, to differentiate these reports between CDER and CBER, and from postmarketing ICSRs.

³ For information on Guidance for Industry on E2BM Data Elements for Transmission of Individual Case Safety Reports, please refer to the following:

https://www.fda.gov/downloads/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/UCM073092.pdf.

⁴ See the guidance for industry entitled *E2B Data Elements for Transmission of Individual Case Safety Reports* (January 1998) (E2B). FDA currently supports use of E2B data elements in addition to the E2BM data elements. However, it is preferred that ICSRs be submitted with E2BM data elements to allow for the most efficient processing of the submissions. For those who wish to use E2B data elements and the corresponding electronic transport format (ICH M2 Electronic Transmission of Individual Case Sa fety Reports Message Specification Final Version 2.3 Document Revision February 1, 2001 (ICH ICSR DTD Version 2.1)), please refer to documentation provided at https://www.fda.gov/downloads/drugs/ucm149932.pdf

⁵ The term premarketing sa fety report refers to IND sa fety reports and IND-exempt BA/BE studies sa fety reports.

1. Submitting premarketing safety reports for CDER IND and IND-Exempt BA/BE

- AS2 Headers
 - Destination: "CDER"
 - XML files: AERS_PREMKT_CDER
 - PDF's: AERS ATTACHMENTS PREMKT CDER

or

- Routing IDs
 - XML files: FDA AERS PREMKT CDER
 - PDF's: FDA_AERS_ATTACHMENTS_PREMKT_CDER

2. Submitting premarketing safety reports for CBER IND

- AS2 Headers
 - Destination: "CBER"
 - XML files: AERS PREMKT CBER
 - PDF's: AERS ATTACHMENTS PREMKT CBER

or

- Routing IDs
 - XML files: FDA AERS PREMKT CBER
 - PDF's: FDA AERS ATTACHMENTS_PREMKT_CBER

C. XML Header

The addition of an XML header enables FDA to process ICSRs in an XML format successfully. FDA supports only the ISO-8859-1 character set for encoding the submissions.

1. For submissions of postmarketing safety reports for drug and biological products, add the following XML header to the ICSR file:

```
<?xml version="1.0" encoding="ISO-8859-1"?>
<!DOCTYPE ichicsr SYSTEM "https://www.accessdata.fda.gov/xml/icsr-xml-v2.1.dtd">
```

2. For submissions of postmarketing safety reports for combination products, add the following XML header to the ICSR file:

```
<?xml version="1.0" encoding="ISO-8859-1"?>
```

<!DOCTYPE ichicsr SYSTEM "https://www.accessdata.fda.gov/xml/icsr-xml-</p>

v2.2.dtd">

3. For submissions of premarketing safety reports, add the following XML header to the ICSR file:

```
<?xml version="1.0" encoding="ISO-8859-1"?>
<!DOCTYPE ichicsr SYSTEM "https://www.accessdata.fda.gov/xml/icsr-xml-v3.0.dtd">
```

D. ICSR Message Header Information

1. For submissions of postmarketing drug and biological product safety reports, use the value "2.1" for the DTD Descriptor <messageformatversion>:

<messageformatversion>2.1</messageformatversion>

2. For submissions of postmarketing combination product safety reports, use the value "2.2" for the DTD Descriptor < message format version>:

<messageformatversion>2.2</messageformatversion>

3. For submissions of premarketing safety reports, use the value "3.0" for the DTD Descriptor < message format version >:

<messageformatversion>3.0</messageformatversion>

E. ICSR File Extension

Use "xml" as the file extension for ICSRs in XML format. The name of the file should be 200 characters or less, excluding the three-digit extension. FDA does not support file names with multiple periods "." or the use of any special or foreign characters except underscore "_" and dash "-".

V. DATA ELEMENTS FOR ELECTRONIC SUBMISSIONS

A. Minimum Data Elements Requirements

For a submission to be successfully processed, submit an ICSR with the minimum data elements for reporting that are appropriate for the product type. If a sponsor submits an ICSR without the minimum data elements, they will receive a FAERS acknowledgement code 02 stating that the submission was not processed (see section III.B above). The minimum data elements for reporting are provided in Table 1 and the bullets that follow list the data elements to include in an ICSR by product type.

Table 1. Minimum Data Elements

Element	Data
B.1	Identifiable Patient
A.2	Identifiable Reporter
B.2	Reaction or Event
B.4	Suspect Drug Product

- Adverse event reports submitted for unapproved prescription drug products, unapproved nonprescription drug products and products approved for marketing under an abbreviated new drug application (ANDA), biologics license application (BLA), or new drug application (NDA), including combination products should have, at a minimum, the four data elements listed in Table 1.
- Adverse event reports for compounded drugs submitted by registered outsourcing facilities should have at a minimum, a suspect product and an adverse event.
- IND safety reports should include, at a minimum, the four data elements listed in Table 1 and the IND number under which the clinical trial where the event occurred is conducted.
- Serious adverse event reports from IND-exempt BA/BE studies should include, at a minimum, the four data elements listed in Table 1 and the pre-assigned ANDA number (hereafter referred as, Pre-ANDA number).

B. Administrative and Identification Elements

For FDA to successfully process your electronic ICSR submissions, populate the administrative and identification elements as indicated in Table 2.

Table 2. Detailed Description of Administrative Tags*

Element	DTD Descriptor 2.1	Length	Element Values for DTD 2.1
A.1.9	<fulfillexpeditecriteria></fulfillexpeditecriteria>	1N	1= Yes (15-Day expedited) 2= No (non-expedited) 4= 5-Day 5= 30-Day 6= 7-Day expedited
A.1.0.1	<safetyreportid></safetyreportid>	100AN	Sender's (Case) Safety Report Unique Identifier†
A.1.10.1	<authoritynumb></authoritynumb>	100AN	Regulatory authority's case report number
A.1.10.2	<pre><companynumb></companynumb></pre>	100AN	Other sender's case report number
A.3.1.2	<senderorganization></senderorganization>	60AN	Sender identifier
A.2.3.2 [^]	<sponsorstudynumb></sponsorstudynumb>	35AN	IND or Pre-ANDA number under which the clinical trial where the event occurred is conducted
A.1.FDA.16 ^{††}	<fdasafetyreporttype></fdasafetyreporttype>	1N	1=IND Safety Report 2=IND-Exempt BA/BE Safety Report 3=Postmarketing Safety Report

^{*}Include either < company numb > or < a uthority numb > values. FDA cannot process the ICSR without one of these element values.

C. Authorization/Application Number Format

In the section designated for drug and biological products information, use the following format for the "Authorization/ Application Number" element (B.4.k.4.1) <drugauthorizationnumb> as indicated in Table 3 and described below.

• For approved drug and biological products marketed under an approved application, include the acronym "NDA" or "ANDA," followed by a space and then the number for the application (e.g., NDA 012345, ANDA 012345). For prescription drug products marketed without an approved application (Rx No Application), use "000000." For a nonprescription drug product marketed without an approved application (Non-Rx No

[†] The Sender's Safety Report Unique Identifier is comparable to the Manufacturer Report Number (also referred to as the Manufacturer Control Number (MCN)) provided on paper in FDA Form 3500A. This number is the company's unique case identification number, which is used for the life of the case. ^ For IND and IND-exempt BA/BE study safety reports only. An IND-exempt BA/BE study refers to a BA/BE study not conducted under IND.

^{††} The FDA Sa fety Report Type data element distinguishes premarketing (IND and IND-Exempt BA/BE) safety reports from postmarketing safety reports and is used to determine which reports are posted publicly. The FDA Sa fety Report Type data element is optional when using DTD 2.1 and 2.2 for postmarketing safety report submission but is mandatory when using DTD 3.0 for premarketing sa fety report submission.

Application), use "999999." For adverse event reports for compounded drug products submitted by registered outsourcing facilities, use "COMP99."

• For marketed biological products, include the appropriate acronym "BLA," "STN," or "PLA" followed by a space and the primary six-digit number (e.g., STN 123456).

Table 3. Detailed Description of Application Number Formats

Type of Application	Recommended Format
NDA/ ANDA	NDA, ANDA 012345
STN/ BLA/ PLA	STN or BLA or PLA 123456
Rx No Application	000000
Non-Rx No Application	999999
Compounded Products	COMP99

D. Unique Case Identification Numbers for Initial and Follow-Up ICSRs

For the follow-up ICSR safety reports to be correctly linked to your initial ICSR report, follow these steps:

- Use the same <safetyreportid> for the E2BM elements in section A.1.0.1 for the initial ICSR and any of its follow-up ICSRs; this allows the follow-up report to be linked to the initial report in the FAERS database.
- If the initial ICSR was submitted on paper but its follow-up ICSR is submitted electronically, include the Manufacturer Control Number (MCN) listed in Box G9 of the FDA paper Form 3500A from the initial report in both A.1.0.1 <safetyreportid> and in A.1.10.2 <companynumb> field in the follow-up electronic submission.
- Always use the <safetyreportid> that was assigned to the initial ICSR when submitting follow-up reports. If you need to change the <safetyreportid> internally, note the internally reassigned <safetyreportid> in the narrative section of the follow-up report (i.e., element B.5.1) (e.g., "This ICSR has been reassigned to the Company ID number COA12345"). Do not use the internally reassigned <safetyreportid> for any follow-up reports.
- In the event that an incorrect <safetyreportid> has been used in a follow-up report, contact the FAERS electronic submission coordinator at faersesub@fda.hhs.gov so that the follow-up ICSR can be matched to the initial ICSR.

E. MedDRA Specific Elements

Use the ICH Medical Dictionary for Regulatory Activities (MedDRA) to code medical

terminology.⁶ When possible, use the Lowest Level Term (LLT), and record the LLT as the MedDRA numeric code rather than the LLT name (e.g., the LLT name is Rash; the MedDRA numeric code for LLT Rash is 10378444).

1. Reaction/Event

a) Reaction/Event as reported by the primary source field

Record the original reporter's words verbatim and/or use short phrases to describe the reaction/event in element (B.2.i.0).

b) Reaction/Event MedDRA Term LLT numeric code or text field

Record the MedDRA LLT that most closely corresponds to the term reported by the original reporter in element (B.2.i.1).

c) Reaction/Event MedDRA Preferred Term (PT) numeric code or text field

Record the MedDRA PT that most closely corresponds to the term reported by the original reporter in element (B.2.i.2).

2. Other E2B Elements

For the E2B elements listed in Table 4, use either MedDRA text or, preferably, the corresponding numeric code.

Table 4. Additional E2B Elements for Preferred MedDRA Coding

Element	DTD Descriptor 2.1	Length
B.1.7.1a.2	<patientepisodename></patientepisodename>	250 AN
B.1.8f.2	<pre><patientdrugindication></patientdrugindication></pre>	250 AN
B.1.8g.2	<pre><patientdrugreaction></patientdrugreaction></pre>	250 AN
B.1.9.2b	<patientdeathreport></patientdeathreport>	250 AN
B.1.9.4b	<pre><patientdetermineautopsy></patientdetermineautopsy></pre>	250 AN
B.1.10.7.1a.2	<pre><parentmedicalepisodename></parentmedicalepisodename></pre>	250 AN
B.1.10.8f.2	<pre><parentdrugindication></parentdrugindication></pre>	250 AN
B.1.10.8g.2	<pre><parentdrugreaction></parentdrugreaction></pre>	250 AN
B.3.1c	<testname></testname>	100 AN
B.4.k.11b	<drugindication></drugindication>	250 AN
B.4.k.17.2b	<drugrecuraction></drugrecuraction>	250 AN
B.4.k.18.1b	<drugreactionasses></drugreactionasses>	250 AN
B.5.3b	<senderdiagnosis></senderdiagnosis>	250 AN

⁶ Companies can license MedDRA from an international maintenance and support services organization (MSSO) (toll free number 877-258-8280; Direct 571-313-2574; fax 571-313-2345; e-mail MSSOhelp@mssotools.com).

_

F. Drug Description and Case Narrative Elements

To ensure the successful processing of your electronic ICSR submission, applicants are advised to populate the drug description and narrative elements as indicated in Table 5.

 Table 5.
 Detailed Description of Drug(s) and Narrative Elements*

Element	DTD Descriptor 2.1	Length	Element Values for DTD 2.1
B.4.k.1	<drugcharacterization></drugcharacterization>	1N	1=Suspect
			2=Concomitant
			3=Interacting
			4=Drug not administered
B.4.k.2.1	<medicinalproduct></medicinalproduct>	70AN	Proprietary Medicinal Product Name
B.4.k.2.2	<activesubstancename></activesubstancename>	100AN	Drug Substance Name
B.5.1	<narrativeincludeclinical></narrativeincludeclinical>	20000AN	Case Narrative

^{*}Include < medicinal product > and/or < a ctive substance name >. FDA cannot process the ICSR without at least one of these elements.

1. Recording Multiple Drugs

If you are submitting safety reports for products containing multiple drugs, you should follow these steps:

- List the proprietary drug product name in element (B.4.k.2.1) and/or list the drug substance name in element (B.4.k.2.2).
- List the characterization of each reported drug's role, such as suspect, concomitant, interacting, drug not administered, or similar device in element (B.4.k.1).

2. Medicinal Product Name and Active Drug Substance Name

FDA validates medicinal product names to the available Structured Product Labeling (SPL)⁷, the submitted label (as ICSR attachment), and the Substance Registration System (SRS). These are further described below:

• When the product has an SPL, use the same naming convention as it appears in the SPL when submitting the ICSR.

[†]Appendix I lists various examples of correct drug element formats.

⁷ The SPL is a document markup standard approved by Health Level Seven (HL7) and adopted by FDA as a mechanism for exchanging product and facility information. See https://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm.

- When submitting a product label as an attachment to an ICSR, use the name as it appears on the submitted product label.
- If no medicinal product is named and only the active substance is named, use the name of the active substance as it appears in the SRS.8

3. Case Narrative

a) Initial ICSR

Record all case narrative information including clinical course, therapeutic measures, outcome, and all additional relevant information in element (B.5.1). If the information exceeds the field length, consider describing the information using fewer words. Although the use of only the most widely used medical abbreviations is permissible if necessary, their use should be limited when possible.

b) Follow-up ICSR

Record both new information and corrections to previously submitted ICSRs in element (B.5.1).

G. Other Data Elements

1. Dosage Information Field

If dosage information cannot be captured in the structured fields in B.4.k.5, then use the element (B.4.k.6) <drugdosagetext>.

2. Pharmaceutical Form Field

Record the pharmaceutical form in element (B.4.k.7) < drugdosage form>. FDA accepts the European Medicines Agency (EMA) dosage codes or text. 9

3. Route of Administration Field

Code the route of administration in element (B.4.k.8) <drugadministrationroute> as described in the ICH E2B(R2) guidance.

4. Receiver Field (A.3.2)

Complete the receiver using the code or text listed in Table 6.

⁸ https://www.fda.gov/ForIndustry/DataStandards/SubstanceRegistrationSystem-UniqueIngredientIdentifierUNII/default.htm.

⁹ For a complete list of EMA dosage form codes and text, please refer to https://www.ema.europa.eu/documents/other/list-pharmaceutical-dosage-forms en.xls

Table 6. Receiver Information

Element	DTD Descriptor 2.1	Code or Text
A.3.2.1	<receivertype></receivertype>	2
A.3.2.2a	<receiverorganization></receiverorganization>	FDA
A.3.2.2b	<receiverdepartment></receiverdepartment>	Office of Surveillance and Epidemiology
A.3.2.2d	<receivergivename></receivergivename>	FAERS
A.3.2.3a	<receiverstreetaddress></receiverstreetaddress>	10903 New Hampshire Avenue
A.3.2.3b	<receivercity></receivercity>	Silver Spring
A.3.2.3c	<receiverstate></receiverstate>	MD
A.3.2.3d	<receiverpostcode></receiverpostcode>	20993
A.3.2.3e	<receivercountrycode></receivercountrycode>	US
A.3.2.31	<receiveremailaddress></receiveremailaddress>	faersesub@fda.hhs.gov

5. Message Receiver Field (M.1.6)

The following two message receiver identifiers are used by FDA to distinguish between test and production submissions:

- Test ICSRs: <messagereceiveridentifier>ZZFDATST</messagereceiveridentifier>
- Production ICSRs: <messagereceiveridentifier>ZZFDA</messagereceiveridentifier>

H. Data Elements for Electronic Submissions of Safety Reports for Postmarketing Combination Products

To ensure the successful processing of your electronic ICSR submission for a marketed drug- or therapeutic biologic led- combination product (e.g., a combination product containing a drug/biologic and device and marketed under an NDA or a BLA), you should populate the data elements indicated in Table 7.

Note: Some of the DTD descriptors listed in Table 7 are under existing E2B(R2) header elements, and some DTD descriptors are under new data elements. Those data element numbers that are new, have the word "FDA" incorporated into the number and are U.S.-specific regional elements related to reporting on combination products.

 Table 7.
 Combination Product Data Elements

Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
M.1.2	<messageformatversion></messageformatversion>	Message Format Version	Version number of Message Format	3AN	2.2	Use value 2.2 if using icsr-xml-v2.2.dtd Use value 2.1 if using icsr-xml-v2.1.dtd
A.1	<safetyreport></safetyreport>	Header/ Entity	Identification of the case safety report			
A.1.9	<fulfillexpeditecriteria></fulfillexpeditecriteria>	Does this case fulfill the local criteria for an expedited report		1N	1=Yes 2=No 4=5-Day 5=30-Day	Element values= 1 for 15-Day Expedited* and 2 for periodic non-expedited† Element value= 4 for remedial action to prevent an unreasonable risk of substantial harm to the public health Element value= 5 for malfunction with no associated adverse event Do not use element value of 3.
A.1.FDA.15	<combinationproductreport></combinationproductreport>	Combination Product Report Flag	Combination Product Report Flag	1N	1=Yes 2=No	
A.2	<pre><pre><pre><pre></pre></pre></pre></pre>	Primary source(s) of information	Header/ Entity		Area below should be a repeatable block	

Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
A.2.1		Primary source(s)	Header			
A.2.1.3.FDA.4	<reporteremailaddress></reporteremailaddress>	Reporter's Email Address		100AN		
B.1.1	<patientinitial></patientinitial>	Patient	Patient Identifier	10AN		If a single report is reported for a malfunction with no adverse event, the element value should be "NONE." If there are multiple malfunction reports with no adverse event, then the element value should be "SUMMARY."
B.4	<drug></drug>	Drug(s) Information	Header/ Entity		Area below should be a repeatable block	
B.4.k.1	<drugcharacterization></drugcharacterization>	Characterizat ion of drug role		1N	1=Suspect 2=Concomitant 3=Interacting 5=Similar Device	If the product in the report is about a similar device, the element value should be 5=Similar Device.
B.4.k.2		Drug Identification	Header			
B.4.k.2.4.FDA.1a	<expirationdateformat></expirationdateformat>	Expiration date format	Product Expiration date	3N	102=CCYYMM DD 610=CCYYMM 602=CCYY	
B.4.k.2.4.FDA.1b	<expirationdate></expirationdate>	Expiration date	Product Expiration date	8N		

Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
B.4.k.2.FDA.5	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	Product	Indicate whether	1N	1=Yes	
		available for	product is		2=No	
		evaluation	available for		3=Return	
			evaluation			
B.4.k.2.6.FDA.1a	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	Product	Date Format	3N	102=CCYYMM	
		return date			DD	
		format			610=CCYYMM	
					602=CCYY	
B.4.k.2.6.FDA.1b	<pre><pre><pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre></pre></pre>	Product	Date when	8N		
		return date	Product was			
			returned			
B.4.k.20.FDA.1	 brandname>	Brand Name	The trade or	80AN		At least one of the 3 must be
			proprietary name			reported brandname> or
			of the device			<commondevicename> or</commondevicename>
			constituent part			<pre><pre><pre><pre>productcode> for the device</pre></pre></pre></pre>
			of the suspect			constituent part
			combination			
			product as used			
			in product			
			labeling or in the			
			catalog			
B.4.k.20.FDA.2	<commondevicename></commondevicename>	Common	Generic or	80AN		At least one of the 3 must be
		Device Name	common name of			reported brandname> or
			the device			<commondevicename> or</commondevicename>
			constituent part			<pre><pre><pre><pre>for device</pre></pre></pre></pre>
			of the suspect			constituent part
			combination			
			product or a			
			generally			
			descriptive name			
B.4.k.20.FDA.3	<pre><pre><pre><pre><pre><pre></pre></pre></pre></pre></pre></pre>	Product Code	Product code	3AN	http://www.acce	At least one of the 3 must be

				<u> </u>	Element Values	
Data Element	DTD Descriptor 2.2	Title	Description	Length	for DTD 2.2	Notes
			assigned to the		ssdata.fda.gov/p	reported brandname> or
			device		remarket/ftparea	<commondevicename> or</commondevicename>
			constituent part		/foiclass.zip	<pre><pre><pre><pre>for device</pre></pre></pre></pre>
			based upon the			constituent part
			medical device			
			product			
			classification			
B.4.k.20.FDA.4	<manufacturer></manufacturer>	Manufacturer	Header/ Entity			
B.4.k.20.FDA.4a	<manufacturername></manufacturername>	Device	Manufacturer	100AN		
		Manufacturer	name of the			
		Name	device			
			constituent part			
			of the suspect			
			combination			
			product			
B.4.k.20.FDA.4b	<manufactureraddress></manufactureraddress>	Manufacturer	Manufacturer	100AN		
		Address	address of the			
			device			
			constituent part			
			of the suspect			
			combination			
			product			
B.4.k.20.FDA.4c	<manufacturercity></manufacturercity>	Manufacturer	Manufacturer	35AN		
		City	city of the device			
			constituent part			
			of the suspect			
			combination			
			product			
B.4.k.20.FDA.4d	<manufacturerstate></manufacturerstate>	Manufacturer	Manufacturer	40AN		
		State	state of the			
			device			

Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
			constituent part of the suspect			
			combination product			
B.4.k.20.FDA.4e	<manufacturercountry></manufacturercountry>	Manufacturer Country	Manufacturer country of the device	2AN	ISO3166	
			constituent part of the suspect combination product			
B.4.k.20.FDA.5	<modelnumber></modelnumber>	Model Number	Model number of the device constituent part	30AN		
B.4.k.20.FDA.6	<catalognumber></catalognumber>	Catalog Number	Catalog number of the device constituent part	30AN		
B.4.k.20.FDA.7	<serialnumber></serialnumber>	Serial Number	Serial number of the device constituent part	30AN		
B.4.k.20.FDA.8	<udinumber></udinumber>	Unique Identifier UDI#	Unique identifier of the device constituent part	50AN		
B.4.k.20.FDA.9a	<dateimplantedformat></dateimplantedformat>	Device Implant Date Format	Date format of device implant in the patient	3N	102=CCYYMM DD 610=CCYYMM 602=CCYY	For medical devices that are implanted in the patient, provide the implant date or best estimate. If day is unknown, month and year are acceptable. If month and day are unknown, year is acceptable

Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
B.4.k.20.FDA.9b	<dateimplanted></dateimplanted>	Device Implant Date	Date of device implant in the patient	8N	101 101 10 2.2	For medical devices that are implanted in the patient, provide the implant date or best estimate. If day is unknown, month and year are acceptable. If month and day are unknown, year is acceptable
B.4.k.20.FDA.10a	<dateexplantedformat></dateexplantedformat>	Device Explant Date Format	Date format of device explant from the patient	3N	102=CCYYMM DD 610=CCYYMM 602=CCYY	If an implanted device was removed from the patient, provide the explant date or best estimate. If day is unknown, month and year are acceptable. If month and day are unknown, year is acceptable
B.4.k.20.FDA.10b	<dateexplanted></dateexplanted>	Device Explant Date	Date of device explant from the patient	8N		If an implanted device was removed from the patient, provide the explant date or best estimate. If day is unknown, month and year are acceptable. If month and day are unknown, year is acceptable
B.4.k.20.FDA.11a	<deviceage></deviceage>	Approximate age of device/ product	Age of device constituent part	5N		
B.4.k.20.FDA.11b	<deviceageunit></deviceageunit>	Approximate age unit of device/	Age unit of device constituent part	3N	800=Decade 801=Year 802=Month	

D. A. El 4	DED D	TD*41	D	T	Element Values	NT. 4
Data Element	DTD Descriptor 2.2	Title	Description	Length	for DTD 2.2	Notes
		product			803=Week	
					804=Day	
					805=Hour	
B.4.k.20.FDA.12	<labeledsingleusedevice></labeledsingleusedevice>	Single Use	Indicate whether	1N	1=Yes	
		Device	the device		2=No	
			constituent part			
			was labeled for			
			single use or not			
B.4.k.20.FDA.13a	<devicemanufacturedateformat></devicemanufacturedateformat>	Device	Device	3N	102=CCYYMM	
		Manufacture	Manufacture		DD	
		Date Format	Date format		610=CCYYMM	
					602=CCYY	
B.4.k.20.FDA.13b	<devicemanufacturedate></devicemanufacturedate>	Device	Device	8N		
		Manufacture	Manufacture			
		Date	Date			
B.4.k.20.FDA.14		Remedial	Header			
		action				
		initiated/				
		Remedial				
		action taken				
		for the				
		product				
B.4.k.20.FDA.14.1	<remedialactionrecall></remedialactionrecall>	Recall	Recall initiated	1N	1=Yes	
a					2=No	
B.4.k.20.FDA.14.1	<remedialactionrepair></remedialactionrepair>	Repair	Repair initiated	1N	1=Yes	
b	_				2=No	
B.4.k.20.FDA.14.1	<remedialactionreplace></remedialactionreplace>	Replace	Replace initiated	1N	1=Yes	
С					2=No	
B.4.k.20.FDA.14.1	<remedialactionrelabel></remedialactionrelabel>	Relabeling	Relabeling	1N	1=Yes	
d			initiated		2=No	
B.4.k.20.FDA.14.1	<remedialactionnotify></remedialactionnotify>	Notification	Notification	1N	1=Yes	

Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
e			initiated		2=No	
B.4.k.20.FDA.14.1	<remedialactioninspection></remedialactioninspection>	Inspection	Inspection	1N	1=Yes	
f			initiated		2=No	
B.4.k.20.FDA.14.1	<remedialactionpatientmonitor></remedialactionpatientmonitor>	Patient	Patient	1N	1=Yes	
g		monitoring	monitoring		2=No	
B.4.k.20.FDA.14.1	<remedialactionmodifyadjust></remedialactionmodifyadjust>	Modification/	Modification/	1N	1=Yes	
h		Adjustment	Adjustment		2=No	
			initiated			
B.4.k.20.FDA.14.1i	<remedialactionother></remedialactionother>	Other	Other Remedial	75AN		
			Action initiated			
B.4.k.20.FDA.15	<deviceusage></deviceusage>	Device	Indicate the use	1N	1=Initial Use of	
		Usage	of the device		Device	
			constituent part		2=Reuse	
			of the suspect		3=Unknown	
			combination			
			product			
B.4.k.20.FDA.16	<devicelotnumber></devicelotnumber>	Device Lot	Lot number of	35AN		
		Number	the device			
			constituent part			
			of the suspect			
			combination			
			product			
B.4.k.20.FDA.17	<malfunction></malfunction>	Malfunction	Malfunction of	1N	1=Yes	
			product		2=No	
B.4.k.20.FDA.18		Follow-up	Header			
		type				
B.4.k.20.FDA.18.1	<followupcorrection></followupcorrection>	Correction	Correction	1N	1=Yes	
a					2=No	
B.4.k.20.FDA.18.1	<followupadditionalinfo></followupadditionalinfo>	Additional	Additional	1N	1=Yes	
b		information	information		2=No	
B.4.k.20.FDA.18.1	<followupresponsetofda></followupresponsetofda>	Response to	Response to FDA	1N	1=Yes	

				1		
Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
С		FDA request	request		2=No	
B.4.k.20.FDA.18.1	<followupdeviceevaluation></followupdeviceevaluation>	Device	Device	1N	1=Yes	
d		Evaluation	Evaluation		2=No	
B.4.k.20.FDA.19	<deviceproblemandevaluation></deviceproblemandevaluation>	Device	Header/ Entity		Area Below	
		Problem and			Should be a	
		evaluation			Repeatable	
		codes			Block	
B.4.k.20.FDA.19.1	<evaluationtype></evaluationtype>	Evaluation	Type of problem	2N	01=Device	
a		Type	and/or the		Problem	
			evaluation		02=Method	
					03=Result	
					04=Conclusion	
B.4.k.20.FDA.19.1	<evaluationvalue></evaluationvalue>	Evaluation	The FDA code	6N		The value depends on the
b		Value	value based on			respective <evaluationtype></evaluationtype>
			the respective			
			evaluation type			If <evaluationtype> = 01></evaluationtype>
						https://www.fda.gov/media/14
						6825/download
						If <evaluationtype> = 02></evaluationtype>
						https://www.fda.gov/media/14
						6827/download
						If <evaluationtype> = 03></evaluationtype>
						https://www.fda.gov/media/14
						6828/download
						If <evaluationtype> = 04></evaluationtype>
						https://www.fda.gov/media/14
						6829/download
B.4.k.20.FDA.20	<operatorofdevice></operatorofdevice>	Operator of	Operator of the	100AN		Use the value "Health

Data Element	DTD Descriptor 2.2	Title	Description	Length	Element Values for DTD 2.2	Notes
		the Device	Device			Professional" or "Lay
						User/Patient." If none
						applicable, then specify the
						"Other" value

^{* 21} CFR 314.80(c)(1) and 600.80(c)(1) use the term "15-day Alert reports." In the combination product PMSR final rule (21 CFR 4.101), these reports are defined as "Fifteen-day reports."

[†] Periodic non-expedited ICSRs are the reports required under 21 CFR 314.80(c)(2)(ii)(B) and 21 CFR 600.80(c)(2)(ii)(B) for serious, expected and nonserious adverse drug experiences.

I. Data Elements for Electronic Submissions of IND Safety Reports

To ensure the successful processing of your electronic IND ICSR submission, you should populate the following data elements as described in Table 8.

 Table 8.
 Investigational New Drug Clinical Data Elements

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
A.1.4	<reporttype></reporttype>	Type of Report		1N	1=Spontaneous 2=Report from Study 3=Other 4=Not Available to Sender (unknown)	Element value= 2 for Report from Study
A.1.9	<fulfillexpeditecriteria></fulfillexpeditecriteria>	Does this case fulfill the local criteria for an expedited report?		1N	1=Yes 2=No 4=5-Day 5=30-Day 6=7-Day	Element value=1 for 15- Day Expedited Element value=6 for 7- Day Expedited
A.1.12	linkreportnumb>	Identification Number of the report which is linked to this report		100AN		Used to link all individual cases (safetyreportid) that make up an IND Safety Report submitted as a result of an Aggregate Analysis as per 312.32(c)(1)(i)(C) or for several events

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
						submitted as per (312.32(c)(1)(i)(B)) when a Narrative Summary Report is provided, this field should be populated in the IND Safety Report that contains the Narrative Summary Report.
A.2.3.1	<studyname></studyname>	Study Name		100AN	Study ID_\$Abbreviated Trial Name	The Study ID should be the same value used in the study tagging file format of the eCTD submission.
A.2.3.2	<sponsorstudynumb></sponsorstudynumb>	Sponsor Study Number		35AN	IND number under which the clinical trial where the event occurred is conducted Use the "Parent" IND number* for reports submitted from an Aggregate Analysis as per (312.32(c)(1)(i)(C)) or for several events	Populate this field with the Primary IND in the first block and repeat block A.2 with elements A.2.3.2 and A.2.3.3.as noted below with element value= 5 for sponsor's other INDs evaluating suspect product (where applicable) Include the acronym "IND" followed by a space and then the IND

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
					submitted as per	number for the
					(312.32(c)(1)(i)(B)),	application (e.g. IND
					from trials	123456)
					conducted under	See Appendix II (Case
					more than one IND	Scenarios) for additional
						information on how to
						submit reports from sponsor's other INDs
						(Cross-reporting).
A.2.3.3	<observestudytype></observestudytype>	Study type in		1N	1= Clinical Trials	Required if element value
A.2.3.3	<00scrvestudy type>	which the		111	1 - Chilical Illais	for A.1.4 is 2=Report
		Reaction(s)/			2= Individual Patient	from Study
		Event(s)			Use (e.g.,	Trom Stady
		were			'Compassionate	Repeat this field as
		observed			Use' or 'Named	needed with element
					Patient Basis')	value= 5 for each Cross-
					,	reported IND.
					3= Other Studies	
					(e.g.,	The first block of this
					Pharmacoepidemiolo	element in the report
					gy,	must not be 5.
					Pharmacoeconomics,	
					Intensive	If element value 4 is
					Monitoring)	chosen, then A.1.9=1.
					4= Report from	See Appendix II (Case

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
					Aggregate Analysis as per 312.32(c)(1)(i)(C) or	Scenarios) for additional information on how to submit reports from an
					for several events submitted as per	Aggregate Analysis.
					312.32(c)(1)(i)(B) if a Narrative	
					Summary Report is provided	
					5= Cross-reported IND Safety Report	
B.1.1	<pre><patientinitial></patientinitial></pre>	Patient		10AN		For a report from an
		Identifier				Aggregate Analysis as
						per 312.32(c)(1)(i)(C) or
						for several events
						submitted as per
						312.32(c)(1)(i)(B) if a
						Narrative Summary
						Report is provided, the element value should be
						"AGGREGATE"
B.4.k.2.1	<medicinalproduct></medicinalproduct>	Proprietary		70AN		For investigational drug
		Medicinal				and biological products
		Product				without an established
		Name				name (i.e. INN or USAN

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
						name), prior to submitting IND safety reports to FAERS, the sponsor should submit a clinical information amendment to the IND, listing the names of the active drug substance/s and the medicinal product as they will be reported in E2B file submissions. The names should fit within the established E2B character length limits. Use company product code if no established name, for multiingredient products, or if
						name exceeds character length
B.4.k.2.2	<activesubstancename></activesubstancename>	Active Drug Substance Names		100AN		
B.4.k.18	<drugreactionrelatedness></drugreactionrelatedness>	Relatedness of Drug to				For IND Safety Reports, at least one suspect

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
		Reaction/ Event				product should have relatedness of drug to reaction/ event
B.4.k.18.1a	<pre><drugreactionassesmeddra version=""></drugreactionassesmeddra></pre>	MedDRA Version for Reaction Assessed		8AN		
B.4.k.18.1b	<drugreactionasses></drugreactionasses>	Reaction Assessed		250AN		
B.4.k.18.2	<drugassessmentsource></drugassessmentsource>	Source of Assessment		60AN		Use the value "Sponsor" or "Investigator". Include sponsor and investigator assessment when reporting both in separate blocks
B.4.k.18.3	<drugassessmentmethod></drugassessmentmethod>	Method of Assessment		35AN		Use the value "FDA".
B.4.k.18.4	<drugresult></drugresult>	Result		35AN	1=Suspected 2=Not suspected	For IND Safety Reports, at least one suspect product should have relatedness of drug to reaction/ event
B.5.1	<narrativeincludeclinical></narrativeincludeclinical>	Case Narrative Including Clinical		20,000 AN		FDA strongly encourages sponsors to construct narratives that fit within the ICH E2B character

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
		Course,				limit of 20,000 AN. If
		Therapeutic				your narrative exceeds
		Measures,				this limit, sponsors
		Outcome,				should include as much
		and				of the narrative as
		Additional				possible in this field and
		Relevant				submit an ICSR
		Information				attachment for any text
						that exceeds the character
						limit. Sponsors should
						not submit an ICSR
						attachment containing the
						entire narrative and leave
						the case narrative field
						empty.
						For reports from
						Aggregate Analysis as
						per 312.32(c)(1)(i)(C) or
						for several events
						submitted as per
						312.32(c)(1)(i)(B) where
						PDF is attached, put "see
						attached Narrative
						Summary Report" in this field.

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
B.5.4	<sendercomment></sendercomment>	Sender's		2000		Identification and
		Comments		AN		analysis of previously
						submitted events (as
						required by 312.32(c)(1))
						should be reported in this
						field.

^{*} The "parent IND" is the IND under which clinical investigations were initiated in the United States. (If the drug is being evaluated in multiple INDs, this is generally the IND with the lowest number.) NOTE: This may not be the same as the first A.2.3.2 block if the drug is being evaluated under multiple INDs.

NOTE: See <u>FAERS Webpage</u> for case scenario examples for reporting IND safety reports (e.g., IND safety reports where the sponsor is evaluating suspect product under more than one IND, IND safety reports that are a result of an aggregate analysis, and IND safety reports with unapproved and approved drugs listed as suspect products).

J. Data Elements for Electronic Submissions of ICSRs from IND-Exempt Bioavailability (BA)/ Bioequivalence (BE) Studies

For successful processing of your electronic ICSRs submissions for a BA/BE study not conducted under an IND, you should populate the following data elements as described in Table 9.

Table 9. Data Elements for IND-Exempt BA/BE Studies

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
A.1.4	<reporttype></reporttype>	Type of Report		1N	1=Spontaneous 2=Report from Study 3=Other 4=Not Available to Sender (unknown)	Element value= 2 for Report from Study

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
A.1.9	<fulfillexpeditecriteria></fulfillexpeditecriteria>	Does this Case Fulfill the Local Criteria for an Expedited Report?		1N	1=Yes 2=No 4=5-Day 5=30-Day 6=7-Day	Element value=1 for 15-Day Expedited Or Element value=6 for 7-Day Expedited
A.2.3.1	<studyname></studyname>	Study Name		100AN	Abbreviated Trial Name	
A.2.3.2	<sponsorstudynumb></sponsorstudynumb>	Sponsor Study Number		35AN	Pre-ANDA number for the IND-Exempt BA/BE Studies	Include the acronym "Pre-ANDA" followed by a space and then the Pre-ANDA number for the application (e.g. Pre-ANDA 123456)
A.2.3.3	<observestudytype></observestudytype>	Study Type in Which the Reaction(s)/ Event(s) were Observed		1N	1= Clinical Trials 2= Individual Patient Use (e.g., 'Compassionate Use' or 'Named Patient Basis') 3= Other Studies (e.g., Pharmacoepidemiology, Pharmacoeconomics, Intensive Monitoring) 4= Report from Aggregate Analysis as per 312.32(c)(1)(i)(C) or for	Element value="1" for Clinical Trials.

Data Element	DTD Descriptor 3.0	Title	Description	Field Length	Element Values for DTD 3.0	Notes
					Several Events Submitted as per 312.32(c)(1)(i)(B) if a Narrative Summary Report is Provided 5= Cross-Reported IND	
B.4.k.2.1	<medicinalproduct></medicinalproduct>	Proprietary Medicinal Product Name		70AN	Safety Report	
B.4.k.1	<drugcharacterization></drugcharacterization>	Characterization of drug role		1N	1 = Suspect 2 = Concomitant 3 = Interacting 4 = Drug not administered	For no exposure to a study drug use 4=Drug not administered
B.4.k.2.2	<activesubstancename></activesubstancename>	Active Drug Substance Name		100AN		
B.4.k.19	<drugadditional></drugadditional>	Additional Information on Drug		100AN	1 = Test drug 2 = Reference drug 3 = Placebo/Vehicle 4 = Control (negative or positive) 5 = Other drug	Specify whether the product exposed is the Test drug, Reference drug, Placebo, Vehicle, Control or Other drug

VI. ELECTRONIC FORMAT FOR ICSR ATTACHMENTS

FDA can accept and archive ICSR attachments in PDF format. Currently approved formats for the non-structured component of an ICSR, such as ICSR attachments, are PDF versions 1.4 (current ICH standard) or 1.6 (current version in use at FDA). An ICSR attachment should be electronically submitted to FAERS after the associated ICSR has been submitted and accepted by FAERS.

A. Converting the ICSR Attachment to PDF

Applicants should provide an individual PDF file for each ICSR attachment. If you are submitting multiple ICSR attachments for a particular ICSR, include each attachment in the same PDF file and provide a PDF bookmark to distinguish each attachment. For example, if you are submitting a hospital discharge summary and an autopsy report for a single ICSR, include both in a single PDF file with a bookmark to the hospital discharge summary and a bookmark to the autopsy report.

B. Identification Information in the PDF Document Information Fields

Each PDF file contains fields to be completed by the author of the document. FAERS uses these fields to locate and retrieve the attachments to specific ICSRs. To enable FDA to match the attachment(s) to the correct ICSR, applicants should fill in the PDF document information fields with the appropriate E2B(R2) data elements for the ICSR as indicated in Table 10.

Table 10. Document Information Fields in ICSR Attachments

PDF Document Information Field	Include/ Optional	Document Information*	Length
Title	Include	A.1.0.1 <safetyreportid> Sender's (Case) Safety Report Unique Identifier</safetyreportid>	100AN
Subject	Include	A.1.10.1 <authoritynumb> Regulatory Authority's Case Report Number OR A.1.10.2 <companynumb> Other Sender's Case Report Number</companynumb></authoritynumb>	100AN
Author	Optional	A.1.11.2 <duplicatenumb> Other Identification Number</duplicatenumb>	100AN
Keywords	Optional	A.1.7b < receiptdate > Date of Receipt of the Most Recent Information for this ICSR	8N

^{*} The information refers to the data elements in E2B(R2)

In addition:

- Use the ISO-8859-1 character set for the information fields.
- Do not exceed the character length indicated above for each information field.
- Avoid creating any custom fields with names identical to the information fields listed in Table 10.

If you need assistance, you can contact the FAERS electronic submission coordinator at faersesub@fda.hhs.gov.

VII. SUBMISSION RULES

The submission rules define the condition that shall result in a negative acknowledgement and not be accepted by FAERS.

 Table 111.
 Submission Rules and Acknowledgement Status

Data Element	DTD Descriptor 2.1/2.2/3.0	Rejection Rule Description	Acknowledgement
NA	NA	ICSR submitted via AS2 Header where XML file: AERS or Routing ID where XML file: FDA_AERS and using DTD 3.0	reportacknowledgmentcode (B.1.8) = 02
NA	NA	ICSR submitted via AS2 Header where XML file: AERS_PREMKT or Routing ID where XML file: FDA_AERS_PREMKT and using DTD 2.1 or 2.2	reportacknowledgmentcode (B.1.8) = 02
A.1.FDA.16	<fdasafetyreporttype></fdasafetyreporttype>	ICSR submitted via AS2 Header where XML file: AERS_PREMKT or Routing ID where XML file: FDA_AERS_PREMKT using DTD 3.0 and data value is empty	reportacknowledgmentcode (B.1.8) = 02
A.2.3.2	<sponsorstudynumb></sponsorstudynumb>	ICSR submitted via AS2 Header where XML file: AERS_PREMKT or Routing ID where XML file: FDA_AERS_PREMKT using DTD 3.0 and data value is empty or not prefixed with 'IND' or 'Pre-ANDA'	reportacknowledgmentcode (B.1.8) = 02

APPENDIX I. EXAMPLES OF CORRECT AND INCORRECT APPLICATION NUMBER AND DRUG ELEMENT FORMATS

Table 122. Examples of Application Number Formats and Drug Element Formats

	Examples of Application Number Format	Comment
Correct	<pre><drugauthorizationnumb>NDA 012345</drugauthorizationnumb></pre>	
Correct	<pre><drugauthorizationnumb>BLA 123456</drugauthorizationnumb></pre>	
Correct	<pre><drugauthorizationnumb>NDA 012345</drugauthorizationnumb></pre>	
	<pre><drugauthorizationholder>COMPANYX</drugauthorizationholder></pre>	
Incorrect	<pre><drugauthorizationnumb>123456/10300</drugauthorizationnumb></pre>	Use the appropriate prefix for the NDA/ANDA/STN/BLA/PLA. Do not include additional data after the
		application number
Incorrect	<pre><drugauthorizationnumb>NDA 12-345;IND12,345 </drugauthorizationnumb></pre>	Omit hyphens and commas in the application number. Do not populate the tag with two application numbers
Incorrect	<pre><drugauthorizationnumb>OTC Product</drugauthorizationnumb></pre>	For a non-prescription drug product marketed without an approved application (Non-Rx No Application), use "999999"
Incorrect	<drugauthorizationnumb>NDA</drugauthorizationnumb>	Do not populate the company name in the
	012345(COMPANYX)	<drugauthorizationnumb> tag</drugauthorizationnumb>
	<pre><drugauthorizationholder></drugauthorizationholder></pre>	

	Examples of Application Number Format	Comment
Correct	<pre><medicinalproduct>TYLENOL</medicinalproduct> <activesubstancename>ACETAMINOPHEN</activesubstancename></pre>	
Correct	<pre><medicinalproduct>MIRACLE WONDER DRUG</medicinalproduct> <activesubstancename>ACETAMINOPHEN</activesubstancename></pre>	
Incorrect	<pre><medicinalproduct>AMAZING DRUG OTC®</medicinalproduct> <activesubstancename>ACETAMINOPHEN 500 mg</activesubstancename></pre>	
Incorrect	<pre><medicinalproduct>NEW DRUG 40 mcg/mL</medicinalproduct> <activesubstancename>NEWSUBSTANCE Inj </activesubstancename></pre>	
Incorrect	<pre><medicinalproduct>MWD</medicinalproduct> <activesubstancename>APAP</activesubstancename></pre>	Do not use abbreviations for the brand name or active substance in the <medicinalproduct> and <active substance=""> tags</active></medicinalproduct>

APPENDIX II. CASE SCENARIOS FOR IND SAFETY REPORTS SUBMITTED TO FAERS

The following case scenarios are intended to provide examples to sponsors on the use of ICH E2B data standard elements for submission of IND safety reports to FAERS that may differ from postmarketing safety reports.

- 1. For any IND safety report where the sponsor is evaluating the suspect product under more than one IND (i.e. "Cross-reporting")
 - a. Repeat block A.2 for each IND
 - i. Use first block A.2 to designate IND where the event occurred = "primary IND"
 - 1. A.2.3.2 = primary IND
 - 2. A.2.3.3 = data value could either be 1, 2, 3, or 4
 - 3. Other relevant information for the report to be populated in block A.2
 - ii. Repeat block A.2 as many times as needed with only the following data elements for each IND that the sponsor holds where that suspect product is being evaluated:
 - 1. A.2.3.2 = IND number for each cross-reported IND and
 - 2. A.2.3.3 = 5

Table 133. Case Scenario 1. For IND Safety Reports Submitted to FAERS

Data Element	DTD Descriptor 3.0	Title	Element Values for DTD
A.2.3.2	<sponsorstudynumb></sponsorstudynumb>	Sponsor	IND number under which the Clinical
		Study	Trial where the event occurred is
		Number	conducted

Element	DTD Descriptor 3.0	Title	Element Values for DTD
A.2.3.3	<observestudytype></observestudytype>	Study Type in Which the Reaction(s) were observed	1= Clinical Trial 2= Individual Patient Use (e.g. 'Compassionate Use' or 'Named Patient Basis') 3= Other Studies (e.g. Pharmacoepidemiology, Pharmacoeconomics, Intensive Monitoring) 4= Report from Aggregate Analysis 312.32(c)(1)(i)(C) or for several events submitted as per 312.32(c)(1)(i)(B) if a Narrative Summary report is provided. 5=Cross-reported IND safety report

- 2. For an IND safety report that is a result of an aggregate analysis as per 312.32(c)(1)(i)(C) or for several events submitted as per 312.32(c)(1)(i)(B) if a narrative summary report is provided:
 - a. Submit one IND safety report with the IND where the event occurred in A.2.3.2 <sponsorstudynumb>(or the "parent" IND if the events occurred in multiple INDs).

For this IND safety report, populate the data elements below in addition to other relevant information regarding the event and suspect product.

- i. Use data element = 4 in A.2.3.3 < observe studytype >
- ii. Use the term "AGGREGATE" in B.1.1 <patientinitial>
- b. Section VII.A.2. of the FDA Guidance for Industry "Safety Reporting Requirements for INDs and BA/BE Studies" (December 2012) discusses several submission requirements for IND safety reports that are a result of an aggregate analysis. The following two sections describe these submission elements and how they are accomplished with electronic submission to FAERS.
 - 1. The guidance states that IND safety reports that are a result of an aggregate analysis should contain a narrative description of the event and the results of the analysis (hereafter referred to as a "narrative").

summary report"). For IND reports submitted to FAERS, attach the narrative summary report to the IND safety report as a PDF attachment (do not put the narrative summary report in the E2B narrative field).

- a. These instructions also apply to several events submitted as per 312.32(c)(1)(i)(B) if a narrative summary report is provided.
- 2. The guidance states that all the individual cases that were analyzed in the aggregate analysis should be submitted. Use the repeatable block A.1.12 to link all the safety report numbers for the individual supportive ICSRs (i.e. the numbers in A.1.0.1 for all the individual cases that are summarized in the narrative summary report).
 - a. These instructions also apply to several events submitted as per 312.32(c)(1)(i)(B) if a narrative summary report is provided.
 - b. IND safety reports previously submitted as ICSRs to FAERS do not have to be resubmitted (place the safety report numbers for these previously submitted reports in A.1.12).
 - c. For IND safety reports previously submitted in eCTD format, the sponsor should list the eCTD sequence number and date of submission in the narrative summary report. (The eCTD sequence number is the unique four-digit number for each IND submission the sponsor submits in the us-regional.xml file for the eCTD submission.)
 - d. IND safety reports previously submitted on paper should be attached to the IND safety report as PDF attachments.

Table 144. Case Scenario 2. For IND Safety Reports Submitted to FAERS

Data Element	DTD Descriptor 3.0	Title	Element Values for DTD
A.1.12	linkreportnumb>	Identification number of the report(s) which are linked to this report	Used to link all individual cases (safetyreportid) that make up an IND Safety Report submitted as a result of an Aggregate Analysis as per 312.32(c)(1)(i)(C) or for several events submitted as per 312.32(c)(1)(i)(B) if a narrative summary report is provided
A.2.3.2	<sponsorstudynumb></sponsorstudynumb>	Sponsor Study Number	IND number under which the Clinical Trial where the event occurred is conducted

Data Element	DTD Descriptor 3.0	Title	Element Values for DTD
A.2.3.3	<observestudytype></observestudytype>	Study Type in Which the Reaction(s) were Observed	1= Clinical Trials 2= Individual Patient Use (e.g. 'Compassionate Use' or 'Named Patient Basis') 3= Other Studies (e.g. Pharmacoepidemiology, Pharmacoeconomics, Intensive Monitoring) 4= Report from Aggregate Analysis 312.32(c)(1)(i)(C)
B.1.1	<patientinitial></patientinitial>	Patient Identifier	5=Cross-reported IND safety report For a Report from an Aggregate Analysis, the element value should be "AGGREGATE"

- 3. For adverse events that occur with a marketed drug being evaluated under an IND that meets both IND and post-marketing safety reporting requirements (21 CFR 312.32 and 314.80, 600.80, or 310.305), sponsors must submit two separate ICSRs:
 - a. for the marketed drug for the NDA/BLA and
 - b. for the study drug for the IND (IND number in A.2.3.2)

APPENDIX III. CASE SCENARIOS FOR SAFETY REPORTS FROM IND-EXEMPT BA/BE STUDIES TO FAERS

Table 15 illustrates the ICH E2B data elements and element values for each IND-exempt BA/BE study exposure scenario described below:

Scenario 1: Exposure to a *study drug*:

This scenario applies to all drugs specified in the study protocol. For example, if a BA/BE study protocol for a generic opiate includes administration of naltrexone to each study subject prior to administration of a test or reference drug, naltrexone is a *study drug*, although it is not the test or reference drug. Similarly, a selective 5-HT3 receptor antagonist to prevent nausea and vomiting is considered a *study drug* if the BA/BE study protocol states that the drug is administered to each study subject prior to administration of a test or reference drug.

Scenario 2: Exposure to an *other drug*:

Other drugs are drugs taken by or administered to a subject that are not part of study conduct per protocol. For example, a subject with a diagnosis of hypertension has normal blood pressure while treated with a beta blocker. The subject meets study enrollment criteria and continues to take his beta blocker during study participation. In this situation, the beta blocker is an other drug. Similarly, if a subject develops symptoms of heartburn during participation in a BA/BE study and is permitted, by the investigator, to use a nonprescription antacid or H2 blocker for symptomatic relief, the nonprescription drug taken by the subject is an other drug.

Scenario 3: No exposure to a study drug:

A serious adverse event a subject experiences after enrollment to the study, but prior to exposure to a study drug, is subject to the expedited safety reporting requirement. To report a serious adverse event with no study drug exposure, the submitter should select values as shown in the Table 15, Scenario 3.

Table 155. ICH E2B Data Element & Value Selections for IND-Exempt BA/BE Study Exposures

Drug Exposure Scenario	Data Element	Element Values
	B.4.k.1	Select one element value
	B.4.k.2.1	Proprietary medicinal product name
Scenario 1:	B.4.k.2.2	Drug substance name
Exposure to a <i>study</i>		Select one from the following:
drug		1 = Test drug
	B.4.k.19	2 = Reference drug
		3 = Placebo/Vehicle
		4 = Control (negative or positive)
Scenario 2:	B.4.k.1	Select one element value
Exposure to an other	B.4.k.2.1	Proprietary medicinal product name
drug	B.4.k.2.2	Drug substance name
	B.4.k.19	5 = Other drug
Scenario 3:	B.4.k.1	4 = Drug not administered
No exposure to a <i>study</i>	B.4.k.2.1	Proprietary medicinal product name
drug	B.4.k.2.2	Drug substance name
	B.4.k.19	1 = Test drug

EXHIBIT 55

Christiana A. Cirucci et al.,

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,

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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

Document 1-55

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Christina A. Cirucci , Kathi A. Aultman , and Donna J. Harrison , and Donna J. Harrison

Abstract

Background: As part of the accelerated approval of mifepristone as an abortifacient in 2000, the Food and Drug Administration (FDA) required prescribers to report all serious adverse events (AEs) to the manufacturer who was required to report them to the FDA. This information is included in the FDA Adverse Event Reporting System (FAERS) and is available to the public online. The actual Adverse Event Reports (AERs) can be obtained through the Freedom of Information Act (FOIA).

Methods: We compared the number of specific AEs and total AERs for mifepristone abortions from January I, 2009 to December 31, 2010 from 1. Planned Parenthood abortion data published by Cleland et al. 2. FAERS online dashboard, and 3. AERs provided through FOIA and analyzed by Aultman et al.

Results: Cleland identified 1530 Planned Parenthood mifepristone cases with specific AEs for 2009 and 2010. For this period, FAERS online dashboard includes a total (from all providers) of only 664, and the FDA released only 330 AERs through FOIA. Cleland identified 1158 ongoing pregnancies in 2009 and 2010. FAERs dashboard contains only 95, and only 39 were released via FOIA.

Conclusions: There are significant discrepancies in the total number of AERs and specific AEs for 2009 and 2010 mifepristone abortions reported in I. Cleland's documentation of Planned Parenthood AEs, 2. FAERS dashboard, and 3. AERs provided through FOIA. These discrepancies render the FAERS inadequate to evaluate the safety of mifepristone abortions.

Keywords

mifepristone, misoprostol, adverse drug reaction reporting systems, drug-related side effects and adverse reactions, postmarketing product surveillance, induced abortion, steroidal abortifacient agents, United States food and drug administration

Introduction

The accelerated approval of mifepristone in the United States (US) in 2000 included post-marketing restrictions to monitor safety. Prescribers were required to report any ongoing pregnancies, hospitalizations, transfusions, and other serious events to the manufacturer, who was required to submit them to the Food and Drug Administration (FDA). Adverse events (AEs) are documented in the FDA Adverse Event Reporting System (FAERS), available online.² Copies of the actual Adverse Event Reports (AERs) can be obtained via the Freedom of Information Act (FOIA).³

A paper published by Cleland et al. analyzed eight adverse events/outcomes (AEs) from mifepristone abortions at 63

days and less performed by Planned Parenthood in 2009 and 2010. They analyzed hospital admissions, blood transfusions, emergency department (ED) treatments, intravenous (IV)

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antibiotics, infections requiring IV antibiotics or hospitalization, deaths, ongoing pregnancies, and ectopic pregnancies. Cleland explained that Planned Parenthood reports all significant AEs to Danco Laboratories, which submits them to the FDA, per the mifepristone prescribing information. Their analysis for these specific AEs led them to conclude that, "Among the 233 805 medical abortions provided at Planned Parenthood health centers in 2009 and 2010, significant adverse events or outcomes were reported in 1530 (0.65%) cases." Unless associated with another AE, they did not include data on incomplete abortion managed at Planned Parenthood or hemorrhage without transfusion, two of the most common AEs resulting from mifepristone abortion. They also admit that "we cannot exclude the possibility that some clinically significant adverse events or outcomes were not included. Some patients may have experienced a significant adverse event or outcome but did not follow up after their medical abortion." Cleland did not provide the loss to follow-up rate.

In 2021, Aultman et al. published an analysis of the AERs for mifepristone abortion from September 2000 to February 2019 (excluding those published by Gary in 2006) utilizing AERs obtained through FOIA. 5,6

The objective of this paper was to compare the total number of AERs/cases (which may include more than one AE) and the individual AEs identified by Cleland for 2009 and 2010 mifepristone abortions from three sources: those identified by Planned Parenthood as published by Cleland, those currently posted on the FAERS dashboard, and those provided by the FDA in response to FOIA and analyzed by Aultman.

Methods

We searched the FAERS dashboard for any US AERs related to mifepristone abortion occurring from January 1, 2009 through December 31, 2010 and tabulated the total number of AERs, hospital admissions, deaths, ongoing pregnancies, and ectopic pregnancies. The FAERS did not have enough information to evaluate for transfusion, ED visits, IV antibiotics, or infections requiring IV antibiotics or hospital admission. Since FAERS does not provide the "abortion date," we used the "event date"; in cases where there was no "event date," we used the "latest manufacturer received date." We evaluated Aultman's

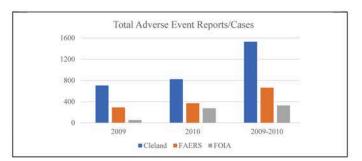


Figure 1. Comparison of total adverse event reports from three sources.

AERs for the events in Cleland and confirmed any missing reports by searching the 6158 pages of AERs related to mifepristone abortion obtained by FOIA. In analyzing FOIA data, Aultman accounted for duplicates. In the FAERS data, we accounted for duplicates for deaths and ectopic pregnancies, but FAERS did not provide sufficient detail to do so for hospital admissions and ongoing pregnancies. We then compared the total number of reports, as well as hospitalizations, ongoing pregnancies, ectopic pregnancies, and deaths from Cleland, FAERS, and FOIA AERs for 2009 and 2010. Adverse events not reported by Cleland were not evaluated. The FAERS and FOIA total AERs include reports from all sources, not just from Planned Parenthood, and include all reports for those years, not just those with the eight AEs evaluated by Cleland.

Results

Our analysis shows significant discrepancies between the number of AERs identified by Planned Parenthood as reported in Cleland, the number in the FAERS database, and the number received under FOIA. There are also discrepancies in the number of hospitalizations, ectopic pregnancies, and ongoing pregnancies.

Total Reports (Figure 1)

Cleland identified 1530 cases involving eight specific AEs after Planned Parenthood mifepristone abortion in 2009 and 2010. The FAERS dashboard contains only 664 AERs for this period, and only 330 were provided through FOIA. Both include AERS with other types of adverse events not included by Cleland and include reports from all sources, not just Planned Parenthood.

Specific Adverse Events/Outcomes (Table 1)

Cleland identified 548 ongoing pregnancies after mifepristone abortion in 2009, the FAERS dashboard includes just 56, and only seven were received via FOIA. For 2010, Cleland identified 610 ongoing pregnancies, FAERS contains just 39, and only 32 were obtained via FOIA. Cleland identified 70 hospital admissions in 2009 and 65 in 2010. FAERS includes 87 and 125, respectively, but the FDA only provided 14 and 94 via FOIA. Ectopic pregnancy, although not caused by mifepristone, is a contraindication to its use. Cleland reported eight ectopic pregnancies in 2009 and eight in 2010. FAERS includes eight for 2009 and nine for 2010. The FOIA AERs have only one ectopic for 2009 and eight for 2010. Cleland reported no deaths in 2009 and one in 2010. FAERS and FOIA were consistent with one death in 2009 and two in 2010.

Discussion

The total number of AEs published in Cleland is significantly higher than the number in the FAERs database, even though Cleland did not evaluate all AEs, including Cirucci et al. 3

Table 1. Comparison of Number of Specific Adverse Events^a from Three Sources.

	2009		2010		Total 2009 to 2010				
	Cleland	FAERSb	FOIA	Cleland	FAERSb	FOIA	Cleland	FAERSb	FOIA
Hospital Admission	70	87	14	65	125	94	135	212	108
Transfusion	42		10	72		59	114		69
ED Treatment	87		27	151		105	238		132
IV Antibiotics	23		5	34		27	57		32
Infection requiring IV Antibiotics or Admission	14		4	23		21	37		25
Death	0	- 1	- 1	ı	2	2	- 1	3	3
Ongoing Pregnancy	548	56	7	610	39	32	1158	95	39
Ectopic Pregnancy	8	8	1	8	9	8	16	17	9

^aEvents are not mutually exclusive.

failed abortions treated at Planned Parenthood.4 The discrepancy is particularly concerning because the total number of AEs and AERs in the FAERS should be significantly higher than Cleland since Planned Parenthood performs only 37% of US abortions.⁷ It is unclear why so many cases identified by Planned Parenthood in Cleland do not appear in FAERS. Cleland states, "In accordance with the mifepristone prescribing information, Planned Parenthood Federation of America reports all significant adverse events and outcomes to Danco Laboratories, the US distributor of mifepristone, which in turn reports them to the FDA." If this claim is true, then either Danco did not report a significant number of adverse events to the FDA, or the FDA did not include them in FAERS. It also raises the question of whether FAERS includes all complications reported by the other 63% of abortion providers.

We are concerned that FDA and others will continue to rely on Cleland's statement, "significant adverse events or outcomes were reported in 1530 (0.65%) cases" to claim that the complication rate for the abortion pill regimen is low. Although Cleland's paper is a study of over 200 000 abortions and is cited extensively in support of the safety of medical abortion^{8–11} the analysis excludes the most common adverse events (retained products of conception and hemorrhage not requiring transfusion). Additionally, Cleland's reported complication rate of 0.65% is only a report of the complications known to Planned Parenthood. Cleland does not report the percent of patients lost to follow-up.⁴

There is also concern that the FDA will continue to rely on the FAERS to make decisions about removing mifepristone REMS, despite the findings herein that FAERS does not include all the events even known to the abortion provider. To compound this problem, in 2016, the FDA eliminated the requirement to report adverse events resulting from mifepristone other than death.¹² Nevertheless, in her April 12, 2021 letter to the American College of Obstetricians and Gynecologists, FDA Commissioner Janet Woodcock stated that, based on a review of post-marketing AEs from January 27, 2020, to January 12, 2021, the in-person dispensing requirements in the mifepristone REMS would not be enforced.¹³ It is alarming that policy decisions that affect women's safety are based on a lack of information in the FAERS. Whether the inaccuracy of FAERS extends to required reporting for other medications is unknown to us, but the findings in this paper have significant implications for drug safety evaluation in general.

The ability of the FAERS to accurately identify complications from mifepristone abortion depends on 1. the abortion provider being aware of the adverse event, 2. the provider reporting the adverse event to the manufacturer, 3. the manufacturer reporting to the FDA, and 4. the FDA including the event in the FAERS. One problem inherent in this system is that adverse events unknown to the abortion provider or occurring in patients lost to follow-up will be missed. In addition, ED physicians or treating physicians other than the abortion provider were never obligated to report and may not even be aware of the system. For those events known to Planned Parenthood, it is unclear whether the error occurred in the abortion provider reporting to the manufacturer, the manufacturer reporting to the FDA, or the FDA uploading to the database.

FDA compliance in response to FOIA requests is required by law.³ The number of AERs supplied under FOIA is much lower than the number in the FAERS database and known to the FDA at the time. Although there may be extenuating circumstances requiring that some information be withheld, withholding information, especially to this extent, interferes with independent, scientific analysis necessary to validate claims of safety and efficacy.

Strengths and Limitations

One of the limitations of this study is that Cleland only reported on a limited number of possible AEs. Because of the scant information included in the FAERS, we could not even compare all AEs reported by Cleland. Since we do not have

^bIf blank, FAERS dashboard does not provide this detail.

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access to the Planned Parenthood records, reports cannot be evaluated on a patient-by-patient basis but only as a composite.

One of the strengths of this study is that it is the first known study comparing FAERS data with an outside report of mifepristone complications.

Conclusions

There are significant discrepancies in the number of AEs and total AERs reported for 2009 and 2010 mifepristone abortions identified by Planned Parenthood as reported by Cleland, those in FAERS, and those provided by FOIA, impugning the reliability of FAERS to evaluate the safety or efficacy of mifepristone abortions at a time when the FDA is under pressure to eliminate REMS on mifepristone. 14,15 The FDA used their review of post-marketing adverse events that occurred in 2020 and 2021 as a rationale for removing the in-person dispensing requirements for mifepristone during COVID, even though reporting requirements (other than death) were eliminated in 2016.13 Whether Planned Parenthood did not submit all the AEs to Danco, Danco did not submit all to the FDA, or the FDA did not include all is unknown. By withholding a significant number of AERs, the FDA did not adequately comply with the FOIA request by the authors of the Aultman paper, hampering their ability to analyze the data. These discrepancies, and the fact that since 2016, reporting AEs other than deaths is no longer required, ¹² demonstrate that the FAERS is inadequate to evaluate the safety of mifepristone.

Declaration of Conflicting Interests

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Author biographies

Christina A. Cirucci, MD received her Bachelor of Science in Mechanical Engineering from Virginia Tech in Blacksburg, VA and her MD from Thomas Jefferson University, Philadelphia, PA. She completed her residency in obstetrics and gynecology at the Medical College of Virginia in Richmond, VA. She is a diplomate of the American Board of Obstetrics and Gynecology and a life Fellow of the American College of Obstetricians and Gynecologists. She is a member of the Christian Medical and Dental Associations, the North American Menopause Society, the Pennsylvania Medical Society, and the Allegheny County Medical Society. She is a board member of the American Association of Pro-Life Obstetricians and Gynecologists. She worked in private practice for twenty years in Pittsburgh, PA.

Kathi A. Aultman, MD received her B.A. from Drew University in 1972, earned her MD at the University of Florida College of Medicine in 1977, and completed her OB/GYN Residency at the University of Florida affiliated Jacksonville Health Education Program in 1981. She is a diplomate of the American Board of

Obstetrics and Gynecology and is currently an Associate Scholar with the Charlotte Lozier Institute. She is a member of the American Association of Prolife Obstetricians and Gynecologists, the Christian Medical and Dental Associations, the Florida Medical Association, and is a Life Fellow of the American College of Obstetricians and Gynecologists. She practiced medicine from 1981-2014 in Orange Park, Florida. Dr. Aultman was the co-founder and co-director of the first Rape Treatment Center in Jacksonville, Florida and performed sexual assault exams on women and children as a medical examiner for Duval and Clay Counties. She performed 1st trimester D&C with suction abortions and 2nd trimester D&Es. She also served as the Medical Director for Planned Parenthood of Northeast Florida, Inc. from 1981 to 1983.

Donna J. Harrison, MD received her MD from the University of Michigan and completed her OBGYN residency at a University of Michigan affiliate hospital (St. Joseph Mercy Hospital). She is a diplomate of the American Board of Obstetrics and Gynecology. She is currently CEO of the American Association of Pro-Life Obstetricians and Gynecologists.

EXHIBIT 56

Pam Belluck,

CVS and Walgreens Will Begin Selling

Abortion Pills this Month,

N.Y. Times (Mar. 1, 2024)

https://www.nytimes.com/2024/03/01/health/abortion-pills-cvswalgreens.html

CVS and Walgreens Will Begin Selling Abortion Pills This Month

The pill mifepristone will be available with a prescription at pharmacy counters in a few states to start.



By Pam Belluck

March 1, 2024

The two largest pharmacy chains in the United States will start dispensing the abortion pill mifepristone this month, a step that could make access easier for some patients.

Officials at CVS and Walgreens said in interviews on Friday that they had received certification to dispense mifepristone under guidelines that the Food and Drug Administration issued last year. The chains plan to make the medication available in stores in a handful of states at first. They will not be providing the medication by mail.

Both chains said they would gradually expand to all other states where abortion was legal and where pharmacies were legally able to dispense abortion pills — about half of the states.

President Biden said in a statement on Friday that the availability of the pill at pharmacies was "an important milestone in ensuring access to mifepristone, a drug that has been approved by the Food and Drug Administration as safe and effective for more than 20 years."

"I encourage all pharmacies that want to pursue this option to seek certification," he added.

Walgreens will start providing the pill within the next week in a small number of its pharmacies in New York, Pennsylvania, Massachusetts, California and Illinois, said Fraser Engerman, a spokesman for the chain. "We are beginning a phased rollout in select locations to allow us to ensure quality, safety and privacy for our patients, providers and team members," he said.

CVS will begin dispensing in all of its pharmacies in Massachusetts and Rhode Island "in the weeks ahead," Amy Thibault, a spokeswoman for the company, said.

The chains will be monitoring the prospects in a few states, including Kansas, Montana and Wyoming, where abortion bans or strict limitations have been enacted but are enjoined because of legal challenges.

Mr. Engerman said that Walgreens was "not going to dispense in states where the laws are unclear" to protect its pharmacists and staff members.

As for CVS, "we continually monitor and evaluate changes in state laws and will dispense mifepristone in any state where it is or becomes legally permissible to do so," Ms. Thibault said. In some states where abortion is legal, she said, pharmacists are prohibited from dispensing mifepristone because laws require that to be done by doctors or in a hospital or clinic.

It is uncertain how much initial demand there will be for the service at brick-and-mortar pharmacies. In the states where the chains will begin dispensing, abortion pills are already available in clinics or easily prescribed through telemedicine and sent through the mail. But some women prefer to visit doctors, many of whom do not have the medication on hand. The new development will allow doctors and other eligible providers to send a prescription to a pharmacy for the patient to pick up.

"Now that doctors no longer have to stock the medicine themselves and dispense it, it increases the likelihood that a patient can go to their own doctor, the person with whom they already have a relationship, and say, 'I'm pregnant — I don't want to be,'" said Kirsten Moore, the director of the Expanding Medication Abortion Access Project.

She said it might also motivate more doctors and other health providers to obtain the special certification that the F.D.A. requires for prescribers of mifepristone. The steps to becoming a certified prescriber are simple, but some doctors have been deterred because of the paperwork and logistics of having to order and stock the pills.

As the availability in retail pharmacies expands, they may become a more popular alternative, and depending on the outcome of a case the Supreme Court will hear later this month, the pharmacy option could take on more importance.

In that case, abortion opponents have sued the F.D.A., seeking to remove mifepristone from the market in the United States. An appeals court ruling in that case did not go that far but effectively banned the mailing of mifepristone and required in-person doctor visits. If the Supreme Court upholds that ruling, it could mean that patients would have to obtain mifepristone by visiting a clinic or doctor. If such a ruling allowed pharmacies to continue dispensing, more patients might obtain the medication there.

Abortion opponents criticized the pharmacy chains' decision. "As two of the world's largest, most trusted 'health' brands, the decision by CVS and Walgreens to sell dangerous abortion drugs is shameful, and the harm to unborn babies and their mothers incalculable," Katie Daniel, the state policy director of Susan B. Anthony Pro-Life America, said in a statement.

In order to obtain certification, the pharmacy chains had to take specific steps, including ensuring that their computerized systems protected the privacy of prescribers, who are certified under a special program that the F.D.A. applies to mifepristone and several dozen other medications.

Pharmacy certification is granted by manufacturers of mifepristone. Walgreens was certified by the brand name manufacturer Danco Laboratories, and is seeking certification from the generic manufacturer GenBioPro, Mr. Engerman said. CVS was certified by GenBioPro.

Medication abortion is a two-drug regimen that is now the most common method of terminating pregnancies in the United States and is typically used through 12 weeks of pregnancy. Mifepristone, which blocks a hormone necessary for pregnancy development, is taken first, followed 24 to 48 hours later by misoprostol, which causes contractions that expel pregnancy tissue.

The same regimen is also used for miscarriages, and those patients can now also obtain mifepristone from the pharmacy chains.

Mifepristone has been tightly regulated by the F.D.A. since its approval in 2000. It had previously been available primarily from the prescribers or from clinics or telemedicine abortion services, in which the pills were generally shipped from one of two mail-order pharmacies that were authorized. Misoprostol has never been as tightly restricted as mifepristone and is used for many different medical conditions. It is easily obtained at pharmacies through a typical prescription process.

The American Pharmacists Association urged the F.D.A. to allow retail pharmacies to distribute mifepristone, even though the medication is unlikely to generate significant revenue. In a statement last year, the association said that it wanted the agency "to level the playing field by permitting any pharmacy that chooses to dispense this product to become certified."

Shortly after the F.D.A. policy change was announced in January 2023, Walgreens and CVS said they planned to become certified and offer mifepristone in states where laws would allow pharmacies to dispense it.

Walgreens later became the focus of a consumer and political firestorm after it responded to threatening letters from Republican attorneys general in 21 states, confirming that it would not dispense the medication in those states.

Both chains have had protests outside their stores, mostly from anti-abortion advocates, and similar protesters interrupted a meeting of shareholders at Walgreens Boots Alliance, the chain's parent company.

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CVS is the nation's largest chain with over 9,000 stores in all 50 states. Walgreens has about 8,500 stores in all states except North Dakota. Neither chain would discuss the price of the medication, but both noted that some insurance policies would cover it in some states.

A handful of small independent pharmacies began dispensing mifepristone last year.

Pam Belluck is a health and science reporter, covering a range of subjects, including reproductive health, long Covid, brain science, neurological disorders, mental health and genetics.

A version of this article appears in print on , Section A, Page 1 of the New York edition with the headline: 2 Major Chains Prepare to Sell Abortion Pills

EXHIBIT 57

2019 REMS Single Shared System for Mifepristone 200MG (Apr. 2019) Initial Shared System REMS approval: 04/2019

Mifepristone Tablets, 200 mg

Progestin Antagonist

RISK EVALUATION AND MITIGATION STRATEGY (REMS) SINGLE SHARED SYSTEM FOR MIFEPRISTONE 200MG

I. GOAL

The goal of the REMS for mifepristone is to mitigate the risk of serious complications associated with mifepristone by:

- a) Requiring healthcare providers who prescribe mifepristone to be certified in the Mifepristone REMS Program.
- b) Ensuring that mifepristone is only dispensed in certain healthcare settings by or under the supervision of a certified prescriber.
- c) Informing patients about the risk of serious complications associated with mifepristone.

II. REMS ELEMENTS

A. Elements to Assure Safe Use

- 1. Healthcare providers who prescribe mifepristone must be specially certified.
 - a. To become specially certified to prescribe mifepristone, healthcare providers must:
 - i. Review the Prescribing Information for mifepristone.
 - ii. Complete a *Prescriber Agreement Form*. By signing a *Prescriber Agreement Form*, prescribers agree that:
 - 1) They have the following qualifications:
 - a) Ability to assess the duration of pregnancy accurately
 - b) Ability to diagnose ectopic pregnancies
 - c) Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
 - 2) They will follow the guidelines for use of mifepristone (see b.i-v below).
 - b. As a condition of certification, healthcare providers must follow the guidelines for use of mifepristone described below:
 - i. Review the *Patient Agreement Form* with the patient and fully explain the risks of the mifepristone treatment regimen. Answer any questions the patient may have prior to receiving mifepristone.

- ii. Sign the Patient Agreement Form and obtain the Patient's signature on the Form
- iii. Provide the patient with a copy of the *Patient Agreement Form* and Medication Guide.
- iv. Place the signed *Patient Agreement Form* in the patient's medical record.
- v. Record the serial number from each package of mifepristone in each patient's record.
- vi. Report any deaths to the Mifepristone Sponsor that provided the mifepristone, identifying the patient by a non- identifiable reference and the serial number from each package of mifepristone.
- Mifepristone Sponsors must:
 - 1. Ensure that healthcare providers who prescribe their mifepristone are specially certified in accordance with the requirements described above and de-certify healthcare providers who do not maintain compliance with certification requirements
 - ii. Provide the Prescribing Information and their *Prescriber Agreement Form* to healthcare providers who inquire about how to become certified.

The following materials are part of the REMS and are appended:

- Prescriber Agreement Form for Danco Laboratories, LLC
- Prescriber Agreement Form for GenBioPro, Inc.
- Patient Agreement Form
- 2. Mifepristone must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices, and hospitals, by or under the supervision of a certified prescriber.
 - a. Mifepristone Sponsors must:
 - i. Ensure that their mifepristone is available to be dispensed to patients only in clinics, medical offices and hospitals by or under the supervision of a certified prescriber.
 - ii. Ensure that their mifepristone is not distributed to or dispensed through retail pharmacies or other settings not described above.
- 3. Mifepristone must be dispensed to patients with evidence or other documentation of safe use conditions.
 - a. The patient must sign a *Patient Agreement Form* indicating that she has:
 - i. Received, read and been provided a copy of the *Patient Agreement Form*.
 - ii. Received counseling from the prescriber regarding the risk of serious complications associated with mifepristone.

B. Implementation System

- Mifepristone Sponsors must ensure that their mifepristone is only distributed to clinics, medical offices and hospitals by or under the supervision of a certified prescriber by:
 - a. Ensuring that distributors who distribute their mifepristone comply with the program requirements for distributors. The distributors must:

- i. Put processes and procedures in place to:
 - a. Complete the healthcare provider certification process upon receipt of a Prescriber Agreement Form.
 - b. Notify healthcare providers when they have been certified by the Mifepristone REMS Program.
 - c. Ship mifepristone only to clinics, medical offices, and hospitals identified by certified prescribers in their signed Prescriber Agreement Form.
 - d. Not ship mifepristone to prescribers who become de-certified from the Mifepristone REMS Program.
 - e. Provide the Prescribing Information and their Prescriber Agreement Form to healthcare providers who (1) attempt to order mifepristone and are not yet certified, or (2) inquire about how to become certified.
- ii. Put processes and procedures in place to maintain a distribution system that is secure, confidential and follows all processes and procedures, including those for storage, handling, shipping, tracking package serial numbers, proof of delivery and controlled returns of mifepristone.
- iii. Train all relevant staff on the Mifepristone REMS Program requirements.
- iv. Comply with audits by Mifepristone Sponsors, FDA or a third party acting on behalf of Mifepristone Sponsors or FDA to ensure that all processes and procedures are in place and are being followed for the Mifepristone REMS Program. In addition, distributors must maintain appropriate documentation and make it available for audits.
- b. Ensuring that distributors maintain secure and confidential distribution records of all shipments of mifepristone.
- 2. Mifepristone Sponsors must monitor their distribution data to ensure compliance with the REMS Program.
- 3. Mifepristone Sponsors must audit their new distributors within 90 calendar days after the distributor is authorized to ensure that all processes and procedures are in place and functioning to support the requirements of the Mifepristone REMS Program. Mifepristone Sponsors will take steps to address their distributor compliance if noncompliance is identified.
- 4. Mifepristone Sponsors must take reasonable steps to improve implementation of and compliance with the requirements of the Mifepristone REMS Program based on monitoring and assessment of the Mifepristone REMS Program.
- 5. Mifepristone Sponsors must report to FDA any death associated with mifepristone whether or not considered drug-related, as soon as possible but no later than 15 calendar days from the initial receipt of the information by the applicant. This requirement does not affect the applicants other reporting and follow-up requirements under FDA regulations.

C. Timetable for Submission of Assessments

The NDA Sponsor must submit REMS assessments to FDA one year from the date of the initial approval of the REMS (04/11/2019) and every three years thereafter. To facilitate inclusion of as much information as possible while allowing reasonable time to prepare the submission, the reporting interval covered by each assessment should conclude no earlier than 60 calendar days before the submission date for that assessment. The NDA Sponsor must submit each assessment so that it will be received by the FDA on or before the due date.

Mifeprex* (Mifepristone) Tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation. Please see Prescribing Information and Medication Guide for complete safety information.

To set up your account to receive Mifeprex, you must:

1. complete, 2. sign, and 3. fax page 2 of this form to the distributor.

If you will be ordering for more than one facility, you will need to list each facility on your order form before the first order will be shipped to the facility.

Prescriber Agreement: By signing page 2 of this form, you agree that you meet the qualifications below and will follow the guidelines for use. You also understand that if you do not follow the guidelines, the distributor may stop shipping Mifeprex to you.

Mifeprex must be provided by or under the supervision of a healthcare provider who prescribes and meets the following qualifications:

- Ability to assess the duration of pregnancy accurately.
- Ability to diagnose ectopic pregnancies.
- Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
- Has read and understood the Prescribing Information of Mifeprex. The Prescribing Information
 is available by calling our toll free number, 1-877-4 Early Option (1-877-432-7596), or logging
 on to our website, www.earlyoptionpill.com.

In addition to meeting these qualifications, you also agree to follow these guidelines for use:

- Review the Patient Agreement Form with the patient and fully explain the risks of the Mifeprex treatment regimen. Answer any questions the patient may have prior to receiving Mifeprex.
- Sign and obtain the patient's signature on the Patient Agreement Form.
- Provide the patient with a copy of the Patient Agreement Form and the Medication Guide.
- Place the signed Patient Agreement Form in the patient's medical record.
- Record the serial number from each package of Mifeprex in each patient's record.
- Report deaths to Danco Laboratories, identifying the patient by a non-identifiable patient reference and the serial number from each package of Mifeprex.



	ACCOUNT SETUP MIFEPREX® (Mitepristone) Tablets, 200 mg; NDC 64875-00	"
SET UP YOUR	BILLING INFORMATION	

TO SET UP YOUR	BILLING INFORMATION			
ACCOUNT:	Bill to Name			
Ô	Address			
Read the Prescriber Agreement on page 1 of this form.	City	<u></u>	State	ZIP
	Phone	<u>~</u>	Fax	
	Attention			
0	SHIPPING INFORMATION	N Check if same as abo	ove	
Complete and sign this form.	Ship to Name			
orgin timo rotim.	Address			
_	City		State	ZIP
3 Fax this page to the	Phone		Fax	
Danco distributor at	Attention			
Danco distributor at 1-866-227-3343. Your account Attention Attention Additional locations:				
information will be kept	Nome		Address	
strictly confidential.				
	City		_ State	ZIP
4	Phone	,	_ Fax	14
The distributor will call to finalize your account	Name		Address	
setup and take your				
initial order.				ZIP
	2007/17/04/27/04/3		90 Jan (9) (Carlot)	
_		be listed on an attached she	et of paper.)	
Subsequent orders may	REQUEST ADDITIONAL M	5 <u>-</u> 5	Detient Preshures	Detiont Agreement Form
be phoned or faxed and	Medication Guides	State Abortion Guide:		Patient Agreement Form
are usually shipped within 24 hours ESTABLISHING YOUR ACCOUNT (required only with first order) Each facility purchasing Mifeprex must be included on this form (see additional site locations box above) be				ions box above) before the
within 24 hours.	distributor can ship the product to the facility. By signing below, you agree that you meet the qualifications and that you will follow the guidelines for use on page 1 of the Prescriber Agreement.			
()	Print Name		Signature	
\ \ \ Mifeprex	Medical License #		Date	

FAX THIS COMPLETED FORM TO THE AUTHORIZED DISTRIBUTOR. FAX: 1-866-227-3343

Please fax any questions to the above number or call 1-800-848-6142.

Mifepristone Tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation. Please see Prescribing Information and Medication Guide for complete safety information.

To set up your account to receive mifepristone, you must:

1. complete, 2. sign and 3. fax page 2 of this form to the distributor.

If you will be ordering for more than one facility, you will need to list each facility on your order form before the first order will be shipped to the facility.

Prescriber Agreement: By signing page 2 of this form, you agree that you meet the qualifications below and will follow the guidelines for use. You also understand that if you do not follow the guidelines, the distributor may stop shipping mifepristone to you.

Mifepristone must be provided by or under the supervision of a healthcare provider who prescribes and meets the following qualifications:

- Ability to assess the duration of pregnancy accurately.
- Ability to diagnose ectopic pregnancies.
- Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
- Has read and understood the Prescribing Information for mifepristone. The Prescribing Information is available by calling our toll free number, 1-855-MIFE-INFO (1-855-643-3463), or logging on to our website, www.MifeInfo.com.

In addition to having these qualifications, you also agree to follow these guidelines for use:

- Review the Patient Agreement Form with the patient and fully explain the risks of the
 mifepristone treatment regimen. Answer any questions the patient may have prior to receiving
 mifepristone.
- Sign and obtain the patient's signature on the Patient Agreement Form.
- Provide the patient with a copy of the Patient Agreement Form and the Medication Guide.
- Place the signed Patient Agreement Form in the patient's medical record.
- Record the serial number from each package of mifepristone in each patient's record.
- Report deaths to GenBioPro, identifying the patient by a non-identifiable patient reference and the serial number from each package of mifepristone.

GenBioPro Inc. 1-855-MIFE-INFO (1-855-643-3463) www.MifeInfo.com

05/2016

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	ACCOUNT SETUP	Mifeprisone Tablets, 20)0 mg; NDC 43393-	-001-01	
TO SET UP YOUR	BILLING INFORMATION				
ACCOUNT:	Bill to Name				
	Address				
1 Read the	City	_ State	ZIP		
Prescriber Agreement on Page 1 of this form.	Phone	Fax			
·	Attention				
2		neck if same as above			
Complete and sign this form.	Ship to Name				
sign inis ioni.	Address				
	City	State	ZIP		
	Phone	Fax			
Fax this page to the	Attention				
GenBioPro distributor at 1-877-239-8036.	ADDITIONAL SITE LOCATIONS 1 win	l also be prescribing mifepristone at	these additional locations:		
Your account information will be kept					
strictly confidential.	Name	Address			
	City	State	ZIP		
The distributor will call	Phone	Fax			
to finalize your account					
setup and take your initial order.	Name	Address			
	City	State	ZIP		
ß	Phone	Fax			
Subsequent orders may be phoned or faxed and are usually shipped within	(Any additional sites may be list	ed on an attached sheet of	paper)		
24 hours	REQUEST ADDITIONAL MATERIALS				
	Medication Guides State	Abortion Guides Patier	nt Brochures Pa	itient Agreement Form	
	ESTABLISHING YOUR ACCOUNT (required only with first order) Each facility purchasing mifepristone tablets must be included on this form (see additional site locations box above) before the distributor can ship the product to the facility. By signing below, you agree that you meet the qualifications and that you will follow the guidelines for use on page 1 of the Prescriber Agreement.				
	Print Name	_			
	Medical License # FAX THIS COMPLETED FORM TO T	Date HE AUTHORIZED DISTRIBUTOR		36	
	Please fax any questions to the				

PATIENT AGREEMENT FORM

Mifepristone Tablets, 200mg

Healthcare Providers: Counsel the patient on the risks of mifepristone. Both you and the patient must sign this form.

Patient Agreement:

- 1. I have decided to take mifepristone and misoprostol to end my pregnancy and will follow my provider's advice about when to take each drug and what to do in an emergency.
- 2. I understand:
 - a. I will take mifepristone on Day 1.
 - b. My provider will either give me or prescribe for me the misoprostol tablets which I will take 24 to 48 hours after I take mifepristone.
- 3. My healthcare provider has talked with me about the risks including:
 - heavy bleeding
 - infection
 - ectopic pregnancy (a pregnancy outside the womb)
- 4. I will contact the clinic/office right away if in the days after treatment I have:
 - a fever of 100.4°F or higher that lasts for more than four hours
 - severe stomach area (abdominal) pain
 - heavy bleeding (soaking through two thick full-size sanitary pads per hour for two hours in a row)
 - stomach pain or discomfort, or I am "feeling sick", including weakness, nausea, vomiting, or diarrhea, more than 24 hours after taking misoprostol
- 5. My healthcare provider has told me that these symptoms could require emergency care. If I cannot reach the clinic or office right away my healthcare provider has told me who to call and what to do.
- 6. I should follow up with my healthcare provider about 7 to 14 days after I take mifepristone to be sure that my pregnancy has ended and that I am well.
- 7. I know that, in some cases, the treatment will not work. This happens in about 2 to 7 out of 100 women who use this treatment. If my pregnancy continues after treatment with mifepristone and misoprostol, I will talk with my provider about a surgical procedure to end my pregnancy.
- 8. If I need a surgical procedure because the medicines did not end my pregnancy or to stop heavy bleeding, my healthcare provider has told me whether they will do the procedure or refer me to another healthcare provider who will.
- 9. I have the MEDICATION GUIDE for mifepristone. I will take it with me if I visit an emergency room or a healthcare provider who did not give me mifepristone so that they will understand that I am having a medical abortion with mifepristone.
- 10. My healthcare provider has answered all my questions.

Patient Signature:	Patient Name (print):	Date:
The patient signed the PATIENT AGRE I have given her the MEDICATION GUI	EMENT in my presence after I counseled her and answ DE for mifepristone.	vered all her questions.
Provider's Signature:	Name of Provider (print):	Date:
After the nations and the provider sign	a this DATIENT ACREEMENT aive 1 capy to the nation	t hafara

After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before she leaves the office and put 1 copy in her medical record.

EXHIBIT 58

HHS, Marking the 50th Anniversary of Roe: Biden-Harris Administration Efforts to Protect Reproductive Health Care (Jan. 19, 2023)



Marking the 50th Anniversary of Roe: Biden-Harris Administration Efforts to Protect

Reproductive Health Care

Marking the 50th Anniversary of *Roe*:

Biden-Harris Administration Efforts to Protect Reproductive Health Care

A Report by the U.S. Department of Health and Human Services

On June 24, 2022, the Supreme Court of the United States overturned *Roe v. Wade* and eliminated a woman's right to make decisions about her own health care. As of today, more than a dozen states have abortion bans in place. These restrictions have impacted the health and wellbeing of millions of women and allowed for government interference in deeply personal medical decisions.

HHS Actions Since Dobbs

In the face of this health crisis, the Department of Health and Human Services (HHS) continues to take the actions possible to defend reproductive rights and support access to the full spectrum of reproductive care, including abortion and contraception. In response to President Biden's Executive Order 14076, HHS issued an Action Plan to Protect and Strengthen Reproductive Care that outlined the Department's approach. HHS Secretary Becerra co-chairs the White House Interagency Task Force on Reproductive Healthcare Access, which was established by President Biden in Executive Order 14076 and coordinates efforts across the Federal government to protect access to reproductive healthcare services. Separately, Secretary Becerra established and leads HHS's Task Force on Reproductive Healthcare Access, which is composed of senior-level HHS officials and regularly meets to coordinate policymaking, program development, and outreach efforts across the Department.

Our strategy has focused on:

- 1. Protecting Access to Abortion Services
- 2. Safeguarding Access to Birth Control
- 3. Protecting Patient Privacy
- 4. Promoting Access to Accurate Information
- 5. Ensuring Non-discrimination in Healthcare Delivery
- 6. Evidence-Based Decision Making at FDA

We continue to activate all divisions of the Department in service to our commitment to ensuring women across the country are able to access the care they need. Secretary Becerra and senior officials at HHS continue to travel the country, meeting with Americans in their communities, listening to their stories, and making sure they know their rights.

Below is a summary of actions HHS has taken since the *Dobbs* decision, using the authorities available to the Department, to protect access to reproductive rights, including abortion and contraception.

1. Protecting Access to Abortion Services

- Protecting Emergency Medical Care: HHS <u>issued guidance</u> and a <u>letter from Secretary Becerra</u> to reaffirm that the Emergency Medical Treatment and Labor Act (EMTALA) protects providers in Medicare-participating emergency departments when offering legally mandated, life- or health-saving abortion services as stabilizing care for emergency medical conditions.¹
- Encouraging States to Pursue Medicaid Waivers: Secretary Becerra and CMS
 Administrator Chiquita Brooks-LaSure <u>issued a letter</u> to U.S. governors inviting them to apply for Medicaid section 1115 demonstration projects to provide increased access to reproductive health care for women.

2. Protecting Access to Birth Control

- Clarifying Protections for Women with Private Health Insurance. Under the Affordable
 Care Act (ACA), most private health plans are required to provide birth control and
 family planning counseling with no out-of-pocket costs. With the Departments of the
 Treasury and Labor, HHS convened a meeting with health insurers and employee benefit
 plans and sent them a letter, calling on the industry to commit to meeting their
 obligations to cover contraceptive coverage as required under the ACA. Later, in
 response to this conversation, HHS issued guidance to clarify protections for birth
 control coverage under the ACA.
- Ensuring Access to Family Planning Services at Health Centers: In December 2022, the
 Health Resources and Services Administration (HRSA) provided <u>updated technical</u>
 <u>assistance</u> to HRSA-funded community health centers to reiterate the statutory and
 regulatory requirements for these providers to provide family planning services to their
 patients. The technical assistance included evidence-based recommendations and
 resources to support health centers in providing these services.
- **Supporting Quality Family Planning Services:** HHS awarded more than \$106 million to support reproductive health services and adolescent health that includes:
 - \$7.75 million, with <u>nearly \$3 million</u> in new funding, to provide training and technical assistance for staff working in the nationwide network of <u>Title X family</u> <u>planning services</u> projects and Teen Pregnancy Prevention grantees through the

¹ In Texas v. Becerra, the court ordered the following preliminary relief with regards to the Centers for Medicare & Medicaid Services's July 11, 2022 Guidance, entitled "Reinforcement of EMTALA Obligations specific to Patients who are Pregnant or are Experiencing Pregnancy Loss (QSO-21-22-Hospitals-UPDATED JULY 2022)," and Secretary Becerra's accompanying July 11, 2022, Letter: (1) The defendants may not enforce the Guidance and Letter's interpretation that Texas abortion laws are preempted by EMTALA; and (2) The defendants may not enforce the Guidance and Letter's interpretation of EMTALA—both as to when an abortion is required and EMTALA's effect on state laws governing abortion—within the State of Texas or against AAPLOG's members and CMDA's members.

- Reproductive Health National Training Center and the National Clinical Training Center for Family Planning; and
- \$6.2 million in Title X Family Planning Research grants, Research to Practice Center grants, and Teenage Pregnancy Prevention Evaluation and Research grants as part of HHS' work to protect and expand access to reproductive healthcare.

3. Protecting Medical Privacy

- Protecting Medical Privacy: HHS issued guidance that addresses how federal law and regulations protect individuals' private medical information (known as protected health information or PHI) relating to abortion and other sexual and reproductive health care making it clear that providers are not required to disclose private medical information to third parties.
- Empowering Patients to Protect Their Medical Information on Smart Phones and Apps: HHS issued guidance that addresses the extent to which private medical information is protected on personal smart phones and tablets, and provides tips for protecting individuals' privacy when using period trackers and other health information apps.
- Clarifying the Use of Online Tracking Technologies: HHS issued guidance on how federal law and regulations apply to online tracking technologies that are used to collect and analyze user information on various websites and smartphone apps. Some regulated entities regularly share electronic protected health information (ePHI) with online tracking technology vendors and some may be doing so in a manner that violates the HIPAA Rules. The Bulletin explains what tracking technologies are, how they are used, and what steps regulated entities must take to protect ePHI when using tracking technologies.

4. Ensuring Access to Accurate Information

- Providing Accurate Information on Health and Rights for Patients and Providers: HHS launched the ReproductiveRights.gov public awareness website, which includes accurate information about reproductive health, including a Know-Your-Rights patient factsheet to help patients and providers.
- Hearing Directly from Communities Across the Country:
 - In response to Executive Order 14079 HHS has held national convenings inperson and remotely with providers, patient advocates, provider associations and other stakeholders to inform patients of their rights and providers of their obligations under Federal non-discrimination laws and potential consequences of non-compliance as well as listening sessions with patients, providers, and others regarding reproductive health. Discussions have centered around concerns regarding information providers can and cannot share with their

- patients; to what extent federally funded sites can provide reproductive health care; and general concerns about inaccurate information.
- Secretary Becerra and other senior leaders have continuously engaged local and state officials on the frontlines of these efforts, regularly communicating with governors, state Attorneys General, and state Medicaid directors on what they're seeing in their states and how HHS can support them and their residents in protecting and expanding access to reproductive health care.

5. Ensuring Nondiscrimination in Healthcare Delivery

- **Protecting Patients and Providers from Discrimination**
 - HHS issued a proposed rule that would strengthen the regulations interpreting the nondiscrimination provision of the ACA and would reinforce that discrimination on the basis of sex includes discrimination on the basis of pregnancy or related conditions.
 - o After hearing concerns that individuals were experiencing delays and denials of lawfully prescribed medications, HHS issued guidance to roughly 60,000 U.S. retail pharmacies, clarifying their obligations under federal civil rights laws to not discriminate on the basis of sex or disability. These civil rights requirements prohibit discrimination in supplying medications; making determinations regarding the suitability of a prescribed medication for a patient; and advising patients about medications to ensure these actions are done in manner that does not discriminate against patients.

6. Evidence-Based Decision Making at FDA

- Emergency Contraceptive Labeling: In December 2022, the FDA approved changes to the labeling for Plan B One Step, a type of emergency contraception, after FDA scientists carefully reviewed the available data and evidence. FDA determined the current science supports a conclusion that Plan B One-Step works by inhibiting or delaying ovulation and the midcycle hormonal changes. The evidence also supports the conclusion that there is no direct effect on fertilization or implantation. Accordingly, FDA approved labeling changes that remove descriptions of fertilization and implantation from the discussion of Plan B One Step's mechanism of action. These updates were made in response to the drug manufacturer's request for updates to the labeling to make it more accurate and to reduce consumer confusion. These labeling changes help ensure that providers, pharmacists, and consumers understand how Plan B One Step works and enables women to make the decision that's right for them.
- Mifepristone for Medical Termination of Early Pregnancy: Mifepristone has been approved by the FDA as safe and effective for over 20 years for medical termination of early pregnancy. Medication abortion accounts for the majority of early abortions in the United States. Based on a comprehensive review of the

Mifepristone Risk Evaluation and Mitigation Strategy (REMS) Program, in January 2023 the FDA approved modifications to the REMS so that Mifepristone is no longer required to be dispensed in-person. In addition, the FDA eliminated the previous REMS requirement that did not allow the drug to be dispensed by retail pharmacies; under the REMS, any pharmacy that meets the requirements, and is certified, may dispense mifepristone based on a prescription from a certified prescriber.

EXHIBIT 59

Press Release, HHS,
HHS Releases Report Detailing Biden-Harris
Administration Efforts to Protect Reproductive
Health Care Since Dobbs
(Jan. 19, 2023)

FOR IMMEDIATE RELEASE	Contact: HHS Press Office
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202-690-6343 media@hhs.gov

HHS Releases Report Detailing Biden-Harris Administration Efforts to Protect Reproductive Health Care Since Dobbs

Sunday Marks 50th Anniversary of Supreme Court's Roe v. Wade Decision

Today, the U.S. Department of Health and Human Services (HHS) released a report entitled: "Marking the 50th Anniversary of Roe: Biden-Harris Administration Efforts to Protect Reproductive Health Care," which outlines the actions HHS has taken in the face of the health crisis precipitated by the *Dobbs* decision, which overturned *Roe v. Wade*.

"On the 50th anniversary of the *Roe v. Wade* decision, abortion, contraception, and other forms of reproductive health care are under attack in our nation like never before because the Supreme Court undermined nearly half a century of precedent protecting women's access to this critical care," said HHS Secretary Xavier Becerra. "As a result, our daughters have fewer rights than their mothers and grandmothers, and women seeking care are being put in dangerous situations with heartbreaking results."

"The Biden-Harris Administration continues to fight shoulder-to-shoulder with women and families who face this frightening new reality in states across the nation. This anniversary reminds us of what America's women lost as a result of the *Dobbs* decision, and of the importance of HHS's work to protect and expand women's access to reproductive health care. Our work won't stop until all women have access to this critical care."

Since *Dobbs*, HHS has worked to protect and expand access to reproductive care amidst unprecedented efforts by Republican officials at the national and state level to restrict access to abortion and contraception. They have taken action using the tools available to them under the Department's jurisdiction in light of the *Dobbs* decision. HHS actions have been centered on six core priorities:

1. Protecting Access to Abortion Services

January 19, 2023

- 2. Safeguarding Access to Birth Control
- 3. Protecting Patient Privacy
- 4. Promoting Access to Accurate Information
- 5. Ensuring Non-discrimination in Healthcare Delivery
- 6. Evidence-Based Decision Making at FDA

A few key actions HHS has taken include:

- Reaffirming the Department's commitment to protecting the right to abortion care in emergency settings under EMTALA.
- Issuing guidance https://rejouer.perma.cc/replay-web-page/w/id 55f3852527e2/mp_/https://www.hhs.gov/about/news/2022/07/28/hhs-dol-treasury-issue-guidance-regarding-birth-control-coverage.html> to clarify protections for birth control coverage under the Affordable Care Act.
- Protecting medical privacy by empowering patients to protect their medical information on smart phones and Apps.

The full report can be read at https://www.hhs.gov/sites/default/files/roe-report.pdf - PDF https://rejouer.perma.cc/replay-report.pdf web-page/w/id-55f3852527e2/mp_/https://www.hhs.gov/sites/default/files/roe-report.pdf>.

This week, Secretary Becerra will meet with advocates and providers in Wisconsin, a state where abortion care is no longer being provided, and Minnesota, a state where abortion remains legal and legislators recently introduced a bill to codify the right to abortion into state law. During these visits, he will reiterate the Biden-Harris Administration's steadfast commitment to protecting access to reproductive health care, including abortion and contraception.

###

Note: All HHS press releases, fact sheets and other news materials are available at https://www.hhs.gov/news </replay-web-page/w/id-55f3852527e2/mp_/https://www.hhs.gov/news>.

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Last revised: January 19, 2023

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Content created by Assistant Secretary for Public Affairs (ASPA) Content last reviewed January 19, 2023

EXHIBIT 60

White House,
FACT SHEET: The Biden-Harris Administration's
Record on Protecting Access to Medication Abortion
(Apr. 12, 2023)

APRIL 12, 2023

FACTSHEET: The Biden-Harris Administration's Record on Protecting Access to Medication Abortion

Protecting access to reproductive health care has been a priority since the beginning of the Biden-Harris Administration, made even more urgent by the Supreme Court's decision to overturn Roe v. Wade. The President and Vice President are focused on ensuring access to mifepristone, which the FDA first approved as safe and effective to end early pregnancy more than twenty years ago and which accounts for more than half of abortions in the United States.

Despite this decades-long safety record, a single court in Texas has taken the dangerous step of attempting to override FDA's approval of medication abortion—which is used not only for abortion but also for helping women manage miscarriages. If this decision stands, it will put women's health at risk and undermine FDA's ability to ensure patients have access to safe and effective medications when they need them.

This lawsuit is part of broader efforts to ban abortion nationwide and to prevent women from making their own decisions about their own bodies without government interference.

The Administration is fighting this ruling in the courts, and stands by FDA's scientific and evidence-based judgment that mifepristone is safe and effective. Shortly after the ruling last Friday, the Justice Department filed a notice of appeal to the Fifth Circuit and sought a stay of the injunction pending appeal. A wide range of stakeholders, including FDA scholars, leading medical organizations, and pharmaceutical companies, have expressed their support for maintaining access to this FDA-approved medication.

In addition to defending in court FDA's ability to approve safe and effective medications, the Biden-Harris Administration has taken the following steps to protect access to medication abortion:

• Elevating Medication Abortion in the Administration's Response to the Dobbs Decision. On the day of the Supreme Court's decision to overturn Roe v. Wade in June 2022, the President identified preserving access to medication abortion as one of two key priorities to guide the Administration's immediate response to the ruling. President Biden directed the Secretary of the Department of Health and Human Services (HHS) to ensure that mifepristone is as widely accessible as possible in light of the FDA's determination that the drug is safe and effective. He also emphasized the need to protect access to medication abortion in the face of attacks and to stand with medical experts who have stressed that restrictions on medication abortion are not based in science. On the same day, the Attorney General made clear that states may not ban mifepristone, a drug used in medication abortion, based on disagreement with the FDA's expert judgment about its safety and efficacy.

- Issuing an Executive Order to Protect Access to Abortion, including Medication
 Abortion. In an Executive Order on Protecting Access to Reproductive
 Healthcare Services issued in July 2022, President Biden reiterated the importance of medication abortion and directed the Secretary of HHS to identify potential actions to protect and expand access to abortion care, including medication abortion. In response, HHS developed an action plan to protect and strengthen access to reproductive care and has made significant progress in executing this plan and protecting access to care nationwide.
- Addressing Barriers to Accessing Care. In his second Executive Order on Securing

 Access to Reproductive and Other Healthcare Services issued in August 2022, President

 Biden addressed the challenges that women have faced in accessing prescription

 medication at pharmacies in the wake of *Dobbs*, including medication abortion, which is
 also used to manage miscarriages. These included reports of women of reproductive age
 being denied prescription medication at pharmacies—including medication that is used to
 treat stomach ulcers, lupus, arthritis, and cancer—due to concerns that these medications,
 some of which can be used in medication abortion, could be used to terminate a
 pregnancy. To help ensure access to medication, HHS issued guidance to roughly 60,000

 U.S. retail pharmacies to emphasize their obligations under federal civil rights laws to
 ensure access to comprehensive reproductive health care services.
- Directing Further Efforts to Ensure Safe Access to Medication Abortion. On what would have been the 50th anniversary of *Roe v. Wade* in January 2023, President Biden issued a Presidential Memorandum on Further Efforts to Protect Access to Reproductive Healthcare Services to further protect access to medication abortion. The Presidential Memorandum directed the Attorney General, the Secretary of the Department of Homeland Security, and the Secretary of HHS to consider new actions to protect the safety and security of patients, providers, and pharmacies who wish to legally access or provide mifepristone.

This Presidential Memorandum was issued in the face of attacks by state officials to prevent women from accessing mifepristone and discourage pharmacies from becoming certified to dispense the medication. These attacks, and the Presidential Memorandum, followed independent, evidence-based action taken by FDA to allow mifepristone to continue to be prescribed by telehealth and sent by mail as well as to enable interested pharmacies to become certified.

 Engaging Medical Experts and Reproductive Rights Leaders to Underscore the Need for Medication Abortion. In February 2023, Vice President Harris <u>convened</u> a roundtable of leading medical experts and reproductive rights advocates to discuss how a court decision to invalidate the approval of mifepristone would affect patients and providers.
 Participants represented Physicians for Reproductive Health, American Medical Women's Association, the Society of Family Planning, the American Academy of Family Physicians, Planned Parenthood of Metropolitan DC, the National Women's Law Center, NARAL Pro-Choice America, the Center for Reproductive Rights, the American College of Obstetricians and Gynecologists, the ACLU, and Sister Song.

EXHIBIT 61

HHS, Secretary's Report,
Health Care Under Attack: An Action Plan to Protect
and Strengthen Reproductive Care
(Aug. 2022)



#: 1152

Document 1-61

Secretary's Report

HEALTH CARE UNDER ATTACK

An Action Plan to Protect and Strengthen Reproductive Care

A Report Required by Executive Order 14076

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Version date: August 2022*



MESSAGE FROM SECRETARY

For nearly 50 years, women in America lived in a country that guaranteed them the freedom, privacy, and autonomy to control their own bodies. Women could make decisions on their health care in consultation with their physicians, faith leaders, partners, families or whoever they trusted, without interference from a politician or the government.

Document 1-61

#: 1153

On June 24, 2022, the Supreme Court of the United States overturned *Roe v. Wade*, a longstanding precedent, undermining women's privacy, autonomy, health and rights. At the Department of Health and Human Services (HHS), we have been preparing for such a decision for some time.

Earlier this year, on the 49th anniversary of *Roe v. Wade*, we launched a Reproductive Healthcare Access Task Force at HHS to plan for every action necessary to protect women's access to reproductive health care in case the unimaginable became a reality. In the time since the Supreme Court ruled in *Dobbs v. Jackson Women's Health*, we have taken several actions to protect Americans' reproductive rights and care:

Protecting Emergency Medical Care: HHS <u>issued guidance</u>¹ and a <u>letter from Secretary Becerra</u>² to reaffirm that the Emergency Medical Treatment and Active Labor Act (EMTALA, also known as the Emergency Medical Treatment and Labor Act) protects providers when offering legally-mandated, life- or health-saving abortion services as stabilizing care for emergency medical conditions.³

Safeguarding Information on Health and Rights for Patients and Providers: HHS <u>launched the</u> <u>ReproductiveRights.gov</u> public awareness website, ⁴ which includes accurate information about reproductive health, including a Know-Your-Rights patient fact sheet to help patients and providers.

Protecting Patients and Providers from Discrimination:

- HHS <u>issued a proposed rule</u> that would strengthen the regulations interpreting the nondiscrimination provision of the Affordable Care Act (ACA) and would reinforce that discrimination on the basis of sex includes discrimination on the basis of pregnancy or related conditions.⁵
- HHS <u>issued guidance</u> to roughly 60,000 U.S. retail pharmacies, clarifying their obligations under federal civil rights laws.⁶

Protecting Patient Privacy: HHS <u>issued guidance</u> that clarifies to patients and providers the extent to which federal law and regulations protect individuals' private medical information when seeking abortion and other forms of reproductive health care, as well as when using apps on smartphones.⁷

Supporting Quality Reproductive Health Care: HHS <u>announced nearly \$3 million</u> in new funding to bolster training and technical assistance for the nationwide network of Title X family planning providers.⁸

Protecting Access to Birth Control:

Document 1-61 #: 1154



- With the Departments of the Treasury and Labor, we convened a meeting with health insurers
 and sent them a letter, calling on the industry to commit to meeting their obligations to provide
 contraceptives as required by the ACA.⁹
- Later, in response to this conversation, we issued guidance to clarify protections for birth control
 coverage under the ACA.¹⁰ Under the ACA, most private health plans are required to provide birth
 control and family planning counseling at no additional cost.

This report builds on these efforts and initiatives and outlines an action plan in response to the President's call for us to act. Further, it demonstrates the importance and continued commitment of the Administration in responding to this national crisis.

This is a critical moment in history and how we respond will speak to how we view the rights, dignity, and well-being of women everywhere. Therefore, until the day that the freedom and the autonomy to control their own bodies is afforded to all women in this country once again, we will use every tool at our disposal to protect the reproductive health of women in this country.

Xavier Becerra



Executive Summary

On June 24, 2022, the Supreme Court of the United States upended decades of precedent and well-established reproductive and privacy rights when it overturned the constitutional right to safe and legal abortion care recognized by *Roe v. Wade* and *Planned Parenthood v. Casey*.

Document 1-61

#: 1155

On July 8, 2022, President Biden issued Executive Order 14076, "Executive Order on Protecting Access to Reproductive Healthcare Services," which among other things, requires the Secretary of Health and Human Services (HHS) to submit a report to the President identifying a plan and supporting actions to:

- Protect and expand access to the full range of reproductive health care, including abortion care;
- Increase outreach and education about access to reproductive health care services, including by launching a public awareness initiative; and
- Ensure all patients receive the full protections for emergency medical care afforded under the law.¹¹

On August 3, 2022, President Biden issued Executive Order 14079, "Securing Access to Reproductive and Other Healthcare Services," which applauded the work already in progress by HHS and directed it to:

- Consider additional actions to advance access to reproductive health care services, including through Medicaid for patients traveling out of state for medical care;
- Consider all appropriate actions to ensure health care providers that receive federal financial assistance comply with federal non-discrimination law; and
- Evaluate the adequacy of current interagency data collection and analysis on the effect of access
 to reproductive healthcare on maternal health outcomes and take actions to improve these
 efforts.¹²

This report responds to these Executive Orders and outlines actions to protect and expand access to abortion care and other reproductive health care nationwide. It also includes an overview of the historical and legal context relevant to the Executive Orders and current and potential HHS actions to: (a) protect and expand access to abortion care and the full range of reproductive health care services; (b) bolster outreach and education about access to reproductive health care, including medication abortion and contraception; and (c) ensure women, pregnant individuals, and those experiencing pregnancy loss receive the full protections available under federal law with regards to emergency medical care.

In response to the Supreme Court's *Dobbs v. Jackson Women's Health* decision, Secretary Becerra directed HHS to take immediate action to help people across the country as they face this harsh new reality of restricted health care and rights.¹³ As a result, HHS took swift, concrete actions to protect access to reproductive health care, consistent with the Administration's priorities.

In the weeks and months to come, access to reproductive health care will continue to face new attacks, in addition to ongoing challenges. Because of the *Dobbs* decision, access to reproductive health care services now depends on where an individual lives to an even greater extent than it did before. The United



States of America has an expanding patchwork of laws, wherein some states criminalize health care providers and others for providing or facilitating medical care—sometimes without meaningful exceptions for the life or health of the woman, or when the pregnancy is a result of rape or incest. Some states and localities have expressed their intention to have prosecutors enforce restrictions against women, health care providers, and others. Further, health care providers in many jurisdictions are facing potential criminal and civil liability as well as loss of licensure for providing necessary abortion related services.

#: 1156

Document 1-61

Additional efforts are underway that imperil other basic health care and rights. There have been numerous reports of women denied health- and life-saving emergency care, as providers fearful of legal reprisal delay necessary treatment for patients until their conditions worsen to dangerous levels. There are also reports of women of reproductive age being denied prescription medication at pharmacies—including medication that is used to treat stomach ulcers, lupus, arthritis, and cancer—due to concerns that these medications, some of which can be used in medication abortions, could be used to terminate a pregnancy. Bans and limits are being considered on access to birth control care, including emergency contraception.

This new reality will only worsen health outcomes for women and families, especially individuals who are already underserved in our health care system, including women of color, working families, people with disabilities, and LGBTQI+ patients. The Supreme Court's *Dobbs* decision also renders the United States an outlier globally, putting our nation on a short list of countries seeking to restrict, rather than expand, access to sexual and reproductive health care.¹⁴

Now, more than ever, the federal government needs to play a critical role helping to ensure access to reproductive health care, including by creating safeguards for providers and patients. HHS will continue to use its authority to protect access to care, including abortion care, and enforce federal law when women's rights to care are violated.



Introduction

On June 24, 2022, the Supreme Court of the United States eliminated the constitutional right to an abortion in its ruling on *Dobbs v. Jackson Women's Health*, reversing a nearly 50-year precedent established by *Roe v. Wade* and subsequently reaffirmed in *Planned Parenthood v. Casey*—and with it, decades of accepted law. At the time of the *Dobbs* ruling, thirteen states had laws in place to ban abortion under varying circumstances in the event that *Roe v. Wade* and *Planned Parenthood v. Casey* were overturned. Several other states are considering laws to ban or further restrict abortion access in the near future.

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The Supreme Court's *Dobbs* ruling and state actions to ban health care have already had dire consequences for women across the country. These restrictions will exacerbate preexisting inequities and worsen maternal health outcomes and fuel a national public health crisis with negative effects on how women access and receive care. These impacts will be felt most acutely by underserved communities, including those with low incomes and people of color. The decision is also an assault on patient privacy and bodily autonomy, with broader implications for the freedoms millions of Americans hold dear. Further, for those states and localities that intend to have prosecutors enforce restrictions against women and others who facilitate their access to health care, this may exacerbate existing disparities in the criminal justice system broadly.

It is well established that both medication and surgical abortions are safe and effective.

There have been several studies examining the impact of abortion on the health and well-being of women. For instance, the National Academies of Science, Engineering, and Medicine (NASEM) conducted a comprehensive review of the literature on the physical and mental health implications of abortion and found consistent, high-quality evidence that, contrary to certain misconceptions, abortion does not increase the risk of breast cancer, secondary infertility, pregnancy-related hypertensive disorders, preterm birth, depression, anxiety, posttraumatic stress disorder, or other mental health harms. Given strong evidence from numerous studies showing that lower socioeconomic status is associated with shorter life expectancy and various forms of morbidity including worse mental health, 15,16,17,18,19 lack of access to abortion may lead to compounding adverse health effects in the future.

This report makes recommendations on actions to help protect access to abortion care, as well as broader reproductive health care services, in the wake of the *Dobbs* decision.

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SECTION 1. Access to Medication Abortion and Contraception

Abortion Care

Medication Abortion Background:

The use of medication abortion is becoming increasingly common and may help preserve access for women seeking abortions in certain circumstances who may otherwise not have access. The regulatory history of mifepristone, the FDA-approved product for medication abortion, spans more than two decades. On September 28, 2000, FDA approved Mifeprex (mifepristone, 200 mg), in a regimen with another drug (misoprostol), as safe and effective for the medical termination of early pregnancy through seven weeks gestation; and that approval was extended through ten weeks gestation in 2016. ²⁰ Misoprostol is also sometimes prescribed by providers to help women experiencing miscarriages.

Enforcement Discretion on the REMS—COVID-19

The Mifepristone Risk Evaluation and Mitigation Strategy (REMS) Program currently requires, among other things, that the product be dispensed in-person by a certified prescriber in certain types of health care settings, as well as the use of a Patient Agreement Form.²¹

In April 2021, FDA communicated that, provided all other requirements of the Mifepristone REMS Program are met, the Agency was exercising its enforcement discretion to not pursue violations of the inperson dispensing requirement of the Mifepristone REMS Program during the COVID-19 public health emergency (PHE), including any in-person requirements that may be related to the Patient Agreement Form. The COVID-19 PHE is ongoing, and thus FDA intends to continue to exercise its enforcement discretion in this manner. As a result, pharmacies are dispensing mifepristone to patients by mail on behalf of certified health care prescribers who have purchased the product.

FDA has also undertaken a full review of the Mifepristone REMS Program and has determined that the inperson dispensing requirement is no longer necessary to assure the safe use of mifepristone for medical termination of early pregnancy, provided all the other requirements of the REMS continue to be met and that dispensing pharmacies are certified. **HHS will continue its work to protect access to FDA-regulated products for abortion that have been found to be safe and effective.**

Initiation of the REMS Modification Process

On December 16, 2021, FDA sent REMS modification notification letters to the applicants for Mifeprex and the approved generic version of Mifeprex, Mifepristone Tablets 200 mg, subject to the standard process for this type of REMS modification.²² In response to these letters, the applicants prepared proposals to modify the REMS and submitted them to FDA. FDA is currently reviewing these REMS modifications. If the REMS modification submissions are approved, the REMS modifications will become effective. Should the submissions be approved consistent with the December 2021 letters to the applicants, people seeking medication abortion will continue to have access to Mifeprex and the approved generic version without in-person dispensing via mail-order pharmacy once the COVID-19 PHE is over.



FDA will continue the REMS modification process and review the applicants' proposed changes to the REMS related to removing the in-person dispensing requirement.

Federal Preemption—Protecting Access to Medication Abortion

The Attorney General of the United States made clear that states may not ban mifepristone based on disagreement with FDA's expert judgment about its safety and efficacy.²³ HHS is working with the U.S. Department of Justice (DOJ) to help ensure access to care and preserve FDA's role in determining what is safe and effective for patients.

Coverage of Abortion Services

The Hyde Amendment

The Hyde Amendment permits use of federal funds for abortions only in limited circumstances: when the pregnancy is the result of rape or incest, or when the woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself that would place the woman in danger of death unless an abortion is performed. The Hyde Amendment applies to federal funds in programs and activities across HHS, including Medicaid, Medicare, the Children's Health Insurance Program, and others.^{24,25}

In the wake of the *Dobbs* decision, the Centers for Medicare and Medicaid Services (CMS) continues to evaluate the impact of Hyde restrictions on coverage and further steps to expand care. **To that end, the Centers for Medicare & Medicaid Services (CMS) continues to evaluate the effect of** *Dobbs* **and will work to ensure states provide reproductive health care in federally funded programs, consistent with applicable Hyde Amendment restrictions.**

The Hyde Amendment disproportionately impacts access to abortion for low-income communities, people of color, and people with disabilities nationwide for whom Medicaid is the primary source of coverage for health care.^{26, 27}

CMS will work with states to advance access to reproductive health care, including to the extent permitted by federal law, through Medicaid for patients traveling across state lines for medical care consistent with President Biden's Executive Order 14079. It took a first step on this action in releasing a letter to states, inviting them to work with HHS on Medicaid waivers to increase access to reproductive health care within the legal limits of the Medicaid Act.

Federal Protections for Family Planning and Birth Control Care

Reproductive Health Care Coverage—Private Market and Medicaid

Private Market

The Affordable Care Act (ACA) helps make prevention services affordable and accessible for all Americans by requiring most employer health plans and other health insurance plans to provide coverage to their enrollees for certain recommended preventive services at no additional cost. A recent HHS report



estimated that more than 58 million women were benefiting from these provisions.²⁸ The recommended preventive services include preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration (HRSA). The Women's Preventive Services Initiative reviews and recommends updates to the guidelines, including contraception and contraceptive counseling. The guidelines were last updated in December of 2021, effective for plan years starting on or after December 30, 2022, and are reviewed on an annual basis.²⁹

Following President Biden's July 2022 Executive Order on ensuring access to reproductive health care, HHS, alongside the Departments of Labor and of the Treasury (the Departments), released <u>guidance</u> to clarify protections for birth control coverage under the ACA.³⁰ Under the ACA, most private health plans are required to provide coverage of birth control and family planning counseling at no additional cost. This guidance followed action in June, when the three Departments sent a <u>letter</u> to health insurers and employer health plan organizations,³¹ and the Departments convened a meeting with them, calling on the industry to commit to meeting their obligations to provide coverage for contraceptive services at no additional cost as required by the ACA. **HHS will enforce the law to ensure access to birth control coverage under the ACA and continue to work to ensure that patients understand their coverage rights.**

Medicaid

Medicaid plays a critical role in helping to ensure access to reproductive health care for the populations it serves, including women's preventive care, family planning, and pregnancy-related care such as prenatal care, childbirth, and postpartum care. Nearly all women use some form of family planning during their reproductive years, and Medicaid is the largest source of public funding for family planning services nationally.³² The mandatory Medicaid family planning benefit provides coverage for services and supplies to prevent or delay pregnancy and may include education and counseling in the method of contraception desired or currently in use by the individual, a medical visit to change the method of contraception, and infertility treatment. States receive an enhanced federal matching rate of 90 percent for expenditures for family planning services and supplies. **CMS will continue to work with states to expand access to reproductive health care.**

Federal Family Planning Programs - Title X, Community Health Centers and More

The Office of the Assistant Secretary for Health runs the Title X program, which supports high-quality, family planning services, and preventive care including breast and cervical cancer screening, contraceptive counseling and care, sexually transmitted infection testing and treatment, and HIV screening. In October 2021, HHS issued a final rule to strengthen the nation's family planning program with nationally recognized standards of care. Subsequently, HHS awarded more than \$270 million to support family planning service delivery, and more than \$16 million to support telehealth enhancement and expansion. A critical part of this was funding released in Fall 2021 to help clinics in dire need as a result of the Texas abortion ban, SB 8. This funding went to support clinics in eight states. HHS is considering other grants to help with training and capacity for clinics on sexual and reproductive health and will make family planning care a priority in its programs and services, as well as considering options to make family planning a specific condition for certain grants.

As a result of state abortion bans, abortion providers are closing their doors and patients are at risk of losing access to providers they trust and the care they need. On June 29, 2022, HHS further issued guidance to clinics, providers, others on how Title X projects can support pregnant clients and use funds to respond to changing reproductive health care needs. **HHS is evaluating the opportunity to provide**



grants to clinics to support patient navigation and ongoing clinic stability in underserved areas that may face closure from revenue losses and state bans. Further, HHS will continue to work to make more funding available under the Title X program to help clinics with capacity limitations and support increased needs in providing Title X services to patients who travel from states where clinics have closed due to bans on abortion. HHS has also made clear to Congress that more funding is needed for the Title X program given the capacity issues in both states with bans and those without restrictions on reproductive health care.

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In addition to helping clinics navigate the post-Dobbs reality, HHS is also working to support more training and resources to help providers build capacity and expertise as the need for family planning care and patient information continues to grow. HRSA plans an initiative for the fall of 2022 to increase capacity for recipients of the Ryan White HIV/AIDS Program to implement evidence-informed interventions and promising strategies around reproductive health care needs for people with HIV. This will include preventive screenings, education (including pre-conception counseling), family planning, and other reproductive health care needs for people with HIV, as well as post-natal care. CDC serves as a source of clinical guidance for health care providers and provides evidencebased guidance to reduce medical barriers to contraception access and use.³³ CDC anticipates issuing an updated Contraceptive Guidance for Health Care Providers and has conducted the initial steps for this update—including soliciting public comments and conducting systematic reviews.

HRSA runs our nation's health centers program. These centers provide primary and preventive health services to underserved communities, including family planning services. Services include patient-centered counseling, contraceptive services (including the full range of FDA-approved methods), pregnancy testing and counseling, assistance for patients who want to conceive, basic infertility services and screening for sexually transmitted infections. It is critical that these providers stay up to date on reproductive health care and are able to continue providing services that meet the necessary standard of care. HRSA is in the process of updating its technical assistance guide and HHS will update and expand technical assistance guidance for Title X and community health center providers.



Section 2: Access to Care Under the Law

Nondiscriminatory Access to Healthcare

Since the Dobbs decision, there have been an uptick in cases around the country where people—especially women of reproductive age—have been denied care, including medical care that is not directly related to reproductive health. Such incidents have happened in pharmacies when persons with disabilities seek their prescribed medications, some have impacted women experiencing miscarriages, and others have been the product of confusion from the decision and resulting denials of care.

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The Office for Civil Rights (OCR) enforces a range of federal civil rights laws, including Section 1557 of the ACA (Section 1557),34 which prohibits discrimination based on sex in health programs and activities. Sex discrimination includes discrimination based on current pregnancy, past pregnancy, and related medical conditions.

Section 1557 and Section 504 of the Rehabilitation Act of 1973 (Section 504) prohibits discrimination on the basis of disability by recipients of federal funding, and Title II of the Americans with Disabilities Act prohibits disability discrimination by state and local government entities. Under these laws, a covered entity cannot deny, exclude, or fail to provide an equal opportunity to benefit from a program, service, or activity, including reproductive health care services to people with disabilities. These laws prohibit discrimination in a covered entity's provision of reproductive health care services, and individuals experiencing discrimination in the provision of such care can file complaints with HHS OCR.³⁵ OCR is actively monitoring cases around the country and will act against entities not following their obligations under federal law. To that end, the Administration for Community Living (ACL) funds Protection and Advocacy Systems in each state that also can provide legal assistance to individuals with disabilities who face barriers in accessing reproductive health care services.³⁶

Pharmacies that receive federal financial assistance are covered entities under Section 1557 and other federal civil rights laws, including Section 504. On July 13, 2022, OCR released guidance to pharmacies on their obligations under federal civil rights laws to ensure nondiscriminatory access to pharmacy services.³⁷ The guidance reminds covered pharmacies that they may not discriminate on the grounds prohibited by Section 1557 and Section 504, including with regard to supplying medications; making determinations regarding the suitability of a prescribed medication for a patient; or advising patients about medications and how to take them.

On August 3, 2022, President Biden signed Executive Order 14079 on "Securing Access to Reproductive and Other Healthcare Services," which directed OCR to consider all appropriate actions to advance the prompt understanding of and compliance with nondiscrimination law in obtaining medical care. This includes providing technical assistance to providers, convening providers to increase awareness of the law, and working to promote compliance. OCR will take further action in response to this Executive Order to promote compliance, including vigorous enforcement of federal civil rights laws. As part of this important work, OCR will continue to provide technical assistance to providers on their obligations under federal civil rights law and will convene providers to help ensure providers understand their obligations under federal civil rights laws.

On August 4, 2022, OCR published a notice of proposed rulemaking (NPRM) on Section 1557 of the Affordable Care Act. 38 The proposed rule, among other things, implements the statutory prohibition on



discrimination on the basis of sex in federal health programs and activities. The NPRM recognizes discrimination on the basis of pregnancy or related conditions as a form of prohibited sex discrimination and seeks comment on whether the Final Rule should include a stand-alone provision to this effect and what impact, if any, the *Dobbs* decision has on the implementation of Section 1557 and the implementing regulations.

Access to Emergency Medical Care

The Emergency Medical Treatment and Labor Act (EMTALA) requires that all patients who present at an emergency department of a hospital that receives Medicare funds and who request examination or treatment shall receive an appropriate medical screening examination, stabilizing treatment, and transfer if necessary, irrespective of any directly conflicting state laws or mandates. CMS released guidance on September 17, 2021, and again on July 11, 2022, emphasizing that under EMTALA, a health care provider has a legal duty to provide stabilizing medical treatment to a patient who presents to the emergency department and is found to have an emergency medical condition, and that requirement preempts any directly conflicting state law or mandate that might otherwise prohibit such treatment. ³⁹ HHS will continue to make information available to help patients and providers understand this important right and provide technical assistance and information to providers on their obligations under EMTALA. ⁴⁰

As indicated in CMS guidance, the determination of an emergency medical condition is the responsibility of the examining physician or other qualified medical personnel. Emergency medical conditions involving pregnant patients may include but are not limited to ectopic pregnancy, complications of pregnancy loss, or emergent hypertensive disorders, such as severe preeclampsia. Any state laws or mandates that employ a more restrictive definition of an emergency medical condition that directly conflicts with the EMTALA definition are preempted by the EMTALA statute to the extent of this conflict.

The course of treatment necessary to stabilize such emergency medical conditions is also under the purview of the physician or other qualified medical personnel. Stabilizing treatment could include medical and/or surgical interventions (e.g., abortion, removal of one or both fallopian tubes, anti-hypertensive therapy, methotrexate therapy, etc.), irrespective of any directly conflicting state laws or mandates.

Thus, if a physician believes that a pregnant patient presenting at an emergency department, including certain labor and delivery departments, is experiencing an emergency medical condition as defined by EMTALA, and that abortion is the stabilizing treatment necessary to resolve the emergency medical condition, the physician must ensure that the patient receives that treatment. And when a state law directly conflicts with EMTALA because it prohibits abortion and does not include an exception for the life and health of the pregnant woman—or draws the exception more narrowly than EMTALA's emergency medical condition definition—that state law is preempted in the area of this direct conflict.

The enforcement of EMTALA is generally a complaint-driven process. **HHS will continue to enforce EMTALA** and investigate complaints where consistent with law.



Investigating

CMS investigations of a hospital's policies, procedures and processes, or the actions of medical personnel, are initiated by a complaint. Complaints can be filed in each state. CMS may also open an investigation based on public reports.

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Enforcement

If the results of a complaint investigation indicate that a hospital violated one or more of the provisions of EMTALA, a hospital may be subject to termination of its Medicare provider agreement and/or the imposition of civil monetary penalties. Civil monetary penalties and exclusion from Medicare and Medicaid participation may be imposed against individual physicians for EMTALA violations. Furthermore, where a state purports to prohibit providers from offering the emergency care that EMTALA requires, HHS will not hesitate to refer the matter to the DOJ to take appropriate legal action. On August 2, 2022, the United States sued the State of Idaho over a law that imposes a ban on abortion.⁴¹ Under the Idaho law, a prosecutor can indict, arrest and prosecute a physician merely by showing that an abortion has been performed, without regard to the circumstances. A physician who provides an abortion in Idaho can ultimately avoid criminal liability only by establishing as an affirmative defense that "the abortion was necessary to prevent the death of the pregnant woman" or that, before performing the abortion, the pregnant patient (or, in some circumstances, their parent or guardian) reported an "act of rape or incest" against the patient to a specified agency and provided a copy of the report to the physician. The Idaho law provides no defense for an abortion necessary to protect the health of the pregnant patient.

Idaho's criminal prohibition of all abortions, subject only to the statute's two limited affirmative defenses, directly conflicts with EMTALA and stands as an obstacle to the accomplishment of EMTALA's federal objectives of providing stabilizing care and treatment to anyone who needs it. On August 24, 2022, the United States, represented in this matter by HHS alongside DOJ, was awarded a preliminary injunction prohibiting enforcement of the Idaho law to the extent of its conflict with EMTALA. **HHS will continue to enforce the law as appropriate.**



Section 3: Protecting Patient Privacy

Recent reports indicate that state Attorneys General and other state actors may seek to use patient data to track women seeking reproductive health care, violating patient trust and privacy and creating dangerous and untenable situations for patients who are already facing limited options. Further, there have been reports about the risks posed by smart phones and mobile applications that allow patient data related to reproductive health to be shared, such as period trackers and geolocation data. These data may be used against patients and may also lead patients to feel stigma when accessing care or to not seek care at all.

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The complexity of protecting the privacy of patients' reproductive health data is compounded by the dynamic nature of electronic health information and the ways it is encoded within health information technology systems. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) plays an important role in patient privacy. Information relating to a patient's sexual and reproductive health can be directly accessed or indirectly inferred based on a wide range of data points that can be included within a patient's longitudinal care record. For example, a medication list could be used to infer medical or surgical abortion care. It is essential to protect the entirety of a patient's health information.

HIPAA Compliance

OCR issued guidance on June 29, 2022, to help protect patients seeking reproductive health care, as well as their health care providers.⁴² The guidance addresses how the HIPAA Privacy Rule protects individuals' private medical information ("protected health information," or PHI) relating to abortion and other sexual and reproductive health care—making it clear that HIPAA does not require providers to disclose private medical information to third parties. HHS will continue to rigorously enforce the HIPAA Privacy, Security, and Breach Notification Rules to help protect patients seeking reproductive health care.

OCR also issued guidance outlining best practices for consumers that addresses the extent to which private medical information is protected on personal cell phones and tablets.⁴³ This guidance explains that, in most cases, the HIPAA Privacy, Security, and Breach Notification Rules do not protect the privacy or security of individuals' health information when they access or store the information on personal cell phones or tablets. This guidance provides tips about steps an individual can take to decrease how their cell phone or tablet collects and shares their health and other personal information without the individual's knowledge. HHS will continue to issue guidance, technical assistance, and support to help protect the privacy of individuals' PHI related to abortion and other sexual and reproductive health care and will provide further guidance and policies to safeguard patient privacy.

The Office of the National Coordinator for Health IT (ONC) certification and information blocking regulations already provide for protection of patient privacy and choice when it comes to sharing electronic health information. HHS will continue to publish guidance reinforcing health care providers' awareness of the ways in which information blocking regulations support their ability to provide care while protecting patient privacy.

Protecting patient privacy is a critical priority for HHS, which has already begun this important work. HHS will also host public meetings with providers and others in the health care system, including health



information technology developers and other stakeholders, to encourage awareness of how patients can obtain their electronic health information and make informed choices about whether to share it with others (including the use of mobile health applications).

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Section 4: Improving Awareness, Education and Access to Accurate Information

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This section describes actions HHS has taken or will take to provide education and outreach to individuals on how to access reproductive health care services and about their rights relating to privacy, as well as outreach to key partners on the Administration's actions in response to the *Dobbs* decision.

Federal Resources and Information—ReproductiveRights.gov

HHS has launched Reproductive Rights.gov, a website that serves as a central location for information on federal reproductive rights, including rights associated with accessing abortion, birth control, and other preventive services. This site provides accurate information in an accessible format to consumers to help them understand their rights to emergency care, birth control, medication, abortion services, and other preventive health services in one location. It also provides information for individuals who do not have health insurance, including information on how to locate Title X Family Planning Clinics, health centers, and Ryan White HIV/AIDS Programs. Additionally, the public can find information regarding filing a complaint with HHS OCR if a person's civil rights or health information privacy rights are violated. This website will continue to add timely, relevant information on a range of reproductive health issues to reflect the shifting environment, and efforts are underway to ensure that materials are accessible to individuals with limited English proficiency.

Reproductive rights gov is also cross-linked with the DOJ's Reproductive Rights website, which provides information about federal legal protections for accessing reproductive health services. 44 DOJ's website provides helpful information for clinics and individuals seeking access to reproductive health services, such as the Freedom to Access Clinic Entrances (FACE) and how to report property damage, violence or threats of violence directed at providers.⁴⁵

HHS will continue to add timely, relevant information on a range of reproductive health issues to the website.

Outreach Efforts

HHS launched a campaign to ensure the public has information on how to access birth control. Specifically, this campaign aims to provide patients and consumers with information regarding the requirement for most health insurance plans to cover the full range of FDA-approved contraceptives including emergency contraceptives and intrauterine devices with no cost to the consumer. Additionally, information will be provided to notify the public of the ability to access, depending on income, no-cost or low-cost contraceptive services, as well as cervical cancer screenings, sexually transmitted infection (including HIV) testing, and referrals for abortion and other patient care.

OCR plans to convene with health care providers to discuss federal civil rights and health privacy obligations. This will facilitate OCR's efforts to provide informative and timely guidance to covered entities and is in furtherance of President Biden's Executive Order 14079. Through these convenings OCR will provide support in complying with the law and also help inform areas where additional policy changes or technical assistance may be helpful to advance reproductive health care.



The HHS Reproductive Access Task Force also met with advocacy organizations, providers, civil rights groups, medical experts, and faith-based partners to better understand and respond to needs following Dobbs. These efforts helped inform HHS's early action in response to the Dobbs decision. Further, HHS will leverage external relationships in communities across the country to improve education and understanding about women's preventive health services, including birth control coverage and family planning care, at Title X clinics, community health centers, and other HHS programs and services nationwide using its existing network of providers to expand information and access to coverage for patients.

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Countering Inaccurate Information

The Office of the Surgeon General has addressed the challenges of inaccurate health information with the release of the Surgeon General's Advisory on Health Misinformation in July of 2021.⁴⁶ This advisory outlined the harms of inaccurate health information and the ways individuals, health professionals, technology platforms, and many others can combat it. In November of 2021, the Office of the Surgeon General released a Community Toolkit for Addressing Health Misinformation to help educate the public on ways to identify and appropriately engage with others about inaccurate health information. 47 Thousands of individuals, community leaders, educators, and health workers have used the toolkit for teaching and training. These efforts will continue to create a safer information environment to inform health decisions, including those on reproductive health. HHS will work with providers and patients nationwide to counter inaccurate information.



Section 5: Improving Data and Research

Restrictions on abortions will likely have significant impacts on maternal health outcomes. This section briefly reviews data sources that are available to monitor maternal health outcomes and track access to reproductive health services. The Department is making a number of investments to improve maternal health data infrastructure. Some of this work is improving electronic health records data and linking mothers with their children to support longitudinal studies on maternal health. 48,49 On August 3, 2022, as part of Executive Order 14079 on Securing Access to Reproductive and Other Healthcare Services, HHS was directed to evaluate the adequacy of research, data collection, and data analysis and interpretation efforts at the National Institutes of Health (NIH), the CDC, and other relevant HHS components in accurately measuring the effect of access to reproductive health care on maternal health outcomes and other health outcomes.

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The Department is taking additional steps to increase its monitoring and data collection to better understand the impact on health disparities and equity as well as determine areas with needs for increased federal resources and support to protect access to health care and patient privacy. HHS is actively exploring approaches to improve its ability to track and understand the implications of lack of access to abortion through improved comprehensive and timely data.

Tracking Maternal Mortality and Morbidity Data

Measures of maternal mortality and severe maternal morbidity are reported on an annual basis including the CDC's maternal mortality rate and pregnancy-related mortality ratio, and severe maternal morbidity rates measured by the Agency for Healthcare Research and Quality (AHRQ). HHS will continue these reporting systems to better understand the impact of abortion bans on maternal mortality and morbidity.

Tracking Abortion Data

The CDC collects data that states may voluntarily report on legal abortions, which includes information on the number and type of abortions and on basic characteristics of the women who receive them.⁵⁰ Given the voluntary nature of this data collection, these data are not complete. The CDC also runs the Pregnancy Mortality Surveillance System.⁵¹ This system monitors the impact of abortion deaths from legal abortions, illegal abortions, or abortion arising from miscarriages or pregnancy related complications. These data are also available in the Abortion Surveillance Report. 52

Family Planning Data

Self-reported information directly from women about access to and use of services such as family planning and contraception is another relevant data resource. Early reporting suggests that there have been changes in the types of contraceptive methods some women are seeking since the Dobbs decision was announced with as much as 21 percent of women reporting that they changed their contraception method in the preceding month.⁵³ The CDC's <u>Pregnancy Risk Assessment Monitoring System</u> collects state-level population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy, as well as pregnancy intention and contraceptive use.⁵⁴ The CDC also conducts the National Survey of Family Growth, which collects information about fertility, contraceptive-use, pregnancy-

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intention, adoption-intention, and pregnancy, among other related topics which will help measure the impact of the *Dobbs* decision on health care decisions in family planning care.

CDC's Behavioral Risk Factor Surveillance System includes questions in the Family Planning Module to understand contraceptive use. Data collected in 2017 and 2019 from 45 jurisdictions were used to estimate the proportion of women aged 18 to 49 years who were at risk for unintended pregnancy and had ongoing or potential need for contraceptive services. The CDC's Youth Risk Behavioral Surveillance System has also monitored health-related behaviors and experiences among high school students, including sexual health behaviors, unintended pregnancy, and sexually transmitted diseases. These data become imperative as we examine national impacts.



Conclusion

HHS will continue to work to strengthen and expand access to reproductive health care services. As part of this work, the Secretary has directed every part of HHS to evaluate its work and act accordingly. Specifically, the Department is taking all possible steps to increase access to medication abortion and contraception; ensure access to health care under the law; protect patient privacy related to reproductive health; increase awareness, education, and access to accurate information; and expand the collection of accurate data and research in this sphere. HHS will also continue to work across the federal government to provide its expertise and partner with federal partners on its work.

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Abortion is health care, and access to it and comprehensive reproductive health services can make a huge difference in a person's life—from the autonomy to make decisions about one's own body to improved health outcomes. This report lays out our current work and actions to address the proliferation of bans and restrictions on reproductive health care nationwide. We will continue this important work until every woman has equal, access to health care, privacy, and reproductive rights.

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- ¹⁸ Adam Wagstaff, Poverty and Health Sector Inequalities, 80 Bull. World Health Org. 97 (2002).
- ¹⁹ Gopal K. Singh & Mohammed Siahpush, Widening Socioeconomic Inequalities in U.S. Life Expectancy, 1980– 2000, 35 Int'l J. Epidemiology 969 (2006).
- ²⁰ At the time of initial approval, the application was approved under part 314, subpart H (21 C.F.R. part 314, subpart H), which provides for approval with restrictions that are needed to assure the safe use of the drug product. Subsequently, once the Food and Drug Administration Amendments Act of 2007 (FDAAA) was passed, through which the Risk Evaluation and Mitigation Strategy (REMS) authority was created, Mifeprex was identified as one of the products that was deemed to have an approved REMS in effect because Mifeprex had in effect elements to assure safe use.
- ²¹ A REMS is a drug safety program the FDA can require for particular medications with safety concerns to ensure that the benefits outweigh the risks. REMS are designed, for instance, to reinforce safe medication use by preventing, monitoring, or managing a specific risk for a particular drug. For more information, see Food & Drug Admin., Risk Evaluation and Mitigation Strategies | REMS (last updated Dec. 17, 2021).
- ²² When FDA determines that a REMS must be modified, FDA will notify the applicant of the determination and describe the required change and the type of submission that is needed. For the REMS modifications here, the applicants were required to submit supplemental applications proposing revisions consistent with the FDA

August 25, 2022 21



determination. The applications must be reviewed and approved by FDA prior to implementing any changes proposed in the applications.

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#: 1173

- ²³ Press Release, U.S. Dep't of Just., <u>Attorney General Merrick B. Garland Statement on Supreme Court Ruling in Dobbs v. Jackson Women's Health Organization</u> (June 24, 2022).
- ²⁴ Alina Salganicoff et al., <u>The Hyde Amendment and Coverage for Abortion Services</u>, Kaiser Fam. Found. (Mar. 5, 2021).
- ²⁵ *Id.* ("Because Congress reauthorizes the Hyde Amendment annually as an attachment to the appropriations bill for HHS, it also restricts abortion funding under the Indian Health Service, Medicare, and the Children's Health Insurance Program.").
- ²⁶ Ctr. on Budget & Pol'y Priorities, Medicaid Works for People with Disabilities (Aug. 29, 2017).
- ²⁷ U.S. Gov't Accountability Off., GAO-19-159, <u>Medicaid: CMS Action Needed to Ensure Compliance with Abortion Coverage Requirements</u> (2019).
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- ²⁹ Women's Preventive Services Guidelines, Health Res. & Servs. Admin (last updated Aug. 2022).
- ³⁰ Dep't of Labor et al., FAQs About Affordable Care Act Implementation Part 54 (July 28, 2022).
- ³¹ Press Release, U.S. Dep't of Health & Human Servs., <u>Secretaries Becerra, Walsh and Yellen Underscore</u> <u>Contraceptive Coverage Requirements for Private Insurance</u> (June 27, 2022).
- ³² Ivette Gomez et al., Medicaid Coverage for Women, Kaiser Fam. Found. (Feb. 17, 2022).
- ³³ <u>CDC Contraceptive Guidance for Health Care Providers</u>, Ctrs. for Disease Control & Prevention (last updated May 20, 2021).
- ³⁴ 42 U.S.C. § 18116.
- ³⁵ Complaint Portal Assistant, U.S. Dep't of Health & Human Servs. (last visited Aug. 25, 2022).
- ³⁶ Protecting Rights and Preventing Abuse of People with Disabilities, Admin. for Cmty. Living (last updated July 27, 2022).
- ³⁷ Off. for C.R., U.S. Dep't of Health & Human Servs., <u>Guidance to Nation's Retail Pharmacies: Obligations Under Federal Civil Rights Laws to Ensure Access to Comprehensive Reproductive Health Care Services</u> (last visited Aug. 25, 2022).
- ³⁸ Nondiscrimination in Health Programs and Activities, 87 Fed. Reg. 47,824 (proposed Aug. 4, 2022) (to be codified at 42 C.F.R. 438 *et seq.*).
- ³⁹ Memorandum from Ctrs. for Medicare & Medicaid Servs., *supra* note 1.
- ⁴⁰ On August 24, 2022, the Northern District of Texas issued a preliminary injunction prohibiting certain applications of this guidance. *Texas v. Becerra*, No. 5:22-CV-185-H (N.D. Tex.). HHS will comply with the court's injunction.
- ⁴¹ Press Release, U.S. Dep't of Just., Justice Department Sues Idaho to Protect Reproductive Rights (Aug. 2, 2022).
- ⁴² <u>HIPAA Privacy Rule and Disclosures of Information Relating to Reproductive Health Care</u>, U.S. Dep't of Health & Human Servs. (June 29, 2022).
- ⁴³ Protecting the Privacy and Security of Your Health Information When Using Your Personal Cell Phone or Tablet, U.S. Dep't of Health & Human Servs. (June 29, 2022) ("The HIPAA Rules generally *do not* protect the privacy or security of your health information when it is accessed through or stored on *your* personal cell phones or tablets. The HIPAA Rules apply only when PHI is created, received, maintained, or transmitted by covered entities and business associates.").
- ⁴⁴ Reproductive Rights, U.S. Dep't of Just. (last updated Aug. 2, 2022).
- ⁴⁵ National Task Force on Violence Against Reproductive Health Care Providers, U.S. Dep't of Just. (last updated Sept. 17, 2021).
- ⁴⁶ To view this advisory, *see* Surgeon Gen. of the U.S., <u>Confronting Health Misinformation: The U.S. Surgeon General's Advisory on Building a Health Information Environment (2021).</u>
- ⁴⁷ To view this toolkit, *see* Off. of U.S. Surgeon Gen., <u>A Community Toolkit for Addressing Health Misinformation</u> (2021).
- ⁴⁸ Andre Chappel et al., <u>Addressing the Maternal Health Crisis Through Improved Data Infrastructure: Guiding</u> Principles for Progress, Health Affs. Blog (Aug. 11, 2021).



- ⁴⁹ Violanda Grigorescu, <u>Improving Data Capacity for Maternal Health Research Through EHR Data Standards</u>, Healthcare IT News (May 31, 2022).
- ⁵⁰ For more information about these data, *see CDCs Abortion Surveillance System FAQs*, Ctrs. for Disease Control & Prevention (Nov. 22, 2021).

#: 1174

- ⁵¹ Pregnancy Mortality Surveillance System, Ctrs. for Disease Control & Prevention (June 22, 2022).
- ⁵² Katherine Kortsmit et al., <u>Abortion Surveillance United States, 2019</u>, 70 Morbidity & Mortality Wkly. Rpt., Nov. 26, 2021.
- ⁵³ Harris Poll, <u>A Notable Sum of Women are Considering Permanent Contraception</u> (July 26, 2022).
- ⁵⁴ Pregnancy Risk Assessment Monitoring System, Ctrs. for Disease Control & Prevention (May 23, 2022).
- ⁵⁵ For the underlying data and the report produced from it estimating the need for contraceptives, *see* Lauren B. Zapata et al., <u>Need for Contraceptive Services Among Women of Reproductive Age 45 Jurisdictions, United States, 2017–2019</u>, 70 Morbidity & Mortality Wkly. Rpt., June 25, 2021; <u>Data and Statistics: Need for Contraceptive Services Among Women of Reproductive Age</u>, Ctrs. for Disease Control & Prevention (June 24, 2021).

⁵⁶ Youth Risk Behavioral Surveillance System, Ctrs. for Disease Control & Prevention (Oct. 27, 2020).

EXHIBIT 62

Abuzz,

Abortion Pill Access in Louisiana

1176





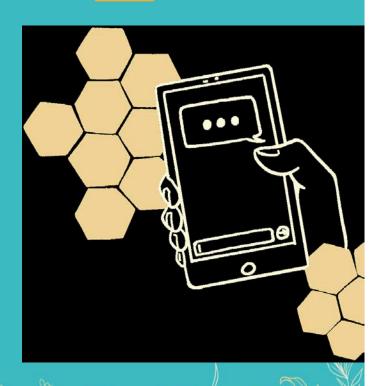
Abortion Pill Access in Louisiana

Abuzz helps people in Louisiana access abortion pills and virtual support.

People in this state may face legal risks when accessing abortion pills by mail. You can learn more about these risks here

To get care through Abuzz, complete the short form below. You'll be referred to a licensed clinician who will review your eligibility for safe abortion care at home. If you are approved, you'll receive your FDA approved medication discreetly packaged and delivered by mail.

Fill Out The Form >



You can find other abortion care options at INeedAnA

For help paying for a procedure and travel, call the clinic to ask about sources of financial assistance when you book your appointment.



Find a clinic

© Ahuzz II C 202

EXHIBIT 63

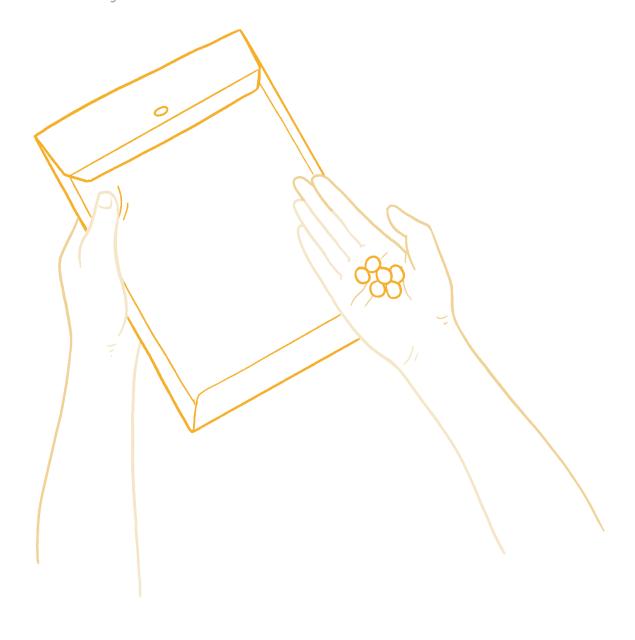
Abuzz,

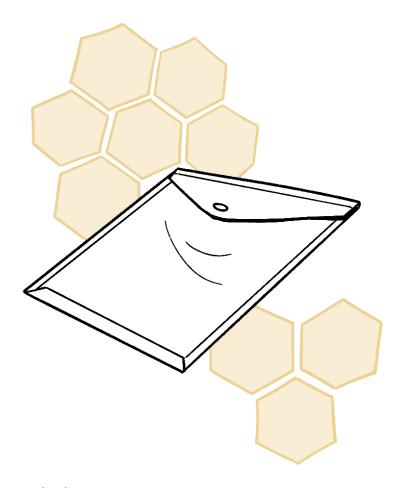
Need abortion care at home?



Need abortion care at home?

Get access today





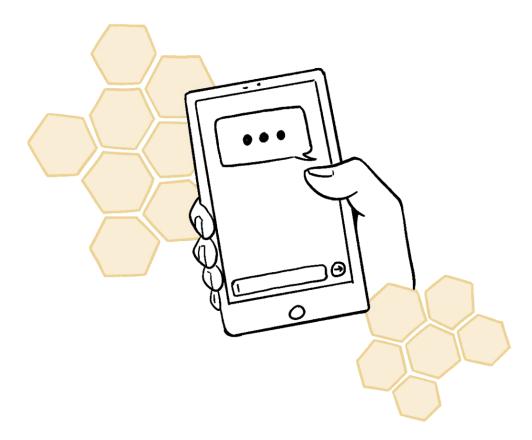
Fast, discreet shipping.

Packages arrive in 2-5 days. Medications are shipped in a plain mailing envelope.



Affordable care for everyone.

Accessing safe and affordable healthcare is a fundamental right. Services are available for \$0-150 sliding scale.



The support you need, when you need it.

An experienced medical team is here to answer your $\frac{1182}{40}$ estions, provide support, and guide you through the process.

Abuzz may be able to help you if...

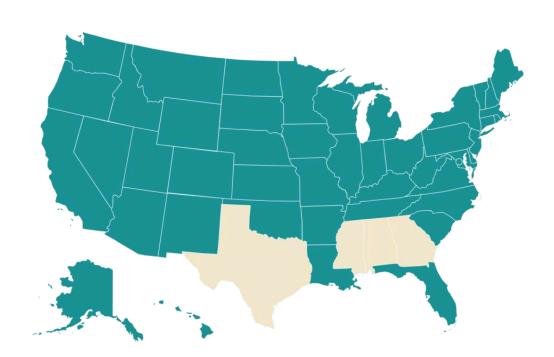


You're less than 13 weeks pregnant.

You must be less than 13 weeks pregnant to access abortion through Abuzz. Remember that pregnancy is measured from the first day of your last menstrual period, which is around two weeks before conception.

You're comfortable with virtual abortion care.

In most cases, providers do not require a phone call or video visit. After you fill in the form, a clinician will arrange payment with you and review your information. If you're approved to receive abortion pills by mail, your pills will be shipped out in 1-2 business days.



You have a mailing address in one of our states.

Options for at-home abortion pill access will vary based on your location. Click below to find options in your state or territory.

Select Your State ▼

Still have questions? Check out our FAQ

Go to the FAQ →



Abuzz: Abortion Pill Access At Home

About Us

How it Works

FAQ

Terms of Use

Privacy Policy

Provider Payments

Donations allow us to help all pregnant people, regardless of their ability to pay. Please consider supporting our work.

DONATE

EXHIBIT 64

A Safe Choice, *Home*

Stay Safe:read tips on how to protect your privacy



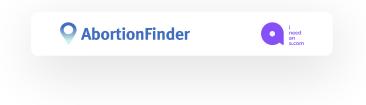
A Safe Choice. The decision is yours.

Document 1-64

A Safe Choice is a referral network of caring and experienced medical doctors who provide safe, private, and effective medication abortions to women nationwide.

Call Today: (707) 710-8866

Trusted By:











How our service works: If you'd like to speak by phone with a doctor in the A Safe Choice network, click the link below. The initial consultation is free and confidential.

Visit Doctor's Website



Or, if you're ready to order, simply complete our quick, confidential, secure, HIPPA compliant online consultation form (no phone call required).

Go to Consultation Form



After reviewing your information, a doctor in A Safe Choice network will send abortion pills (mifepristone and misoprostol) to you discreetly via Priority Mail. The package will not identify the contents.

Price: \$150. This includes a mifepristone pill, 12 misoprostol pills, shipment via US Postal Service Priority Mail, as well as medical advice and support via phone.



Click on the following links for more information

Medication Abortion

A medication abortion, also known as a medical abortion, refers to an abortion that results from taking a combination of two FDA-approved medications, **mifepristone** and **misoprostol**. Many clinical trials of medication abortion have demonstrated to be exceptionally effective and safe. Click on our Support & Resources tab to see summaries of published clinical research studies.

Telehealth medication abortion

Abortion Shield Law

All of the doctors in our network are certified mifepristone prescribers in the Food and Drug Agency's (FDA's) Mifepristone REMS Program who are licensed to practice medicine in the state of California. For more information, you can click here to learn about California's Abortion Shield Law.

Possible legal risks to you



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Privacy Statement

Contact Us

A Safe Choice and the doctors in our network will never give or sell any of your information. We use the best and latest data security technology to ensure that whatever information you share with us stays with us.



Click on the following links for more information

Medication Abortion

Telehealth medication abortion

Mifepristone

Misoprostol

Advance provision

You can order and keep on hand abortion pills (mifepristone and misoprostol) for future use if you

want. You can keep the mifepristone and misoprostol in a cool, dark place for at least 2 years.

Privacy, confidentiality, and data security

Abortion Shield Law

Possible legal risks to you



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Privacy Statement

Contact Us

A Safe Choice and the doctors in our network will never give or sell any of your information. We use the best and latest data security technology to ensure that whatever information you share with us stays with us.

EXHIBIT 65

A Safe Choice,

Online Consultation Form

Online Consultation Form

Your First and Last Name *			Date of Birth *		
First Name	•••	Month 🕶	Day Year Y		
Last Name					
Email Address *	Phone Number *		Do you consent to	o email communication?	
Email Address	(000) 000-0000		Yes No		
Shipping Address *		City *	State *	Zip Code *	
Address		City	State	Zip Code	
Name of Person Receiving Package (if different	ent than your name) (opt	ional)			
Name					
Are you pregnant now? * Yes List your health or medical conditions. Let us Misoprostol.	No know you if you have ha	ad an allergic reaction	to the medication l	Mifepristone or	
Do you have any questions for our doctors?					

Services List

Total: \$ 0

Credit Card *			
Cardholder First Name	Cardholder Last Name		Email
1234 1234 1234 Autofill link	MM / YY	CVC	

By completing and submitting this form, you consent to this online telehealth consultation that will be reviewed by a physician.

Within 24 hours of submitting your payment you will receive 3 emails:

- 1. Receipt of payment;
- 2. Your USPS Priority Mail tracking number; and
- 3. Physician instructions regarding the use of the medications.



EXHIBIT 66

Choices Rising, *Abortion Pill*

CHOICES RISING









EASY STEPS TO GET YOUR ABORTION PILL

Have photo ID and debit/credit card handy.
There is no need to have a telehealth consultation. Communication can happen via text message, email or phone call, whichever method you prefer.



STEP 1

Complete a 5 – 7 Minute Online Questionnaire

Share details about your pregnancy and medical history.

Upload a picture of your ID card.

Make a payment of \$150.

Verify your phone number

Submit the intake form

Within 12-24 business hours, a Choices Rising Health Care provider will review your request.

START HERE | EMPEZAR (Español)



STEP 2

Complete the Registration Process

You will receive a link with to create a secure patient portal account.

CHOICES RISING

All forms are to be completed and submitted prior to receiving care.



STEP 3

You have been approved to receive care!

If no additional steps are required, our healthcare provider will prescribe medications. Package tracking information will be shared with you.



STEP 3

Get your medication delivered

Your package should be delivered in 3-5 days business days.

You will receive an unmarked package to protect your privacy.



AROKHON PILL (MEDICATION ABORHON)

Get the FDA-approved abortion pill prescribed by licensed abortion providers and delivered discreetly to your door a few days after your initial request.

How does the abortion pill work?

1. The first medicine you take is mifepristone, which blocks the pregnancy hormone (progesterone) and stops the pregnancy from growing.

- 3. You can expect bleeding like a heavy period.
- 4. Taken together, these two pills work up to 98 out of 100 times to end an early pregnancy.
- 5. After you take mifepristone (the first medication), you must complete the abortion. If treatment with medication does not work the first time, you may have the option to repeat the medicines or you will need an in-clinic procedural abortion.

Are medication abortions safe?

- 1. Medication abortion ("abortion pill") is one of the SAFEST medical procedures.
- 2. Complications occur in less than 0.4% of patients.
- 3. Side effects such as fever, chills, nausea, vomiting, or diarrhea are common for up to 24 hours after taking the second medication (misoprostol).

What are the risks?

- 1. Complications are rare and most are not serious.
- 2. The most common complication is a continued pregnancy. If the pregnancy continues after taking the abortion pill, you may be able to take more medicine or you will need to have an abortion procedure.
- 3. Serious risks, such as heavy bleeding and infection, are very rare.

What is included with the cost?

- Initial evaluation
- Abortion medications (misoprostol and mifepristone)
- Free shipping
- Aftercare instructions and care package
- Follow up email after I week

There is no need to have a Telehealth consultation. Communication can happen via text message, email or phone call, whichever method the patient prefers.

CHOICES RISING

or more.

Who is not eligible for abortion pill

Not eligible if one of the following applies:

- Have a pregnancy that is more than 11 weeks (measured from the first day of your period)
- Are using an IUD (intrauterine device)
- Have been told by your healthcare provider that you have a pregnancy outside the uterus (ectopic pregnancy)
- Have problems with your adrenal glands (chronic adrenal failure)
- Take blood thinners
- Have a bleeding disorder
- Have porphyria (a rare disorder that affects the skin and internal organs)
- Take certain steroid medications
- Are allergic to mifepristone or misoprostol or medicines that contain misoprostol such as Cytotec or Arthrotec.



EXHIBIT 67

MAP,

Frequently asked questions





The Massachusetts Medication Abortion Access Project (The MAP) uses an asynchronous telemedicine platform to provide medication abortion care to abortion seekers throughout the United States.

If you live in the US and your last menstrual period began less than 11 weeks ago, you may be eligible for our service. We offer medication abortion pills for immediate use, for future use, for miscarriage management, and for use as period pills.

We believe abortion care should be available and accessible to everyone. For patients who need abortion pills now, we use a pay-as-much-as-you-can-afford-to-pay model and ask for a minimum payment of \$5. If you are able to pay more, please do! It helps us provide care to more patients in need.

How does The MAP work? How much does it cost? How do abortion pills work? Other frequently asked questions I want pills

CRHC HIPAA Privacy Policy

How does The MAP work?

If you need an abortion now...

- Step 1: Complete the initial intake form to request pills. The information you share is confidential and will allow us to contact you. The form will take less than 5 minutes to complete.
- Step 2: Once the initial intake is reviewed, we will email you a link to a medical history form and consents to sign related to obtaining abortion pills through the mail. This process will take about
- Step 3: Within 24 hours a licensed clinician will review your medical history and consent forms.
- Step 4: If you are eligible for the abortion pills and nothing else is required, we will send an email with instructions for payment. Sometimes we will ask for more information or request that you have an ultrasound before mailing pills.
- Step 5: Once we receive your payment, we will ship the medications and instructions to you. We will email you the tracking information so you can keep track of your package.
- Step 6: The pills arrive in the mail and you take them at home or wherever is comfortable for you!

We will also follow-up with you after you receive the pills in the mail

- One to two weeks after you take your medications, we will email you a link with an online questionnaire to see how you are doing. The questionnaire takes less than 5 minutes to complete. A clinician will review the information and will email you if you need anything.
- Five to six weeks after you receive the medications in the mail, we will email you a link with an online questionnaire that takes less than 5 minutes to complete. We will also ask you to take a pregnancy test at that time. A clinician will review the information and will email you if anything else is required.

We can send packages to any address in the US.

If you have any technical issues, feel free to reach out: admin@crhcmap.org

How much does it cost?

For those who want pills for immediate use, we require a minimum payment of \$5. If you can afford to pay more, we ask that you pay more so that we can help as many patients in need as possible.

If you are seeking pills for use in the future – you are not pregnant now but want them on hand – our service costs \$150. If you are seeking period pills – you have missed a period but have not taken a pregnancy test – our service costs \$75. If you are seeking pills for miscarriage management we offer care on a sliding fee scale.

We accept payments via Cash App, Zelle and Stripe (which accepts Credit cards, Apple Pay, and Google Pay). We will not charge you unless you are eligible to receive medication abortion pills from our service. Your payment covers everything, including the medications, the clinician review, and shipping. And although we ask for a minimum payment of \$5 you can reach out to us if that poses a hardship.

We cannot provide subsidized care to those seeking pills for future use or those who want period pills.

Refund policy: CRHC cannot offer refunds after the pills have shipped, unless the package does not arrive (as verified by tracking).

How do abortion pills work?

Medication abortion is a safe and effective way to end a pregnancy. The medication abortion process causes cramping and bleeding that can last several hours or more. You can be at home, or wherever is comfortable for you, during the abortion process.

The medication abortion care we provide involves two types of pills: mifepristone and misoprostol.

- First, you will take 1 mifepristone pill. This pill stops the pregnancy from growing and starts the abortion process.
- Next, you will take 4 misoprostol pills. You will take these pills 24-48 hours after you take the first
 pill. This medicine causes cramping and bleeding that empties your uterus. The pregnancy tissue
 will come out through your vagina. The process is very similar to an early miscarriage or a very
 heavy and crampy period.
- Finally, you will take 4 more misoprostol pills. You will take these pills 4 hours after you take the
 first set of misoprostol pills. This helps ensure that the abortion is complete. If you are over 9
 weeks gestation, we will send a third set of misoprostol pills.



Home About Projects Resources The MAP SASS Contact

Donate

Frequently asked questions

Q

About our service Taking the first pill (mifepristone) Taking the second pills (misoprostol) Side effects	
What to expect after the abortion If you need care	
Is this a legitimate service?	^
We have been sending medication to patients all over the United States since September 28, 2023. We have been featured in The New York Times, The Boston Globe, NPR, and The Wall Street Journal. In 2024 we provided care to more than 10,000 patients.	
How does your service work?	^
We use doctors in Massachusetts to prescribe FDA-approved abortion medication to patients who apply through our website.	
How long will it take for me to get medications?	^
Most patients have medication in their hands less than a week after initially contacting us.	
Once the forms are fully filled out, it takes 12-24 hours for one of our doctors to review and prescribe. Once approved, we will send you information including payment information. Once you have paid, we ship in 1-2 business days and shipping usually takes 2-5 days.	
How can you provide these medications so cheaply?	^
We have received generous support from donors to help us provide care to as many people as possible. Our donors are as committed to abortion rights and access as we are.	
How do I get in touch with you if I have questions?	^
Once you have completed our intake and the doctor has approved your forms, you will receive contact information. Many common questions are on our website - please look it over! We have an interactive chatbot (in the corner of each page). However, our doctors can talk to you if yo have specific concerns or needs.	·u

Cambridge Reproductive Health Consultants is a member of the National Abortion Federation, the professional society of abortion providers and clinics. We follow the National Abortion Federation's Clinical Policy Guidelines in caring for our patients. For more information about the National Abortion Federation please see their website at prochoice.org.



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EXHIBIT 68

Scott Calvert,

The Parties Where Volunteers Pack Abortion

Pills for Red-State Women,

Wall St. J. (Aug. 12, 2024)

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https://www.wsj.com/us-news/abortion-pill-parties-shipping-148e3c15

The Parties Where Volunteers Pack Abortion Pills for Red-State Women

Amid risks, volunteers are mobilizing to assist networks that mail abortion medication to women in states with strict limits

By Scott Calvert Follow | Photographs by Kayana Szymczak for WSJ Aug. 12, 2024 9:00 pm ET

SOMERVILLE, Mass.—The women huddling around the conference table shuttled the small cardboard boxes along, assembly-line style. Into each went medical-information paperwork and a handwritten note proclaiming, "We wish you the best!" Then came the critical addition, a two-drug regimen that ends a pregnancy.

This tiny Boston-area office represents a new bulwark in <u>America's abortion battle</u>. Volunteers are mobilizing with growing frequency for pill-packing parties to help strangers in faraway states circumvent strict laws. On a recent Monday evening, the group filled 350 boxes—in-home abortion kits ready for mailing to women in states such as Texas and Florida with <u>near-total or six-week</u> abortion bans.

Melissa Fischer, a 57-year-old internist, sees these efforts as a way to assist people tripped up by geography. "I strongly believe where somebody lives shouldn't dictate their access to critical healthcare," she said.

Retirees and professionals ate pizza, sipped Chardonnay in red plastic cups and chatted while working purposefully. Many portray the sessions as a tangible way to push back against the 2022 Supreme Court ruling that <u>eliminated a constitutional right to abortion</u>.

"It's a little bit of an antidote to hopelessness," said Judy Fleishman, 70, a medical educator. "There's something you can do."



Women prepare in-home abortion kits at a 'pill-packing party' at the MAP's offices.

Growing urgency

The parties support the Massachusetts Medication Abortion Access Project, also known as the MAP, part of a growing movement to send abortion pills into ban states, often for just a few dollars. The nearly year-old MAP, like similar programs, leverages a state shield law meant to protect clinicians from legal jeopardy, including extradition. Massachusetts is among eight states with such laws.

These operations are intensifying amid more heated political debates. Vice President <u>Kamala Harris</u> is <u>spotlighting abortion rights</u> in her presidential bid, while <u>Republicans struggle to articulate</u> a winning message.

From July 2023 to March, shield-law groups provided more than 68,000 abortion kits by mail to residents in states with tight limits on the procedure or telemedicine, according to WeCount, an abortion-data project sponsored by the Society of Family Planning, which backs abortion rights.

Shield-law providers accounted for about 9,500 medication abortions in March, up from 5,620 in July 2023, WeCount says.

"I think as long as we see states that are passing more and more restrictions, we're going to see these numbers Case 6:25-cv-01491-DCJ-DJA Document 1-68 Filed 10/06/25 Page 4 of 8 PageID #: 1207 continue to grow," said WeCount co-chair Ushma Upadhyay, a professor at the University of California at San Francisco.



Patient packages include two abortion medications, instructions and additional information.

Abortions reached nearly 100,000 nationwide in March, up from 84,000 in May 2022, according to WeCount, despite 18 states imposing near-total or six-week bans. Medication abortions now outnumber surgical procedures. Nearly 20% of all abortions are via drugs sent by mail, including from bricks-and-mortar clinics.

So far, efforts targeting telemedicine abortions have failed. The Supreme Court in June <u>rejected a bid</u> to restrict access to mifepristone, one of the two abortion drugs. Some Republicans in Congress, including vice presidential nominee JD Vance, have called for enforcing the 1873 Comstock Act, a federal law barring the shipping of abortion drugs. More recently Vance has said the issue should be left to states.

Risk and pushback



MAP co-founder Angel Foster said the pill-packing parties are essential to its operations.

Still, legal experts say there are risks for those involved in mailing pills to states with bans.

Angel Foster, 50, a doctor who helped launch the MAP last fall, trusts the Massachusetts shield law. But because it doesn't apply in other states, she won't visit her mother and stepfather in South Carolina and avoids flights that require stopovers in Texas.

Maureen Paul, the MAP's medical director, doesn't feel safe visiting her brother in Florida, where a six-week ban took effect in May. "We are no strangers to risk. I've had my home picketed, I've had death threats," she said. "But we're not fearful, we're not paralyzed. We're determined to act."

Frustrated officials in states with stringent laws can't disrupt the mail, but some are warning providers. Arkansas Attorney General Tim Griffin, a Republican, demanded two entities in May stop helping state residents get the pills, asserting such actions violate Arkansas law.

One warning went to Choices Women's Medical Center in New York, which doesn't mail pills but removed from its website wording about Arkansans taking clinic-provided pills at home. Founder Merle Hoffman said she thinks Griffin misunderstood how her clinic operates. A cease-and-desist letter also went to Aid Access, the largest shield-law provider, which disputes the allegations.



The Massachusetts Medication Abortion Access Project's office in Somerville, Mass.

Antiabortion groups say it is dangerous for women to take these pills without medical supervision. Providers say it's safe and that they screen for potential problems.

Pill-mailers are in new legal terrain. "No one has challenged any of these laws yet," said Rachel Rebouché, dean of the Temple University Beasley School of Law. "Texas has not tried to prosecute [clinicians], they haven't been sued, a medical board hasn't tried to discipline them. That's not to say those things aren't possible."

In Massachusetts, Paul, a 74-year-old doctor, is one of four prescribers at the MAP. In 1968, pregnant at age 18, she couldn't get a hospital abortion and feared seeking an illegal one. She carried to term and gave up her child for adoption, an experience she calls "deeply traumatic and defining."

Launched last fall, the MAP is a project of Cambridge Reproductive Health Consultants, a nonprofit co-founded by Foster that has worked to boost medication abortion access in countries including Thailand, Pakistan and Uganda—and saw a need for similar work in the U.S. MAP harnesses websites like plancpills.org to get the word out to women nationwide. Prospective patients fill out intake forms online and mainly correspond by email, although some talk by phone with Foster or a prescriber.

The program accepts patients up to the 11th week of pregnancy, aiming to get pills to them by 12 weeks. Most are earlier than nine weeks, Foster said. Despite a \$250 list price, patients pay about \$130 on average; a third pay \$25 or less.

The 6 p.m. party



Tote bags containing the MAP's patient packages are carried to a post office for mailing.

At the MAP's office, before the recent pill-packing party, Foster read aloud comments women shared on intake forms. A Nebraska mother wrote: "I was using protection, but it failed, and I cannot afford to have another child right now." A Florida woman with a diabetic 5-year-old said: "I am struggling to pay my bills, and I'm not mentally ready to bring another child into my life yet."

Nearby, a MAP staffer printed address labels for 45 boxes of pills before packing them into tote bags for the trip to the post office. They were bound for 19 states, including Texas, Georgia and Florida.

Around 6 p.m., the volunteers filed in from work or home to replenish the supply of preloaded boxes. The gatherings jumped from monthly to twice-monthly in July, the MAP's busiest month with 560 boxes shipped, and are set to go weekly this fall.

Sonia Dettmann, 81, a retired clinical social worker, hasn't missed any. "I feel that abortion care is healthcare, and this is one way of supporting healthcare for folks from states where abortion is banned. It's that simple," she said as she dropped mifepristone cartons into each box.



A handwritten card is included with each MAP package.

Another regular, Erin Gately, 47, likes to write notes in gold ink for "a little extra touch." An OB-GYN nurse practitioner, she sees "the challenges that come with an unplanned pregnancy and, whether somebody decides to continue with that unplanned pregnancy or not, it's their choice."

As boxes circulated around the table, conversation pinged from the Paris Olympics to a promising birth-control gel for men. Amid upbeat banter, the crew kept their production line humming. Though they fell short of Foster's goal of packing 475 boxes, she assured them 350 was more than fine.

"I am very impressed with us," she said.

Write to Scott Calvert at scott.calvert@wsj.com

Appeared in the August 13, 2024, print edition as 'Abortion Fight Has New Front: Pill Parties'.

EXHIBIT 69

Rachel Roubein,
'Shield' Laws Make it Easier to Send Abortion
Pills to Banned States,
Wash. Post. (July 20, 2023)

The Washington Post

Sign in

(3)

is article was published more than 1 year ago

14 Health Brief

e Washington Post's essential guide to health policy news

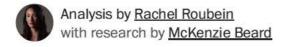
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'Shield' laws make it easier to send abortion pills to banned states

July 20, 2023





Happy Thursday! A big shout out to Caroline Kitchener for her excellent reporting in the top of today's newsletter.

And one note: I'll be heading out on summer vacay for a few days, and you'll have a great rotating cast of Post reporters bringing you this newsletter. See you next week! In the meantime, send all your news and tips to mckenzie.beard@washpost.com.

Today's edition: A hearing continues today on a lawsuit seeking clarity over exceptions to Texas's strict abortion ban. Sen. Bernie Sanders (I-Vt.) introduces a competing bill to fund community health centers as a critical



deadline nears. But first ...

Aid Access launches new way to send abortion pills into states with bans



Packets of mifepristone, a commonly used abortion pill. (Paul Ratje/The Washington Post)

There's a new, more efficient pipeline sending abortion pills into states with bans.

Europe-based **Aid Access**, one of the largest abortion pill suppliers, revamped its protocols in mid-June. **The result?** Doctors in certain Democratic-led states with "shield" laws can now mail and prescribe pills directly to patients in antiabortion states.

The new process could ignite a complex interstate battle over abortion, where U.S. doctors in blue states are empowered to legally circumvent abortion laws in red states. The move could also undermine abortion bans at a time when antiabortion groups and doctors are seeking to revoke the approval of key medication used in <u>over half of all abortions</u> in the country.

Follow Health & wellness

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Our colleague **Caroline Kitchener** dove deep into the new effort — <u>and here's</u> what she found.

e details

Previously, Aid Access only allowed Europe-based doctors to prescribe abortion pills to women in states where abortion is restricted. Those pills were shipped from India, and often took weeks to get to patients, which could push abortions well into the second trimester. (The **Food and Drug Administration** has approved mifepristone <u>through 10 weeks gestation</u>, though some studies have shown it can be used safely and effectively later in pregnancy.)

But new laws enacted over the past year are helping to streamline the process. Democratic-led states <u>have moved to protect</u> medical professionals and others who practice in states where abortion is legal from potential punishment in states with bans. New York, Massachusetts, Washington, Vermont and Colorado explicitly protect abortion providers who mail pills to restricted states from inside their borders, Caroline writes.

The new landscape: In less than a month, seven U.S.-based providers affiliated with Aid Access <u>have mailed</u> **3,500 doses** of abortion pills to people residing in states with bans. All together, the small group could help facilitate at least **42,000 abortions** in antiabortion states in a year. (Those numbers could grow, of course, if more providers join in.)

As one expert told Caroline, 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."

Could doctors face legal risks?

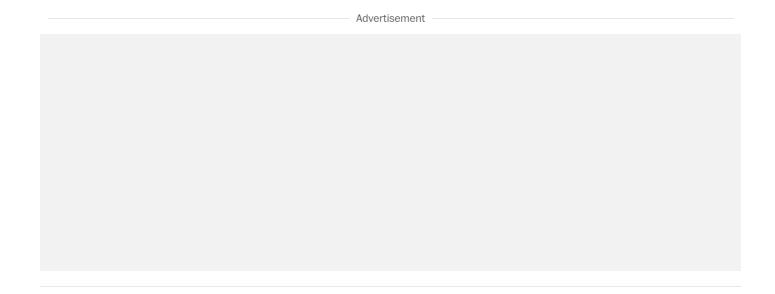
That's a key question. And it could ultimately be resolved by the courts.

Advertisement

Some lawyers say the doctors — who are preparing and packaging the pills sent to restricted states themselves — could face repercussions, even if they don't travel to states that prosecute abortion providers. Some wonder whether states with abortion bans would try to extradite medical providers from states with shield laws, though that could prove difficult.

Jonathan Mitchell, the former solicitor general of Texas and architect of the state's roughly six-week ban, said it seems too early to predict what will happen, but that "there absolutely is a world in which they could get in trouble for it." (In many states with bans, those found guilty of distributing abortion pills could be sentenced up to at least several years in prison.)

But some involved in the effort say they're not worried.



"Everything I'm doing is completely legal," a doctor in New York's Hudson Valley, who spoke on the condition of anonymity to protect her safety, told Caroline. "Texas might say I'm breaking their laws, but I don't live in Texas."

Read the full story here.

EXHIBIT 70

Rebecca Grant,

Group Using 'Shield Laws' to Provide Abortion

Care in States That Ban It,

The Guardian (July 23, 2023)

Abortion

• This article is more than 1 year old

Group using 'shield laws' to provide abortion care in states that ban it

Aid Access ships medication abortion to all 50 states under the protection provided to clinicians serving patients in banned states



Boxes of mifepristone. Each of the Aid Access providers is sending approximately 50 packages a day. Photograph: Evelyn Hockstein/Reuters

Rebecca Grant

Sun 23 Jul 2023 07.00 EDT

Dr Linda Prine is providing abortion access to people in all 50 states, even those that have banned it. That might seem like an admission to be discreet about in post-Roe America, but Prine and her colleagues at Aid Access, a telemedicine abortion service, are doing it openly and in a way they believe is on firm legal ground.

On 14 July, Aid Access announced that over the past month, a team of seven doctors, midwives and nurse practitioners have mailed medication abortion to 3,500 people under the protection of "shield laws", which protect clinicians who serve patients in states where providing abortion is illegal. As soon as she learned about shield laws, Prine knew it represented an opportunity to go on the offensive, for those bold enough to try it.

"It made me think, OK, we need to fight back," Prine said. "We can't just take this lying down. We've got to do something. And this was what we can do."

From its origins, Aid Access has always been willing to test legal boundaries. It was started in 2018 by the Dutch physician Dr Rebecca Gomperts. At the time, FDA regulations prevented licensed US providers from mailing mifepristone, one of the two drugs in the medication abortion regimen, so Aid Access was structured like Gomperts' other telemedicine service, Women on Web. That process involved abortion seekers filling out an online consultation, and if eligible, Gomperts wrote a prescription from Europe and the pills were dispatched by a pharmaceutical partner in India.

Then, in 2020, Covid hit. And a federal judge suspended the FDA's in-person dispensing requirement for mifepristone. For the first time, legally prescribed medication abortion could be put in the mail. Aid Access used this opportunity to implement a hybrid model: in states where telemedicine abortion was legal, US clinicians handled the prescriptions, while in states where it wasn't, the pills continued to be mailed from India.

One drawback of shipping from India was the packages could take weeks to arrive. In addition to the stress and uncertainty involved in waiting, the time

lag could push people past the 12-week land recommended by the World Health Organization (although there is some emerging research that abortion pills can safely be taken later.) Covid also created concerns about shipping delays, and there was always the chance that customs could seize the packages.

11 The experience of wanting an abortion and then needing to wait three or four weeks to get it to happen ... that's just so hard Dr Linda Prine

"The whole experience of wanting an abortion and then needing to wait three or four weeks to get it to happen, and not even be sure if those pills are ever going to come, that's just so hard," said Prine, who started working with Aid Access in 2021. "Who wants to do that? Nobody."

In March 2022, Prine read an op-ed by three legal scholars - David S Cohen of Drexel University, Rachel Rebouché of Temple University, and Greer Donley of the University of Pittsburgh - that introduced her to the idea of shield laws. The trio had published a paper titled The New Abortion Battleground in the Columbia Law Review, which outlined the ways that shield laws could protect abortion providers who treated patients in banned states if Roe fell.

"Certainly, it's not a surprise that post-Dobbs, there are going to be medical care providers who want to push the limits and care for as many people as they can, including people in other states," Cohen said in an interview. "People are going to do this, so we were thinking about what can the states where they live do to help them the most?"

Inspired by their work, a wave of states started passing shield laws. The first, in Connecticut, passed in May 2022. Massachusetts, the fifth state to pass a shield law in July 2022, was the first to include a telemedicine provision, meaning the state pledged to protect a provider licensed there who prescribed and mailed medication abortion pills, via telemedicine, to a patient in a state where abortion was banned – like Texas or Alabama. Currently, 15 states have shield laws in place, and five – Massachusetts, Washington, Vermont, Colorado and New York – have specific telemedicine protections.

■■ Post-Dobbs, there are going to be medical providers who want to push the limits and care for as many people as they can David S Cohen

Before Aid Access, no US providers had publicly tested them. Then, on 18 June, the organization started serving patients nationwide with providers licensed in those five states. Up to 13 weeks, they offer prescriptions for \$150 with a sliding scale that asks people to pay whatever they can afford, with a shipping time of two-five days. (In a physical clinic, the median cost of medication abortion is over \$500.)

"Now Aid Access is completely US provider-led," Lauren Jacobson, a nurse practitioner licensed in Massachusetts who joined Aid Access in February 2023, told the Guardian this month. "I think this is important because it sends the broader message that this is an American issue, a US problem, and taking advantage of the shield laws means we are returning this to an athome solution."

In addition to enabling faster shipping times, Jacobson said some people also feel more secure knowing that the pills are coming from licensed clinicians through an FDA-approved pipeline. This is part of what distinguishes Aid Access from abortion pill suppliers that operate through unofficial channels, such as unregulated online pharmacies and clandestine community networks. While the non-profit Plan C has found those medications to be as advertised, and reliably safe and effective (and also, in the case of community networks, free), they don't offer interaction with a licensed clinician, and some people want that support as part of the process.

Right now, each of the Aid Access providers sending approximately 50 packages a day. Prine said all the packing and postage and shipping tasks are a "big pain in the rear", but it's manageable. They are prepared to scale, both in terms of infrastructure and in terms of the legal challenges their actions could invite.

Cohen suggests there will be a "coming battle" as shield laws get tested, and emphasized that providers have the greatest amount of protection while they are in shield law states. Jacobson and Prine are not overly concerned about legal repercussions, but that doesn't mean they're not taking precautions.

"If it happens, it happens, and we are prepared," Prine said. "But I'm definitely not taking any vacations in Texas."

Because shield laws are designed to protect providers, patient risk is a separate factor - one that's particularly acute for people from communities that face heightened surveillance from law enforcement. A state doesn't need to have an explicit law criminalizing people who have abortions to prosecute them, often under unrelated statutes, like the illegal concealment of human remains. Even before Dobbs, people were arrested for self-managing abortions. The risk is real, but in a moment where people have too few options and time is of the essence, Prine said, every option counts.

"I do consults all the time, and people are not saying, 'What about the legality of this?'" Prine said. "That is not their concern. Their question is, 'How soon will the pills arrive?' That is the number one question."

Why you can rely on the Guardian not to bow to Trump - or anyone

I hope you appreciated this article. Before you move on, I wanted to ask whether you could support the Guardian's journalism as we face the unprecedented challenges of covering this administration.

As Trump himself observed: "The first term, everybody was fighting me. In this term, everybody wants to be my friend."

He's not entirely wrong. Already, several large corporate-owned news organizations have settled multimillion-dollar lawsuits with the president in order to protect their business interests. Meanwhile, billionaires have intervened editorially in the news outlets they own to limit potentially unfavorable coverage of the president.

The Guardian is different: we have no interest in being Donald Trump's – or any politician's – friend. Our allegiance as independent journalists is not to those in power but to the public. Whatever happens in the coming months and years, you can rely on the Guardian never to bow down to power, nor back down from truth.

How are we able to stand firm in the face of intimidation and threats? As journalists say: follow the money. The Guardian has neither a self-interested billionaire owner nor profit-seeking corporate henchmen pressuring us to appease the rich and powerful. We are funded by our readers and owned by the Scott Trust - whose only financial obligation is to preserve our journalistic mission in perpetuity.

What's more, in a time of rising, democracy-threatening misinformation, we make our fiercely independent journalism free to all, with no paywall - so that everyone in the US can have access to responsible, fact-based news.

With the administration already cracking down on free speech, banning reporters from the Oval Office, and the president and his allies pursuing lawsuits against news outlets whose stories they don't like, it has never been more urgent, or more perilous, to pursue fair, accurate reporting. Can you support the Guardian today?

We value whatever you can spare, but a recurring contribution makes the most impact, enabling greater investment in our most crucial, fearless journalism. As our thanks to you, we can offer you some great benefits – including seeing far fewer fundraising messages like this. We've made it very quick to set up, so we hope you'll consider it. Thank you.

Betsy Reed *Editor, Guardian US*



EXHIBIT 71

Aid Access,

Get Abortion Pill Online in Louisiana

Get Abortion Pill Online in Louisiana · Order Here

You can buy an abortion pill online and get it by mail in Louisiana. The FDA has approved abortion pills by mail. Aid Acces works with U.S. based abortion providers in so called shield law states (this means that the states will protect the providers against legal action). Therefor Aid Access can provide abortion services to all 50 U.S. states including Louisiana.

Aid Access will help you order abortion pills and have them delivered to your home in New Orleans, Baton Rouge, Shreveport, Metairie, Lafayette, or anywhere else in Louisiana.

Louisiana abortion pill online orders:

- · Louisiana abortion pill online orders costs \$150 USD
- Reliable abortion pill shipping to Louisiana in 1-5 days
- Tracking numbers provided when the pills are mailed
- Help desk support available in 16 languages



An infographic explaining how to get an abortion pill in Louisiana from Aid Access.

How to order abortion pills in Louisiana

You can get a prescription from Aid Access and have abortion pills delivered to your home in Louisiana. <u>Order abortion pills by mail here.</u> These are the steps to get abortion pills delivered to your home by mail:

Start your online consultation for abortion pills in Louisiana

Once you begin your online consultation for abortion pills in Louisiana, you will be asked some questions about your health and pregnancy to ensure you are eligible. All information you share with us is private and protected.

Our U.S. based doctors approve your online abortion pill order

Your consultation will immediately be reviewed by our medical team. Our help desk will email you the next steps, ask you to send a donation of \$150 USD, and then approve your online abortion pill order within 24 hours.

Receive abortion pills by mail in LA in 1-5 days

The abortion pills will be shipped by mail to your home in LA within 24 hours of your your order being approved. You will receive a tracking number so you can follow your package as it moves through the mail.

More ways to get Louisiana abortion pill access

If Aid Access is not able to meet your reproductive health needs, there are multiple ways people get Louisiana abortion pill access. To learn about other online telehealth services that are available to you, visit the Plan C Guide to Abortion Pills: How to Order an Abortion Pill Online in Louisiana

Louisiana abortion clinic guides from Plan C Pills

If you determine that abortion pills will not meet your reproductive health needs, you can find information about local abortion support resources near you in the <u>Louisiana</u>

<u>Abortion Clinic Guide</u> from Plan C Pills.

Additional guides to abortion clinics near Louisiana from Plan C Pills:

Abortion clinics near Baton Rouge, LA

Abortion clinics near New Orleans, LA

Abortion clinics near Shreveport, LA

Abortion clinics near Metairie, LA

Abortion clinics near Lafayette, LA

Abortion clinics near Lake Charles, LA

Abortion laws in the State of Louisiana

For the most up to date information about abortion laws in Louisiana, visit <u>Guttmacher</u> <u>Institute</u>, <u>Center for Reproductive Rights</u>, or <u>AbortionFinder.org</u>.

How much does the abortion pill cost in Louisiana?

The abortion pill service costs \$150 USD when shipping the pills to Louisiana. If you cannot afford this, please tell us you need help after you fill in the form.

Begin here: Order abortion pills online from Aid Access

Which Louisiana cities does Aid Access provide online abortion pill service?

Aid access provides online abortion pill order access throughout Louisiana including these cities and everywhere in-between:

Order the abortion pill in Kenner, Louisiana
Get abortion pills in Bossier City, Louisiana
Buy an abortion pill in Monroe, Louisiana
Buy abortion pills in Alexandria, Louisiana

Start your consultation now: Order abortion pills online

EXHIBIT 72

Elissa Nadworny,
Inside a medical practice sending abortion pills
to states where they're banned,
NPR (Aug. 7, 2024)







DONATE

NATIONAL

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

AUGUST 7, 2024 · 9:00 AM ET





"Welcome to modern abortion care," says Angel Foster, who leads operations at what's known as the MAP, a Massachusetts telehealth provider sending pills to people who live in states that ban or restrict abortion.

Elissa Nadworny/NPR

The packages, no bigger than a hardcover book, line the walls of the nondescript office near Boston. It's not an Etsy retailer or a Poshmark seller or, as the nearby post office workers believe, a thriving jewelry business.

These boxes contain abortion pills.

"Welcome to modern abortion care," says Angel Foster, as she holds up a box for mailing. Foster, who has an M.D. degree, leads operations at what's known as the MAP, a Massachusetts telehealth provider sending pills to people who live in states that

ban or restrict abortion.

The MAP is one of just four organizations in the U.S. operating under recently enacted state shield laws, which circumvent traditional telemedicine laws requiring out-of-state health providers to be licensed in the states where patients are located. Eight states have enacted these shield laws.

Pregnant patients can fill out an online form, connect with a doctor via email or text and, if approved, receive the pills within a week, no matter which state they live in.



POLICY-ISH

Abortion is becoming more common in primary care clinics as doctors challenge stigma

Shield law practices account for about 10% of abortions nationwide. There were 9,200 abortions a month provided under shield laws from January to March of this year, according to fresh data from the Society of Family Planning's WeCount project. And some researchers estimate that this number has risen since then and could be as high as 12,000 per month.

The rise of telehealth is part of why the number of abortions in the U.S. has continued to go up since the Supreme Court overturned *Roe v. Wade* in 2022 — even though 14 states have near-total abortion bans. In those states, shield law providers represent the only legal way people can access abortions within the established health care system.



"If you want to have your abortion care in your state and you live in Texas or Mississippi or Missouri, right now shield law provision is by far the most dominant way that you'd be able to get that care," says Foster.

Elissa Nadworny/NPR

Back in Massachusetts, Foster glances down at the list of today's patients. The practice's four OB-GYNs have signed off on prescriptions for nearly two dozen women — in Texas, Florida, Tennessee, Georgia, Alabama, Oklahoma and South Carolina. Most of today's patients are around six weeks along in their pregnancy. Many already have children.

"I really need an abortion pill. My state has banned it. My funds are really low," one patient wrote on the online form she filled out for the doctor.

"I'm a single mom with a kid under two," another wrote. "I can't afford a baby. I can't even afford this abortion."

Foster and her team serve patients who are up to 10 weeks pregnant and who are 16 or older. It costs \$250 to get the two-drug regimen — mifepristone and misoprostol — in the mail, but there's a sliding scale and patients can pay as little as \$5. The MAP is funded through abortion funds, individual donations and philanthropic gifts, and Foster has plans to apply for grants and state funding to help make the organization more sustainable. The MAP currently sends out about 500 prescriptions a month.

Yet to be tested in court, shield laws have some legal vulnerability

In the eight states with shield laws, abortion providers can treat out-of-state patients just as if they were in-state patients. The laws give abortion providers some protection from criminal prosecution, civil claims and extradition, among other threats. The laws have yet to be tested in court, but they certainly haven't gone unnoticed by lawmakers and groups looking to limit abortion.

"These websites are breaking the law ... aiding and abetting crimes in Texas," says John Seago, the president of Texas Right to Life. "We want to use all the instruments that we have, all the tools available, to really fight against this new trend of abortion pills by mail."

Seago says providers should still be held responsible for committing a crime that is executed across state lines. "Mailing the abortion pill is a state jail felony according to our pro-life laws," he says, "but enforcement of those policies has been a real, real challenge."



Mifepristone, a drug used in abortion care, at the MAP's office in Massachusetts. Elissa Nadworny/NPR

His organization has been looking for the right individual or circumstance to challenge shield laws directly in court. Three Republican-led states recently tried to sue the Food and Drug Administration over regulations allowing doctors to send pills through the mail, but the Supreme Court threw out the case in June over issues of standing. Those plaintiffs say they'll fight on. And a Republican attorney general in

Case 6:25-cv-01491-DCJ-DJA Document 1-72 Filed 10/06/25 Page 5 of 8 PageID #: 1231 Arkansas sent a cease-and-desist letter to a shield law provider.



PUBLIC HEALTH

Abortion providers back to 'business as usual' after high court's mifepristone ruling

Seago thinks many conservative prosecutors have been hesitant to take legal action, especially in an election year. But he says it's important to act quickly, before abortion by mail becomes pervasive.

The people who are sending these pills know that there's risk in what they're doing. Some providers say they won't travel to or through states with bans so that they can't be subpoenaed, be served legal papers or even be arrested if there's a warrant. That may mean avoiding layovers at Dallas Love Field airport or a detour around those places on a cross-country road trip. For Foster, it means she can't visit her mom and stepdad, who retired to South Carolina.

"The thing about shield laws is that they're new, so we don't have a precedent to go off of," says Lauren Jacobson, a nurse practitioner who prescribes abortion medication through Aid Access, the largest of the four shield law providers. She says she avoids large swaths of the United States. "We don't really know what will or won't happen. But I'm not going to Texas. I've been before though, so that's OK for me."



SHOTS - HEALTH NEWS

Abortion bans still leave a 'gray area' for doctors after Idaho Supreme Court case

Shield laws don't offer blanket protection. The doctors and nurse practitioners who prescribe the pills have malpractice insurance in their states, but it's unclear whether those policies would cover suits from states with abortion restrictions. Patients use third-party payment services like Cash App or PayPal, which are also untested in how they would work under a shield law. Would they give up information on a provider or patient if requested to do so by law enforcement?

How the experience looks

Lauren, who is 33 and lives in Utah, got pregnant while on birth control and decided that she couldn't afford another child. (NPR is not using her last name because she's worried about professional repercussions.)

Abortion is legal in Utah until 18 weeks, but there are only a handful of clinics in the state. The closest one to Lauren was several hours away by car. Several years prior, she had an abortion at a clinic in Salt Lake City, and it hadn't been a pleasant experience — she had to walk through protesters. The guilt from her conservative Christian upbringing was overwhelming.



Shield law practices account for about 10% of abortions nationwide. There were 9,200 abortions a month provided under shield laws from January to March of this year, according to fresh data from the Society of Family Planning's WeCount project. Some researchers estimate that this number has risen since then and could be as high as 12,000 per month. Elissa Nadworny/NPR

"I got in my car and I cried," she recalls. "I just never wanted to go through it again."

This time, Lauren got pills from Aid Access, a shield law provider similar to the MAP. "I was a little bit sketched out, I won't lie," she says. "Because like, well, where is this coming from? Who is this under? How are they prescribing this?"

She and her partner did research to try to figure out whether what they were doing was legal. She says ultimately she couldn't find anything that clearly stated that what she wanted to do — have pills sent from an out-of-state doctor — was illegal.

She filled out a form online with questions about how far along she was and her medical history and then connected with a doctor via email and text messages. She googled the doctor, who she found was legit and practicing out of New York.

A few days later, she received abortion medication in the mail and had her abortion at home.

"To do it in the privacy of your own home, where I felt more support as opposed to going through protesters," Lauren says. "Especially with a provider within the state of Utah. I feel like there's always a judgmental indication or undertone."

The online doctor also followed up to make sure everything had gone OK, which Lauren appreciated. "I felt it was a little bit more thorough," she says. "They're checking in on you, like, 'How did you respond? What symptoms? What's going on?'"



A staff member of the MAP brings the boxes containing abortion medication to the local post office.

Elissa Nadworny/NPR

In Massachusetts, the folks who run the MAP hear much the same from their patients. Many emails and messages are logistical, like this email: "I took the first pill on Friday and all the other pills on Saturday. For how long should I be bleeding as I'm still bleeding this morning?"

Many others offer disbelief, relief and gratitude. "I just wanted to say thank you so much," wrote one woman. "I was terrified of this process. It goes against everything I

believe in. I'm just not in a place where I can have a child. Thank you for making the pills easily accessible to me."

When Foster, who runs operations for the MAP, does a final tally of the patients who are ready to have their pills sent out, she notices a new note from a woman who just paid, bringing the day's total number of patients from 20 to 21.

"I am a single mother on a fixed income, and I can not afford a kid right now."

It's from a woman in Alabama who is six weeks pregnant and filled out her form around lunchtime. Within an hour, a MAP doctor had reviewed her case and prescribed her the medication. She paid the fee as soon as she was approved. All in all, the whole process took about three hours. Foster is able to pack up those pills and add them to the batch headed to the post office.

By 3 p.m., the Alabama woman's package is scanned by the Postal Service worker.

It's expected to arrive by the week's end.

abortion drugs mifepristone abortion provider misoprostol dobbs v jackson women's health organization roe v. wade

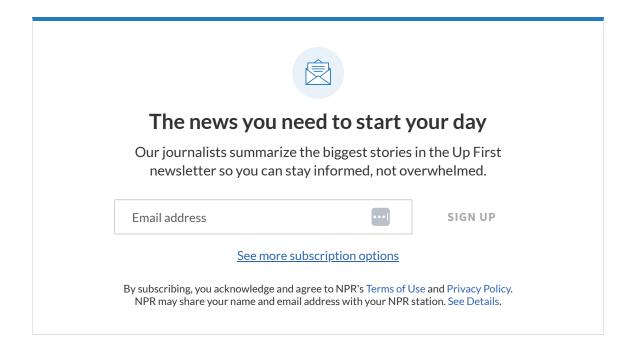


EXHIBIT 73

Abigail Brooks & Dasha Burns,

How a network of abortion pill providers works

together in the wake of new threats,

NBC News (April 7, 2024)

ABORTION RIGHTS

How a network of abortion pill providers works together in the wake of new threats

Groups such as Aid Access, Hey Jane and Just the Pill stay in close contact to help women seeking abortions in states with bans.



— A shield law provider packs abortion pills into envelopes to be sent from New York to states with bans. Callan Griffiths / NBC News

April 7, 2024, 7:00 AM EDT

By Abigail Brooks and Dasha Burns

When the U.S. Supreme Court heard oral arguments in March about restricting access to the abortion drug mifepristone, Elisa Wells, co-founder and co-director of Plan C, was ready.

Plan C, an information resource that connects women to abortion pill providers, almost immediately saw a spike in searches for the medication.

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With Florida's Supreme Court paving the way for the state's 13.7-week abortion ban, Wells says she's expecting even more search activity and more creative thinking from providers.

"When these egregious decisions happen, first, they cause harm," she says. "And the second thing that happens is people get organized and mad and take action."

Since the Supreme Court overturned Roe v. Wade in its 2022 Dobbs decision, upending abortion access in the U.S., a network of abortion providers has sprung into action, weaving an abortion safety net across the country even as the procedure has been effectively banned in 15 states.

Providers such as Aid Access, Hey Jane and Just the Pill operate both within and outside the established health care system – including mailing abortion medications to women in states with bans, setting up mobile clinics and offering financial assistance – often staying in close contact with one another.



Bottles of Misoprostol Tablets. NBC News

Many of those efforts center on access to abortion medication by mail, which the Food and Drug Administration made fully legal in 2021, creating a sort of "sisterhood of the traveling pill" that keeps groups connected as new restrictions on abortion arise.

Wells says Plan C called different providers for a meeting on how best to pivot in the changing abortion landscape.

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"We had meetings where we introduced the providers to one another," she said. "All of these groups that normally would be competing with one another to come together and discuss, you know, how can we make a difference? How can we collectively address this issue?"

One such group is Aid Access, an online-only service based in the Netherlands. Originally a resource for women in the U.S. to get abortion pills from overseas, providers for the organization now ship pills from within the U.S. under telemedicine shield laws. The shield laws have been enacted in six states: California, Colorado, Massachusetts, New York, Vermont and Washington. The laws protect providers who prescribe and ship abortion pills to patients who live in states where abortion is banned or severely restricted.

"Before we had the shield law, we were mailing pills to the blue states, and only [pills from] overseas could be sent to the restricted states," said Dr. Linda Prine, a New York City-based shield law provider.

After New York's shield law passed, Prine said, "the first month we sent about 4,000 pills into restricted states, and now we're up to around 10,000 pills a month."

In a basement in upstate New York, another Aid Access provider who asked to not be identified for safety reasons underscored the importance of sending these pills from the U.S., rather than overseas.

"Sometimes they got stuck in customs," the provider explained as more than 100 prescriptions were being packaged around them, preparing to be shipped into states with bans.

"When you're doing a medication abortion, the faster you can get these medications, the better," the provider said in an interview. "It's easier, there's less bleeding, there's less cramping, and not to mention the anxiety that these women go through when they're waiting for those medications to get to them in the mail."



— Boxes of pills will be packed into envelopes to ship around the country. Callan Griffiths / NBC News

Aid Access providers say they're sending pills to some who are in the most desperate situations – people who are willing to risk going outside the established health care system to access abortion services. The organization is exploring contingency plans in the event that access to the abortion pill through the mail is disrupted.

"We have so many patients who write to us who've been raped, who can't travel," the provider explained. "So we have to come up with other ways. I would say the last resort would be that these medications come again from overseas."

And while shield laws have yet to be challenged in courts, anti-abortion groups have taken notice.

"The fact remains that just because you are sitting in California does not mean that you are not violating the laws of Florida, Texas and 30 other states," Katie Daniel, state policy director for the anti-abortion group Susan B. Anthony Pro-Life America, told NBC News. "So I think they have a false sense of security about this."

In the six months after Dobbs, researchers saw an increase in women getting abortion medication outside the traditional health care system, with more than 27,000 additional instances, according to a recent study in the journal JAMA.

"These are groups like Las Libres, WeSaveUs, Arkansas Together," said Wells, who was a co-author of the study. "They're serving a significant number of people for an all volunteer-led effort."

Even within the traditional health care system, abortions via medication are increasing, too. Medication abortions accounted for 63% of all abortions in 2023, up 10% from the year before, according to research from reproductive rights

think tank the Guttmacher Institute, making it the most common method for terminating a pregnancy.



— Envelopes filled with abortion pills. Callan Griffiths / NBC News

New York-based Hey Jane has seen that demand firsthand. Founder Kiki Freedman, an early Uber employee, launched the telemedicine-only abortion provider in 2018 after seeing other startups deliver medications and savings to customers via online-only prescription services. After the FDA eased restrictions on mifepristone prescriptions during pandemic, allowing women to get the abortion pill through the mail, Hey Jane took off. The company has shipped abortion pills to at least 50,000 patients, according to a statement.

"We have the added benefit of this sort of geographic fluidity where a doctor in New York can serve a patient in Illinois, or New Mexico if the doctor in New Mexico or the provider in New Mexico is busy," said Freedman. "The other piece is financial accessibility and being able to access scalable ways of doing that, so via insurance, in particular."

Hey Jane only prescribes and ships abortion medication to states where it's legal, marking a difference from shield law providers and organizations like Aid Access.

Access to medication abortion helps patients avoid traveling and wait times at in-person clinics, and allows them to take the pills in private at home. While providers who ship to states with bans have struggled with traditional payment platforms, Hey Jane's focus is on keeping access covered by insurance.

"Still, 75% of abortions are taking place in these 20 states we're in. It's still where the vast majority of care occurs," said Freedman. "It's not like access in those states has been seamless to date, right? It's always been difficult even there, and particularly post-Dobbs, wait times and things like that have really surged within those states."



Empty pill bottles in the basement of a shield law provider in New York will be filled with abortion medication.

Abigail Brooks / NBC News

Just the Pill provides abortion access to women in states with bans using discreet mobile clinics set up just across state lines.

The group has bulletproof vans in Colorado, Minnesota and Montana, and a brick-and-mortar location in Wyoming. Appointments are conducted via telemedicine, always within a state where abortion is legal, making shield laws unnecessary, a backstop a Just the Pill provider said is intentional, so care won't be interrupted if the shield laws are challenged.

"I totally support what these other organizations are doing," she said in an interview, asking not to be identified for safety reasons. "I'm cheering them on from afar, but want to make sure our service isn't challenged."

Just the Pill works with abortion funds, which provide financial assistance to patients who are seeking the procedure, to help patients travel across state lines for their appointments. After a telemedicine visit, pills are then prescribed and patients can pick them up and take them, all within the borders of a state where the procedure is legal. Because Just the Pill's clinics are mobile, they can travel along the borders of banned states and ensure they get as close as possible to women traveling from rural areas or long distances for care.

Meanwhile, Plan C is already working with more international pill providers to help with telehealth prescription access in the U.S. if telehealth visits for mifepristone are affected here, Wells said.

"We know we live in a time when anything can happen," Wells said. "We want to have as many alternate routes and access as possible. Many eggs and many baskets."

Abigail Brooks
Abigail Brooks is a producer for NBC News.



Dasha Burns

Dasha Burns is a correspondent for NBC News.

EXHIBIT 74

Pam Belluck,

Abortion Shield Laws: A New War Between the States,

N.Y. Times (Feb. 22, 2024)

https://www.nytimes.com/2024/02/22/health/abortion-shield-laws-telemedicine.html

Abortion Shield Laws: A New War Between the States

Doctors in six states where abortion is legal are using new laws to send abortion pills to tens of thousands of women in states where it is illegal.



By Pam Belluck

Pam Belluck spent time with abortion providers sending pills to states that outlaw abortion and talked with patients receiving those pills.

Published Feb. 22, 2024 Updated Feb. 23, 2024

Behind an unmarked door in a boxy brick building outside Boston, a quiet rebellion is taking place. Here, in a 7-by-12-foot room, abortion is being made available to thousands of women in states where it is illegal.

The patients do not have to travel here to terminate their pregnancies, and they do not have to wait weeks to receive abortion medication from overseas.

Instead, they are obtaining abortion pills prescribed by licensed Massachusetts providers, packaged in the little room and mailed from a nearby post office, arriving days later in Texas, Missouri and other states where abortion is largely outlawed.

This service and others like it are operating under novel laws enacted in a half-dozen states — Massachusetts, Washington, Colorado, Vermont, New York and California — that have sought to preserve abortion access since the Supreme Court overturned the nationwide right to abortion in June 2022. The laws have been in use only since the summer and have not been tested in the courts, but they are already providing abortion access to tens of thousands of women in states with bans, especially low-income patients and others who cannot travel.

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Called telemedicine abortion shield laws, they promise to protect doctors, nurse practitioners and midwives licensed in those six states who prescribe and send abortion pills to patients in the nearly two dozen states that ban or sharply restrict abortion.

The laws stipulate that officials and agencies of their states will not cooperate with another state's efforts to investigate or penalize such providers — a stark departure from typical interstate practices of extraditing, honoring subpoenas and sharing information, legal experts on both sides of the abortion issue say. Many expect them to ultimately be challenged in federal court.

Abortion opponents see the laws as brazen infringement on state sovereignty.

"You have states not just picking their own strategy but really trying to completely sabotage the governing efforts of their neighboring states," John Seago, the president of Texas Right to Life, said.

"It can't stand, and we can't be content with this new development," he added.



"Some people who might not have gotten an abortion if they had to take off work and go to a clinic, or wait three weeks and all of that, are doing it now," said Dr. Linda Prine, a New York shield-law provider. Ilvy Njiokiktjien for The New York Times

The threat of shield laws is one reason that three states — Idaho, Kansas and Missouri — petitioned to join a case the Supreme Court will hear next month that seeks to bar the mailing of abortion pills and to require in-person doctor visits

Case 6:25-cv-01491-DCJ-DJA Document 1-74 Filed 10/06/25 Page 5 of 18 PageID #: 1247 instead of telemedicine. The petition was denied.

"When you have states actively seeking to circumvent each other's laws, that raises a very real legal problem that will stretch far beyond just the abortion sphere," said Will Scharf, a Republican candidate for attorney general in Missouri, who helped draft anti-abortion legislation when serving as policy director for the state's governor six years ago.

Pills have become the most common abortion method nationally, and abortion rights advocates consider shield laws a crucial way to counter the wave of bans enacted since the Supreme Court's decision in Dobbs v. Jackson Women's Health Organization.

"This might be the most important event since Dobbs on so many levels," said Rachel Rebouché, the dean of Temple University Law School, who has worked with shield law advocates and legislators. "Thousands and thousands of pills are being shipped everywhere across the United States from a handful of providers. That alone speaks to the nature of what mailed medication abortion can do."

Before shield laws were enacted, Aid Access, one of the organizations in the forefront of telemedicine abortion, served patients in states with bans by issuing prescriptions from Europe and shipping pills from a pharmacy in India. Pills could take weeks to arrive, potentially putting patients beyond 12 weeks' gestation, the recommended threshold for taking the medication.

With shield laws, "some people who might not have gotten an abortion if they had to take off work and go to a clinic, or wait three weeks and all of that, are doing it now," said Dr. Linda Prine, a New York shield law provider.

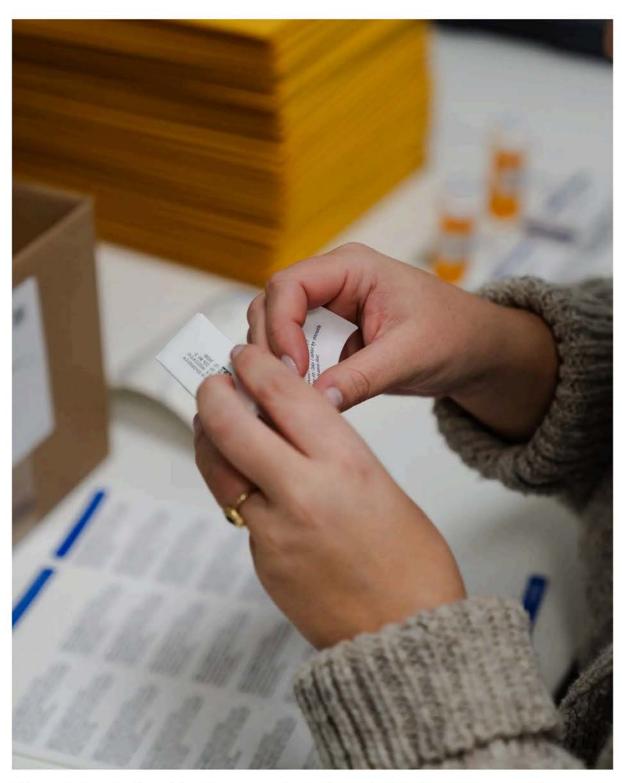
Aid Access providers are now using shield laws to serve about 7,000 patients a month, nearly 90 percent of them in states with bans or severe restrictions, according to Dr. Abigail Aiken, an associate professor at the University of Texas at Austin, who studies Aid Access data.

The shield laws upend the usual telemedicine model, under which out-of-state health providers must be licensed in the states where patients are located.

Beyond providing abortion access to individual patients, the shield-law movement carries broader implications for abortion politics, and supporters are working to enact similar laws in as many states as possible so the approach becomes commonplace, according to Francine Coeytaux, a co-founder of Plan C, a clearinghouse for medication abortion information.

"The shield laws are about a state's legislative and justice system having skin in the game," she said.

Inside the room



Telemedicine abortion shield laws are intended to protect doctors, nurse practitioners and midwives who prescribe and send abortion pills to patients in the nearly two dozen states that ban or sharply restrict abortion. Sophie Park for The New York Times

Carol, who asked to be identified by her middle name to help keep her role private, met me behind the brick building outside Boston and escorted me through a back door, down a warren of hallways. Others who rent offices in the building haven't asked what she does there, she said, adding: "I'm kind of hoping that most people aren't really that curious about what's going on."

At a plain white table, Carol, who has a master's degree in public health, began her routine: checking a spreadsheet of prescriptions; printing out labels with medication information and patients' names; printing address labels with tracking numbers and adding them to the spreadsheet.

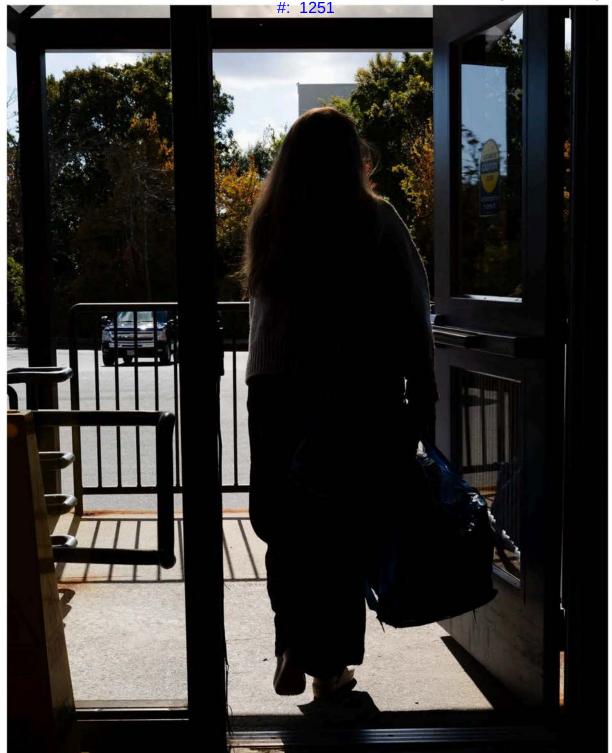
Patients contact this service and others online and fill out forms providing information about their pregnancy and medical history. Carol's colleague, Lauren Jacobson, a nurse practitioner, writes prescriptions, evaluating whether patients are medically eligible. They can be up to 12 weeks pregnant and must have no disqualifying medical issues like an ectopic pregnancy or a blood-clotting disorder. Patients and providers can communicate by email or phone if needed.

"We're a free country," said Ms. Jacobson, who sometimes writes 50 prescriptions a day. "So let's put that to the test. Here we are and we're not going to be intimidated, and we have our states backing us."

Carol pulled the two abortion medications from storage boxes: mifepristone, which stops a pregnancy from developing, and misoprostol, taken 24 to 48 hours later to spur contractions to expel pregnancy tissue.

"I don't really consider myself a rule breaker," she said. "So it's funny that here I am sitting in this tiny little closet surrounded by pill bottles."

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Carol and others who use shield laws to send abortion pills to patients are taking precautions to protect themselves, including not traveling to states with abortion bans, where they could be more vulnerable to arrest. Sophie Park for The New York Times

The operation resembles a small-scale assembly line, preparing medication for six packages at a time: one mifepristone pill in a manufacturer's prepackaged box and 12 misoprostol tablets counted out by hand from bottles of 100 supplied by a wholesaler. Carol slid the medications into plain envelopes lined with bubble

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wrapping, along with a 10-page pamphlet from the mifepristone manufacturer and illustrated instructions from Aid Access about taking the medication and expected side effects, like cramping and bleeding.

She drove several miles to a post office to mail the envelopes.

"Getting ready for Christmas?" another customer in the post office asked one day, she recalled.

"Surprise, I'm actually Santa Claus," she replied cheerfully.

One of Carol's envelopes arrived at the home of Ashley Dickey in Texas.

Ms. Dickey has two young children and said she had experienced serious postpartum depression after those pregnancies. She said she dissolved in tears when she became pregnant again and concluded that she could not manage another pregnancy and raise another child. "It's just not good for anybody," she said.

When she learned she could receive pills by mail, "I was so grateful," she said, adding, "If I would have had to travel somewhere, it would have been catastrophic, financially and then just emotionally."



"If I would have had to travel somewhere, it would have been catastrophic, financially and then just emotionally," said Ashley Dickey, a Texas patient who received abortion pills from Massachusetts shield law providers. Montinique Monroe for The New York Times

Reaching low-income patients

Supporters say shield laws are already making substantial progress toward an important goal: helping patients who cannot afford — financially or logistically — to travel to another state for an abortion.

"It's reaching the ones that were impacted the most: low-income, poor people, communities of color, Indigenous," said Michelle Colón, the executive director of SHERo Mississippi, an organization supporting reproductive rights for people of color.

Nationally, there are three main providers: Aid Access; the Massachusetts Medication Abortion Access Project (called The MAP); and a service called Abuzz, which does not yet serve all states with abortion bans. They charge \$150 or \$250, though all three services provide pills for reduced prices or even at no cost, based solely on what patients say they can pay.

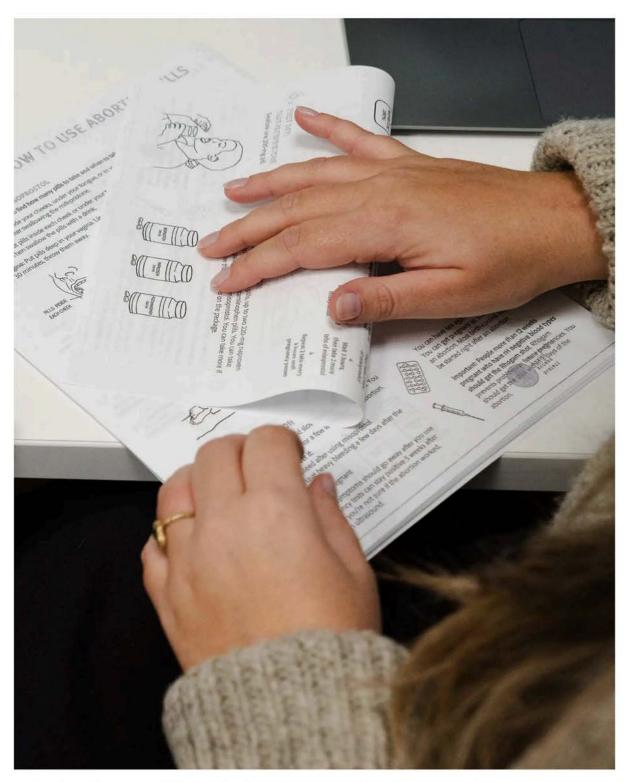
Dr. Rebecca Gomperts, a Dutch physician who founded Aid Access, said over half of its shield-law patients cannot pay full price. About a third of The MAP's patients can afford only the service's \$5 minimum, said Dr. Angel M. Foster, director of The MAP.

But shield-law providers say it is uncertain whether they can sustain their pay-what-you-can approach. Most providers are absorbing the cost for thousands of patients who can't pay full price. So far, most abortion funds — organizations that provide financing to help patients obtain abortions — have not given money for sending pills to anti-abortion states, partly because they do not know if shield laws would protect the funds.

"I've had several funds say, 'Our lawyers say we cannot do this,'" said Susan Yanow, a longtime reproductive health activist working with The MAP, who has nonetheless gotten some funds to contribute. Case 6:25-cv-01491-DCJ-DJA Document 1-74 Filed 10/06/25 Page 13 of 18 PageID

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A few funds openly support shield-law activity. "We are here to boldly make a statement," said Karen Middleton, president of Cobalt Abortion Fund in Colorado, which gives \$2,500 a month to that state's provider. And some advocates are starting funds, including Jodi Jacobson, an activist based in California, who said she wanted to support "providers who are losing money" performing what she called "medical civil disobedience."

Legal strategizing



Authorities in states with abortion bans have not yet tried to prosecute, sue or otherwise target shield law providers, but some advocates on both sides say it is only a matter of time before that happens. Sophie Park for The New York Times

Several Republican attorneys general from states with strict abortion prohibitions declined requests to discuss shield laws. But Mr. Scharf, who is challenging Missouri's incumbent attorney general in the Republican primary, predicted that the shield laws would almost certainly be challenged in court.

"Constitutional litigation is obviously an option here," he said. "Ultimately, whenever you get attempts like this to circumvent our constitutional system of federalism, that's going to be something that's litigated."

Dr. Seago of Texas Right to Life said taking action against shield-law providers would be "a difficult challenge" that would require "the right case," including a patient "on the receiving side of those illegal activities" who would cooperate with a civil suit or prosecution.

"We can definitely promise that in a pro-life state like Texas with committed elected officials and an attorney general and district attorneys who want to uphold our prolife laws, this is not something that's going to be ignored for long," he said.

Many shield-law providers are taking precautions, including not traveling to states with abortion bans, where they could be more vulnerable to arrest. Some are not sending pills to states where they have family. Some are creating trusts to protect their assets from civil suits.

"At any moment, I might get a cease-and-desist order, or I might get a lawsuit, or I might get some district attorney coming after me, I have no idea," said Dr. David Wiebe, who operates under Colorado's shield law. "I'm absolutely flying out at full risk here."

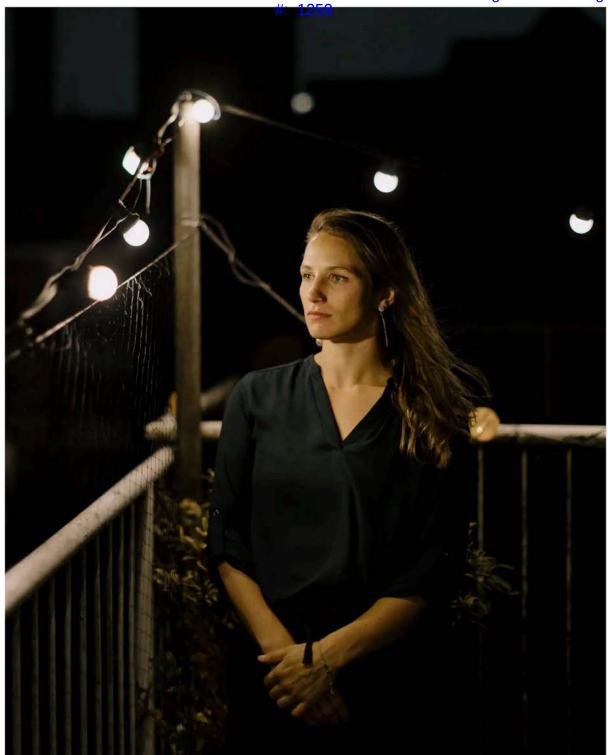
The MAP has taken several protective steps. All of its prescribers are within Massachusetts. Pills are stocked and packaged at a separate location by workers hired by Cambridge Reproductive Health Consultants, a nonprofit Dr. Foster leads. "Our model is about distributing risk," she said.

One national mail-order pharmacy, Honeybee Health, based in California, is evaluating whether it can send pills to states with abortion bans under California's shield law, a step that would allow providers in any shield-law state to send their

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#: 1258 prescriptions to Honeybee and avoid stocking and shipping pills themselves.

Honeybee's co-founder and president, Jessica Nouhavandi, said she hoped to do so, but worried about jeopardizing her business, which dispenses other medications too. If an anti-abortion state like South Carolina pulled her license, "what happens to my thousands of South Carolina patients who get their blood thinners from me?" she said.



"We're a free country," said Lauren Jacobson, a nurse practitioner who sometimes writes 50 prescriptions a day. "So let's put that to test. Here we are and we're not going to be intimidated, and we have our states backing us." Ilvy Njiokiktjien for The New York Times

Another unknown is the outcome of the lawsuit by abortion opponents seeking to curtail mifepristone. An appeals court ruling effectively barred the mailing of mifepristone and required in-person doctor visits. The case is now before the

Supreme Court.

"If we prevail on that, all these shield laws will be rendered moot at that point because then there'll be a federal policy prohibiting such a transaction," said Erik Baptist, senior counsel for the Alliance Defending Freedom, which represents abortion opponents in that case. Some shield law providers say they will look for legal ways to continue.

Texas, which has strict bans, is home to about a third of shield-law patients, including Elizabet, who asked to be identified by her middle name to protect her privacy. She considered traveling to California, where a friend lives, but medication abortion at a clinic there would cost \$750, plus transportation expenses.

She was relieved to find Aid Access and to receive pills mailed from Massachusetts. Although abortion bans target providers and not patients, she said she was still nervous about people in Texas finding out.

"That's been very scary," she said, "but I was like, you know what, I have to trust it."

Weeks later, Elizabet said she planned to visit a doctor for birth control, but worried about being asked if she'd taken abortion pills.

Ms. Jacobson, who prescribed her the medication under Massachusetts' shield law, reassured her, noting that there was no medical reason to disclose having taken abortion pills.

"The symptoms that the abortion pills cause are exactly the same as those that a miscarriage causes, so there is no possible way for a provider, a doctor, to look at you, do any test and know that you took the pills," she said, adding, "We've helped a lot of people navigate situations in places like Texas."

Pam Belluck is a health and science reporter, covering a range of subjects, including reproductive health, long Covid, brain science, neurological disorders, mental health and genetics.

EXHIBIT 75

Caroline Kitchener,

Alone in a bathroom: The fear and uncertainty of a post-Roe medication abortion,

Wash. Post (April 11, 2024)

Alone in a bathroom:

The fear and uncertainty of a post-Roe medication abortion

By Caroline Kitchener April 11, 2024 at 6:00 a.m.

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SCROLL TO CONTINUE

Angel tucked two white pills into each side of her mouth, bracing herself as they began to dissolve.





Angel had wanted to talk to a doctor before she took the pills to end her pregnancy, worried about how they might interact with medication she took for her heart condition.

But in her home state of Oklahoma, where almost all abortions are banned, that wasn't an option.

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The pain kicked in after about an hour, around midnight on a Sunday in January, eventually becoming sharp enough that the 23-year-old said she struggled to stand. While Angel would be fine by the next morning, she worried that something might be very wrong as she lay on the cold bathroom tile, her body racked by some of the worst pain she could remember.

When Angel's fiancé came in to check on her, she was having diarrhea while vomiting into their popcorn bowl.

"F---," she remembered yelling, over and over. "I feel like I need to push."

Overwhelming evidence shows that abortion pills are safe and effective, and that many patients who take them go through the process without much difficulty, experiencing little more than the sharp cramping and bleeding of an unusually heavy period. That is true even when the pills, approved by the U.S. Food and Drug Administration with a prescription for use through 10 weeks of pregnancy, are <u>taken somewhat independently</u> — administered by a doctor over text, email, or a call and mailed to the patient at home.

But the experience can feel very different in states where abortion is illegal. As more women in states with abortion bans choose to end their pregnancies on their own, without directly interacting with a medical professional, they are thrust into a largely ad hoc, unregulated system of online and grass-roots abortion pill distributors — an experience that, while deemed generally <u>safe</u> by medical experts, can be confusing, scary and, at times, deeply traumatic.

"I feel like I need to push."

"Self-managed" abortions <u>increased dramatically after *Roe v. Wade* was</u> overturned — with women in antiabortion states obtaining pills through several distinct channels. At least 6,000 women every month in states with bans are now receiving pills from Aid Access, a Europe-based online clinic that prescribes the medication without requiring a patient to interact with a doctor in real time,

Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 7 of 31 PageID #: 1267 according to founder Rebecca Gomperts. Thousands of others are turning to at least 25 nonmedical websites that sell the pills, or one of several volunteer-led networks that distribute them for free.

With abortion clinics shuttered across the South and Midwest, many women said they have nowhere to go to confirm that their abortion pill supplier is "legit" or that their symptoms after taking the medication are normal. They worry that a call to a doctor or a trip to the emergency room could land them in jail. And while abortion rights advocates have tried to build new infrastructure to support women in these situations — with volunteer doctors answering phone calls or former abortion providers staffing the occasional bricks-and-mortar office in an antiabortion state — organizers say that such resources are no replacement for the array of choices women had before *Roe* fell.

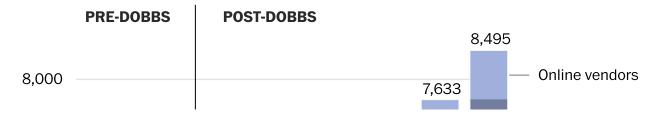
The demand for self-managed abortions in states with bans, already enormous, is sure to increase dramatically in the coming weeks, as strict new abortion laws take effect in Florida and Arizona — the result of two recent court rulings.

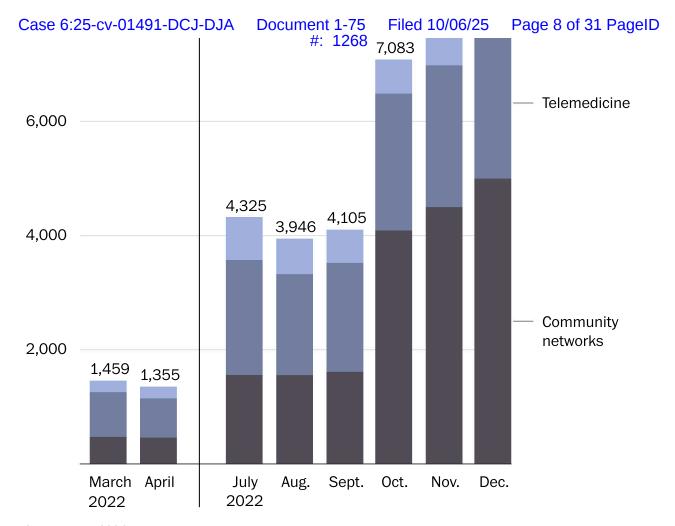
"This is not the way health care should be," said Linda Prine, a New York-based doctor who prescribes pills through Aid Access and co-founded a hotline for people taking them. "All the options have been taken away from people by these bans and this is all that's left," she added, referring to the networks providing pills for women self-managing their abortions.

"It really is all we can do."

Supply of abortion pills for self-managed abortions

The supply of abortion pills outside of the formal health-care setting increased sharply in the six months after *Dobbs v. Jackson Women's Health Organization*, a landmark ruling that eliminated the constitutional right to abortion. A major factor in the increase was the rise of community-based, volunteer-led networks that organized to help women in states with abortion bans.





Source: JAMA (2024)

Adding to the difficulty is a polarized political debate with dueling narratives about what it's actually like to take abortion pills. Antiabortion activists say the pills are highly dangerous, or even deadly, for pregnant women — false assertions based largely on studies that have now been <u>retracted</u> by the journal that published them. Meanwhile, many abortion rights advocates describe the experience as straightforward and <u>easy</u> to handle on your own, a characterization that some women say glosses over what can be a more complicated reality of ending a pregnancy alone in your bathroom.

The Washington Post spoke with more than three dozen doctors, advocates, leading researchers, and women who took the pills in states where abortion has been banned since *Dobbs v. Jackson Women's Health Organization*, the Supreme Court case that overturned *Roe* in June 2022. Over the phone and in person, many women described experiencing deep anxiety and uncertainty about doing something they assumed was illegal. These feelings often intensified

Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 9 of 31 PageID #: 1269 after they took the medication, with some not expecting the level of pain or amount of bleeding they would experience, or how much of the fetus they would see. A few used the pills later in pregnancy than the FDA recommends.

"I wish I would have known that it wasn't just blood clots. ... I was really confused and shocked," said Briana, a 34-year-old in Alabama who took pills she ordered online when she was at least five weeks beyond the FDA's 10-week limit. Like other women interviewed for this article, Briana spoke on the condition that her last name not be used so she could discuss sensitive medical information in a state that outlaws abortion — describing her experience in graphic detail because she said she wanted other women to know what to expect.

The complex legal landscape can be hard to understand. Abortion bans do not allow people seeking abortions to be prosecuted, targeting only doctors and others involved in facilitating the abortion. But people <u>have been charged</u> under other laws for self-managing their abortions, especially later in pregnancy.

A legal challenge to the abortion drug mifepristone brought by conservative advocates — which drew skeptical questions from the Supreme Court during oral arguments last month — seeks to further restrict the post-*Roe* landscape by requiring in-person medical visits for all legally administered medication abortions. Such a change could prevent U.S.-based medical providers from mailing pills into antiabortion states under "shield laws," <u>recently enacted in a handful of blue states</u>, that protect doctors from prosecution under red state bans.



Angel pours out her heart medication at her home. (Desiree Rios for The Washington Post)



Angel was worried about how abortion pills might interact with medication she takes for her heart condition.

In Oklahoma, Angel ordered her pills from Aid Access, according to emails reviewed by The Post, and took them five to six weeks into her pregnancy. She'd told doctors at the online clinic about her heart medication when she filled out its online form, she said, but no one ever reached out about it — a silence easily explained, Prine said, because Angel's medication is not one that would raise concerns.

Angel had no way of knowing that.

Sitting on the toilet, she could hear her heart pounding in her ears. She placed two fingers on the side of her neck to take her pulse and started a timer, she Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 11 of 31 PageID #: 1271 recalled — counting about 190 beats per minute.

With her heart condition, she said, she was supposed to seek medical attention if her heart rate got that high.

Angel had no idea who to call. She vaguely remembered a hotline number in the Aid Access instructions, but figured the line would be closed that time of night. The hospital didn't feel like an option, either: She worried about the questions she might get from suspicious doctors if she showed up at the emergency room.

She closed her eyes and tried to steady her breath, determined to keep her heart rate down. Then she spoke to herself as she imagined a doctor might.

"You will be okay," said Angel, who would wake up the next morning no longer pregnant, the worst moments of her abortion behind her.

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A doctor answers panicked calls

Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 12 of 31 PageID Linda Prine was answering a few emails, coffee mug in hand, when her

cellphone rang.

"Hi, this is the hotline doctor," the 72-year-old said from her New York City home one Sunday morning in January. "Can I help you?"

The voice Prine heard was quiet and scared — belonging to a 15-year-old with an area code in a state with an abortion ban who had taken pills and passed a fetus larger than she'd expected.

Unable to flush the fetus down the toilet, the girl asked about throwing it away.

She was young enough to be Prine's granddaughter.

Prine cradled the phone in both hands and leaned in, trying to channel every ounce of reassurance and understanding she could muster through the phone line.

"There's nothing in there that's traceable back to you," she said. "As long as you don't tell anybody."

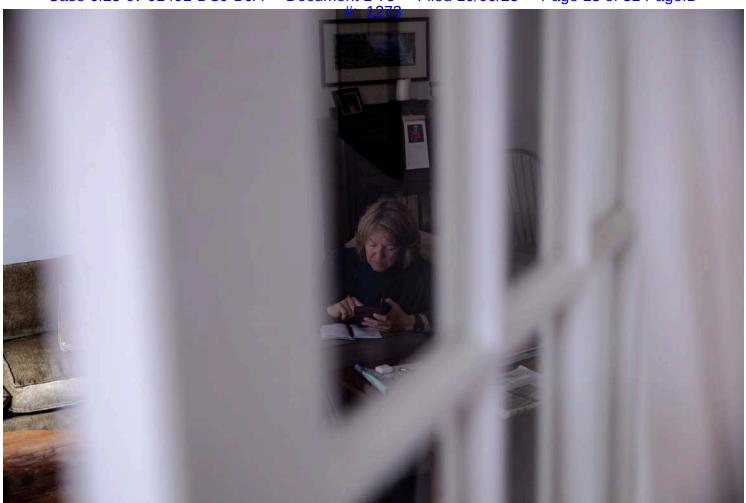
The girl asked if the abortion made her a bad person.

"No it doesn't," Prine said. "Not a bit."

"You are doing what's right for you and your future family," she added, her voice firm.

"This way you can be a good mom when you're ready to be a good mom."

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Linda Prine answers calls and texts for the Miscarriage and Abortion Hotline. (Natalie Keyssar for The Washington Post)

A semiretired family medicine physician, Prine co-founded the <u>Miscarriage and Abortion Hotline</u> in 2019 as a resource for people self-managing miscarriages or abortions at home. She got the idea from Gomperts, of Aid Access, who had already been mailing pills to Americans who struggled to access abortion. The American patients had a lot of questions and concerns about ordering pills outside a formal health-care setting, Gomperts told Prine — and her inbox was constantly flooded with emails.

They needed a U.S.-based doctor to call.

"You are doing what's right for you and your future family."

Calls to the hotline surged after Texas enacted an early law banning most abortions in the fall of 2021, Prine said, and again after new abortion bans took effect across the South and Midwest when *Roe* fell. Now the line is staffed by over 50 U.S.-based medical providers who volunteer their time, a mix of doctors, midwives, nurse practitioners and physician assistants with experience in abortion care. The doctors who run the hotline recruit volunteers through word-of-mouth recommendations, then administer a few hours of virtual training before they start.

In interviews, Prine stressed that hotline doctors are not practicing medicine under their licenses or establishing a doctor-patient relationship — a posture Prine said legally protects the physicians. By design, the hotline volunteers don't ask for the names, locations or full medical histories of the people who call. On the hotline's website, a disclaimer notes that they are not offering "legal or medical advice," and that the information they provide "does not substitute for the … advice of a doctor."

The hotline typically receives roughly 30 calls and 50 texts from people every day. Many say they are in states that ban abortion.

"They'll say, 'I'm in a state where this is illegal, so I can't go get medical care. I want to check in and make sure everything is going okay," Prine said.

She and her colleagues hear the same questions again and again: Am I bleeding too much? Am I not bleeding enough? Is it normal to have this much pain? People call to see if they can drink alcohol or smoke marijuana after taking the pills. One woman asked whether it was safe to walk up the stairs.

[What to know after taking abortion pills]

Anxiety and uncertainty are common even among patients who receive the medication at an abortion clinic in a state where abortion is legal, said Prine — because they're at home by the time they start feeling the full effects.

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"People from anywhere can be freaking out because everyone is taking these pills at home alone," Prine said.

Still, some feel better taking the pills after having a direct conversation with a medical professional. Since *Dobbs*, many women in antiabortion states who have the resources to travel have continued to leave the state to obtain pills at a clinic instead of ordering online, preferring the experience of being face to face with a doctor, even if it means a long drive or a flight.



The Miscarriage and Abortion Hotline is staffed by over 50 U.S.-based medical providers, a mix of doctors, midwives, nurse practitioners and physician assistants with experience in abortion care. (Natalie Keyssar for The Washington Post)



A cross stitch at the home of Linda Prine.

For those who choose to self-manage their abortions, Prine said, she is there to offer reassurance that their experiences are nothing out of the ordinary, and that they almost certainly don't need to go to the emergency room. A medication abortion is just like a miscarriage, she'll tell them, with hundreds of women going through the same process every day.

Of the <u>approximately 5.9</u> million patients in the United States who took mifepristone — the first drug in a two-step medication abortion regimen — between its 2000 approval and December 2022, just 32 died, <u>according to the FDA</u>. Those cases, the agency says, "cannot with certainty be causally attributed

Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 16 of 31 PageID to mifepristone." Major adverse events — in which a blood transfusion, major surgery or overnight hospital stay is required — occur in <u>fewer</u> than 0.5 percent of cases, a figure that remains the same whether a patient has met with a doctor in person.

A significantly larger share of patients who take abortion pills seek emergency care, ranging from 1.3 to 8 <u>percent</u> in leading studies.

Adverse effects are extremely rare among those who take abortion pills

A tiny fraction of patients who take abortion pills have a serious adverse event such as a blood transfusion, major surgery or overnight hospital stay.

= 10 estimated patients who took abortion pills

6,034 patients took abortion pills

100%

81 patients went to the emergency room

1.34%

20 patients experienced a serious adverse event

0.34%

(18 of whom had gone to the emergency room or hospital first)

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Note: Estimated patient numbers are based on percentages included in a 2024 study and are rounded to whole people.

Source: Ushma Upadhyay/Nature Medicine

Antiabortion activists portray those emergency room visits as an indication of a safety issue, but leading medical experts say they instead highlight the confusion and fear that many women experience after taking the pills. Patients often go for a gut check, doctors and medical researchers said, wanting to confirm that they're not bleeding too much, or that the pills worked and they are no longer pregnant. Studies show that 35 to 50 percent of people who go to an ER after taking abortion pills receive no treatment.

"With medication abortion, there's no one saying, 'You're doing great. This is normal," said Ushma Upadhyay, a professor at the University of California at San Francisco and a leading researcher on the safety of abortion pills, drawing a distinction between the pill and a surgical procedure. "Often people are going through it alone, so they want to know everything is okay."

On the hotline, Prine said she's felt the need to send someone to the emergency room only once in nearly five years.

"Your uterus knows what to do," Prine told a woman who called that January morning with reports of unexpectedly heavy bleeding. "It's going to take care of itself."

Others in the medical community are quicker to suggest that someone be seen in person.

On the infrequent occasions when a patient calls with concerns about their medication abortion, Clayton Alfonso, an OB/GYN at Duke University, said he'll try to evaluate how much she is bleeding and how her body is tolerating the blood loss. But he said it can sometimes be difficult to make those assessments over the phone.

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"When you take a patient call, it's always hard because their definition of heavy bleeding could be different from my definition of heavy bleeding," said Alfonso, adding that he usually tries to bring patients into his clinic if he has space on the schedule. "I would much rather see someone than leave someone in limbo at home not knowing what to do."

In states with abortion bans, the emergency room is often the only option for women who want in-person care during their medication abortions. Even if they say they had a miscarriage — a condition that presents with symptoms indistinguishable from a medication abortion — many women in these situations have bad experiences at the hospital, Prine said, encountering physicians who provide inaccurate information or ask suspicious questions about why they're bleeding.

"Your uterus knows what to do."

Prine said she recognizes that the landscape for self-managed abortions is tenuous. The antiabortion movement is ready to seize on any experience with pills that is difficult or complicated, she said, especially the relatively rare cases in which women take pills later in pregnancy.

At the Conservative Political Action Conference last year, prominent antiabortion activist Abby Johnson said women are delivering "fully formed babies" in their bathrooms — a false description of what women see during a medication abortion, even in the second trimester.

"They're passing these babies into the toilet," <u>said</u> Johnson, founder of the antiabortion group And Then There Were None. "Then these women have to make a decision: What do I do with this fully formed baby?... Do I flush my child down the toilet?"

These kinds of incendiary attacks make it hard for abortion rights advocates to discuss the details of a medication abortion later in pregnancy, said Prine and

Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 19 of 31 PageID #: 1279
Gomperts — because the specifics could be weaponized by the antiabortion movement.

As a result, Prine said, women who take pills later in pregnancy are sometimes surprised by what they see.

A woman struggles to pass her pregnancy

At her home in Alabama, Briana waited to take the pills until she'd put all of her children to sleep.

The cramps in her lower back came first, followed by full-body chills and, eventually, contractions more painful than those she remembered from childbirth.

After lying in bed for two hours, Briana felt something "pop" under the comforter, followed by a gush of warm liquid seeping down her legs. She ran to the bathroom, she recalled in interviews and a journal entry, where she felt a mass larger than her palm drop into the toilet.

"This can't be happening," she thought to herself.

Then she looked down to see a bloody umbilical cord dangling between her legs.



When the pills first arrived in the mail a few days earlier, in April 2023, Briana had expected her experience would be more difficult than most. The doctors who administered the medication through Aid Access cautioned Briana that they "do not like to recommend medical abortions" as far into pregnancy as she would be when the pills reached her, according to emails reviewed by The Post.

Briana felt she had no choice. By the time she found out she was pregnant, she was already 11 or 12 weeks along. The abortion clinic she'd called in a different state, more than a six-hour drive from her home in Alabama, where abortion is banned, was booked for surgical procedures for over a month, busy treating patients from other antiabortion states across the South. She spent nearly two weeks researching her other options, then the pills she ordered took two weeks to arrive.

The 34-year-old was struggling to support the kids she already had.

"I didn't want to take any more away from them ... time, attention, money," said Briana, who estimates that she was 15 or 16 weeks along when she took the pills.

"This can't be happening."

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Experts and advocates say it is relatively rare for women to self-manage their abortions well beyond the FDA's 10-week limit, particularly since passage of the shield laws, allowing U.S.-based doctors to mail pills directly into antiabortion states instead of relying on international pharmacies. That change has reduced the shipment time from several weeks to between three and five days.

At the time Briana ordered her medication, over a year ago, Aid Access generally did not send pills to anyone who said they were further than 11 weeks into their pregnancy, Gomperts said. It now allows people to place orders through 12 weeks of pregnancy, because pills reach patients more quickly.

"If we think people might be longer than that, they get an email to make sure they can navigate the situation," said Gomperts, who personally prescribed Briana's medication, according to documentation reviewed by The Post.

"Women have agency. They are perfectly capable of making these choices about their own health, and we are there to support them the best we can."

According to data compiled by Aid Access, and shared with The Post, 1 in 20 patients who responded to the organization's survey in January took the pills beyond 11 weeks of pregnancy. One in 100 took the pills beyond 13 weeks. (About 20 percent of people who took the pills responded to the survey.)

Still, Prine said, she has fielded far more of these calls from women later in pregnancy than she would like — averaging one a day on the hotline in the months after the Supreme Court decision. Some of the callers had no idea how far along they were until they passed the pregnancy, she said. Others knew, but chose to go ahead anyway.

Beyond 12 or 13 weeks, women will see a much more developed fetus, with identifiable features.

"We hear the trauma when we talk to people," Prine said. "It's an image you can't get out of your head."

Caroline Kitchener reported this story from four states. She witnessed Ashley's ultrasound in Texas, watched Linda Prine answer hotline calls in New York, and interviewed Angel and Briana in Oklahoma and Alabama. She also spoke on the phone to women who selfmanaged their abortions at home.

Alone in her bathroom, Briana had no idea what to do. The Aid Access doctors had told her to expect nausea, vomiting, chills, blood clots and a fetus at least the size of an orange, emails show.

They said nothing about an umbilical cord.

"Do I pull the cord out?" Briana wondered, frantically trying to remember what the doctors had done when she gave birth. "Do I just wait to try to push it out?"

Her boyfriend was sleeping in the next room. Even if she woke him up, she wondered, what could he do? If she went to the emergency room, she said, she felt sure she'd be prosecuted.

Finally, Briana decided to call the number for the Miscarriage and Abortion Hotline she'd seen in an email from Aid Access.

"That's the placenta you need to push out," Briana recalled the woman on the hotline saying. "When you feel the next contraction, I want you to push like you're giving birth."

Briana said she sat there with her umbilical cord hanging loose for at least 15 minutes before the placenta finally dropped into the toilet.

While there are no major U.S.-based studies on the experience of self-managing an abortion with pills later in pregnancy, international research suggests that women in these situations more frequently seek in-person care. One study conducted with patients in Argentina, Nigeria and Southeast Asia between nine and 16 weeks of pregnancy found that about 24 percent went to a medical facility during or after the experience of taking the pills on their own. Approximately 10 percent required medical intervention to complete the abortion or treat a complication.

One major concern later in pregnancy is that the body won't be able to expel all of the pregnancy tissue, several doctors said.

When the Miscarriage and Abortion Hotline received its first call from a woman who was unable to pass her placenta — at least five weeks further into her pregnancy than the FDA's 10-week limit — a group of hotline doctors started messaging one another, trying to decide what to say to her, Prine said.

One doctor in the group insisted that the woman had to go straight to the ER, but Prine and others disagreed. Worried the woman could face prosecution or mistreatment if she went to the hospital, Prine said, they walked her through her abortion at home, instructing her to take more abortion pills and gently massage her stomach until the placenta came free — the same advice Briana said she received.

"We didn't feel like it was a medical emergency. She wasn't bleeding heavily and she wasn't lightheaded," said Prine, adding that they would have recommended the woman go the ER if a hospital visit was medically necessary.

A woman in that situation could have hemorrhaged or become septic, according to five OB/GYNs interviewed for this article.

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"Whenever there is something inside the uterus that is trying to come out and won't come out, the risk of bleeding and infection gets higher with every passing moment," said Keri Garel, an OB/GYN at Boston Medical Center, adding that she would advise someone in Briana's situation to go to the hospital immediately. "At that point, your life is the most important thing."

"Do I pull the cord out?"

As difficult as the situation was, Briana says she is extremely grateful that Aid Access was willing to send her the pills — and that someone on the hotline was available to talk her through taking them.

"Without the hotline I would have been completely lost and literally completely alone," she said.

"The lady ... stayed talking to me for hours," Briana added. "I wish I knew her name."

Briana stayed in the bathroom that night for more than an hour. She knew she shouldn't look at the fetus, she said, but she couldn't help it. In the toilet bowl, she could make out a head. She remembered thinking that the legs looked long.

"I felt like a monster," she said, reflecting back on that moment.

A year later, Briana said, she is certain she made the right decision for herself and her family. But she wishes someone had told her more about what to expect. If she had known the full extent of what could happen during a medication abortion at 15 or 16 weeks, she said, she probably would have searched harder for an <u>out-of-state clinic</u> with available appointments — and figured out a way to drive six hours or more to Florida, Illinois or North Carolina.

Before *Roe v. Wade* was overturned, Briana could have gone to a clinic less than

A former abortion provider offers some relief

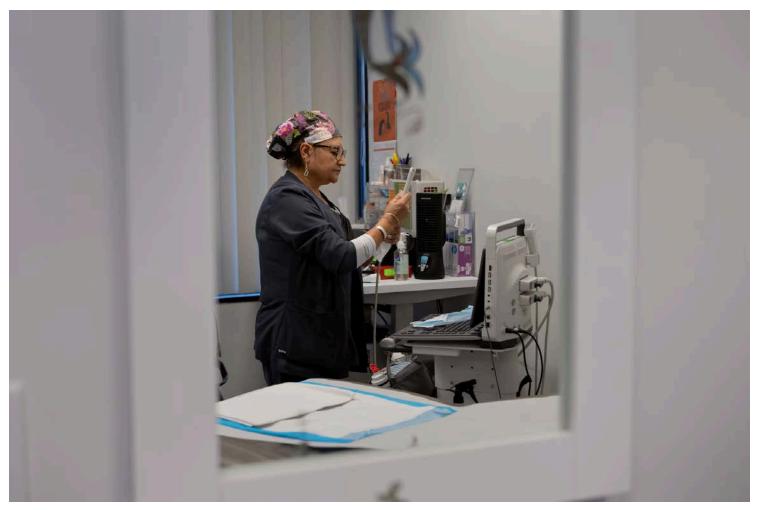
In Houston, a woman lay back on an exam table in a clinic that once offered abortions, hoping to hear that her medication abortion was finally complete.

Ashley, a 25-year-old mother with a baby, opened her legs and stared up at a mermaid mobile hanging from the ceiling, her sweatpants and Converse sneakers in a heap on the floor.

"Are you ready?" Glenda Lima, the sonographer, asked on a Tuesday morning in mid-February. "There will be a little cold and just a little pressure, okay?"

It was Ashley's fourth visit in two months to Houston Women's Reproductive Services, one of a handful of former abortion clinics that have remained open in states with near-total abortion bans. While the staff originally imagined a new version of the clinic that offered ultrasounds and referrals to patients planning Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 26 of 31 PageID

to travel out of state for medication and procedures, a large share of the women they serve are now self-managing their abortions with pills they got online.



Glenda Lima cleans ultrasound equipment at Houston Women's Reproductive Services in Texas. (Danielle Villasana for The Washington Post)

As soon as she found out she was pregnant in mid-December, Ashley had ordered pills from Aid Access, which she'd heard about on TikTok. But the whole process seemed a little sketchy, she said. What kind of medical organization collected money through Venmo, she wondered? They were asking for a picture of her driver's license. What if it was all a scam?

She decided that she needed to talk to someone. Not a disembodied voice on the phone or an anonymous commenter in an online forum — but a real, live person she could actually meet.

"If I'm putting this in my body," Ashley recalled thinking to herself, "I need to

Ashley struggled to come up with the right terms to Google, she said, wondering if it was even possible to get advice on abortions in a state where abortion is banned. She came across contact information for Houston Women's Reproductive Services only after first messaging a crisis pregnancy center — an email thread she abandoned when she realized it was actually an antiabortion organization designed to dissuade women from ending their pregnancies.

Kathy Kleinfeld, the administrator of Houston Women's, responded to Ashley's panicked message on a Sunday, offering her an appointment for a pre-abortion ultrasound and consultation the next day the clinic was open.

"I was like, 'Oh my God, I feel like I have been searching for this," Ashley said. For the first time since finding out she was pregnant, she said, "I just felt safe."



Glenda Lima performs an ultrasound for a patient at Houston Women's Reproductive Services. (Danielle Villasana for The Washington Post)



A patient holds her hands while getting an ultrasound at Houston Women's Reproductive Services.

As other Texas clinics moved to New Mexico and Illinois after *Roe* was overturned, Kleinfeld and Lima decided to downsize and stay put, anticipating that some women would continue to seek out ultrasounds, emotional support

Case 6:25-cv-01491-DCJ-DJA Document 1-75 Filed 10/06/25 Page 28 of 31 PageID #: 1288 and general guidance in their home state, services that remain legal under Texas law. If all the abortion clinics shuttered, they said, they knew crisis pregnancy centers would be the only places left to go.

Now, the women see their clinic as a helpful counterpart to the online pill networks: a soothing space with a "relaxation" scented diffuser and three portraits of the late Supreme Court justice Ruth Bader Ginsburg, where Texans can get the help they need to feel comfortable self-managing their abortions at home.

There are major challenges to providing this kind of care in a state where abortion is illegal. Perhaps the biggest, Lima said, is that women assume there are no abortion resources left in Texas. Those that find them often do so by chance.

Lima said she regularly gets frantic calls and texts from Spanish-speaking patients she's never met before on her cellphone, a number she gives out only to patients she sees in the clinic.

"I ask them, 'How did you get my number?" she said. "They say, 'A friend of a friend of a friend."

"I need to know I'm going to be okay."

Kleinfeld acknowledges that the very existence of a clinic like theirs — which, unlike some other former abortion clinics that have remained open in states with bans, has no doctors on site and offers no health services other than ultrasounds — is somewhat controversial in the abortion rights community. With abortion rights advocates arguing vehemently that in-person consultations and ultrasounds are entirely unnecessary for a medication abortion, Kleinfeld said, some likely see her clinic as an impediment to women accessing the care they need.

Kleinfeld would never want to see an in-person visit mandated for all patients — most women have no problem handling everything at home, she said. But she has learned that some need the additional hand-holding, especially when they are obtaining pills from unfamiliar sources.

"Not everybody needs an ultrasound, not everyone needs a phone number to call," Kleinfeld said. "But some really do."

Blair Cushing, a family medicine doctor who provided abortions in McAllen, Tex., before the clinic there was forced to close, recently opened a small medical practice near the Mexico border to offer ultrasounds and other support to women who self-manage their abortions. When she meets with patients, she said, they'll often stay to talk for an hour or more — experiencing "information overwhelm" from everything they've read online and desperate for reassurance.

"They're worried because something didn't go the way they were expecting," Cushing said. "They need to decompress about this experience they had and make sure they're okay."



Ashley holds her baby at her home. (Danielle Villasana for The Washington Post)



As soon as she found out she was pregnant in mid-December, Ashley ordered pills from Aid Access.

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Ashley first went to Houston Women's Reproductive Services for an ultrasound before she took the pills on Dec. 19 — then returned a week later, wondering why she was still bleeding and experiencing a dull pain in her lower back.

Lima, the sonographer, told Ashley that she still had some blood clots left in her uterus. And while Lima assured her that this was nothing to worry about — the body can typically expel remaining clots without any medical intervention — Ashley wanted to be sure.

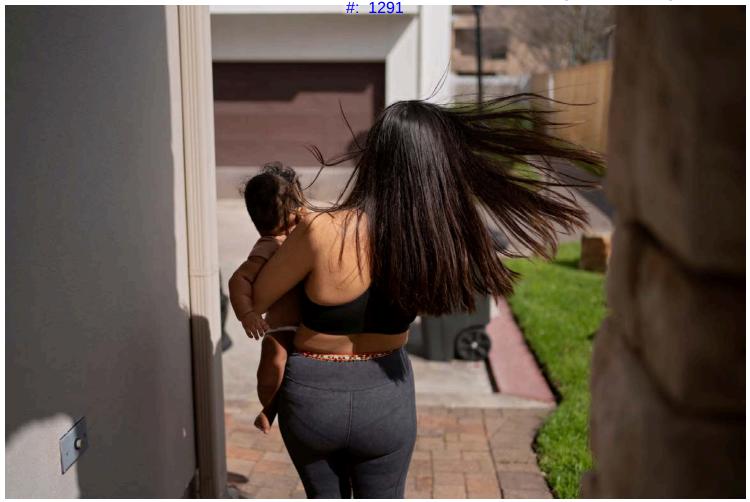
She returned to Houston Women's for three more appointments, until Lima was able to confirm that all the clots were gone.

"Your uterus looks beautiful ... nice and clean," Lima said at Ashley's final appointment in mid-February. "You're good to go, okay?"

Ashley smiled, closing her eyes as she felt all the muscles in her shoulders finally relax.

"Thank you," she said. "That's all I needed to hear."

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Ashley carries her baby outside her home. (Danielle Villasana for The Washington Post)

About this story

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THE U.S. FIGHT OVER ABORTION

HAND-CURATED

EXHIBIT 76

Her Safe Harbor, *Abortion Pills Online*





Skip The Clinic, Get FDA Approved

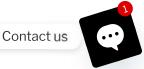
Abortion Pills Prescribed By Licensed Healthcare Providers With Free On-Demand Medical Support.

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- (Q) Click **Begin Consultation** to answer questions about your situation and medical health.
- (Q) The person requesting the consultation must answer the questions truthfully. We do not share any information about you with others!
- You need to upload an ID.
- A healthcare provider reviews your information to ensure you can safely use the medication. If the provider needs more information, we will contact you.
- (Q) You will receive an email for your making your payment.





Your order is processed and shipped with 1 mifepristone tablet and 2 doses of 4 misoprostol tablets (FDA approved) and 2 Zofran (Anti Nausea), 4 Ibuprofen. (You won't find anyone else who provides nausea and pain medication).

Shipping takes 4-6 days.

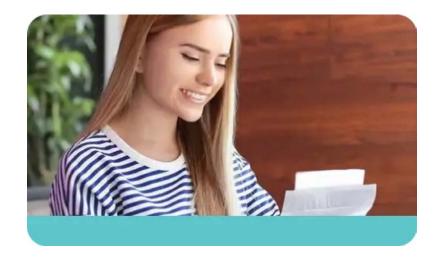
The help desk and providers are there to support you through email: contact@hersafeharbor.com or phone: 302-660-1273

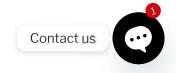
Begin Consultation

Donate

TeleMedicine Treatment For:

- Bacterial Vaginosis
- Yeast Infection
- UTI
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- Emergency Contraceptives







What's Included

Mifepristone (1)
Misoprostol 2 doses (8 tabs)
Zofran (Anti Nausea) 2 tabs
Ibuprofen 2 tabs

Begin Consultation

What People Are Saying

Contact us ...

66





• • • • •

To reduce your digital footprint, the Digital Defense Fund recommends using privacy-forward search engines like DuckDuckGo, creating temporary email accounts for abortion care, and turning off location tracking on all of your devices.

Her Safe Harbor has never and will never disclose any private health data to any authority. We will not comply if we are ever subpoenaed.

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EXHIBIT 77

Pam Belluck,

A day with one abortion pill prescriber,

N.Y. Times (Jun. 9, 2025)

The New York Times

https://www.nytimes.com/2025/06/09/health/a-day-with-one-abortion-pill-prescriber.html

A nurse practitioner spoke on the phone with patients in states with abortion bans, assessed their medical eligibility and sent pills. She took some unconventional steps to protect their privacy.

By Pam Belluck Photographs by Hannah Yoon

June 9, 2025

The young woman's voice trembled over the phone. Sitting in her car in Alabama, where abortion is almost totally banned, the 26-year-old mother of two was grappling with an unintended pregnancy.

"I'm like 'How in the world?'" she said, stifling a sob. "I already have two children, and I cannot. I can't. I just can't go through with it."

She wanted an abortion, she said, but was afraid of getting caught and didn't know what to expect from the process. "Growing up, I never really thought about actually doing something like this," she said.

On the other end of the line, at home on a quiet residential street in Delaware, Debra Lynch, a nurse practitioner who runs a service prescribing abortion pills, spoke calmly.

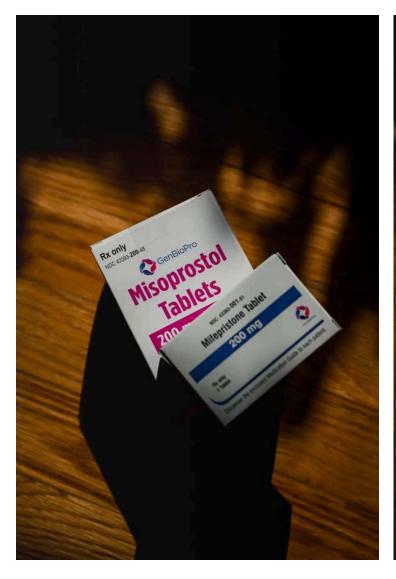
"It's completely valid to be scared," she said from her desk in a home office filled with plants and shelves of medication. "And that's why we want you to call us, even if you're calling just to say: 'I'm scared. I need to hear somebody tell me that what's going on right now is normal, and it's OK."

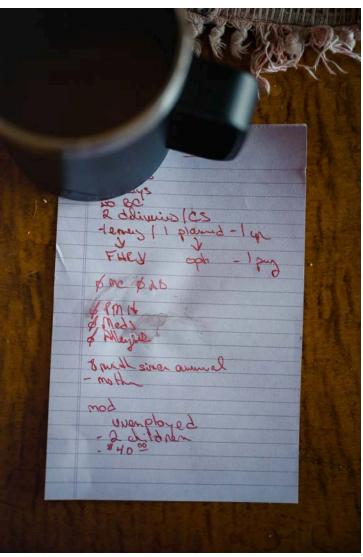
During the 25-minute conversation, Ms. Lynch asked the woman about her health history and pregnancy and assessed that she was medically eligible for abortion medications that can be taken in the first 12 weeks of pregnancy: mifepristone, which blocks a hormone necessary for pregnancy development, and misoprostol, taken 24 to 48 hours later, which causes contractions so pregnancy tissue can be expelled.

She carefully explained how to take them and mentioned that after the second medication, there would be cramping and bleeding that could continue for days.

Ms. Lynch's husband, Jay, packaged the pills into a plain white envelope and labeled it with the Alabama address, as well as their service's name and return address. A mail carrier picked it up from their mailbox. Included was a handwritten note on paper decorated with flowers: "We are here for you if you need us. You are not alone. Feel free to reach out anytime, no matter what you need."

Ms. Lynch is one of about several dozen providers in the country taking legal risks by prescribing and sending pills to patients in states with abortion bans. Many providers are based in states with shield laws, intended to offer them protection by preventing authorities there from cooperating with out-of-state officials who try to prosecute or sue them for serving people in their states.





Case 6:25-cv-01491-DCJ-DJA Document 1-77 Filed 10/06/25 Page 4 of 14 PageID Misoprostol and mifepristone awaiting packing #: 1301 Notes from a call. and mailing.

About 20 states have adopted some type of abortion shield law since the Supreme Court overturned the national right to abortion in 2022. Eight explicitly protect telemedicine abortion prescribers who send medication to patients in any state. Delaware's shield law isn't as explicit, and there are different views on the scope of its protection, some legal experts said. Ms. Lynch said lawyers advised her that Delaware's laws appear to protect prescribers who mail pills to any state, but she recently decided to move to one of the eight states with the clearest protections.

The mailing of abortion pills has become a major issue for anti-abortion activists. In a lawsuit against the Food and Drug Administration, three Republican state attorneys general are seeking to reinstate rules requiring patients to obtain pills from providers in person. And abortion opponents are pressing for other state and federal actions to curtail the sending of abortion medication into states with bans.

"It is violating not only our pro-life laws but our homicide laws," said John Seago, president of Texas Right to Life.

He added: "We're really shocked that there's been a widespread embrace of this. And so for Texas, we've established it's immoral, it's unethical. We want to stop it."

Shield laws have become a key abortion-rights strategy, and each month, prescribers are sending medication to about 10,000 patients in states with bans. But the laws are beginning to be tested as authorities in states that outlaw abortion bring legal action against such prescribers, a confrontation many expect to reach the Supreme Court.

The first cases — a criminal indictment in Louisiana and a civil suit by the Texas attorney general — involve a New York doctor accused of sending abortion pills to those states. New York officials have refused to cooperate, invoking that state's shield law. But the cases have transformed the risk for abortion providers from theoretical to real.

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Given the stakes, most prescribers sending pills to states with bans keep their names and other identifying information out of public view. Ms. Lynch was willing to be named, saying that to "step forward and identify who you are as an actual real live human" might help some women needing abortions feel less fearful.

She allowed The New York Times to spend a day with her as she had phone consultations with patients. (The Alabama woman and others allowed The Times to listen; to protect their identity, The Times agreed not to name the patients.)



Ms. Lynch with Jay, her husband, who handles logistics like answering the phone for the service.

The visit offered a rare look at the work of one unconventional prescriber and the delicate and complex circumstances women seeking abortions may experience.

Ms. Lynch operates the service, called Her Safe Harbor, with three other volunteer licensed prescribers and Mr. Lynch, who handles various operational responsibilities and formerly worked for Delaware's health and social services department. The service, which started last June, also provides contraceptive pills and treatment for gynecological infections. The Lynches said the service ships several hundred packages a month, mailing to any address patients request, including a general store in a Midwestern town.

Ms. Lynch's medical guidance follows what most medication abortion providers recommend. But some other steps she takes push the envelope in ways other prescribers do not. Those steps, she said, are intended to reach patients who are especially concerned about privacy or nervous about the abortion process.

She says she believes the risks she is taking pale in comparison to the risks patients take in seeking abortions. "They are the ones who are really being brave, you know?" she said.

A Call From Texas

There were cries of young children in the background as a mother of two in Texas described over the phone how she learned during a routine gynecologist appointment that she was pregnant again. She told Ms. Lynch that she didn't want her husband to know because he had sometimes been abusive. She asked that the pills be mailed to a friend's house, where she planned to take them while her husband was at work.

There was another issue though: How would the woman explain to her doctor why she was no longer pregnant? She told Ms. Lynch that she thought that she should visit an emergency room after taking the pills, so a hospital could document that she had a miscarriage. But she was terrified about whether abortion pills or even the nausea medicine that the service sends in the package could be detected with blood tests. She asked if she could tell the hospital not to take blood.

Ms. Lynch told her that standard blood and urine tests don't detect those medications and advised that saying she was having a miscarriage but didn't want lab tests could raise suspicion and impede the hospital's ability to provide the miscarriage documentation she wanted. After the call, she said the woman seemed reassured about what to do.



Included in the packages are medical instructions and stickers with supportive phrases.



Mr. Lynch put two packages in the mailbox to be picked up by a mail carrier.

Many callers are in sensitive circumstances, Ms. Lynch said, including women who have been victims of date rape. She said concern for their safety and privacy was one reason she had adopted some practices that differ from other services.

"It's not just obfuscation for the sake of obfuscation from law enforcement," she said. "A lot of times, it's because it's a domestic violence situation or a high-risk-for-violence-in-the-home situation, or they live with other people who might out them."

Women in states with bans have limited options for abortion. They can travel to states with legal abortion, but that can be costly and involve time away from jobs and children. Some obtain pills from informal community networks that don't have medical professionals or prescription medication.

Many women choose another option: telemedicine abortion services that mail prescribed pills. Such prescribers often assess medical eligibility by reviewing forms that patients complete online, a system many patients consider convenient and efficient.

Ms. Lynch says her service works differently. It is designed for patients in states with abortion bans and restrictions who want to talk with a provider on the phone or who worry that online forms might leave an electronic footprint, she said.

Typically, abortion pill prescribers strictly comply with the laws of the state they're licensed in, which helps ensure that their state's shield law will protect them. For example, they carefully obey their state's requirements about sending the prescriptions with the medication. Ms. Lynch, however, said that to better serve patients who are afraid to receive such documentation, she decided not to put copies of the prescriptions in the packages, although such a practice would trouble the providers who follow the rules.

"One of the main points that we heard from people was that they don't want a prescription with their name on it," she said. "So, we had to make a decision: Are we willing to potentially violate a Delaware law with the labeling of the prescriptions in order to remove this barrier that's a very real barrier for a lot of people?"

Her service keeps prescriptions and other records for patients in paper files offsite, she said. To give patients additional "plausible deniability," she said, she sends receipts with a medical code for a urinary tract infection consultation, one of the

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conditions the service treats, along with written information about U.T.I.s. She doesn't ask patients in states with abortion bans or restrictions to provide identification like a driver's license.



Ms. Lynch, a Queens native, and Mr. Lynch, a Brooklyn native, have been married for over 30 years and have worked together before, including once running a children's theater.

Ms. Lynch, 56, has had an eclectic career and said she previously worked in geriatrics, chronic disease and other fields. Assisting a community Covid response team in Philadelphia "kind of redirected my career focus on being more social-needs-oriented," she said. After Roe v. Wade was overturned, she wanted to offer support to women seeking abortions and admired the shield-law providers' work, she said.

A Queens native, she is voluble and expressive. During the recent visit, she was wearing a long blue floral dress and pink head scarf and was barefoot with a flowery vine tattoo spiraling down one leg. She and Mr. Lynch, a 61-year-old Brooklyn native, have been married for over 30 years and have worked together before, including once running a children's theater.

During phone consultations, Ms. Lynch's questions mirror the online forms other services use and her responses generally echo those of other providers. For example, she won't prescribe abortion pills to women with bleeding disorders or ectopic pregnancies, in which the fertilized egg is outside the uterus and never produces a baby.

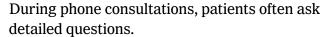
Some patients ask what they should do if they want or need to visit an emergency room. Serious complications from medication abortion are rare, and numerous studies have found it to be safe, including when pills are prescribed by telemedicine and mailed. Long before the F.D.A.'s 2021 decision permitting telemedicine abortion, the agency considered the medication safe enough to allow patients to take it at home and not in the presence of a doctor. But some women want a hospital to assess whether their bleeding level is normal or whether all the pregnancy tissue has been passed.

Ms. Lynch, like other abortion providers, counsels that there is no medical reason for women to tell hospitals they have taken abortion pills, and that they can allow hospitals to assume they are miscarrying, which involves the same symptoms and is often treated with the same medications.

Her service often conducts follow-up calls, checking on patients after they take the medication and sometimes for days afterward. On four occasions, she has suggested that a patient visit an emergency room, she said. One woman was dehydrated, and two wondered if they were bleeding excessively. She wanted the fourth to be evaluated because of heavy bleeding. All turned out to be fine and needed no treatment at the hospital, she said.

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A window charm and plants in Ms. Lynch's home office.

A 'Pro-Life' Caller

After another woman in Texas had a consultation with Ms. Lynch and took the medication, the woman and her husband wanted to check that the process was progressing normally. The patient's husband called and texted several times a day, sometimes late at night.

The man said they were devout Christians who considered themselves "pro-life" but found themselves in circumstances where abortion was right for them. "It's not very common that some grew-up-in-the-country Republican from Texas who loves guns changes his mind on things," he said on one call. "But here we are."

His wife has endometriosis and had been advised that pregnancy could be dangerous for her, he said. They worried that Texas' abortion ban made hospitals so afraid that if she miscarried or had pregnancy complications, doctors would have to wait to intervene until her condition became life-threatening.

"If you're a woman in Texas, and you're going through complications and a miscarriage," he said, "it's going to be difficult for you to find treatment, and that's not OK. And as a Christian, I understand that these laws stem from Christian values. But the one thing that we never really discuss is a woman's health."

Six days after his wife began the medication regimen, he called again, asking if they should be concerned that some bleeding was still occurring.

"No fevers, right?" Ms. Lynch asked.

"No nausea, no fevers," he said, adding that his wife "keeps bleeding and cramping, but it's not crazy excessive."

Ms. Lynch suggested the woman take an additional two misoprostol tablets, noting that some women need more than the initial four tablets to fully expel pregnancy tissue. If bleeding didn't lessen by the next day, she said, "then I probably would want to get her an ultrasound."

She quickly explained: "Now, she wouldn't have to go to the emergency room or anything, because as long as she doesn't have a fever or any signs of infection or continuous bleeding, it wouldn't be an emergency. So we could arrange for her to have an ultrasound there, locally, done without it going in her chart, or actually without the provider even having her name or any information."



Ms. Lynch sends each patient a handwritten note encouraging them to call with any questions.

Ms. Lynch's service has contacts for medical practitioners in many states who will provide ultrasounds and other care, she said, absorbing the cost themselves, as long as they aren't violating that state's abortion laws.

After the additional misoprostol, the bleeding eased, making an ultrasound unnecessary.

Like several other telemedicine abortion services, Her Safe Harbor typically charges \$150 per order but also accepts whatever patients can afford. "Right now, I have like \$40 on me, and I realize that's probably not enough for anything," the Alabama woman said.

Mr. Lynch, who handles logistics like billing and answering the phone, sent her the medications for free.

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The Lynches recently decided to move to New York, which has one of the strongest shield laws. They've chosen a rural upstate community, where they can afford property large enough for a small clinic adjacent to their home. Ms. Lynch plans to apply for the necessary state nursing licenses.

To comply with New York's law, some of her practices would most likely need to change. But she said she appreciated that New York recently added another layer of protection by allowing providers to send patients prescriptions with the medical practice's name instead of the provider's name.

She applauded the state's forceful response to the Texas and Louisiana cases. Gov. Kathy Hochul of New York has refused to extradite the abortion provider, Dr. Margaret Carpenter, to Louisiana, and a county clerk blocked an attempt by Texas to enforce a \$113,000 penalty against Dr. Carpenter.

Ms. Lynch said those actions sent a signal that "no matter what, we are going to protect the patients and we are going to protect the provider."

Susan C. Beachy contributed research.

Read by Pam Belluck

Audio produced by Sarah Diamond.

Pam Belluck is a health and science reporter, covering a range of subjects, including reproductive health, long Covid, brain science, neurological disorders, mental health and genetics.

A version of this article appears in print on , Section A, Page 1 of the New York edition with the headline: Calm Voice on Phone, and Abortion Pills by Mail

EXHIBIT 78

Abuzz,



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?

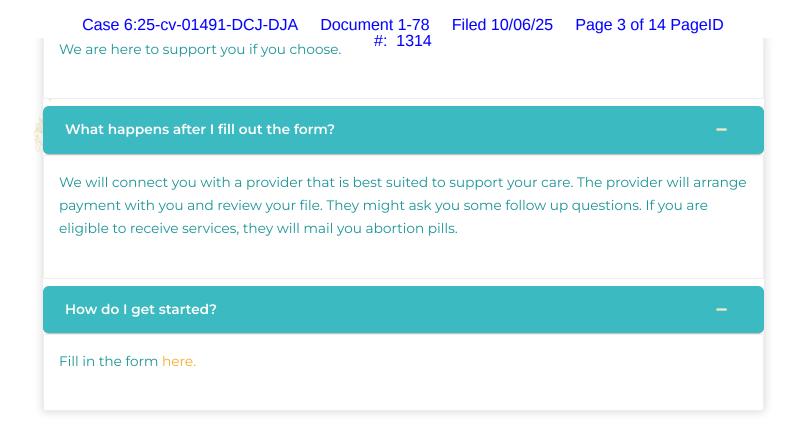
Yes, you can still get help! Just let your provider know what you can afford when you fill out the form.

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

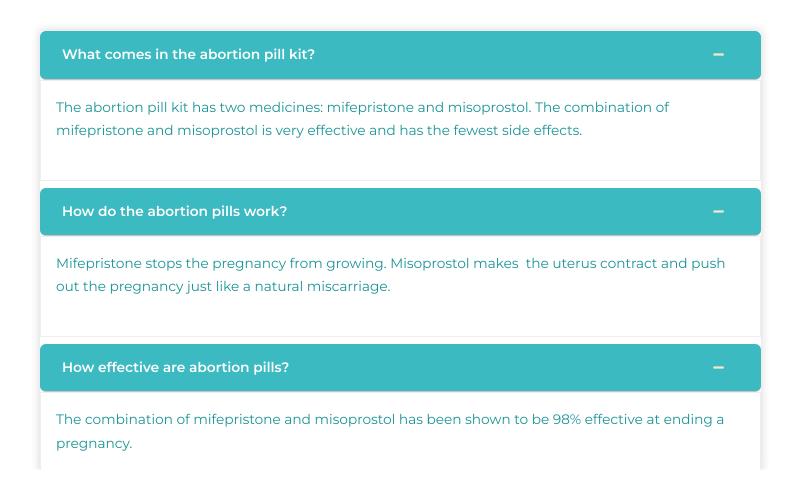
Yes, clinicians offer abortion pills "just in case" you do get pregnant. These are sometimes called "advance provision" or "pills for future use." Financial assistance is limited for this service, so there is a minimum fee of \$90.

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.



About abortion with pills



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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 <u>pregnancy calculator like this one</u> 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:

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Less than 9 weeks	 #: 1319 Swallow 1 mifepristone 200mg pill orally Wait 1-2 days 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.
9-11 weeks	 Swallow 1 mifepristone 200mg pill orally Wait 1-2 days Take 4 misoprostol 200mcg pills under the tongue, in the cheek, or in the vagina. 4 hours later, take another 4 misoprostol 200mcg pills.
12+ weeks	 Swallow 1 mifepristone 200mg pill orally Wait 1-2 days Take 2 misoprostol 200mcg pills under the tongue, in the cheek, or in the vagina every 3 hours until the pregnancy tissue is out.

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 I 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 I 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.





Abuzz: Abortion Pill Access At Home

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How it Works

FAO

Terms of Use

Donations allow us to help all pregnant people, regardless of their ability to pay. Please consider supporting our work.



EXHIBIT 79

ACT,
Who We Are

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



WHO WE ARE

WHAT WE DO

TAKE ACTION

NEWSROOM

FAQs

RESOURCES

RESEARCH

DONATE



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.

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.

OUR IMPACT

ACT is the only nationwide advocacy organization proattively 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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ACT in the news **FAQs**

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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 $% \left(\frac{1}{2}\right) =\left(\frac{1}{2}\right) \left(\frac{1}{2}\right) \left$ our ${\bf Resources}$ page for more information.

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



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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.

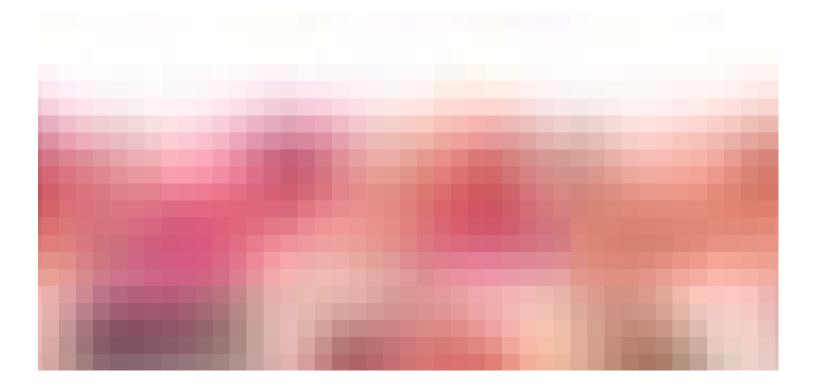
ACT'S EXPERTISE

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 Malpractice insurance 1334
- 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





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U.S. with safe, timely & affordable telemedicine abortion care.

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EXHIBIT 81

ACT, FAQs

FAOs

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

- 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

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+, lowincome, 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.

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.

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

mifeoristone 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

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 and Ineedana.org websites

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.

WHO WE ARE

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:

care was provided by telemedicine from the shielded state, and

WHAT WE DO

- 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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TAKE ACTION

- 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.

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- 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

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 **enaction** all law that allows one state (called the demanding state) to retrieve 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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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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The contents of this webpage are for informational purposes only. This information is not, and is not intended to be a substitute for, medical or legal advice. Resources listed here do not imply endorsement of any content.

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



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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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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

① 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 health dare 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 <u>labeling abortion pills as Schedule IV controlled dangerous substances</u>, making it a felony to possess the drugs without a prescription. Meanwhile, voters in other states are fighting back; abortions resumed in Missouri <u>over the weekend</u> following a ruling blocking regulations that clinics said made it impossible to provide abortions despite a new constitutional amendment for reproductive rights.



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

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

Case 6:25-cv-01491-DCJ-DJA Document 1-83 Filed 10/06/25 Page 4 of 14 PageID "Not now, not ever," Hochul said in a vided 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 <u>back the abortion issue to the Supreme</u>

<u>Court</u>, 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 <u>Supreme Court overturned</u> federal abortion rights in June 2022, a Texas trigger law took effect, essentially <u>blocking all abortions</u> 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 <u>allows private citizens</u> 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 <u>Aid Access</u>, 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 ARTICLEAbortion 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

Case 6:25-cv-01491-DCJ-DJA Document 1-83 Filed 10/06/25 Page 7 of 14 PageID the state "to kill unborn babies" will be puhished 1 to the full extent of the law."

In a <u>video announcing the extradition warrant</u>, 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.

Case 6:25-cv-01491-DCJ-DJA Document 1-83 Filed 10/06/25 Page 8 of 14 PageID "Abortion is health care and everybody is entitled to health care."

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

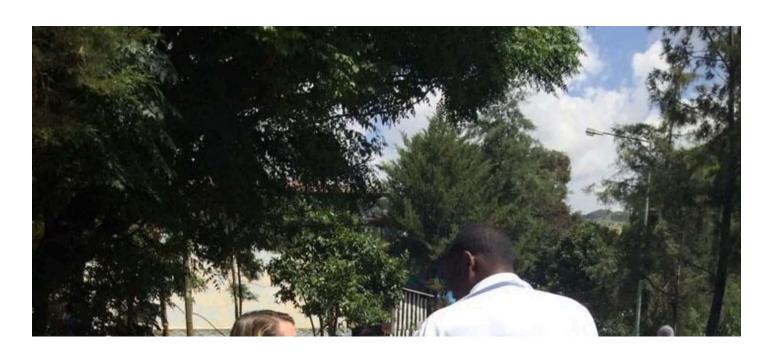
Carpenter was working as a primary care provider at the Institute for Family Health in New Paltz, New York, when Frengle-Burke started working there. They shared an office together and immediately became close friends.

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

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

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

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





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

Even after returning to New York, her experience in Ethiopia remained with her, Frengle-Burke said. In 2013, Carpenter founded <u>Go Doc Go</u>, 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, <u>called the Louisiana case</u> "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 <u>Louisiana</u> and <u>Texas</u>, 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

Case 6:25-cv-01491-DCJ-DJA Document 1-83 Filed 10/06/25 Page 11 of 14 PageID law by prescribing abortion medication via telemedicine.

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

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

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

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

CNN's Tierney Sneed contributed to this report.

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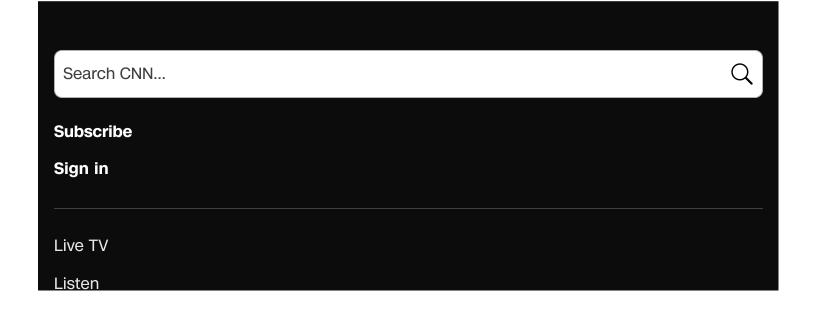
Los Angeles man dies in jail while awaiting trial for killing and dismemberment of wife, her parents



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EXHIBIT 84

Rosemary Westwood,

After Historic Indictment, Doctors Will Keep Mailing

Abortion Pills Over State Lines,

NPR (Mar. 19, 2025)









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SHOTS - HEALTH NEWS

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

#: 1360

MARCH 19, 2025 · 5:00 AM ET HEARD ON MORNING EDITION

By Rosemary Westwood

TRANSCRIPT 4-Minute Listen PLAYLIST



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

Case 6:25-cv-01491-DCJ-DJA Document 1-84 Filed 10/06/25 Page 3 of 11 PageID

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

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

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

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

KFF Health News

This story was produced in partnership with KFF Health News.

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

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

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

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





"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.

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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

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



SHOTS - HEALTH NEWS

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

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

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

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

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

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

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



POLICY-ISH

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

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

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"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.

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

Governors clash over doctor's fate

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

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

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



POLICY-ISH

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

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

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

Case highlights fraught new legal frontier

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

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

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

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

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

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

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

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

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

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

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

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

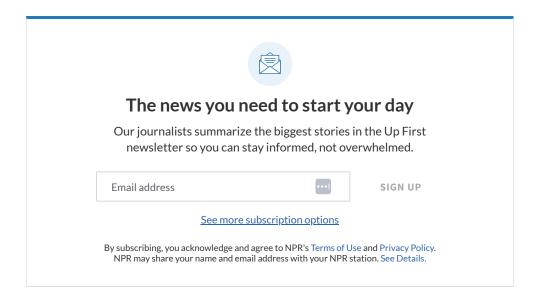
Dr. Samantha Glass, a family medicine physician in New York, has written such prescriptions in a previous job, and plans to find a clinic where she could offer that again. Once a month, she travels to a clinic in Kansas to perform in person abortion procedures.

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

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

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

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New York Post (Feb. 15, 2025)

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US NEWS

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

By Katherine Donlevy

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

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

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

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



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

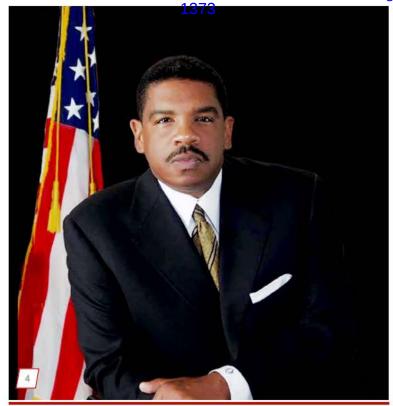
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"She has to go to New Jersey, Philadelphia to visit relatives. If she goes on a cruise, if she does anything" outside of New York, we're going to effectuate the warrant."

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

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

[&]quot;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.

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

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

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

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

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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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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 1200 esenting 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 X



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

MORE FROM AUTHOR

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Federal judge rules workplace abortion accommodations should be overturned

BY ELISHA BROWN May 23, 2025



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

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

May 18, 2025

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STATES NEWSROOM

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

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



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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 clinicians who serve patients across the
U.S. with safe, timely &
affordable telemedicine abortion care.









SITEMAP

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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.

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









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

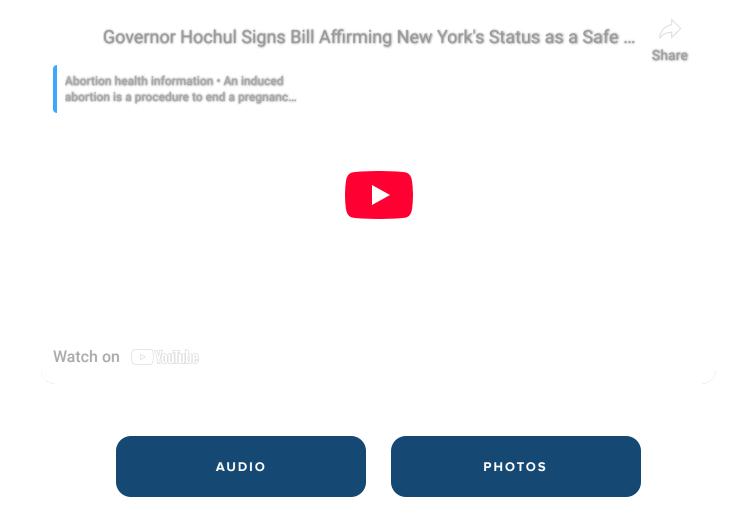
Legislation S.36A/A.2145A Allows Providers Prescribing Medications Used To Perform Abortions To Print Their Practice's Name on the Label Rather Than Their Own

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

#: 1384

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."



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."

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

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

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

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

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

Sustaining the Reproductive Freedom and Equity Grant Fund

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

Fairly Reimbursing Providers for Abortion Services

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

Strengthening Reproductive Health Care Infrastructure

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

Safeguarding Abortion as Emergency Medical Care

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



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

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

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

Case 6:25-cv-01491-DCJ-DJA Document 1-88 Filed 10/06/25 Page 8 of 11 PageID 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

Case 6:25-cv-01491-DCJ-DJA Document 1-88 Filed 10/06/25 Page 9 of 11 PageID

#: 1390

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Rosemary Westwood,

Louisiana Investigates Second Case Against New York

Doctor Over Mailing Abortion Pills,

La. Illuminator (May 13, 2025)

PART OF STATES NEWSROOM

ABORTION POLICY

GOVT + POLITICS

HEALTH CARE

LEGISLATIVE

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

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

















Getty Images

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

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

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

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

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

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

New York's governor <u>rejected</u> the warrant. New York is among a group of Democratic-leaning states with <u>abortion shield laws</u> 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 <u>blocked</u> 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

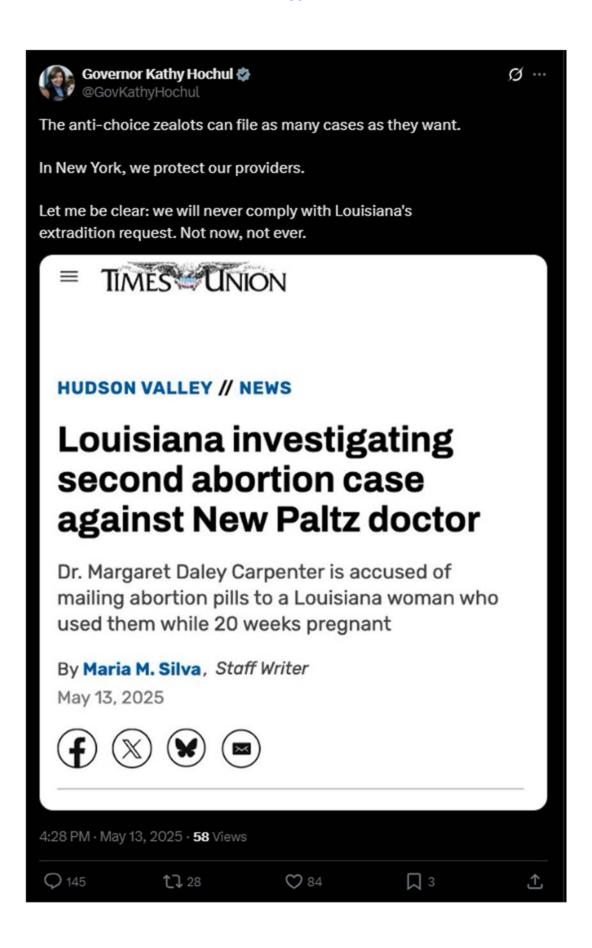


ROSEMARY WESTWOOD, WWNO/WRKF

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

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



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



#WeCount report, April 2022 to December 2024

Released: June 23, 2025

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

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

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

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

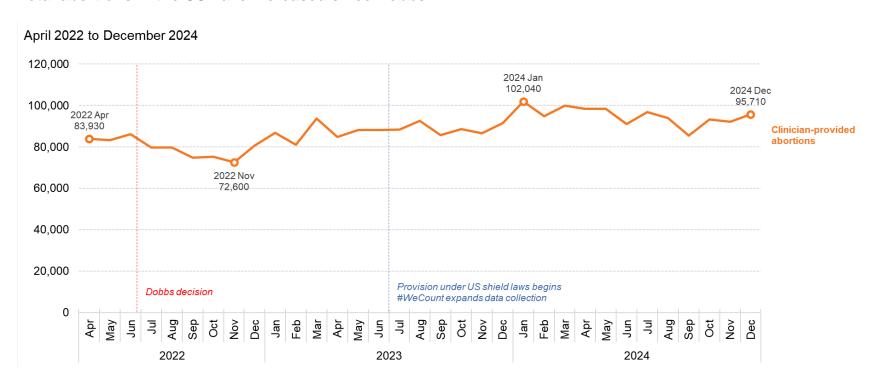
Society of Family Planning. #WeCount Report April 2022 through December 2024. 23 Jun. 2025, https://societyfp.org/wecount-report-9-december-2024-data/, https://doi.org/10.46621/725961gzsnai.

Key findings

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

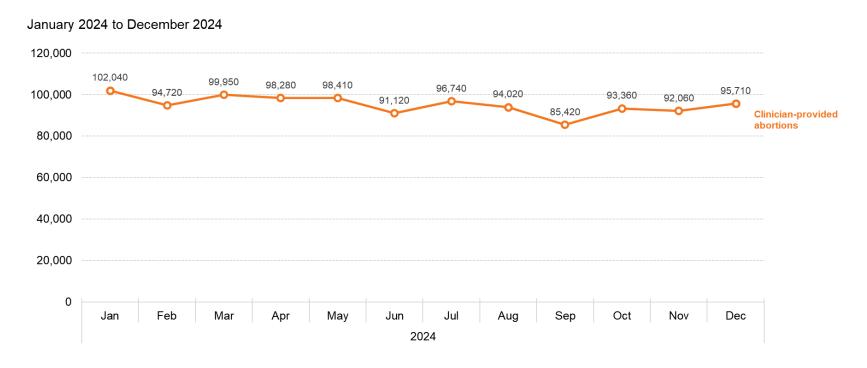
National findings

Total abortions in the US have increased since Dobbs



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

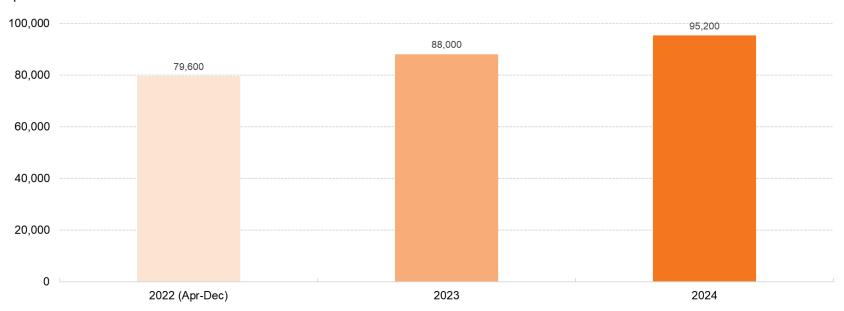
US abortions totaled 1.14 million in 2024



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

Monthly average number of abortions increased each year

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.

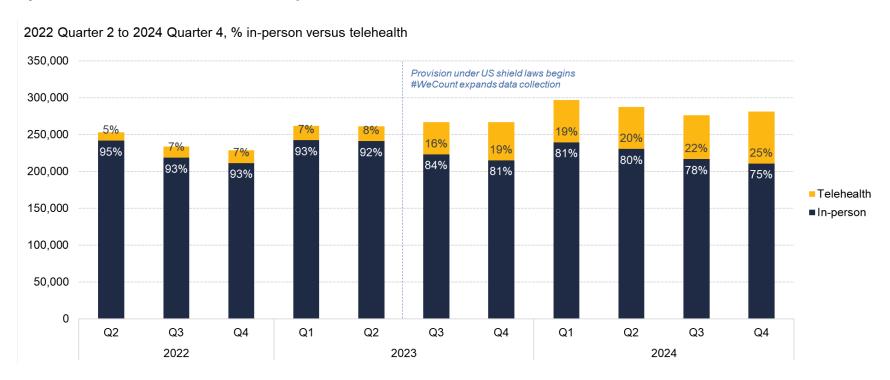
The monthly number of abortions increased each year



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

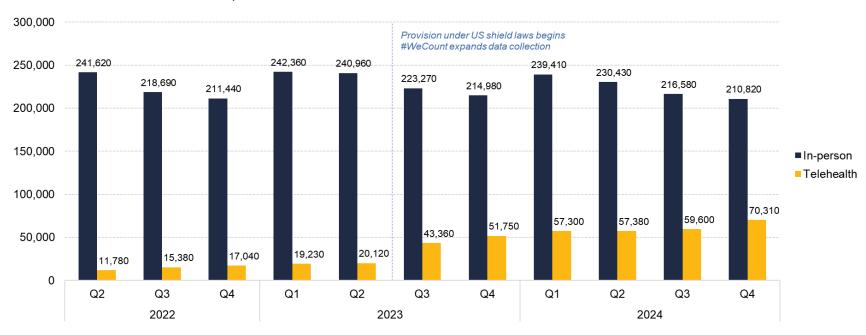
By Q4 of 2024, 1 in 4 abortions were provided via telehealth



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.

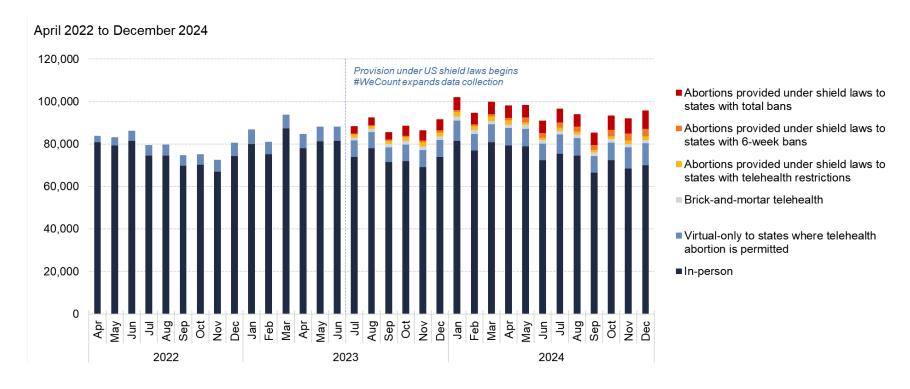
In-person abortion care declined slightly, while telehealth grew

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.

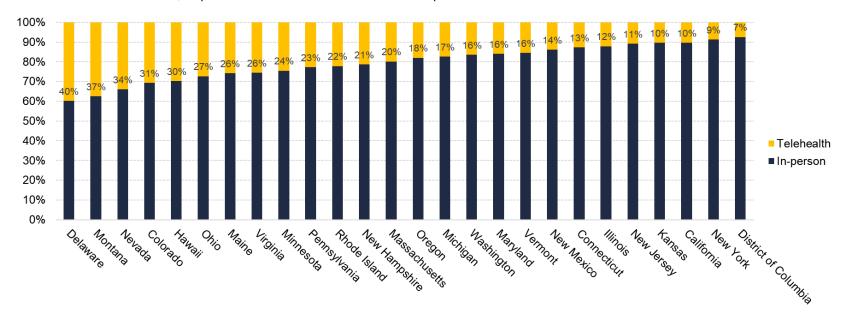
The majority of abortions still take place in-person



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

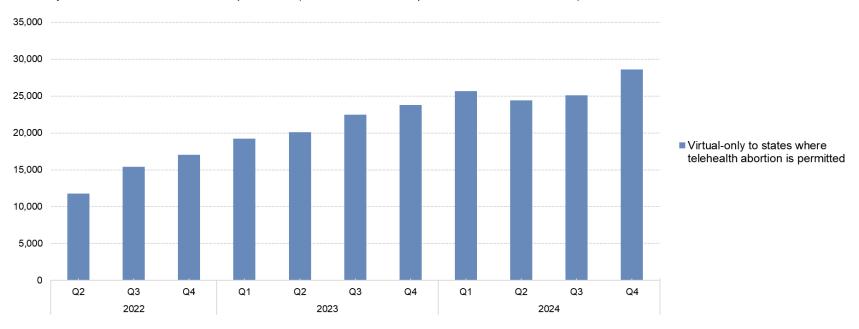
June 2024 to December 2024, % provided via telehealth in states where permitted



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.

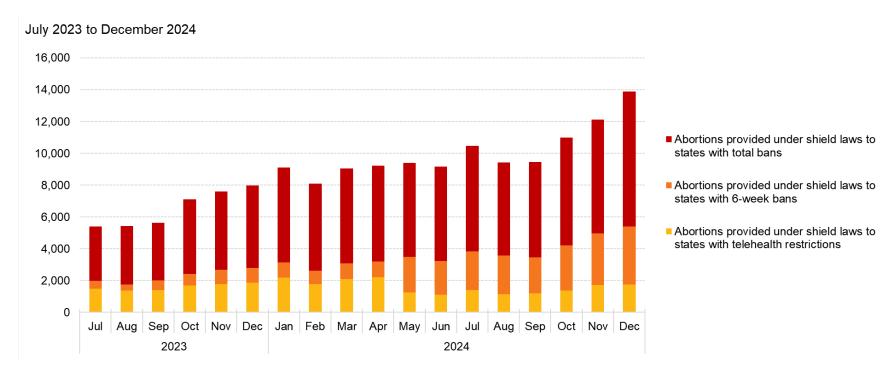
Abortions provided by virtual-only clinics have increased since Dobbs

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



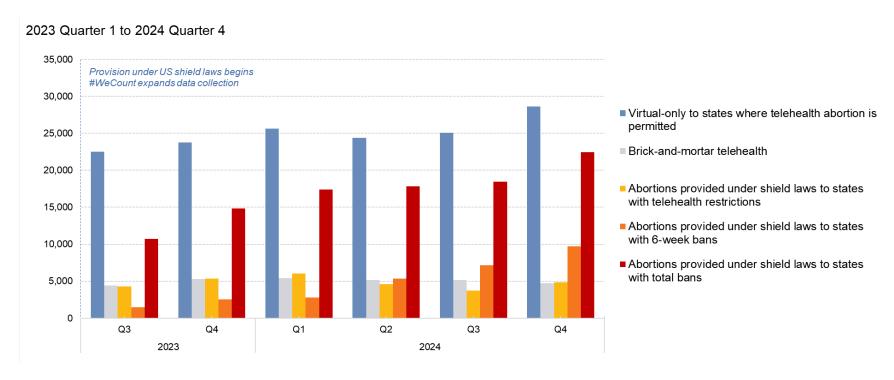
Virtual clinics (those that that are online only and have no brick-and mortar clinic) in states that permit abortion and telehealth abortion have provided an increasing number of abortions since 2022.

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



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

Legal climates appear to play an important role in telehealth use



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

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

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

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

Background

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

Terminology

Delivery settings

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

Delivery methods

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

Types of care

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

Legal context

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

Methods

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

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

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

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

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

Limitations

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

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

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

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

Contributors

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

#WeCount Co-Chairs

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

#WeCount Research Steering Committee

- Abigail Aiken, MD, PhD, MPH; University of Texas at Austin
- Danielle Bessett, PhD, MA; University of Cincinnati
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- Kari White, PhD, MPH; Resound Research for Reproductive Health

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

EXHIBIT 92

Rosalie Markezich Declaration

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF LOUISIANA LAFAYETTE DIVISION

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

PLAINTIFFS,

v.

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

DEFENDANTS.

Civ. No. 6:25-cv-01491	
ludge:	
Mag. Judge:	

DECLARATION OF ROSALIE MARKEZICH

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

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

- Document 1-92
- He sent me \$150 through the Venmo banking app to pay for the drugs he ordered. I 8. 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.
- The drugs were sent from a provider located in California and delivered to my home 9. 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.
- We took a drive to discuss the matter further. My boyfriend said that his life would 11. 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.
- My boyfriend took me to his house and watched me take both drugs at the same 13. 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.
- 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.
- I attempted to hold a baby supply drive on the anniversary of my due date, but I was 21. unable to pool enough resources in time. I would still love to do so in the future to honor my baby.
- In 2024, I testified under the pseudonym "Samantha" in support of Senator Thomas 22. Pressly's SB 276. And I am sharing my story now because I want to be the helper I wish I had.
- No woman should have to experience what I went through. 23.

Executed this 17 day of July, 2025.

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)

	Total budget (including state and federal funds)			State-funded budget				
		Tota	Total spending as a share of total budget¹			State-funded spending as a share of state-funded budget ¹		
State	Dollars (millions)	Medicaid	Elementary and secondary education	Higher education	Dollars (millions)	Medicaid	Elementary and secondary education	Higher education
Total	\$2,678,389	26.8%	18.7%	8.5%	\$1,585,532	14.4%	24.3%	12.2%
Alabama	31,918	24.0	19.9	19.8	19,303	8.9	27.8	26.1
Alaska	11,700	17.8	11.2	4.9	6,817	7.8	19.0	6.1
Arizona	66,826	24.0	10.9	11.1	50,556	6.1	11.4	12.5
Arkansas	31,052	26.1	12.8	12.2	18,727	8.4	16.6	20.2
California	498,883	22.7	18.0	4.9	226,589	16.8	28.2	7.9
Colorado	31,776	37.9	18.5	9.7	21,247	21.0	24.0	12.4
Connecticut	37,305	23.7	12.6	10.4	27,988	16.3	13.4	13.1
Delaware	13,257	19.5	22.1	3.6	9,301	8.1	27.9	4.4
District of Columbia	16,180	21.9	18.9	3.3	10,637	7.2	25.8	2.7
Florida	93,718	31.3	18.3	8.8	58,112	18.2	23.7	14.1
Georgia	64,286	21.0	28.5	16.7	39,581	9.1	28.0	25.7
Hawaii	24,401	11.5	9.6	5.4	19,150	4.6	9.9	6.8
Idaho	10,206	24.1	23.7	8.7	5,504	13.5	36.8	13.5
Illinois	115,535	22.5	11.3	1.9	88,855	10.3	11.0	2.3
Indiana	44,682	34.9	23.9	4.5	24,363	15.5	38.4	8.3
Iowa	28,522	23.2	15.6	23.1	18,102	12.8	19.8	33.0
Kansas	21,808	18.6	26.1	14.2	14,883	9.6	33.8	17.1
Kentucky	42,377	33.3	14.4	18.0	20,899	12.6	23.0	31.1
Louisiana	34,717	44.4	16.8	8.6	18,123	17.3	23.3	16.3
Maine	12,103	28.9	16.5	2.9	6,485	16.1	23.1	5.3
Maryland	55,058	21.5	18.0	13.0	33,313	12.0	23.5	17.5
Massachusetts	67,221	28.8	14.1	2.2	47,739	19.7	16.1	3.2
Michigan	68,420	31.1	23.4	3.7	38,325	14.5	35.5	6.3
Minnesota	48,019	28.8	24.0	3.9	30,011	17.9	33.4	6.3
Mississippi	22,231	24.4	15.8	18.1	11,948	8.7	21.5	31.1

EXHIBIT 5. (continued)

	Total budget (including state and federal funds)			State-funded budget				
		Tota	al spending as a s of total budget¹	share		State-funded spending as a share of state-funded budget ¹		
State	Dollars (millions)	Medicaid	Elementary and secondary education	Higher education	Dollars (millions)	Medicaid	Elementary and secondary education	Higher education
Missouri	\$29,779	37.5%	21.3%	4.3%	\$18,305	29.1%	27.4%	5.4%
Montana	11,133	20.5	10.1	6.2	5,187	8.9	17.8	13.0
Nebraska	15,067	19.1	12.3	20.5	9,986	10.5	13.6	25.0
Nevada	15,671	29.3	15.6	6.0	10,193	9.9	20.4	9.2
New Hampshire	7,535	32.1	18.1	2.0	3,953	22.8	29.3	3.8
New Jersey	78,706	22.9	25.1	8.5	54,250	10.4	28.8	11.9
New Mexico	24,727	29.0	16.0	12.5	12,185	10.2	27.5	20.4
New York	186,588	35.2	17.2	6.1	114,903	18.7	25.1	9.5
North Carolina	59,445	28.9	22.6	18.0	36,999	14.8	29.5	18.8
North Dakota	8,590	15.2	16.3	17.0	5,590	7.9	19.8	23.6
Ohio	81,216	39.3	15.9	4.0	46,865	18.2	22.0	6.2
Oklahoma	27,768	20.7	15.9	20.1	16,984	10.7	19.4	27.3
Oregon	66,771	16.7	10.0	3.5	44,586	5.9	13.1	5.1
Pennsylvania	103,258	36.6	18.3	2.0	60,200	23.7	22.5	3.4
Rhode Island	13,352	22.0	12.2	8.9	6,787	14.9	19.9	17.2
South Carolina	29,958	24.3	19.2	17.9	17,910	10.0	24.5	28.9
South Dakota	6,779	13.7	15.9	13.5	3,231	10.0	18.4	24.9
Tennessee	39,984	32.3	17.7	12.5	21,554	19.9	25.4	22.6
Texas	135,187	30.8	37.4	14.8	64,314	16.8	43.9	19.8
Utah	19,777	19.8	24.2	12.3	13,461	8.5	31.2	18.1
Vermont	7,290	22.6	29.8	2.4	4,028	14.6	48.1	3.2
Virginia	74,658	21.5	12.5	11.2	47,179	12.0	16.6	14.8
Washington	60,536	25.8	26.3	12.6	41,922	12.3	35.1	17.9
West Virginia	17,438	26.0	15.0	10.6	11,965	6.5	17.8	14.8
Wisconsin	59,355	21.3	15.2	11.7	41,782	12.9	19.2	12.3
Wyoming	5,620	11.2	16.2	6.5	4,654	6.2	19.6	7.9





Case 6:25-cv-01491-DCJ-DJA

Section 1: Overview—Key Statistics

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

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 statefunded 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. clawback) payments.

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

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EXHIBIT 5. (continued)

EXHIBIT 94

Julie O'Donoghue,

Louisiana Medicaid Set to Grow Under Landry,

Even as D.C. May Force Cuts,

La. Illuminator, (Mar. 26, 2025)

PART OF STATES NEWSROOM

BUDGET

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HEALTH CARE

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

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















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

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

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

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

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

Medicaid provides government-backed health insurance to lowincome 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 soing 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.

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SHINING A LIGHT ON THE BAYOU STATE

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EXHIBIT 95

Louisiana Department of Health, Medicaid Annual Report 2022/2023

LOUISIANA MEDICAID 2023 ANNUAL REPORT

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



LOUISIANA **MEDICAID 2023 ANNUAL** REPORT

For the 2022/2023 State Fiscal Year

July 1, 2022 - June 30, 2023

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

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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

AGENCY OVERVIEW

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

The **Medicaid Executive Director** is an unclassified civil service position¹ that reports to the Undersecretary and is responsible for administering the Medicaid program including eligibility, program operations, financial management and policy implementation and support.

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

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

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

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

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

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

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



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HIGHLIGHTS OF STATE FISCAL YEAR 2022/23

Successful Beginning to Medicaid Unwind

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

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

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

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

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

Statewide Provider Enrollment

Federal laws enforced by the **Centers for Medicare and Medicaid Services** (**CMS**) require Medicaid programs to screen and enroll all providers to protect and enhance program integrity. In compliance with these laws, Louisiana Medicaid launched the Provider Enrollment Portal on July 26, 2021. All providers filing claims with Louisiana Medicaid, including MCO-only providers who previously did not have to enroll with the state, were required to use this webbased 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. BHSF uses HEDIS, established by the **National Committee for Quality Assurance** (**NCQA**), to evaluate MCO performance, improvements and outcomes. These measures have been used to create the **Medicaid Managed Care Quality Dashboard**, which can be found at https://qualitydashboard.ldh.la.gov. This web-based dashboard was established in 2019 to provide an easily accessible and transparent accountability for the health care provided to Medicaid members. This dashboard only contains data about the managed care program and does not include Medicaid fee-for-service members.

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

HEDIS Performance Measures

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

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

¹ National Committee for Quality Assurance, State of Health Care Quality, HMO Medicaid. Retrieved from https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report.

National Quality Measures Clearinghouse, National Committee for Quality Assurance, HEDIS Measures and Technical Resources. Retrieved from https://www.ncga.org/hedis/measures.

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

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

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

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

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

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

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

Colorectal Cancer Screening



TECHNICAL NOTES

State Fiscal Year and Federal Fiscal Year

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

Expenditures versus Payments

The data in this report comes from two primary sources. The first source is from the **LaGOV Enterprise Resource Planning System – Finance Module** (**LaGOV**), which is the accounting system of record for the state of Louisiana.

LaGOV reports the program dollar amounts after all claims and financial adjustments have been made. Financial adjustments are amounts often paid in lump-sum that are not necessarily attributable to any specific individual.

These financial adjustments could include transactions related to cost settlements including supplemental and Upper Payment Limit payments, **Uncompensated Care Costs** (**UCC**), pharmacy rebates received from pharmaceutical manufacturers and the amounts paid to **Centers for Medicare and Medicaid Services** (**CMS**) for Medicare Buy-ins and Part D. LaGOV does not capture recipient and provider-specific information.

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

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

Enrollee, Recipient and Payment Counts

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

Date of Payment versus Date of Service

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

Date of Payment (DOP)

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

Date of Service (DOS)

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

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

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



YEAR IN REVIEW

Expenditures

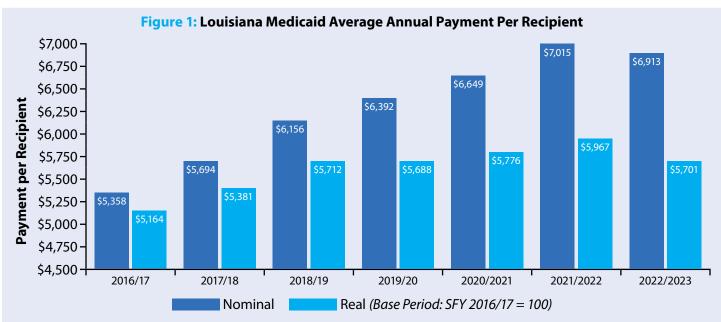
During State Fiscal Year (SFY) 2022/23, Louisiana Medicaid's programmatic expenditures totaled \$16.8 billion. This is the amount of total program expenditures recorded in the state's accounting system, LaGOV, and does not include administrative expenditures. Compared to SFY 2021/22, programmatic expenditures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

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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 recipient³, 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.

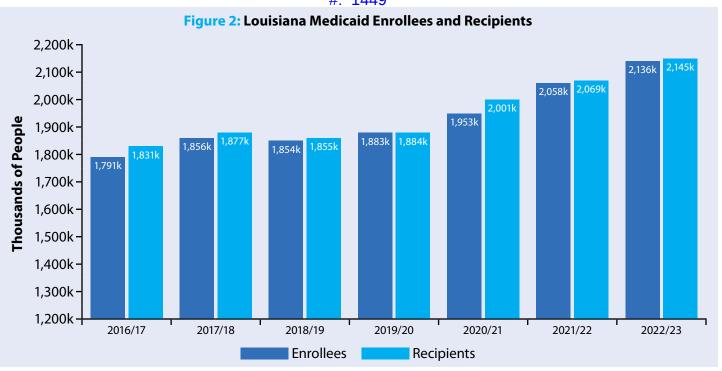


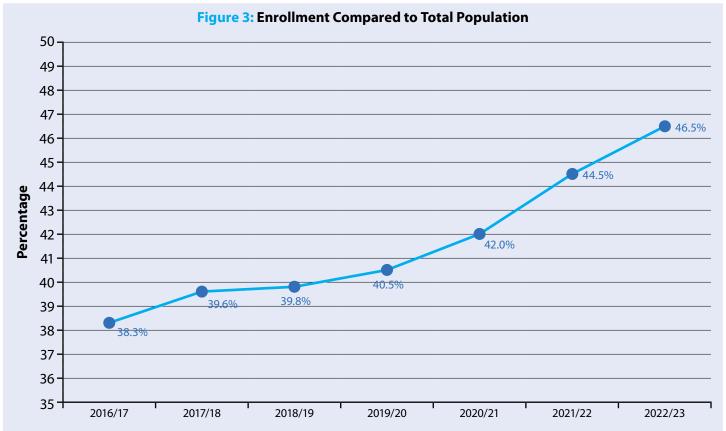
Average annual real cost per recipient is calculated based on Consumer Price Index (CPI). CPI source: Bureau of Labor Statistics. Consumer Price Index – All Urban Consumers – U.S. Medical Care, Series ID: CUUR0000SAM. Retrieved on March 30, 2024 from https://beta.bls.gov/ dataQuery/find?q=medical+care+CPI&q=CUUR0000SAM.

Enrollees and Recipients

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

³ Simple average, not a weighted average.





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

MEDICAID FINANCES

Means of Finance

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

The Medicaid program is funded through federal and state funds. The federal share is based on Federal Medical Assistance Percentages (FMAP), which are updated each Federal Fiscal Year (FFY). State FMAPs normally range from 50% to 83% of program cost based on their latest available three-year average **Per Capita Personal Income** (**PCPI**) in relation to the national PCPI. During SFY 2022/23, Louisiana's regular blended FMAP was 73.4%. This means that federal funds are used to pay for about 73 cents of every dollar spent on Medicaid programs. The regular FMAP is based on the FFY, so the blended FMAP is calculated to fit the State Fiscal Year by using 3 months of the previous FFY FMAP and 9 months of the current FFY FMAP. The federal government also offers an enhanced FMAP for recipients in the **State Children's Health Insurance Program** (**SCHIP**). Louisiana's SCHIP program, known as **LaCHIP**, had a blended enhanced FMAP of 81.1% (including a 0.7% decrease since SFY 2021/22) during SFY 2022/23. The Medicaid Expansion population receives an enhanced FMAP rate as well, which was 90.0% in SFY 2022/23. Federal legislation, the **Families First Coronavirus Response Act** (2020), amended by the **Coronavirus Aid, Relief, and Economic Security** (**CARES**) **Act** (2020), authorized a 6.2 percentage point increase in federal Medicaid matching funds to help states respond to the COVID-19 pandemic. The additional funds were available to states from January 1, 2020 through May 11, 2023 when the public health emergency period ended⁴, 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.

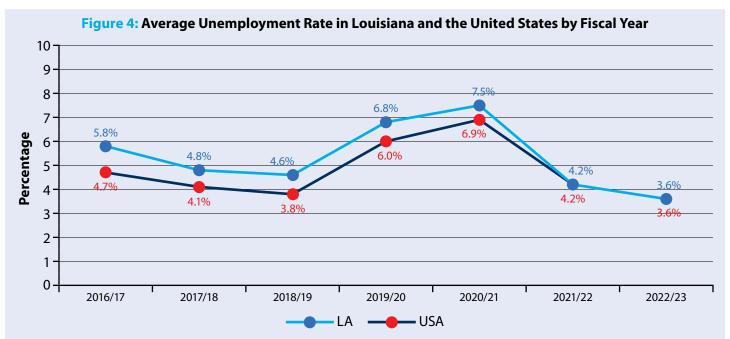
The percentage of a state's population that is living in poverty, as defined by the **Federal Poverty Guidelines** (**FPG**), influences the level of state population reliant on Medicaid program services. Based on the Current Population Survey's Calendar Year (CY) 2022 data, 16.9% of the Louisiana population 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	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% 1.7%								
139% to 150% of Poverty	3.2%									
151% to 185% of Poverty	7.4%	5.8%								
186% to 200% of Poverty	2.8%	2.6%								
Total ≤ 200% of Poverty 38.6% 27.5%										
Remainder of Population	61.4%	72.5%								
U.S. Census Bureau, Current Population Survey, 2023 Annu	ual Social and Economic Supplemen	t (CPS ASEC). Retrieved March 30,								

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

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

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



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



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

MEDICAID EXPENDITURES

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

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

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

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

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

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

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

Figure 5: Expenditures by Budget Categories of Service¹

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

Payments

\$4,144.44m

24.3%

Dental Benefit Regular Hospital – Inpatient Services \$106.64m \$163.20m 1.0% 0.6% All Other LT-PCS \$221.22m \$460.81m 1.3% 2.8% **Managed Care Expansion** Waiver: CCW \$4,947.75m \$226.63m 1.3% 29.0% ICF/ID Community Homes Supplemental

Managed Care

Regular

\$4,684.51m 27.5%

Excludes rebate expenditures.

Major Budget Categories

\$660.51m 3.9%

\$291.20m

1.7%

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 – Pri	vate 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 - P	usto Dusvidaya (sautinusd)	#:					
	vate Providers (continued)	Expenditures					
A_15	Long Term Personal Care Services (LT-PCS)						
A_16	Mental Health Inpatient Services	\$6,890,414					
A_17	Nursing Homes	\$1,128,347,773					
A_18	Program for All Inclusive Care for the Elderly (PACE)	\$14,340,748					
A_19	Pediatric Day Health Care (PDHC)	\$2,695,689					
A_20	Pharmaceutical Products and Services	\$98,285,668					
A_21	Physician Services	\$27,254,789					
A_22	Rural Health Clinics	\$6,161,703					
A_23	Transportation: Emergency – Ambulance	\$3,482,655					
A_24	Transportation: Non-Emergency – Ambulance	\$633,250					
A_25	Waiver: Adult Day Health Care (ADHC)	\$6,411,323					
A_26	Waiver: Community Choices (CCW)	\$226,629,734					
A_27	Waiver: Most Appropriate (MAW)	\$660,513,519					
A_28	Other Private Providers	-\$12,254,684					
Sub-To	tal Traditional Private Providers	\$3,011,458,698					
A – Sup	plemental Payments	Expenditures					
A_29a	FFS Supplemental Payments	\$291,048,350					
A_29b	Managed Care Supplemental Payments	\$3,487,806,644					
A_29c	Managed Care Incentive Program (MCIP)	\$365,589,957					
Sub-To	tal Supplemental Payments	\$4,144,444,951					
A – Ma	naged Care Providers	Expenditures					
A_30	Managed Care – Regular	\$4,684,512,157					
A_31	Managed Care – Expansion	\$4,947,745,060					
A_32	Dental Benefit Program – Regular	\$163,203,540					
A_33	Dental Benefit Program – Expansion	\$12,801,659					
A_34	Louisiana Behavioral Health Partnership (LBHP)	\$71,089,982					
Sub-To	tal Managed Care Providers	\$9,879,352,398					
Pharma	acy Rebates – Regular	-\$770,038,588					
Pharma	acy Rebates – Expansion	-\$864,270,361					
Sub-To	tal Pharmacy Rebates	-\$1,634,308,949					

.54 B – Pul	olic Providers	Expenditures
B_01	LSU – Facilities	\$913,438
B_02	LSU – Physicians	\$7,047,262
B_03	LDH – State Developmentally Disable Facilities	d \$143,580,863
B_04	LDH – Villa Feliciana Nursing Home	\$20,615,118
B_05	LDH – Office of Public Health	\$54,844
B_06	LDH – Office of Behavioral Health	\$3,244,055
B_07	LDH – Human Services Districts	\$663,493
B_08	State – Education	\$542,953
B_09	Local Education Agencies for School Based Health (SBH) Services	\$50,504,886
Total P	ublic Providers	\$227,166,912
C – Bu	y-ins and Supplements	Expenditures
C_01	Medicare Premiums & Supplements ¹	\$586,775,028
C_02	Part D Clawback	\$151,537,335
Total B	Buy-Ins and Supplements	\$738,312,363
D – Un	compensated Care Costs	Expenditures
D_01	LSU – Facilities	\$10,229,231
D_02	LDH – Office of Behavioral Health	\$94,158,795
D_03	Private Hospitals	\$324,863,163
Total U	Incompensated Care Costs	\$429,251,189
GRAN	ND TOTAL	

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



MEDICAID ELIGIBILITY

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

Eligibility Requirements and the Enrollment Process

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

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

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

	Table 6: E	ligibility Requirements for Louisiana	Medicaid ¹		
	Program	Description	Income Limit		
		Ages 0 to 18 (through 19th birthday) with other insurance	147% of poverty; No assets test		
	A1. CHAMP – Low Income Children	Ages 6 to 18 (through 19th birthday). Uninsured. Individuals receive an enhanced LaCHIP rate	>108 and up to 147% of poverty; No assets test		
<u> </u>		Ages 0 to 5. Uninsured	147% of poverty; No assets test		
Children	A2. LaCHIP (Title XXI)	Ages 6 to 18 (through 19th birthday). Uninsured	>147% and up to 217% of poverty; No assets test		
A. O	A3. LaCHIP Affordable Plan (LAP)	Ages 0 to 18 (through 19th birthday). Uninsured	>217% and up to 255% of poverty; Some cost sharing involved; No assets test		
	A4. Deemed Eligible Child	Age 0 (through first birthday)	Infants born to Medicaid eligible pregnant women; No assets test		
	A5. CWO Children	Children under age 21 in Foster Care programs through the Department of Children & Family Services' Child Welfare Office (CWO)	Eligibility determined by the Child Welfare Office; No assets test		
	B1. Parent/Caretaker Relative (PCR) Group	Parent/Caretaker relative who lives with a dependent child	24% of poverty; No assets test		
B. Families	B2. MAGI – Related Medically Needy	Children and families who have income below regular Medically Needy income standards and are ineligible for other MAGI-related groups	10% of poverty (individuals and couples); No assets test		
8	B3. MAGI – Related Spend Down Medically Needy	Children and families who have more income than allowed but qualify once the amount spent on medical expenses is considered	No Limit. All income over 10% of poverty considered available to meet medical expenses for quarter; No assets test		

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		#: 1456		
	Program	Description	Income Limit	
ies	B4. Temporary Aid for Needy Families (TANF) Recipients	Recipients of cash assistance as determined by the Department of Children & Family Services	10% of poverty; Assets limit: \$2,000	
B. Families	B5. Transitional Medicaid	Continues coverage for families who lost PCR or TANF eligibility because of an increase in earnings	No limit for first six months and 190% of poverty for coverage in seventh through twelfth month of transitional eligibility period; No assets test	
	C1. CHAMP/LaMOMS – Pregnant Women	Covers each month of a verified pregnancy and 2-month postpartum period	138% of poverty; No assets test	
C. Women	C2. LaCHIP IV (Title XXI)	Covers conception to birth for low-income, pregnant mothers who are not otherwise eligible for Medicaid regardless of citizenship. Uninsured	214% of poverty; No assets test	
J	C3. Breast and Cervical Cancer	Women under 65 diagnosed with breast or cervical cancer, in a precancerous condition or early stage cancer	255% of poverty; No assets test	
	D1. Disabled Adult Child (DAC)	Individuals over age 18 who become blind or disabled before age 22, and lost SSI eligibility on or after 7/1/87, as a result of entitlement to or increase in Social Security Administration Child Insurance Benefits	Social Security benefits are disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple	
	D2. Disabled Widows/Widowers	Individuals who lost SSI because of the 1984 Social Security Widow/er's re-computation	Social Security 1984 Widow/er's adjustment is disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple	
	D3. SSI Recipients	Aged and disabled recipients of federal SSI cash payments as determined by SSA	74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple	
sabled	D4. SGA Disabled Widows/Widowers/ Surviving Divorced Spouses	Individuals who are not entitled to Part A and lost SSI because of receipt of Social Security Disabled Widow/er's benefits	All cost of living raises and Social Security Disabled Widow/er's benefits are disregarded in determining countable income with 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple	
D. Aged, Blind, or Disabled	D5. PICKLE	Former SSI Recipients of two different groups of aged, blind and disabled who lost SSI eligibility due to Retirement, Survivors' and Disability (RSDI) cost of living increase	All cost of living raises are disregarded in determining countable income with limit 74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple	
D. Aged,	D6. Provisional Medicaid	Aged and disabled individuals who meet SSI criteria without first having a SSI determination made by SSA	~74% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple	
_	D7. Early Widows/Widowers	Individuals who lost SSI because of receipt of RSDI Early Widow/er's benefits	Social Security Early Widow/er's benefits are disregarded in determining countable income with limit 75% of poverty (+\$20); Assets limit: \$2,000 individual and \$3,000 couple	
	D8. QMB – Qualified Medicare Beneficiary	Pays Medicare Part A and B premiums, deductibles and co-insurance	100% of poverty (+\$20); No assets test	
	D9. SLMB – Specified Low-Income Medicare Beneficiary	Pays Medicare Part B premium only	>100% and up to 120% of poverty (+\$20); No assets test	
	D10. QI-1 – Qualified Individual Category 1	Pays Medicare Part B premium only	>120% and up to 135% of poverty (+\$20); No assets test	
	D11. QDWI – Qualified Disabled Working Individual	Pays Medicare Part A for non-aged individuals who lost SSA disability benefits and premium free Part A coverage	200% of poverty; No assets test	

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	Program	Description	Income Limit	
	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)	
peld	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	
D. Aged, Blind, or Disabled	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	
D. Agec	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.	
	E1. TB infected	Persons who have been diagnosed as, or are suspected of being infected with tuberculosis	155% of poverty; No assets test	
E. Other	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	
ш	E3. Youth Aging Out of Foster Care	Individuals age 18 to 21 released from the Foster Care program due to turning age 18	No income or assets test	
	E4. Former Foster Children	Individuals age 18 to 26 released from the Foster Care program due to turning age 18	No income or assets test	
	E5. Take Charge Plus	Women and men of any age for family planning-related services	138% of poverty; No assets test	
F. Adult	F1. Adult Group – Expansion	Individuals age 19 through 64 who are not eligible for Medicaid in another program and are not eligible for or enrolled in Medicare.	138% of poverty; No assets test	

 $Guidelines \ (FPG). \ \underline{https://ldh.la.gov/assets/medicaid/MedicaidEligibilityPolicy/Z-200m.pdf.}$

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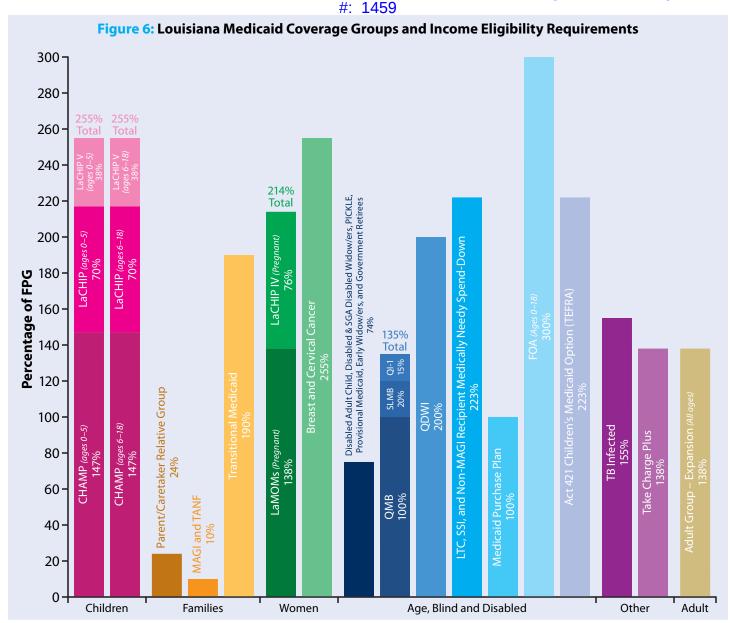
To participate in Medicaid, federal law requires states to cover certain groups of individuals at certain income levels. Through state plan amendments or waivers, which are contingent on CMS approval, states have options to cover other groups, expand income guidelines or allow additional disregards. 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				Мо	nthly Inco	me in Dolla	ars¹			
Size	75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	\$911	\$1,215	\$1,458	\$1,616	\$1,640	\$1,823	\$2,248	\$2,430	\$3,038	\$3,645
2	\$1,233	\$1,643	\$1,972	\$2,186	\$2,219	\$2,465	\$3,040	\$3,287	\$4,108	\$4,930
3	\$1,554	\$2,072	\$2,486	\$2,755	\$2,797	\$3,108	\$3,833	\$4,143	\$5,179	\$6,215
4	\$1,875	\$2,500	\$3,000	\$3,325	\$3,375	\$3,750	\$4,625	\$5,000	\$6,250	\$7,500
5	\$2,196	\$2,928	\$3,514	\$3,895	\$3,953	\$4,393	\$5,417	\$5,857	\$7,321	\$8,785
6	\$2,518	\$3,357	\$4,028	\$4,464	\$4,532	\$5,035	\$6,210	\$6,713	\$8,392	\$10,070
7	\$2,839	\$3,785	\$4,542	\$5,034	\$5,110	\$5,678	\$7,002	\$7,570	\$9,463	\$11,355
8 ²	\$3,160	\$4,213	\$5,056	\$5,604	\$5,688	\$6,320	\$7,795	\$8,427	\$10,533	\$12,640
Family				Ar	nual Incor	ne in Dolla	rs¹			
Size	75%	100%	120%	133%	135%	150%	185%	200%	250%	300%
1	\$10,935	\$14,580	\$17,496	\$19,391	\$19,683	\$21,870	\$26,973	\$29,160	\$36,450	\$43,740
2	\$14,790	\$19,720	\$23,664	\$26,228	\$26,622	\$29,580	\$36,482	\$39,440	\$49,300	\$59,160
3	\$18,645	\$24,860	\$29,832	\$33,064	\$33,561	\$37,290	\$45,991	\$49,720	\$62,150	\$74,580
4	\$22,500	\$30,000	\$36,000	\$39,900	\$40,500	\$45,000	\$55,500	\$60,000	\$75,000	\$90,000
5	\$26,355	\$35,140	\$42,168	\$46,736	\$47,439	\$52,710	\$65,009	\$70,280	\$87,850	\$105,420
6	\$30,210	\$40,280	\$48,336	\$53,572	\$54,378	\$60,420	\$74,518	\$80,560	\$100,700	\$120,840
7	\$34,065	\$45,420	\$54,504	\$60,409	\$61,317	\$68,130	\$84,027	\$90,840	\$113,550	\$136,260
8 ²	\$37,920	\$50,560	\$60,672	\$67,245	\$68,256	\$75,840	\$93,536	\$101,120	\$126,400	\$151,680

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.

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.

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

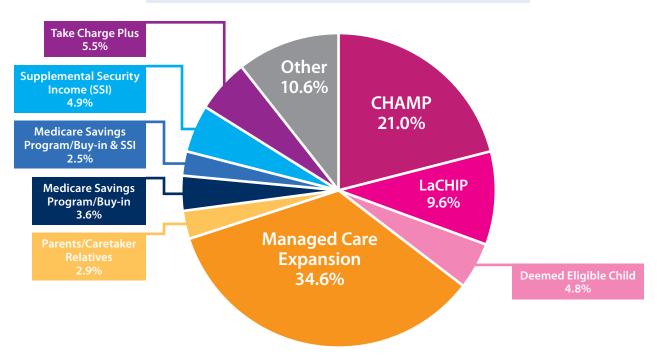


Eligibility determination is a federally approved process which is operated in the same manner throughout the state. In Louisiana, caseworkers in each of the nine regions of the Department of Health determine an individual's eligibility for Medicaid in accordance with standardized written policy. Processing 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		LaCHIP			Medicaid			Total	
Group ¹	Payments	Enrollees ²	Recipients ²	Payments	Enrollees ²	Recipients ²	Payments	Enrollees ²	Recipients ²
Under 1	\$6,088,433	1,129	1,083	\$514,806,734	60,105	56,931	\$520,895,167	60,869	57,638
1–5	\$48,254,433	24,608	26,203	\$634,306,756	204,509	208,814	\$682,561,189	216,825	218,669
6–14	\$283,147,617	122,619	129,129	\$1,034,858,225	302,230	318,430	\$1,318,005,842	384,180	386,986
15–18	\$140,893,170	59,353	62,376	\$492,633,760	127,138	133,075	\$633,526,931	166,941	167,738
Total <19	\$478,383,654	207,709	218,791	\$2,676,605,475	693,982	717,250	\$3,154,989,129	828,815	831,031
19+ ³	\$104,178,265	24,363	30,089	\$491,475,923	68,489	69,084	\$595,654,188	87,853	90,119
Total	\$582,561,919	232,072	248,880	\$3,168,081,398	762,471	786,334	\$3,750,643,317	916,668	921,150

Age as of January 1, 2023.

Adult Group - Expansion

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

Medicare Buy-In and Medicare Savings Program

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

The **Medicare Savings Program** also provides Medicare Buy-in benefits to people with Medicare who are not eligible for full Medicaid services but have limited income and assets. Depending on income, an individual may be classified as a **Qualified Medicare Beneficiary** (**QMB**), which covers both the Medicare Part A and B premiums and some copayments 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).

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.

Since LaCHIP IV is based on pregnancy, some LaCHIP enrollees may be older than 20, whereas Medicaid Children are younger than 21.

Table 9: Medicare Premiums and Deductibles

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

¹ 2023 Annual Report of the Board of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds. Retrieved on April 9, 2024 from https://www.cms.gov/oact/tr/2023.

Table 10: Medicare Buy-In Requirements and Coverage¹

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

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

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

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

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

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.

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

³ Premiums listed is the premium paid by a non-dual Medicaid beneficiary. It is not the premium paid by Medicaid for a dual enrollee beneficiary.

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

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

⁴ Federal Poverty Income Guidelines

Recipient data comes from MMA Response File from CMS and is unduplicated by each type.

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 Population	Medicaid	Percent of
(SFY)	Estimate 1	Enrollment ²	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%

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.

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.

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

Figure 8: Parish Percentage of Population Enrolled in Medicaid

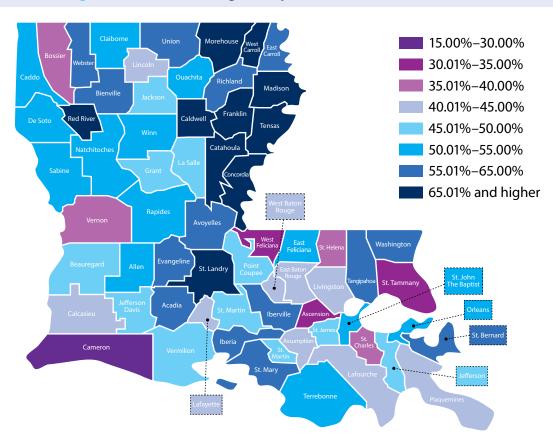
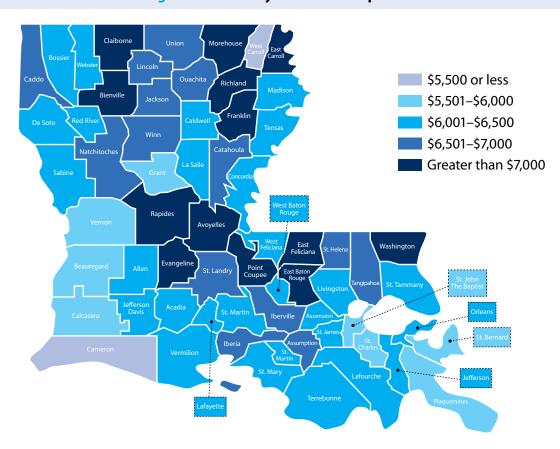


Figure 9: Parish Payments Per Recipient



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

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.

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.

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

Age as of January 1, 2023.

Table 15: Recipients by Age Group, Race¹ and Gender

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

From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

Age as of January 1, 2023.

Other includes all individuals not in Black/African-American or White.

Table 16: Enrollees by Age Group, Race¹ and Gender

					•	•				
Age Group²	Black Male	/African-Ame Female	erican Total	Male	White Female	Total	Male	Other³ Female	Total	Total (all races)
Under 1	9,765	9,480	19,245	6,407	6,142	12,549	14,879	14,196	29,075	60,869
1–5	42,804	41,771	84,575	31,669	30,206	61,875	36,067	34,308	70,375	216,825
6–14	94,833	92,674	187,507	76,331	72,020	148,351	24,745	23,577	48,322	384,180
15–18	42,258	41,786	84,044	32,648	31,584	64,232	9,163	9,502	18,665	166,941
19–20	18,855	19,776	38,631	14,358	15,495	29,853	4,020	4,885	8,905	77,389
21–44	122,416	195,336	317,752	103,352	165,175	268,527	42,836	50,755	93,591	679,870
45-64	65,836	87,293	153,129	66,135	86,759	152,894	35,839	30,672	66,511	372,534
65+	26,610	46,960	73,570	22,303	38,979	61,282	17,340	25,272	42,612	177,464
Total	423.377	535.076	958.453	353.203	446.360	799.563	184.889	193.167	378.056	2.136.072

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

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

Tab	le 17: Pa	ayments	by Ag	e Group,	Race	and	Gend	er
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		Table 17: Payme	nts by Age Grot	ıp, kace and Gen	uer	
Age Group ²	B Male	lack/African-American Female	Total	Male	White 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
Total	\$2,942,255,088	\$3,788,042,389	\$6,730,297,477	\$2,394,549,622	\$3,212,777,579	\$5,607,327,201
Age Group²	Male	Other³ Female	Total	Total (across all races)		
Under 1	\$131,328,333	\$124,048,653	\$255,376,986	\$520,895,168		
1–5	\$115,770,453	\$105,738,084	\$221,508,537	\$682,561,189		
6–14	\$84,380,738	\$71,956,531	\$156,337,269	\$1,318,005,842		
15–18	\$34,199,864	\$33,895,994	\$68,095,857	\$633,526,931		
19–20	\$26,444,510	\$32,118,236	\$58,562,746	\$525,017,642		
21–44	\$355,535,120	\$423,097,982	\$778,633,102	\$5,637,525,466		
45-64	\$280,319,997	\$233,361,724	\$513,681,721	\$3,547,803,200		
65+	\$158,977,887	\$283,289,616	\$442,267,502	\$1,966,752,960		
Total	\$1,186,956,901	\$1,307,506,819	\$2,494,463,720	\$14,832,088,398		

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

² Age as of January 1, 2023.

² Age as of January 1, 2023.

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

Figure 10: Enrollment by Age Group

Figure 11: Enrollment by Gender

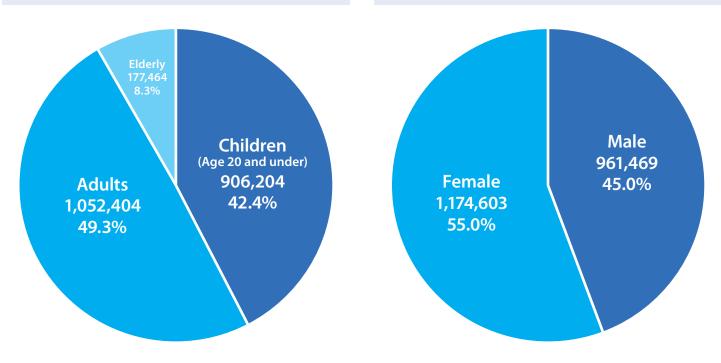
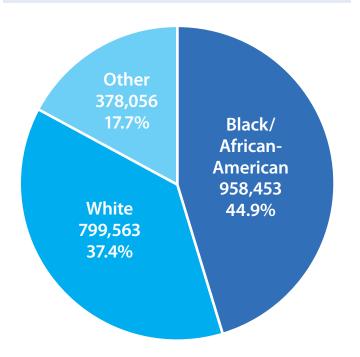


Figure 12: Enrollment by Race



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

Table 18: Enrollees by Region¹, Race² and Gender

Race Gender Greater New Orleans Area Capital Area South Central Louisiana Acadiana Capital Area Capital Area
African-American Female African-American Female Total 121,075 95,099 38,408 68,021 22,327 American American Total 216,073 170,652 68,445 122,762 40,653 White Pemale S3,834 30,293 32,683 56,348 31,750 White Pemale S3,834 37,369 43,726 73,401 41,459 Total 99,382 67,662 76,409 129,749 73,209 Male 53,311 25,063 17,177 20,935 9,776 Other Female 56,742 26,190 18,397 21,731 10,173 Total 110,053 51,253 35,574 42,666 19,949 Male 193,857 130,909 79,897 132,024 59,852 Total 425,508 289,567 180,428 295,177 133,811 Race Gender Central Louisiana Central Louisiana Northwest Louisiana Northshore Louisiana Out of State Central Louisiana Total Central Central Louisiana 1,40,70 4,445 1,855 423,377 American Total 51,877
African-American Female American 121,075 95,099 38,408 68,021 22,327 American American Total 216,073 170,652 68,445 122,762 40,653 Male 45,548 30,293 32,683 56,348 31,750 White Female 53,834 37,369 43,726 73,401 41,459 Total 99,382 67,662 76,409 129,749 73,209 Male 53,311 25,063 17,177 20,935 9,776 Other* Female 56,742 26,190 18,397 21,731 10,173 Total 110,053 51,253 35,574 42,666 19,949 Male 193,857 130,909 79,897 132,024 59,852 Total 425,508 289,567 180,428 295,177 133,811 Race Gender Central Louisiana Northwest Louisiana Northeast Louisiana Northeast Louisiana Louisiana Louisiana 1,839
Male
White Female 53,834 37,369 43,726 73,401 41,459 Total 99,382 67,662 76,409 129,749 73,209 Male 53,311 25,063 17,177 20,935 9,776 Other³ Female 56,742 26,190 18,397 21,731 10,173 Total 110,053 51,253 35,574 42,666 19,949 Male 193,857 130,909 79,897 132,024 59,852 Total 425,508 289,567 180,428 295,177 133,811 Race Gender 6 Central Louisiana Northwest Louisiana 8 Northeast Louisiana Out of State Louisiana Total (across all regions) Black/African-American Female 28,348 75,042 51,394 43,721 2,884 535,076 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791
Total 99,382 67,662 76,409 129,749 73,209 Male 53,311 25,063 17,177 20,935 9,776 Other³ Female 56,742 26,190 18,397 21,731 10,173 Total 110,053 51,253 35,574 42,666 19,949 Male 193,857 130,909 79,897 132,024 59,852 Total 425,508 289,567 180,428 295,177 133,811 Race Gender 6 7 8 Northwest Louisiana Northeast Louisiana Northshore Louisiana Out of State Central Louisiana Total (across all regions) Black/ African-American Female 28,348 75,042 51,394 43,721 2,884 535,076 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Mhite Female 42,048 45,672 40,021 78,440 2,621 446,360 White Female 42,048 45,672 <
Other³ 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 Male 193,857 130,909 79,897 132,024 59,852 Total 425,508 289,567 180,428 295,177 133,811 Race Gender 6 Central Louisiana Northwest Louisiana Northshore Louisiana Out of State (across all regions) Black/African-American Male 23,529 57,814 41,407 34,445 1,855 423,377 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791 353,203 White Female 42,048 45,672 40,021 78,440 2,621 446,360 Total 75,437 81,883 72,610 140,470 4
Other³ Female 56,742 26,190 18,397 21,731 10,173 Total 110,053 51,253 35,574 42,666 19,949 Male 193,857 130,909 79,897 132,024 59,852 Total 231,651 158,658 100,531 163,153 73,959 Total 425,508 289,567 180,428 295,177 133,811 Race Gender Central Couisiana Northwest Louisiana Northeast Louisiana Out of State Total (across all regions) Black/ African-American Male 23,529 57,814 41,407 34,445 1,855 423,377 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791 353,203 White Female 42,048 45,672 40,021 78,440 2,621 446,360 Total 75,437 81,883 72,610 <td< td=""></td<>
Total 110,053 51,253 35,574 42,666 19,949 Total 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 7 8 Northwest Louisiana Northeast Louisiana Northshore Louisiana Out of State (across all regions) Black/ African-American Male 23,529 57,814 41,407 34,445 1,855 423,377 American Total 51,877 132,856 92,801 78,166 4,739 958,453 White 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
Male 193,857 130,909 79,897 132,024 59,852 Total Female 231,651 158,658 100,531 163,153 73,959 Total 425,508 289,567 180,428 295,177 133,811 Race Gender 6 Central Louisiana Louisiana Louisiana Northeast Louisiana Louisiana Louisiana Northshore Louisiana Louisiana Out of State (across all regions) Black/ African-American Female 28,348 75,042 51,394 43,721 2,884 535,076 American Total 51,877 132,856 92,801 78,166 4,739 958,453 White 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
Total Female 231,651 158,658 100,531 163,153 73,959 Total 425,508 289,567 180,428 295,177 133,811 Race Gender Central Louisiana Louisiana Northwest Louisiana Louisiana Northshore Louisiana Louisiana Out of State Louisiana Total (across all regions) Black/African-American Female 28,348 75,042 51,394 43,721 2,884 535,076 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791 353,203 White 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
Race Gender Central Louisiana Northwest Louisiana Northeast Louisiana Northshore Louisiana Out of State (across all regions) Black/ African-American Total 51,877 132,856 92,801 78,166 4,739 958,453 White 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
Race Gender Central Louisiana Northwest Louisiana Northeast Louisiana Northshore Louisiana Out of State (across all regions) Black/African-American Male 23,529 57,814 41,407 34,445 1,855 423,377 African-American Female 28,348 75,042 51,394 43,721 2,884 535,076 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791 353,203 White 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
Race Gender Louisiana Central Louisiana Northwest Louisiana Northshore Louisiana Out of State (across all regions) Black/ African-American Male 23,529 57,814 41,407 34,445 1,855 423,377 American-American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791 353,203 White 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
African- Female 28,348 75,042 51,394 43,721 2,884 535,076 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791 353,203 White 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
African-American Female 28,348 75,042 51,394 43,721 2,884 535,076 American Total 51,877 132,856 92,801 78,166 4,739 958,453 Male 33,389 36,211 32,589 62,030 1,791 353,203 White 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
Male 33,389 36,211 32,589 62,030 1,791 353,203 White 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
White 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
Total 75,437 81,883 72,610 140,470 4,412 799,563
Mala 10.010 17.020 12.220 20.400 1.222 104.000
Male 10,818 17,929 12,228 20,408 1,332 184,889
Other ³ 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
10tal 21,244 30,043 24,230 41,731 2,304 370,030
Male 67,736 111,954 86,224 116,883 4,978 961,469

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

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

Other includes all individuals not in Black/African-American or White.

Table 19: Recipients by Region¹, Race² and Gender

			s: kecipients	, ,			
Race	Gender	1 Greater New Orleans Area	2 Capital <i>i</i>	Aras	3 th Central puisiana	4 Acadiana	5 Southwest Louisiana
Black/	Male	95,996	75,95	7 3	80,652	55,085	18,541
African-	Female	123,054	96,35	5 3	39,499	68,864	22,762
American	Total	219,050	172,3	12 7	0,151	123,949	41,303
	Male	46,431	31,17	6 3	33,241	56,894	32,155
White	Female	55,139	38,82	8 4	14,781	74,511	42,236
	Total	101,570	70,00	4 7	78,022	131,405	74,391
	Male	53,224	24,78	3 1	7,298	20,971	9,813
Other ³	Female	57,452	26,79	7 1	8,788	21,977	10,365
	Total	110,676	51,58	30	86,086	42,948	20,178
	Male	195,651	131,9	16 8	1,191	132,950	60,509
Total	Female	235,645	161,9	80 10	03,068	165,352	75,363
	Tatal	424 206					400.000
	Total	431,296	293,8	96 18	84,259	298,302	135,872
Race	Gender	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Out of State	Total (across all regions)
		6 Central	7 Northwest	8 Northeast	9 Northshore		Total
Black/ African-	Gender	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Out of State	Total (across all regions)
Black/	Gender Male	6 Central Louisiana 23,686	7 Northwest Louisiana 58,127	8 Northeast Louisiana 42,174	9 Northshore Louisiana 34,683	Out of State 2,478	Total (across all regions) 423,116
Black/ African-	Gender Male Female	6 Central Louisiana 23,686 28,880	7 Northwest Louisiana 58,127 75,886	8 Northeast Louisiana 42,174 52,880	9 Northshore Louisiana 34,683 44,412	Out of State 2,478 3,888	Total (across all regions) 423,116 539,049
Black/ African-	Gender Male Female Total	6 Central Louisiana 23,686 28,880 52,566	7 Northwest Louisiana 58,127 75,886 134,013	8 Northeast Louisiana 42,174 52,880 95,054	9 Northshore Louisiana 34,683 44,412 79,095	Out of State 2,478 3,888 6,366	Total (across all regions) 423,116 539,049 962,165
Black/ African- American	Gender Male Female Total Male	6 Central Louisiana 23,686 28,880 52,566 33,831	7 Northwest Louisiana 58,127 75,886 134,013 36,547	8 Northeast Louisiana 42,174 52,880 95,054 33,298	9 Northshore Louisiana 34,683 44,412 79,095 62,747	Out of State 2,478 3,888 6,366 2,393	Total (across all regions) 423,116 539,049 962,165 353,985
Black/ African- American	Gender Male Female Total Male Female	6 Central Louisiana 23,686 28,880 52,566 33,831 43,031	7 Northwest Louisiana 58,127 75,886 134,013 36,547 46,431	8 Northeast Louisiana 42,174 52,880 95,054 33,298 41,326	9 Northshore Louisiana 34,683 44,412 79,095 62,747 79,924	2,478 3,888 6,366 2,393 3,561	Total (across all regions) 423,116 539,049 962,165 353,985 450,568
Black/ African- American	Gender Male Female Total Male Female Total	6 Central Louisiana 23,686 28,880 52,566 33,831 43,031 76,862	7 Northwest Louisiana 58,127 75,886 134,013 36,547 46,431 82,978	8 Northeast Louisiana 42,174 52,880 95,054 33,298 41,326 74,624	9 Northshore Louisiana 34,683 44,412 79,095 62,747 79,924 142,671	2,478 3,888 6,366 2,393 3,561 5,954	Total (across all regions) 423,116 539,049 962,165 353,985 450,568 804,553
Black/ African- American White	Gender Male Female Total Male Female Total Male	6 Central Louisiana 23,686 28,880 52,566 33,831 43,031 76,862 10,786	7 Northwest Louisiana 58,127 75,886 134,013 36,547 46,431 82,978 17,931	8 Northeast Louisiana 42,174 52,880 95,054 33,298 41,326 74,624 12,486	9 Northshore Louisiana 34,683 44,412 79,095 62,747 79,924 142,671 20,536	2,478 3,888 6,366 2,393 3,561 5,954 1,867	Total (across all regions) 423,116 539,049 962,165 353,985 450,568 804,553 183,679
Black/ African- American White	Gender Male Female Total Male Female Total Male Female Female	6 Central Louisiana 23,686 28,880 52,566 33,831 43,031 76,862 10,786 10,580	7 Northwest Louisiana 58,127 75,886 134,013 36,547 46,431 82,978 17,931 18,901	8 Northeast Louisiana 42,174 52,880 95,054 33,298 41,326 74,624 12,486 12,484	9 Northshore Louisiana 34,683 44,412 79,095 62,747 79,924 142,671 20,536 21,784	2,478 3,888 6,366 2,393 3,561 5,954 1,867 2,381	Total (across all regions) 423,116 539,049 962,165 353,985 450,568 804,553 183,679 195,029
Black/ African- American White	Gender Male Female Total Male Female Total Male Female Total Male Female Total	6 Central Louisiana 23,686 28,880 52,566 33,831 43,031 76,862 10,786 10,580 21,366	7 Northwest Louisiana 58,127 75,886 134,013 36,547 46,431 82,978 17,931 18,901 36,832	8 Northeast Louisiana 42,174 52,880 95,054 33,298 41,326 74,624 12,486 12,484 24,970	9 Northshore Louisiana 34,683 44,412 79,095 62,747 79,924 142,671 20,536 21,784 42,320	2,478 3,888 6,366 2,393 3,561 5,954 1,867 2,381 4,248	Total (across all regions) 423,116 539,049 962,165 353,985 450,568 804,553 183,679 195,029 378,708

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

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

Other includes all individuals not in Black/African-American or White.

Table 20: Payments¹ by Region², Race³ and Gender

		141	ole zo. i ayılleli	ts by negion,	nace and den	ac.	
Race	Gender	1 Greater New Orleans Area	(anitai		3 th Central puisiana	4 Acadiana	5 Southwest Louisiana
Black/	Male	\$623,371,873	\$541,603	3,109 \$19	3,741,372	\$361,294,837	\$108,801,008
African-	Female	\$799,784,807	\$690,478	3,779 \$25	3,868,802	\$479,989,544	\$138,490,498
American	Total	\$1,423,156,68	0 \$1,232,08	1,888 \$44	7,610,175	\$841,284,381	\$247,291,506
	Male	\$300,256,651	\$224,260),600 \$19	6,582,808	\$359,992,477	\$184,848,019
White	Female	\$360,287,127	\$284,870),987 \$29	8,102,462	\$518,877,088	\$264,302,578
	Total	\$660,543,778	\$509,131	,586 \$49	4,685,270	\$878,869,564	\$449,150,597
	Male	\$310,738,808	\$168,836	5,756 \$9	7,914,170	\$136,033,043	\$57,212,710
Other ⁴	Female	\$341,541,451	\$178,320),565 \$11	5,986,415	\$155,575,754	\$65,586,606
	Total	\$652,280,258	\$347,157	7,320 \$21	3,900,585	\$291,608,797	\$122,799,316
	Male	\$1,234,367,33	\$934,700),464 \$48	8,238,351	\$857,320,357	\$350,861,737
Total	Female	\$1,501,613,38	\$1,153,67	0,330 \$66	7,957,679	1,154,442,386	\$468,379,682
	Total	\$2,735,980,71	6 \$2,088,37	0,794 \$1,1	56,196,030	2,011,762,743	\$819,241,419
Race	Gender	6 Central Louisiana	7 Northwest Louisiana	8 Northeast Louisiana	9 Northshore Louisiana	Out of State	Total (across all regions)
Black/	Male	\$194,116,283	\$394,024,973	\$296,868,917	\$225,331,447	\$3,101,268	\$2,942,255,088
African-	Female	\$219,774,652	\$521,390,598	\$377,872,557	\$301,776,181	\$4,615,970	\$3,788,042,388
American	Total	\$413,890,935	\$915,415,572	\$674,741,474	\$527,107,627	\$7,717,239	\$6,730,297,476
	Male	\$270,337,259	\$238,422,262	\$217,309,070	\$399,371,283	\$3,169,193	\$2,394,549,622
White	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
	Male	\$84,286,477	\$120,772,666	\$77,544,903	\$131,152,019	\$2,465,349	\$1,186,956,901
Other ⁴	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
	Male	\$548,740,019	\$753,219,901	\$591,722,890	\$755,854,749	\$8,735,811	\$6,523,761,610
Total	Female	\$624,080,866	\$973,267,296	\$751,582,449	\$1,001,606,776	\$11,725,938	\$8,308,326,786
		\$1,172,820,885	\$1,726,487,197	\$1,343,305,339	\$1,757,461,525	\$20,461,749	\$14,832,088,397

¹ Payments are based on recipient region payments.

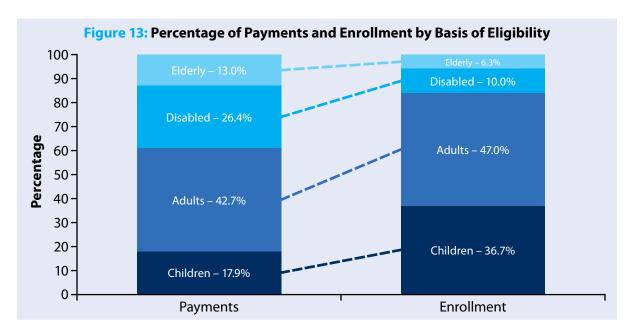
² Individual region enrollee and recipient counts may not sum to the total state count due to movement between regions during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the region.

³ From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

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

Basis of Eligibility

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



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

Table 21: Payments by Basis of Eligibility, Race ¹ and Gender									
Race	Gender	Total							
Black/	Male	\$283,672,272	\$1,107,553,976	\$561,299,085	\$989,729,756	\$2,942,255,088			
African-	Female	\$481,128,891	\$906,781,132	\$571,801,295	\$1,828,331,070	\$3,788,042,388			
American	Total	\$764,801,163	\$2,014,335,108	\$1,133,100,380	\$2,818,060,826	\$6,730,297,476			
	Male	\$244,347,892	\$757,243,393	\$460,172,800	\$932,785,537	\$2,394,549,622			
White	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			
	Male	\$156,193,120	\$275,511,941	\$314,874,264	\$440,377,575	\$1,186,956,901			
Other ²	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			
	Male	\$684,213,284	\$2,140,309,310	\$1,336,346,149	\$2,362,892,868	\$6,523,761,610			
Total	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			

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

Table 22: Recipients¹ by Basis of Eligibility, Race² and Gender

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

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.

Table 23: Enrollees¹ by Basis of Eligibility, Race² and Gender

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

¹ Enrollee and recipient counts may not sum to the total due to movement between BOE categories during the SFY. The figures are unduplicated for each BOE, while numbers are unduplicated for total enrollee and recipient count.

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.

 $^{^2}$ From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

Other includes all individuals not in Black/African-American or White.

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

Other includes all individuals not in Black/African-American or White.

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

	Tuble 24. Ellionees p					
	Month	Elderly	Disabled	Children	Adults	Total
	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
1/2;	December 2021	115,451	205,760	756,855	926,741	1,942,205
202	January 2022	117,225	207,177	758,556	926,771	1,951,053
SFY 2021/22	February 2022	117,307	206,693	758,733	930,469	1,955,130
01	March 2022	117,767	206,271	760,359	937,181	1,962,019
	April 2022	118,210	206,129	761,869	942,167	1,968,831
	May 2022	118,838	205,061	763,063	949,552	1,976,108
	June 2022	119,316	204,148	764,676	954,662	1,982,853
	Total ²	134,203	229,424	818,813	1,011,790	2,057,869
	Month	Elderly	Disabled	Children	Adults	Total
	Month July 2022	Elderly 120,229	Disabled 208,231	Children 767,063	Adults 960,720	Total 1,991,585
	July 2022	120,229	208,231	767,063	960,720	1,991,585
	July 2022 August 2022	120,229 121,355	208,231 208,094	767,063 769,433	960,720 967,682	1,991,585 2,000,521
8	July 2022 August 2022 September 2022	120,229 121,355 121,981	208,231 208,094 207,640	767,063 769,433 771,225	960,720 967,682 972,049	1,991,585 2,000,521 2,006,842
2/23	July 2022 August 2022 September 2022 October 2022	120,229 121,355 121,981 122,736	208,231 208,094 207,640 207,318	767,063 769,433 771,225 772,871	960,720 967,682 972,049 977,204	1,991,585 2,000,521 2,006,842 2,013,683
2022/23	July 2022 August 2022 September 2022 October 2022 November 2022	120,229 121,355 121,981 122,736 123,430	208,231 208,094 207,640 207,318 206,647	767,063 769,433 771,225 772,871 775,243	960,720 967,682 972,049 977,204 984,001	1,991,585 2,000,521 2,006,842 2,013,683 2,023,238
FY 2022/23	July 2022 August 2022 September 2022 October 2022 November 2022 December 2022	120,229 121,355 121,981 122,736 123,430 124,114	208,231 208,094 207,640 207,318 206,647 206,081	767,063 769,433 771,225 772,871 775,243 777,600	960,720 967,682 972,049 977,204 984,001 990,473	1,991,585 2,000,521 2,006,842 2,013,683 2,023,238 2,032,424
SFY 2022/23	July 2022 August 2022 September 2022 October 2022 November 2022 December 2022 January 2023	120,229 121,355 121,981 122,736 123,430 124,114 126,701	208,231 208,094 207,640 207,318 206,647 206,081 207,338	767,063 769,433 771,225 772,871 775,243 777,600 779,878	960,720 967,682 972,049 977,204 984,001 990,473 984,904	1,991,585 2,000,521 2,006,842 2,013,683 2,023,238 2,032,424 2,041,494
SFY 2022/23	July 2022 August 2022 September 2022 October 2022 November 2022 December 2022 January 2023 February 2023	120,229 121,355 121,981 122,736 123,430 124,114 126,701 126,920	208,231 208,094 207,640 207,318 206,647 206,081 207,338 206,867	767,063 769,433 771,225 772,871 775,243 777,600 779,878 780,758	960,720 967,682 972,049 977,204 984,001 990,473 984,904 988,097	1,991,585 2,000,521 2,006,842 2,013,683 2,023,238 2,032,424 2,041,494 2,045,961
SFY 2022/23	July 2022 August 2022 September 2022 October 2022 November 2022 December 2022 January 2023 February 2023 March 2023	120,229 121,355 121,981 122,736 123,430 124,114 126,701 126,920 127,486	208,231 208,094 207,640 207,318 206,647 206,081 207,338 206,867 206,071	767,063 769,433 771,225 772,871 775,243 777,600 779,878 780,758 782,264	960,720 967,682 972,049 977,204 984,001 990,473 984,904 988,097 996,113	1,991,585 2,000,521 2,006,842 2,013,683 2,023,238 2,032,424 2,041,494 2,045,961 2,052,504
SFY 2022/23	July 2022 August 2022 September 2022 October 2022 November 2022 December 2022 January 2023 February 2023 March 2023 April 2023	120,229 121,355 121,981 122,736 123,430 124,114 126,701 126,920 127,486 127,857	208,231 208,094 207,640 207,318 206,647 206,081 207,338 206,867 206,071 205,659	767,063 769,433 771,225 772,871 775,243 777,600 779,878 780,758 782,264 783,311	960,720 967,682 972,049 977,204 984,001 990,473 984,904 988,097 996,113 1,000,724	1,991,585 2,000,521 2,006,842 2,013,683 2,023,238 2,032,424 2,041,494 2,045,961 2,052,504 2,057,937
SFY 2022/23	July 2022 August 2022 September 2022 October 2022 November 2022 December 2022 January 2023 February 2023 March 2023 April 2023 May 2023	120,229 121,355 121,981 122,736 123,430 124,114 126,701 126,920 127,486 127,857 128,350	208,231 208,094 207,640 207,318 206,647 206,081 207,338 206,867 206,071 205,659 204,456	767,063 769,433 771,225 772,871 775,243 777,600 779,878 780,758 782,264 783,311 784,972	960,720 967,682 972,049 977,204 984,001 990,473 984,904 988,097 996,113 1,000,724 1,007,946	1,991,585 2,000,521 2,006,842 2,013,683 2,023,238 2,032,424 2,041,494 2,045,961 2,052,504 2,057,937 2,063,946

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.

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.

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

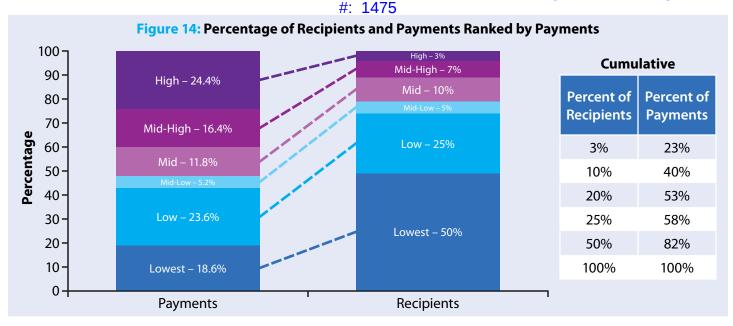


Table 25 breaks down the top 3% of recipients by payment based on their top 10 type cases ranked by payment. Long-Term Care (LTC) is the highest paid case type in this recipient group, accounting for about \$984.6 million in payment.

Table 25: Top 10 Case Types of Top 3 Percent of Medicaid Recipients									
	Provider Types								
Case Types	Recipients ¹	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospice Services	All Other Providers ²	Total	
LTC	17,271	\$879,304,856	\$14,845	\$409,585	\$28,597	\$58,390,736	\$46,493,132	\$984,641,750	
SSI	17,202	\$2,428,423	\$684,922	\$1,309,119	\$157,419,119	\$157,703	\$273,700,310	\$435,699,595	
New Opportunities Waiver/SSI	3,081	\$26,726	\$182,162,487	\$25,312	\$29,420	\$192,657	\$83,570,866	\$266,007,468	
SSI/LTC	3,661	\$173,141,809	\$12,123	\$98,429	\$80,872	\$7,192,628	\$33,698,357	\$214,224,218	
Private ICF/ID	2,407	\$126,473	\$12,715	\$161,778,017	\$2,222	\$257,831	\$3,032,873	\$165,210,131	
Community Choices Waiver	3,442	\$5,801,400	\$109,210,290	_	\$260,143	\$112,144	\$20,634,415	\$136,018,393	
New Opportunities Waiver/Non-SSI	1,664	\$31,745	\$95,607,361	\$27,081	_	\$2,192	\$33,742,394	\$129,410,773	
SSI New Opportunities Waiver Fund	1,687	\$0	\$84,033,938	\$11,405	\$53,245	\$95,131	\$42,391,319	\$126,585,038	
Medicaid Expansion	6,304	\$137,628	_	_	\$6,409,849	_	\$119,223,245	\$125,770,722	
SSI/Private ICF/ID	1,363	\$120,298	_	\$99,727,552	\$1,866	\$23,068	\$11,366,144	\$111,238,927	
All Other Case Types	45,873	\$59,615,100	\$171,154,051	\$145,681,414	\$44,568,628	\$4,759,889	\$486,443,782	\$912,222,864	
Total	64,362	\$1,120,734,458	\$642,892,732	\$409,067,913	\$208,853,961	\$71,183,978	\$1,154,296,839	\$3,607,029,880	

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.

All Other Providers includes all payments not in five provider types listed.

MANAGED CARE IN LOUISIANA

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

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

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

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

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

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



HEALTHY LOUISIANA

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

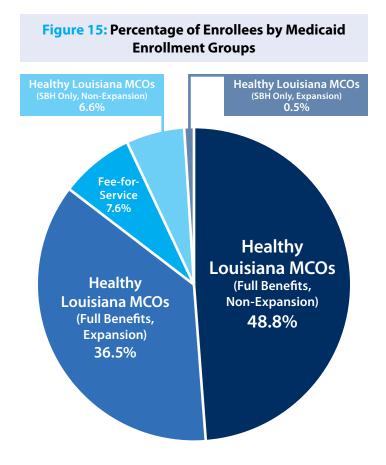
Payments made to MCOs for dates of service in SFY 2022/23 totaled \$10,595,619,379 for care to 1,978,599 recipients enrolled in Healthy Louisiana. **Table AA3** (which can be found on page 64 in **Appendix A**) presents the payments made to the Healthy Louisiana plans and the number of recipients by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

Healthy Louisiana Enrollment

Beginning in July 2016, Louisiana expanded Medicaid to New Adults as authorized under the Affordable Care Act. Medicaid expansion allows adults with incomes at or below 138% 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.



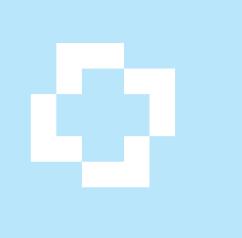
⁶ Limit includes additional 5% income disregard.

Table 26: Healthy Louisiana Enrollment per Plan by Region and Type of Service¹

	Table 26: Healthy Louisiana Enrollment per Plan by Region and Type of Service							nd Type o	ot Servic	:e'	
			Aetna Bette	er Health o	of Louisiana			AmeriHealt	h Caritas o	of Louisiana	
	Region		enefits Non-Expansion		Only Non-Expansion	Total		enefits Non-Expansion		Only Non-Expansion	Total
1	Greater New Orleans Area	37,494	37,091	470	5,272	78,780	32,940	42,775	360	5,018	79,513
2	Capital Area	15,316	13,277	219	3,386	31,508	15,269	23,019	176	3,258	40,738
3	South Central Louisiana	11,420	12,880	165	1,894	25,840	10,772	17,470	150	1,971	29,711
4	Acadiana	13,056	13,016	264	3,314	28,977	17,064	24,297	202	3,387	43,941
5	Southwest Louisiana	4,851	3,811	97	1,231	9,766	6,599	7,745	92	1,206	15,308
6	Central Louisiana	5,797	6,010	142	1,785	13,396	10,108	17,066	125	1,886	28,507
7	Northwest Louisiana	12,922	13,564	246	3,472	29,510	18,650	31,657	179	3,206	52,506
8	Northeast Louisiana	7,301	6,623	102	2,169	15,844	15,747	19,665	117	2,265	36,997
9	Northshore Area	12,796	12,897	226	2,487	27,826	12,292	16,060	195	2,603	30,402
	Out of State	484	706	14	136	1,339	506	942	4	106	1,557
	Total	119,459	117,865	1,923	24,674	258,251	137,811	197,615	1,588	24,488	353,456
	Region	ع البرع ₋	H enefits	ealthy Blu	ie Only		الير <u>ة .</u>	Humana enefits	Healthy F	lorizons ² Only	
			Non-Expansion			Total		Non-Expansion		Non-Expansion	Total
1	Greater New Orleans Area	44,777	47,542	598	5,859	96,537	17,692	23,868	47	1,323	42,441
2	Capital Area	30,504	34,112	387	3,747	67,238	13,940	26,403	39	883	40,814
3	South Central Louisiana	16,776	19,156	278	2,277	37,536	6,565	8,375	32	533	15,296
4	Acadiana	33,610	41,496	474	4,060	77,671	8,398	8,877	22	976	18,114
5	Southwest Louisiana	13,633	15,327	193	1,451	29,918	2,876	4,296	9	401	7,498
6	Central Louisiana	16,321	20,772	241	2,279	38,613	1,914	1,794	7	579	4,264
7	Northwest Louisiana	27,012	32,095	336	3,515	61,509	2,716	2,815	20	1,028	6,519
8	Northeast Louisiana	21,898	25,329	281	2,867	49,090	948	862	9	773	2,563
9	Northshore Area	31,740	39,968	479	3,520	73,932	11,049	18,337	31	765	29,858
	Out of State	900	1,683	26	139	2,739	257	423	1	19	700
	Total	232,933	272,487	3,259	29,177	524,875	65,289	94,491	211	7,177	165,309
	Region		Louisiana He			5	- "-	United Hea			
	negion		enefits Non-Expansion		Only Non-Expansion	Total		enefits Non-Expansion		Only Non-Expansion	Total
1	Greater New Orleans Area	49,540	68,086	503	6,148	121,365	56,957	73,626	751	7,414	135,413
2	Capital Area	32,725	48,529	333	4,177	83,750	44,060	65,511	550	5,216	112,443
3	South Central Louisiana	18,187	29,269	237	2,467	48,922	27,424	40,557	499	3,262	69,675
4	Acadiana	39,920	62,057	568	5,166	104,630	34,691	53,696	557	5,066	91,613
5	Southwest Louisiana	25,452	47,254	386	2,486	73,436	11,479	12,705	180	1,566	25,298
6	Central Louisiana	19,521	32,248	242	3,007	53,485	16,024	23,490	240	2,550	41,305
7	Northwest Louisiana	28,120	47,043	339	4,376	77,801	35,024	53,802	470	4,849	91,719
8	Northeast Louisiana	26,459	40,359	314	3,612	68,773	25,499	33,922	315	3,361	61,484
9	Northshore Area	35,781	60,372	330	3,538	97,562	28,758	37,907	442	3,544	68,946
	Out of State	757	1,871	22	156	2,803	895	1,923	24	171	3,008
	Total	272,554	429,758	3,230	34,514	720,451	276,706	391,109	3,993	36,375	689,961

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



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.

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: Health	v Louisiana Enrollment	per Plan by A	ae Group	, Health Plan and Gender

Ara Crauni	Aetna B	etter Health of Lo	ouisiana	AmeriHe	ealth Caritas of L	ouisiana
Age Group	Male	Female	Total	Male	Female	Total
Under 1	2,970	2,804	5,774	5,268	5,079	10,347
1–5	13,042	12,546	25,588	20,846	20,582	41,428
6–14	20,161	20,103	40,264	35,918	36,507	72,425
15–18	8,597	8,366	16,963	15,943	15,736	31,679
19–20	4,100	4,124	8,224	7,190	7,263	14,453
21-44	40,538	55,075	95,613	47,419	68,825	116,244
45-64	24,160	26,086	50,246	23,611	27,961	51,572
65+	5,695	9,884	15,579	5,643	9,665	15,308
Total	119,263	138,988	258,251	161,838	191,618	353,456
					•	
Ago Group		Healthy Blue			ana Healthy Hori	zons ²
Age Group	Male	Healthy Blue Female	Total		ana Healthy Hori Female	zons² Total
Age Group ¹ Under 1	Male 7,913		Total 15,648	Huma		
		Female		Huma Male	Female	Total
Under 1	7,913	Female 7,735	15,648	Huma Male 2,797	Female 2,827	Total 5,624
Under 1 1–5	7,913 29,638	Female 7,735 28,554	15,648 58,192	Huma Male 2,797 10,314	Female 2,827 10,777	Total 5,624 21,091
Under 1 1–5 6–14	7,913 29,638 47,357	Female 7,735 28,554 46,514	15,648 58,192 93,871	Huma Male 2,797 10,314 17,971	Female 2,827 10,777 19,141	Total 5,624 21,091 37,112
Under 1 1–5 6–14 15–18	7,913 29,638 47,357 20,362	Female 7,735 28,554 46,514 19,544	15,648 58,192 93,871 39,906	Huma Male 2,797 10,314 17,971 7,864	Female 2,827 10,777 19,141 7,660	Total 5,624 21,091 37,112 15,524
Under 1 1–5 6–14 15–18 19–20	7,913 29,638 47,357 20,362 9,617	7,735 28,554 46,514 19,544 10,097	15,648 58,192 93,871 39,906 19,714	Huma Male 2,797 10,314 17,971 7,864 3,636	7,660 3,319	Total 5,624 21,091 37,112 15,524 6,955
Under 1 1–5 6–14 15–18 19–20 21–44	7,913 29,638 47,357 20,362 9,617 80,953	Female 7,735 28,554 46,514 19,544 10,097 114,820	15,648 58,192 93,871 39,906 19,714 195,773	Huma Male 2,797 10,314 17,971 7,864 3,636 24,603	7,827 10,777 19,141 7,660 3,319 30,245	Total 5,624 21,091 37,112 15,524 6,955 54,848

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

	Louisian	a Healthcare Con	#: 1480	United	Healthcare of Lo	uisiana
Age Group	Male	Female	Total	Male	Female	Total
Under 1	11,149	10,590	21,739	9,196	8,734	17,930
1–5	44,583	43,434	88,017	39,310	38,541	77,851
6–14	82,844	81,548	164,392	75,395	74,625	150,020
15–18	35,313	34,911	70,224	32,896	32,164	65,060
19–20	15,709	16,705	32,414	14,603	14,782	29,385
21–44	86,393	143,911	230,304	87,820	139,291	227,111
45-64	39,983	52,581	92,564	43,636	57,055	100,691
65+	7,700	13,097	20,797	7,934	13,979	21,913
Total	323,674	396,777	720,451	310,790	379,171	689,961
Ago Croup	То	tal ³ (across all pla	ns)			
Age Group	Male	Female	Total			
Under 1	30,710	29,498	60,208			
1–5	109,713					
	102,713	105,471	215,184			
6–14	195,576	105,471 187,953	215,184 383,529			
6–14 15–18						
	195,576	187,953	383,529			
15–18	195,576 83,793	187,953 82,687	383,529 166,480			
15–18 19–20	195,576 83,793 36,913	187,953 82,687 39,976	383,529 166,480 76,889			
15–18 19–20 21–44	195,576 83,793 36,913 256,503	187,953 82,687 39,976 404,789	383,529 166,480 76,889 661,292			

Age as of January 1, 2023.

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

³ The number of enrollees may not sum to the totals provided due to movement between plans during the SFY. Numbers are unduplicated.

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

	Tuble 20. Hearthy Edulatina Emoniment by Age Group, nace and dender							
Age Group ²	Blac Male	ck/African-Ameri Female	can Total	Male	White Female	Total		
Under 1	9,623	9,363	18,986	6,295	6,028	12,323		
1–5	42,483	41,425	83,908	31,387	29,932	61,319		
6–14	94,755	92,600	187,355	76,229	71,924	148,153		
15–18	42,129	41,760	83,889	32,579	31,528	64,107		
19–20	18,694	19,749	38,443	14,300	15,444	29,744		
21–44	116,777	192,744	309,521	99,105	162,591	261,696		
45-64	56,883	78,210	135,093	56,513	77,862	134,375		
65+	14,942	26,447	41,389	10,475	19,452	29,927		
Total	396,286	F02 200	000 504	226 002		741 644		
iotai	390,280	502,298	898,584	326,883	414,761	741,644		
Age Group ²	Male	Other ³ Female	898,584 Total		414,761 otal ⁴ (across all pla Female	<u> </u>		
		Other ³		To	otal ⁴ (across all pla	ns)		
Age Group ²	Male	Other³ Female	Total	To Male	otal ⁴ (across all pla Female	ns) Total		
Age Group ² Under 1	Male 14,792	Other ^a Female 14,107	Total 28,899	Male 30,710	otal ⁴ (across all pla Female 29,498	ns) Total 60,208		
Age Group ² Under 1 1–5	Male 14,792 35,843	Other Female 14,107 34,114	Total 28,899 69,957	Male 30,710 109,713	otal ⁴ (across all plan Female 29,498 105,471	Total 60,208 215,184		
Age Group ² Under 1 1–5 6–14	Male 14,792 35,843 24,592	Other Female 14,107 34,114 23,429	Total 28,899 69,957 48,021	Male 30,710 109,713 195,576	otal ⁴ (across all plan Female 29,498 105,471 187,953	Total 60,208 215,184 383,529		
Age Group ² Under 1 1–5 6–14 15–18	Male 14,792 35,843 24,592 9,085	Other Female 14,107 34,114 23,429 9,399	Total 28,899 69,957 48,021 18,484	Male 30,710 109,713 195,576 83,793	otal ⁴ (across all plat Female 29,498 105,471 187,953 82,687	Total 60,208 215,184 383,529 166,480		
Age Group ² Under 1 1–5 6–14 15–18 19–20	Male 14,792 35,843 24,592 9,085 3,919	Other Female 14,107 34,114 23,429 9,399 4,783	Total 28,899 69,957 48,021 18,484 8,702	Male 30,710 109,713 195,576 83,793 36,913	29,498 105,471 187,953 82,687 39,976	Total 60,208 215,184 383,529 166,480 76,889		
Age Group ² Under 1 1–5 6–14 15–18 19–20 21–44	Male 14,792 35,843 24,592 9,085 3,919 40,621	Other Female 14,107 34,114 23,429 9,399 4,783 49,454	Total 28,899 69,957 48,021 18,484 8,702 90,075	Male 30,710 109,713 195,576 83,793 36,913 256,503	otal ⁴ (across all plat Female 29,498 105,471 187,953 82,687 39,976 404,789	Total 60,208 215,184 383,529 166,480 76,889 661,292		

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

Figure 16: Healthy Louisiana Enrollee Groups by Healthy Louisiana Plans

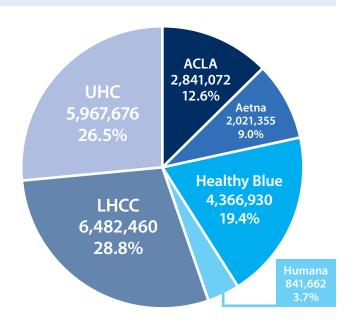
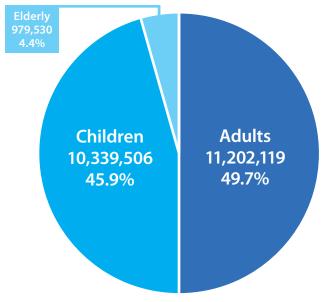


Figure 17: Healthy Louisiana Enrollee Groups by Age Group

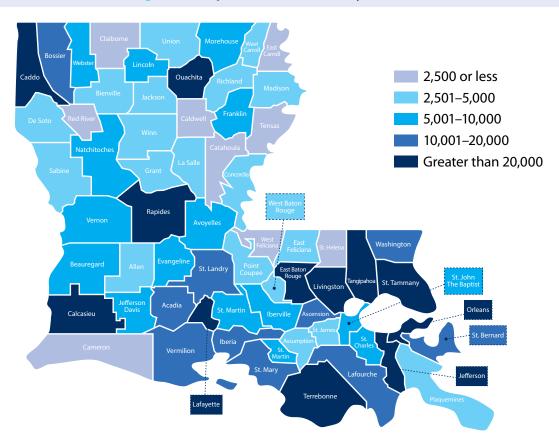


² Age as of January 1, 2023.

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

⁴ The number of enrollees may not sum to the totals provided due to movement between plans during the SFY. Numbers are unduplicated.

Figure 18: Expansion Enrollment by Parish



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

	Table 29: Expansion Enrollees by Age Group, Race ¹ and Gender									
Age Group ²	Black/ Male	/African-Am Female	erican Total	Male	White Female	Total	Male	Other³ Female	Total	Grand Total⁵
Under 25	40,859	47,412	88,271	29,113	35,896	65,009	7,839	9,585	17,424	170,704
Ages 25–39	56,333	90,637	146,970	51,439	74,194	125,633	22,109	21,716	43,825	316,428
Ages 40-49	24,822	38,971	63,793	26,866	36,816	63,682	13,973	10,458	24,431	151,906
50+	25,356	35,600	60,956	31,339	41,035	72,374	20,873	19,542	40,415	173,745
Total ⁴	147,370	212,620	359,990	138,757	187,941	326,698	64,794	61,301	126,095	812,783

 $^{^{1}}$ From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

² Age as of January 1, 2023.

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

⁴ All enrollment totals were extracted October 30, 2023 to capture the majority of retro enrollments for the SFY. These totals will not match monthly enrollment reports produced by Medicaid, which represent a snapshot of enrollment within a few days following the end of each month.

Categories of Assistance for Healthy Louisiana

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

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

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

Breast and Cervical Cancer

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

Home and Community-Based Services

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

Act 421-TEFRA

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

Expansion

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

Families and Children

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

Foster Children

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

LaCHIP Affordable Plan (LAP)

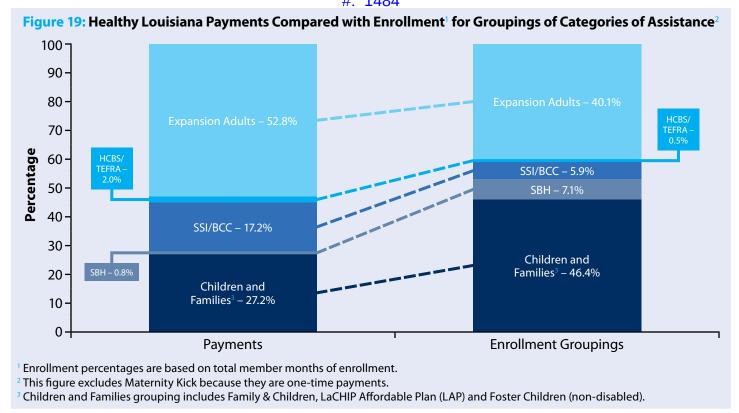
The LaCHIP Affordable Plan group includes children and youth under the age of 19 with incomes over the limit of 217% of FPG for regular CHIP enrollment but with incomes lower than 255% of FPG. Families pay a monthly premium of \$50.

Specialized Behavioral Health Services

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

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

 $^{^{7}}$ Limit includes additional 5% income disregard.





DENTAL BENEFITS PLAN MANAGER

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

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

EPSDT Dental

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

Adult Dentures

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

Adult Waiver/ICF Dental

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

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

Figure 20: Dental Benefits Plan Manager **Payments by Eligibility Group**

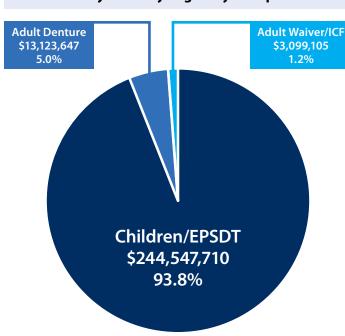
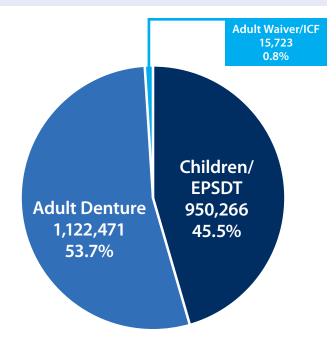


Figure 21: Dental Benefits Plan Manager **Recipients by Eligibility Group**



LOUISIANA BEHAVIORAL HEALTH PARTNERSHIP

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

MANAGED CARE PAYMENTS

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

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

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

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

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

¹ Used other provider types based on attending NPIs when provider types were error.

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

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

Used other provider types based on attending NPIs when provider types were error.

² Providers with no parish listed are included in In-State.

All Others includes all provider types not in the top ten provider types.

² Provider numbers may not add up to Total because providers can be listed under multiple provider types. Providers are unduplicated.

Providers with no parish listed are included in In-State.

⁴ All Others includes all provider types not in the top ten provider types.

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

Table 32: Managed Care Encounter Payments by Region for the Top Ten Provider Types¹ Ranked by Payment

¹ Used other provider types based on attending NPIs when provider types were error.

² All Others includes all provider types not in the top ten provider types.

³ Providers with no parish listed are included in In-State.

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

Table 33: P	ayments, Number of Providers and
Recipients by	State for Out-of-State MCO Providers

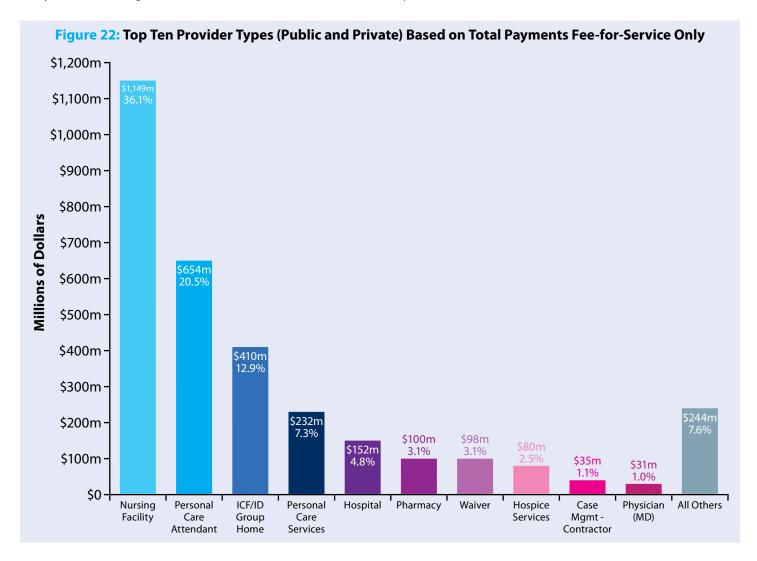
itecij	DICIICS	by State for Out	-or-state MC	OTTOVICETS
St	ate	Payments	Providers	Recipients
1	AK	\$64,798	50	69
2	AL	\$22,311,901	991	172,869
3	AR	\$3,253,197	1,136	4,904
4	ΑZ	\$1,559,301	468	5,405
5	CA	\$13,503,347	1,356	25,455
6	CO	\$1,824,118	663	16,627
7	CT	\$46,674	122	345
8	DC	\$290,355	78	102
9	DE	\$24,874	43	41
10	FL	\$17,426,658	2,753	15,947
11	GA	\$5,993,122	1,576	20,218
12	HI	\$15,902	63	215
13	IA	\$260,362	262	337
14	ID	\$53,624	51	65
15	IL	\$14,217,605	770	3,601
16	IN	\$2,211,482	387	1,033
17	KS	\$3,588,339	303	408
18	KY	\$4,651,041	374	1,052
19	MA	\$509,693	355	1,256
20	MD	\$3,066,181	296	1,769
21	ME	\$66,459	76	912
22	MI	\$25,864,760	523	3,336
23	MN	\$2,550,759	432	6,453
24	МО	\$31,619,283	626	2,381
25	MS	\$39,910,619	2,206	27,543
26	MT	\$58,042	92	337
27	NC	\$17,326,889	676	38,037

28	ND	\$192,425	104	305
29	NE	\$606,837	172	218
30	NH	\$601,958	81	104
31	NJ	\$9,708,423	308	36,021
32	NM	\$332,905	181	542
33	NV	\$1,491,504	309	1,163
34	NY	\$2,621,612	948	2,303
35	ОН	\$2,662,353	822	5,035
36	OK	\$924,009	534	1,527
37	OR	\$156,854	163	250
38	PA	\$126,281,947	677	13,270
39	PR	\$3,420	33	36
40	RI	\$154,436	88	374
41	SC	\$1,246,305	338	2,752
42	SD	\$207,632	77	83
43	TN	\$32,959,456	1,633	17,924
44	TX	\$144,985,530	10,755	202,217
45	UT	\$613,466	124	1,046
46	VA	\$985,551	521	1,835
47	VT	\$35,200	58	40
48	WA	\$420,525	323	558
49	WI	\$2,019,047	324	5,823
50	WV	\$81,590	149	133
51	WY	\$39,819	54	72
To	tal	\$541,602,189	34,473	495,237

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

FEE-FOR-SERVICE PROVIDERS

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



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

¹ Providers with no parish listed are included in In-State.

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

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

¹ Total number of providers may not sum to the total count due to providers offering services in more than one state during the SFY. The total counts are unduplicated for the entire state, while other numbers are unduplicated for each provider type.

² All Others includes all provider types not in the top ten provider types.

² Providers with no parish listed are included in In-State.

³ All Others includes all provider types not in the top ten provider types.

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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 26	Daymonte by	Danian fauth	a Tan Tan Du			
Region	Payments by Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Hospital	Personal Care Services	Waiver
1 Greater New Orleans Area	\$127,365,248	\$98,867,998	\$32,623,082	\$43,712,573	\$29,661,429	_
2 Capital Area	\$181,243,448	\$91,500,710	\$33,712,412	\$31,596,076	\$32,737,681	_
3 South Central Louisiana	\$67,491,872	\$42,957,969	\$7,583,906	\$5,316,116	\$10,423,535	_
4 Acadiana	\$175,681,380	\$113,164,196	\$21,197,714	\$12,959,851	\$60,530,951	_
5 Southwest Louisiana	\$61,555,952	\$33,115,011	\$13,540,760	\$4,412,110	\$7,900,208	_
6 Central Louisiana	\$113,335,650	\$49,925,555	\$202,174,839	\$9,813,862	\$14,021,446	_
7 Northwest Louisiana	\$185,606,040	\$76,734,455	\$39,327,521	\$21,311,807	\$34,889,609	_
8 Northeast Louisiana	\$128,329,454	\$85,325,413	\$31,026,476	\$11,057,229	\$26,549,948	_
9 Northshore Area	\$108,383,019	\$62,349,295	\$28,439,108	\$9,513,828	\$15,179,497	_
Total In-State ¹	\$1,148,992,062	\$653,940,602	\$409,625,819	\$149,693,451	\$231,894,305	_
Total Out-of-State ²	-	_	_	\$2,119,943	_	\$97,594,847
Total	\$1,148,992,062	\$653,940,602	\$409,625,819	\$151,813,394	\$231,894,305	\$97,594,847
Region	Hospice Services	Pharmacy	Physician (MD)	Case Mgmt - Contractor	All Others ³	Total (across all providers)
1 Greater New Orleans Area	\$5,943,189	\$24,597,092	\$8,151,612	\$6,155,938	\$36,324,185	\$413,402,347
2 Capital Area	\$16,217,935	¢12.260.625	ĊE 11E 40E			
	\$10,217,555	\$12,369,625	\$5,115,405	\$4,906,873	\$43,848,084	\$453,248,249
3 South Central Louisiana	\$4,112,770	\$2,759,004	\$1,603,779	\$4,906,873 \$3,350,438	\$43,848,084 \$17,729,258	\$453,248,249 \$163,328,646
	\$4,112,770	\$2,759,004	\$1,603,779	\$3,350,438	\$17,729,258	\$163,328,646
4 Acadiana 5 Southwest Louisiana	\$4,112,770 \$12,659,416	\$2,759,004 \$7,917,589	\$1,603,779 \$4,117,161	\$3,350,438 \$6,209,124	\$17,729,258 \$55,244,187	\$163,328,646 \$469,681,570
4 Acadiana5 Southwest Louisiana6 Central Louisiana	\$4,112,770 \$12,659,416 \$6,541,049	\$2,759,004 \$7,917,589 \$2,609,428	\$1,603,779 \$4,117,161 \$1,327,406	\$3,350,438 \$6,209,124 \$1,855,131	\$17,729,258 \$55,244,187 \$8,476,526	\$163,328,646 \$469,681,570 \$141,333,580
4 Acadiana 5 Southwest Louisiana 6 Central Louisiana 7 Northwest Louisiana	\$4,112,770 \$12,659,416 \$6,541,049 \$11,365,710	\$2,759,004 \$7,917,589 \$2,609,428 \$11,879,340	\$1,603,779 \$4,117,161 \$1,327,406 \$1,588,473	\$3,350,438 \$6,209,124 \$1,855,131 \$2,146,952	\$17,729,258 \$55,244,187 \$8,476,526 \$13,009,791	\$163,328,646 \$469,681,570 \$141,333,580 \$429,261,618
 4 Acadiana 5 Southwest Louisiana 6 Central Louisiana 7 Northwest Louisiana 	\$4,112,770 \$12,659,416 \$6,541,049 \$11,365,710 \$11,281,767	\$2,759,004 \$7,917,589 \$2,609,428 \$11,879,340 \$7,952,729	\$1,603,779 \$4,117,161 \$1,327,406 \$1,588,473 \$4,684,433	\$3,350,438 \$6,209,124 \$1,855,131 \$2,146,952 \$3,116,884	\$17,729,258 \$55,244,187 \$8,476,526 \$13,009,791 \$24,500,288	\$163,328,646 \$469,681,570 \$141,333,580 \$429,261,618 \$409,405,532
4 Acadiana 5 Southwest Louisiana 6 Central Louisiana 7 Northwest Louisiana 8 Northeast Louisiana	\$4,112,770 \$12,659,416 \$6,541,049 \$11,365,710 \$11,281,767 \$7,992,826	\$2,759,004 \$7,917,589 \$2,609,428 \$11,879,340 \$7,952,729 \$7,271,014	\$1,603,779 \$4,117,161 \$1,327,406 \$1,588,473 \$4,684,433 \$2,042,440	\$3,350,438 \$6,209,124 \$1,855,131 \$2,146,952 \$3,116,884 \$2,977,199	\$17,729,258 \$55,244,187 \$8,476,526 \$13,009,791 \$24,500,288 \$22,105,787	\$163,328,646 \$469,681,570 \$141,333,580 \$429,261,618 \$409,405,532 \$324,677,785
4 Acadiana 5 Southwest Louisiana 6 Central Louisiana 7 Northwest Louisiana 8 Northeast Louisiana 9 Northshore Area	\$4,112,770 \$12,659,416 \$6,541,049 \$11,365,710 \$11,281,767 \$7,992,826 \$4,074,703	\$2,759,004 \$7,917,589 \$2,609,428 \$11,879,340 \$7,952,729 \$7,271,014 \$8,789,478	\$1,603,779 \$4,117,161 \$1,327,406 \$1,588,473 \$4,684,433 \$2,042,440 \$2,689,988	\$3,350,438 \$6,209,124 \$1,855,131 \$2,146,952 \$3,116,884 \$2,977,199 \$4,398,014	\$17,729,258 \$55,244,187 \$8,476,526 \$13,009,791 \$24,500,288 \$22,105,787 \$20,965,874	\$163,328,646 \$469,681,570 \$141,333,580 \$429,261,618 \$409,405,532 \$324,677,785 \$264,782,805

Providers with no parish listed are included in In-State.

² Excluding payments to CMS.

All Others includes all provider types not in the top ten provider types.

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

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

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

Reci	pients k	by State Based o	on Out-of-Sta	te Payments
St	tate	Payments ¹	Providers	Recipients
1	AL	\$67,385	14	703
2	AR	\$37,088	27	458
3	ΑZ	\$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	МО	\$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	ОН	\$31,723	8	58

Total ²		\$115,703,145	634	13,360
34	WI	\$25,358	2	75
33	WA	\$3,490	3	20
32	VA	\$1,698	7	133
31	UT	\$158	2	26
30	TX	\$4,329,448	178	2,661
29	TN	\$1,436,717	24	347
28	PA	\$3,388,395	9	518
27	OR	\$60	2	16
26	OK	\$1,733	4	12

Any negative amounts reflect a net negative payment due to recoupment of prior year payments.



² State provider counts may not sum to the total out-of-state count due to providers offering services in more than one state during the SFY. Also, state recipient counts may not sum to the total out-of-state count due to recipients receiving services in more than one state during the SFY. Total out-of-state figures are unduplicated for the entire out-of-state count, while other numbers are unduplicated for each state.

MEDICAID HOME AND HE 1494 COMMUNITY-BASED SERVICE WAIVERS

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

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

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

Adult Day Health Care Waiver

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

Children's Choice Waiver

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

Community Choices Waiver

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

New Opportunities Waiver

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

Residential Options Waiver

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

Supports Waiver

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

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

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

Table 38: I	Home and Community-Based Service Waivers, Eligible Po	opulations and Income Limits
Waiver	Eligible Population	Income Limit
Adult Day Health Care Waiver ¹	Age 22 or older with a disability that meets nursing facility level of care	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$137,400 for a community spouse not receiving LTC
Children's Choice Waiver ²	Age birth through age 18; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual
Community Choice Waiver/EDA ¹	Age 21 or older with a disability that meets nursing facility level of care	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 for individual, \$3,000 for a couple who needs LTC, and \$137,400 for a community spouse not receiving LTC
New Opportunities Waiver ²	Age 3 and older with a developmental disability which manifested prior to age 22; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/ID level of care, and \$137,400 for a community spouse not receiving LTC
Residential Options Waiver ²	Age birth and older with a developmental disability which manifested prior to age 22; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/ID level of care, and \$137,400 for a community spouse not receiving LTC
Supports Waiver ²	Age 18 and older with a developmental disability which manifested prior to age 22; Meets ICF/ID level of care for medical and/or psychological criteria, and meets the Louisiana definition for developmental disability	223% of poverty (3 times the SSI amount); Assets limit: \$2,000 individual and \$3,000 for a couple who needs ICF/ID level of care, and \$137,400 for a community spouse not receiving LTC
	4, 2024 from http://ldh.la.gov/index.cfm/newsroom/detail/1433.	

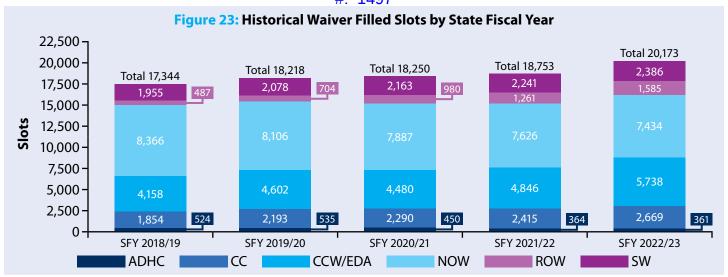
Table 39: Home and Community-Based Service Waiver Slots, Recipients and Payments by State Fiscal Year

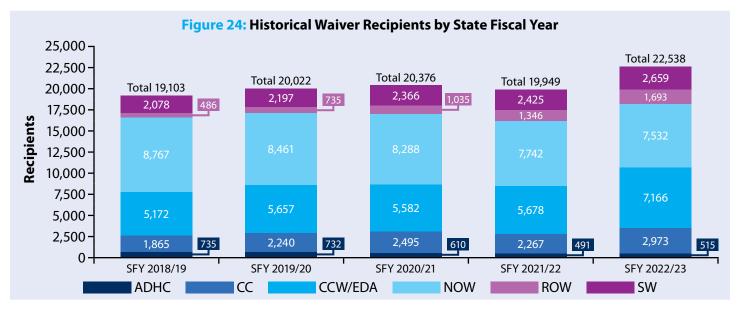
Waiver	State Fiscal	Allocated	Filled	Pocinionts	Direct Waiyer	Non Waiyor	Total
Waiver	Year	Slots	Slots	Recipients ¹	Direct Waiver	Non-Waiver	Payments ²
	2018/19	825	524	735	\$6,417,843	\$7,283,871	\$13,701,714
A de de Dece	2019/20	825	535	732	\$7,048,102	\$9,408,452	\$16,456,554
Adult Day Health Care	2020/21	825	450	610	\$4,006,803	\$9,934,188	\$13,940,991
ricaitir care	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
	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
Children's Choice ³	2020/21	14,184	2,290	2,495	\$29,562,889	\$52,392,211	\$81,955,100
Choice	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
	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
Community Choices/EDA	2020/21	5,303	4,480	5,582	\$115,748,634	\$24,033,627	\$139,782,261
Choices, EDI	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
	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
New Opportunities ³	2020/21	14,184	7,887	8,288	\$469,371,228	\$58,465,098	\$527,836,326
opportunites	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
	2018/19	210	487	486	\$11,167,214	\$2,594,944	\$13,762,158
5	2019/20	14,184	704	735	\$23,444,488	\$4,942,768	\$28,387,256
Residential Options ³	2020/21	14,184	980	1,035	\$33,581,904	\$7,329,150	\$40,911,054
Options	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
	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
Supports ³	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

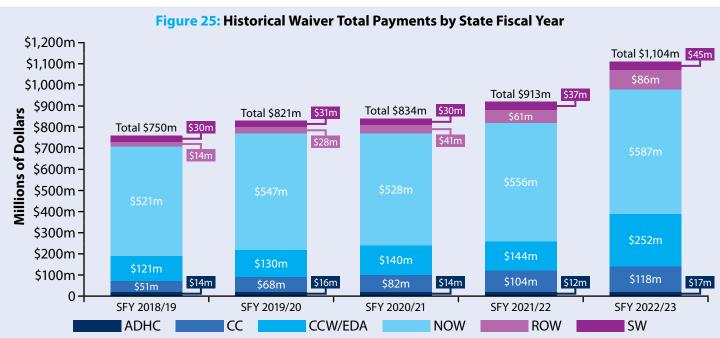
Recipient counts are based on waiver services payments.

² Total payments including Medicare Buy-in premiums, Part D and LBHP are based on Type Case. Waiver services payments are based on waiver Budget Category of Service (BCOS) while non-waiver payments represent all other payments other than waiver services payments.

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.







APPENDIX A: PARISH LEVEL TABLES

Parish			Table AA1: Population, Enrollees, Recipients and Payments by Parish											
Palisii	2022 Population ¹	Medicaid Enrollees ²	Poverty Percentage ³	Enrollees/F Ratio	Population Rank	Medicaid Recipients ²	Payments ⁴	Payment per Recipient						
Acadia	56,744	33,509	24.9	59.1%	22	34,444	\$215,294,723	\$6,251						
Allen	22,320	11,413	20.9	51.1%	36	11,587	\$72,109,995	\$6,223						
Ascension	130,458	44,164	10.3	33.9%	62	45,312	\$281,944,656	\$6,222						
Assumption	20,604	8,972	18.3	43.5%	50	9,251	\$60,781,331	\$6,570						
Avoyelles	38,751	23,094	27.2	59.6%	15	23,426	\$169,940,164	\$7,254						
Beauregard	36,570	17,380	14.9	47.5%	44	17,850	\$100,675,941	\$5,640						
Bienville	12,641	8,186	25.5	64.8%	11	8,516	\$63,361,496	\$7,440						
Bossier	129,276	48,494	13.1	37.5%	59	50,043	\$306,939,663	\$6,134						
Caddo	229,025	124,129	22.2	54.2%	26	126,606	\$849,887,619	\$6,713						
Calcasieu	202,418	90,454	16.5	44.7%	48	92,264	\$541,183,420	\$5,866						
Caldwell	9,554	6,310	21.1	66.0%	8	6,468	\$41,728,320	\$6,452						
Cameron	4,902	1,025	14.1	20.9%	64	1,071	\$5,053,062	\$4,718						
Catahoula	8,566	5,869	25.3	68.5%	6	6,033	\$39,931,496	\$6,619						
Claiborne	13,744	7,082	28.9	51.5%	35	7,169	\$50,986,274	\$7,112						
Concordia	18,116	11,952	27.7	66.0%	9	12,269	\$78,228,995	\$6,376						
De Soto	26,853	13,525	19.8	50.4%	37	13,843	\$83,219,231	\$6,012						
East Baton Rouge	450,544	196,899	18.5	43.7%	49	200,782	\$1,412,209,237	\$7,034						
East Carroll	6,990	4,499	41.5	64.4%	12	4,598	\$35,558,548	\$7,733						
East Feliciana	19,135	9,948	16.3	52.0%	33	10,182	\$87,959,168	\$8,639						
Evangeline	31,986	18,984	24.0	59.4%	18	19,452	\$141,853,912	\$7,293						
Franklin	19,308	13,464	24.8	69.7%	4	13,508	\$96,087,580	\$7,113						
Grant	22,000	10,149	18.3	46.1%	46	10,498	\$60,423,029	\$5,756						
beria	68,327	40,479	22.8	59.2%	21	41,476	\$275,802,191	\$6,650						
berville	29,506	16,611	19.1	56.3%	24	16,909	\$114,280,362	\$6,759						
Jackson	14,839	6,689	24.1	45.1%	47	7,144	\$49,895,222	\$6,984						
Jefferson	425,884	202,137	15.0	47.5%	45	206,704	\$1,253,897,902	\$6,066						
Jefferson Davis	32,026	15,353	18.9	47.9%	42	15,815	\$100,219,002	\$6,337						
Lafayette	247,866	102,980	17.0	41.5%	53	105,601	\$656,456,340	\$6,216						
Lafourche	95,870	38,718	17.4	40.4%	56	39,867	\$254,666,559	\$6,388						
La Salle	14,729	7,015	18.8	47.6%	43	7,234	\$46,165,365	\$6,382						
Lincoln	48,129	19,617	32.4	40.8%	55	20,187	\$136,860,183	\$6,780						
Livingston	148,425	60,542	13.4	40.8%	54	62,101	\$376,997,207	\$6,071						
Madison	9,478	7,397	37.0	78.0%	1	7,597	\$49,108,389	\$6,464						
	Allen Ascension Assumption Assumption Avoyelles Beauregard Bienville Bossier Caddo Calcasieu Caldwell Cameron Catahoula Claiborne Concordia De Soto East Baton Rouge East Carroll East Feliciana Evangeline Franklin Grant Beria Berville Backson Befferson	Allen 22,320 Ascension 130,458 Assumption 20,604 Avoyelles 38,751 Beauregard 36,570 Bienville 12,641 Bossier 129,276 Caddo 229,025 Calcasieu 202,418 Caldwell 9,554 Cameron 4,902 Catahoula 8,566 Claiborne 13,744 Concordia 18,116 De Soto 26,853 East Baton Rouge 450,544 East Carroll 6,990 East Feliciana 19,135 Evangeline 31,986 Eranklin 19,308	Allen 22,320 11,413 Ascension 130,458 44,164 Assumption 20,604 8,972 Avoyelles 38,751 23,094 Beauregard 36,570 17,380 Bienville 12,641 8,186 Bossier 129,276 48,494 Caddo 229,025 124,129 Calcasieu 202,418 90,454 Caldwell 9,554 6,310 Cameron 4,902 1,025 Catahoula 8,566 5,869 Claiborne 13,744 7,082 Concordia 18,116 11,952 De Soto 26,853 13,525 East Baton Rouge 450,544 196,899 East Carroll 6,990 4,499 East Feliciana 19,135 9,948 Evangeline 31,986 18,984 Evangeline 31,986 16,611 Eackson 14,839 6,689 Eefferson 425,884 202,137 Eefferson Davis 32,026 15,353 Lafayette 247,866 102,980 Lafourche 95,870 38,718 La Salle 14,729 7,015 Lincoln 48,129 19,617 Livingston 148,425 60,542	Allen 22,320 11,413 20.9 Ascension 130,458 44,164 10.3 Assumption 20,604 8,972 18.3 Avoyelles 38,751 23,094 27.2 Beauregard 36,570 17,380 14.9 Bienville 12,641 8,186 25.5 Bossier 129,276 48,494 13.1 Caddo 229,025 124,129 22.2 Calcasieu 202,418 90,454 16.5 Caldwell 9,554 6,310 21.1 Cameron 4,902 1,025 14.1 Catahoula 8,566 5,869 25.3 Claiborne 13,744 7,082 28.9 Concordia 18,116 11,952 27.7 De Soto 26,853 13,525 19.8 East Baton Rouge 450,544 196,899 18.5 East Carroll 6,990 4,499 41.5 East Feliciana 19,135 9,948 16.3 Evangeline 31,986 18,984 24.0 Eranklin 19,308 13,464 24.8 Erant 22,000 10,149 18.3 Eberia 68,327 40,479 22.8 Eberville 29,506 16,611 19.1 Eackson 14,839 6,689 24.1 Eefferson 425,884 202,137 15.0 Eefferson Davis 32,026 15,353 18.9 Lafayette 247,866 102,980 17.0 Eafourche 95,870 38,718 17.4 Lincoln 48,129 19,617 32.4 Lincoln 14,825 60,542 13.4	Allen 22,320 11,413 20.9 51.1% Ascension 130,458 44,164 10.3 33.9% Assumption 20,604 8,972 18.3 43.5% Avoyelles 38,751 23,094 27.2 59.6% Beauregard 36,570 17,380 14.9 47.5% Beauregard 36,570 17,380 14.9 47.5% Beauregard 129,276 48,494 13.1 37.5% Eaddo 229,025 124,129 22.2 54.2% Eaddo 229,025 124,129 22.2 54.2% Eaddwell 9,554 6,310 21.1 66.0% Eatachoula 8,566 5,869 25.3 68.5% Eatachoula 13,744 7,082 28.9 51.5% Eatachoula 18,116 11,952 27.7 66.0% East Baton Rouge 450,544 196,899 18.5 43.7% East Carroll 6,990 4,499 41.5 64.4% East Feliciana 19,135 9,948 16.3 52.0% East Feliciana 19,135 9,948 16.3 52.0% East Feliciana 19,308 13,464 24.8 69.7% Eranklin 19,308 13,464 24.8 69.7% Erank	Allen 22,320 11,413 20.9 51.1% 36 Ascension 130,458 44,164 10.3 33.9% 62 Assumption 20,604 8,972 18.3 43.5% 50 Avoyelles 38,751 23,094 27.2 59.6% 15 Beauregard 36,570 17,380 14.9 47.5% 44 Bienville 12,641 8,186 25.5 64.8% 11 30.58ienville 12,9276 48,494 13.1 37.5% 59 Eaddo 229,025 124,129 22.2 54.2% 26 Eaddo 229,025 124,129 22.2 54.2% 26 Eaddwell 9,554 6,310 21.1 66.0% 8 Eadwell 8,566 5,869 25.3 68.5% 6 Ealabhorne 13,744 7,082 28.9 51.5% 35 Eachordia 18,116 11,952 27.7 66.0% 9 East Baton Rouge 450,544 196,899 18.5 43.7% 49 East Carroll 6,990 4,499 41.5 64.4% 12 East Feliciana 19,135 9,948 16.3 52.0% 33 Evangeline 31,986 18,984 24.0 59.4% 18 Eranklin 19,308 13,464 24.8 69.7% 4 Earn Eranklin 19,308 13,464 24.8	Allen 22,320 11,413 20.9 51.1% 36 11,587 Ascension 130,458 44,164 10.3 33.9% 62 45,312 Assumption 20,604 8,972 18.3 43.5% 50 9,251 Assumption 20,604 8,972 18.3 43.5% 50 9,251 Assumption 20,604 8,972 18.3 43.5% 50 9,251 Assumption 36,570 17,380 14.9 47.5% 44 17,850 Ascenication 12,641 8,186 25.5 64.8% 11 8,516 Ascenication 12,641 8,186 12,129 22.2 54.2% 26 126,606 Ascenication 12,641 90,454 16.5 44.7% 48 92,264 Ascenication 14,902 1,025 14.1 20.9% 64 1,071 Ascenication 14,902 1,025 14.1 20.9% 64 1,071 Ascenication 13,744 7,082 28.9 51.5% 35 7,169 Ascenication 18,116 11,952 27.7 66.0% 9 12,269 Ascenication 18,116 11,952 27.7 66.0% 9 12,269 Ascenication 18,116 11,952 27.7 66.0% 9 12,269 Ascenication 19,135 9,948 16.3 52.0% 33 10,182 Ascenication 19,136 13,464 24.8 69.7% 4 13,508 Ascenication 19,308 13,464 24.8 69.7% 4 13,50	Allen 22,320 11,413 20,9 51,1% 36 11,587 572,109,995 Ascension 130,458 44,164 10.3 33,9% 62 45,312 5281,944,656 Assumption 20,604 8,972 18.3 43,5% 50 9,251 560,781,331 Avoyelles 38,751 23,094 27.2 59,6% 15 23,426 \$169,940,164 Assumption 20,604 8,972 17,380 14.9 47,5% 44 17,850 \$100,675,941 Bilenville 12,641 8,186 25,5 64,8% 11 8,516 563,361,496 Bilenville 12,641 8,186 25,5 64,8% 11 8,516 563,361,496 Bilenville 12,641 8,186 25,5 64,8% 11 8,516 563,361,496 Bilenville 29,025 124,129 22.2 54,2% 26 126,606 \$849,887,619 Calcasieu 20,418 90,454 16,5 44,7% 48 92,264 \$541,183,420 Calculation 4,902 1,025 141,1 20,9% 64 1,071 \$5,053,062 Calculation 4,902 1,025 141,1 20,9% 64 1,071 \$5,053,062 Calculation 4,902 1,025 141,1 20,9% 64 1,071 \$5,053,062 Calculation 13,744 7,082 28,9 51,5% 35 7,169 \$50,986,274 Concordia 18,116 11,952 27,7 66,0% 9 12,269 \$78,228,995 Calculation 19,135 9,948 16,3 52,0% 33 10,182 \$87,995,168 Evangeline 31,986 18,884 24,0 59,4% 18 19,452 \$141,853,912 \$44,854 \$14,854						

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

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

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

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

⁴ Payments are based on recipient parish payments.

		Table AA2: Er	nrollees, Re	cipients an	d Payment	s by Race ¹ and	d Parish (P	art 1)	
	Parish	Black/African-	2022/23 P	opulation ²		Black/African-	Enro	llees ³	
	raiisii	American-	White	Other ⁴	Total	American-	White	Other⁵	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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			#. 1501 2022/23 Population ²				Enrollees ³			
	Parish	Black/African- American	White	Other ⁴	Total	Black/African- American	White	Other ⁵	Total	
36	Orleans	216,849	133,347	19,553	369,749	134,111	23,579	39,270	196,960	
37	Ouachita	59,968	93,291	4,443	157,702	43,615	30,054	11,476	85,145	
38	Plaquemines	4,963	15,403	2,150	22,516	2,816	4,194	2,361	9,371	
39	Pointe Coupee	6,926	12,791	434	20,151	5,108	3,560	1,179	9,847	
40	Rapides	40,665	80,871	5,653	127,189	28,266	28,420	10,829	67,515	
41	Red River	2,901	4,306	213	7,420	2,381	1,996	501	4,878	
42	Richland	7,074	12,368	384	19,826	5,960	5,101	1,500	12,561	
43	Sabine	3,512	15,331	3,142	21,985	3,096	6,509	2,026	11,631	
44	St. Bernard	11,568	30,126	2,785	44,479	9,010	11,387	5,353	25,750	
45	St. Charles	13,170	35,992	1,836	50,998	7,304	7,417	3,889	18,610	
46	St. Helena	5,526	5,054	242	10,822	2,743	1,106	395	4,244	
47	St. James	9,170	9,935	318	19,423	6,493	2,016	1,098	9,607	
48	St. John	23,651	14,710	1,503	39,864	14,671	4,655	4,299	23,625	
49	St. Landry	34,381	45,312	2,080	81,773	27,502	20,754	6,164	54,420	
50	St. Martin	15,078	34,415	1,743	51,236	10,849	11,237	3,275	25,361	
51	St. Mary	15,097	29,658	3,034	47,789	11,147	12,266	4,951	28,364	
52	St. Tammany	39,842	221,569	11,852	273,263	23,657	52,641	18,008	94,306	
53	Tangipahoa	42,124	90,788	4,136	137,048	33,725	32,432	10,432	76,589	
54	Tensas	2,101	1,659	86	3,846	1,754	688	299	2,741	
55	Terrebonne	19,743	74,138	10,905	104,786	14,721	27,376	13,374	55,471	
56	Union	4,857	15,376	488	20,721	4,194	6,285	1,830	12,309	
57	Vermilion	8,213	46,261	2,478	56,952	7,110	17,039	4,244	28,393	
58	Vernon	6,521	36,946	3,780	47,247	2,865	12,799	2,725	18,389	
59	Washington	13,724	30,096	1,205	45,025	10,219	15,069	3,158	28,446	
60	Webster	11,971	22,605	1,067	35,643	9,087	9,486	2,556	21,129	
61	West Baton Rouge	11,624	15,697	713	28,034	6,596	3,788	1,710	12,094	
62	West Carroll	1,388	7,779	308	9,475	1,329	4,616	756	6,701	
63	West Feliciana	6,809	8,229	343	15,381	2,274	1,770	1,058	5,102	
64	Winn	4,012	8,795	398	13,205	2,386	3,711	809	6,906	
	Out of State	_	_	_	_	4,739	4,412	2,984	12,135	
	Total	1,504,750	2,868,945	216,546	4,590,241	958,453	799,563	378,056	2,136,072	

Table AA2: Enrollees, Recipients and Payments by Race¹ and Parish (Part 2)

	Table AA2: Enrollees, Recipients and Payments by Race and Parish (Part 2)											
	Davish	DI 1 (AC.	Recipi	ents ³		DI 1 (46)	Paym	ents ⁵				
	Parish	Black/African- American	White	Other ⁴	Total	Black/African- American	White	Other ⁵	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			

			Recipi	ents³	#: 1503		Paym	nents ⁵	
	Parish	Black/African- American	White	Other ⁴	Total	Black/African- American	White	Other ⁵	Total
36	Orleans	137,497	25,013	40,097	202,607	\$877,528,466	\$159,605,340	\$242,317,171	\$1,279,450,977
37	Ouachita	44,280	30,908	11,660	86,848	\$294,939,198	\$200,079,225	\$71,726,828	\$566,745,251
38	Plaquemines	2,822	4,302	2,415	9,539	\$16,949,546	\$25,942,330	\$12,907,818	\$55,799,695
39	Pointe Coupee	5,227	3,661	1,213	10,101	\$38,944,303	\$27,458,559	\$8,943,242	\$75,346,104
40	Rapides	28,766	29,160	10,943	68,869	\$244,225,583	\$283,516,039	\$92,128,631	\$619,870,253
41	Red River	2,454	2,074	513	5,041	\$15,971,934	\$12,246,962	\$3,854,095	\$32,072,992
42	Richland	6,088	5,250	1,509	12,847	\$49,572,162	\$36,704,156	\$10,316,370	\$96,592,688
43	Sabine	3,165	6,664	2,068	11,897	\$22,582,920	\$39,889,983	\$13,294,379	\$75,767,282
44	St. Bernard	9,327	11,667	5,410	26,404	\$51,847,234	\$64,627,457	\$30,357,450	\$146,832,142
45	St. Charles	7,659	7,704	3,964	19,327	\$42,077,115	\$43,958,766	\$22,020,363	\$108,056,244
46	St. Helena	2,808	1,156	407	4,371	\$20,424,312	\$7,249,287	\$2,785,379	\$30,458,978
47	St. James	6,668	2,089	1,120	9,877	\$40,869,573	\$12,858,059	\$7,814,277	\$61,541,909
48	St. John	15,265	4,884	4,387	24,536	\$90,530,265	\$27,696,416	\$23,424,341	\$141,651,021
49	St. Landry	28,014	21,381	6,223	55,618	\$191,971,520	\$136,314,445	\$45,341,906	\$373,627,871
50	St. Martin	11,148	11,594	3,309	26,051	\$71,479,642	\$72,488,070	\$22,906,797	\$166,874,509
51	St. Mary	11,386	12,560	5,040	28,986	\$73,232,730	\$75,410,150	\$30,201,370	\$178,844,250
52	St. Tammany	24,168	53,781	18,383	96,332	\$146,079,543	\$343,858,847	\$118,707,623	\$608,646,013
53	Tangipahoa	34,203	33,424	10,545	78,172	\$234,612,998	\$232,801,643	\$70,744,490	\$538,159,131
54	Tensas	1,796	704	288	2,788	\$11,877,221	\$3,713,568	\$1,612,105	\$17,202,895
55	Terrebonne	15,367	28,134	13,675	57,176	\$97,233,008	\$176,301,693	\$77,120,014	\$350,654,716
56	Union	4,288	6,466	1,849	12,603	\$31,244,951	\$39,682,294	\$11,870,723	\$82,797,968
57	Vermilion	7,245	17,633	4,314	29,192	\$43,681,345	\$109,830,673	\$28,341,177	\$181,853,196
58	Vernon	2,925	13,137	2,775	18,837	\$16,895,978	\$74,548,834	\$16,872,415	\$108,317,228
59	Washington	10,303	15,355	3,167	28,825	\$76,524,343	\$104,192,462	\$22,483,390	\$203,200,195
60	Webster	9,278	9,684	2,554	21,516	\$61,747,408	\$57,422,971	\$17,538,019	\$136,708,399
61	West Baton Rouge	6,807	3,968	1,756	12,531	\$43,904,678	\$26,025,964	\$10,804,267	\$80,734,909
62	West Carroll	2,847	5,773	1,309	9,929	\$11,983,355	\$30,812,443	\$5,846,025	\$48,641,823
63	West Feliciana	2,313	2,411	877	5,601	\$15,316,264	\$12,599,959	\$7,980,136	\$35,896,358
64	Winn	2,462	3,859	824	7,145	\$17,132,803	\$26,949,662	\$5,861,892	\$49,944,356
	Out of State	6,366	5,954	4,248	16,568	\$7,717,239	\$7,589,214	\$5,155,296	\$20,461,749
	Total	962,165	804,553	378,708	2,145,426	\$6,730,297,476	\$5,607,327,200	\$2,494,463,720	\$14,832,088,398

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

² SFY Population estimates are based on the most recent census population estimates. U.S. Census Bureau, Population Division (Updated March 2023). Annual Estimates of the Resident Population for Counties in Louisiana: April 1, 2020 to July 1, 2022 (CO-EST2022-POP-22); Retrieved by October 15, 2023 from https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html.

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

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

Payments are based on recipient parish payments.

1 Acadia 2,963 \$10,627,153 4,332 \$16,030,935 8,295 \$30,306,790 1,684 \$2,269,342 2 Allen 906 \$2,660,752 1,639 \$5,963,863 2,488 \$8,562,015 394 \$502,827 3 Ascension 4,455 \$17,008,756 6,010 \$28,753,831 10,751 \$43,284,259 7,408 \$10,799,74 4 Assumption 1,173 \$3,941,781 1,451 \$5,626,695 1,610 \$71,79,265 767 \$1,124,83 5 Avoyelles 1,733 \$6,087,508 4,078 \$14,826,022 5,872 \$23,303,257 785 \$10,704,83 6 Beauregard 1,329 \$4,685,848 2,362 \$8,058,666 4,119 \$15,012,447 760 \$1,039,23 7 Bienville 674 \$2,362,811 1,583 \$5,847,282 1,810 \$7,108,233 106 \$94,187 8 Bossler 6,139 \$22,096,801 9,758 \$31,918,785 11,439 \$38,679,790 757 \$1,110,40 9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,956,35 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 \$1,45 \$6,749,52 11 Caldwell 587 \$2,054,317 985 \$3,897,730 1,293 \$5,231,827 12 Cameron 74 \$268,972 107 \$38,861,320 1,070 \$42,71,206 46 \$40,999 13 Catahoula 513 \$1,942,796 1,097 \$38,885,330 1,070 \$42,71,206 46 \$40,999 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 \$112,148,004 2,277 \$8,611,958 236 \$335,492 17 East Baton Rouge 22,215 \$90,884,720 26,720 \$113,467,075 \$40,949 \$191,990,010 \$26,920 \$39,705,37 18 East Carroll 183 \$517,127 630 \$2,020,685 878 \$3,209,256 35 \$0,200,504 \$1,694 \$1,500,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200,507 \$1,200,507 \$1,200,507 \$1,200 \$1,200,507 \$1,200,507 \$1,200,507		Table AA3: Healthy Louisiana Payments ¹ and Recipients ² by Parish and Health Plan (Part 1)											
1 Acadia 2,963 \$10,627,153 4,332 \$16,030,935 8,295 \$30,306,790 1,684 \$2,269,342 2 Allen 906 \$2,660,752 1,639 \$5,963,863 2,488 \$8,562,015 394 \$502,827 3 Ascension 4,455 \$17,008,756 6,010 \$28,753,831 10,751 \$43,284,259 7,408 \$10,799,74 4 Assumption 1,173 \$3,941,781 1,451 \$5,626,695 1,610 \$71,79,265 767 \$1,124,83 5 Avoyelles 1,733 \$6,087,508 4,078 \$14,826,022 5,872 \$23,303,257 785 \$10,704,83 6 Beauregard 1,329 \$4,685,848 2,362 \$8,058,666 4,119 \$15,012,447 760 \$1,039,23 7 Bienville 674 \$2,362,811 1,583 \$5,847,282 1,810 \$7,108,233 106 \$94,187 8 Bossler 6,139 \$22,096,801 9,758 \$31,918,785 11,439 \$38,679,790 757 \$1,110,40 9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,956,35 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 \$1,45 \$6,749,52 11 Caldwell 587 \$2,054,317 985 \$3,897,730 1,293 \$5,231,827 12 Cameron 74 \$268,972 107 \$38,861,320 1,070 \$42,71,206 46 \$40,999 13 Catahoula 513 \$1,942,796 1,097 \$38,885,330 1,070 \$42,71,206 46 \$40,999 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 \$112,148,004 2,277 \$8,611,958 236 \$335,492 17 East Baton Rouge 22,215 \$90,884,720 26,720 \$113,467,075 \$40,949 \$191,990,010 \$26,920 \$39,705,37 18 East Carroll 183 \$517,127 630 \$2,020,685 878 \$3,209,256 35 \$0,200,504 \$1,694 \$1,500,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200 \$1,200,507 \$1,200,507 \$1,200,507 \$1,200,507 \$1,200 \$1,200,507 \$1,200,507 \$1,200,507		Parish					Healtl	ny Blue					
22 Allen 906 \$2,660,752 1,639 \$5,963,863 2,488 \$8,562,015 394 \$502,827 33 Ascension 4,455 \$17,008,256 6,910 \$28,753,831 10,751 \$43,284,259 7,408 \$10,799,74 4 Assumption 1,173 35,087,508 4,078 \$14,826,092 5,672 \$23,303,257 765 \$1,174,835 5 Avoyelles 1,733 \$6,087,508 4,078 \$14,826,092 \$5,872 \$23,303,257 765 \$1,073,01 6 Beauregard 1,329 \$4,685,848 2,362 \$8,058,666 4,119 \$15,012,487 760 \$1,073,01 8 Bemville 64 \$2,362,811 1,588 \$5,847,282 1,810 \$5,708,233 106 \$94,187 8 Bossier 6,139 \$22,096,801 9,758 \$31,194,279 \$11,49 \$15,035,521 1,687 \$119,663 10 Calcaleu 6,532 \$23,009,504 9,696 \$37,224,401 20,			Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments			
33 Ascension 4,465 \$17,008,256 6,910 \$28,753,831 10,751 \$43,284,259 7,408 \$10,799,764 4 Assumption 1,173 \$3,941,781 1,451 \$5,626,595 1,610 \$7,179,265 767 \$1,124,83 5 Avoyelles 1,733 \$6,087,508 4,078 \$14,826,022 5,872 \$23,303,257 785 \$10,73,01 6 Beauregard 1,329 \$4,685,848 2,362 \$80,586,666 4,119 \$15,012,487 760 \$10,303,23 7 Bienville 674 \$2,362,811 1,583 \$5,847,282 1,810 \$71,06,233 106 \$94,187 8 Bossier 6,139 \$22,096,801 9,758 \$31,918,785 11,439 \$38,679,790 757 \$11,10,40 9 Caddo 15,101 \$55,296,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$10,70 \$3,861,735 1,293 \$52,31,871 \$7 \$37,100 10 C	1	Acadia	2,963	\$10,627,153	4,332	\$16,030,935	8,295	\$30,306,790	1,684	\$2,369,349			
4 Assumption 1,173 S3,941,781 1,451 S5,626,595 1,610 S7,179,265 767 S1,124,83 5 Avoyelles 1,733 S6,087,508 4,078 S14,826,022 5,872 \$23,303,257 785 S1,073,01 6 Beauregard 1,329 \$4,685,848 2,362 S8,058,666 4,119 \$15,012,487 760 \$10,39,23 7 Blemille 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 \$1,110,40 9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,956,100 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 \$1,145 \$6,749,52 11 Caldwell 587 \$2,054,317 985 \$33,897,730 1,293 \$5,231,871 57 \$37,100 12 Cameron 74 \$268,972 107 \$38,61,72 230 \$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 Claborne 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 \$15,22,24 17 East Baton Rouge 22,215 \$90,384,720 26,720 \$113,465,075 45,049 \$191,990,010 26,920 \$39,705,31 18 East Carroll 133 \$517172 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 \$1,168,10 100 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$96,790,40 12 Grant 829 \$2,993,465 1,878 \$6,970,620 2,831 \$10,988,816 2,141 \$3,92,92 13 Glaeria 4,345 \$16,114,580 \$1,878 \$6,970,620 2,831 \$10,968,849 154 \$193,92,92 14 Glabrie 1,469 \$5,994,743 2,296 \$10,031,777 2,960 \$10,768,949 154 \$193,92,92 15 Glaeria 4,345 \$16,114,580 \$1,878 \$6,970,620 2,831 \$10,968,849 154 \$193,92,92 16 Gefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$22,637,88 12 Gefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$22,637,88 12 Gefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$22,637,88 12 Gefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$22,637,88 12 Gefferson 36,155 \$125,918,292 38,710 \$140,670,130	2	Allen	906	\$2,660,752	1,639	\$5,963,863	2,488	\$8,562,015	394	\$502,827			
5 Avoyelles 1,733 \$6,087,508 4,078 \$14,826,022 5,872 \$23,302,557 785 \$1,073,01 6 Beauregard 1,329 \$4,685,848 2,362 \$8,058,666 4,119 \$15,012,487 760 \$1,039,23 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 \$3,1918,785 11,439 \$38,679,790 757 \$1,110,40 9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,964,555 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 5,145 \$66,455,55 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 5,145 \$67,495,372 12 Cameron 74 \$268,972 10.97 \$3,881,723	3	Ascension	4,455	\$17,008,256	6,910	\$28,753,831	10,751	\$43,284,259	7,408	\$10,799,744			
66 Beauregard 1,329 \$4,685,848 2,362 \$8,058,666 4,119 \$15,012,487 760 \$1,039,23 77 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 \$1,110,400 9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,956,355 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 5,145 \$6,795,235 11 Caldwell 587 \$2,054,317 985 \$3,897,730 1,293 \$52,218,71 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 <t< td=""><td>4</td><td>Assumption</td><td>1,173</td><td>\$3,941,781</td><td>1,451</td><td>\$5,626,595</td><td>1,610</td><td>\$7,179,265</td><td>767</td><td>\$1,124,837</td></t<>	4	Assumption	1,173	\$3,941,781	1,451	\$5,626,595	1,610	\$7,179,265	767	\$1,124,837			
77 Blenville 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 \$1,110,40 9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,956,35 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 5,145 \$6,749,52 11 Caldwell \$87 \$2,054,317 985 \$3,897,730 1,293 \$52,231,871 57 \$37,100 12 Cameron 74 \$268,972 107 \$386,172 230 \$817,427 44 \$47,999 31 Cataboula 513 \$1,942,796 1,097 \$3,885,330 1,070 \$4,271,206 46 \$40,999 32 Cataboula 513 \$1,942,796 1,097 \$3,885,330 1,070 \$4,514,	5	Avoyelles	1,733	\$6,087,508	4,078	\$14,826,022	5,872	\$23,303,257	785	\$1,073,017			
8 Bossier 6,139 \$22,096,801 9,758 \$31,918,785 11,439 \$38,679,790 757 \$1,110,409 9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,956,355 10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 5,145 \$6,749,52 10 Calcwell 587 \$2,054,317 985 \$33,897,730 1,293 \$5,231,871 57 \$37,100 12 Cameron 74 \$268,972 107 \$38,817,22 230 \$817,427 44 \$47,969 13 Catahoula 513 \$1,942,796 1,097 \$38,885,330 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 \$99,384,720 26,720 \$113,465,075 45,049 \$191,990,010 26,920 \$39,705,31 18 East Carroll 183 \$517,172 630 \$2,202,685 878 \$3,209,256 35 \$25,769 19 East Feliclana 1,092 \$4,243,495 1,220 \$5,455,661 2,331 \$9,869,263 902 \$1,168,10 10 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$967,904 10 Evangeline 1,044 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$338,232 10 Evangeline 1,469 \$5,994,743 2,996 \$10,017,774 2,960 \$10,768,949 154 \$338,232 10 Evangeline 1,469 \$5,994,743 2,296 \$10,017,774 2,960 \$10,768,949 154 \$338,232 10 Evangeline 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,40,523 2,407 \$3,385,80 10 Evangeline 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,403,24 \$2,407 \$3,385,80 10 Evangeline 1,800 \$39,608,142 16,363 \$57,640,287 28,850 \$10,7758,864 6,437 \$9,254,74 10 Evangeline 1,800 \$39,608,142 16,363 \$57,640,287 28,850 \$10,7758,864 6,437 \$9,254,74 10 Evangeline 1,800 \$39,608,142 16,363 \$57,640,287 28,850 \$10,7758,864 6,437 \$9,254,74 10 Evangeline 1,800 \$39,608,142 16,363 \$57,640,287 28,850 \$10,7758,864 6,437 \$9,254,74 10 Evangeline 1,800 \$39,608,142 16,363 \$57,640,287 28,850 \$10,7758,864 6,437 \$9,254,74 10 Evangeline 1,800 \$39,608,142 16,363 \$57,640,287 \$28,850 \$10,7758,864 6,437 \$9,254,74 10 Evangeline 1,800 \$39,608,142 \$16,363 \$35,406,439 \$10,000 \$	6	Beauregard	1,329	\$4,685,848	2,362	\$8,058,666	4,119	\$15,012,487	760	\$1,039,232			
9 Caddo 15,010 \$55,429,637 26,989 \$94,056,149 30,461 \$115,035,521 1,687 \$1,956,35	7	Bienville	674	\$2,362,811	1,583	\$5,847,282	1,810	\$7,108,233	106	\$94,187			
10 Calcasieu 6,582 \$23,009,504 9,696 \$37,274,401 20,701 \$73,693,772 \$1,45 \$6,749,52 \$11 Caldwell \$587 \$2,054,317 985 \$3,897,730 1,293 \$5,231,871 \$7 \$337,100 \$12 Cameron 74 \$268,972 107 \$386,172 230 \$817,427 44 \$47,969 \$13 Catahoula \$13 \$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 \$39,705,31 \$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 \$1,168,10 \$10 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$967,904 \$12 Franklin 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 \$12 Grant 829 \$2,993,465 1,878 \$6,970,620 2,831 \$10,908,300 302 \$348,307 \$13 Iberia 4,345 \$16,114,580 \$1,878 \$6,970,620 2,831 \$10,908,300 302 \$348,307 \$13 Iberia 4,345 \$16,114,580 \$5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 \$10 Iberia 4,345 \$16,114,580 \$5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 \$10 Iberia 4,345 \$16,114,580 \$5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 \$10 Iberia 4,345 \$16,114,580 \$5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 \$10 Iberia 4,345 \$16,114,580 \$5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 \$10 Iberia 4,345 \$16,114,580 \$5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 \$10 Iberia 4,345 \$16,114,580 \$5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 \$10 Iberia 4,345 \$16,114,580 \$16,045,435 \$10,	8	Bossier	6,139	\$22,096,801	9,758	\$31,918,785	11,439	\$38,679,790	757	\$1,110,407			
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 \$39,705,33 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 \$1,168,10 10 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$967,904 12 Franklin 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 12 Grant 829 \$2,993,465 1,878 \$6,970,620 2,831 \$10,908,300 302 \$348,307 13 Iberia 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 14 Iberville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 15 Jackson 632 \$1,953,658 1,023 \$3,342,486 1,219 \$4,137,898 81 \$70,329 16 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,15 18 Lafayette 10,800 \$39,608,142 16,363 \$576,40,287 28,850 \$10,758,864 6,437 \$9,254,74 19 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 10 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 10 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 11 Lincoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 12 Livingston \$5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 13 Madison 601 \$1,954,851 1,254 \$4,197,683 2,079 \$8,129,520 76 \$72,261 14 Morehouse 1,499 \$55,362,593 3,3669 \$12,892,808 \$5,153 \$20,680,449 197 \$183,582	9	Caddo	15,010	\$55,429,637	26,989	\$94,056,149	30,461	\$115,035,521	1,687	\$1,956,358			
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 \$39,705,33 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 \$1,168,10 10 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$967,904 12 Franklin 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 13 Iberia 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 14 Iberville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 15 Jackson 632 \$1,953,658 1,023 \$3,342,486 1,219 \$4,137,898 81 \$70,329 16 Lafferson Davis 952 \$3,261,712 1,659 \$5,739,511 2,669 \$9,274,851 745 \$10,261,542 19 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 10 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 13 Horoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 14 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	10	Calcasieu	6,582	\$23,009,504	9,696	\$37,274,401	20,701	\$73,693,772	5,145	\$6,749,522			
33 Catahoula 513 \$1,942,796 1,097 \$3,885,330 1,070 \$4,271,206 46 \$40,990 34 Claiborne 709 \$2,851,879 1,449 \$5,798,220 1,544 \$6,455,802 102 \$86,630 35 Concordia 898 \$3,041,284 3,489 \$12,148,004 2,277 \$8,611,958 236 \$354,492 36 De Soto 1,649 \$5,809,597 2,562 \$8,141,271 2,847 \$10,370,974 133 \$152,224 37 East Baton Rouge 22,215 \$90,384,720 26,720 \$113,465,075 45,049 \$191,990,010 26,920 \$39,705,37 38 East Feliciana 1,092 \$4,243,495 1,220 \$5,455,661 2,331 \$9,869,263 902 \$1,168,10 30 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$96,700 42 Franklin 1,041 \$3,717,070 2,769 \$10,017,774	11	Caldwell	587	\$2,054,317	985	\$3,897,730	1,293	\$5,231,871	57	\$37,100			
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 \$39,705,33 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 \$1,168,10 10 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 26 Grant	12	Cameron	74	\$268,972	107	\$386,172	230	\$817,427	44	\$47,969			
15 Concordia 898 \$3,041,284 3,489 \$12,148,004 2,277 \$8,611,958 236 \$354,492 16 De Soto 1,649 \$55,809,597 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 \$39,705,37 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 \$1,168,10 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 <	13	Catahoula	513	\$1,942,796	1,097	\$3,885,330	1,070	\$4,271,206	46	\$40,990			
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 \$39,705,37 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 \$1,168,10 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 \$3,234,82 25 Jackson	14	Claiborne	709	\$2,851,879	1,449	\$5,798,220	1,544	\$6,455,802	102	\$86,630			
17 East Baton Rouge 22,215 \$90,384,720 26,720 \$113,465,075 45,049 \$191,990,010 26,920 \$39,705,37	15	Concordia	898	\$3,041,284	3,489	\$12,148,004	2,277	\$8,611,958	236	\$354,492			
88 East Carroll 183 \$517,172 630 \$2,020,685 878 \$3,209,256 35 \$25,769 89 East Feliciana 1,092 \$4,243,495 1,220 \$5,455,661 2,331 \$9,869,263 902 \$1,168,10 80 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$967,904 81 Franklin 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 82 Grant 829 \$2,993,465 1,878 \$6,970,620 2,831 \$10,908,300 302 \$348,302 83 Iberia 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,822 84 Iberville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 85 Jackson 632 \$1,953,658 1,023 \$3,342,486 1,219 <td>16</td> <td>De Soto</td> <td>1,649</td> <td>\$5,809,597</td> <td>2,562</td> <td>\$8,141,271</td> <td>2,847</td> <td>\$10,370,974</td> <td>133</td> <td>\$152,224</td>	16	De Soto	1,649	\$5,809,597	2,562	\$8,141,271	2,847	\$10,370,974	133	\$152,224			
19 East Feliciana 1,092 \$4,243,495 1,220 \$5,455,661 2,331 \$9,869,263 902 \$1,168,10 Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$967,904 Eranklin 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 Eranklin 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eleville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 Eranklin 1,041 \$3,703,658 1,023 \$3,342,486 1,219 \$4,137,898 81 \$70,329 Eleville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$10 \$102,402 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$10 \$102,402 Eranklin 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$10 \$102,402 Eranklin 4,345 \$16,114,580 \$16,114,58	17	East Baton Rouge	22,215	\$90,384,720	26,720	\$113,465,075	45,049	\$191,990,010	26,920	\$39,705,370			
Evangeline 1,512 \$4,936,811 2,593 \$9,470,306 4,629 \$16,755,964 766 \$967,904 Evangeline 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 Grant 829 \$2,993,465 1,878 \$6,970,620 2,831 \$10,908,300 302 \$348,307 Beria 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 Herville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,081,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,081,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,081,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,081,347 3,744 \$16,405,423 2,407 \$3,385,80 Evangeline 1,469 \$5,994,743 2,296 \$10,081,347 3,744 \$16,405,423 2,407 \$3,890,63 Evangeline 1,469 \$1,954,851 2,409,800,800,800,800,800,800,800,800,800,8	18	East Carroll	183	\$517,172	630	\$2,020,685	878	\$3,209,256	35	\$25,769			
Franklin 1,041 \$3,717,070 2,769 \$10,017,774 2,960 \$10,768,949 154 \$139,292 Grant 829 \$2,993,465 1,878 \$6,970,620 2,831 \$10,908,300 302 \$348,307 32 liberia 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,82 4 liberville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 55 Jackson 632 \$1,953,658 1,023 \$3,342,486 1,219 \$4,137,898 81 \$70,329 56 Jefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$27,637,85 57 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,15 82 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,74 \$29 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 \$11 Lincoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 Livingston 5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 Madison 601 \$1,954,851 1,254 \$4,197,683 2,079 \$8,129,520 76 \$72,261 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	19	East Feliciana	1,092	\$4,243,495	1,220	\$5,455,661	2,331	\$9,869,263	902	\$1,168,101			
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 \$3,234,82 24 Iberville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 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 \$27,637,85 27 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,15 28 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,74 29 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 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 \$9,322,11 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	20	Evangeline	1,512	\$4,936,811	2,593	\$9,470,306	4,629	\$16,755,964	766	\$967,904			
lberia 4,345 \$16,114,580 5,186 \$18,894,833 11,326 \$42,958,816 2,141 \$3,234,822 4 lberville 1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 5 Jackson 632 \$1,953,658 1,023 \$3,342,486 1,219 \$4,137,898 81 \$70,329 6 Jefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$27,637,85 7 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,15 8 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,74 8 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 8 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 8 Lincoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 8 Livingston 5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 8 Madison 601 \$1,954,851 1,254 \$4,197,683 2,079 \$8,129,520 76 \$72,261 8 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	21	Franklin	1,041	\$3,717,070	2,769	\$10,017,774	2,960	\$10,768,949	154	\$139,292			
1,469 \$5,994,743 2,296 \$10,381,347 3,744 \$16,405,423 2,407 \$3,385,80 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 \$27,637,85 27 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,15 28 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,74 29 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 36 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 37 Lincoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 38 Livingston 5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 38 Madison 601 \$1,954,851 1,254 \$4,197,683 2,079 \$8,129,520 76 \$72,261 39 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	22	Grant	829	\$2,993,465	1,878	\$6,970,620	2,831	\$10,908,300	302	\$348,307			
25 Jackson 632 \$1,953,658 1,023 \$3,342,486 1,219 \$4,137,898 81 \$70,329 \$2,637,858 26 Jefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$27,637,858 27 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,1558 28 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,748 29 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 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 \$9,322,11 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	23	Iberia	4,345	\$16,114,580	5,186	\$18,894,833	11,326	\$42,958,816	2,141	\$3,234,826			
26 Jefferson 36,155 \$125,918,292 38,710 \$140,670,130 45,488 \$190,900,154 19,319 \$27,637,85 27 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,15 28 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,74 29 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 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 \$9,322,11 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	24	Iberville	1,469	\$5,994,743	2,296	\$10,381,347	3,744	\$16,405,423	2,407	\$3,385,804			
27 Jefferson Davis 952 \$3,261,717 1,659 \$5,739,511 2,669 \$9,274,851 745 \$1,026,150 28 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,740 29 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 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 \$9,322,11 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	25	Jackson	632	\$1,953,658	1,023	\$3,342,486	1,219	\$4,137,898	81	\$70,329			
28 Lafayette 10,800 \$39,608,142 16,363 \$57,640,287 28,850 \$107,758,864 6,437 \$9,254,74	26	Jefferson	36,155	\$125,918,292	38,710	\$140,670,130	45,488	\$190,900,154	19,319	\$27,637,855			
29 Lafourche 4,899 \$17,758,154 5,895 \$20,180,057 7,765 \$35,516,039 2,747 \$3,890,63 80 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 81 Lincoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 82 Livingston 5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 83 Madison 601 \$1,954,851 1,254 \$4,197,683 2,079 \$8,129,520 76 \$72,261 84 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	27	Jefferson Davis	952	\$3,261,717	1,659	\$5,739,511	2,669	\$9,274,851	745	\$1,026,156			
80 La Salle 652 \$2,736,135 890 \$3,340,543 1,635 \$6,328,411 110 \$102,402 81 Lincoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 82 Livingston 5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 83 Madison 601 \$1,954,851 1,254 \$4,197,683 2,079 \$8,129,520 76 \$72,261 84 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	28	Lafayette	10,800	\$39,608,142	16,363	\$57,640,287	28,850	\$107,758,864	6,437	\$9,254,742			
81 Lincoln 1,809 \$6,290,031 3,763 \$12,311,068 4,410 \$16,042,355 261 \$288,893 82 Livingston 5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 83 Madison 601 \$1,954,851 1,254 \$4,197,683 2,079 \$8,129,520 76 \$72,261 84 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	29	Lafourche	4,899	\$17,758,154	5,895	\$20,180,057	7,765	\$35,516,039	2,747	\$3,890,638			
32 Livingston 5,694 \$22,607,700 7,423 \$30,895,334 16,102 \$67,241,984 6,751 \$9,322,11 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	30	La Salle	652	\$2,736,135	890	\$3,340,543	1,635	\$6,328,411	110	\$102,402			
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	31	Lincoln	1,809	\$6,290,031	3,763	\$12,311,068	4,410	\$16,042,355	261	\$288,893			
34 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	32	Livingston	5,694	\$22,607,700	7,423	\$30,895,334	16,102	\$67,241,984	6,751	\$9,322,111			
34 Morehouse 1,499 \$5,362,593 3,669 \$12,892,808 5,153 \$20,680,449 197 \$183,582	33	Madison	601	\$1,954,851	1,254	\$4,197,683	2,079	\$8,129,520	76	\$72,261			
5 Natchitoches 1,805 \$6,321,965 4,517 \$17,091,371 5,108 \$19,246,719 734 \$1,087,40	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			

	Parish		tter Health uisiana		: 1505 Palth Caritas Puisiana	Healt	hy Blue	Humana Healthy Horizons ³		
		Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	
36	Orleans	37,399	\$143,384,169	36,123	\$139,276,989	45,479	\$204,841,225	18,965	\$27,544,126	
37	Ouachita	7,021	\$24,498,948	17,255	\$58,629,112	24,184	\$96,417,307	952	\$1,035,916	
38	Plaquemines	1,543	\$5,191,640	1,576	\$5,325,219	1,925	\$7,470,351	1,081	\$1,386,560	
39	Pointe Coupee	901	\$3,446,256	2,108	\$9,771,781	2,082	\$8,586,044	972	\$1,560,861	
40	Rapides	6,208	\$22,515,371	13,312	\$47,711,476	19,183	\$73,245,321	1,849	\$2,782,348	
41	Red River	480	\$1,459,593	843	\$3,244,541	1,120	\$3,954,528	506	\$850,781	
42	Richland	1,026	\$3,829,484	2,485	\$8,733,062	3,222	\$12,988,443	122	\$118,491	
43	Sabine	1,372	\$5,298,357	2,292	\$7,854,046	2,773	\$10,618,711	552	\$878,830	
44	St. Bernard	4,421	\$15,165,324	4,405	\$15,491,223	5,371	\$23,043,350	2,149	\$3,109,562	
45	St. Charles	3,436	\$11,949,516	3,197	\$11,770,205	4,757	\$20,385,472	2,653	\$3,563,507	
46	St. Helena	336	\$1,122,322	483	\$2,150,537	1,042	\$4,466,757	303	\$399,873	
47	St. James	1,604	\$4,998,481	1,667	\$6,557,946	1,874	\$8,205,429	994	\$1,407,296	
48	St. John	4,353	\$14,146,857	3,867	\$14,296,489	6,561	\$28,372,339	1,990	\$2,412,039	
49	St. Landry	4,280	\$15,283,790	8,464	\$29,136,026	12,552	\$47,532,347	2,765	\$4,002,057	
50	St. Martin	2,489	\$8,327,053	3,924	\$14,089,560	6,707	\$24,758,450	1,650	\$2,407,845	
51	St. Mary	4,560	\$13,790,321	4,600	\$18,797,167	6,546	\$27,784,563	1,920	\$3,009,386	
52	St. Tammany	13,596	\$54,714,569	11,565	\$48,402,373	28,255	\$120,301,666	10,539	\$16,451,596	
53	Tangipahoa	5,563	\$21,042,236	7,361	\$34,546,079	20,973	\$97,831,437	8,982	\$12,542,595	
54	Tensas	235	\$887,705	588	\$2,151,603	608	\$2,396,892	26	\$30,998	
55	Terrebonne	5,915	\$20,737,919	9,417	\$32,259,242	8,981	\$38,832,580	3,861	\$6,372,271	
56	Union	945	\$3,053,960	2,277	\$6,987,296	2,797	\$10,898,591	127	\$174,824	
57	Vermilion	3,060	\$10,739,829	4,133	\$13,833,939	7,003	\$24,757,658	2,039	\$2,812,257	
58	Vernon	1,973	\$7,604,648	3,018	\$11,526,877	4,552	\$16,725,349	361	\$417,554	
59	Washington	2,803	\$12,373,566	3,974	\$18,213,754	8,314	\$39,326,128	2,660	\$4,038,531	
60	Webster	2,059	\$7,663,416	3,569	\$12,677,172	5,634	\$21,397,099	1,249	\$1,947,627	
61	West Baton Rouge	1,130	\$4,355,127	1,607	\$6,703,772	3,043	\$12,474,878	1,433	\$1,831,498	
62	West Carroll	437	\$1,354,805	867	\$2,828,839	1,146	\$4,203,656	57	\$61,949	
63	West Feliciana	466	\$1,694,413	531	\$2,235,987	1,124	\$4,560,124	342	\$395,415	
64	Winn	645	\$2,115,429	1,111	\$4,032,365	1,667	\$6,020,941	158	\$197,357	
	Out of State	1,387	\$1,971,107	1,520	\$2,004,920	2,700	\$4,794,589	660	\$364,822	
	Total	257,189	\$971,270,401	354,162	\$1,358,830,433	524,339	\$2,193,240,071	159,316	\$233,559,400	

Table AA3: Healthy Louisiana Payments ¹ and Recipients ² by Parish and Health Plan (Part 2)											
	Parish	Louisiana Health Recipients	care Connections Payments	United Healtho Recipients	are of Louisiana Payments	Total (acro Recipients	oss all plans) Payments				
1 Aca	ıdia	12,292 \$48,164,553 4,596 \$18,543,839 10,441 \$39,969,108 on 2,137 \$8,829,995 8,480 \$36,085,114		10,322	\$40,627,417	30,958	\$148,126,197				
2 Alle	en	4,596	10,441 \$39,969,108 2,137 \$8,829,995		\$12,016,297	10,296	\$48,249,593				
3 Asc	ension	10,441	\$39,969,108	17,815	\$76,097,225	41,609	\$215,912,422				
4 Ass	umption	2,137	\$8,829,995	3,462	\$15,856,229	8,142	\$42,558,702				
5 Avo	yelles	8,480	\$36,085,114	5,902	\$23,264,901	20,828	\$104,639,818				
6 Bea	uregard	7,677	\$29,614,616	4,312	\$17,104,778	15,988	\$75,515,627				
7 Biei	nville	2,574	\$10,242,641	3,057	\$11,397,682	7,547	\$37,052,836				
8 Bos	sier	13,954	\$50,903,775	19,925	\$69,540,987	45,256	\$214,250,545				
9 Cad	ldo	37,420	\$142,071,596	47,338	\$180,425,108	114,839	\$588,974,369				
10 Calo	casieu	53,376	\$216,488,942	14,135	\$52,889,836	84,411	\$410,105,977				
11 Calo	dwell	1,799	\$7,634,079	2,245	\$9,306,378	5,755	\$28,161,476				
12 Can	neron	540	\$2,067,170	218	\$851,932	949	\$4,439,643				
13 Cat	ahoula	2,317	\$9,875,261	1,526	\$6,325,726	5,304	\$26,341,309				
14 Clai	iborne	2,357	\$9,326,760	2,089	\$7,253,280	6,375	\$31,772,570				
15 Cor	ncordia	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 Eas	t Baton Rouge	60,173	\$245,638,675	77,598	\$342,362,533	184,593	\$1,023,546,38				
18 Eas	t Carroll	2,213	\$9,241,031	1,434	\$5,592,140	4,182	\$20,606,053				
19 Eas	t Feliciana	3,157	\$12,815,750	2,820	\$12,222,610	8,795	\$45,774,881				
20 Eva	ngeline	5,551	\$22,604,746	7,072	\$31,783,430	17,455	\$86,519,161				
21 Frai	nklin	4,731	\$19,207,223	3,853	\$14,997,808	12,048	\$58,848,115				
22 Gra	nt	3,531	\$13,865,763	2,516	\$9,852,664	9,326	\$44,939,118				
23 Ibei	ria	16,807	\$71,259,550	9,949	\$34,642,203	37,649	\$187,104,809				
24 Ibei	rville	4,126	\$17,472,762	5,960	\$26,322,959	15,023	\$79,963,038				
25 Jacl	kson	1,498	\$5,528,872	3,385	\$15,260,636	6,174	\$30,293,878				
26 Jeff	erson	55,271	\$204,734,477	66,328	\$262,693,831	187,386	\$952,554,739				
27 Jeff	erson Davis	7,964	\$33,665,503	3,824	\$15,397,642	14,190	\$68,365,380				
28 Lafa	ayette	36,052	\$139,490,964	30,383	\$114,352,096	96,209	\$468,105,095				
29 Lafo	ourche	10,781	\$42,053,566	15,566	\$68,489,420	35,754	\$187,887,874				
30 La S	Salle	2,170	\$8,298,999	2,573	\$10,319,076	6,479	\$31,125,565				
31 Lind	coln	4,799	\$17,881,391	9,645	\$39,723,660	18,409	\$92,537,398				
32 Livi	ngston	18,596	\$73,381,269	21,860	\$93,878,973	56,856	\$297,327,372				
33 Mad	dison	3,450	\$14,537,375	1,217	\$4,411,884	6,830	\$33,303,574				
34 Mo	rehouse	5,693	\$23,770,938	4,599	\$16,755,157	15,491	\$79,645,528				
35 Nat	chitoches	6,587	\$25,738,162	4,694	\$19,281,208	17,653	\$88,766,829				

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		Louisiana Healt	ncare Connections	#: 1507 United Health	care of Louisiana	Total (across all plans)		
	Parish	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		t. Helena 1,892 \$8,042,2		1,101	\$5,224,537	3,948	\$21,406,250	
47	St. James	ames 2,504 \$9,939,946 3,382 \$15,006,970 8,951		8,951	\$46,116,069			
48	St. John	6,707	\$25,360,706	6,978	\$28,382,986	22,090	\$112,971,415	
49	St. Landry	17,355	\$70,644,942	20,036	\$84,081,837	50,394	\$250,680,999	
50	St. Martin	9,173	\$37,526,086	6,752	\$24,754,261	23,375	\$111,863,255	
51	St. Mary	8,674	\$36,292,488	8,806	\$37,071,788	26,263	\$136,745,713	
52	St. Tammany	29,878	\$118,257,028	26,785	\$109,855,150	87,509	\$467,982,381	
53	Tangipahoa	38,164	\$164,683,965	13,360	\$59,018,942	71,050	\$389,665,255	
54	Tensas	999	\$4,041,293	729	\$2,919,443	2,424	\$12,427,935	
55	Terrebonne	14,123	\$56,077,150	27,141	\$117,516,278	51,419	\$271,795,440	
56	Union	3,222	\$12,166,426	5,443	\$21,941,078	11,292	\$55,222,176	
57	Vermilion	9,875	\$40,273,659	8,929	\$35,387,339	26,355	\$127,804,681	
58	Vernon	6,447	\$25,380,840	6,074	\$21,569,014	17,160	\$83,224,282	
59	Washington	10,181	\$44,529,246	6,386	\$29,056,762	25,801	\$147,537,986	
60	Webster	7,237	\$28,585,379	5,971	\$23,403,631	19,305	\$95,674,325	
61	West Baton Rouge	3,368	\$13,193,610	4,680	\$20,333,424	11,264	\$58,892,311	
62	West Carroll	3,678	\$15,610,907	1,598	\$5,052,678	6,086	\$29,112,834	
63	West Feliciana	1,335	\$5,130,679	1,293	\$5,229,484	3,868	\$19,246,100	
64	Winn	2,274	\$8,699,684	2,325	\$9,645,898	6,318	\$30,711,674	
	Out of State	2,642	\$3,860,567	2,965	\$4,409,252	11,003	\$17,405,257	
	Total	720,289	\$2,962,232,359	690,188	\$2,876,486,714	1,978,599	\$10,595,619,379	

¹ Payments are based on recipient parish payments.

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

³ Effective January 1, 2023, Humana Healthy Horizons joined as the sixth Managed Care Organization (MCO) offering services to Louisiana Medicaid recipients.

	Table AA4: Healthy Louisiana Payments ¹ by Parish, Race ² and Gender (Part 1)												
	Parish Black/African-American White Male Female Total Male Female Total												
1	Acadia	\$18,793,554 \$25,775,176 \$4 \$5,015,967 \$6,087,754 \$5,015,967 \$6,087,754 \$100 \$34,273,195 \$52,437,895 \$10100 \$8,752,474 \$12,831,181 \$12,831,		\$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	ahoula \$4,212,181 \$4,741,44		\$8,953,627	\$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 \$39.		\$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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				#: 1509			
	Parish	Bl: Male	ack/African-Americ Female	an Total	Male	White 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			\$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	st. James \$12,970,570 \$18,568,845 \$31,539,415 \$3		\$3,942,732	\$5,765,768	\$9,708,500	
48	St. John	\$29,759,845	\$41,804,978	\$71,564,822	\$9,377,334	\$13,079,536	\$22,456,870
49	St. Landry	\$57,283,055	\$74,352,399	\$131,635,454	\$36,796,470	\$55,799,026	\$92,595,496
50	St. Martin	\$20,427,147	\$27,206,647	\$47,633,794	\$19,453,204	\$29,656,635	\$49,109,839
51	St. Mary	\$24,132,892	\$31,222,772	\$55,355,663	\$21,734,343	\$37,151,318	\$58,885,661
52	St. Tammany	\$49,551,067	\$67,827,223	\$117,378,290	\$110,366,517	\$152,076,936	\$262,443,453
53	Tangipahoa	\$73,495,374	\$105,145,983	\$178,641,356	\$64,882,918	\$96,044,244	\$160,927,162
54	Tensas	\$3,544,213	\$4,844,707	\$8,388,920	\$1,251,108	\$1,727,607	\$2,978,714
55	Terrebonne	\$33,442,064	\$43,367,724	\$76,809,789	\$52,751,246	\$81,759,058	\$134,510,304
56	Union	\$8,549,079	\$11,270,056	\$19,819,134	\$11,951,750	\$15,935,304	\$27,887,054
57	Vermilion	\$14,491,896	\$18,439,039	\$32,930,935	\$30,099,509	\$46,495,828	\$76,595,336
58	Vernon	\$5,663,465	\$7,081,363	\$12,744,827	\$23,745,009	\$34,320,790	\$58,065,799
59	Washington	\$23,385,265	\$30,931,854	\$54,317,118	\$31,978,069	\$45,770,707	\$77,748,776
60	Webster	\$17,271,100	\$25,192,825	\$42,463,925	\$16,458,144	\$25,445,480	\$41,903,624
61	West Baton Rouge	\$12,633,601	\$19,182,438	\$31,816,039	\$7,339,897	\$11,360,187	\$18,700,085
62	West Carroll	\$2,460,648	\$3,099,530	\$5,560,178	\$8,586,340	\$11,916,987	\$20,503,327
63	West Feliciana	\$3,973,426	\$5,477,865	\$9,451,291	\$2,897,338	\$4,492,785	\$7,390,123
64	Winn	\$4,425,296	\$6,529,093	\$10,954,390	\$6,372,925	\$9,659,039	\$16,031,964
	Out of State	\$2,747,807	\$3,869,583	\$6,617,390	\$2,655,263	\$3,853,735	\$6,508,998
	Total	\$2,081,646,148	\$2,816,879,465	\$4,898,525,613	\$1,610,202,949	\$2,304,475,317	\$3,914,678,267

Table AA4: Healthy Louisiana Payments¹ by Parish, Race² and Gender (Part 2)

R. Allen \$3,092,173 \$3,189,422 \$6,281,595 \$20,346,177 \$27,903,416 \$48,249,593 J. Ascension \$18,207,679 \$20,752,977 \$38,960,656 \$88,214,268 \$127,698,155 \$215,912,422 J. Asumption \$2,263,534 \$2,013,330 \$4,277,464 \$17,471,601 \$25,087,101 \$42,558,702 Avoyelles \$7,025,255 \$6,683,965 \$13,509,220 \$44,961,926 \$59,677,892 \$104,639,818 Beauregard \$4,469,548 \$4,664,960 \$91,24,508 \$30,906,700 \$44,608,927 \$75,515,263,818 Benwille \$2,068,343 \$2,094,012 \$4,162,355 \$15,188,267 \$21,864,569 \$37,252,818 Bossier \$18,574,853 \$22,118,046 \$40,602,998 \$88,089,737 \$126,160,808 \$214,250,455 Caddo \$38,399,224 \$36,866,732 \$75,265,955 \$2275,797,714 \$331,394,655 \$588,874,369 Calcasieu \$31,129,892 \$33,389,877 \$64,519,739 \$174,300 \$22,555,636 \$410,105,977 Cameron \$220,604 \$1,520,408 \$1,418,409 \$1,296,616 \$2,708,084 \$11,824,007 <th></th> <th colspan="12">Table AA4: Healthy Louisiana Payments' by Parish, Race² and Gender (Part 2)</th>		Table AA4: Healthy Louisiana Payments' by Parish, Race ² and Gender (Part 2)											
8. Allen \$3,092,173 \$3,189,422 \$6,281,595 \$20,346,177 \$27,903,416 \$48,249,593 8. Ascension \$18,207,679 \$20,752,977 \$38,960,656 \$88,214,268 \$127,698,155 \$215,912,422 8. Assumption \$2,265,534 \$20,13,930 \$4,277,464 \$17,471,601 \$25,087,101 \$42,558,702 8. Avoyelles \$7,025,255 \$6,483,965 \$13,509,220 \$44,691,926 \$59,677,892 \$104,639,818 8. Beauregard \$4,469,548 \$4,654,960 \$91,245,08 \$30,906,700 \$44,608,927 \$75,515,627 9. Bienville \$20,668,343 \$2,094,012 \$4,162,355 \$15,188,267 \$21,864,699 \$37,052,886 9. Caddo \$38,399,224 \$36,866,732 \$75,265,955 \$257,579,714 \$331,394,655 \$588,974,369 0. Calcasieu \$31,129,892 \$33,389,847 \$64,519,739 \$174,303,394 \$235,802,584 \$410,059,771 1. Caldwell \$1,350,763 \$15,740,38 \$2,924,801 \$11,826,800 \$16,348,796 \$28,161,476 2. Cameron \$2		Parish	Male		Total								
8 Ascension \$18,207,679 \$20,752,977 \$38,900,656 \$88,214,268 \$127,698,155 \$215,912,422 1 Assumption \$2,263,534 \$2,013,930 \$4,277,464 \$17,471,601 \$25,087,101 \$42,558,702 6 Avoyelles \$7,025,255 \$6,483,965 \$13,509,220 \$44,961,926 \$59,677,892 \$104,639,818 6 Beauregard \$4,469,548 \$4,669,490 \$9,124,508 \$30,906,700 \$44,608,827 \$75,515,627 8 Berwille \$2,068,343 \$20,944,012 \$416,623,555 \$15,188,267 \$21,864,569 \$37,052,836 8 Bossier \$18,574,853 \$22,118,046 \$40,692,898 \$88,089,737 \$126,1608,669 \$37,052,836 9 Caddo \$38,399,224 \$36,866,732 \$75,265,955 \$25,757,9714 \$333,394,655 \$588,793,309 10 Calcasieu \$31,129,892 \$33,389,847 \$64,519,739 \$17,830,3394 \$233,802,584 \$410,105,977 11 Caldwell \$1,350,763 \$1,574,038 \$2,294,801 \$11,812,680 \$16,487,129 \$23,811,476 12 Cameron \$	1	Acadia	\$8,400,473	\$8,258,021	\$16,658,494	\$61,715,479	\$86,410,718	\$148,126,197					
1. 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 5. Beauregard \$4,469,548 \$4,654,960 \$9,124,508 \$30,906,700 \$44,608,927 \$75,515,627 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 \$588,874,369 9. Caldosieu \$31,129,892 \$33,389,847 \$64,519,739 \$174,303,394 \$235,802,584 \$410,105,977 1. Caldwell \$1,350,763 \$1,574,038 \$2,294,801 \$11,812,680 \$16,348,796 \$28,161,476 2. Cameron \$240,646 \$217,724 \$458,370 \$1,884,007 \$2,555,636 \$4,439,643 3. Catahoula \$1,411,469 \$1,296,616 \$2,708,084 \$11,654,180 \$14,664,129 \$33,727,2570 5. Concordia \$2,779,39	2	Allen	\$3,092,173	\$3,189,422	\$6,281,595	\$20,346,177	\$27,903,416	\$48,249,593					
6 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 \$18,574,833 \$22,118,046 \$40,692,898 \$88,089,737 \$126,160,808 \$214,250,545 0 Caddo \$38,399,224 \$36,866,732 \$75,265,9595 \$25,757,97,14 \$331,394,655 \$588,974,369 1 Caldwell \$1,350,763 \$1,574,038 \$2,924,801 \$11,812,680 \$16,348,796 \$248,161,476 2 Cameron \$240,646 \$217,724 \$458,370 \$1,840,007 \$2,555,696 \$43,9643 3 Catahoula \$1,411,469 \$1,296,616 \$2,208,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$1,727,714 \$1,797,692 \$3,510,406 \$13,599,750 \$18,172,820 \$31,772,570 5 Concordia \$2,779,397 <t< td=""><td colspan="2">Parish 1 Acadia \$8, 2 Allen \$3 3 Ascension \$18 4 Assumption \$2, 5 Avoyelles \$7, 6 Beauregard \$4, 7 Bienville \$2,</td><td>\$18,207,679</td><td>\$20,752,977</td><td>\$38,960,656</td><td>\$88,214,268</td><td>\$127,698,155</td><td>\$215,912,422</td></t<>	Parish 1 Acadia \$8, 2 Allen \$3 3 Ascension \$18 4 Assumption \$2, 5 Avoyelles \$7, 6 Beauregard \$4, 7 Bienville \$2,		\$18,207,679	\$20,752,977	\$38,960,656	\$88,214,268	\$127,698,155	\$215,912,422					
6 Beauregard \$4,469,548 \$4,654,960 \$9,124,508 \$30,906,700 \$44,608,927 \$75,515,627 7 Blenville \$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 Caldwell \$1,350,763 \$1,574,038 \$29,94,801 \$11,812,680 \$16,348,796 \$28,161,476 2 Cameron \$240,646 \$217,724 \$458,370 \$1,884,007 \$2,555,636 \$4,439,643 3 Catahoula \$1,411,469 \$1,296,616 \$2,709,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$1,712,714 \$1,797,692 \$3,510,406 \$13,599,750 \$18,172,820 \$31,772,570 5 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,512,738 7 East Baton Rouge \$82,24,677	4	Assumption	\$2,263,534	\$2,013,930	\$4,277,464	\$17,471,601	\$25,087,101	\$42,558,702					
Bienville	5	Avoyelles	\$7,025,255	\$6,483,965	\$13,509,220	\$44,961,926	\$59,677,892	\$104,639,818					
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 \$225,802,584 \$410,105,977 11 Caldwell \$1,350,763 \$1,574,038 \$2,924,801 \$11,812,680 \$16,348,796 \$28,161,476 22 Cameron \$240,646 \$217,724 \$458,370 \$1,884,007 \$2,555,636 \$4,439,643 33 Catahoula \$1,411,469 \$1,296,616 \$2,708,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$17,12,714 \$1,797,692 \$35,10,406 \$13,599,750 \$18,172,820 \$31,772,570 5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 6 De Stoto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 8 East Baton Rouge \$83,284,677 <td>6</td> <td>Beauregard</td> <td>\$4,469,548</td> <td>\$4,654,960</td> <td>\$9,124,508</td> <td>\$30,906,700</td> <td>\$44,608,927</td> <td>\$75,515,627</td>	6	Beauregard	\$4,469,548	\$4,654,960	\$9,124,508	\$30,906,700	\$44,608,927	\$75,515,627					
0 Caddo \$38,399,224 \$36,866,732 \$57,265,955 \$257,579,714 \$331,394,655 \$588,974,369 0 Calcasieu \$31,129,892 \$33,389,847 \$64,519,739 \$174,303,394 \$225,802,584 \$410,105,977 1 Caldwell \$1,350,763 \$1,574,038 \$2,924,801 \$11,812,680 \$16,348,796 \$28,161,476 2 Cameron \$240,646 \$217,724 \$458,370 \$1,884,007 \$2,555,636 \$4,439,643 3 Catahoula \$1,411,469 \$1,296,616 \$2,708,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$1,712,714 \$1,797,692 \$35,10,406 \$13,599,750 \$18,172,820 \$31,772,570 5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$911,934 \$11,486,118 \$20,600,053 9 East Feliciana \$2,952,846	7	Bienville	\$2,068,343	\$2,094,012	\$4,162,355	\$15,188,267	\$21,864,569	\$37,052,836					
0 Calcasieu \$31,129,892 \$33,389,847 \$64,519,739 \$174,303,394 \$235,802,584 \$410,105,977 1 Caldwell \$1,350,763 \$1,574,038 \$2,924,801 \$11,812,680 \$16,348,796 \$28,161,476 2 Cameron \$240,646 \$217,724 \$458,370 \$1,884,007 \$2,555,636 \$4,439,643 3 Catahoula \$1,411,469 \$1,296,616 \$2,708,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$1,712,714 \$1,797,692 \$3,510,406 \$13,599,750 \$18,172,820 \$31,772,570 5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$2,230,821 \$25,347,068 \$44,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,3330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	8	Bossier	\$18,574,853	\$22,118,046	\$40,692,898	\$88,089,737	\$126,160,808	\$214,250,545					
1 Caldwell \$1,350,763 \$1,574,038 \$2,924,801 \$11,812,680 \$16,348,796 \$28,161,476 2 Cameron \$240,646 \$217,724 \$458,370 \$1,884,007 \$2,555,636 \$4,439,643 3 Catahoula \$1,411,469 \$1,296,616 \$2,708,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$1,712,714 \$1,779,692 \$3,510,406 \$13,599,750 \$18,172,820 \$31,772,570 5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$33,65,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,333,0781 \$14,873,982 \$18,425,590 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$73,656,478 \$35,470,218 \$44,175,310 \$79,645,528	9	Caddo	\$38,399,224	\$36,866,732	\$75,265,955	\$257,579,714	\$331,394,655	\$588,974,369					
2 Cameron \$240,646 \$217,724 \$458,370 \$1,884,007 \$2,555,636 \$4,439,643 3 Catahoula \$1,411,469 \$1,296,616 \$2,708,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$1,712,714 \$1,797,692 \$3,510,406 \$13,599,750 \$18,172,820 \$31,772,570 5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,299,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$33,65,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$40,923,322 \$542,631,417 \$952,554,739 \$146,692,666 \$4,082,811 \$45,093,977,996 \$88,872,300 \$19,382,165 \$268,722,930 \$468,105,095 \$146,095,095 \$13,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 \$146,001,001,001,001,001,001,001,001,001,00	10	Calcasieu	\$31,129,892	\$33,389,847	\$64,519,739	\$174,303,394	\$235,802,584	\$410,105,977					
3 Catahoula \$1,411,469 \$1,296,616 \$2,708,084 \$11,654,180 \$14,687,129 \$26,341,309 4 Claiborne \$1,712,714 \$1,797,692 \$3,510,406 \$13,599,750 \$18,172,820 \$31,772,570 5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,804 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson Davis \$3,365,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$19,9382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,727 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$33,125,70 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	11	Caldwell	\$1,350,763	\$1,574,038	\$2,924,801	\$11,812,680	\$16,348,796	\$28,161,476					
4 Claiborne \$1,712,714 \$1,797,692 \$3,510,406 \$13,599,750 \$18,172,820 \$31,772,570 \$5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 \$6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 \$7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 \$8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 \$9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 \$0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 \$1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 \$2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 \$10 lberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 \$4 lberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 \$1 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 \$1 Jackson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 \$1 Jackson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 \$1 Jackson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 \$1 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 \$1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 \$2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,272 \$1 Morehouse \$4,052,908 \$33,12,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528 \$1 Morehouse \$4,052,908 \$33,312,570 \$73,365,778 \$35,470,218 \$44,175,310 \$79,645,528	12	Cameron	\$240,646	\$217,724	\$458,370	\$1,884,007	\$2,555,636	\$4,439,643					
5 Concordia \$2,779,397 \$2,628,213 \$5,407,610 \$24,313,897 \$32,291,231 \$56,605,128 6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,993,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,6	13	Catahoula	\$1,411,469	\$1,296,616	\$2,708,084	\$11,654,180	\$14,687,129	\$26,341,309					
6 De Soto \$3,635,719 \$3,852,040 \$7,487,759 \$25,769,217 \$35,803,521 \$61,572,738 7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 4 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 <td>14</td> <td>Claiborne</td> <td>\$1,712,714</td> <td>\$1,797,692</td> <td>\$3,510,406</td> <td>\$13,599,750</td> <td>\$18,172,820</td> <td>\$31,772,570</td>	14	Claiborne	\$1,712,714	\$1,797,692	\$3,510,406	\$13,599,750	\$18,172,820	\$31,772,570					
7 East Baton Rouge \$83,284,677 \$95,447,405 \$178,732,082 \$442,191,705 \$581,354,679 \$1,023,546,383 8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703	15	Concordia	\$2,779,397	\$2,628,213	\$5,407,610	\$24,313,897	\$32,291,231	\$56,605,128					
8 East Carroll \$765,836 \$677,404 \$1,443,240 \$9,119,934 \$11,486,118 \$20,606,053 9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711	16	De Soto	\$3,635,719	\$3,852,040	\$7,487,759	\$25,769,217	\$35,803,521	\$61,572,738					
9 East Feliciana \$2,952,846 \$2,548,089 \$5,500,936 \$21,845,570 \$23,929,311 \$45,774,881 0 Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 1 Franklin \$3,3135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,82	17	East Baton Rouge	\$83,284,677	\$95,447,405	\$178,732,082	\$442,191,705	\$581,354,679	\$1,023,546,383					
Evangeline \$3,963,352 \$3,469,087 \$7,432,439 \$37,616,065 \$48,903,096 \$86,519,161 Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	18	East Carroll	\$765,836	\$677,404	\$1,443,240	\$9,119,934	\$11,486,118	\$20,606,053					
Franklin \$3,135,897 \$2,560,077 \$5,695,973 \$26,058,320 \$32,789,795 \$58,848,115 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 lberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 lberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	19	East Feliciana	\$2,952,846	\$2,548,089	\$5,500,936 \$21,845,570		\$23,929,311	\$45,774,881					
2 Grant \$3,365,612 \$3,074,729 \$6,440,341 \$19,001,445 \$25,937,674 \$44,939,118 3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,665 1 Lincoln \$6,6	20	Evangeline	\$3,963,352	\$3,469,087	\$7,432,439	\$37,616,065	\$48,903,096	\$86,519,161					
3 Iberia \$11,844,993 \$12,132,203 \$23,977,196 \$80,243,028 \$106,861,781 \$187,104,809 4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston <t< td=""><td>21</td><td>Franklin</td><td>\$3,135,897</td><td>\$2,560,077</td><td>\$5,695,973</td><td>\$26,058,320</td><td>\$32,789,795</td><td>\$58,848,115</td></t<>	21	Franklin	\$3,135,897	\$2,560,077	\$5,695,973	\$26,058,320	\$32,789,795	\$58,848,115					
4 Iberville \$4,289,626 \$4,098,105 \$8,387,731 \$33,900,173 \$46,062,866 \$79,963,038 5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison	22	Grant	\$3,365,612	\$3,074,729	\$6,440,341	\$19,001,445	\$25,937,674	\$44,939,118					
5 Jackson \$1,877,961 \$1,600,978 \$3,478,939 \$12,736,659 \$17,557,219 \$30,293,878 6 Jefferson \$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse	23	Iberia	\$11,844,993	\$12,132,203	\$23,977,196	\$80,243,028	\$106,861,781	\$187,104,809					
\$130,703,728 \$159,957,779 \$290,661,507 \$409,923,322 \$542,631,417 \$952,554,739 7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	24	Iberville	\$4,289,626	\$4,098,105	\$8,387,731	\$33,900,173	\$46,062,866	\$79,963,038					
7 Jefferson Davis \$3,836,121 \$3,788,824 \$7,624,945 \$28,422,128 \$39,943,251 \$68,365,380 8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	25	Jackson	\$1,877,961	\$1,600,978	\$3,478,939	\$12,736,659	\$17,557,219	\$30,293,878					
8 Lafayette \$40,828,711 \$45,050,519 \$85,879,230 \$199,382,165 \$268,722,930 \$468,105,095 9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	26	Jefferson	\$130,703,728	\$159,957,779	\$290,661,507	\$409,923,322	\$542,631,417	\$952,554,739					
9 Lafourche \$15,179,443 \$16,956,020 \$32,135,463 \$77,098,173 \$110,789,701 \$187,887,874 0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	27	Jefferson Davis	\$3,836,121	\$3,788,824	\$7,624,945	\$28,422,128	\$39,943,251	\$68,365,380					
0 La Salle \$2,122,658 \$1,709,397 \$3,832,055 \$13,197,968 \$17,927,597 \$31,125,565 1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	28	Lafayette	\$40,828,711	\$45,050,519	\$85,879,230	\$199,382,165	\$268,722,930	\$468,105,095					
1 Lincoln \$6,663,793 \$7,097,392 \$13,761,185 \$38,893,374 \$53,644,023 \$92,537,398 2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	29	Lafourche	\$15,179,443	\$16,956,020	\$32,135,463	\$77,098,173	\$110,789,701	\$187,887,874					
2 Livingston \$22,301,821 \$25,347,068 \$47,648,889 \$123,165,541 \$174,161,831 \$297,327,372 3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	30	La Salle	\$2,122,658	\$1,709,397	\$3,832,055	\$13,197,968	\$17,927,597	\$31,125,565					
3 Madison \$1,711,112 \$1,619,670 \$3,330,781 \$14,873,982 \$18,429,592 \$33,303,574 4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	31	Lincoln	\$6,663,793	\$7,097,392	\$13,761,185	\$38,893,374	\$53,644,023	\$92,537,398					
4 Morehouse \$4,052,908 \$3,312,570 \$7,365,478 \$35,470,218 \$44,175,310 \$79,645,528	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					
5 Natchitoches \$4,716,087 \$4,932,091 \$9,648,179 \$36,868,977 \$51,897,852 \$88,766,829	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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				#: 1511			
	Parish		Other ³			Total (across all races	
26		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	\$24,232,580 \$53,503,619 \$69,160		\$122,664,177
45	St. Charles	\$8,716,752	\$8,615,889	\$17,332,640	\$17,332,640 \$36,422,891 \$48,8		\$85,302,773
46	St. Helena	\$1,086,313	\$845,467	\$1,931,780	\$9,318,036	\$12,088,213	\$21,406,250
47	St. James	\$2,639,973	\$2,228,181	\$4,868,154	\$19,553,275	\$26,562,794	\$46,116,069
48	St. John	\$8,884,465	\$10,065,258	\$18,949,723	\$48,021,644	\$64,949,771	\$112,971,415
49	St. Landry	\$13,650,919	\$12,799,131	\$26,450,050	\$107,730,443	\$142,950,556	\$250,680,999
50	St. Martin	\$7,541,409	\$7,578,213	\$15,119,622	\$47,421,760	\$64,441,495	\$111,863,255
51	St. Mary	\$10,553,162	\$11,951,226	\$22,504,388	\$56,420,397	\$80,325,316	\$136,745,713
52	St. Tammany	\$42,182,360	\$45,978,278	\$88,160,639	\$202,099,944	\$265,882,438	\$467,982,381
53	Tangipahoa	\$25,288,429	\$24,808,307	\$50,096,736	\$163,666,721	\$225,998,534	\$389,665,255
54	Tensas	\$572,047	\$488,254	\$1,060,301	\$5,367,367	\$7,060,567	\$12,427,935
55	Terrebonne	\$27,549,952	\$32,925,395	\$60,475,347	\$113,743,263	\$158,052,178	\$271,795,440
56	Union	\$3,822,644	\$3,693,343	\$7,515,987	\$24,323,473	\$30,898,703	\$55,222,176
57	Vermilion	\$9,141,659	\$9,136,750	\$18,278,409	\$53,733,064	\$74,071,617	\$127,804,681
58	Vernon	\$5,984,950	\$6,428,706	\$12,413,655	\$35,393,423	\$47,830,858	\$83,224,282
59	Washington	\$7,942,816	\$7,529,276	\$15,472,092	\$63,306,150	\$84,231,837	\$147,537,986
60	Webster	\$5,843,761	\$5,463,015	\$11,306,776	\$39,573,004	\$56,101,320	\$95,674,325
61	West Baton Rouge	\$3,894,235	\$4,481,951	\$8,376,187	\$23,867,734	\$35,024,577	\$58,892,311
62	West Carroll	\$1,488,458	\$1,560,871	\$3,049,329	\$12,535,446	\$16,577,388	\$29,112,834
63	West Feliciana	\$1,188,704	\$1,215,982	\$2,404,686	\$8,059,468	\$11,186,632	\$19,246,100
64	Winn	\$1,823,241	\$1,902,079	\$3,725,320	\$12,621,462	\$18,090,211	\$30,711,674
	Out of State	\$1,957,228	\$2,321,640	\$4,278,869	\$7,360,299	\$10,044,958	\$17,405,257
	Total	\$860,630,701	\$921,784,798	\$1,782,415,499	\$4,552,479,799	\$6,043,139,580	\$10,595,619,379

Payments are based on recipient parish payments.
From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

Other includes all individuals not in Black/African-American or White.

Table AA5: Healthy Louisiana Recipients by Parish, Race and Gender

	Table AA5: Healthy Louisiana Recipients' by Parish, Race ² and Gender												
	Parish	Black// Male	African-An Female	nerican Total	Male	White Female	Total	Male	Other ³ Female	Total	Total Male	l (across all Female	races) 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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	#: 1513												
	Parish	Black// Male	African-An Female	nerican Total	Male	White Female	Total	Male	Other ³ Female	Total	Total Male	(across all Female	races) Total
36	Orleans	55,401	69,293	124,694	10,795	11,315	22,110	17,976	17,690	35,666	84,172	98,298	182,470
37	Ouachita	18,320	23,042	41,362	12,656	15,293	27,949	5,260	5,176	10,436	36,236	43,511	79,747
38	Plaquemines	1,151	1,381	2,532	1,699	2,220	3,919	1,062	1,102	2,164	3,912	4,703	8,615
39	Pointe Coupee	2,153	2,580	4,733	1,406	1,894	3,300	516	536	1,052	4,075	5,010	9,085
40	Rapides	11,741	14,432	26,173	11,495	14,315	25,810	5,040	4,676	9,716	28,276	33,423	61,699
41	Red River	978	1,264	2,242	813	1,053	1,866	230	201	431	2,021	2,518	4,539
42	Richland	2,482	3,014	5,496	2,029	2,570	4,599	660	658	1,318	5,171	6,242	11,413
43	Sabine	1,291	1,612	2,903	2,665	3,338	6,003	840	994	1,834	4,796	5,944	10,740
44	St. Bernard	3,631	4,916	8,547	4,905	5,760	10,665	2,437	2,510	4,947	10,973	13,186	24,159
45	St. Charles	2,999	3,840	6,839	2,998	3,965	6,963	1,731	1,861	3,592	7,728	9,666	17,394
46	St. Helena	1,129	1,438	2,567	442	590	1,032	184	165	349	1,755	2,193	3,948
47	St. James	2,605	3,462	6,067	872	1,029	1,901	515	468	983	3,992	4,959	8,951
48	St. John	5,936	7,838	13,774	1,902	2,469	4,371	1,910	2,035	3,945	9,748	12,342	22,090
49	St. Landry	11,628	14,191	25,819	8,238	10,906	19,144	2,695	2,736	5,431	22,561	27,833	50,394
50	St. Martin	4,493	5,611	10,104	4,424	5,936	10,360	1,476	1,435	2,911	10,393	12,982	23,375
51	St. Mary	4,617	5,724	10,341	4,683	6,684	11,367	2,240	2,315	4,555	11,540	14,723	26,263
52	St. Tammany	9,819	12,402	22,221	21,822	27,047	48,869	7,969	8,450	16,419	39,610	47,899	87,509
53	Tangipahoa	13,819	17,979	31,798	13,029	16,905	29,934	4,668	4,650	9,318	31,516	39,534	71,050
54	Tensas	672	943	1,615	273	309	582	120	107	227	1,065	1,359	2,424
55	Terrebonne	6,133	7,543	13,676	10,835	14,428	25,263	5,947	6,533	12,480	22,915	28,504	51,419
56	Union	1,726	2,144	3,870	2,627	3,157	5,784	823	815	1,638	5,176	6,116	11,292
57	Vermilion	3,038	3,665	6,703	6,660	9,155	15,815	1,950	1,887	3,837	11,648	14,707	26,355
58	Vernon	1,233	1,475	2,708	5,262	6,699	11,961	1,223	1,268	2,491	7,718	9,442	17,160
59	Washington	4,168	5,149	9,317	6,136	7,647	13,783	1,383	1,318	2,701	11,687	14,114	25,801
60	Webster	3,599	4,756	8,355	3,758	5,001	8,759	1,128	1,063	2,191	8,485	10,820	19,305
61	W. Baton Rouge	2,634	3,520	6,154	1,511	2,055	3,566	751	793	1,544	4,896	6,368	11,264
62	West Carroll	547	672	1,219	1,891	2,307	4,198	329	340	669	2,767	3,319	6,086
63	West Feliciana	822	985	1,807	685	895	1,580	268	213	481	1,775	2,093	3,868
64	Winn	918	1,300	2,218	1,486	1,897	3,383	365	352	717	2,769	3,549	6,318
	Out of State	1,621	2,510	4,131	1,633	2,394	4,027	1,249	1,596	2,845	4,503	6,500	11,003
	Total	395,573	501,025	896,598	326,066	413,472	739,538	167,594	174,869	342,463	889,233	1,089,366	1,978,599

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

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

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

Table AA6: Expansion Enrollees by Parish, Race and Gender

Table AA6: Expansion Enrollees' by Parish, Race ² and Gender													
	Parish	Black/ Male	African-An Female	nerican Total	Male	White Female	Total	Male	Other ³ Female	Total	Total Male	l (across all Female	races) Total
1	Acadia	1,564	2,013	3,577	3,119	4,555	7,674	661	523	1,184	5,344	7,091	12,435
2	Allen	424	515	939	1,084	1,577	2,661	245	212	457	1,753	2,304	4,057
3	Ascension	2,485	4,044	6,529	2,962	4,343	7,305	1,315	1,375	2,690	6,762	9,762	16,524
4	Assumption	655	987	1,642	574	912	1,486	189	173	362	1,418	2,072	3,490
5	Avoyelles	1,332	1,733	3,065	1,583	2,470	4,053	437	375	812	3,352	4,578	7,930
6	Beauregard	374	473	847	1,899	2,815	4,714	349	306	655	2,622	3,594	6,216
7	Bienville	559	841	1,400	494	695	1,189	177	137	314	1,230	1,673	2,903
8	Bossier	2,385	3,981	6,366	3,264	4,731	7,995	1,464	1,586	3,050	7,113	10,298	17,411
9	Caddo	10,522	16,621	27,143	5,605	6,807	12,412	3,248	3,014	6,262	19,375	26,442	45,817
10	Calcasieu	4,990	6,949	11,939	7,359	10,486	17,845	2,410	2,273	4,683	14,759	19,708	34,467
11	Caldwell	130	194	324	857	1,082	1,939	98	81	179	1,085	1,357	2,442
12	Cameron	4	7	11	164	211	375	20	16	36	188	234	422
13	Catahoula	343	386	729	593	803	1,396	111	101	212	1,047	1,290	2,337
14	Claiborne	614	887	1,501	327	394	721	140	117	257	1,081	1,398	2,479
15	Concordia	948	1,252	2,200	821	1,090	1,911	232	196	428	2,001	2,538	4,539
16	De Soto	888	1,457	2,345	799	1,159	1,958	296	277	573	1,983	2,893	4,876
17	E. Baton Rouge	20,451	29,277	49,728	6,901	8,164	15,065	6,140	6,061	12,201	33,492	43,502	76,994
18	East Carroll	519	727	1,246	136	151	287	50	45	95	705	923	1,628
19	East Feliciana	1,026	911	1,937	649	726	1,375	251	180	431	1,926	1,817	3,743
20	Evangeline	1,142	1,525	2,667	1,479	2,086	3,565	297	200	497	2,918	3,811	6,729
21	Franklin	930	1,206	2,136	1,173	1,409	2,582	259	141	400	2,362	2,756	5,118
22	Grant	190	271	461	1,172	1,611	2,783	222	171	393	1,584	2,053	3,637
23	Iberia	3,065	4,062	7,127	2,703	3,874	6,577	988	909	1,897	6,756	8,845	15,601
24	Iberville	1,638	2,162	3,800	750	1,040	1,790	324	281	605	2,712	3,483	6,195
25	Jackson	387	589	976	544	739	1,283	159	112	271	1,090	1,440	2,530
26	Jefferson	12,235	18,147	30,382	11,924	15,017	26,941	10,220	10,971	21,191	34,379	44,135	78,514
27	Jefferson Davis	642	757	1,399	1,502	2,216	3,718	278	230	508	2,422	3,203	5,625
28	Lafayette	6,726	10,198	16,924	7,139	9,917	17,056	3,256	3,250	6,506	17,121	23,365	40,486
29	Lafourche	1,647	2,344	3,991	3,360	5,145	8,505	1,021	1,093	2,114	6,028	8,582	14,610
30	La Salle	123	183	306	870	1,158	2,028	141	105	246	1,134	1,446	2,580
31	Lincoln	1,631	2,606	4,237	1,171	1,511	2,682	497	514	1,011	3,299	4,631	7,930
32	Livingston	1,141	1,834	2,975	7,038	9,798	16,836	1,551	1,496	3,047	9,730	13,128	22,858
33	Madison	848	1,162	2,010	218	337	555	115	101	216	1,181	1,600	2,781
34	Morehouse	1,547	2,054	3,601	998	1,349	2,347	299	238	537	2,844	3,641	6,485
35	Natchitoches	1,430	2,248	3,678	1,006	1,417	2,423	409	390	799	2,845	4,055	6,900

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						#: 1	515						
	Parish		African-An			White			Other ²			(across all	
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
36	Orleans	22,861	30,676	53,537	7,051	7,159	14,210	9,295	8,022	17,317	39,207	45,857	85,064
37	Ouachita	6,882	9,747	16,629	5,851	7,355	13,206	2,042	1,646	3,688	14,775	18,748	33,523
38	Plaquemines	475	633	1,108	674	1,033	1,707	442	417	859	1,591	2,083	3,674
39	Pointe Coupee	810	1,029	1,839	560	841	1,401	218	192	410	1,588	2,062	3,650
40	Rapides	4,128	5,711	9,839	4,655	6,166	10,821	1,957	1,525	3,482	10,740	13,402	24,142
41	Red River	324	523	847	316	430	746	100	74	174	740	1,027	1,767
42	Richland	964	1,357	2,321	864	1,223	2,087	210	200	410	2,038	2,780	4,818
43	Sabine	462	616	1,078	1,090	1,442	2,532	345	424	769	1,897	2,482	4,379
44	St. Bernard	1,342	2,107	3,449	2,143	2,764	4,907	925	797	1,722	4,410	5,668	10,078
45	St. Charles	1,105	1,674	2,779	1,244	1,820	3,064	614	595	1,209	2,963	4,089	7,052
46	St. Helena	397	577	974	193	272	465	90	62	152	680	911	1,591
47	St. James	1,078	1,560	2,638	436	485	921	246	157	403	1,760	2,202	3,962
48	St. John	2,308	3,601	5,909	837	1,145	1,982	657	685	1,342	3,802	5,431	9,233
49	St. Landry	4,163	5,621	9,784	3,290	4,681	7,971	1,126	926	2,052	8,579	11,228	19,807
50	St. Martin	1,631	2,356	3,987	1,825	2,679	4,504	594	479	1,073	4,050	5,514	9,564
51	St. Mary	1,886	2,496	4,382	1,958	3,042	5,000	743	709	1,452	4,587	6,247	10,834
52	St. Tammany	3,664	5,213	8,877	9,294	12,518	21,812	3,397	3,220	6,617	16,355	20,951	37,306
53	Tangipahoa	4,944	7,491	12,435	5,406	7,548	12,954	2,101	1,826	3,927	12,451	16,865	29,316
54	Tensas	260	395	655	130	157	287	57	35	92	447	587	1,034
55	Terrebonne	2,308	3,145	5,453	4,592	6,663	11,255	1,849	1,977	3,826	8,749	11,785	20,534
56	Union	696	922	1,618	1,197	1,462	2,659	273	243	516	2,166	2,627	4,793
57	Vermilion	1,096	1,499	2,595	2,668	3,941	6,609	792	691	1,483	4,556	6,131	10,687
58	Vernon	436	552	988	2,039	2,938	4,977	455	441	896	2,930	3,931	6,861
59	Washington	1,520	2,101	3,621	2,410	3,270	5,680	603	449	1,052	4,533	5,820	10,353
60	Webster	1,301	1,997	3,298	1,541	2,232	3,773	486	425	911	3,328	4,654	7,982
61	W. Baton Rouge	985	1,516	2,501	614	870	1,484	270	275	545	1,869	2,661	4,530
62	West Carroll	205	288	493	883	1,101	1,984	108	86	194	1,196	1,475	2,671
63	West Feliciana	321	434	755	261	328	589	111	74	185	693	836	1,529
64	Winn	336	534	870	554	811	1,365	160	143	303	1,050	1,488	2,538
	Out of State	409	902	1,311	551	962	1,513	381	505	886	1,341	2,369	3,710
	Total	149,405	214,240	363,645	140,870	190,080	330,950	66,512	62,456	128,968	356,787	466,776	823,563

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

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

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

	Table	AA7: Health	y Louisiana	Payments ¹ a	nd Recipier	nts ² by Catego	ory of Assis	stance (Part 1)
	Parish	Family and		Based Service	Home and Community- Based Services/Chisholm		k Payments	Social Security Income Breast and Cervical Can	
		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

	#. 1317 Family and Children Home and Community- Materiaty Viels Bormants Social Security Income/										
	Parish	Family and		Based Servic	es/Chishoĺm	Maternity Ki		Breast and Ce	rvical Cancer		
26	0.1	Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients		
36	Orleans	\$192,329,969	72,275	\$12,382,204	701	\$17,690,451	1,496	\$203,479,033	13,748		
37	Ouachita	\$109,721,108	37,405	\$11,957,273	673	\$9,072,878	806	\$67,560,865	5,402		
38	Plaquemines	\$11,088,741	4,163	\$369,383	22	\$969,129	82	\$5,885,607	403		
39	Pointe Coupee	\$11,620,752	4,100	\$725,234	44	\$791,690	72	\$9,576,835	609		
40	Rapides	\$85,127,295	29,610	\$6,047,525	347	\$5,699,271	575	\$57,981,215	4,400		
41	Red River	\$6,198,245	2,203	\$239,539	12	\$451,332	40	\$4,541,319	355		
42	Richland	\$14,976,817	5,184	\$1,023,318	56	\$1,072,127	94	\$9,293,475	747		
43	Sabine	\$14,645,222	5,130	\$442,305	27	\$1,025,617	90	\$9,345,065	695		
44	St. Bernard	\$31,629,240	11,996	\$1,808,719	110	\$2,840,169	238	\$19,868,455	1,367		
45	St. Charles	\$22,229,083	8,780	\$1,683,287	96	\$1,682,759	142	\$12,468,688	863		
46	St. Helena	\$5,264,590	1,836	\$302,917	16	\$410,056	37	\$3,933,932	241		
47	St. James	\$10,700,724	3,980	\$1,083,776	70	\$727,833	62	\$7,423,009	506		
48	St. John	\$27,594,725	10,609	\$1,989,120	121	\$2,211,378	188	\$19,403,415	1,356		
49	St. Landry	\$67,776,284	24,143	\$4,853,461	282	\$5,185,017	522	\$47,065,806	3,487		
50	St. Martin	\$31,633,126	11,509	\$2,088,408	124	\$2,124,873	214	\$15,914,175	1,178		
51	St. Mary	\$34,765,203	12,533	\$2,397,983	144	\$3,477,495	292	\$24,030,624	1,606		
52	St. Tammany	\$121,433,655	42,730	\$7,673,853	421	\$9,021,766	816	\$60,566,773	4,036		
53	Tangipahoa	\$100,962,656	34,766	\$6,502,797	345	\$8,093,535	735	\$58,161,402	3,799		
54	Tensas	\$2,668,958	958	\$183,206	11	\$186,407	17	\$2,922,979	214		
55	Terrebonne	\$71,374,520	25,176	\$5,476,279	333	\$7,046,203	593	\$50,866,448	3,508		
56	Union	\$15,203,972	5,224	\$856,350	57	\$1,069,116	96	\$8,173,839	637		
57	Vermilion	\$35,520,630	12,851	\$2,317,326	135	\$2,570,966	259	\$20,016,786	1,446		
58	Vernon	\$24,597,323	8,705	\$783,225	48	\$1,529,947	154	\$13,480,041	979		
59	Washington	\$35,637,419	11,896	\$2,189,024	112	\$2,910,210	262	\$30,256,007	1,886		
60	Webster	\$24,768,336	8,820	\$1,487,965	83	\$1,865,255	166	\$17,558,568	1,388		
61	W. Baton Rouge	\$15,193,240	5,545	\$869,031	52	\$1,055,443	96	\$8,619,810	594		
62	West Carroll	\$7,762,590	2,720	\$375,083	26	\$553,458	48	\$4,166,358	329		
63	West Feliciana	\$5,294,082	1,884	\$220,956	12	\$316,054	29	\$3,006,610	220		
64	Winn	\$8,132,468	2,953	\$594,377	35	\$578,531	57	\$5,919,333	438		
	Out of State	\$5,673,225	5,123	\$195,917	28	\$215,139	19	\$5,017,638	592		
	Total	\$2,737,331,060	938,362	\$190,756,710	10,518	\$231,127,824	20,973	\$1,768,076,553	123,021		

Table AA7: Healthy Louisiana Payments¹ and Recipients² by Category of Assistance (Part 2)

	Table /	AA7: Health	y Louisiana	Payments ¹ a	nd Recipier	nts ² by Categ	jory of Assi	stance (Part 2	2)	
	Parish		l Behavioral Services	Expansion		Children Med	licaid Option ³	Total (across all categories)		
	i arisii	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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	#: 1519									
	Parish	Specialized I Health S	Behavioral ervices	Expai	nsion	Children Med	licaid Option ³	Total (across a	ıll categories)	
	1 011511	Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients	
36	Orleans	\$7,759,650	15,525	\$531,562,196	84,143	\$451,356	47	\$965,654,859	180,336	
37	Ouachita	\$3,051,119	5,493	\$203,275,900	33,262	\$265,812	33	\$404,904,955	79,054	
38	Plaquemines	\$262,515	570	\$22,112,595	3,616	\$18,442	2	\$40,706,413	8,512	
39	Pointe Coupee	\$389,221	968	\$24,704,193	3,608	\$5,599	3	\$47,813,523	8,996	
40	Rapides	\$2,830,442	5,223	\$147,013,459	23,909	\$227,687	20	\$304,926,894	61,135	
41	Red River	\$216,722	363	\$10,203,523	1,753	_	_	\$21,850,680	4,507	
42	Richland	\$466,395	977	\$29,047,943	4,803	\$42,453	4	\$55,922,528	11,329	
43	Sabine	\$412,448	838	\$25,863,934	4,324	_	_	\$51,734,590	10,640	
44	St. Bernard	\$702,042	1,304	\$62,655,580	9,968	\$50,412	10	\$119,554,615	23,908	
45	St. Charles	\$472,717	1,007	\$42,918,004	6,971	\$284,728	25	\$81,739,266	17,203	
46	St. Helena	\$162,813	362	\$10,917,791	1,581	\$14,277	1	\$21,006,376	3,913	
47	St. James	\$338,078	706	\$24,388,215	3,949	\$47,138	5	\$44,708,773	8,871	
48	St. John	\$687,045	1,396	\$58,627,803	9,098	\$45,891	9	\$110,559,376	21,845	
49	St. Landry	\$2,093,671	4,456	\$119,527,413	19,598	\$177,291	20	\$246,678,942	50,028	
50	St. Martin	\$844,210	1,762	\$56,760,964	9,427	\$89,654	7	\$109,455,410	23,188	
51	St. Mary	\$925,438	1,962	\$68,086,963	10,716	\$52,622	8	\$133,736,327	26,041	
52	St. Tammany	\$2,778,250	5,285	\$249,124,128	36,802	\$932,361	87	\$451,530,785	86,475	
53	Tangipahoa	\$2,203,534	4,953	\$200,813,104	28,905	\$385,633	39	\$377,122,660	70,330	
54	Tensas	\$129,430	286	\$6,305,955	1,035	_	_	\$12,396,936	2,406	
55	Terrebonne	\$2,032,100	3,498	\$128,449,392	20,377	\$178,227	25	\$265,423,170	50,993	
56	Union	\$565,300	946	\$29,039,692	4,742	\$139,083	4	\$55,047,351	11,198	
57	Vermilion	\$916,458	1,956	\$63,500,976	10,584	\$149,282	18	\$124,992,424	26,072	
58	Vernon	\$485,014	1,037	\$41,907,364	6,775	\$23,813	3	\$82,806,728	16,950	
59	Washington	\$964,665	2,310	\$71,521,791	10,286	\$20,341	4	\$143,499,456	25,555	
60	Webster	\$876,210	1,665	\$47,140,316	7,918	\$30,049	6	\$93,726,697	19,137	
61	W. Baton Rouge	\$341,239	791	\$30,787,025	4,466	\$195,024	12	\$57,060,812	11,109	
62	West Carroll	\$233,586	502	\$15,958,682	2,676	\$1,128	1	\$29,050,885	6,046	
63	West Feliciana	\$215,349	333	\$9,756,727	1,499	\$40,909	4	\$18,850,686	3,810	
64	Winn	\$246,607	582	\$15,042,437	2,494	\$564	1	\$30,514,317	6,273	
	Out of State	\$222,229	1,345	\$5,710,144	3,343	\$6,141	4	\$17,040,435	10,358	
	Total	\$77,870,567	147,417	\$5,345,544,531	814,704	\$11,352,733	1,126	\$10,362,059,979	1,960,665	

Payments are based on recipient parish payments.

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

³ The new category of Children Medicaid option (Act 421-CMO/TEFRA) program became effective January 1, 2022. Source: https://ldh.la.gov/page/3985.

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Table AA8: Dental Benefits Plan Manager Payments¹ and Recipients² by Eligibility Group

	Table A		3: Dentai Benefits Plan				, ,		
	Parish	Childrer Payments	n/EPSDT Recipients	Adult [Payments	Denture Recipients	Adult Wa Payments	aiver/ICF ³ Recipients	Total (acros Payments	s all groups) 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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	#: 1521								
	Parish	Children		Adult Denture		Adult Waiver/ICF ³		Total (across all groups)	
		Payments	Recipients	Payments	Recipients	Payments	Recipients	Payments	Recipients
36	Orleans	\$18,312,728	75,567	\$1,352,855	117,658	\$194,957	889	\$19,860,540	189,027
37	Ouachita	\$9,510,365	38,962	\$506,381	45,765	\$141,239	662	\$10,157,986	82,510
38	Plaquemines	\$1,038,765	4,301	\$52,318	4,966	\$8,228	53	\$1,099,311	9,023
39	Pointe Coupee	\$1,029,255	4,265	\$61,786	5,406	\$13,079	51	\$1,104,120	9,417
40	Rapides	\$7,557,882	30,653	\$409,516	35,709	\$147,690	1,520	\$8,115,088	64,529
41	Red River	\$556,865	2,338	\$28,026	2,489	\$6,404	24	\$591,296	4,708
42	Richland	\$1,306,669	5,440	\$75,286	6,887	\$21,469	206	\$1,403,424	11,993
43	Sabine	\$1,265,178	5,168	\$70,627	6,262	\$10,739	71	\$1,346,544	11,140
44	St. Bernard	\$3,013,215	12,434	\$146,952	13,254	\$23,755	114	\$3,183,923	25,052
45	St. Charles	\$2,192,547	9,221	\$99,636	9,524	\$29,504	128	\$2,321,686	18,302
46	St. Helena	\$452,191	1,880	\$26,224	2,282	\$5,710	26	\$484,125	4,081
47	St. James	\$1,012,806	4,156	\$57,980	5,365	\$15,470	66	\$1,086,255	9,276
48	St. John	\$2,669,209	11,391	\$131,998	12,438	\$31,113	136	\$2,832,321	23,182
49	St. Landry	\$6,109,508	25,035	\$323,639	28,592	\$90,291	399	\$6,523,438	52,127
50	St. Martin	\$2,824,977	11,754	\$144,065	13,200	\$40,782	187	\$3,009,824	24,299
51	St. Mary	\$3,149,811	12,874	\$167,789	14,987	\$28,767	117	\$3,346,367	27,137
52	St. Tammany	\$10,699,903	44,017	\$527,693	49,335	\$133,850	669	\$11,361,446	90,901
53	Tangipahoa	\$8,670,589	35,266	\$445,228	40,237	\$110,597	630	\$9,226,414	73,599
54	Tensas	\$242,101	1,039	\$17,767	1,568	\$2,444	10	\$262,312	2,527
55	Terrebonne	\$6,311,398	26,080	\$321,900	28,942	\$77,911	346	\$6,711,209	53,599
56	Union	\$1,307,084	5,380	\$72,702	6,632	\$12,336	52	\$1,392,122	11,682
57	Vermilion	\$3,181,826	13,212	\$165,550	14,900	\$35,802	152	\$3,383,178	27,387
58	Vernon	\$2,096,519	8,777	\$105,863	9,521	\$11,948	56	\$2,214,330	17,824
59	Washington	\$3,005,941	12,216	\$171,352	15,128	\$47,660	203	\$3,224,952	26,633
60	Webster	\$2,180,456	9,162	\$129,626	11,530	\$25,990	164	\$2,336,072	20,161
61	West Baton Rouge	\$1,361,493	5,830	\$67,040	6,265	\$16,207	77	\$1,444,740	11,833
62	West Carroll	\$642,285	2,765	\$40,081	3,726	\$7,543	34	\$689,909	6,308
63	West Feliciana	\$453,478	1,904	\$22,760	2,285	\$2,879	13	\$479,117	4,091
64	Winn	\$718,313	3,049	\$41,990	3,773	\$4,005	34	\$764,308	6,644
	Out of State	\$373,180	6,651	\$18,663	7,653	\$4,502	37	\$396,345	14,140
	Total	\$244,547,710	950,266	\$13,123,647	1,122,471	\$3,099,105	15,723	\$260,770,462	2,017,045

¹ Payments are based on recipient parish payments.

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

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

Table AA9: Dental Benefits Plan Manager Payments¹ by Parish, Race² and Gender (Part 1)

24 Allen \$156,139 \$147,617 \$303,756 \$429,533 \$413,895 \$843,427 36 Ascension \$1,131,670 \$1,158,107 \$2,289,777 \$1,145,270 \$1,129,157 \$2,274,427 4 Assumption \$239,089 \$221,470 \$480,559 \$182,625 \$180,329 \$362,954 5 Avoyelles \$536,645 \$533,900 \$10,700,545 \$622,936 \$439,337 \$1,266,873 6 Beauregard \$138,914 \$146,702 \$285,616 \$781,244 \$781,856 \$1,563,100 7 Blenville \$205,551 \$211,346 \$416,897 \$188,342 \$191,993 \$380,335 8 Bossier \$1,173,119 \$1,229,220 \$22,402,339 \$1,237,711 \$2,464,194 9 Caddo \$4,825,097 \$4,925,862 \$97,50,959 \$1,537,409 \$1,511,914 \$30,042 10 Calcasieu \$2,051,803 \$2,066,838 \$411,8641 \$2,615,270 \$2,666,956 \$52,222,265 11	Table /	AA9: Dental Bene	ents Plan Manag	ger Payments' b	y Parish, Race ²	and Gender (<i>Pa</i>	rt 1)
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 \$362,994 4. Assumption \$239,089 \$241,470 \$480,559 \$182,625 \$180,329 \$1,266,994 5. Avoyelles \$536,645 \$533,900 \$1,070,545 \$622,996 \$643,937 \$1,663,00 6. Beauregard \$118,814 \$146,702 \$285,616 \$781,244 \$781,863 \$15,63,00 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 \$1,237,171 \$2,464,194 9. Caldo \$4,825,807 \$492,5862 \$9,750,959 \$1,537,499 \$1,511,914 \$30,441,1	Parish				Male		Total
22 Allen \$156,139 \$147,617 \$303,756 \$429,533 \$413,895 \$843,427 33 Ascension \$1,131,670 \$1,158,107 \$2,289,777 \$1,145,270 \$1,129,157 \$2,274,427 4 Assumption \$239,089 \$224,1470 \$480,559 \$182,625 \$180,329 \$362,954 5 Avoyelles \$536,645 \$533,900 \$10,705,545 \$622,936 \$643,937 \$1,663,100 6 Beauregard \$138,914 \$146,702 \$285,616 \$781,244 \$781,856 \$1,563,100 7 Blemville \$205,551 \$211,346 \$416,697 \$188,342 \$191,993 \$380,335 8 Bossier \$1,173,119 \$12,29,220 \$22,402,339 \$1,227,023 \$1,237,771 \$2,464,194 9 Caddo \$4,825,097 \$4,925,862 \$97,50,959 \$1,537,499 \$1,511,914 \$3,049,413 0 Calcasieu \$2,01,803 \$2,066,838 \$4,118,641 \$2,260,595 \$55,222,205 1	1 Acadia						
33 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 \$781,886 \$1,563,100 7 Bienville \$205,551 \$211,346 \$416,897 \$188,342 \$191,993 \$380,335 8 Bossier \$1,173,119 \$1,222,220 \$2,402,339 \$1,227,023 \$1,517,149 \$1,511,914 \$3,049,413 9 Caddo \$4,825,097 \$4,925,862 \$9,750,999 \$1,537,499 \$1,511,914 \$3,049,413 10 Calcasieu \$2,051,803 \$2,066,838 \$4118,641 \$2,615,270 \$2,606,956 \$5,222,222 11 Caldwell \$58,959 \$55,375 \$114,334 \$242,847 \$230,002 \$4							
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Section Sect	21 Franklin	\$324,964	\$309,262	\$634,227	\$304,813	\$322,908	\$627,721
Section Sect	22 Grant	\$84,982	\$75,879	\$160,861	\$411,519	\$427,039	\$838,557
\$ Jackson \$141,506 \$146,307 \$287,813 \$185,267 \$186,964 \$372,231 \$186,964 \$372,231 \$186,964 \$372,231 \$186,964 \$372,231 \$186,964 \$372,231 \$186,964 \$186,965 \$186,965 \$186,965 \$186,965 \$186,965 \$186,965 \$186,965 \$186,965 \$186,965 \$186,985 \$1	23 Iberia	\$1,167,958	\$1,171,236	\$2,339,194	\$928,120	\$918,120	\$1,846,239
\$4,350,284 \$4,388,359 \$8,738,643 \$3,276,783 \$3,204,301 \$6,481,085 \$7 Jefferson Davis \$237,155 \$240,338 \$477,493 \$560,280 \$560,137 \$1,120,416 \$8 Lafayette \$2,824,068 \$2,874,498 \$5,698,566 \$2,267,665 \$2,183,362 \$4,451,027 \$9 Lafourche \$621,565 \$657,254 \$1,278,819 \$1,088,563 \$1,115,391 \$2,203,954 \$10 La Salle \$46,288 \$48,738 \$95,026 \$317,676 \$300,058 \$617,735 \$11 Lincoln \$608,453 \$617,006 \$1,225,459 \$341,867 \$355,673 \$697,541 \$12 Livingston \$609,716 \$586,702 \$1,196,418 \$2,530,620 \$2,493,628 \$5,024,248 \$1,400,000 \$1,200,000 \$1,200,000 \$1,200,000 \$1,200,000 \$1,200,000 \$1,200,000 \$2,493,628 \$5,024,248 \$1,000,000 \$1	24 Iberville	\$596,332	\$582,785	\$1,179,116	\$239,056	\$245,358	\$484,414
\$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 \$200 La Salle \$46,288 \$48,738 \$95,026 \$317,676 \$300,058 \$617,735 \$21 Lincoln \$608,453 \$617,006 \$1,225,459 \$341,867 \$355,673 \$697,541 \$22 Livingston \$609,716 \$586,702 \$1,196,418 \$2,530,620 \$2,493,628 \$5,024,248 \$24 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	25 Jackson	\$141,506	\$146,307	\$287,813	\$185,267	\$186,964	\$372,231
88 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 \$10 La Salle \$46,288 \$48,738 \$95,026 \$317,676 \$300,058 \$617,735 \$10 Lincoln \$608,453 \$617,006 \$1,225,459 \$341,867 \$355,673 \$697,541 \$12 Livingston \$609,716 \$586,702 \$1,196,418 \$2,530,620 \$2,493,628 \$5,024,248 \$13 Madison \$305,935 \$306,830 \$612,765 \$57,994 \$51,738 \$109,733 \$14 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	26 Jefferson	\$4,350,284	\$4,388,359	\$8,738,643	\$3,276,783	\$3,204,301	\$6,481,085
Lafourche \$621,565 \$657,254 \$1,278,819 \$1,088,563 \$1,115,391 \$2,203,954 \$10 La Salle \$46,288 \$48,738 \$95,026 \$317,676 \$300,058 \$617,735 \$11 Lincoln \$608,453 \$617,006 \$1,225,459 \$341,867 \$355,673 \$697,541 \$12 Livingston \$609,716 \$586,702 \$1,196,418 \$2,530,620 \$2,493,628 \$5,024,248 \$13 Madison \$305,935 \$306,830 \$612,765 \$57,994 \$51,738 \$109,733 \$14 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	27 Jefferson Davis	\$237,155	\$240,338	\$477,493	\$560,280	\$560,137	\$1,120,416
\$ La Salle \$46,288 \$48,738 \$95,026 \$317,676 \$300,058 \$617,735 \$1 Lincoln \$608,453 \$617,006 \$1,225,459 \$341,867 \$355,673 \$697,541 \$2 Livingston \$609,716 \$586,702 \$1,196,418 \$2,530,620 \$2,493,628 \$5,024,248 \$3 Madison \$305,935 \$306,830 \$612,765 \$57,994 \$51,738 \$109,733 \$4 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	28 Lafayette	\$2,824,068	\$2,874,498	\$5,698,566	\$2,267,665	\$2,183,362	\$4,451,027
\$1 Lincoln \$608,453 \$617,006 \$1,225,459 \$341,867 \$355,673 \$697,541 \$2 Livingston \$609,716 \$586,702 \$1,196,418 \$2,530,620 \$2,493,628 \$5,024,248 \$3 Madison \$305,935 \$306,830 \$612,765 \$57,994 \$51,738 \$109,733 \$4 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	29 Lafourche	\$621,565	\$657,254	\$1,278,819	\$1,088,563	\$1,115,391	\$2,203,954
\$2 Livingston \$609,716 \$586,702 \$1,196,418 \$2,530,620 \$2,493,628 \$5,024,248 \$3 Madison \$305,935 \$306,830 \$612,765 \$57,994 \$51,738 \$109,733 \$4 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	30 La Salle	\$46,288	\$48,738	\$95,026	\$317,676	\$300,058	\$617,735
33 Madison \$305,935 \$306,830 \$612,765 \$57,994 \$51,738 \$109,733 44 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	31 Lincoln	\$608,453	\$617,006	\$1,225,459	\$341,867	\$355,673	\$697,541
33 Madison \$305,935 \$306,830 \$612,765 \$57,994 \$51,738 \$109,733 44 Morehouse \$533,272 \$517,642 \$1,050,914 \$282,390 \$285,390 \$567,781	32 Livingston	\$609,716	\$586,702	\$1,196,418	\$2,530,620	\$2,493,628	\$5,024,248
4 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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				#: 1523			
	Parish	BI Male	ack/African-Americ Female	can Total	Male	White 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
	Total	\$59,857,106	\$60,525,130	\$120,382,236	\$46,628,652	\$46,062,400	\$92,691,052

Table AA9: Dental Benefits Plan Manager Payments¹ by Parish, Race² and Gender (Part 2)

	Table A <i>l</i>	49: Dental Bene	efits Plan Manag	jer Payments' b	y Parish, Race ²	and Gender (<i>Pa</i>	rt 2)
	Parish	Male	Other³ Female	Total	Male	Total (across all races 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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				#: 1525			
	Parish	Male	Other³ Female	Total	Male	Total (across all races 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	\$1,010,074	\$1,373,249	\$2,321,686
46	St. Helena	\$17,370	\$21,055	\$38,425	\$234,419	\$249,706	\$484,125
47	St. James	\$62,949	\$65,270	\$128,219	\$535,896	\$550,359	\$1,086,255
48	St. John	\$287,705					
			\$277,631	\$565,337	\$1,413,624	\$1,418,697	\$2,832,321
49	St. Landry	\$334,133	\$333,674	\$667,807	\$3,270,333	\$3,253,105	\$6,523,438
50	St. Martin	\$189,402	\$190,358	\$379,760	\$1,502,724	\$1,507,100	\$3,009,824
51	St. Mary	\$355,711	\$333,470	\$689,181	\$1,656,265	\$1,690,102	\$3,346,367
52	St. Tammany	\$1,072,241	\$1,067,820	\$2,140,061	\$5,703,377	\$5,658,068	\$11,361,446
53	Tangipahoa	\$598,495	\$583,431	\$1,181,926	\$4,598,701	\$4,627,713	\$9,226,414
54	Tensas	\$13,440	\$12,369	\$25,810	\$129,895	\$132,417	\$262,312
55	Terrebonne	\$1,004,539	\$969,843	\$1,974,381	\$3,406,417	\$3,304,791	\$6,711,209
56	Union	\$125,777	\$120,892	\$246,669	\$697,252	\$694,869	\$1,392,122
57	Vermilion	\$261,161	\$237,192	\$498,353	\$1,690,759	\$1,692,419	\$3,383,178
58	Vernon	\$175,012	\$154,857	\$329,868	\$1,131,327	\$1,083,002	\$2,214,330
59	Washington	\$162,011	\$161,823	\$323,834	\$1,628,451	\$1,596,502	\$3,224,952
60	Webster	\$123,680	\$110,432	\$234,112	\$1,163,041	\$1,173,031	\$2,336,072
61	West Baton Rouge	\$106,248	\$102,664	\$208,912	\$706,277	\$738,463	\$1,444,740
62	West Carroll	\$50,541	\$49,574	\$100,116	\$342,550	\$347,359	\$689,909
63	West Feliciana	\$26,501	\$26,425	\$52,926	\$238,865	\$240,251	\$479,117
64	Winn	\$39,641	\$38,008	\$77,649	\$389,557	\$374,751	\$764,308
	Out of State	\$53,282	\$54,395	\$107,677	\$197,083	\$199,262	\$396,345
	Total	\$24,186,385	\$23,510,789	\$47,697,174	\$130,672,142	\$130,098,320	\$260,770,462

Payments are based on recipient parish payments.
From November 2021, the existing values for the race field were updated to the new MMIS race mapping system.

Other includes all individuals not in Black/African-American or White.

Table AA10: Dental Benefits Recipients¹ by Parish, Race² and Gender

Parish P
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
3 Ascension 7,255 9,811 17,066 7,814 10,333 18,147 3,813 4,249 8,062 18,882 24,393 43,775 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 47,855
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 <td< td=""></td<>
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 66,366 118,808 10 Calcasieu 13,901 17,074 30,975 18,443 24,084 42,527 6,633 7,035 13,783 39,107 48,193 <
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 87300 11 Caldwell 429 518 947 1,967 2,431 4,398 324 324 648 2,720 3,273 5,993
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 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 45 103 466 540 1,006
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 <t< td=""></t<>
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
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
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 <t< td=""></t<>
12 Cameron 17 14 31 391 481 872 58 45 103 466 540 1,006 130 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
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
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
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
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
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
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
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
10,041 ככל,0 טטב,ל דולבו כבל טוט בטדוב בשטוב ניסטב וביקד טודוד באוויד הוא ויב

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	#: 1527												
	Parish		African-An			White			Other ²			(across all	
		Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
36	Orleans	57,208	71,472	128,680	11,308	11,911	23,219	18,622	18,506	37,128	87,138	101,889	189,027
37	Ouachita	18,850	23,654	42,504	13,196	15,956	29,152	5,453	5,401	10,854	37,499	45,011	82,510
38	Plaquemines	1,236	1,432	2,668	1,774	2,325	4,099	1,103	1,153	2,256	4,113	4,910	9,023
39	Pointe Coupee	2,231	2,658	4,889	1,452	1,967	3,419	541	568	1,109	4,224	5,193	9,417
40	Rapides	12,284	14,909	27,193	12,258	14,986	27,244	5,222	4,870	10,092	29,764	34,765	64,529
41	Red River	1,010	1,303	2,313	851	1,096	1,947	238	210	448	2,099	2,609	4,708
42	Richland	2,609	3,118	5,727	2,164	2,719	4,883	696	687	1,383	5,469	6,524	11,993
43	Sabine	1,354	1,642	2,996	2,784	3,456	6,240	870	1,034	1,904	5,008	6,132	11,140
44	St. Bernard	3,799	5,147	8,946	5,041	5,932	10,973	2,525	2,608	5,133	11,365	13,687	25,052
45	St. Charles	3,159	4,080	7,239	3,155	4,146	7,301	1,803	1,959	3,762	8,117	10,185	18,302
46	St. Helena	1,159	1,474	2,633	469	619	1,088	191	169	360	1,819	2,262	4,081
47	St. James	2,698	3,574	6,272	907	1,076	1,983	536	485	1,021	4,141	5,135	9,276
48	St. John	6,211	8,256	14,467	1,979	2,618	4,597	1,992	2,126	4,118	10,182	13,000	23,182
49	St. Landry	11,972	14,545	26,517	8,604	11,354	19,958	2,813	2,839	5,652	23,389	28,738	52,127
50	St. Martin	4,649	5,825	10,474	4,613	6,192	10,805	1,531	1,489	3,020	10,793	13,506	24,299
51	St. Mary	4,766	5,884	10,650	4,838	6,924	11,762	2,314	2,411	4,725	11,918	15,219	27,137
52	St. Tammany	10,256	12,890	23,146	22,547	28,055	50,602	8,303	8,850	17,153	41,106	49,795	90,901
53	Tangipahoa	14,215	18,377	32,592	13,665	17,617	31,282	4,861	4,864	9,725	32,741	40,858	73,599
54	Tensas	699	966	1,665	297	327	624	127	111	238	1,123	1,404	2,527
55	Terrebonne	6,453	7,962	14,415	11,256	15,000	26,256	6,144	6,784	12,928	23,853	29,746	53,599
56	Union	1,771	2,202	3,973	2,719	3,300	6,019	849	841	1,690	5,339	6,343	11,682
57	Vermilion	3,128	3,780	6,908	6,940	9,562	16,502	2,014	1,963	3,977	12,082	15,305	27,387
58	Vernon	1,273	1,529	2,802	5,465	6,967	12,432	1,268	1,322	2,590	8,006	9,818	17,824
59	Washington	4,305	5,281	9,586	6,341	7,897	14,238	1,427	1,382	2,809	12,073	14,560	26,633
60	Webster	3,740	4,893	8,633	3,978	5,266	9,244	1,181	1,103	2,284	8,899	11,262	20,161
61	W. Baton Rouge	2,771	3,669	6,440	1,601	2,168	3,769	791	833	1,624	5,163	6,670	11,833
62	West Carroll	575	697	1,272	1,948	2,397	4,345	337	354	691	2,860	3,448	6,308
63	West Feliciana	883	1,030	1,913	725	924	1,649	304	225	529	1,912	2,179	4,091
64	Winn	962	1,345	2,307	1,583	2,008	3,591	378	368	746	2,923	3,721	6,644
	Out of State	2,131	3,334	5,465	2,046	3,005	5,051	1,581	2,043	3,624	5,758	8,382	14,140
	Total	402,372	508,244	910,616	333,075	421,491	754,566	171,618	180,245	351,863	907,065	1,109,980	2,017,045

¹ Individual parish recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish.

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

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

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

1 Acadia		Table AA11: LaCHIP and Regular Medicaid Children by Enrollees, Recipients and Payments by Parish										
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 8,041 8,424 \$38,945,005 9,475 9,650 7 Bienville \$1,158,2841 658 719 \$10,306,621 2,001 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 \$2,592 53,652 10 Calcasieu \$24,333,792 10,459 11,203 \$129,348,350 34,379 35,983 \$153,682,142 41,266 41,899 11 Calmell \$1,082,165 518 567 \$84,36,678 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 \$66,924,548 1,929 2,033 \$7,817,311 2,260 14 Claiborne \$11,158,880 326 560 \$95,939,038 2,395 2,514 \$10,697,918 2,738 2,807 15 Concordia \$2,331,884 973 1,057 \$171,75,098 4,396 4,587 \$19,506,982 5,040 5,153 16 De Soto \$3,334,586 1,457 1,547 \$18,397,228 4,929 5,154 \$21,731,823 5,861 5,982 17 Eator Rioug \$9,976,354 2,246 24,843 \$302,065,314 71,776 74,968 \$361,341,669 87,190 88,824 18 East Carroll \$2,351,884 973 1,057 \$171,75,098 4,396 4,587 \$19,506,982 5,040 5,153 18 East Selicina \$2,156,755 942 1,071 \$10,375,912 2,788 2,966 \$12,522,667 3,421 3,558 18 East Carroll \$3,965,459 1,742 1,940 \$27,267,089 6,797 7,120 \$31,233,488 7,919 8,112 19 Farnklin \$2,605,451 1,116 1,210 \$18,170,752 4,484 4,680 \$20,776,203 5,183 5,288 1,228 2 Grant \$2,217,344 1,021 1,114 \$13,467,098 3,703 3,897 \$15,684,531 4,396 4,330 1,228 2 Earland \$3,954,764 1,728 1,879 \$22,725,104 5,766 6,514 \$10,099,206 6,882 2,997 2,228 2 Lakson \$1,499,024 643 704 \$86,602,62 2,235 2,418 \$10,099,206 6,891 2,479 2,246 2 Earland \$3,455,121 1,519 1,661 \$21,646,099 5,769 6,085 \$25,099,220 6,790 6,984 2		Parish									(IX) Recipients ⁴	
3 Ascension \$14,629,704 \$,833 6,267 \$71,486,265 1,7372 18,254 \$86,115,969 21,441 2,1958 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 Beauergard \$4,210,156 1,829 1,999 \$23,708,589 6,603 6,994 \$27,916,746 7,915 8,144 7 Bienville \$1,2899,527 5,817 6,273 \$70,681,388 18,918 1,995 \$85,580,916 23,049 23,740 9 Caddo \$28,529,930 12,320 13,320 \$175,791,337 44,880 46,655 \$206,441,637 25,592 3,558 10 Calcasieu \$1,082,165 \$18 567 \$8,436,878 2,211 2,303 \$9,519,043 2,529 2,589	1	Acadia	\$7,915,151	3,433	3,686	\$45,170,337	12,364	13,037	\$53,085,488	14,674	15,088	
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 \$22,918,746 7,915 8,144 7 Bireville \$11,889,9527 5,817 6,273 \$70,681,888 18,918 1,995 \$81,889,762 3,259 3,365 8 Bossier \$14,899,527 5,817 6,273 \$770,681,888 18,918 1,995 \$85,859,762 3,259 2,343 9 Caddo \$28,529,300 11,230 \$17,791,2337 44,580 46,655 \$206,441,637 \$2,599 2,386 10 Calcasieu \$1,082,165 \$118 567 \$8,436,678 2,211 2,303 \$9,519,043 2,529 2,288 12 Ca	2	Allen	\$2,477,318	1,108	1,215	\$14,956,853	4,119	4,333	\$17,434,171	4,858	4,997	
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 \$1,889,527 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 11,230 \$17,791,237 44,580 46,665 \$206,441,637 \$2,592 53,652 10 Caldwell \$1,082,165 518 567 \$8,436,678 2,211 2,303 \$9,519,043 2,529 2,589 12 Cameron \$12,570 63 77 \$1,12,379 383 397 \$1,238,881 420 435 420 435 12 Cameron \$1,158,880 \$26 560 \$9,539,038 2,355 2,514 \$10,697,918 2,738 2,807	3	Ascension	\$14,629,704	5,833	6,267	\$71,486,265	17,372	18,254	\$86,115,969	21,441	21,958	
6 Beauregard \$4,210,156 1,829 1,999 \$23,708,589 6,603 6,954 \$27,918,746 7,915 8,141 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 \$25,293,00 12,320 11,203 \$129,348,350 34,379 35,983 \$153,682,142 41,266 41,989 10 Caldwell \$10,081,65 518 567 \$84,36,878 2,211 2,303 \$9,519,043 2,529 2,589 11 Caldwell \$10,081,65 518 567 \$84,36,878 2,211 2,303 \$9,519,043 2,259 2,589 13 Catalous \$892,764 448 487 \$6,924,548 1,929 2,533 \$1,067 \$1,533 2,260 15 <th< td=""><td>4</td><td>Assumption</td><td>\$1,924,279</td><td>788</td><td>857</td><td>\$12,226,179</td><td>2,880</td><td>3,091</td><td>\$14,150,458</td><td>3,419</td><td>3,554</td></th<>	4	Assumption	\$1,924,279	788	857	\$12,226,179	2,880	3,091	\$14,150,458	3,419	3,554	
7 Blenville \$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 \$2,592 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 12 Cameron \$1,158,880 256 560 \$9,539,038 2,395 2,514 \$10,697,918 2,738 2,807 15 <	5	Avoyelles	\$4,905,237	2,146	2,332	\$34,039,768	8,041	8,424	\$38,945,005	9,475	9,650	
8 Bossier \$14,899,527 5,817 6,273 \$70,681,388 18,918 19,985 \$85,580,916 23,049 23,749 9 Caddo \$28,529,300 12,320 13,320 \$177,912,337 44,580 46,655 \$206,441,637 \$2,592 \$3,652 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 \$10,82,165 518 567 \$8,346,678 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 1,999 2,033 \$7,817,311 2,193 2,807 15 Concordia \$2,331,884 973 1,057 \$17,175,098 4,396 4,587 \$19,506,982 5,040 \$1,513 16	6	Beauregard	\$4,210,156	1,829	1,999	\$23,708,589	6,603	6,954	\$27,918,746	7,915	8,144	
9 Caddo \$28,529,300 12,320 13,320 \$17,7912,337 44,580 46,655 \$206,441,637 \$2,592 \$3,652 \$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 \$11,58,880 526 560 \$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 \$18 East Carroll \$3,366,409 1,762 1,904 \$27,267,089 6,797 7,120 \$31,233,498 7,919 8,112 \$18,110 \$2,605,451 1,116 1,210 \$18,170,752 4,484 4,680 \$20,776,203 5,183 5,288 \$10,697,786 4,396 4,587 \$15,684,531 4,396 4,580 \$10,697,786 5,317,850 \$18,300 \$1,830 \$1,830 \$1,490,024 643 704 \$8,600,262 2,235 2,418 \$10,099,286 2,682 2,797 \$1,200 \$1,490,024 643 704 \$8,600,262 2,235 2,418 \$10,099,286 2,682 2,797 \$1,200 \$1,490,024 643 704 \$8,600,262 2,235 2,418 \$10,099,286 2,682 2,797 \$1,200 \$1,490,024 643 704 \$8,600,262 2,235 2,418 \$10,099,286 2,682 2,797 \$1,200 \$1,490,024 643 704 \$8,600,262 2,235 2,418 \$10,099,286 2,682 2,797 \$1,400 \$1,400,000 \$	7	Bienville	\$1,582,841	658	719	\$10,306,921	2,801	2,969	\$11,889,762	3,259	3,365	
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 2,589 112 Cameron \$125,702 63 77 \$1,112,379 383 397 \$1,238,081 420 435 132 Catahoula \$892,764 445 487 \$6,924,548 1,929 2,033 \$7,817,311 2,193 2,260 14 Claiborne \$1,156,880 526 560 \$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 12 Evangeline \$3,966,409 1,762 1,904 \$27,267,089 6,797 7,120 \$31,233,498 7,919 8,112 17 Franklin \$2,605,451 1,116 1,210 \$18,170,752 4,484 4,680 \$20,776,203 5,183 5,288 12 Grant \$2,217,434 1,021 1,114 \$13,467,098 3,703 3,897 \$15,684,531 4,396 4,530 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$65,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$66,317,850 17,345 17,768 18 Eleria \$8,436,208 3,717 4,055 \$56,881,642 14,959 15,700 \$66,317,850 17,345 17,768 18 Eleria \$8,436,208 3,747 3,868 557,687,749 14,198 14,977 \$66,675,268 16,605 17,142 14,140 14,140 14,140 14,140 14,140 14,140 14	8	Bossier	\$14,899,527	5,817	6,273	\$70,681,388	18,918	19,985	\$85,580,916	23,049	23,740	
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 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 6,551 6,700	9	Caddo	\$28,529,300	12,320	13,320	\$177,912,337	44,580	46,655	\$206,441,637	52,592	53,652	
12 Cameron \$125,702 63 77 \$1,112,379 883 397 \$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 \$112,532,667 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 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 \$11,270,633 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 2,8854 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 5,676 5,940 \$26,835,985 6,551 6,551 6,670	10	Calcasieu	\$24,333,792	10,459	11,203	\$129,348,350	34,379	35,983	\$153,682,142	41,266	41,989	
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 \$8,836,208 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 Davis \$3,453,121 1,519 1,661 \$21,646,099 5,769 6,085 \$25,099,220 6,790 6,984 28 Lafayette \$2,867,7708 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 6,550 6,700	11	Caldwell	\$1,082,165	518	567	\$8,436,878	2,211	2,303	\$9,519,043	2,529	2,589	
14 Claiborne \$1,158,880 \$526 \$560 \$9,539,038 \$2,395 \$2,514 \$10,697,918 \$2,738 \$2,807 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15 \$15	12	Cameron	\$125,702	63	77	\$1,112,379	383	397	\$1,238,081	420	435	
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 3,558 120 Evangeline \$3,966,409 1,762 1,904 \$27,267,089 6,797 7,120 \$31,233,498 7,919 8,112 17 Franklin \$2,605,451 1,116 1,210 \$18,170,752 4,484 4,680 \$20,776,203 5,183 5,288 122 Grant \$2,217,434 1,021 1,114 \$13,467,098 3,703 3,897 \$15,684,531 4,396 4,530 180 180 180 180 180 180 180 180 180 18	13	Catahoula	\$892,764	445	487	\$6,924,548	1,929	2,033	\$7,817,311	2,193	2,260	
16 De Soto \$3,334,586 1,457 1,547 \$18,397,238 4,929 5,154 \$21,731,823 5,861 5,982 1 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 \$14,499,024 643 704 \$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 29 Lafourche \$8,987,519 3,547 3,868 \$57,687,749 14,198 14,977 \$66,675,268 16,605 17,142 29 Lafourche \$8,987,519 3,547 3,868 \$57,687,749 14,198 14,977 \$66,675,268 16,605 17,142 20 Lafourche \$8,987,519 3,547 3,868 \$57,687,749 14,198 14,977 \$66,675,268 16,605 17,142 21 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 6,750 6 6,700	14	Claiborne	\$1,158,880	526	560	\$9,539,038	2,395	2,514	\$10,697,918	2,738	2,807	
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 <	15	Concordia	\$2,331,884	973	1,057	\$17,175,098	4,396	4,587	\$19,506,982	5,040	5,153	
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 Iberia \$3,954,764 1,728 1,877 \$22,725,014 5,766 6,118 \$26,679,778 6,879 7,092 2	16	De Soto	\$3,334,586	1,457	1,547	\$18,397,238	4,929	5,154	\$21,731,823	5,861	5,982	
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 17	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	
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	18	East Carroll	\$768,601	346	378	\$6,630,088	1,646	1,719	\$7,398,689	1,866	1,903	
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	19	East Feliciana	\$2,156,755	942	1,017	\$10,375,912	2,783	2,966	\$12,532,667	3,421	3,558	
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	20	Evangeline	\$3,966,409	1,762	1,904	\$27,267,089	6,797	7,120	\$31,233,498	7,919	8,112	
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	21	Franklin	\$2,605,451	1,116	1,210	\$18,170,752	4,484	4,680	\$20,776,203	5,183	5,288	
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	22	Grant	\$2,217,434	1,021	1,114	\$13,467,098	3,703	3,897	\$15,684,531	4,396	4,530	
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	23	Iberia	\$8,436,208	3,717	4,055	\$56,881,642	14,959	15,700	\$65,317,850	17,345	17,768	
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 <td>24</td> <td>Iberville</td> <td>\$3,954,764</td> <td>1,728</td> <td>1,877</td> <td>\$22,725,014</td> <td>5,766</td> <td>6,118</td> <td>\$26,679,778</td> <td>6,879</td> <td>7,092</td>	24	Iberville	\$3,954,764	1,728	1,877	\$22,725,014	5,766	6,118	\$26,679,778	6,879	7,092	
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	25	Jackson	\$1,499,024	643	704	\$8,600,262	2,235	2,418	\$10,099,286	2,682	2,797	
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	26	Jefferson	\$68,638,129	24,575	26,706	\$273,288,332	71,561	75,165	\$341,926,462	89,112	91,470	
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	27	Jefferson Davis	\$3,453,121	1,519	1,661	\$21,646,099	5,769	6,085	\$25,099,220	6,790	6,984	
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	28	Lafayette	\$28,677,708	11,735	12,724	\$148,212,450	38,263	40,190	\$176,890,158	46,254	47,419	
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	29	Lafourche	\$8,987,519	3,547	3,868	\$57,687,749	14,198	14,977	\$66,675,268	16,605	17,142	
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	30	La Salle	\$1,706,452	730	812	\$9,564,183	2,486	2,608	\$11,270,635	2,992	3,073	
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	31	Lincoln	\$4,592,948	1,856	2,033	\$28,943,478	7,148	7,496	\$33,536,426	8,394	8,596	
34 Morehouse \$3,198,931 1,382 1,507 \$23,637,054 5,676 5,940 \$26,835,985 6,551 6,700	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	
35 Natchitoches \$4,455,050 1,937 2,062 \$27,631,796 6,996 7,402 \$32,086,846 8,255 8,485	34	Morehouse	\$3,198,931	1,382	1,507	\$23,637,054	5,676	5,940	\$26,835,985	6,551	6,700	
	35	Natchitoches	\$4,455,050	1,937	2,062	\$27,631,796	6,996	7,402	\$32,086,846	8,255	8,485	

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			aCHID (VVII)		#: 1529		/)	T-4	al /VVL and V	(IV)
	Parish	Payments	_aCHIP <i>(XXI)</i> 2 Enrollees ^{3,4}	Recipients ⁴	Payments	ledicaid (XI) Enrollees	() Recipients ⁴	Payments	al (XXI and X Enrollees ⁴	Recipients ⁴
36	Orleans	\$41,238,785	17,286	18,851	\$232,355,427	60,248	63,308	\$273,594,212	71,704	73,550
37	Ouachita	\$20,991,617	8,479	9,081	\$132,082,337	31,261	32,719	\$153,073,954	36,829	37,554
38	Plaquemines	\$2,810,948	1,155	1,255	\$12,773,966	3,232	3,425	\$15,584,914	4,046	4,173
39	Pointe Coupee	\$2,271,296	1,026	1,113	\$13,244,490	3,352	3,549	\$15,515,786	4,012	4,112
40	Rapides	\$16,961,017	7,304	7,845	\$119,177,182	24,134	25,217	\$136,138,199	29,033	29,523
41	Red River	\$1,035,147	473	514	\$7,046,326	1,888	1,990	\$8,081,473	2,182	2,248
42	Richland	\$2,656,815	1,116	1,191	\$17,488,979	4,359	4,539	\$20,145,794	5,107	5,204
43	Sabine	\$2,279,352	1,016	1,090	\$15,007,637	4,163	4,388	\$17,286,989	4,869	4,989
44	St. Bernard	\$8,429,209	3,328	3,571	\$35,712,891	9,548	10,114	\$44,142,100	11,846	12,199
45	St. Charles	\$6,026,015	2,581	2,787	\$26,740,375	6,858	7,311	\$32,766,389	8,649	8,981
46	St. Helena	\$972,051	444	483	\$5,679,972	1,485	1,585	\$6,652,023	1,771	1,832
47	St. James	\$2,348,840	1,077	1,155	\$13,237,839	3,203	3,401	\$15,586,678	3,905	4,005
48	St. John	\$6,696,381	2,867	3,125	\$33,232,906	8,600	9,209	\$39,929,287	10,578	11,016
49	St. Landry	\$12,227,257	5,403	5,819	\$79,381,525	20,099	21,011	\$91,608,783	23,599	24,086
50	St. Martin	\$6,229,542	2,683	2,898	\$34,806,375	9,235	9,776	\$41,035,918	11,054	11,338
51	St. Mary	\$6,644,953	2,683	2,918	\$40,579,132	10,437	10,928	\$47,224,086	12,212	12,493
52	St. Tammany	\$31,805,546	12,482	13,397	\$136,724,448	32,982	34,525	\$168,529,994	41,876	42,754
53	Tangipahoa	\$20,026,577	8,307	8,949	\$113,679,211	28,126	29,436	\$133,705,788	33,538	34,164
54	Tensas	\$347,322	164	181	\$3,175,598	860	904	\$3,522,920	957	985
55	Terrebonne	\$12,979,671	5,248	5,685	\$85,665,611	20,984	22,151	\$98,645,282	24,492	25,295
56	Union	\$2,945,685	1,199	1,326	\$17,034,486	4,324	4,517	\$19,980,171	5,080	5,180
57	Vermilion	\$6,883,235	2,893	3,114	\$39,451,613	10,519	11,052	\$46,334,848	12,444	12,769
58	Vernon	\$3,888,330	1,757	1,918	\$24,762,151	7,115	7,479	\$28,650,481	8,275	8,486
59	Washington	\$6,505,265	2,698	2,958	\$41,193,698	9,794	10,215	\$47,698,963	11,563	11,747
60	Webster	\$4,719,118	1,990	2,155	\$26,704,557	7,180	7,622	\$31,423,675	8,544	8,815
61	W. Baton Rouge	\$3,568,263	1,475	1,572	\$19,521,035	4,466	4,745	\$23,089,299	5,491	5,688
62	West Carroll	\$1,334,025	559	606	\$8,063,833	2,186	2,324	\$9,397,859	2,555	2,643
63	West Feliciana	\$1,207,756	534	559	\$5,131,761	1,415	1,507	\$6,339,517	1,783	1,835
64	Winn	\$1,422,074	669	730	\$9,375,316	2,369	2,536	\$10,797,390	2,826	2,937
	Out of State	\$585,215	847	1,093	\$5,196,820	4,652	5,846	\$5,782,035	5,497	6,828
	Total	\$582,561,919	232,072	248,880	\$3,168,081,398	762,471	786,334	\$3,750,643,317	916,668	921,150

¹ Individual parish enrollee and recipient counts may not sum to the total state count due to movement between parishes during the SFY. The state figures are unduplicated for the entire state, while numbers are unduplicated within the parish.

² LaCHIP payment and recipient amounts are underestimated due to LaCHIP's previous payment methodology.

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

⁴ Individual parish enrollee and recipient counts of LaCHIP and Regular Medicaid will not sum to the total Medicaid children count due to movement between the two types of Medicaid during the SFY. The figures are unduplicated for each Medicaid type, while numbers are unduplicated for total Medicaid children.

#: 1530

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

Iable	e AA12: Payments b	y Parisii ioi tile	top tell Provide	er Types baseu (on Payments (P	urt I)
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 Ro	ouge \$109,227,625	\$75,743,996	\$26,574,291	\$24,925,109	\$30,648,648	\$9,857,487
18 East Carroll	\$4,043,063	\$854,647	-\$3,752	\$638,518	\$267,500	\$80,679
19 East Feliciana	\$24,332,142	\$1,129,326	\$4,246,433	\$1,617,845	_	\$93,480
20 Evangeline	\$16,575,032	\$10,296,335	\$1,857,401	\$6,941,551	\$683,545	\$554,889
21 Franklin	\$14,016,038	\$812,052	\$2,196,931	\$182,682	\$710,751	\$158,073
22 Grant	\$6,567,621	_	\$327,677	_	_	\$30,399
23 Iberia	\$20,461,575	\$17,801,070	\$3,726,947	\$7,594,370	\$975,173	\$428,023
24 Iberville	\$10,336,327	\$2,358,642	_	\$1,233,222	\$130,267	\$256,001
25 Jackson	\$9,588,524	\$830,057	\$427,396	\$392,644	\$272,206	\$215,034
26 Jefferson	\$62,384,357	\$61,341,008	\$20,193,909	\$13,514,450	\$16,659,117	\$15,966,355
27 Jefferson Dav	is \$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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Pa	arish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
36 Orlea	ins	\$59,739,116	\$30,171,926	\$8,893,212	\$14,143,327	\$26,579,380	\$8,093,070
37 Ouac	hita	\$37,794,144	\$55,177,818	\$9,205,196	\$13,903,540	\$4,995,680	\$2,350,522
38 Plaqu	uemines	\$5,241,775	_	\$2,988,876	_	_	\$107,366
39 Point	e Coupee	\$11,300,682	\$2,250,389	_	\$1,744,149	\$307,400	\$119,368
40 Rapid	des	\$42,611,759	\$34,313,856	\$198,202,406	\$6,428,964	\$5,986,134	\$11,096,784
41 Red F	River	\$4,444,962	\$3,809,241	_	\$616,014	\$620,727	\$137,827
42 Richla	and	\$7,522,200	\$9,297,948	\$9,658,231	\$2,952,647	\$1,137,838	\$436,855
43 Sabir	ne	\$8,845,115	\$1,301,156	\$2,701,297	\$382,810	\$198,218	\$171,568
44 St. Be	ernard	_	\$7,355,065	\$547,084	\$2,003,652	\$474,076	\$430,301
45 St. Ch	narles	\$4,581,436	\$2,017,777	\$356,537	\$281,000	\$405,356	\$407,109
46 St. He	elena	\$2,180,659	\$1,825,115	\$331,008	\$639,734	\$131,061	\$83,759
47 St. Ja	mes	\$4,365,658	\$1,219,026	_	\$378,776	\$333,703	\$81,314
48 St. Jo	hn	\$2,025,328	\$9,200,767	\$450,146	\$2,091,995	_	\$403,602
49 St. La	ndry	\$33,792,906	\$13,385,832	\$2,284,949	\$11,029,726	\$1,309,969	\$884,658
50 St. Ma	artin	\$11,998,648	\$5,712,353	\$1,784,484	\$6,799,440	\$1,059,925	\$315,863
51 St. Ma	ary	\$13,235,997	\$6,242,560	_	\$2,648,178	\$864,764	\$361,321
52 St. Ta	mmany	\$42,318,586	\$8,394,194	\$7,325,328	\$1,749,162	\$2,842,772	\$3,431,658
53 Tangi	ipahoa	\$34,685,181	\$35,204,090	\$17,085,594	\$7,721,635	\$3,910,094	\$1,546,333
54 Tensa	as	_	_	_	_	_	\$1,665
55 Terre	bonne	\$21,407,789	\$6,861,175	\$2,087,829	\$1,292,998	\$1,727,756	\$819,661
56 Unio	n	\$12,873,182	_	\$443,320	_	\$741,449	\$241,190
57 Verm	ilion	\$25,584,846	_	\$524,111	_	\$1,163,146	\$353,641
58 Verno	on	\$9,423,442	\$458,536	\$1,432,021	\$453,037	\$319,462	\$28,303
59 Wash	ington	\$11,049,067	\$10,968,038	\$1,843,986	\$3,522,962	\$1,253,709	\$825,821
60 Webs	ster	\$15,391,175	\$7,632,384	\$5,971,967	\$4,403,232	\$627,534	\$365,935
61 West	Baton Rouge	\$6,630,512	\$3,139,701	_	\$602,223	_	\$116,753
62 West	Carroll	\$5,145,401	\$381,173	_	\$438,129	\$425,652	\$503,822
63 West	Feliciana	\$6,471,900	\$723,775	_	\$93,342	\$456,583	\$22,383
64 Winn		\$9,259,290	\$1,428,979	\$1,842,428	\$528,033	\$252,733	\$143,936
Total	In-State ¹	\$1,148,992,062	\$653,940,602	\$409,625,819	\$231,894,305	\$149,693,451	\$86,145,300
Total Ou	ıt-of-State²	_	_	_	_	\$2,119,943	\$14,027,886
Т	otal	\$1,148,992,062	\$653,940,602	\$409,625,819	\$231,894,305	\$151,813,394	\$100,173,186

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 ³	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 I	Beauregard	_	_	_	\$89,008	\$867,420	\$13,219,873	43
7 I	Bienville	_	\$867,406	_	\$3,446	\$94,526	\$17,754,186	34
8 I	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 I	De Soto	_	\$1,089,475	_	\$5,394	\$944,489	\$11,067,896	48
17 I	East Baton Rouge	_	\$15,285,602	\$4,906,873	\$4,946,754	\$37,410,696	\$339,527,081	1
18 I	East Carroll	_	_	_	\$3,479	\$231,227	\$6,115,361	61
19 I	East Feliciana	_	_	_	\$6,499	\$684,759	\$32,110,484	22
20 I	Evangeline	_	_	\$3,461,821	\$174,774	\$3,423,290	\$43,968,637	16
21 I	Franklin	_	\$1,033,724	_	\$336,046	\$764,296	\$20,210,593	31
22 (Grant	_	_	_	\$46	\$120,532	\$7,046,276	60
23 I	Iberia	_	_	_	\$297,301	\$6,921,311	\$58,205,771	12
24 I	lberville	_	\$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 I	Lafayette	_	\$9,502,349	\$2,747,303	\$2,503,196	\$33,526,455	\$194,578,439	5
	Lafourche	_	\$96,096	\$3,350,438	\$606,109	\$6,881,755	\$54,782,110	13
	La Salle	_	_	_	\$15,285	\$753,525	\$9,507,930	54
	Lincoln	_	\$422,128	_	\$413,615	\$2,513,973	\$30,020,171	24
	Livingston	_		\$324,373	\$64,398	\$4,239,188	\$36,412,639	20
	Madison	_	_	_	\$1,645	\$224,359	\$15,411,553	38
	Morehouse	_	\$668,412	_	\$109,042	\$1,204,381	\$28,776,013	29
	Natchitoches	_	\$1,583,106	_	\$127,529	\$1,477,619	\$28,842,305	28

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

Providers with no parish listed are included in In-State.

² Excluding payments to CMS.
³ All Others includes all provider types not in the top ten provider types.

Table AA13: Number of Providers by Parish for the Top Ten Provider Types¹ Based on Payments (Part 1)

Table AA13: Number of Providers by Parish for the Top Ten Provider Types Based on Paym Parish Nursing Personal Care ICF/ID Group Personal Localitation Parish Parish									
Parish	Nursing Facilities	Personal Care Attendant	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			

		Pa	geID #: 1535			
Parish	Nursing Facilities	Personal Care Attendant	ICF/ID Group Home	Personal Care Services	Hospital	Pharmacy
36 Orleans	23	32	18	32	9	81
37 Ouachita	26	31	23	29	12	47
38 Plaquemines	1	_	1	_	_	4
39 Pointe Coupee	4	2	_	2	2	7
40 Rapides	12	21	227	18	13	40
41 Red River	1	2	_	2	4	2
42 Richland	6	7	22	6	6	11
43 Sabine	4	2	8	2	3	7
44 St. Bernard	_	6	2	7	4	12
45 St. Charles	2	4	1	3	4	11
46 St. Helena	2	2	1	2	3	2
47 St. James	2	1	_	2	2	5
48 St. John	1	9	3	8	_	9
49 St. Landry	9	9	11	10	8	31
50 St. Martin	4	7	4	6	4	14
51 St. Mary	7	3	_	4	5	17
52 St. Tammany	13	9	8	8	13	73
53 Tangipahoa	11	23	43	17	12	36
54 Tensas	_	_	_	_	_	3
55 Terrebonne	4	8	6	7	9	27
56 Union	4	_	2	_	9	8
57 Vermilion	8	_	1	_	5	16
58 Vernon	3	2	4	2	5	7
59 Washington	4	9	4	9	8	29
60 Webster	5	7	15	7	5	9
61 West Baton Rouge	2	3	_	1	_	7
62 West Carroll	3	1	_	1	4	5
63 West Feliciana	2	1	_	1	1	2
64 Winn	4	1	4	1	3	3
Total In-State ²	344	485	688	432	296	1,196
Total Out-of-State	1	_	_	_	98	49
Total ³	345	485	688	432	390	1,244

Table AA13: Number of Providers by Parish for the Top Ten Provider Types¹ Based on Payments (Part 2)

	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others ⁴	Total (across all providers)	Overall Rank
1 /	Acadia	_	1	_	92	101	241	18
2	Allen	_	15	_	36	46	107	34
3 /	Ascension	_	1	_	58	105	221	20
4	Assumption	_	_	_	11	15	49	51
5	Avoyelles	_	2	_	38	86	148	27
6 E	Beauregard	_	_	_	58	63	126	29
7 E	Bienville	_	1	_	4	21	38	55
8 E	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 E	East Baton Rouge	_	32	6	1,706	1,824	3,789	1
18 E	East Carroll	_	_	_	8	13	27	61
19 E	East Feliciana	_	_	_	4	32	57	47
20 E	Evangeline	_	_	1	82	100	223	19
21 F	Franklin	_	1	_	37	59	106	36
22 (Grant	_	_	_	1	26	37	57
23 I	beria	_	_	_	183	293	510	13
24 I	berville	_	3	_	6	44	67	44
25 J	Jackson	_	_	_	39	47	98	39
26 J	Jefferson	_	12	5	1,426	984	2,661	3
27 J	lefferson Davis	_	1	_	39	65	129	28
28 L	_afayette	_	15	3	964	896	1,992	5
29 L	_afourche	_	1	2	262	210	516	12
30 L	_a Salle	_	_	_	20	45	72	42
31 L	_incoln	_	3	_	106	127	259	17
32 L	_ivingston	_	_	1	23	104	179	23
33 N	Madison	_	_	_	8	17	39	54
34 N	Morehouse	_	1	_	40	59	119	33
	Natchitoches		8		60	68	157	26

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	Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others ⁴	Total (across all providers)	Overall Rank
36	Orleans	_	4	_	1,972	1,354	3,467	2
37	Ouachita	_	16	5	426	521	1,095	9
38	Plaquemines	_	_	_	8	17	29	60
39	Pointe Coupee	_	1	_	7	40	59	46
40	Rapides	_	12	3	415	430	1,122	8
41	Red River	_	_	_	26	23	55	48
42	Richland	_	2	1	38	91	168	25
43	Sabine	_	_	_	16	52	86	40
44	St. Bernard	_	_	1	43	49	122	31
45	St. Charles	_	_	_	32	55	106	35
46	St. Helena	_	_	_	3	9	22	62
47	St. James	_	_	_	19	38	65	45
48	St. John	_	2	_	39	60	124	30
49	St. Landry	_	1	_	209	227	493	14
50	St. Martin	_	_	_	29	43	103	37
51	St. Mary	_	1	_	64	95	187	22
52	St. Tammany	_	9	4	759	597	1,449	6
53	Tangipahoa	_	10	_	377	428	909	10
54	Tensas	_	_	_	2	6	11	64
55	Terrebonne	_	5	_	301	230	582	11
56	Union	_	_	_	12	39	69	43
57	Vermilion	_	_	_	70	95	174	24
58	Vernon	_	1	_	41	63	120	32
59	Washington	_	_	_	120	93	265	16
60	Webster	_	8	_	57	88	187	21
61	West Baton Rouge	_	_	_	3	24	38	56
62	West Carroll	_	_	_	14	14	34	58
63	West Feliciana	_	_	_	10	15	30	59
64	Winn	_	_	_	8	29	47	52
	Total In-State ²	_	180	35	12,165	11,122	25,939	_
Te	otal Out-of-State	2	_	_	265	223	633	_
	Total³	2	180	35	12,399	11,339	26,532	_

Used other provider types based on attending NPIs when provider types resulted in an error.

² Providers with no parish listed are included in In-State.

³ Total number of providers may not sum to the total count due to providers offering services in more than one state during the (SFY). The total counts are unduplicated for the entire state, while other numbers are unduplicated for each provider type.

⁴ All Others includes all provider types not in the top ten provider types.

Table AA14: Number of Recipients¹ by Parish for the Top Ten Provider Types² Based on Payments (Part 1)

	Table AA14: Num Parish	Nursing	Personal Care	ICF/ID Group	Personal	Hospital	Pharmacy
		Facilities	Attendant	Home	Care Services		
	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
	Morehouse	383	167	12	233	1,307	386
35	Natchitoches	322	160	14	271	1,893	308

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37	Orleans Ouachita	Facilities 1,393	Attendant 669	Home	Care Services	Hospital	Pharmacy
37		1,393	660	127	836	14,735	5,904
	Ouaciiita	1,103	1,107	125	854	8,672	1,393
	Plaquemines	153		31		0,072	181
	•					-004	
	Pointe Coupee	281	57	1 200	101	904	344
	Rapides	1,174	730	1,290	407	6,918	4,239
	Red River	115	60	-	40	519	189
	Richland	207	211	141	193	1,644	365
	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
	West Baton Rouge	153	69	_	48	_	515
	West Carroll	149	10	_	28	608	288
	West Feliciana	144	16	_	7	413	113
	Winn	237	37	26	34	546	168
	Total In-State	28,533	13,828	4,219	13,263	147,869	71,517
	tal Out-of-State	1	_	_	_	539	1,357
	Total	28,534	13,828	4,219	13,263	148,043	72,349

Table AA14: Number of Recipients¹ by Parish for the Top Ten Provider Types² Based on Payments (Part 2)

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

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

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

² Used other provider types based on attending NPIs when provider types resulted in an error.

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 Based on Payments (Part 1)

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

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

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

2 Allen — \$15,637 — \$29 \$267 \$4,378 29 3 Ascension — \$6,028 — \$42 \$478 \$2,288 50 4 Assumption — — — \$33 \$417 \$2,839 49 5 Avoyelles — \$17,183 — \$33 \$320 \$5,938 13 6 Beautegard — — \$16,681 — \$20 \$119 \$11,634 22 8 Bossier — \$16,249 — \$41 \$41 \$44 \$4,018 34 9 Caddo — \$13,363 \$2,265 \$136 \$590 \$5,157 20 10 Calcaiseu — \$20,134 \$2,208 \$69 \$568 \$3,864 37 11 Caldwell — — \$6,246 \$10 \$34 \$919 \$5,844 14 12 Cameron — — \$34 \$919 \$5,844 14 13 Catahoula — — — \$33 \$563 \$10,204 66 14 Claiborne — — — \$33 \$563 \$10,204 66 14 Claiborne — — \$15,564 — \$33 \$563 \$10,204 66 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 — — \$2,334 \$40 \$4,985 23 18 East Carroll — \$36 \$1,112 \$2,3118 1 20 Evangeline — — \$2,334 \$40 \$4,985 23 18 beria — \$2,334 \$40 \$41 \$3,314 45 21 Franklin — \$12,922 — \$68 \$269 \$2,810 \$1 22 Grant — — \$2,334 \$40 \$41 \$3,314 45 23 Iberia — \$2,334 \$40 \$41 \$3,314 45 24 Iberville — \$1,114 \$2,201 \$85 \$637 \$3,316 41 25 Jefferson Davis — \$11,134 \$2,301 \$85 \$637 \$3,316 41 26 Jefferson — \$11,134 \$2,301 \$85 \$637 \$3,316 41 27 Jefferson Davis — \$11,385 — \$37 \$427 \$4,051 33 28 Lafayette — \$11,385 — \$37 \$427 \$4,051 33 29 Lafayette — \$11,385 — \$37 \$427 \$4,051 34 20 Lafayette — \$11,385 — \$37 \$427 \$4,051 34 20 Lafayette — \$11,385 — \$37 \$427 \$4,051 34 21 Jefferson Davis — \$11,385 — \$37 \$427 \$4,051 34 22 Jefferson Davis — \$11,385 — \$38 \$88 \$3,302 \$42 23 Lafayette — \$14,376 \$2,221 \$83 \$888 \$3,302 \$42 24 Lafayette — \$14,376 \$2,221 \$83 \$888 \$3,302 \$42 25 Laforche — \$6,406 \$2,190 \$60 \$938 \$31,12 \$46 31 Lincoln — \$7,406 — \$101 \$329 \$2,615 \$6 31 Lincoln — \$7,406 — \$101 \$329 \$2,615 \$6 31 Lincoln — \$7,406 — \$101 \$329 \$2,615 \$6 31 Lincoln — \$7,406 — \$101 \$329 \$2,615 \$6 31 Morchouse — \$11,140 — \$42 \$500 \$60 \$60 \$60 \$60 \$60 \$60 \$60 \$60 \$60 \$		Parish	Waiver	Hospice Services	Case Mgmt - Contractor	Physician (MD)	All Others ²	Total (across all providers)	Overall Rank
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 — — — \$54 \$447 \$2,796 \$22 7 Biewille — \$16,681 — \$20 \$119 \$11,634 2 8 Bossier — \$16,649 — \$41 \$414 \$4,018 34 9 Caddo — \$13,363 \$2,265 \$136 \$590 \$5517 20 10 Calcasieu — \$20,134 \$2,208 \$69 \$568 \$3,864 37 11 Caldwell — — — \$33 \$553 \$10,024 6 12 Cameron — — — <	1	Acadia	_	\$12,292	_	\$39	\$364	\$3,259	43
4 Assumption — — 543 \$417 \$2,839 49 5 Avoyelles — \$17,183 — \$33 \$320 \$5,938 13 6 Beauregard — — — \$34 \$447 \$2,796 \$2 7 Blemille — \$16,681 — \$20 \$119 \$11,634 2 8 Bossier — \$16,249 — \$41 \$414 \$4,018 34 9 Caddo — \$13,363 \$2,265 \$136 \$590 \$5157 20 10 Calcaseu — \$20,134 \$2,208 \$69 \$568 \$3,844 37 11 Caldwell — — — \$33 \$563 \$10,204 6 12 Cameron — — — \$33 \$563 \$10,204 6 12 Cameron — — — \$33 \$131	2	Allen	_	\$15,637	_	\$29	\$267	\$4,378	29
5 Avoyelles — \$17,183 — \$33 \$320 \$5,938 13 6 Beauregard — — — \$34 \$447 \$2,796 \$2 7 Bienville — \$16,681 — \$20 \$119 \$11,634 2 8 Bossier — \$16,681 — \$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 — — — \$53 \$563 \$10,004 6 13 Cataboula — — — \$33 \$563 \$10,004 6 14 Claioure — — — \$3	3	Ascension	_	\$6,028	_	\$42	\$478	\$2,828	50
6 Beauregard — — — \$34 \$447 \$2,796 \$2 7 Bienville — \$16,681 — \$20 \$119 \$11,634 2 8 Bossier — \$16,681 — \$41 \$414 \$4,018 34 9 Caddo — \$13,363 \$2,265 \$136 \$590 \$55157 20 10 Calcasieu — \$20,134 \$2,208 \$69 \$568 \$3,864 37 11 Caldwell — — — \$34 \$919 \$5844 14 12 Cameron — — — \$34 \$919 \$58,644 14 12 Cameron — — — \$33 \$563 \$10,004 6 13 Cathwell — — — \$33 \$563 \$10,004 6 14 Caliboria — \$11,518 — \$33	4	Assumption	_	_	_	\$43	\$417	\$2,839	49
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 — — — \$34 \$919 \$5,844 14 12 Cameron — — — \$0 \$57 \$43 64 13 Cataboula — — — \$333 \$563 \$10,024 6 14 Claiborne — — — \$533 \$1,138 \$10,619 4 15 Corocordia — \$11,518 — \$3	5	Avoyelles	_	\$17,183	_	\$33	\$320	\$5,938	13
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 — — — \$34 \$919 \$5,844 14 12 Cameron — — — \$33 \$563 \$10,204 6 14 Catahoula — — — \$533 \$563 \$10,619 4 15 Concordia — \$11,518 — \$399 \$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 Cerroll	6	Beauregard	_	_	_	\$34	\$447	\$2,796	52
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	8	Bossier	_	\$16,249	_	\$41	\$414	\$4,018	34
11 Caldwell	9	Caddo	_	\$13,363	\$2,265	\$136	\$590	\$5,157	20
12 Cameron	10	Calcasieu	_	\$20,134	\$2,208	\$69	\$568	\$3,864	37
13 Catahoula — — — \$33 \$5563 \$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 \$1 22 Grant — — <t< td=""><td>11</td><td>Caldwell</td><td>_</td><td>_</td><td>_</td><td>\$34</td><td>\$919</td><td>\$5,844</td><td>14</td></t<>	11	Caldwell	_	_	_	\$34	\$919	\$5,844	14
	12	Cameron	_	_	_	\$0	\$57	\$43	64
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 — — — \$368 \$269 \$2,810 \$1 21 Franklin — \$12,922 — \$68 \$269 \$2,810 \$1 22 Grant — — — \$1 \$107 \$4,691 24 23 Iberia — — — \$53 \$583 \$3,448 39 24 Iberia — \$19,117 —	13	Catahoula	_	_	_	\$33	\$563	\$10,204	6
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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 Davis — \$11,134 \$2,301 \$85 \$637 \$3,316 41 27 Jefferson Davis — \$11,376 \$2,221 \$83 \$888 \$3,302 42 <	15	Concordia	_	\$11,518	_	\$39	\$339	\$2,705	54
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	16	De Soto	_	\$15,564	_	\$37	\$640	\$5,201	19
East Feliciana	17	East Baton Rouge	_	\$15,286	\$2,201	\$124	\$1,026	\$4,895	23
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	18	East Carroll	_	_	_	\$18	\$440	\$8,198	8
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 —	19	East Feliciana	_	_	_	\$36	\$1,112	\$23,118	1
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 <td>20</td> <td>Evangeline</td> <td>_</td> <td>_</td> <td>\$2,334</td> <td>\$40</td> <td>\$414</td> <td>\$3,134</td> <td>45</td>	20	Evangeline	_	_	\$2,334	\$40	\$414	\$3,134	45
Section Sect	21	Franklin	_	\$12,922	_	\$68	\$269	\$2,810	51
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	22	Grant	_	_	_	\$1	\$107	\$4,691	24
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	23	Iberia	_	_	_	\$53	\$583	\$3,448	39
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	24	Iberville	_	\$19,117	_	\$69	\$382	\$5,148	21
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	25	Jackson	_	_	_	\$37	\$427	\$4,051	33
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	26	Jefferson	_	\$11,134	\$2,301	\$85	\$637	\$3,316	41
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	27	Jefferson Davis	_	\$11,385	_	\$43	\$265	\$3,098	47
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	28	Lafayette	_	\$14,376	\$2,221	\$83	\$888	\$3,302	42
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	29	Lafourche	_	\$6,406	\$2,190	\$60	\$938	\$3,112	46
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	30	La Salle	_	_	_	\$19	\$353	\$2,925	48
33 Madison — — — \$14 \$289 \$10,385 5 34 Morehouse — \$11,140 — \$42 \$706 \$6,333 12	31	Lincoln	_	\$7,406	_	\$101	\$329	\$2,615	56
33 Madison — — — \$14 \$289 \$10,385 5 34 Morehouse — \$11,140 — \$42 \$706 \$6,333 12	32	Livingston	_	_	\$1,843	\$56	\$378		
34 Morehouse — \$11,140 — \$42 \$706 \$6,333 12	33		_	_		\$14	\$289	\$10,385	5
	34		_	\$11,140	_				
	35		_		_				

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

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

APPENDIX B: BUDGET CATEGORY OF SERVICES

Private Providers

A_01. Ambulatory Surgical Clinics

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

A_02. Case Management Services

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

A_03. Durable Medical Equipment (DME)

Medically necessary equipment, appliances and supplies. Providers must obtain prior authorization.

A_04. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

The child-specific component of Louisiana Medicaid designed to make health care available and accessible to children. The Health Services component of EPSDT provides evaluation and treatment for children, primarily through schoolbased 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.

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A_18. Program for All Inclusive Care for the Elderly (PACE)

A service model that provides health services, as well as in-home supports to individuals who are 55 years of age or older, meet certain qualifications and choose to participate.

A_19. Pediatric Day Health Care (PDHC)

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

A 20. Pharmaceutical Products and Services

Prescription services for prescriptions issued by a licensed physician, podiatrist, certified nurse practitioner or dentist.

A 21. Physician Services

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

A 22. Rural Health Clinics

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

A_23. Transportation: Emergency – Ambulance

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

A_24. Transportation: Non-Emergency – Ambulance

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

A_25. Waiver: Adult Day Health Care (ADHC)

Provides supervised care during part of the day to adults 22 years of age or older with disabilities or elders in a licensed day care facility.

A 26. Waiver: Community Choices (CCW)

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

A_27. Waiver: Most Appropriate (MAW)

Waiver: Children's Choice (CC)

Provides supplemental support to children from birth through age 18 with developmental disabilities in their homes. Includes support coordination, center-based respite, environmental accessibility adaptations and family training and family support.

Waiver: New Opportunities (NOW)

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

Waiver: Residential Options (ROW)

Allows recipients to utilize the principles of selfdetermination and supplements the family and/ or the community supports that are available to maintain the individual in the community rather than institutional care. Includes support coordination, community living supports, companion care, host home, shared living, transitional services and others.

Waiver: Supports (SW)

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

A_28. Other Private Provider Services

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

A_29. Supplemental Payments

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

Managed Care Providers

A_30. Managed Care - Regular

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

A_31. Managed Care - Expansion

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

A_32. Dental Benefit Program - Regular

Specialized dental care services for adults and children provided through a system of care managed by Managed Care of North America.

A_33. Dental Benefit Program – Expansion

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

A_34. Louisiana Behavioral Health Partnership (LBHP)

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

A_35. Pharmacy Rebates - Regular

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

A_36. Pharmacy Rebates – Expansion

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

Public Providers

B_01. LSU – Facilities

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

B_02. LSU – Physicians

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

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

B_04. LDH – Villa Feliciana Nursing Home

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

B 05. LDH - Office of Public Health

Provides preventive health services and screenings through community health programs.

B 06. LDH - Office of Behavioral Health

Provides services and supports for individuals with mental illness and addictive disorders.

B 07. LDH – Human Services Districts

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

B 08. State – Education

Louisiana Special Education Center and Louisiana School for the Deaf.

B_09. Local Education Agencies for School Based Health (SBH) Services

Services provided by local education agencies including physical therapy, occupational therapy, speech language therapy, audiology services, behavioral health services and nursing services.

Buy-Ins and Supplements

C_01. Medicare Premiums and Supplements

Payments made for or on behalf of other primary coverage that minimizes expenses and liability to Louisiana Medicaid including Medicare, Optional State Supplement (OSS) and Louisiana Health Insurance Premium Payment Program (LaHIPP).

Payments to CMS for Medicare

Permit the state, as part of its total assistance plan, to provide medical insurance protection to designated categories of needy individuals who are eligible for Medicaid and also meet Medicare eligibility requirements. These payments are mostly Medicare Buy-in premiums paid on behalf of Medicaid-eligible recipients. In some cases, may also pay Part A and Part B deductibles, coinsurance and co-payments. This program helps people with Medicare who have limited income and resources.

Optional State Supplement (OSS)

A state funded payment, established from SCR 133, of up to \$8.00 per month based on eligibility criteria to supplement federal SSI payments, which is made to individuals who are aged, blind or disabled and reside in a non-psychiatric Medicaid long-term care facility. These funds are designated for the personal care needs of the individual(s).

Louisiana Health Insurance Premium Payment Program (LaHIPP)

A Medicaid funded program that reimburses the policyholder some or all of their private health insurance premium, cover the out-of-pocket costs for the Medicaid members/beneficiaries, and allows access to a larger network of providers. To qualify, at least one member of the family must have Medicaid coverage and private health insurance: either employer sponsored Insurance (ESI) or Individual Health Insurance

C 02. Part D Clawback

Mandatory state dollars paid to CMS beginning in January 2006 to help finance Medicare prescription drug coverage offered under Part D for dual eligibles. The amount a state must pay depends on guidelines the federal government has established under the Medicare Modernization Act (MMA).

Uncompensated Care Costs

D 01. LSU - Facilities

For included hospitals refer to number B_01 under Public Providers.

D 02. LDH - Office of Behavioral Health

D_03. Private Hospitals

APPENDIX C: GLOSSARY

Applied Behavior Analysis (ABA): The program that provides community-based behavioral and psychological services to individuals under 21 years of age who have been diagnosed with a condition for which ABA services are considered appropriate, such as autism spectrum disorders. Services were made available through Medicaid in 2014. It was moved into managed care beginning February 2018.

Breast and Cervical Cancer Program: The program provides full Medicaid benefits to uninsured women who are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program. These women have been diagnosed with breast or cervical cancer or a pre-cancerous condition and are in need of treatment. The Medicaid program does not have income or resource limits, but the CDC requires that the income be less than 200% of the FPG. After February 2016 most individuals covered by this program were eligible for Healthy Louisiana.

Child Health and Maternity Program (CHAMP) – Child:

Medicaid eligibility for poverty-level children under the age of 19 who are eligible for Medicaid if they meet all program requirements.

Child Health and Maternity Program (CHAMP) – Pregnant Woman: Medicaid eligibility for a CHAMP Pregnant Woman may begin at any time during a medically verified pregnancy and as early as three months prior to the month of the application if all requirements of the program are met.

Centers for Medicare and Medicaid Services (CMS):

The federal agency charged with overseeing and approving states' implementation and administration of the Medicaid and Medicare programs.

Chisholm v. Abraham: A class action brought by Medicaid beneficiaries who fall into the EPSDT Program. The class is defined as Medicaid eligible beneficiaries under 21 years of age who are on the Developmental Disabilities Request for Services Registry. LDH is required to offer support coordination to all class members. The LDH Health Standards Section must also monitor all agencies that provide the support coordination services to assure the staff that provide the services are in compliance with all of the provisions of the settlement agreements, manuals, and training materials.

Clawback Payment: The 2003 Medicare Prescription Drug, Improvement, and Modernization Act (MMA) created Medicare Part D and transitioned, from Medicaid to Medicare, prescription drug coverage for those who were eligible for Medicare and full Medicaid benefits. It also required states to make payments to cover the cost of Medicare Part D benefits. These payments, known as state phased-down (SPD) contributions or clawback payments, are calculated based on prescription drug costs, the state's share of most Medicaid costs, a phased-down adjustment factor, and the number of full Medicaid benefit dual eligibles in the state. CMS annually notifies states of their payment amount for the following year.

Co-payment: A fixed dollar amount paid by a Medicaid enrollee at the time of receiving a covered service from a participating provider.

Department of Health and Human Services (DHHS):

DHHS administers many of the "social" programs at the federal level that deal with the health and welfare of citizens of the United States. It is the federal department responsible for the Centers for Medicare and Medicaid Services.

Disproportionate Share Hospitals (DSH): Payments made by the Medicaid program to hospitals designated as serving a disproportionate share of low-income or uninsured patients. DSH payments are in addition to regular Medicaid payments for providing care to Medicaid beneficiaries. The maximum amount of federally matched funds available annually to individual states for DSH payments is specified in the federal Medicaid statute.

Disabled Adult Child (DAC): Provides Medicaid coverage to individuals over the age of 18 who became blind or disabled before the age of 22 and has lost SSI eligibility on or after July 1, 1987, as the result of entitlement to or increase in Retirement, Survivors and Disability Insurance (RSDI).

Disabled Widows and Widowers: Provides Medicaid coverage to disabled widows/widowers (between the ages of 50 and 59) who would be eligible for SSI had there been no elimination of the reduction factor in the federal formula and no subsequent cost-of-living adjustments.

Deficit Reduction Act of 2005 (DRA): Enacted in February 2006 to reduce the rate of federal and state Medicaid spending growth through new flexibility on Medicaid premiums, cost sharing and benefits, along with tighter controls on asset transfers in order to qualify for long-term care through Medicaid.

Direct Waiver Payments: Payments made on behalf of HCBS Waiver recipients for services, such as support coordination, assistive devices, home health care, respite care, personal care attendant, supported employment, environmental modifications, personal emergency response systems, companion service, transition and transportation to and from services or medical care, etc.

Dual Eligible: Individuals who are entitled to Medicare and are eligible for full or partial Medicaid benefits. Medicaid may pay for all or a portion of Medicare Part A and B premiums, co-payments and deductibles for dual eligibles.

Eligible: A person who is qualified for Medicaid but may or may not be enrolled.

Enrollee: A person who is Medicaid eligible, has applied for and was approved by the Medicaid program to receive benefits regardless of whether he or she received any service and/or any claims were filed on his or her behalf. Refer to the technical note on page 6 for more details.

Expansion: Medicaid expansion under the Affordable Care Act was put into place in Louisiana in SFY 2016/17. Individuals age 19 through 64 who are not eligible for Medicaid in another program and are not already enrolled in Medicaid may enroll through Medicaid expansion.

Expenditure: In this report, expenditure refers to fiscal information derived from the financial system of the LaGOV Enterprise Resource Planning System – Finance Module (LaGOV). LaGOV reports the program expenditures after all claims and financial adjustments have been taken into account.

Family Independence Temporary Assistance Program (FITAP): In Louisiana, Temporary Assistance for Needy Families (TANF) is provided under a program known as the FITAP. This program provides temporary assistance for needy pregnant women and families with minor children under Title IV-A of the Social Security Act. The program provides eligible individuals with cash assistance and supportive services if those families meet eligibility requirements and are otherwise complying with FITAP requirements.

Family Opportunity Act (FOA): Implemented in October 2007 under the DRA, FOA is a buy-in program that grants Medicaid access to children who have a disability, but have maxed out their private health insurance or are ineligible for Supplemental Security Income (SSI), Medicaid, or LaCHIP because of parent income or private health insurance. FOA covers children up to 300% of the FPG. Cost sharing is required. The program offers full Medicaid benefits, though most of FOA enrollees have other health care coverage and only use the Medicaid coverage for wrap-around of services and benefits not covered through their private plan. FOA enrollees are required to keep employer sponsored insurance if the employer is paying at least 50% of the total annual premium.

Federal Fiscal Year (FFY): The FFY starts October 1 and ends September 30 of the following calendar year.

Federal Medical Assistance Percentage (FMAP): FMAP is the percentage the federal government will match on state money spent on Medicaid; also known as Federal Financial Participation (FFP).

Fee-for-Service (FFS): A model of payment in which Louisiana Medicaid pays each service provider directly based on the services provided to Medicaid recipients. While Louisiana Medicaid has been moving away from the FFS model in favor of managed care; there are still FFS programs and enrollees. Some populations are excluded from managed care, and there are some services which are exclusive to payment under FFS such as waiver services, long-term care and services through intermediate care facilities for the developmentally disabled.

Financial Eligibility: Limits on the amount of income and the amount of resources an individual is allowed to have in order to qualify for coverage.

Full Dual Eligible: Medicare beneficiary who is eligible for full Medicaid services. Medicaid pays the deductible and co-payments for Medicare services and may cover other Medicaid services not covered by Medicare.

Healthy Louisiana: The term used for the managed care Health Plans which coordinate physical health care for Medicaid recipients. Healthy Louisiana consists of six health plans which have the same core benefits and services, but may offer recipients enhanced benefits.

Inflation: An overall general price level increase of goods and services in an economy, usually measured by the Consumer Price Index (CPI) and the Producer Price Index (PPI) by the Bureau of Economic Analysis.

LaMOMS: Medicaid program that provides pregnancy-related services, delivery and care up to 60 days after delivery for women with income up to 138% of the FPG.

Louisiana Behavioral Health Partnership (LBHP): A fully integrated managed care system for behavioral health. LBHP coordinates services across multiple agencies and is operated by Magellan Health Services, Inc.

Long-Term Care (LTC): An applicant/recipient may be eligible for Medicaid services in the LTC program if he or she requires medical assistance for a defined activity of daily living (ADL) such as dressing, eating, bathing, ambulation, etc. These services may be provided either in a facility, in an individual's home or in the community.

Louisiana Children's Health Insurance Program (LaCHIP): As a result of the Federal Balanced Budget Act of 1997 and the Social Security Act, the federal government has provided states with funding for a state children's health insurance program with enhanced FMAP. In Louisiana, the program is called LaCHIP. LaCHIP is a Medicaid expansion that covers children less than 19 years old and up to 217% of the FPG.

LaCHIP Affordable Plan (LAP): A stand-alone program that provides Medicaid coverage for children under the age of 19 not covered by health insurance and is below 255% FPG. Some cost sharing is associated with LAP through monthly premiums and co-payments.

Low Income and Needy Care Collaboration
Agreement (LINCCA): Agreements between private hospitals, and public state and local hospitals and hospital districts that allow private hospitals to take on services for low-income and needy patients which alleviates the financial strain upon the government entities that can then utilize those funds to supplement the Medicaid program and draw down federal financial participation. There is no legal obligation to contribute funding to the Medicaid supplemental payment program and is done at their sole discretion.

Managed Care: A health care delivery system that manages the delivery of Medicaid services through contracted arrangements between state Medicaid and managed care entities (MCE).

Mandatory Services: In order to receive federal Medicaid funding, each state must agree to provide mandatory services to the Medicaid eligible population. Along with mandatory services, states are free to offer optional services and receive federally matched funds for all of them. Some programs are limited by eligibility requirements or service limits, but all Medicaid services must be provided to enrolled children under age 21 if the services are deemed medically necessary.

Medicaid Purchase Plan (MPP): Allows working individuals up to 100% of the FPG with disabilities to "buy in" to Louisiana Medicaid health coverage. It was implemented in January 2004. This optional Medicaid program was authorized by the Ticket to Work Act and Work Incentives Improvement Act of 1999. Before SFY 2014/15, individuals whose income exceeded 100% of FPG were allowed to pay a premium to gain access to this program. As of July 2014, individuals were only allowed to take part in this program if they had an income of 100% of the FPG or less and do not pay any premiums. MPP provides full medical coverage.

Medically Needy Program (MNP): Provides Medicaid coverage in a categorical assistance program when income and resources of the individual or family are sufficient to meet basic needs, but are not sufficient to meet medical needs according to the state's established Medically Needy standards. Within the MNP there are two groups of individuals or families whose medical expenses spend down (reduce) their income to levels at or below the Medically Needy Income Eligibility Standards (MNIES). The first of these is Spend-down Medically Needy, which can apply to Children, Parents and Caretaker Relatives as well as individuals who are aged, blind, or have a disability and are not institutionalized. The second Spend-down group is Long Term Care (LTC) Spend-down Medically Needy, which is available to individuals or couples residing in Medicaid LTC facilities whose resources are within Medicaid limits but whose income exceeds the special income limit. Similar to regular Spend-down Medically Needy, LTC Spend-down applicants must have a reduced income due to medical expenses.

Medical Vendor Administration (MVA): Responsible for the development, implementation, and enforcement of the administrative and programmatic policies of the Medicaid program with respect to eligibility.

Medical Vendor Payments (MVP): The financial entity from which all health care providers serving Medicaid enrollees and the uninsured and the managed care plans are paid.

Medicare: Like Medicaid, Medicare was created by the Social Security Act of 1965, but the two are different. Medicare is a federally paid and administrated insurance program that has four parts of coverage: Parts A, B, C, and D.

Medicare Part A: The hospital insurance portion of Medicare. Part A covers inpatient hospital care, skilled nursing facility care, some home health agency services and hospice care.

Medicare Part B: The supplementary or "physicians" insurance portion of Medicare. Part B covers services of physicians/other suppliers, outpatient care, medical equipment and supplies, and other medical services not covered by the hospital insurance part of Medicare.

Medicare Part C: Provides for a managed care delivery system for Medicare services.

Medicare Part D: Provides Medicare beneficiaries with assistance paying for prescription drugs. It was enacted as part of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) and went into effect on January 1, 2006. Unlike coverage in Medicare Parts A and B, Part D coverage is not provided within the traditional Medicare program. Instead, beneficiaries must affirmatively enroll in one of the many hundreds of Part D plans offered by private companies.

Non-Waiver Payments: All other payments, besides those for direct waiver services, made on behalf of HCBS Waiver recipients, such as physician, hospital, pharmacy, etc.

Parents and Caretaker Relative Group: Provides Medicaid coverage to individuals living with and assuming primary responsibility for the care of a dependent child under the age of 18. This group includes individuals with income less than or equal to 24% of the FPG.

Partial Dual Eligible: Medicare beneficiary who does not qualify for full Medicaid services. Medicare Savings Program serves the partial eligibles by assisting with Medicare premium and cost sharing programs through the Medicaid program.

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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.



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ABA	Applied Behavior Analysis
ACA	Affordable Care Act
ADHC	Adult Day Health Care
ADL	Activities of Daily Living
AFDC	Aid to Families with Dependent Children (Now LIFC)
BCOS	Budget Category of Service
BHSF	Bureau of Health Services Financing (Also Medicaid)
BOE	Basis of Eligibility
CC	Children's Choice Waiver
CCW	Community Choices Waiver
CDC	Centers for Disease Control
CHAMP	Child Health and Maternity Program
CMS	Center for Medicare and Medicaid Services
CPI	Consumer Price Index
CSoC	Coordinated System of Care
CWO	Child Welfare Office
CY	Calendar Year
DAC	Disabled Adult Child
DBPM	Dental Benefits Plan Manager
DD	Developmentally Disabled
DHHS	Department of Health and Human Services
DME	Durable Medical Equipment
DOE	Department of Education
DOP	Date of Payment
DOS	Date of Service
DRA	Deficit Reduction Act of 2005
DSH	Disproportionate Share Hospitals
ESO	Economic Stability Office
EDA	Elderly and Disabled Adult
EHR	Electronic Health Records
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
ESRD	End Stage Renal Disease
FFP	Federal Financial Participation (Also FMAP)
FFS	Fee-for-Service

FFY	Federal Fiscal Year			
FITAP	Family Independence Temporary Assistance Program			
FMAP	Federal Medical Assistance Percentage			
FOA	Federal Opportunity Act			
FPG	Federal Poverty Guidelines			
FPL	Federal Poverty Level			
FQHC	Federally Qualified Health Center			
FSO	Family Support Organizations			
GNOCHC	Greater New Orleans Community Health Connection			
HCBS	Home and Community-Based Services			
HCSD	Health Care Services Division			
HEDIS	Healthcare Effectiveness Data and Information Set			
HIT	Health Information Technology			
HSC	Health Sciences Center			
IADL	Instrumental Activities of Daily Living			
ICF/ID	Intermediate Care Facility – Intellectually Disabled			
LaCHIP	Louisiana Children's Health Insurance Program			
LaGOV	LaGOV Enterprise Resource Planning System – Finance Module			
LaHIPP	Louisiana Health Insurance Premium Payment			
LAP	LaCHIP Affordable Plan			
LBHP	Louisiana Behavioral Health Partnership			
LDH	Louisiana Department of Health			
LIFC	Low Income Families with Children			
LINCCA	Low Income and Needy Care Collaboration Agreement			
LIS	Low Income Subsidy			
LSU	Louisiana State University			
LSUMC	Louisiana State University Medical Center			
LTC	Long Term Care			
LT-PCS	Long Term – Personal Care Services			
LTSS	Long Term Services and Supports			
MAGI	Modified Adjusted Gross Income			

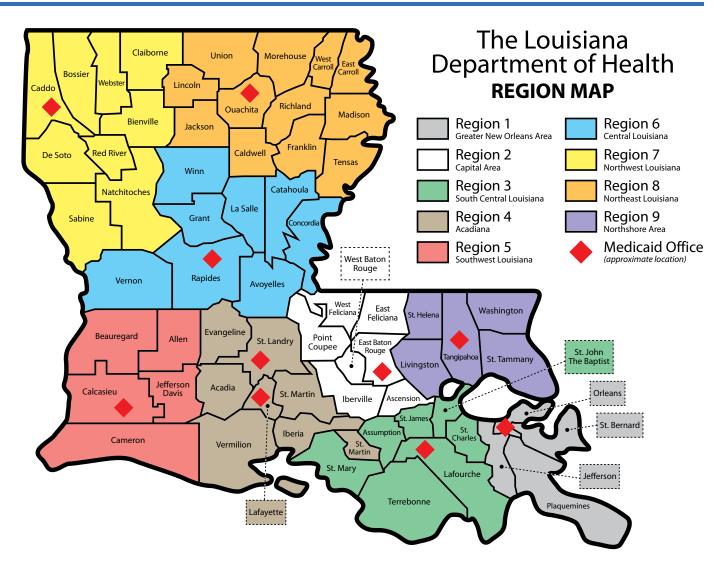
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MARS	Management Administrative Reporting Subsystem
MCE	Managed Care Entity
MCO	Managed Care Organization
MD	Medical Doctor
MDW	MARS Data Warehouse
MLTSS	Managed Long Term Supports and Services
MMA	Medicare Modernization Act of 2003
MMIS	Medicaid Management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

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



APPENDIX E: MEDICAID OFFICE INFORMATION



ALEXANDRIA

Rapides Parish

1507 Lee Street Alexandria, LA 71301

BATON ROUGE

Eat Baton Rouge Parish

2521 Wooddale Boulevard Baton Rouge, LA 70805

HAMMOND

Tangipahoa Parish

45615 University Park Avenue Hammond, LA 70401

LAFAYETTE

Lafayette Parish

117 Production Drive Lafayette, LA 70508

LAKE CHARLES

Calcasieu Parish

620 Esplanade Street, Suite 201 Lake Charles, LA 70601

MONROE

Ouachita Parish

24 Accent Drive, Suite 119 Monroe, LA 71202

NEW ORLEANS

Orleans Parish

1450 Poydras Street, Suite 1018 New Orleans, LA 70112

OPELOUSAS

St. Landry Parish

6069 I-49 Service Road, Suite B Opelousas, LA 70570

SHREVEPORT

Caddo Parish

3020 Knight Street, Suite 100 Shreveport, LA 71105

THIBODAUX

Lafourche Parish

1222 Tiger Drive Thibodaux, LA 70301

EXHIBIT 96

Marc Roemer, HHS, Agency for Healthcare Research and Quality, Costs of Emergency Department Visits in the United States, 2021
(September 2024)

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 2021¹ despite a decrease in the volume of inpatient stays² and emergency department (ED) visits³,⁴ during the COVID-19 pandemic. Most hospital inpatient stays in 2021 (59.1 percent) included evidence of ED services prior to admission.⁵ Further, in 2021, 18.0 percent of adults in the United States reported that they had an ED visit during the previous 12 months.⁶ Therefore, the volume of patient visits to the ED, the associated service delivery costs, and the variation in the volume of ED visits by patient and hospital characteristics remain important health policy concerns.⁵

This Healthcare Cost and Utilization Project (HCUP) Statistical Brief presents statistics on the cost of treat-andrelease 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

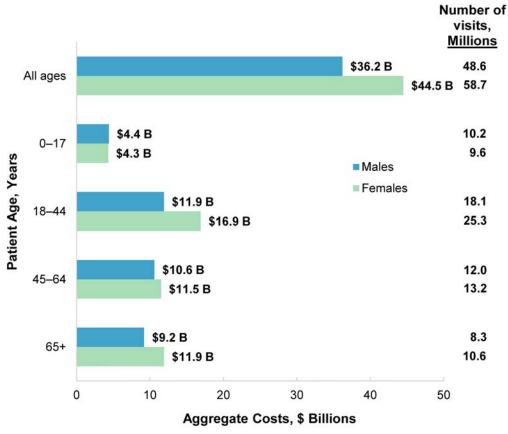
- In 2021, there were 107.4 million treat-andrelease emergency department (ED) visits in the United States, with aggregate costs amounting to \$80.3 billion (B).
- Aggregate costs were higher for females (\$44.5 B) than for males (\$36.2 B).
- ED costs for patients residing in large metropolitan areas 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

Detient Chanastonistic	Aggregat	Aggregate costs		Number of visits	
Patient Characteristic	\$, billions	%	Average cost per visit, \$	N, millions	%
Total	80.3	100.0	750	107.4	100.0
Age group, years					
0–17	8.7	10.8	440	19.8	18.5
18–44	28.8	35.7	660	43.4	40.4
45–64	22.2	27.4	880	25.2	23.4
65+	21.1	26.1	1,110	19.0	17.7
Sex				<u>, </u>	
Female	44.5	55.1	760	58.7	54.7
Male	36.2	44.9	740	48.6	45.3
Primary expected payer				·	
Medicare	22.5	27.9	1,040	21.5	20.1
Medicaid	21.4	26.6	600	35.6	33.2
Private insurance	25.9	32.1	790	32.8	30.6
Self-pay/No charge*	7.6	9.5	610	12.5	11.7
Other	3.2	4.0	690	4.7	4.4
Community-level income				•	
Quartile 1 (lowest)	24.4	30.8	670	36.7	34.7
Quartile 2	20.3	25.6	720	28.2	26.8
Quartile 3	18.7	23.5	810	23.1	21.9
Quartile 4 (highest)	15.9	20.1	910	17.5	16.6
Location of patient's residen	ce			·	
Large metropolitan area	42.0	52.4	790	53.2	49.9
Small metropolitan area	23.7	29.5	700	33.7	31.6
Micropolitan areas	8.4	10.5	710	11.8	11.1
Rural area	6.1	7.6	770	7.9	7.4
Discharge status					
Routine discharge	71.1	87.9	710	99.7	92.8
Transfer†	6.6	8.2	1,560	4.2	3.9
All other dispositions [‡]	3.1	3.9	900	3.5	3.2

Abbreviation: ED = emergency department.

Notes: Statistics for treat-and-release ED visits with missing or invalid patient characteristics are not presented. Patient age, sex, expected payer, and community-level income were missing for <0.1 percent, <0.1 percent, 0.2 percent, and 1.7 percent of ED visits, respectively. Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted); see Definitions section.

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

^{*} 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.

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.

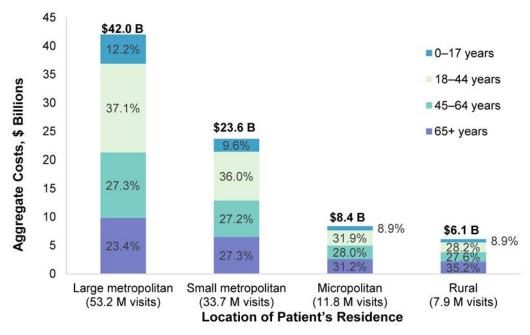
Of the 107.4 million treat-and-release ED visits in the United States in 2021, 92.8 percent were routine discharges and 3.9 percent were transfers. The cost per visit was substantially higher for transfers than it was for routine discharges (\$1,560 vs. \$710).

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.

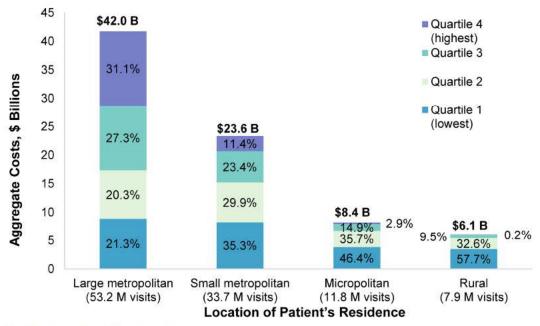
Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

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.

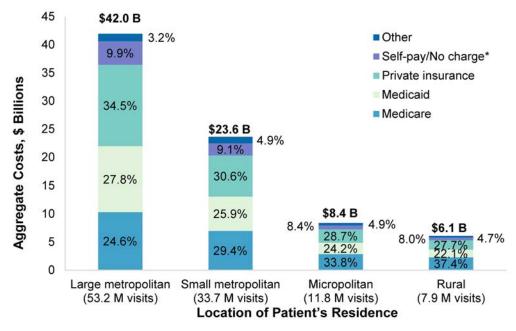
Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Nationwide Emergency Department Sample (NEDS), 2021

 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

11it-1 Chti-ti-	Aggregate costs		Average cost	Number of visits	
Hospital Characteristic	\$, billions	%	per visit, \$	N, millions	%
Total	80.3	100.0	750	107.4	100.0
Region					
Northeast	15.6	19.3	820	19.0	17.7
Midwest	18.3	22.7	740	24.9	23.2
South	27.8	34.4	650	42.9	40.0
West	19.1	23.6	930	20.5	19.1
Ownership					
Private, for-profit	7.9	9.7	510	15.3	14.3
Private, nonprofit	61.7	76.4	790	77.9	72.5
Public	11.2	13.9	790	14.2	13.2
Teaching status	Teaching status				
Nonteaching	25.4	31.5	720	35.3	32.8
Teaching	55.4	68.5	770	72.1	67.2
Trauma level designation					
Trauma center level I	15.7	19.4	880	17.8	16.6
Trauma center level II	12.6	15.5	760	16.5	15.4
Trauma center level III	9.7	12.0	660	14.7	13.7
Not a trauma center	42.9	53.1	740	58.3	54.3

Abbreviation: ED = emergency department.

Notes: Average cost has been rounded to the nearest \$10. Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted); see Definitions section.

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

 The number of treat-and-release ED visits and the aggregate costs for treat-and-release ED visits were highest and the average cost per visit was lowest for hospitals that were located in the South in 2021.

Aggregate costs in the South were \$27.8 billion in 2021, accounting for 34.4 percent of the \$80.3 billion in total ED visit costs in the United States. The share of ED visit volume in the South was even larger, accounting for 40.0 percent of the 107.4 million visits in the United States.

The lowest average cost per ED visit in 2021 was in private, for-profit hospitals, at \$510 per ED visit. The average cost for ED visits in private nonprofit and public hospitals, at \$790 per visit, was more than 50 percent higher than the cost at private for-profit hospitals.

The distribution of aggregate costs for ED visits across other hospital characteristics largely followed the pattern observed in the volume of ED visits. Shares of aggregate costs were highest in private nonprofit hospitals, teaching hospitals, and hospitals that were not designated as trauma centers (76.4 percent, 68.5 percent, and 53.1 percent of costs, respectively).

References

- ¹ Hartman M, Martin AB, Whittle L, Catlin A. National health care spending in 2022: growth similar to prepandemic rates. Health Aff (Millwood). 2024 Jan;43(1):6-17. doi:10.1377/hlthaff.2023.01360.
- ² American Hospital Association. Fast Facts on U.S. Hospitals, 2021. AHA Hospital Statistics, 2021 Edition. Chicago, IL: American Hospital Association; 2021.
- ³ Cairns C, Kang K. National Hospital Ambulatory Medical Care Survey: 2021 Emergency Department Summary Tables. https://www.cdc.gov/nchs/data/nhamcs/web tables/2021-nhamcs-ed-web-tables-508.pdf. Accessed September 9, 2024.
- ⁴ Cairns C, Kang K. National Hospital Ambulatory Medical Care Survey: 2019 Emergency Department Summary Tables. 2022. https://dx.doi.org/10.15620/cdc:115748. Accessed September 9, 2024.
- ⁵ HCUPnet, Healthcare Cost and Utilization Project. Rockville, MD: Agency for Healthcare Research and Quality. https://datatools.ahrq.gov/hcupnet.
- ⁶ National Center for Health Statistics. Percentage of having a hospital emergency department visit in past 12 months for adults aged 18 and over, United States, 2019-2021. National Health Interview Survey. Generated June 24, 2024 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS adult/index.html. Accessed September 9, 2024.
- ⁷ Pickens G, Smith MW, McDermott KW, Mummert A, Karaca Z. Trends in treatment costs of U.S. emergency department visits. Am J Emerg Med. 2022 Aug;58:89-94.

Data Source

This Statistical Brief uses data from the HCUP 2021 Nationwide Emergency Department Sample (NEDS). For additional information about the HCUP NEDS, please visit: https://hcup-us.ahrq.gov/db/nation/neds/nedsdbdocumentation.jsp.

Definitions

Total costs and charges

Charges represent what the hospital billed for the discharge. Hospital charges reflect the amount the hospital charged for the entire ED visit and do not include professional (physician) fees.

Total hospital charges were converted to costs using HCUP Cost-to-Charge Ratios based on hospital accounting reports from the Centers for Medicare & Medicaid Services (CMS). *a Costs* reflect the actual expenses incurred in the production of hospital services, such as wages, supplies, and utility costs; charges represent the amount a hospital billed for the case. For each hospital, a hospital-wide cost-to-charge ratio is used. For the purposes of this Statistical Brief, costs are reported to the nearest \$10. Further information on the Cost-to-Charge Ratio can be found at: https://hcup-us.ahrq.gov/db/ccr/costtocharge.jsp.

Charges, from which costs are estimated, were missing for 0.6 percent of ED visits (weighted). Aggregate costs were estimated as the product of the number of visits and the average cost per visit in each reporting category. Therefore, a comparison of aggregate cost estimates across different tables, figures, or characteristics may result in slight discrepancies.

^a Agency for Healthcare Research and Quality. Cost-to-Charge Ratio (CCR) Files. Healthcare Cost and Utilization Project (HCUP). Agency for Healthcare Research and Quality. Updated November 2021. www.hcup-us.ahrq.gov/db/state/costtocharge.jsp. Accessed September 9, 2024.

Primary expected payer

To make coding uniform across all HCUP data sources, the primary expected payer combines detailed categories into general groups:

- Medicare: includes fee-for-service and managed care Medicare
- Medicaid: includes fee-for-service and managed care Medicaid
- Private insurance: includes commercial nongovernmental payers, regardless of the type of plan (e.g., private health maintenance organizations [HMOs], preferred provider organizations [PPOs])
- Self-pay/No charge: includes self-pay, no charge, charity, and no expected payment
- Other payers: includes other Federal and local government programs (e.g., TRICARE, CHAMPVA, Indian Health Service, Black Lung, Title V) and Workers' Compensation

ED visits that were expected to be billed to the State Children's Health Insurance Program (SCHIP) are included under Medicaid.

Community-level income

Community-level income is based on the median household income of the patient's ZIP Code of residence. Quartiles are defined so that the total U.S. population is evenly distributed. Cutoffs for the quartiles are determined annually using ZIP Code demographic data obtained from projections of the U.S. Census Bureau data. The value ranges for the income quartiles vary by year. The income quartile is missing for patients who are homeless or foreign.

Location of patients' residence

Place of residence is based on the urban-rural classification scheme for U.S. counties developed by the National Center for Health Statistics (NCHS). For this Statistical Brief, we collapsed the NCHS categories into either urban or rural according to the following:

Urban:

- Large central metropolitan: includes metropolitan areas with 1 million or more residents
- Large fringe metropolitan: includes counties of metropolitan areas with 1 million or more residents
- Medium and small metropolitan: includes areas with 50,000–999,999 residents

Rural:

 Micropolitan and noncore: includes nonmetropolitan counties (i.e., counties with no town greater than 50,000 residents)

Discharge status

Discharge status reflects the disposition of the patient at discharge from the hospital and includes the following six categories: routine (to home); transfer to another short-term hospital; other transfers (including skilled nursing facility, intermediate care, and another type of facility such as a nursing home); home healthcare; against medical advice (AMA); or died in the hospital. For the purposes of this Statistical Brief, the "transfer" category includes both transfer to a different short-term hospital and transfer to other facilities such as skilled nursing facilities, intermediate care facilities, and another type of facility; and "all other dispositions" includes home healthcare, against medical advice, died in the ED, and destination unknown.

^b Claritas. Claritas Demographic Profile by ZIP Code. https://claritas360.claritas.com/mybestsegments/.

Hospital region

Region is one of the four regions defined by the U.S. Census Bureau:

- Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont
- Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin
- South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, Wyoming

Hospital ownership

Data on hospital ownership were obtained from the American Hospital Association (AHA) Annual Survey. Hospital ownership/control includes categories for government nonfederal (public), private not-for-profit (voluntary), and private investor-owned (proprietary).

Hospital teaching status

Data on status as a teaching hospital were obtained from the AHA Annual Survey. *Teaching hospital* is defined as having a residency program approved by the Accreditation Council for Graduate Medical Education, being a member of the Council of Teaching Hospitals, or having a ratio of full-time equivalent interns and residents to beds of 0.25 or higher.

Hospital trauma level

Trauma designation for trauma centers that treat adults and children were identified through the Trauma Information Exchange Program (TIEP) database, a national inventory of trauma centers in the United States.^c A trauma center is a hospital that is equipped to provide comprehensive emergency medical services 24 hours a day, 365 days per year to patients with traumatic injuries. In 1976, the American College of Surgeons Committee on Trauma (ACS/COT) defined five levels of trauma centers:^d

- Level I centers have comprehensive resources, are able to care for the most severely injured, and provide leadership in education and research.
- Level II centers have comprehensive resources and are able to care for the most severely injured, but do not provide leadership in education and research.
- Level III centers provide prompt assessment and resuscitation, emergency surgery, and, if needed, transfer to a level I or II center.
- Level IV/V centers provide trauma support in remote areas in which no higher level of care is available.
 These centers resuscitate and stabilize patients and arrange transfer to an appropriate trauma facility.

For this Statistical Brief, trauma hospitals were defined as those classified by the ASC/COT as a level I, II, or III trauma center. This approach is consistent with the classification of trauma centers used in the NEDS. The ACS/COT has a program that verifies hospitals as trauma level I, II, or III. It is important to note that although all level I, II, and III trauma centers offer a high level of trauma care, there may be differences in the specific services and resources offered by hospitals of different levels. Trauma levels IV and V are designated at the State level (and not by ACS/COT) with varying criteria applied across States.

^c American Trauma Society. Trauma Information Exchange Program (TIEP). www.amtrauma.org/page/TIEP. Accessed September 9, 2024.

^d MacKenzie EJ, Hoyt DB, Sacra JC, Jurkovich GJ, Carlini AR, Teitelbaum SD, Teter H Jr. National inventory of hospital trauma centers. JAMA. 2003 Mar 26;289(12):1515-1522.

^e American College of Surgeons. Trauma Programs: Verification, Review, and Consultation Program. https://www.facs.org/quality-programs/trauma/quality/verification-review-and-consultation-program/. Accessed September 9, 2024.

About HCUP

The Healthcare Cost and Utilization Project (HCUP, pronounced "H-Cup") is a family of healthcare databases and related software tools and products developed through a Federal-State-Industry partnership and sponsored by the Agency for Healthcare Research and Quality (AHRQ). HCUP databases bring together the data collection efforts of State data organizations, hospital associations, and private data organizations (HCUP Partners) and the Federal government to create a national information resource of encounter-level healthcare data. HCUP includes the largest collection of longitudinal hospital care data in the United States, with all-payer, encounter-level information beginning in 1988. These databases enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to healthcare programs, and outcomes of treatments at the national, State, and local market levels. For more information about HCUP, see: https://hcup-us.ahrq.gov/.

HCUP would not be possible without the contributions of the following data collection Partners from across the United States:

Alaska Department of Health

Alaska Hospital and Healthcare Association

Arizona Department of Health Services

Arkansas Department of Health

California Department of Health Care Access and Information

Colorado Hospital Association

Connecticut Hospital Association

Delaware Division of Public Health

District of Columbia Hospital Association

Florida Agency for Health Care Administration

Georgia Hospital Association

Hawaii Laulima Data Alliance

Hawaii University of Hawai'i at Hilo

Illinois Department of Public Health

Indiana Hospital Association

Iowa Hospital Association

Kansas Hospital Association

Kentucky Cabinet for Health and Family Services

Louisiana Department of Health

Maine Health Data Organization

Maryland Health Services Cost Review Commission

Massachusetts Center for Health Information and Analysis

Michigan Health & Hospital Association

Minnesota Hospital Association

Mississippi State Department of Health

Missouri Hospital Industry Data Institute

Montana Hospital Association

Nebraska Hospital Association

Nevada Department of Health and Human Services

New Hampshire Department of Health & Human Services

New Jersey Department of Health

New Mexico Department of Health

New York State Department of Health

North Carolina Department of Health and Human Services

North Dakota (data provided by the Minnesota Hospital

Association)

Ohio Hospital Association

Oklahoma State Department of Health

Oregon Association of Hospitals and Health Systems

Oregon Health Authority

Pennsylvania Health Care Cost Containment Council

Rhode Island Department of Health

South Carolina Revenue and Fiscal Affairs Office

South Dakota Association of Healthcare Organizations

Tennessee Hospital Association

Texas Department of State Health Services

Utah Department of Health

Vermont Association of Hospitals and Health Systems

Virginia Health Information

Washington State Department of Health

West Virginia Department of Health and Human Resources

Wisconsin Department of Health Services

Wyoming Hospital Association

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* * *

For More Information

For more information on this and other topics, please visit our HCUP Statistical Briefs topic area page located at www.hcup-us.ahrq.gov/reports/statbriefs/sbtopic.jsp.

For additional HCUP statistics, visit:

Rockville, MD 20857

- 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.ahrg.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 <a href="https://example.com/hcup-commons.org/lease-email-commons.org/

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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** Case 6:25-cv-01491-DCJ-DJA Document 1-97 Filed 10/06/25 Page 3 of 99 PageID #: 1574

LOUISIANA MEDICAID PROGRAM

ISSUED: 09/28/21 REPLACED: 01/01/21

CHAPTER 25: HOSPITAL SERVICES

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OVERVIEW

This chapter applies to services provided to eligible Medicaid beneficiaries in an inpatient and/or outpatient hospital setting unless otherwise stated. Hospital providers are to ensure that the services provided to Medicaid beneficiaries are medically necessary, appropriate and within the scope of current medical practice and Medicaid guidelines.

This chapter consists of several sections that will address issues such as provider requirements, prior authorization, covered services and limitations, and reimbursement.

A hospital is defined as any institution, place, building, or agency, public or private, whether for profit or not, maintaining and operating facilities, 24-hours a day, seven days a week, having 10 licensed beds or more. The hospital must be properly staffed and equipped for the diagnosis, treatment and care of persons admitted for overnight stay or longer who are suffering from illness, injury, infirmity or deformity or other physical or mental conditions for which medical, surgical and/or obstetrical services would be available and appropriate. Such hospitals must meet the Louisiana Department of Health's licensing requirements.

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SECTION 25.1: PROVIDER REQUIREMENTS PAGE(S) 1

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.

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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.

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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.

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Sterilizations

Sterilization is any medical procedure, treatment or operation that is performed for the sole purpose of rendering an individual permanently incapable of reproducing. The physician is responsible for obtaining the signed Informed Consent to Sterilization form which can be downloaded from the U.S. Department of Health and Human Services (HHS) website (see Appendix A).

Title XIX regulations require a 30-day waiting period after the consent form is signed. The procedure **cannot** be performed prior to the 31st day from the day the consent form is signed.

Sterilizations are reimbursable only if:

- The beneficiary is at least 21 years old at time the informed consent form is signed;
- The beneficiary is mentally competent. According to federal regulations an individual can be considered legally incompetent only if found to be so by a court of competent jurisdiction or so identified by virtue of a provision of state law; and
- The beneficiary voluntarily gave informed consent by signing the consent form not less than 30 days, but no more than 180 days prior to performing sterilization.

Exceptions to Sterilization Policy

If the beneficiary has a premature delivery or requires emergency abdominal surgery within the 30 days of consent and at least 72 or more hours have passed since the consent form was signed, sterilization can be performed at the time of the delivery or emergency abdominal surgery.

In the case of premature delivery, the informed consent must have been given at least 30 days before the expected date of delivery, or in the case of emergency abdominal surgery, the emergency must be described.

Informed Consent

An eligible beneficiary will be considered informed only if all the conditions described in this section are met.

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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.

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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

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• 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.

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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.

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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.

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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;

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• The beneficiary required a hysterectomy because of a life-threatening emergency situation in which the physician determined that prior acknowledgment was not possible, and the physician certifies in writing that the hysterectomy was performed under these conditions and includes in the narrative a description of the nature of the emergency; or

• The beneficiary was retroactively certified for Medicaid benefits, and the physician who performed the hysterectomy certifies in writing that the beneficiary was informed before the operation that the hysterectomy would make her permanently incapable of reproducing. In addition, if the beneficiary was certified retroactively for benefits, the physician must certify in writing that the hysterectomy was performed under one of the above two conditions and that the beneficiary was informed, in advance, of the reproductive consequences of having a hysterectomy.

The written certification from the physician **must** be attached to the hard copy of the claim in order for the claim to be considered for payment.

Deliveries Prior to 39 Weeks

Louisiana Medicaid does not reimburse for deliveries prior to 39 weeks that are not medically necessary. In order for claims to process, the Department must validate that the delivery was not prior to 39 weeks or if prior to 39 weeks, that it was medically necessary.

Please see the link below for reporting instructions of deliveries:

http://www.lamedicaid.com/provweb1/ProviderTraining/Packets/2014ProviderTraining/Performing_OB_Delivery_Services.pdf

Deliveries with Non-Payable Sterilizations

Payment of an inpatient hospital claim for a delivery/C-section is allowed when a non-payable sterilization is performed during the same hospital stay.

NOTE: A sterilization procedure is considered non-payable if the sterilization consent form is either missing or invalid.

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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;

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• 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.

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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).

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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.

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Trade Area

In-state acute care provider resources must be utilized prior to referring a beneficiary to out-ofstate providers. Acute care out-of-state providers in "trade areas" are treated the same as in-state providers. Trade areas are defined as being counties located in Mississippi, Arkansas and Texas that border the State of Louisiana. Acute care out-of-state providers in the above states that are not located in counties that border Louisiana are required to obtain prior authorization for all inpatient services unless it is of an emergent nature.

A referral or transfer made by a 'trade area' hospital to another hospital does not constitute approval by Louisiana Medicaid unless it is to either a Louisiana hospital or another 'trade area' hospital. Prior authorization is required for all other referrals or transfers.

Below is list of counties located in the trade area:

Louisiana Trade Area		
Arkansas Counties	Mississippi Counties	Texas Counties
Chicot County	Hancock County	Cass County
Ashley County	Pearl River County	Marion County
Union County	Marion County	Harrison County
Columbia County	Walthall County	Panola County
Lafayette County	Pike County	Shelby County
Miller County	Amite County	Sabine County
	Wilkerson County	Newton County
	Adams County	Orange County
	Jefferson County	Jefferson County
	Claiborne County	
	Washington County	

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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.

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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

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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.

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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.

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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;

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- 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.

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Providers inserting LARCs in the outpatient hospital setting may bill the DME revenue code of 290 with the appropriate accompanying HCPCS code for the LARC device on the UB-04. Providers should consult the DME fee schedule for covered LARCs and their reimbursement.

Outpatient Rehabilitation Services

The Medicaid Program provides coverage for outpatient rehabilitation services with prior approval. Outpatient rehabilitation services include:

- Physical therapy;
- Occupational therapy;
- Speech therapy; and
- Hearing therapy.

Cardiac and Pulmonary/Respiratory therapy are not covered under Louisiana Medicaid. These services should not be prior authorized or billed using covered rehabilitation codes. Hospitals are reimbursed based on covered HCPCS for outpatient rehabilitation services including speech, occupational and physical therapies at a flat fee for service which is not cost settled (with the exception of designated small rural hospitals).

Initial therapy and extended therapy plans require PA. Evaluation codes do not require PA, but are limited to one evaluation per 180 days.

Description	НСРС
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

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Description	НСРС
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.

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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 precertified. 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.

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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.

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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;

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• 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.

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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:

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• 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.

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Group sessions may be provided in any combination of 30-minute increments. Sessions that are less than 30 minutes are not covered. Each group session shall contain between 2-20 beneficiaries.

Follow-Up DSMT

After receiving the initial training, a beneficiary is eligible to receive a maximum of two hours of follow-up training each year, if ordered by their primary care provider.

Follow-up training is based on a **12-month calendar year following completion of initial training.** If a beneficiary completes 10 hours of initial training, the beneficiary would be eligible for two hours of follow-up training for the next **calendar year**. If all 10 hours of initial training are not used within the first calendar year, then the beneficiary has 12 months to complete the initial training prior to follow up training.

• Example #1:

If a beneficiary receives his first training in April 2011 and completes the initial 10 hours by April 2012, the beneficiary would be eligible for two hours of subsequent training beginning May 2012, since that would be the 13th month. If the beneficiary completes the two hours of subsequent training in November 2012, then he is not eligible for additional training until January 2013; or

• Example #2:

If a beneficiary receives his first training in February 2011 and exhausts all 10 hours of initial training by November 2011, the beneficiary would be eligible for two hours of subsequent training beginning January 2012. If the beneficiary completes the two subsequent hours of training by May 2012, then he is not eligible for additional training until January 2013.

Providers are encouraged to communicate with beneficiaries to determine if the beneficiary has previously received DSMT services or has exhausted the maximum hours of DSMT services for the given year.

Louisiana Medicaid will **only** cover up to 10 hours of initial training (for the first 12 months) and two hours of follow-up training (for each subsequent year) regardless of who provides the service.

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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

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• 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.

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A referral or transfer made by a 'trade area' hospital to another hospital does not constitute approval by Louisiana Medicaid unless it is to either a Louisiana hospital or another 'trade area' hospital. Prior authorization is required for all other referrals or transfers.

Below is list of counties located in the trade area:

Louisiana Trade Area		
Arkansas Counties	Mississippi Counties	Texas Counties
Chicot County	Hancock County	Cass County
Ashley County	Pearl River County	Marion County
Union County	Marion County	Harrison County
Columbia County	Walthall County	Panola County
Lafayette County	Pike County	Shelby County
Miller County	Amite County	Sabine County
	Wilkerson County	Newton County
	Adams County	Orange County
	Jefferson County	Jefferson County
	Claiborne County	
	Washington County	
	Issaquena County	
	Warren County	

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

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.

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SECTION 25.5: RESERVED PAGE(S) 1

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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**.

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Outpatient Rehabilitation Services

Outpatient rehabilitation is one of the services prior authorized on the PA01 (see Appendix A for information regarding this form) and is reimbursed at a flat fee-for-service. Hospitals are reimbursed by the Healthcare Common Procedure Coding System (HCPCS) for outpatient rehabilitation services including:

- Physical therapy;
- Occupational therapy; and
- Speech and hearing therapy.

A licensed physician must make the referral. The referral must include the diagnosis, the date of the accident (or onset of illness), the address of the referring physician, his/her specialty (if known), and the date of the referral. The hospital must retain a copy of the physician's referral on file.

The rehabilitation services department must evaluate the recipient. Initial therapy and extended therapy plans require prior authorization. Evaluation codes do not require prior authorization, but are limited to one evaluation per 180 days.

Description	НСРС
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

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Description	НСРС
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

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• 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:

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• Documented medical conditions exist that make prolonged pre-and/or postoperative 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:

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- 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

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• 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.

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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

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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

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• 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;

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• 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 postimplant 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).

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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 reperformance 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.

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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.

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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.

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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?

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• 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

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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).

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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.

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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

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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

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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,

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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 II; NICU III; 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).

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If a hospital has implemented an NICU, it must notify Rate Setting and Audit at least 90 days prior to the beginning of the subsequent SFY in order to be compensated with an appropriate NICU rate at the beginning of the following SFY.

NICU Example

Hospital plans to have an NICU, and determines when it will begin delivering NICU services.

Hospital notifies HSS (to schedule an on-site survey for certification) and Rate Setting and Audit (for rate implementation). These **notifications must occur at least 90 days prior to the next subsequent SFY** in order to assure that the hospital may receive NICU per diem on dates of service beginning on the first day of the next SFY. The on-site survey should be completed and documented by HSS prior to the next SFY so that the rate will be implemented.

The NICU per diem may be paid only when a hospital bills the appropriate revenue code.

Per Diem Adjustments

Effective for dates of service on or after March 1, 2011, the per diem rates for Medicaid inpatient services rendered by NICU level III and NICU level III regional units, recognized by the Department as such on December 31, 2010, shall be adjusted to include an increase.

The per diem adjustment will vary based on the following five tiers:

If the qualifying hospital's average percentage:	Tier	Additional Per Diem
Exceeds 10 percent	1	\$601.98
Exceeds 5 percent but is less than or equal 10 percent	2	\$624.66
Exceeds 1.5 percent but is less than or equal to 5 percent	3	\$419.83

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If the qualifying hospital's average percentage:	Tier	Additional Per Diem
Exceeds 0 percent but is less than or equal to 1.5 percent; and the Hospital received greater than .25 percent of the outlier payments for dates of service in: • SFY 2008, • SFY 2009, and • Calendar year 2010	4	\$263.33
If the qualifying hospital:	Tier	Additional Per Diem
Exceeds 0 percent but received less than .25 percent of outlier payments for dates of service in: • SFY 2008, • SFY 2009, and • Calendar year 2010	5	\$35.00

A qualifying hospital's placement into a tier will be determined by the average of its percentage of paid NICU Medicaid days for SFY 2010 dates of service to the total of all qualifying hospitals' paid NICU days for the same time period, and its percentage of NICU patient outlier payments made as of December 31, 2010 for dates of service in SFY 2008 and SFY 2009 and calendar year 2010 to the total NICU outlier payments made to all qualifying hospitals for these same time periods.

This average shall be weighted to provide that each hospital's percentage of paid NICU days will comprise 25 percent of this average, while the percentage of outlier payments will comprise 75 percent. In order to qualify for tiers 1-4, a hospital must have received at least .25 percent of outlier payments in SFY 2008, SFY 2009, and calendar year 2010.

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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.

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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:

Tier	Additional Per Diem
1	\$418.34
2	\$278.63
3	\$178.27
	2

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If the qualifying hospital:	Tier	Additional Per Diem
Exceeds 0 percent but received less than .25 percent of outlier payments for dates of service in:	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.

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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 onsite 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.

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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;

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• 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.

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"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;

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• 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:

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> 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;

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• 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

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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

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• The health of the beneficiary would be endangered if medical care were postponed until the beneficiary returns to Louisiana.

Out-of-state hospital emergency room visits and related inpatient admissions do not require prior authorization. Any other acute care services to be billed by a hospital require prior authorization for out-of-state services (both inpatient and outpatient). Reimbursement for inpatient acute care for eligible Louisiana Medicaid beneficiaries is made at: the lesser of the Medicaid per diem of the state where the facility is located; or 60 percent of billed charges for beneficiaries under age 21 years of age and 40 percent of billed charges for beneficiaries 21 years of age and over. The list of out-of-state hospitals that have per diems assigned to them are found on the lamedicaid.com website under the broad heading of "Inpatient Hospital Per Diems" after opening the "Fee Schedules" link.

Reimbursement is only made to enrolled Louisiana Medicaid hospital providers. Any hospital may enroll in Louisiana Medicaid and then bill for eligible (and properly authorized) services already provided. However, the enrollment process must be completed, and the bill must be submitted prior to one year after the date of service.

Out-of-State Inpatient Psychiatric Services

Inpatient stays for psychiatric or substance abuse treatment are only covered in out-of-state hospitals in the event of a medical emergency, for a maximum of two days, to allow time for the beneficiary to be stabilized and transferred to a Louisiana psychiatric hospital when appropriate. Outpatient psychiatric and substance abuse services provided by an out-of-state hospital are not covered.

Inpatient Psychiatric (Free-Standing and Distinct Part Psychiatric Hospitals)

Reimbursement for services provided in these facilities is a prospective per diem rate. This per diem includes all services provided to inpatients, except for physician services, which should be billed separately. All therapies (individual/group counseling or occupational therapy) should be included in the per diem. Federal regulations prohibit Medicaid payment for beneficiaries the ages of 22 and 64 in a free-standing psychiatric hospital.

Outpatient Hospitals

There are seven different outpatient hospital fee schedules posted on the Louisiana Medicaid website:

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• 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

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• 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.

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In-State Non- Small Rural Private Hospital Outpatient Services

Interim reimbursement is based on a hospital specific cost to charge ratio calculation from the latest filed cost reports. Updated cost to charge ratios are calculated as the cost reports are filed.

Final reimbursement is adjusted as follows:

Dates of Services	Percentage of Costs
Dates before August 1, 2006	83
August 1,2006 to February 19, 2009	86.2
February 20, 2009 to August 3, 2009	83.18
August 4, 2009 to February 2, 2010	78.48
February 3, 2010 to July 31, 2010	74.56
August 1, 2010 to December 31, 2010	71.13
January 1, 2011 to July 31, 2012	69.71
August 1, 2012 to January 31, 2013	67.13
February 1, 2013 to December 31, 2016	66.46
January 1, 2017 to December 31, 2017	71.13
January 1, 2018 and forward	74.56

In-State State-Owned Hospital Outpatient Services

Interim reimbursement shall be 100 percent of each hospital's cost to charge ratio as calculated from the latest filed cost report. Final reimbursement shall be 90 percent of allowable cost as calculated through the cost report settlement process.

In-State Small Rural Hospital Outpatient Services

Interim reimbursement shall be 110 percent of each hospital's cost to charge ratio as calculated from the latest filed cost report. Final reimbursement shall be 110 percent of allowable cost as calculated through the cost report settlement process.

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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

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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.

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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.

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Please see the link below for the current listing of Hospital Acquired Conditions (HACs) and associated diagnoses:

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10 hacs.html

NOTE: Louisiana Medicaid considers HACs as identified by Medicare, other than deep vein thrombosis (DVT)/pulmonary embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

It will be the responsibility of the hospital to determine if the HCAC was the cause for any additional days added to the length of stay.

If there are any days that are attributable to the HCAC, these days are to be reported on the UB-04 as non-covered days utilizing the bill type of 110.

Medicaid will require the Present-on-Admission (POA) indicators as listed below with all reported diagnosis codes. Present on admission is defined as present at the time the order for inpatient admission occurs. Conditions that develop during an outpatient encounter, including emergency department, observation or outpatient surgery, are considered as present on admission.

Present on Admission Reporting Options

<u>Code</u>	<u>Definition</u>
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

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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 <u>not</u> 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.

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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.

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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.

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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.

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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

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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.

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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.

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APPENDIX A: FORMS AND LINKS PAGE(S) 1

FORMS AND LINKS

The hospital fee schedules can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/fee schedules/feeschedulesindex.htm.

An updated list of the ambulatory surgery codes can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/fee schedules/Out Amb FS non-Rura1 non-State.pdf

http://www.lamedicaid.com/provweb1/fee schedules/Out Amb FS Rural State.pdf

The current listing of Hospital Acquired Conditions (HACs) and associated diagnoses can be obtained by using the below hyperlink.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/icd10 hacs.html

The current listing of diagnoses that are exempt from Present on Admission (POA) reporting requirements may be obtained by using the below hyperlink.

https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Coding.html

The most recent instructions for completing the UB 04 form along with samples of UB 04 claim forms for hospital services routine billing are located on the home page of the Louisiana Medica id website. The billing instructions and examples may also be accessed by using the below hyperlink.

http://www.lamedicaid.com/provweb1/billing information/UB04 Hospitals NDC.pdf

Instructions and a copy of the Louisiana Department of Health and Hospitals Office of Public Health Certification of Informed Consent-Abortion form are available at:

http://new.dhh.louisiana.gov/assets/docs/Making Medicaid Better/RequestsforProposals/CCNP Appendices/AppendixNAbortionCertificationofInformedConsent.pdf

Other hospital related forms, including the Consent to Sterilization form, can be obtained from the Louisiana Medicaid web site at:

http://www.lamedicaid.com/provweb1/Forms/forms.htm

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CONTACT/REFERRAL INFORMATION

Gainwell Technologies

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

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

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Louisiana Department of Health (LDH)

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

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LDH (continued)

	P.O. Box 91030
Take Change Plus	Baton Rouge, LA 70821
Take Charge Plus	Phone: (888) 342-6207
	www.MakingMedicaidBetter.com

Fraud hotline

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

Appeals

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

Other Helpful Contact Information:

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

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

EXHIBIT 98

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

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING

OUISIANA 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

RF-0-76A3

PAGE:

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 HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

CO			

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION COLORECTAL SCRN; HI RISK IND	FEE	MIN-MAX	REV	SEX	OVERS
15	G0105	COLORECTAL SCRN; HI RISK IND	483.29				
15	G0121	COLON CA SCRN; NOT HIGH RSK IN INJ FOR SACROILIAC JT ANESTH	483.29				
15	G0260	INJ FOR SACROILIAC JT ANESTH	483.29 360.84				
15	G0330	FACILITY SERVICES FOR DENTAL REHABIL					
15	S2411	FRYOSCOPIC LASER THERADY 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 LESTON	360.84				
15	10180	COMPLEX DRAINAGE, WOUND	483.29				
15	11010	DEBRIDE SKIN. FX	483.29				
15	11011	DRAINAGE OF SKIN ABSSCESS DRAIN SKIN ABSCESS COMPLICATED INCISE/DRAIN SIMPLE CYST INCISE/DRAIN COMPLICA PILONIDAL CYST SIMPLE REMOVAL FOREIGN BOCY REMOVE FOREIGN BODY INCISE/DRAIN SIMPLE HEMATOMA PUNCTURE DRAINAGE OF LESION COMPLEX DRAINAGE, WOUND DEBRIDE SKIN, FX DEBRIDE SKIN/MUSCLE, FX DEBRIDE SKIN/MUSCLE/BONE, FX DEBRIDE SKIN/MUSCLE/BONE, FX DEBRIDE TISSUE/MUSCLE DEBRIDE TISSUE/MUSCLE DEBRIDE TISSUE/MUSCLE EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 2 CM EXCISE BENIGN LESION 2.1 TO 3 CM	483.29				
15	11012	DEBRIDE SKIN/MUSCLE/BONE. FX	483.29				
15	11042	DEBRIDE SKIN/TISSHE	483 29				
15	11043	DEBRIDE TISSUE/MUSCLE	483 29				
15	11044	DEBRIDE TISSUE/MUSCLE/BONE	483 29				
15	11400	EXCISE BENIGN LESTON TO 0 5 CM	360 84				
15	11401	EXCISE BENIGN LESION 0 6 TO 1 CM	360.84				
15	11402	EXCISE BENIGN LESION 0.0 TO 1 CM	360.84				
15	11403	EXCISE BENIGN LESION 1.1 TO 2 CM EXCISE BENIGN LESION 2.1 TO 3 CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISE BENIGN LESION TO 0.5 CM EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 2CM	360.84				
15	11404	DEMOVAL OF SKIN LESTON	360.04				
15	11406	DEMOVAL OF SKIN LESION	183 20				
15	11420	EYCISE BENICH LESION TO 0 5 CM	483.29				
15	11421	EXCISE BENIGN LESION 10 0.3 CM	483.29				
15	11422	EXCISE BENIGN DESIGN 0.0 TO 1 CM	403.29				
15	11423	EXCISE BENIGN LESION 1.1 TO 2CM	403.29				
15	11424	DEMOVAT OF CRIM IFCION	403.29				
15	11424	REMOVAL OF SKIN LECTON	403.29				
15	11440	REMOVAL OF SKIN LESION	260 04				
		EXCISE BENIGN LEGION TO U.5 CM	360.64				
15	11441	EXCISE BENIGN LESION U.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 BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 2CM EXCISE BENIGN LESION 2.1 TO 3CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISE BENIGN LESION TO 0.5 CM EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 2 CM EXCISE BENIGN LESION 2.1 TO 3CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION REMOVAL, SWEAT GLAND LESION	483.29				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION EXCISE MALIGNANCY 1.1 TO 2CM EXCISE MALIGNANCY 2.1 TO 3CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISE MALIGNANCY 1.1 TO 2 CM REMOVAL OF SKIN LESION EXCISE MALIGNANCY 1.1 TO 2 CM REMOVAL OF SKIN LESION EXC FACE MM MALIG + MAG 0.5< EXC FACE-MM-MALIG+MAG .6-1 EXCISE MALIGNANCY 1.1 TO 2CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISION NAIL & NAIL MATRIX BIOPSY OF NAIL UNIT, ANY METHOD (EG, REMOVAL OF PILONIDAL LESION REMOVAL OF PILONIDAL LESION REMOVAL OF PILONIDAL LESION TATOOING; 6 SQ CM OR LESS TATOOING; 6.1 TO 20 SQ CM INSERT TISSUE EXPANDER(S) REPLACE TISSUE EXPANDER(S) REPLACE TISSUE EXPANDER(S) SIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR 7.6 TO 12.5 CM REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) SIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR TO 5.5 CM SIMPLE WOUND REPAIR TO 5.5 CM SIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR TO 7.5 CM	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	483.29			~	01-110
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	483.29				
15	11604	REMOVAL OF SKIN LESTON	483.29				
15	11606	REMOVAL OF SKIN LESTON	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	11755 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 SO CM OR LESS	360.84		х		
15	11921	TATOOING: 6.1 TO 20 SO CM	360.84		х		
15	11960	INSERT TISSUE EXPANDER(S)	483.29				
15	11970	REPLACE TISSUE EXPANDER	552.64		х		
15	11971	REMOVE TISSUE EXPANDER(S)	360.84		х		
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 12044	LAYER CLOSURE 2.6 TO 7.5 CM	360.84				
15	12044	SIMPLE WOUND REPAIR 5.1 TO 7.5CM SIMPLE WOUND REPAIR 7.6 TO 12.5CM REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) CLOSURE OF SPLIT WOUND CLOSURE OF SPLIT WOUND REPAIR OF WOUND (2.5 CENTIMETERS OR REPAIR OF WOUND (2.6 TO 7.5 CENTIMET REPAIR OF WOUND (7.6 TO 12.5 CENTIME REPAIR OF WOUND (12.6 TO 20.0 CENTIM REPAIR OF WOUND (20.1 TO 30.0 CENTIM REPAIR OF WOUND (00.1 TO 30.0 CENTIM	483.29				

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LOUISIANA DEPARIMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCIN
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION LAYER CLOSURE OF WOUND(S) LAYER CLOSURE OF WOUND(S) LAYER CLOSURE OF WOUND(S) LAYER CLOSURE 2.6 TO 7.5 CM LAYER CLOSURE 2.6 TO 5 CM LAYER CLOSURE 5.1 TO 7.5 LAYER CLOSURE OF WOUND(S) REPAIR OF WOUND OR LESION REPAIR WOUND/LESION ADD-ON LATE CLOSURE OF WOUND SKIN TISSUE REARRANGEMENT	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	12045	LAYER CLOSURE OF WOUND(S)	483.29				
15	12046	LAYER CLOSURE OF WOUND(S)	483.29				
15	12047	LAYER CLOSURE OF WOUND(S)	483.29				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	360.84				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	360.84				
15	12053	LAYER CLOSURE 5.1 TO 7.5	360.84				
15	12054	LAYER CLOSURE OF WOUND(S)	483.29				
15	12055	LAYER CLOSURE OF WOUND(S)	483.29				
15	12056	LAYER CLOSURE OF WOUND(S)	483.29				
15	12057	LAYER CLOSURE OF WOUND(S)	483.29				
15	13100	REPAIR OF WOUND OR LESION	483.29				
15	13101	REPAIR OF WOUND OR LESION	552.64				
15	13102	REPAIR WOUND/LESION ADD-ON	552.64				
15	13120	REPAIR OF WOUND OR LESION	483.29				
15	13121	REPAIR OF WOUND OR LESION	552.64				
15	13122	REPAIR WOUND/LESION ADD-ON	552.64				
15	13131	REPAIR OF WOUND OR LESION	483.29				
15	13132	REPAIR OF WOUND OR LESION	552.64				
15	13133	REPAIR WOUND/LESION ADD-ON	552.64				
15	13151	REPAIR OF WOUND OR LESION	552.64				
15	13152	REPAIR OF WOUND OR LESION	552.64				
15	13153	REPAIR WOUND/LESION ADD-ON	360.84				
15	13160	LATE CLOSURE OF WOUND	483.29				
15	14000	SKIN TISSUE REARRANGEMENT	483.29				
15	14001	SKIN TISSUE REARRANGEMENT	552.64				
15	14020	SKIN TISSUE REARRANGEMENT	552.64				
15	14021	SKIN TISSUE REARRANGEMENT	552.64				
15	14040	SKIN TISSUE REARRANGEMENT	483.29				
15	14041	SKIN TISSUE REARRANGEMENT	552.64				
15	14060	SKIN TISSUE REARRANGEMENT	552.64				
15	14061	SKIN TISSUE REARRANGEMENT	552.64				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	682.67				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	682.67				
15	14350	SKIN TISSUE REARRANGEMENT	552.64				
15	15040	HARVEST CULTURED SKIN GRAFT	483.29				
15	15050	SKIN PINCH GRAFT	483.29				
15	15100	SKIN SPLIT GRAFT	483.29				
15	15101	SKIN SPLIT GRAFT ADD-ON	552.64				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	483.29				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	360.84				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	483.29				
15	15116	ADJACENT TISSUE TRANSFER OR REARRANG ADJACENT TISSUE TRANSFER OR REARRANG SKIN TISSUE REARRANGEMENT HARVEST CULTURED SKIN GRAFT SKIN PINCH GRAFT SKIN SPLIT GRAFT SKIN SPLIT GRAFT ADD-ON EPIDRM AUTOGRAFT TRUNK/ARM/LEG DPIDRM AUTOGRAFT TA/L ADD-ON EPIDRM A-GRFT FACE/NCK/HF/G EPIDRM A-GRFT F/N/HF/G ADDL SKIN SPLIT GRAFT SKIN SPLIT GRAFT SKIN SPLIT GRAFT SKIN SPLIT GRAFT ADD-ON DERM AUTOGRAFT, TRNK/ARM/LEG DERM AUTOGRAFT T/A/L ADD-ON	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/I, ADD-ON	360.84				
	10101	DEIGH HOLOGICHET T/H/H HDD ON	200.04				

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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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	483.29				
15	15136	DERM AUTOGRAFT, F/N/HF/G ADD TISSUE CULTURED SKIN AUTOGRAFT, TRUN	360.84				
15	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	483.29				
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN TISSUE CULTURED SKIN AUTOGRAFT, TRUN	360.84				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	360.84				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE TISSUE CULTURED SKIN AUTOGRAFT, FACE	483.29				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	360.84				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE SKIN FULL GRAFT	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	TISSUE CULTURED SKIN AUTOGRAFT, FACE SKIN FULL GRAFT SKIN FULL GRAFT ADD-ON FORM SKIN FULL GRAFT ADD-ON FORM SKIN PEDICLE FLAP FORM SKIN PEDICLE FLAP FORM SKIN PEDICLE FLAP FORM SKIN PEDICLE FLAP SKIN GRAFT SKIN GRAFT SKIN GRAFT SKIN GRAFT SKIN GRAFT TRANSFER SKIN PEDICLE FLAP MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	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 MUSCLE-SKIN GRAFT, ARM MUSCLE-SKIN GRAFT, LEG	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 COMPOSITE SKIN GRAFT	483.29				
15	15760		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 GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	552.64				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED GRAFTING OF AUTOLOGOUS FAT HARVESTED REVISION OF LOWER EYELID	552.64				
15	15820	REVISION OF LOWER EYELID	552.64		х		
15	15821	REVISION OF LOWER EYELID	552.64 552.64		x		
15	15822	REVISION OF UPPER EYELID	552.64		Х		
15	15823	REVISION OF UPPER EYELID	776.94 682.67		Х		
15	15840	GRAFT FOR FACE NERVE PALSY	682.67				
15	15841	GRAFT FOR FACE NERVE PALSY	682.67				
15	15842	REVISION OF LOWER EYELID REVISION OF LOWER EYELID REVISION OF UPPER EYELID REVISION OF UPPER EYELID REVISION OF UPPER EYELID GRAFT FOR FACE NERVE PALSY GRAFT FOR FACE NERVE PALSY MICROSUR MUSCLE GRAFT FACE PALSY	682.67				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15845	SKIN AND MUSCLE REPAIR, FACE	682.67				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	360.84				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	360.84				
15	15920	REMOVAL OF TAIL BONE ULCER	552.64				
15	15922	REMOVAL OF TAIL BONE ULCER REMOVAL OF TAIL BONE ULCER	682.67				
15	15931	REMOVE SACRUM PRESSURE SORE REMOVE SACRUM PRESSURE SORE	552.64 552.64				
15	15933	REMOVE SACRUM PRESSURE SORE	552.64				
15	15934	REMOVE SACRUM PRESSURE SORE	552.64 682.67				
15	15935	REMOVE SACRUM PRESSURE SORE	682.67				
15		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 SACRUM PRESSURE SORE REMOVE SACRUM PRESSURE SORE REMOVE SACRUM PRESSURE SORE REMOVE SACRUM PRESSURE SORE REMOVE HIP PRESSURE SORE REMOVE THIGH 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 REMOVE THIGH PRESSURE SORE	682.67				
15	15956	REMOVE THIGH PRESSURE SORE	552.64				
15	15958	REMOVE THIGH PRESSURE SORE UNLISTED EXCISE PRESSURE ULCER	682.67 682.67 552.64 552.64 552.64 682.67 552.64 682.67 552.64 682.67				
15	15999	UNLISTED EXCISE PRESSURE ULCER	MP		X		
15	16020	DRESS/DEBRIDE BURN SMALL, NO ANES DRESS/DEBRID BURN MED, NO ANESTH DRESS/DEBRID BURN LG, NO ANESTH	MP 360.84 483.29				
15	16025	DRESS/DEBRID BURN MED, NO ANESTH	483.29				
15	16030	DRESS/DEBRID BURN LG, NO ANESTH	483.29 483.29				
15	16035	ESCHAROTOMY					
15		DESTRUCT CUT VASC LESION > 50 SQ CM	483.29				
15		SKIN TISSUR PROCEDURE	MP		X		
15		PUNCTURE ASPIRATION BREAST CYSTS PUNC ASPIRATION/VREAST EACH ADD CYST	483.29				
15		PUNC ASPIRATION/VREAST EACH ADD CYST	360.84				
15		INCISION OF BREAST LESION	483.29				
15		BIOPSY OF BREAST ACCESSED THROUGHT T					
15		BIOPSY OF BREAST ACCESSED THROUGHT T					
15		Biopsy of breast accessed throught t	483.29				
15		BIOPSY OF BREAST ACCESSED THROUGHT T BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15		BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15		BIOPSY OF BREAST ACCESSED THROUGHT T	483.29				
15		BX BREAST PERCUT W/O IMAGE	360.84				
15		BIOPSY OF BREAST, OPEN	483.29				
15		NIPPLE EXPLORATION	483.29				
15		BIOPSY OF BREAST ACCESSED THROUGHT T BIOPSY OF BREAST ACCESSED THROUGHT T BX BREAST PERCUT W/O IMAGE BIOPSY OF BREAST, OPEN NIPPLE EXPLORATION EXCISE BREAST DUCT FISTULA REMOVAL OF BREAST LESION EXCISION, BREAST LESION EXCISION, ADDL BREAST LESION Placement of breast localization dev	552.64				
15		REMOVAL OF BREAST LESION	552.64				
15		EXCISION, BREAST LESION	552.64				
15		EXCISION, ADDL BREAST LESION	552.64				
15	19281	Placement of breast localization dev	360.84				

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OUISIANA 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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19283	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19284	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19285	Placement of breast localization dev PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19286	PLACEMENT OF BREAST LOCALIZATION DEV	360.84				
15	19287	Placement of breast localization dev 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	360.84 360.84				
15	19298	PLACE BREAST RAD TUBE/CATHS MASTECTOMY FOR GYNECOMASTIA	360.84				
15	19300	MASTECTOMY FOR GYNECOMASTIA	682.67			M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	360.84 682.67 552.64				
15	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	1,078.18				
15	19303	MASTECTOMY, SIMPLE, COMPLETE MAST, MOD RAD MASTOPEXY	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	MASTOPEXY REDUCTION OF LARGE BREAST MAMMAPLASTY WITH PROSTHETIC REMOVAL OF BREAST IMPLANT REMOVAL OF IMPLANT MATERIAL	682.67 360.84		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	360.84 483.29 552.64 682.67		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		Х		
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	SURGERY OF BREAST CAPSULE REMOVAL OF BREAST CAPSULE REVISE BREAST RECONSTRUCTION BREAST SURGERY PROCEDURE EXPLORE WOUND, NECK EXPLORE WOUND, CHEST EXPLORE WOUND, ABDOMEN EXPLORE WOUND, EXTREMITY MUSCLE BIOPSY DEEP MUSCLE BIOPSY NEEDLE BIOPSY, MUSCLE BONE BIOPSY, TROCAR/NEEDLE BONE BIOPSY, TROCAR/NEEDLE BONE BIOPSY, EXCISIONAL BONE BIOPSY, EXCISIONAL OPEN BONE BIOPSY OPEN BONE BIOPSY INJECT SINUS TRACT, THERAPEUTCI INJECT SINUS TRACT; DIAGNOSTIC	360.84 360.84				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	360.84				
15	20520	REMOVE FOREGIN BODY; SIMPLE REMOVAL OF FOREIGN BODY	360.84				
15	20525		552.64				
15	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	360.84				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	360.84				
15	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	360.84				
15	20612	ASPIRATE/INJ GANGLION CYST	360.84				
15	20615	ASPIRATE/INJECTION-BONE CYST	360.84				
15	20650	ASPIRATE/INJECTION-BONE CYST INSERT AND REMOVE BONE PIN APPLY TONGS OR CALIPERAND REMOVE	552.64				
15	20660	APPLY TONGS OR CALIPERAND REMOVE	360.84	00 00			
15	20662	APPLY HALO; PELVIC	360.84				
15	20663	APPLY HALO; PELVIC APPLY HALO; FEMORAL REMOVE HALO OR TONGS BY OTHER MD REMOVAL OF SUPPORT IMPLANT	360.84 360.84				
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	360.84 552.64				
15	20690	APPLY BONE FIXATION DEVICE	483.29				
15	20692	APPLY BONE FIXATION DEVICE APPLY BONE FIXATION DEVICE	483.29 552.64 552.64 360.84				
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	552.64 682.67 552.64 552.64 682.67				
15	20910	REMOVE CARTILAGE FOR GRAFT 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	682.67 360.84				
15	20930	SPINAL BONE ALLOGRAFT	360.84				
15	20931	REMOVAL OF FASCIA FOR GRAFT REMOVAL OF FASCIA FOR GRAFT REMOVAL OF TENDON FOR GRAFT SPINAL BONE ALLOGRAFT SPINAL BONE ALLOGRAFT ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	360.84				
15	20936	SPINAL BONE AUTOGRAFT	360.84				
15	20950	MONITOR INTERSTITAL FLUID	360.84				
15	20975	ELECTRICAL BONE STIMULATION	483.29				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	483.29				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP		X		
15	21010	INCISION OF JAW JOINT	483.29				
15	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	360.84				
15	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	552.64				
15	21016	REMOVAL OF (2 CENTIMETERS OR GREATER EXCISION OF BONE, LOWER JAW EXCISION OF FACIAL BONE(S)	483.29				
15	21025	EXCISION OF BONE, LOWER JAW	483.29				
15	21026	EXCISION OF FACIAL BONE(S)	483.29				
15	21029	CONTOUR OF FACE BONE LESION	483.29				
15	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	483.29				
15	21031	EXCISION OF TORUS MANDIBULARIS	483.29				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	483.29				
15	21034	REMOVAL OF FACE BONE LESION	552.64				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1		2	3	4	5 AGE	6 MED	7	8 x-
т.	s	CODE	DESCRIPTION	FEE	MIN-MAX		CEY	OVERS
	.5	21040	REMOVAL OF JAW BONE LESION	483.29	MIN MAX	KE V	SEA	OVERS
	.5	21040	REMOVAL OF JAW BONE LESION	483.29				
	.5	21044	EXCISION, BENIGN TUMOR, MANDIB	483.29				
	.5	21047	EXCISION, BENIGN TOMOR, MANDIB	483.29				
	.5	21047	EXCISION, BENIGN TUMOR, MANDIB REMOVE MAXILLA CYST COMPLEX	483.29				
	.5 .5	21048	EVOTO HODED TAN OVOE NI/DEDATE					
	.5 .5	21049	EXCIS UPPER JAW CYST W/REPAIR REMOVAL OF JAW JOINT	552.64				
	_			552.64				
	.5 .5	21060	REMOVE JAW JOINT CARTILAGE REMOVE CORONOID PROCESS	483.29 552.64				
	_	21070						
	.5	21089	UNLISTED MAXILLOFAC PROSTH PROCEDURE			x		
	.5	21100	MAXILLOFACIAL FIXATION	483.29				
	.5	21110	INTERDENTAL FIXATION	360.84				
	.5	21120	GENIOPLASTY; AUGMENTATION	1,078.18				
	.5	21121	RECONSTRUCTION OF CHIN	1,078.18				
	.5	21122	RECONSTRUCTION OF CHIN	1,078.18				
	.5	21123	RECONSTRUCTION OF CHIN	1,078.18				
	.5	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	1,078.18				
	.5	21127	AUGMENTATION, LOWER JAW BONE	1,450.94				
	.5	21137	REDUCTION FOREHEAD; CONTOURING CNLY	1,078.18				
	.5	21138	REDUCT FOREHEAD; CONTOUR & APPL PROST	1,078.18				
	.5	21139	REDUCT FOREHEAD; CONTOUR & SETBACK	1,078.18				
	.5	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	1,078.18				
	.5	21175	RECON BIFRON, SUP-LAT ORB RIMS, LOW F	1,078.18				
	.5	21181	CONTOUR CRANIAL BONE LESION	1,078.18				
	.5	21206	RECONSTRUCT UPPER JAW BONE AUGMENTATION OF FACIAL BONES	776.94				
	.5	21208	AUGMENTATION OF FACIAL BONES	1,078.18				
1	.5	21209	REDUCTION OF FACIAL BONES	776.94				
1	.5	21210	FACE BONE GRAFT	1,078.18				
1	.5	21215	LOWER JAW BONE GRAFT	1,078.18				
1	.5	21230	RIB CARTILAGE GRAFT	1,078.18				
1	.5	21235	EAR CARTILAGE GRAFT	1,078.18				
1	.5	21240	RECONSTRUCTION OF JAW JOINT	682.67				
1	.5	21242	RECONSTRUCTION OF JAW JOINT	776.94				
1	5	21243	RECONSTRUCTION OF JAW JOINT	776.94				
1	.5	21244	RECONSTRUCTION OF LOWER JAW	1,078.18				
1	5	21245	RECONSTRUCTION OF JAW	1,078.18				
1	5	21246	RECONSTRUCTION OF JAW	1,078.18				
1	5	21248	RECONSTRUCTION OF JAW	1,078.18				
1	5	21249	RECONSTRUCTION OF JAW	1,078.18				
1	5	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,078.18				
1	.5	21260	ORBITAL REVISION; EXTRACRANIAL	1,078.18				
	.5	21261		1,078.18				
	.5	21263	REVISE ORBIT;INTRA/EXTRACRANIAL REVISE ORBIT;ADVANCE FOREHEAD	1,078.18				
	.5	21267	REVISE EYE SOCKETS	1,078.18				
	5	21270	AUGMENTATION, CHEEK BONE	776.94				
	.5	21275	REVISION, ORBITOFACIAL BONES	1,078.18				
_	-			_,				

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LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCIN
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION REVISION OF EYELID REVISION OF EYELID RECONST LWR JAW W/O FIXATION RECONST LWR JAW W/FIXATION UNLISTED CRANIOFA A MAXILLOFAC PROC TREATMENT OF NOSE FRACTURE TREAT NASAL SEPTAL FRACTURE TREAT NASAL SEPTAL FRACTURE TREAT NASOETHMOID FRACTURE TREAT NASOETHMOID FRACTURE TREAT NASOETHMOID FRACTURE TREAT NOSE/JAW FRACTURE TREAT NOSE/JAW FRACTURE OPEN TREATMENT NASOMAXILLARY FX TREAT CHEEK BONE FRACTURE OPEN TREATMENT OF DEPRESSED ZYGOMATI TREAT ORBITAL FX; TRANSANTRAL	4	5 AGE	6 MED		8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	21280	REVISION OF EYELID	776.94				
15	21282	REVISION OF EYELID	776.94				
15	21295	RECONST LWR JAW W/O FIXATION	360.84				
15	21296	RECONST LWR JAW W/FIXATION	360.84				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		Х		
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 21385	OPEN TREATMENT OF DEPRESSED ZYGOMATI	552.64				
15	21385	TREAT ORBITAL FX: TRANSANTRAL	682.67				
15	21386	TREAT ORBITAL FX; PERIORBITAL	682.67				
15	21386 21387	TREAT ORBITAL FX; COMBINATION	682.67				
15	21390	TREAT ORBITAL WITH IMPLANT	682.67				
15	21390 21395	TREAT CHEEK BONE FRACTURE OPEN TREATMENT OF DEPRESSED ZYGOMATI TREAT ORBITAL FX; TRANSANTRAL TREAT ORBITAL FX; PERIORBITAL TREAT ORBITAL FX; COMBINATION TREAT ORBITAL WITH IMPLANT TREAT ORBITAL FX WITH BONE GRAFT TREAT EYE SOCKET FRACTURE TREAT EYE SOCKET FRACTURE TREAT OPEN FX OF ORBIT W/O IMPLANT TREAT OPEN FX OF ORBIT WITH IMPLANT OPEN TREATMENT OF FRACTURE OF ORBIT	682.67				
15	21400	TREAT EYE SOCKET FRACTURE	483.29				
15	21400 21401	TREAT EYE SOCKET FRACTURE	552.64				
15	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	682.67				
15	21406 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	21452	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	TOPAT LOWER JAW FDACTIDE	682 67				
15	21400	TREAT LOWER DAW FRACTORE	776 94				
15	21490	TREAT OPEN FX OF ORBIT WITH IMPLANT OPEN TREATMENT OF FRACTURE OF ORBIT TREAT MOUTH ROOF FRACTURE TREAT DENTAL RIDGE FRACTURE TREAT DENTAL RIDGE FRACTURE TREAT LOWER JAW FRACTURE TREAT COMPLICATED MANDIBULAR FX RESET DISLOCATED JAW RESET DISLOCATED JAW REPAIR DISLOCATED JAW INTERDENTAL WIRING UNLISTED PROCEDURE; HEAD	360 84				
15	21400	DEGET DISLOCATED UAW	100.04				
15 15	21400	VESET DISTOCATED OWN	552 64				
15 15	21430	THE DESIGNATED OWN	402 20				
	2149/	INITENDED DECCEDING AND THE TRUE MINITED BEAUTIFIED WINTENDERS WITH WINTING	403.29		х		
15	21499	UNLISTED PROCEDURE; HEAD	MP		X.		

#: 1682

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LOUISIANA DEPARTMENT OF HEALTH - BURLAU OF HEALTH SERVICES - FINANCING
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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					
15	21600	PARTIAL REMOVAL OF RIB	483.29				
15	21610	PARTIAL REMOVAL OF RIB PARTIAL REMOVAL OF RIB REVISION OF NECK MUSCLE	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		х		
15	21920	BX, SFT TISS-BACK/FLANK; SUPERFICIAL					
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					
15	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK					
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	DECECE LEDWEDDA CEDLLOAT	483.29				
15	22101	RESECT VERTEBRA, CERVICAL RESECT VERTEBRA, THORACIC TOFAT SDINE FDACTURE	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					
15	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	483.29				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION					
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION					
15	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,450.94				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT					
15 15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	•				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO INSERTION OF INTERLAMINAR/INTERSPINO	483.29 483.29				
15 15		·			х		
15 15	22899	SPINE SURGERY PROCEDURE	MP		^		
15 15	22900	REMOVE ABDOMINAL WALL LESION	682.67				
_	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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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

COLUMN:

1	2	DESCRIPTION RELEASE SHOULDER JOINT DRAIN SHOULDER LESION DRAIN SHOULDER BURSA DRAIN SHOULDER BONE LESION EXPLORATORY SHOULDER SURGERY EXPLORATORY SHOULDER SURGERY BIOPSY SHOULDER TISSUES EXCISION, TUMOR, SOFT TISSUE OF SHOU EXCISION, TUMOR, SOFT TISSUE OF SHOU EXCISION, TUMOR, SOFT TISSUE OF SHOU REMOVAL OF SHOULDER LESION REMOVAL OF SHOULDER LESION REMOVAL (LESS THAN 5 CENTIMETERS) TI REMOVAL (5 CENTIMETERS OR GREATER) T BIOPSY OF SHOULDER JOINT SHOULDER JOINT SURGERY	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23020	RELEASE SHOULDER JOINT	483.29				
15	23030	DRAIN SHOULDER LESION	360.84				
15	23031	DRAIN SHOULDER BURSA	552.64				
15	23035	DRAIN SHOULDER BONE LESION	552.64				
15	23040	EXPLORATORY SHOULDER SURGERY	552.64				
15	23044	EXPLORATORY SHOULDER SURGERY	682.67				
15	23066	BIOPSY SHOULDER TISSUES	483.29				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	483.29				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	483.29				
15	23075	REMOVAL OF SHOULDER LESION	483.29				
15	23076	REMOVAL OF SHOULDER LESION	483.29				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	23100	BIOPSY OF SHOULDER JOINT	483.29				
15	23101	SHOULDER JOINT SURGERY	1,078.18				
15	23105	REMOVE SHOULDER JOINT LINING	682.67				
15	23106	INCISION OF COLLARBONE JOINT	682.67				
15	23105 23106 23107	REMOVAL (EESS THAN 5 CENTIMETERS) TI REMOVAL (5 CENTIMETERS OR GREATER) T BIOPSY OF SHOULDER JOINT SHOULDER JOINT SURGERY REMOVE SHOULDER JOINT LINING INCISION OF COLLARBONE JOINT EXPLORE TREAT SHOULDER JOINT PARTIAL REMOVAL, COLLAR BONE REMOVAL OF COLLAR BONE REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF HUMERUS LESION REMOVAL OF HUMERUS LESION REMOVAL OF HUMERUS LESION REMOVAL OF HUMERUS LESION REMOVE COLLAR BONE LESION REMOVE COLLAR BONE LESION REMOVE SHOULDER BLADE LESION REMOVE COLLAR BONE LESION REMOVE HUMERUS LESION REMOVE HUMERUS LESION REMOVE HUMERUS LESION REMOVE HUMERUS LESION REMOVE SHOULDER BLADE LESION REMOVE HUMERUS LESION REMOVE HUMERUS LESION REMOVE HUMERUS LESION REMOVE SHOULDER BLADE LESION REMOVE HUMERUS LESION PARTIAL REMOVAL OF SCAPULA REMOVAL OF HEAD OF HUMERUS REMOVE SHOULDER FOREIGN BODY REMOVEL TRANSFER SHOULDER ADM	682.67				
15	23120	PARTIAL REMOVAL, COLLAR BONE	776.94				
15	23125	REMOVAL OF COLLAR BONE	776.94				
15	23130 23140	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 23170	REMOVAL OF HUMERUS LESION	776.94				
15	23170	REMOVE COLLAR BONE LESION	483.29				
15	23172 23174	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 23190	REMOVE HUMERUS LESION	682.67				
15	23190	PARTIAL REMOVAL OF SCAPULA	682.67				
15	23195 23330	REMOVAL OF HEAD OF HUMERUS	776.94				
15	23330	REMOVE SHOULDER FOREIGN BODY	360.84				
15	23333 23395	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	23412 23415 23420	RELEASE OF SHOULDER LIGAMENT	776.94				
15	23420	REMOVE SHOULDER FOREIGN BODY REMOVAL OF FOREIGN BODY OF SHOULDER MUSCLE TRANSFER, SHOULDER/ARM MUSCLE TRANSFERS FIXATION OF SHOULDER BLADE INCISION OF TENDON & MUSCLE INCISE TENDON(S) & MUSCLE(S) REPAIR OF TENDON(S) REPAIR OF TENDON(S) RELEASE OF SHOULDER LIGAMENT REPAIR OF SHOULDER	1,078.18				

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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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

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x -
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	23430	REPAIR BICEPS TENDON	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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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 13

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION DRAINAGE OF ARM LESION DRAINAGE OF ARM BURSA DRAIN ARM/ELBOW BONE LESION EXPLORATORY ELBOW SURGERY RELEASE ELBOW JOINT BIOPSY ARM/ELBOW SOFT TISSUE	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23930	DRAINAGE OF ARM LESION	360.84				
15	23931	DRAINAGE OF ARM BURSA	483.29				
15	23935	DRAIN ARM/ELBOW BONE LESION	483.29				
15	24000	EXPLORATORY ELBOW SURGERY	682.67				
15	24006	RELEASE ELBOW JOINT	682.67				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	483.29				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	483.29				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	483.29				
15	24075	REMOVE ARM/ELBOW LESION	483.29				
15	24076	REMOVE ARM/ELBOW LESION	483.29				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552.64				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	483.29				
15	24100	BIOPSY ELBOW JOINT LINING	360.84				
15	24101	EXPLORE/TREAT ELBOW JOINT	682.67				
15	24102	REMOVE ELBOW JOINT LINING	682.67				
15	24105	REMOVAL OF ELBOW BURSA	552.64				
15	24110	REMOVE HUMERUS LESION	483.29				
15	24115	REMOVE/GRAFT BONE LESION	552.64				
15	24116	REMOVE/GRAFT BONE LESION	552.64				
15	24120	REMOVE ELBOW LESION	552.64				
15	24125	REMOVE/GRAFT BONE LESTON	552.64				
15	24126	REMOVE/GRAFT BONE LESTON	552.64				
15	24130	REMOVAL OF HEAD OF RADIUS	552 64				
15	24134	REMOVAL OF ARM BONE LESTON	483.29				
15	24136	REMOVE RADIUS BONE LESTON	483 29				
15	24138	REMOVE ELBOW BONE LESTON	483 29				
15	24140	PARTIAL REMOVAL OF ARM BONE	552 64				
15	24145	PARTIAL REMOVAL OF RADIUS	552 64				
15	24147	PARTIAL REMOVAL OF FLROW	483 29				
15	24155	DEMOVAL OF FIROW TOTAT	552 64				
15	24160	DEMOVAL OF FIROW JOINT HADDWADE	193 29				
15	24164	DEMOVAL OF EXDOM BOINT HANDWARE	552 64				
15	24200	DEMOVAL OF ADM FOREIGN BODY	360 04				
15	24200	DEMOVAL OF ARM FOREIGN BODY	102 20				
15	24301	MUCCLE / MENDON MDANGEED	602.29				
15	24301	ADM MENDON LENGMUENING	602.07				
	24305	DEVICEON OF ADM MENDON	552.67				
15 15	24310	REVISION OF ARM TENDON	552.64				
15	24320	REPAIR OF ARM TENDON	552.64				
_	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	DESCRIPTION DRAINAGE OF ARM LESION DRAINAGE OF ARM BURSA DRAIN ARM/ELBOW BONE LESION EXPLORATORY ELBOW SURGERY RELEASE ELBOW JOINT BIOPSY ARM/ELBOW SOFT TISSUE EXCISION, TUMOR, SOFT TISSUE OF UPP EXCISION, TUMOR, SOFT TISSUE OF UPP REMOVE ARM/ELBOW LESION REMOVE ARM/ELBOW LESION REMOVAL (LESS THAN 5 CENTIMETERS) TI REMOVAL (5 CENTIMETERS OR GREATER) T BIOPSY ELBOW JOINT LINING EXPLORE/TREAT ELBOW JOINT REMOVE (ELBOW JOINT LINING REMOVE ELBOW JOINT LINING REMOVE ELBOW JOINT LINING REMOVE (GRAFT BONE LESION REMOVE/GRAFT BONE LESION REMOVE RADIUS BONE LESION REMOVE RADIUS BONE LESION REMOVE ELBOW BONE LESION REMOVE OF ARM BONE LESION REMOVE OF ARM FORE IGN REMOVAL OF ARM BONE PARTIAL REMOVAL OF RADIUS PARTIAL REMOVAL OF ARM BONE REMOVAL OF ARM FORE IGN BODY REMOVAL OF ARM FORE IGN BODY REMOVAL OF ARM FORE IGN BODY REMOVAL OF ARM TENDON REPAIR OF RUPTURED TENDON REPAIR ARM TENDON/MUSCLE REPAIR OF BICEPS TENDON REPAIR ARM TENDON/MUSCLE REPAIR OF RUPTURED TENDON REPAIR ARM TENDON/MUSCLE REPAIR OF BICEPS TENDON REPAIR ARM TENDON/MUSCLE REPAIR OF BICEPS TENDON REPAIR ARM TENDON/MUSCLE REPAIR OF RUPTURED TENDON REPAIR ARM TENDON/MUSCLE REPAIR OF BICEPS TENDON REPORT ELBOW JOINT RECONSTRUCT ELBOW JOINT	776.94				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3 DESCRIPTION RECONSTRUCT ELBOW JOINT REPLACE ELBOW JOINT RECONSTRUCT HEAD OF RADIUS RECONSTRUCT HEAD OF RADIUS	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24362	RECONSTRUCT ELBOW JOINT	776.94				
15	24363	REPLACE ELBOW JOINT	1,078.18				
15	24365	RECONSTRUCT HEAD OF RADIUS	776.94				
15	24366	RECONSTRUCT HEAD OF RADIUS	776.94				
15	24370	REVISION OF TOTAL BLEOW ARTHRODIASTY	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	682.67 552.64				
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	360.84 360.84				
15	24515	TREAT HUMERUS FRACTURE	682.67				
15	24516	TREAT HUMERUS FRACTURE	682.67 682.67				
15	24530	TREAT HUMERUS FRACTURE	360.84				
15	24535	TREAT HUMERUS FRACTURE	360.84 360.84				
15	24538	TREAT HUMERUS FRACTURE	483.29				
15	24545	TREAT HUMERUS FRACTURE	483.29 682.67				
15	24546	TREAT HUMERUS FRACTURE	776.94				
15	24560	REVISION OF TOTAL ELBOW ARTHROPLASTY REVISION OF HUMERUS REVISION OF HUMERUS REVISION OF HUMERUS REPAIR OF HUMERUS REPAIR HUMERUS WITH GRAFT REVISION OF ELBOW JOINT DECOMPRESSION OF FOREARM REINFORCE HUMERUS TREAT HUMERUS FRACTURE	776.94 360.84				
15	24565	TREAT HUMERUS FRACTURE	483.29				
15	24566	TREAT HUMERUS FRACTURE	483.29 483.29				
15	24575	TREAT HUMERUS FRACTURE	552.64				
15	24576	TREAT HUMERUS FRACTURE	552.64 360.84				
15	24577	TREAT HUMERUS FRACTURE	360.84				
15	24579	TREAT HUMERUS FRACTURE	360.84 552.64				
15	24582	TREAT HUMERUS FRACTURE	483 29				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	483.29 682.67				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	776.94				
15	24600	TREAT ELBOW DISLOCATION	360.84				
15	24605	TREAT ELBOW DISLOCATION					
15	24615	TREAT ELBOW DISLOCATION	483.29 552.64				
15	24620	TREAT ELBOW FRACTURE	483.29				
15	24635	TREAT ELBOW FRACTURE	552.64				
15	24640	TOT DAD HEAD CHRIST CHILD W/O MANTD	360.84				
15	24655	TRI RAD HEAD SUDDOX, CHILD W/O MANIE	360.84				
15	24665	MDEAM DADIUS FRACTURE	682.67				
15		MDEAM DADIUS FRACTURE	682.67				
15 15	24666	TREAT RADIUS FRACTURE TREAT RADIUS FRACTURE TREAT RADIUS FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE FUSION OF ELBOW JOINT					
15 15	24670	TREAT ULNAR FRACTURE	360.84				
_	24675	TREAT ULNAR FRACTURE	360.84				
15	24685	TREAT ULNAK FRACTURE	552.64				
15	24800	LOSION OF ETROM TOINT	682.67				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24802	FUSION/GRAFT OF ELBOW JOINT	FEE 776.94				
15	24925	AMPUTATION FOLLOW-UP SURGERY	552.64				
15	24999	FUSION/GRAFT OF ELBOW JOINT AMPUTATION FOLLOW-UP SURGERY UNLISTED PROCEDURE/UPPER ARM/ELBOW S INCISION OF TENDON SHEATH DECOMPRESS FOREARM 1 SPACE	MP		х		
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	552.64 552.64 552.64 360.84 483.29				
15	25028	DRAINAGE OF FOREARM LESION	360.84				
15	25031	DRAINAGE OF FOREARM BURSA	483.29				
15	25035	TREAT FOREARM BONE LESTON	483.29				
15	25040	EXPLORE/TREAT WRIST JOINT	776 94				
15	25066	DRAINAGE OF FOREARM BURSA TREAT FOREARM BONE LESION EXPLORE/TREAT WRIST JOINT BIOPSY FOREARM SOFT TISSUES	776.94 483.29				
15	25071	EXCISION THMOR SOFT TISSUE OF FORE	483 29				
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE EXCISION, TUMOR, SOFT TISSUE OF FORE	483 29				
15	25075						
15	25076	REMOVE FOREARM LESION SUBCUT REMOVE FOREARM LESION DEEP	552.64				
15	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TH	552.64				
15	25077	DEMOVAL (2 CENTIMETERS OF CREATER) T	183 29				
15	25085	THOUGHT (5 CENTIFEDING ON GREATER) I	552 64				
15	25100	RIODSY OF WRIST CAPSULE	193 29				
15	25100	FYDIODE/TOPAT WOIST JOINT	552 64				
15	25101	DEMOVE WOTCH TOTHE LINING	682 67				
15	25105	DEMOVE MEIST DOINT LINING	552.61				
15	25110	DEMOVE WRIST DOINT CARTILLAGE	552.64				
15	25111	DEMOVE WRIST TENDON LESTON	552.64				
15	25111	DEDEMOVE MUISI IENDON LEGION	602 67				
15	25112	DEMOVE MUISI IENDON LECTON	602.67				
15	25115	DEMOVE WRIST/FOREARM LECTON	602.67				
15	25118	REMOVE WRIST/FOREARM LESION	402.07				
15	25118	DADMIAI DEMOVAL OF HIMA	403.29 EE2 64				
15 15	25119	PARTIAL REMOVAL OF ULNA	552.64				
		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	REMOVE FOREARM LESION SUBCUT REMOVE FOREARM LESION DEEP REMOVAL (LESS THAN 3 CENTIMETERS) TI REMOVAL (3 CENTIMETERS OR GREATER) T INCISION OF WRIST CAPSULE BIOPSY OF WRIST JOINT EXPLORE/TREAT WRIST JOINT REMOVE WRIST JOINT LINING REMOVE WRIST JOINT CARTILAGE REMOVE WRIST TENDON LESION REMOVE WRIST TENDON LESION REMOVE WRIST TENDON LESION REMOVE WRIST/FOREARM LESION REMOVE WRIST/FOREARM LESION EXCISE WRIST TENDON SHEATH PARTIAL REMOVAL OF ULNA REMOVE/GRAFT FOREARM LESION REMOVE/GRAFT WRIST LESION REMOVE & GRAFT WRIST LESION REMOVE & GRAFT WRIST LESION REMOVE & GRAFT WRIST LESION REMOVE FOREARM BONE LESION PARTIAL REMOVAL OF ULNA PARTIAL REMOVAL OF RADIUS REMOVAL OF WRIST BONE REMOVAL OF WRIST BONE REMOVAL OF WRIST BONE PARTIAL REMOVAL OF RADIUS PARTIAL REMOVAL OF ULNA	552.64				
15	25215	REMOVAL OF WRIST BONES	682.67				
15	25230	PARTIAL REMOVAL OF RADIUS	682.67				
15	25240	PARTIAL REMOVAL OF CLINA	002.07				
15	25248	REMOVE FOREARM FOREIGN BODY	483.29				
15	25250	REMOVAL OF WRIST PROSTHESIS	360.84				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	x- 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	25251	REMOVAL OF WRIST PROSTHESIS	360.84				
15	25260	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25263	REPAIR FOREARM TENDON/MUSCLE	483.29				
15	25265	REPAIR FOREARM TENDON/MUSCLE	552.64				
15	25270	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25272	REPAIR FOREARM TENDON/MUSCLE	552.64				
15	25274	REPAIR FOREARM TENDON/MUSCLE	682.67				
15	25275	REPAIR FOREARM TENDON SHEATH	682.67 682.67				
15	25280	REVISE WRIST/FOREARM TENDON					
15	25290	REVISE WRIST/FOREARM TENDON INCISE WRIST/FOREARM TENDON	682.67 552.64				
15	25295	RELEASE WRIST/FOREARM TENDON					
15	25300	RELEASE WRIST/FOREARM TENDON FUSION OF TENDONS AT WRIST	552.64 552.64				
15	25301	FUSION OF TENDONS AT WRIST	552.64				
15	25310	TRANSPLANT FOREARM TENDON	552.64 552.64				
15	25312	TRANSPLANT FOREARM TENDON	682.67				
15	25315	REVISE PALSY HAND TENDON(S)	682.67 552.64				
15	25316	REVISE PALSY HAND TENDON(S)	552.64				
15	25320	REPAIR/REVISE WRIST JOINT	552.64 552.64				
15	25332	REVISE WRIST JOINT					
15	25335	REALIGNMENT OF HAND	776.94 552.64				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	776.94				
15	25350	REVISION OF RADIUS	776.94 552.64				
15	25355	REVISION OF RADIUS	552.64				
15	25360	FUSION OF TENDONS AT WRIST FUSION OF TENDONS AT WRIST TRANSPLANT FOREARM TENDON TRANSPLANT FOREARM TENDON REVISE PALSY HAND TENDON(S) REVISE PALSY HAND TENDON(S) REPAIR/REVISE WRIST JOINT REVISE WRIST JOINT REALIGNMENT OF HAND RECONSTRUCT ULNA/RADIOULNAR REVISION OF RADIUS REVISION OF RADIUS REVISION OF RADIUS REVISION OF ULNA REVISE RADIUS & ULNA REVISE RADIUS & ULNA REVISE RADIUS OR ULNA SHORTEN RADIUS OR ULNA LENGTHEN RADIUS & ULNA LENGTHEN RADIUS & ULNA LENGTHEN RADIUS & ULNA REPAIR RADIUS OR ULNA REPAIR RADIUS OR ULNA REPAIR RADIUS OR ULNA REPAIR RADIUS OR 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	682.67 552.64				
15	25393	LENGTHEN RADIUS & ULNA	682.67				
15	25400	REPAIR RADIUS OR ULNA	682.67 552.64				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	682.67 552.64				
15	25415	REPAIR RADIUS & ULNA REPAIR/GRAFT RADIUS & ULNA					
15	25420	REPAIR/GRAFT RADIUS & ULNA	682.67 552.64				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	552.64				
15	25426	REPAIR/GRAFT RADIUS & ULNA	682.67 552.64				
15	25431	REPAIR NONUNION CARPAL BONE	552.64				
15	25440	REPAIR/GRAFT WRIST BONE					
15	25441	RECONSTRUCT WRIST JOINT	682.67 776.94				
15	25442	RECONSTRUCT WRIST JOINT	776.94				
15	25443	REPAIR/GRAFT RADIUS & ULNA REPAIR/GRAFT RADIUS OR ULNA REPAIR/GRAFT RADIUS & ULNA REPAIR NONUNION CARPAL BONE REPAIR/GRAFT WRIST BONE RECONSTRUCT WRIST JOINT RECONSTRUCT WRIST JOINT RECONSTRUCT WRIST JOINT	776.94				
15	25444	RECONSTRUCT WRIST JOINT	776.94				
15	25445	RECONSTRUCT WRIST JOINT WRIST REPLACEMENT 1	776.94				
15	25446	WRIST REPLACEMENT 1	,078.18				
15	25449	WRIST REPLACEMENT REMOVE WRIST JOINT IMPLANT	776.94				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REVISION OF WRIST JOINT REVISION OF WRIST JOINT REINFORCE RADIUS REINFORCE ULNA REINFORCE RADIUS AND ULNA TREAT FRACTURE OF RADIUS TREAT FRACTURE OF RADIUS CLOSED TREATMENT OF BROKEN FOREARM A	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	25450	REVISION OF WRIST JOINT	552.64				
15	25455	REVISION OF WRIST JOINT	552.64				
15	25490	REINFORCE RADIUS	552.64				
15	25491	REINFORCE ULNA	552.64				
15	25492	REINFORCE RADIUS AND ULNA	552.64				
15	25505	TREAT FRACTURE OF RADIUS	360.84				
15	25515	TREAT FRACTURE OF RADIUS	552.64				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	360.84				
15	25525	TREAT FRACTURE OF RADIUS	682.67				
15	25526	TREAT FRACTURE OF RADIUS	776.94				
15	25535	TREAT FRACTURE OF ULNA	360.84				
15	25545	TREAT FRACTURE OF ULNA	552.64				
15	25565	TREAT FRACTURE RADIUS & ULNA	483.29				
15	25574	TREAT FRACTURE RADIUS & ULNA	552.64				
15	25575	TREAT FRACTURE RADIUS/ULNA	552.64				
15	25605	TREAT FRACTURE RADIUS/ULNA	552.64				
15	25606	TREAT FX DISTAL RADIAL	552.64				
15	25607	TREAT FX RAD EXTRA-ARTICUL	776.94				
15	25608	TREAT FX RAD INTRA-ARTICUL	776.94				
15	25609	TREAT FX RADIAL 3 + FRAG	776.94				
15	25624	TREAT WRIST BONE FRACTURE	483.29				
15	25628	TREAT WRIST BONE FRACTURE	552.64				
15	25635	TREAT WRIST BONE FRACTURE	360.84				
15	25645	TREAT WRIST BONE FRACTURE	552.64				
15	25651	PIN ULAR STYLOID FRACTURE	552.64				
15	25660	TREAT WRIST DISLOCATION	360.84				
15	25670	TREAT WRIST DISLOCATION	552.64				
15	25671	PIN RADIOULNAR DISLOCATION	360.84				
15	25675	TREAT WRIST DISLOCATION	360.84				
15	25676	TREAT WRIST DISLOCATION	483.29				
15	25680	TREAT WRIST FRACTURE	483 29				
15	25685	TREAT WRIST FRACTURE	552 64				
15	25690	TREAT WRIST DISLOCATION	360 84				
15	25695	TREAT WRIST DISLOCATION	483 29				
15	25800	FUSION OF WRIST JOINT	682 67				
15	25805	FUSION OF WRIST BOINT	776 94				
15	25810	FUSION/GRAFT OF WRIST DOINT	776.94				
15	25820	FUSION OF HAND BONES	682 67				
15	25825	FIGE HAND BONES WITH CDAFT	776 94				
15	25830	FUCTON DADTOUINAD THE /UT NA	776.94				
15	25907	AMDITATION FOLLOW-ID CIDCEDY	770.94 552.64				
15	25922	AMPUINAME HAND AM MOTOM	552.04				
15	25922 25929	DESCRIPTION REVISION OF WRIST JOINT REVISION OF WRIST JOINT REINFORCE RADIUS REINFORCE ULMA REINFORCE RADIUS AND ULNA TREAT FRACTURE OF RADIUS TREAT FRACTURE OF RADIUS CLOSED TREATMENT OF BROKEN FOREARM A TREAT FRACTURE OF RADIUS TREAT FRACTURE OF RADIUS TREAT FRACTURE OF ULNA TREAT FRACTURE OF ULNA TREAT FRACTURE RADIUS & ULNA TREAT FRACTURE RADIUS & ULNA TREAT FRACTURE RADIUS & ULNA TREAT FRACTURE RADIUS /ULNA TREAT FX DISTAL RADIAL TREAT FX RAD EXTRA-ARTICUL TREAT FX RAD INTRA-ARTICUL TREAT FX RADIAL 3 + FRAG TREAT WRIST BONE FRACTURE TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST DI	552.04 552.64				
15	25929 25999	WILLIAMED ODOCEDIDE EODEADM OF FELLE	332.04		х		
15 15		DRAINAGE OF FINGER ARCCECC	260 04		^		
_	26011 26020	DRAINAGE OF FINGER ABSCESS DRAIN HAND TENDON SHEATH	402.00				
15	20020	DRAIN HAND TENDON SHEATH	483.29				

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	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	INCISION OF FINGER TENDON EXPLORE/TREAT HAND JOINT EXPLORE/TREAT FINGER JOINT 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 RELEASE PALM CONTRACTURE REMOVE WRIST JOINT LINING REVISE FINGER JOINT, EACH REVISE FINGER JOINT, EACH TENDON EXCISION, PALM/FINGER REMOVE TENDON SHEATH LESION REMOVAL OF PALM TENDON, EACH REMOVAL OF FINGER TENDON REMOVE FINGER BONE REMOVE HAND BONE LESION REMOVE/GRAFT BONE LESION REMOVAL OF FINGER LESION REMOVAL OF FINGER LESION	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 PARTIAL REMOVAL OF HAND BONE	552.64				
	15	26230	PARTIAL REMOVAL OF HAND BONE	1,078.18				
	15	26235	PARTIAL REMOVAL OF HAND BONE PARTIAL REMOVAL, FINGER BONE EXTENSIVE HAND SURGERY EXTENSIVE FINGER SURGERY PARTIAL REMOVAL OF FINGER	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	552.64 483.29				
	15	26320	PARTIAL REMOVAL OF FINGER REMOVAL OF IMPLANT FROM HAND MANIPULATE FINGER WITH ANESTH REPAIR OF FINGER TENDON	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 REPAIR OF FINGER TENDON	682.67				
	15	26357	REPAIR OF FINGER TENDON	682.67				

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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

COLUMN:

LAM5M131

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

1	2	3	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26358	REPAIR OF FINGER TENDON WITH GRAFT REPAIR FINGER/HAND TENDON REPAIR/GRAFT HAND TENDON REPAIR FINGER/HAND TENDON REPAIR FINGER/HAND TENDON REPAIR/GRAFT HAND TENDON REPAIR/GRAFT HAND TENDON REPAIR/GRAFT HAND TENDON EXCISION, HAND/FINGER TENDON GRAFT HAND OR FINGER TENDON REPAIR FINGER TENDON REPAIR FINGER TENDON REPAIR/GRAFT FINGER TENDON REPAIR FINGER/HAND TENDON REPAIR FINGER TENDON REPAIR/GRAFT FINGER TENDON REPAIR/GRAFT FINGER TENDON REALIGNMENT OF TENDONS RELEASE PALM/FINGER TENDON	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	552.61				
15	26449	RELEASE FOREARM/HAND TENDON	552.61				
15	26450	RELEASE PALM/FINGER TENDON RELEASE PALM & FINGER TENDON RELEASE HAND/FINGER TENDON RELEASE FOREARM/HAND TENDON INCISION OF PALM TENDON INCISION OF FINGER TENDON	552.64 552.64 552.64 552.64 552.64 552.64 483.29				
15	26455	INCISION OF FALM TENDON INCISION OF FINGER TENDON INCISE HAND/FINGER TENDON FUSION OF FINGER TENDONS FUSION OF FINGER TENDONS TENDON LENGTHENING TENDON SHORTENING LENGTHENING OF HAND TENDON	552.64				
15	26460	INCISION OF FINGER TENDON	552.64				
15	26471	FUCTOR OF FINGER TENDON	183 20				
15	26474	FUSION OF FINGER TENDONS	483 29				
15	26476	TENDON LENGTHENING	483.29 360.84				
15	26477	TENDON CHOPTENING	360.84				
15	26478	TENDON SHOKIENING	360.84 360.84				
15	26479	CHODWENING OF HAND WENDON	360.04				
15	26480	TRANSPIANT HAND TENDON	552.64				
15	26483	TRANSPLANT MAND TENDON	552.04				
15	26485	LENGTHENING OF HAND TENDON SHORTENING OF HAND TENDON TRANSPLANT HAND TENDON TRANSPLANT/GRAFT HAND TENDON TRANSPLANT PALM TENDON	102.04				
		TRANSPLANT PALM TENDON	403.29				
15	26489	TRANSPLANT/GRAFT PALM TENDON REVISE THUMB TENDON	552.64				
15	26490	REVISE THOMB TENDON	552.64				
15	26492	TENDON TRANSFER WITH GRAFT	552.64 552.64				
15	26494	HAND TENDON/MUSCLE TRANSFER	552.64				
15	26496	REVISE THUMB TENDON	552.64 552.64				
15	26497	FINGER TENDON TRANSFER	552.64				
15	26498	FINGER TENDON TRANSFER	682.67 552.64				
15	26499	TENDON TRANSFER WITH GRAFT HAND TENDON/MUSCLE TRANSFER REVISE THUMB TENDON FINGER TENDON TRANSFER FINGER TENDON TRANSFER REVISION OF FINGER HAND TENDON RECONSTRUCTION	552.64				
15	26500	HAND TENDON RECONSTRUCTION	682.67 682.67				
15	26502	HAND TENDON RECONSTRUCTION RELEASE THUMB CONTRACTURE THUMB TENDON TRANSFER	682.67				
15	26508	RELEASE THUMB CONTRACTURE	552.64				
15	26510	THUMB TENDON TRANSFER	552.64				

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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

COLUMN:

1	2	DESCRIPTION FUSION OF KNUCKLE JOINT FUSION OF KNUCKLE JOINTS FUSION OF KNUCKLE JOINTS RELEASE KNUCKLE CONTRACTURE RELEASE FINGER CONTRACTURE REVISE KNUCKLE WITH IMPLANT REVISE KNUCKLE WITH IMPLANT REVISE FINGER JOINT REVISE FINGER JOINT REVISE HAND JOINT WITH GRAFT REPAIR NONUNION HAND RECONSTRUCT FINGER JOINT CONSTRUCT THUMB REPLACEMENT POSITIONAL CHANGE OF FINGER REPAIR OF WEB FINGER REPAIR HAND DEFORMITY LENGTHEN METACARPAL FINGER REPAIR HAND DEFORMITY RECONSTRUCT EXTRA FINGER REPAIR MUSCLES OF HAND RELEASE MUSCLES OF HAND RELEASE MUSCLES OF HAND RELEASE MUSCLES OF HAND RELEASE THOMER FRACTURE TREAT METACARPAL FRACTURE TREAT METACARPAL FRACTURE TREAT METACARPAL FRACTURE TREAT THUMB FRACTURE TREAT THOME FRACTURE TREAT HAND DISLOCATION TREAT HAND DISLOCATION TREAT KNUCKLE DISLOCATION TREAT KNUCKLE DISLOCATION TREAT KNUCKLE DISLOCATION TREAT KNUCKLE DISLOCATION TREAT FINGER FRACTURE, EACH TREAT FINGER FRACTURE, EACH	4	5 AGE	6 MED		8 x-
TS	CODE	DESCRIPTION	333	MIN-MAX			OVERS
15	26516	FUSION OF KNUCKLE JOINT	360.84			~	0.1
15	26517	FUSION OF KNUCKLE JOINTS	552 64				
15	26518	FUSION OF KNUCKLE JOINTS	552.61				
15	26520	PELEASE KNIICKLE CONTRACTIBE	552.64				
15	26525	RELEASE FINGER CONTRACTURE	552.64				
15	26530	DEVICE KNICKLE TOTME	552.64				
15	26531	DEALCE KNICKIE MLAN INDIVANA	1 078 18				
15	26535	DEVICE EINGED TOINT	776 94				
15	26536	DEVICE / INDIANT FINCED TOTAT	776.94				
15	26540	DEDATE HAND TOTHE	602 67				
15	26541	DEDATE HAND JOINT WITH CDAFF	1 072 19				
15	26542	DEDATE DAND TOTHE WITH CRAFT	602 67				
15	26542	DECONCEDICE EINCED TOINE	602.67				
15	26545	RECONSTRUCT FINGER JOINT	602.67				
15	26540	DECONOMINE EINCED TOTHE	602.67				
15	26540	CONCEDUCE BUILD DEDIACEMENT	402.07				
15	26550	DOCUMENT CHANCE OF STREET	403.29 EE2 64				
15	26555	POSITIONAL CHANGE OF FINGER	332.64				
15	26560	REPAIR OF WEB FINGER	483.29				
15	26561	REPAIR OF WEB FINGER	552.64				
15	26562	REPAIR OF WEB FINGER	682.67				
15	26565	CORRECT METACARPAL FLAW	776.94				
15	26567	CORRECT FINGER DEFORMITY	776.94				
15	26568	LENGTHEN METACARPAL/FINGER	552.64				
15	26580	REPAIR HAND DEFORMITY	776.94				
15	26587	RECONSTRUCT EXTRA FINGER	776.94				
15	26590	REPAIR FINGER DEFORMITY	776.94				
15	26591	REPAIR MUSCLES OF HAND	552.64				
15	26593	RELEASE MUSCLES OF HAND	552.64				
15	26596	EXCISION CONSTRICTING TISSUE	483.29				
15	26605	TREAT METACARPAL FRACTURE	483.29				
15	26607	TREAT METACARPAL FRACTURE	483.29				
15	26608	TREAT METACARPAL FRACTURE	682.67				
15	26615	TREAT METACARPAL FRACTURE	682.67				
15	26641	TREAT THUMB DISLOCATION W/MANIPU	360.84				
15	26645	TREAT THUMB FRACTURE	360.84				
15	26650	TREAT THUMB FRACTURE	483.29				
15	26665	TREAT THUMB FRACTURE	682.67				
15	26675	TREAT HAND DISLOCATION	483.29				
15	26676	PIN HAND DISLOCATION	483.29				
15	26685	TREAT HAND DISLOCATION	552.64				
15	26686	TREAT HAND DISLOCATION	552.64				
15	26705	TREAT KNUCKLE DISLOCATION	483.29				
15	26706	PIN KNUCKLE DISLOCATION	483.29				
15	26715	TREAT KNUCKLE DISLOCATION	682.67				
15	26727	TREAT FINGER FRACTURE, EACH	1,078.18				
15	26735	TREAT FINGER FRACTURE, EACH	682.67				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION TREAT FINGER FRACTURE, EACH TREAT FINGER FRACTURE, EACH PIN FINGER FRACTURE, EACH PIN FINGER FRACTURE, EACH PIN FINGER DISLOCATION TREAT FINGER DISLOCATION TREAT FINGER DISLOCATION THUMB FUSION WITH GRAFT FUSION OF THUMB THUMB FUSION WITH GRAFT FUSION OF HAND JOINT FUSION/GRAFT OF HAND JOINT FUSION OF KNUCKLE FUSION OF FINGER JOINT FUSION OF FINGER JOINT FUSION OF FINGER JOINT FUSION/GRAFT OF FINGER JOINT FUSION/GRAFT OF FINGER JOINT AMPUTATE METACARPAL BONE AMPUTATION OF FINGER/THUMB MISC PROCEDURE HANDS OR FINGERS DRAINAGE OF PELVIS LESION DRAINAGE OF PELVIS BURSA INCISION OF HIP TENDON INCISION OF HIP TENDON INCISION OF HIP TENDON EXPLORATION OF HIP JOINT DENERVATION OF HIP JOINT DENERVATION OF HIP JOINT BIOPSY OF SOFT TISSUES BIOPSY OF SOFT TISSUES EXCISION, TUMOR, SOFT TISSUE OF PELV EXCISION, TUMOR, SOFT TISSUE OF PELV	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	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		х		
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 HID JOINT	552.64				
15	27035	DENERVATION OF HIP JOINT	682 67				
15	27040	BIODSY OF SOFT TISSUES	360 84				
15	27041	BIODSY OF SOFT TISSUES	483 29				
15	27041	EXCISION THIMOD SOFT TISSUES	183 29				
15	27045	BIOPSY OF SOFT TISSUES BIOPSY OF SOFT TISSUES EXCISION, TUMOR, SOFT TISSUE OF PELV EXCISION, TUMOR, SOFT TISSUE OF PELV REMOVE HIP/PELVIS LESION REMOVE HIP/PELVIS LESION	403.29				
15		DEMOVE UID/DELVIC LECTON	403.29				
15	27047 27048	REMOVE HIP/PELVIS LESION REMOVE HIP/PELVIS LESION	552 61				
15	27048	REMOVE HIP/PELVIS LESION	552.64				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	552.64				
15	27050	BIOPSY OF SACROILIAC JOINT BIOPSY OF HIP JOINT	552.64				
15 15		BIODSI OF HIP JOINT	332.04 402.20				
15	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	776 04				
15 15	27060	REMOVAL OF ISCHIAL BURSA	776.94				
15 15	27062	REMOVE FEMUR LESION/BURSA	776.94				
_	27065	REMOVAL OF HIP BONE LESION	776.94				
15	27066	BIOPSY OF HIP JOINT REMOVAL (5 CENTIMETERS OR GREATER) T REMOVAL OF ISCHIAL BURSA REMOVE FEMUR LESION/BURSA REMOVAL OF HIP BONE LESION REMOVAL OF HIP BONE LESION REMOVE/GRAFT HIP BONE LESION REMOVAL OF TAIL BONE REMOVE HIP FOREIGN BODY REMOVE HIP FOREIGN BODY	776.94				
15	27067	REMOVE/GRAFT HIP BONE LESION	//6.94				
15	27080	KEMOVAL OF TAIL BONE	483.29				
15	27086	REMOVE HIP FOREIGN BODY	360.84				
15	27087	KEMOVE HIP FOREIGN BODY	552.64				

#: 1694

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3 RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 22

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5 AGE	6 MED	7	8 X-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	A- OVERS
	15	27095	WITH ANES	360.84				
	15	27097	REVISION OF HIP TENDON	552.64				
	15	27098	TRANSFER TENDON TO PELVIS	552.64				
	15	27100	TRANSFER OF ABDOMINAL MUSCLE	682.67				
	15	27105	TRANSFER OF SPINAL MUSCLE	682.67				
	15	27110	TRANSFER OF ILIOPSOAS MUSCLE	682.67				
	15	27111	TRANSFER OF ILIOPSOAS MUSCLE	682.67				
	15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	360.84				
	15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	483.29				
	15	27202	TREAT TAIL BONE FRACTURE	483.29				
	15	27230	TREAT THIGH FRACTURE	360.84				
	15	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	360.84				
	15	27238	TREAT THIGH FRACTURE	360.84				
	15	27246	TREAT THIGH FRACTURE	360.84				
	15	27250	TREAT HIP DISLOCATION	360.84				
	15	27252	TREAT HIP DISLOCATION	483.29				
	15	27257	TREAT HIP DISLOCATION	552.64				
	15	27265	TREAT HIP DISLOCATION	360.84				
	15	27266	TREAT HIP DISLOCATION	483.29				
	15	27275	MANIPULATION OF HIP JOINT	483.29				
	15	27278	FUSION OF PELVIC JOINT INCLUDING JOI	776.94				
	15	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU					
	15	27299	PELVIS/HIP JOINT SURGERY	MP		x		
	15	27301	DDATH BUTCH / WHEE TECTON	552.64				
	15	27305	INCISE THIGH TENDON & FASCIA	552.64 483.29				
	15	27306	INCISE THIGH TENDON & FASCIA INCISION OF THIGH TENDON	552.64				
	15	27307	INCISION OF THIGH TENDONS	552.64				
	15	27310	EXPLORATION OF KNEE JOINT	682.67				
	15	27323	EXPLORATION OF KNEE JOINT BIOPSY, THIGH SOFT TISSUES	360.84				
	15	27324	BIOPSY, THIGH SOFT TISSUES BIOPSY, THIGH SOFT TISSUES REMOVAL OF THIGH LESION	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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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION REMOVE FEMUR LESION/GRAFT REMOVE FEMUR LESION/GRAFT DEMOVE FEMUR LESION/FIVATION	FEE	MIN-MAX	REV	SEX	OVERS
15	27356	REMOVE FEMUR LESION/GRAFT	682.67 776.94				
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	REMOVE FEMOR LESION/GRAFI REMOVE FEMUR LESION/FIXATION PARTIAL REMOVAL, LEG BONE(S) REMOVAL (5 CENTIMETERS OR GREATER) T REMOVAL OF FOREIGN BODY	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	REMOVAL (5 CENTIMETERS OR GREATER) T REMOVAL OF FOREIGN BODY REPAIR OF KNEECAP TENDON REPAIR/GRAFT KNEECAP TENDON REPAIR/GRAFT OF THIGH MUSCLE REPAIR/GRAFT OF THIGH MUSCLE INCISION OF THIGH TENDON INCISION OF THIGH TENDONS INCISION OF THIGH TENDONS LENGTHENING OF THIGH TENDON LENGTHENING OF THIGH TENDONS TRANSPLANT 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	TRANSPLANT OF THIGH TENDON TRANSPLANTS OF THIGH TENDONS TRANSFER OF TENDON OR MUSCLE IN HAMS	552.64 552.64				
15	27400	TRANSPLANTS OF THIGH TENDONS TRANSFER OF TENDON OR MUSCLE IN HAMS REPAIR OF KNEE CARTILAGE	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	TRANSFER OF TENDON OR MUSCLE IN HAMS REPAIR OF KNEE CARTILAGE REPAIR OF KNEE LIGAMENT REPAIR OF KNEE LIGAMENT REPAIR OF KNEE LIGAMENT REPAIR OF KNEE LIGAMENTS REPAIR DEGENERATED KNEECAP REVISION OF UNSTABLE KNEECAP REVISION OF UNSTABLE KNEECAP REVISION/REMOVAL OF KNEECAP LATERAL RETINACULAR RELEASE RECONSTRUCTION, KNEE RECONSTRUCTION, KNEE RECONSTRUCTION, KNEE REVISION OF THIGH MUSCLES INCISION OF KNEE JOINT REVISE KNEECAP REVISE KNEECAP WITH IMPLANT REVISION OF KNEE JOINT	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	776.94 552.64				
15	27498	DECOMPRESSION OF THIGH/KNEE	552.64				
15	27499	DECOMPRESSION OF THIGH/KNEE DECOMPRESSION OF THIGH/KNEE DECOMPRESSION OF THIGH/KNEE TREATMENT OF THIGH/KNEE	552.64 552.64				
15	27500	TREATMENT OF THIGH FRACTURE	360.84				
15	27501	TREATMENT OF THIGH FRACTURE	360.84 483.29				
15	27502	TREATMENT OF THIGH FRACTURE	483.29				
15	27503	TREATMENT OF THIGH FRACTURE	552.64				

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#: 1696

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 24

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

COLUMN:

1	2	3 DESCRIPTION TREATMENT OF THIGH FRACTURE TREATMENT OF THIGH FRACTURE	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE 360.84	MIN-MAX	REV	SEX	OVERS
15	27508	TREATMENT OF THIGH FRACTURE TREATMENT OF THIGH FRACTURE TREATMENT OF THIGH FRACTURE TREAT THIGH FX GROWTH PLATE TREAT THIGH FX GROWTH PLATE TREAT KNEECAP FRACTURE TREAT KNEE DISLOCATION TREAT KNEE DISLOCATION TREAT KNEECAP DISLOCATION TREAT KNEECAP DISLOCATION TREAT KNEECAP DISLOCATION TREAT KNEECAP DISLOCATION FIXATION OF KNEE JOINT AMPUTATION FOLLOW-UP SURGERY LEG SURGERY PROCEDURE DECOMPRESSION OF LOWER LEG	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		х		
15	27600	DECOMPRESSION OF LOWER LEG	552.64				
15	27601	DECOMPRESSION OF LOWER LEG	552.64				
15	27602	DECOMPRESSION OF LOWER LEG	552.64 552.64 483.29				
15	27603	DRAIN LOWER LEG LESTON	483.29				
15	27604	DECOMPRESSION OF LOWER LEG DECOMPRESSION OF LOWER LEG DRAIN LOWER LEG LESION DRAIN LOWER LEG BURSA INCISION OF ACHILLES TENDON	483.29				
15	27605	INCISION OF ACHILLES TENDON	360.84				
15	27606	INCISION OF ACHILLES TENDON	360.84 360.84				
15	27607	TREAT LOWER LEG BONE LESION	483.29				
15	27610	EXPLORE/TREAT ANKLE JOINT	483.29 483.29				
15	27612	EXPLORE/TREAT ANKLE JOINT EXPLORATION OF ANKLE JOINT BIOPSY LOWER LEG SOFT TISSUE	552.64				
15	27614	BIOPSY LOWER LEG SOFT TISSUE	552.64 483.29				
15	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	552 64				
15	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	483 29				
15	27618	REMOVAL (LESS THAN 5 CENTIMETERS) TI REMOVAL (5 CENTIMETERS OR GREATER) T REMOVE LOWER LEG LESION REMOVE LOWER LEG LESION EXPLORE/TREAT ANKLE JOINT REMOVE ANKLE JOINT LINING	483 29				
15	27619	REMOVE LOWER LEG LESION REMOVE LOWER LEG LESION EXPLORE/TREAT ANKLE JOINT REMOVE ANKLE JOINT LINING REMOVE ANKLE JOINT LINING REMOVAL OF TENDON LESION	552 64				
15	27620	EXPLORE /TREAT ANKLE TOINT	682 67				
15	27625	DEMOVE ANKLE TOTHT LINING	682 67				
15	27626	DEMOVE ANKLE JOINT LINING	682 67				
15	27630	REMOVE ANKLE JOINI LINING	682.67 552.64				
15	27632	DEMOVAL OF LENDON RESION	102 20				
15	27634	REMOVAL (3 CENTIMETERS OR GREATER) T EXCISION, TUMOR, SOFT TISSUE OF LEG	403.29				
15	27635	DEMOVE LOWED IEC DONE LECTON	552 64				
15	27637	DEMOVE CONER LEG BONE LEGION	552.64				
15 15	27637	REMOVE/GRAFT LEG BONE LEGION	552.64				
15 15		REMOVE/GRAFT LEG BONE LESION	402.04				
_	27640	PARTIAL REMOVAL OF TIBIA	483.29				
15 15	27641	REMOVE LOWER LEG BONE LESION REMOVE/GRAFT LEG BONE LESION REMOVE/GRAFT LEG BONE LESION PARTIAL REMOVAL OF TIBIA PARTIAL REMOVAL OF FIBULA EXTENSIVE ANKLE/HEEL SURGERY REPAIR ACHILLES TENDON REPAIR/GRAFT ACHILLES TENDON	483.29				
15	27647	EATENSIVE ANKLE/MEEL SUKGERI	552.64				
15	27650	REPAIR ACHILLES TENDON	552.64				
15	27652	REPAIR/GRAFT ACHILLES TENDON	552.64				

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#: 1697

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 25

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

15

27810

COLUMN:								
00_01_	1	2	3	4	5	6	7	8
					AGE	MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	27654	DESCRIPTION REPAIR OF ACHILLES TENDON	552.64				
	15	27656		483.29				
	15	27658	REPAIR OF LEG TENDON, EACH	360.84				
	15	27659	REPAIR OF LEG TENDON, EACH	483.29 483.29				
	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 OF LEG TENDON, EACH REPAIR OF LEG TENDON, EACH REPAIR OF LEG TENDON, EACH REPAIR LOWER LEG TENDONS REPAIR LOWER LEG TENDON RELEASE OF LOWER LEG TENDON RELEASE OF LOWER LEG TENDON REVISION OF LOWER LEG TENDON	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	552.64 682.67 682.67				
	15	27690	REVISE LOWER LEG TENDON	682.67				
	15	27691	REVISE LOWER LEG TENDON	682.67				
	15	27692	REVISION OF LOWER LEG TENDON REVISE LOWER LEG TENDONS REVISION OF CALF TENDON REVISE LOWER LEG TENDON REVISE LOWER LEG TENDON REVISE LOWER LEG TENDON REVISE ADDITIONAL LEG TENDON REPAIR OF ANKLE LIGAMENT REPAIR OF ANKLE LIGAMENTS REPAIR OF ANKLE LIGAMENT	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	REPAIR OF ANKLE LIGAMENT REVISION OF ANKLE JOINT REMOVAL OF ANKLE IMPLANT INCISION OF TIBIA INCISION OF FIBULA INCISION OF TIBIA & FIBULA REPAIR OF TIBIA & FIBULA REPAIR OF TIBIA EPIPHYSIS	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	483.29 483.29				
	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 FIBULA EPIPHISIS REPAIR LOWER LEG EPIPHYSES REPAIR OF LEG EPIPHYSES REPAIR OF LEG EPIPHYSES	483.29				
	15	27750	TREATMENT OF TIBIA FRACTURE TREATMENT OF TIBIA FRACTURE	360.84				
	15	27752	TREATMENT OF TIBIA FRACTURE	483.29 483.29 360.84 360.84				
	15	27756	TREATMENT OF TIBIA FRACTURE TREATMENT OF TIBIA FRACTURE	552.64 682.67				
	15	27758	TREATMENT OF TIBIA FRACTURE	682.67				
	15	27759	TREATMENT OF TIBIA FRACTURE CLTX MEDIAL ANKLE FX CLTX MED ANKLE FX W/MNPJ TREATMENT OF ANKLE FRACTURE	682.67				
	15	27760	CLTX MEDIAL ANKLE FX	360.84				
	15	27762	CLTX MED ANKLE FX W/MNPJ TREATMENT OF ANKLE FRACTURE	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 TREATMENT OF ANKLE FRACTURE	552.64				
	15	27786						
	15	27788	TREATMENT OF ANKLE FRACTURE	360.84				
	15	27792	TREATMENT OF ANKLE FRACTURE	552.64				
	15	27808	TREATMENT OF ANKLE FRACTURE	360.84				

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

360.84

TREATMENT OF ANKLE FRACTURE

#: 1698

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 26

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE 552.64	MIN-MAX		SEX	OVERS
15		TREATMENT OF ANKLE FRACTURE	552 64			2211	OVER
15	27814 27816						
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	TOPAT LOWED LEG EDACTIDE	360 84				
_		TREATMENT OF ANKLE FRACTURE TREATMENT OF ANKLE FRACTURE TREAT LOWER LEG FRACTURE TREAT LOWER LEG FRACTURE	360.84 552.64 552.64 360.84 483.29 552.64				
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	27020	TOPEN INDEPENDENT OF FRACTURE OF LOWER	102.07				
15	27029	TREAT LOWER LEG DOING	260 04				
15	27030	TREAT LOWER LEG DISLOCATION	360.84				
15	27031	MDEAN LOWER LEG DISLOCATION	402 20				
15	27032	TREAT LOWER LEG DISLOCATION	260 04				
15	27040	TREAT LOWER LEG FRACTURE OPEN TREATMENT OF FRACTURE OF LOWER OPEN TREATMENT OF FRACTURE OF LOWER OPEN TREATMENT OF FRACTURE OF LOWER TREAT LOWER LEG JOINT TREAT LOWER LEG DISLOCATION TREAT LOWER LEG DISLOCATION TREAT LOWER LEG DISLOCATION TREAT LOWER LEG DISLOCATION TREAT ANKLE DISLOCATION FIXATION OF ANKLE JOINT FUSION OF ANKLE JOINT FUSION OF TIBIOFIBULAR JOINT AMPUTATION OF FOOT AT ANKLE DECOMPRESSION OF LEG DECOMPRESSION OF LEG LEG ANKLE SURGERY PROCEDURE TREATMENT OF FOOT INFECTION TREAT FOOT BONE LESION INCISION OF TOE TENDONS EXPLORATION OF FOOT JOINT EXPLORATION OF FOOT JOINT EXPLORATION OF TOE JOINT DECOMPRESSION OF TIBIA NERVE EXCISION, TUMOR, SOFT TISSUE OF FOOT	360.64				
15	27042	TREAT ANKLE DISLOCATION	560.64				
15	27846	TREAT ANKLE DISLOCATION	552.64				
15	27848	TREAT ANKLE DISLOCATION	352.64				
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		х		
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 EXCISION, TUMOR, SOFT TISSUE OF FOOT	360.84				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	483.29				
15	28043	EYCTSTON OF FOOT LESTON	183 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	EXCISION OF FOOT LESION REMOVAL (LESS THAN 3 CENTIMETERS) TI REMOVAL (3 CENTIMETERS OR GREATER) T BIOPSY OF FOOT JOINT LINING BIOPSY OF FOOT JOINT LINING BIOPSY OF TOE JOINT LINING PARTIAL REMOVAL, FOOT FASCIA	483.29				

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REMOVAL OF FOOT FASCIA REMOVAL OF FOOT JOINT LINING	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE			SEX	OVERS
15	28062	REMOVAL OF FOOT FASCIA	552.64				
15	28070	REMOVAL OF FOOT JOINT LINING	552.64				
15	28072	REMOVAL OF FOOT JOINT LINING	552.64				
15	28080	REMOVAL OF FOOT LESTON	552.61				
15	28086	EXCISE FOOT TENDON SHEATH	483 29				
15	28088	EXCISE FOOT TENDON SHEATH	483 29				
15	28090	REMOVAL OF FOOT LESTON	552 64				
15	28092	REMOVAL OF TOE LESTONS	552.61				
15	28100	REMOVAL OF ANKLE/HEEL LESTON	483 29				
15	28102	REMOVE/CRAFT FOOT LESTON	552 64				
15	28103	REMOVE/GRAFT FOOT LESION	552.64				
15	28104	PEMOVAL OF FOOT LECTON	183 20				
15	28104	DEMOVE CDAFF FOOT LESTON	552 64				
15	28107	DEMOVE/CDAFT FOOT LECTON	552.04				
15	28107	DEMOVAL OF TOP LECTONS	552.64				
15	28110	DADE DEMOVAL OF METATADOAT	552.04				
15	28111	DADE DEMOVAL OF METATABOAT	552.64				
15	28112	DADE DEMOVAL OF METATARSAL	552.64				
15	28113	DADE DEMOVAL OF METATARSAL	552.64				
	20113	PERCURAL 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	DESCRIPTION REMOVAL OF FOOT FASCIA REMOVAL OF FOOT JOINT LINING REMOVAL OF FOOT JOINT LINING REMOVAL OF FOOT LESION EXCISE FOOT TENDON SHEATH EXCISE FOOT TENDON SHEATH REMOVAL OF FOOT LESION REMOVAL OF TOE LESIONS REMOVAL OF ANKLE/HEEL LESION REMOVE/GRAFT FOOT LESION REMOVAL OF TOE LESIONS PART REMOVAL OF METATARSAL PART REMOVAL OF FOOT REMOVAL OF HEEL BONE REMOVAL OF HEEL SPUR PARTIAL REMOVAL OF TOE PARTIAL REMOVAL OF PARTIAL	360.84				

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 28

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1		2	DESCRIPTION INCISION OF TOE TENDON INCISION OF FOOT TENDON REVISION OF FOOT TENDON RELEASE OF BIG TOE REVISION OF FOOT FASCIA RELEASE OF MIDFOOT JOINT REVISION OF FOOT TENDON REVISION OF FOOT AND ANKLE RELEASE OF MIDFOOT JOINT RELEASE OF FOOT CONTRACTURE FUSION OF TOES REPAIR OF HAMMERTOE PARTIAL REMOVAL OF FOOT BONE REPAIR HALLUX RIGIDUS HALLUX RIGIDUS CORRECTION WITH CHEIL	4	5 AGE	6 MED	7	8 X-
T	'S	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
1	.5	28232	INCISION OF TOE TENDON	483.29				
1	.5	28234	INCISION OF FOOT TENDON	483.29				
1	.5	28238	REVISION OF FOOT TENDON	552.64				
1	.5	28240	RELEASE OF BIG TOE	483.29				
1	.5	28250	REVISION OF FOOT FASCIA	552.64				
1	.5	28260	INCISION OF FOOT TENDON REVISION OF FOOT TENDON RELEASE OF BIG TOE REVISION OF FOOT FASCIA RELEASE OF MIDFOOT JOINT REVISION OF FOOT TENDON REVISION OF FOOT AND ANKLE RELEASE OF MIDFOOT JOINT RELEASE OF FOOT CONTRACTURE FUSION OF TOES REPAIR OF HAMMERTOE REPAIR OF HAMMERTOE PARTIAL REMOVAL OF FOOT BONE REPAIR HALLUX RIGIDUS HALLUX RIGIDUS CORRECTION WITH CHEIL CORRECTION OF BUNION	552.64				
1	.5	28261	REVISION OF FOOT TENDON	552.64				
1	.5	28262	REVISION OF FOOT AND ANKLE	682.67				
1	.5	28264	RELEASE OF MIDFOOT JOINT	360.84				
1	.5	28270	RELEASE OF FOOT CONTRACTURE	552.64				
1	.5	28280	FUSION OF TOES	483.29				
1	.5	28285	REPAIR OF HAMMERTOE	552.64				
1	.5	28286	REPAIR OF HAMMERTOE	682.67				
1	.5	28288	PARTIAL REMOVAL OF FOOT BONE	552.64				
1	.5	28289 28291	REPAIR HALLUX RIGIDUS	552.64				
1	.5	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	483.29				
1	.5							
1	.5	28291 28292 28295	CORRECTION OF BUNION INCISION OF HEEL BONE INCISION OF MIDFOOT BONES	552.64				
1	.5	28296	CORRECTION OF BUNION	552.64				
1	.5	28297	CORRECTION OF BUNION	552.64				
1	.5	28298	CORRECTION OF BUNION	552.64				
1	.5	28299	CORRECTION OF BUNION	776.94				
1	.5	28300	INCISION OF HEEL BONE	483.29				
1	.5	28302	INCISION OF ANKLE BONE	483.29				
1	.5	28304	INCISION OF MIDFOOT BONES	483.29 552.64				
1	.5	28305	INCISE/GRAFT MIDFOOT BONES	552.64				
1	.5	28306	INCISION OF METATARSAL	682.67 682.67				
1	.5	28307	INCISION OF METATARSAL	682.67				
1	.5	28308	INCISION OF METATARSAL	483.29 682.67				
1	.5	28309	INCISION OF METATARSALS	682.67				
1	.5	28310	REVISION OF BIG TOE	552.64				
1	.5	28312	REVISION OF TOE	552.64 552.64				
1	.5	28313	REPAIR DEFORMITY OF TOE	483.29 682.67				
1	.5	28315	REMOVAL OF SESAMOID BONE	682.67				
1	.5	28320	REPAIR OF FOOT BONES	682.67				
1	.5	28322	REPAIR OF METATARSALS	682.67 682.67				
	.5	28340	RESECT ENLARGED TOE TISSUE	682.67				
	.5	28341	RESECT ENLARGED TOE	682.67 682.67				
	.5	28344	REPAIR EXTRA TOE (S)	682.67				
	.5	28345	REPAIR WEBBED TOE(S)	682.67				
	.5	28400	TREATMENT OF HEEL FRACTURE	360.84				
	.5	28405	CORRECTION OF BUNION CORRECTION, HALLUX VALGUS (BUNIONECT CORRECTION OF BUNION INCISION OF HEEL BONE INCISION OF ANKLE BONE INCISION OF MIDFOOT BONES INCISION OF METATARSAL INCISION OF BIG TOE REVISION OF TOE REPAIR DEFORMITY OF TOE REPAIR DEFORMITY OF TOE REPAIR OF FOOT BONES REPAIR OF FOOT BONES REPAIR OF METATARSALS RESECT ENLARGED TOE TISSUE RESECT ENLARGED TOE REPAIR EXTRA TOE(S) REPAIR WEBBED TOE(S) TREATMENT OF HEEL FRACTURE TREATMENT OF HEEL FRACTURE TREATMENT OF HEEL FRACTURE TREATMENT OF ANKLE FRACTURE	682.67 682.67 360.84 483.29				
	.5	28406	TREATMENT OF HEEL FRACTURE	483.29				
	.5	28415	TREAT HEEL FRACTURE	552.64				
	.5	28420	TREAT/GRAFT HEEL FRACTURE	682.67				
	.5	28435	TREATMENT OF ANKLE FRACTURE	483.29				
_	. •	20433	ITELLITIES OF PHILLIP FIGURE	100.29				

#: 1701

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 29

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		x-
TS	CODE	DESCRIPTION	FEE 483.29	MIN-MAX	REV	SEX	OVERS
15	28436	TREATMENT OF ANKLE FRACTURE	483.29				
15	28445	TREAT ANKLE FRACTURE	552.64 483.29				
15	28456	TREAT ANKLE FRACTURE TREAT MIDFOOT FRACTURE, EACH TREAT MIDFOOT FRACTURE, EACH TREAT METATARSAL FRACTURE TREAT METATARSAL FRACTURE TREAT BIG TOE FRACTURE TREAT BIG TOE FRACTURE TREAT TOE FRACTURE TREAT SESAMOID BONE FRACTURE TREAT FOOT DISLOCATION	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	TREAT TOE FRACTURE TREAT SESAMOID BONE FRACTURE TREAT FOOT DISLOCATION REPAIR FOOT DISLOCATION TREAT TOE DISLOCATION FUSION OF FOOT BONES FUSION OF BIG TOE JOINT FUSION OF BIG TOE JOINT FUSION OF BIG TOE JOINT AMPUTATION OF TOE	483.29				
15	28575	TREAT FOOT DISLOCATION	360.84				
15	28576	TREAT FOOT DISLOCATION	552.64				
15	28585	REPAIR FOOT DISLOCATION	552.64 360.84 360.84 483.29				
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	552.64 360.84 552.64 552.64				
15	28645	REPAIR TOE DISLOCATION	552.64				
15	28660	TREAT TOE DISLOCATION	360.84 360.84 552.64 552.64				
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	682.67 682.67				
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	600 67				
15	28750	FUSION OF BIG TOE JOINT	682.67 682.67 682.67 483.29				
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	AMPUTATION OF TOE PARTIAL AMPUTATION OF TOE FOOT/TOES SURGERY PROCEDURE JAW ARTHROSCOPY/SURGERY JAW ARTHROSCOPY/SURGERY SHOULDER ARTHROSCOPY, DX	483.29 483.29 483.29 MP 552.64 552.64 552.64 552.64		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				
			JJ2.J4				

#: 1702

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 30

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	29819	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29820	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29821	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29822	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29823	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29824	SHOULDER ARTHROSCOPY/SURGERY	776.94				
15	29825	SHOULDER ARTHROSCOPY/SURGERY	552.64				
15	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	552.64				
15	29827	ARTHROSCOP ROTATOR CUFF REPR	776.94				
15	29830	ELBOW ARTHROSCOPY	552.64				
15	29834	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29835	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29836	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29837	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29838	ELBOW ARTHROSCOPY/SURGERY	552.64				
15	29840	WRIST ARTHROSCOPY	552.64				
15	29843	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29844	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29845	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29846	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29847	WRIST ARTHROSCOPY/SURGERY	552.64				
15	29848	WRIST ENDOSCOPY/SURGERY	1,450.94				
15	29850	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29851	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29855	TIBIAL ARTHROSCOPY/SURGERY	682.67				
15	29856	TIBIAL ARTHROSCOPY/SURGERY	682.67				
15	29860	HIP ARTHROSCOPY, DX	682.67				
15	29861	HIP ARTHROSCOPY/SURGERY	682.67				
15	29862	HIP ARTHROSCOPY/SURGERY	1,450.94				
15	29863	HIP ARTHROSCOPY/SURGERY	682.67				
15	29870	KNEE ARTHROSCOPY, DX	552.64				
15	29871	KNEE ARTHROSCOPY/DRAINAGE	552.64				
15	29873	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29874	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29875	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29876	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29877	KNEE ARTHROSCOPY/SURGERY	682.67				
15	29879	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	682.67				
15	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	682.67				
15	29882	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29883	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29884	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29885	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29886	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29887	KNEE ARTHROSCOPY/SURGERY	552.64				

#: 1703

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 31

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 20

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	29888	KNEE ARTHROSCOPY/SURGERY	552.64				
15	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	552.64				
15	29891	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29892	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29893	SCOPE, PLANTAR FASCIOTOMY	1,450.94				
15	29894	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29895	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29897	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29898	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29899	ANKLE ARTHROSCOPY/SURGERY	552.64				
15	29900	MCP JOINT ARTHROSCOPY, DX	552.64				
15	29901	MCP JOINT ARTHROSCOPY, SURG	552.64				
15	29902	MCP JOINT ARTHROSCOPY, SURG	552.64				
15	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	682.67				
15	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	682.67				
15	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	682.67				
15	29999	ARTHROSCOPY OF JOINT	MP		Х		
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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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REPAIR NASAL DEFECT REPAIR NASAL DEFECT RELEASE OF NASAL ADHESIONS REPAIR UPPER JAW FISTULA REPAIR MOUTH/NOSE FISTULA INTRANASAL RECONSTRUCTION REPAIR NASAL SEPTUM DEFECT	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	30540	REPAIR NASAL DEFECT	776.94				
15	30545	REPAIR NASAL DEFECT	776.94				
15	30560	RELEASE OF NASAL ADHESIONS	776.94 483.29				
15	30580	REPAIR UPPER JAW FISTULA	682.67 682.67				
15	30600	REPAIR MOUTH/NOSE FISTULA	682.67				
15	30620	INTRANASAL RECONSTRUCTION	1,078.18 1,078.18				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,078.18				
15	30801	CAUTERIZATION, INNER NOSE	360.84				
15	30802	CAUTERIZATION, INNER NOSE CAUTERIZATION, INNER NOSE	360.84				
15	30901	CONTROL NASAL HEMORRHAGE UNILATERAL					
15	30903	CONTROL OF MOSERIFED	360 84				
15	30905	CONTROL OF NOSEBLEED	360.84				
15	30906	CONTROL OF NOSEBLEED CONTROL OF NOSEBLEED 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	CONTROL OF NOSEBLEED REPEAT CONTROL OF NOSEBLEED LIGATION, NASAL SINUS ARTERY LIGATION, UPPER JAW ARTERY THERAPY, FRACTURE OF NOSE NASAL SURGERY PROCEDURE IRRIGATION MAXILLARY SINUS	MP		х		
15	31000	TRRIGATION MAXILLARY SINUS	360.84				
15	31002	IRRIGATION SPHENOID SINUS	360.84				
15	31020	EXPLORATION MAXILLARY SINUS	483.29				
15	31030	EXPLORATION, MAXILLARY SINUS EXPLORATION, MAXILLARY SINUS	552.64				
15	31032	EXPLORE SINUS REMOVE POLYPS	682.67				
15	31050	EXPLORATION SPHENOID SINIS	483 29				
15	31051	EXPLORATION, MAXILLARY SINUS EXPLORE SINUS,REMOVE POLYPS EXPLORATION, SPHENOID SINUS SPHENOID SINUS SURGERY	483.29 682.67				
15	31070						
15	31075	EXPLORATION OF FRONTAL SINIS	483.29 682.67				
15	31075	EXPLORATION OF FRONTAL SINUS EXPLORATION OF FRONTAL SINUS REMOVAL OF FRONTAL SINUS	600 67				
15	31081	DEMOVAL OF FRONTAL SINUS	682.67 682.67				
15	31084	DEMOVAL OF FRONTAL SINUS	682.67				
15	31085	DEMOVAL OF FRONTAL CINIC	682.67 682.67				
15	31086	DEMOVAL OF EDONMAL CINIC	602.67				
15	31087	REMOVAL OF FRONTAL SINUS EXPLORATION OF SINUSES REMOVAL OF ETHMOID SINUS REMOVAL OF ETHMOID SINUS REMOVAL OF ETHMOID SINUS	682.67 682.67				
15	31090	EVELOPATION OF CINICES	776 04				
15	31200	DEMOVAL OF EMUNOTO CIVILS	776.94 483.29				
		REMOVAL OF ETHMOID SINUS	776 04				
15	31201	REMOVAL OF ETHMOID SINUS	776.94 552.64				
15	31205	REMOVAL OF ETHMOID SINUS	332.04				
15	31231						
15	31233	NASAL/SINUS ENDOSCOPY, DX	483.29				
15	31235	NASAL/SINUS ENDOSCOPY, DX	360.84 483.29				
15	31237	NASAL/SINUS ENDOSCOPY, SURG	483.29				
15	31238	NASAL/SINUS ENDOSCOPY, SURG	360.84 682.67				
15	31239	NASAL/SINUS ENDOSCOPY, DX NASAL/SINUS ENDOSCOPY, DX 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 NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
15	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				

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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

COLUMN:

1	L	2	3	4	5 AGE	6 MED	7	8 8
7	rs	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
1	L5	31254	REVISION OF ETHMOID SINUS	552.64				
1	L5	31255	REMOVAL OF ETHMOID SINUS	776.94				
1	L5	31256	EXPLORATION MAXILLARY SINUS	552.64 552.64				
1	L5	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
1	L5	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
1	L5	31267	ENDOSCOPY MAXILLARY SINIS	552 64				
1	L5	31276	SINUS ENDOSCOPY, SURGICAL	552.64 552.64				
1	L5	31287	NASAL/SINUS ENDOSCOPY, SURG	552.64				
1	L5	31288	NASAL/SINUS ENDOSCOPY, SURG NASAL/SINUS ENDOSCOPY, SURG NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
1	L5	31295	NASAL/SINUS ENDOSCOPY. SURGICAL: WIT	552.64				
1	L5	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
1	L5	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	552.64				
1	L5	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT NASAL/SINUS ENDOSCOPY, SURGICAL; WIT NASAL/SINUS ENDOSCOPY, SURGICAL WIT	552.64				
1	L5	31299	CINIC CIDCEDY DDCCEDIDE	MID		х		
1	L5	31300	SINUS SURGERY PROCEDURE REMOVAL OF LARYNX LESION	776.94 483.29 483.29				
	L5	31400		483.29				
	L5	31420	REMOVAL OF EPIGLOTTIS	483.29				
1	L5	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	360.84				
	L5	31510						
	L5	31511	REMOVE FOREIGN BODY, LARYNX	483.29				
	L5	31512	REMOVAL OF LARYNX LESION					
	L5	31513	INJECTION INTO VOCAL CORD	483.29 483.29				
	L5	31515	LARYNGOSCOPY FOR ASPIRATION	360.84				
	L5	31520	LARYNGOSCOPY DIAGNOSTIC LARYNGOSCOPY DIAGNOSTIC LARYNGOSCOPY DIAGNOSTIC LARYNGOSCOPY DIAGNOSTIC LARYNGOSCOPY DIAGNOSTIC LARYNGOSCOPY	360.84 360.84				
	L5	31525	DIAGNOSTIC LARYNGOSCOPY	360.84				
	L5	31526	DIAGNOSTIC LARYNGOSCOPY	360.84 483.29				
	L5	31527	LARYNGOSCOPY FOR TREATMENT LARYNGOSCOPY AND DILATION LARYNGOSCOPY AND DILATION	360.84				
	L5	31528	LARYNGOSCOPY AND DILATION	360.84 483.29				
	L5	31529	LARYNGOSCOPY AND DILATION	483.29				
	L5	31530	OPERATIVE LARYNGOSCOPY	483.29 483.29				
	L5	31531	OPERATIVE LARYNGOSCOPY OPERATIVE LARYNGOSCOPY	552.64				
	L5	31535	OPERATIVE LARYNGOSCOPY	552.64 483.29				
	L5	31536	OPERATIVE LARYNGOSCOPY	552.64				
	L5	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	552.64				
	L5	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	682.67				
	L5	31545	REMOVE VC LESION W/SCOPE	682.67				
	L5	31546	REMOVE VC SCOPE/GRAFT	682.67				
	L5	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
	L5	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
	L5	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
	L5	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	776.94				
	L5	31560	OPERATIVE LARYNGOSCOPY	776.94				
	L5	31561	OPERATIVE LARYNGOSCOPY					
	L5	31570	LARYNGOSCOPY WITH INJECTION	776.94 483.29				
	L5	31571		483.29				
	L5	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	483.29				
-		 -						

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	483.29				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	483.29				
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	483.29				
15	31576	LARYNGOSCOPY WITH BIOPSY	483.29				
15	31577	REMOVE FOREIGN BODY, LARYNX	483.29				
15	31578	REMOVAL OF LARYNX LESION	483.29				
15	31580	REVISION OF LARYNX	776.94				
15	31590	REINNERVATE LARYNX	776.94				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	776.94				
15	31592	CRICOTRACHEAL RESECTION	776.94				
15	31599	LARYNX SURGERY PROCEDURE	MP		х		
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	360.84	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	552.64	13 33			
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		483.29				
15	31628	BRONCHOSCOPY WITH BIOPSY	483.29				
15	31629		483.29				
15	31630	BRONCHOSCOPY WITH BIOPSI	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 15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	360.84				
_	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				

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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					
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					
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	483.29				
15	33273	REPOSITIONING OF PREVISOULY IMPLANTE	483.29				
15	33274	TRANSCATHETER INSERTION OR REPLACEME	483.29				
15	33275	TRANSCATHETER REMOVAL OF PERMANENT	483.29				
15	33276	INSERTION OF PHRENIC NERVE STIMULATO					
15	33277	INSERTION OF PHRENIC NERVE STIMULATO					
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					
15	33281	REPOSITIONING OF PHRENIC NERVE STIMU					
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT					
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					
15	33900	PLACEMENT OF STENT IN PULMONARY ARTE	,				
15	33901	PLACEMENT OF STENT IN PULMONARY ARTE					
15	33902	PLACEMENT OF STENT IN PULMONARY ARTE	•				
15	33903	PLACEMENT OF STENT IN PULMONARY ARTE	•				
15	33999		1,450.94 MP		х		
15	35188	CARDIAC SURGERY PROCEDURE REPAIR BLOOD VESSEL LESION	682.67		^		
		REPAIR BLOOD VESSEL LESION REPAIR BLOOD VESSEL LESION					
15 15	35190 35206	REPAIR BLOOD VESSEL LESION REPAIR BLOOD VESSEL LESION	682.67 682.67				
15 15		REPAIR BLOOD VESSEL LESION REPAIR BLOOD VESSEL LESION					
	35207		682.67				
15	35875	REMOVAL OF CLOT IN GRAFT	1,450.94				

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	L	2	3	4	5 AGE	6 MED	7	8 X-
7	rs	CODE	DESCRIPTION REMOVAL OF CLOT IN GRAFT	FEE	MIN-MAX	REV	SEX	OVERS
1	L5	35876	REMOVAL OF CLOT IN GRAFT	1,450.94				
1	L5	36260	INSERTION OF INFUSION PUMP	552.64				
1	L5	36261	REVISION OF INFUSION PUMP	483.29				
1	L5	36262	REMOVAL OF INFUSION PUMP	360.84				
1	L5	36299	INSERTION OF INFUSION PUMP REVISION OF INFUSION PUMP REMOVAL OF INFUSION PUMP UNLISTED VASCULAR INJECTION INJECTION OF NON-COMPOUNDED FOAM SCL	MP		Х		
1	L5	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	483.29				
1	L5	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	483.29				
1	L5	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	552.64				
1	L5	36475	ENDOVENOUS RF, 1ST VEIN	552.64				
1	L5	36476	ENDOVENOUS RF, VEIN ADD-ON	552.64				
1	L5	36478	ENDOVENOUS LASER, 1ST VEIN	552.64				
1	L5	36479	ENDOVENOUS LASER VEIN ADDON	552.64				
1	L5	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	552.64				
1	L5	36510	UMBILICAL CATH-DX/THER/NEWBORN	1,450.94				
1	L5	36555	INSERT NON-TUNNEL CV CATH	360.84				
1	L5	36556	INSERT NON-TUNNEL CV CATH	360.84				
1	L5	36557	INSERT TUNNELED CV CATH	483.29				
1	L5	36558	INSERT TUNNELED CV CATH	483.29				
1	L5	36560	INSERT TUNNELED CV CATH	552.64				
1	L5	36561	INSERT TUNNELED CV CATH	552.64				
1	L5	36563	INSERT TUNNELED CV CATH	552.64				
1	L5	36565	INSERT TUNNELED CV CATH	552.64				
1	L5	36566	INSERT TUNNELED CV CATH	552.64				
1	L5	36568	INSERT PERIPHERALLY CV CATH	360.84				
1	L5	36569	INSERT PERIPHERALLY CV CATH	360.84				
1	L5	36570	INSERT PERIPHERALLY CV CATH	552.64				
1	L5	36571	INSERT PERIPHERALLY CV CATH	552.64				
1	L5	36572	INSERTION OF PERIPHERALLY INSERTED	552.64	00 04			
1	L5	36573 36575	INSERTION OF PERIPHERALLY INSERTED	552.64	05 99			
1	L5	36575	REPAIR TUNNELED/NON-TUNNELED	483.29				
1	L5	36576	REPAIR CV ACCESS	483.29				
1	L5	36578	REPLACE CV ACCESS	483.29				
1	L5	36580	REPLACE COMPLETE non-tunnel	360.84				
1	L5	36581	REPLACE COMPLETE tunneled	483.29				
1	L5	36582	REPLACE COMPLETE tunneled	552.64				
1	L5	36583	REPLACE COMPLETE tunneled	552.64				
1	L5	36584	REPLACE COMPLETE peripherally	360.84				
1	L5	36585	REPLACE COMPLETE peripherally	552.64				
1	L5	36589	REMOVE TUNNELED CV CATH	360.84				
1	L5	36590	REMOVE TUNNELED CV ACCESS	360.84				
1	L5	36640	INSERTION CATHETER, ARTERY	360.84				
	L5	36800	INSERTION OF CANNULA	552.64				
	L5	36810	INSERTION OF CANNULA	552.64				
	L5	36815	INSERTION OF CANNULA	552.64				
	L5	36818	UNLISTED VASCULAR INJECTION INJECTION OF NON-COMPOUNDED FOAM SCL INJECTION OF NON-COMPOUNDED FOAM SCL ENDOVENOUS ABLATION THERAPY OF INCOM ENDOVENOUS RF, 1ST VEIN ENDOVENOUS RF, VEIN ADD-ON ENDOVENOUS LASER, 1ST VEIN ENDOVENOUS LASER, 1ST VEIN ENDOVENOUS LASER VEIN ADDON ENDOVENOUS LASER VEIN ADDON ENDOVENOUS LASER VEIN ADDON ENDOVENOUS LASER VEIN ADDON ENDOVENOUS ABLATION THERAPY OF INCOM UMBILICAL CATH-DX/THER/NEWBORN INSERT NON-TUNNEL CV CATH INSERT TUNNELED CV CATH INSERT PERIPHERALLY CV CATH INSERTION OF PERIPHERALLY INSERTED REPAIR TUNNELED/NON-TUNNELED REPAIR TUNNELED/NON-TUNNELED REPAIR CV ACCESS REPLACE COMPLETE tunneled REPLACE COMPLETE tunneled REPLACE COMPLETE tunneled REPLACE COMPLETE tunneled REPLACE COMPLETE peripherally REMOVE TUNNELED CV CATH REMOVE TUNNELED CV CANHULA INSERTION OF CANNULA AV FUSE, UPPER ARM, CEPHALIC AV FUSION/UPPR ARM VEIN	552.64				
	L5	36819	AV FUSION/UPPR ARM VEIN	552.64				
-				JJ2.01				

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION AV FUSION/FOREARM VEIN AV FUSION DIRECT ANY SITE ARTERY-VEIN GRAFT ARTERY-VEIN GRAFT OPEN THROMBECT AV FISTULA	FEE	MIN-MAX	REV	SEX	OVERS
15	36820	AV FUSION/FOREARM VEIN	552.64				
15	36821	AV FUSION DIRECT ANY SITE	552.64				
15	36825	ARTERY-VEIN GRAFT	682.67				
15	36830	ARTERY-VEIN GRAFT	682.67				
15	36831	OPEN THROMBECT AV FISTULA	1,450.94				
15	36832	AV FISTULA REVISION, OPEN	682.67				
15	36833	AV FISTULA REVISION	682.67				
15	36835	OPEN THROMBECT AV FISTULA AV FISTULA REVISION, OPEN AV FISTULA REVISION 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	CANNULA DECLOTTING INTRODUCTION OF NEEDLE(S) AND/OR	552.64 682.67				
15	36902	INTRODUCTION OF NEEDLE(S) AND/OR INTRODUCTION OF NEEDLE(S) AND/OR	682.67				
15	36903	INTRODUCTION OF NEEDLE(S) AND/OR	682.67 776.94				
15	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				
15	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL PERCUTANEOUS TRANSLUMINAL MECHANICAL	776.94				
15	36906		776.94				
15	37183	REMOVE HEPATIC SHUNT (TIPS)	682.67				
15	37200	TRANSCATHETER BIOPSI	682.67				
15	37220	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37221	REVASCULARIZATION, ENDOVASCULAR, OPE REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37222	REVASCULARIZATION, ENDOVASCULAR, OPE REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	360.84				
15	37246	TRANSLIMINAL BALLOON ANGTOPLASTY (EX	360 84				
15	37248	TRANSLUMINAL BALLOON ANGIOPLASTY (EX VASCULAR ENDOSCOPY, SURGICAL, WITH LIG UNLISTED VASCULAR ENDOSCOPY PROCEDUR LIGATION OF A-V FISTULA TEMPORAL ARTERY PROCEDURE REVISION OF MAJOR VEIN	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	LIGATION OF A-V FISTULA TEMPORAL ARTERY PROCEDURE REVISION OF MAJOR VEIN REVISE LEG VEIN LIGATE/STRIP SHORT LEG VEIN LIGATE/STRIP LONG LEG VIEW	483.29 483.29				
15	37700	REVISE LEG VEIN	483.29				
15	37718	LIGATE/STRIP SHORT LEG VEIN	552.64 552.64				
15	37722	LIGATE/STRIP LONG LEG VIEW	552.64				
15	37735	REMOVAL OF LEG VEINS/LESION REVISION OF LEG VEINS	552.64 552.64				
15	37760	REVISION OF LEG VEINS	552.64				
15	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	552.64				
15	37780	DEVITETON OF THE VIETN	557 61				
15	37785	REVISE SECONDARY VARICOSITY	552.64				
15	37790	PENILE VENOUS OCCLUSION	552.64				
15	37799	REVISE SECONDARY VARICOSITY PENILE VENOUS OCCLUSION VASCULAR SURGERY PROCEDURE LAPAROSCOPE PROC, SPLEEN	MP		X		
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		х		
15	38205	HARVEST ALLOGENIC STEM CELLS HARVEST AUTO STEM CELLS	1,450.94				
15	38206	HARVEST AUTO STEM CELLS	1,450.94				
15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	360.84				
15	38300	DRAINAGE, LYMPH NODE LESION	360.84				

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LOUISIANA 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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	
15	38305	DRAINAGE, LYMPH NODE LESION	483.29			~	0.1
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);					
15	38542	EXDIORE DEED NODE(S) NECK	483.29				
15	38550	REMOVAL, NECK/ARMPIT LESION	552.64				
15	38555	REMOVAL, NECK/ARMPIT LESION					
15	38570	TADAROSCODY TAMBE NODE BIOD	1 450 94				
15	38571	REMOVAL, NECK/ARMPIT LESION LAPAROSCOPY, LYMPH NODE BIOP LAPAROSCOPY, LYMPHADENECTOMY	1 450 94				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1 450 94				
15	38573	TADAROSCODY SURGICAL. WITH BILATERA	1 450 94				
15	38589	LAPAROSCOPE PROC, LYMPHATIC REMOVAL OF LYMPH NODES, NECK REMOVE ARMPIT LYMPH NODES REMOVE ARMPIT LYMPH NODES REMOVE GROIN LYMPH NODES BLOOD/LYMPH SYSTEM PROCEDURE BIOPSY OF LIP	1,430.54 MP		х		
15	38700	DEMONAL OF LYMPH NODES NECK	552.64		Λ		
15	38740	DEMOVE ADMOTT LYMBU NODES	483.29				
15	38745	DEMOVE ARMEIT LIMEN NODES	682.67				
15	38760	DEMOVE CROIN LAMBH NODES	483.29				
15	38999	BLOOD / LAMBH GAGAEM BEOCEDIDE	403.29 MP		х		
15	40490	BIOPSY OF LIP	360.84		^		
15	40500	BIOPSY OF LIP PARTIAL EXCISION OF LIP PARTIAL EXCISION OF LIP PARTIAL EXCISION OF LIP RECONSTRUCT LIP WITH FLAP RECONSTRUCT LIP WITH FLAP PARTIAL REMOVAL OF LIP REPAIR LIP	483.29				
15	40510	DARWIAL EXCISION OF LIP	483.29				
15	40520	DARWIAL EXCISION OF LIP	483.29				
15	40525	DECONOMINE ITD WITH FIAD	483.29				
15	40527	DECONOMICE ITD WITH FIAD	483.29				
15	40530	DADUTAL DEMOVAL OF LTD	483.29				
15	40650	REPAIR LIP	552.64				
15	40652	REPAIR LIP	552.64				
15	40654		552.64				
15	40700	DEDATE CIPET ITE/NACAI	1 070 10				
15	40701	REPAIR LIP REPAIR CLEFT LIP/NASAL REPAIR CLEFT LIP/NASAL	1,078.18 1,078.18				
15	40701	REPAIR CLEET LIP/NASAL	1,078.18				
15	40702	REPAIR CLEET LIP	1,078.18				
15	40761	DEDATE CIEFT ITE/NACAT	552.64				
15	40799	TID CUDCEDY DESCEDUE	332.04 MP		x		
15	40800	DDATNACE OF MOUTH LECTON	360.84		^		
15	40801	DRAINAGE OF MOUTH LECTON	483.29				
		DRAINAGE OF MOUTH LESION	483.29				
15 15	40804	REPAIR CLEFT LIP/NASAL REPAIR CLEFT LIP/NASAL REPAIR CLEFT LIP/NASAL LIP SURGERY PROCEDURE DRAINAGE OF MOUTH LESION DRAINAGE OF MOUTH LESION REMOVAL FOREIGN BODY, MOUTH INCISION OF LIP FOLD BIOPSY OF MOUTH LESION	360.84				
15	40806	INCISION OF LIP FOLD	360.84				
15	40808	BIOPSI OF MOUTH LESION	360.84				
15	40810	EXCISION OF MOUTH LESION EXCISE/REPAIR MOUTH LESION EXCISE/REPAIR MOUTH LESION	360.84				
15	40812	EXCISE/REPAIR MOUTH LESION	483.29				
15	40814	EXCISE/REPAIR MOUTH LESION	483.29				

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LOUISIANA 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

COLUMN:

1	2	3 DESCRIPTION EXCISION OF MOUTH LESION	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	40816	EXCISION OF MOUTH LESION	483.29				
15	40818	EXCISE ORAL MUCOSA FOR GRAFT	360.84				
15	40819	EXCISE LIP OR CHEEK FOLD	360.84 360.84 360.84 360.84				
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	TONGLE TO LIP SURGERY	360 84				
15	41520	DECONSTRUCTION TONGUE FOLD	483 29				
15	41599	TONGLE AND MOLITH SUDGEDV	403.23 MD		х		
15	41800	DRAINAGE OF CHM LESTON	360 84		Λ		
15	41820	GINGVECTOMY, EXC. CING, EACH QUADRANT	360.84				
15	41821	EYCISION OF CHM FLAD	360.84				
15	41822	EXCISION OF GUM LECTON	360.04				
15	41823	EXCISION OF GOM LESION	360.84				
15	41826	EXCISION OF GOM LESION	360.84 360.84 360.84				
		EXCISION OF GUM FLAP EXCISION OF GUM LESION GUM GRAFT	483.29				
15 15	41827 41870	CIM CDYEM EVELOIM OF GOM PESTON	403.29 360 04				
15 15		ALIMOTODIACHY EACH OHADDANE (CDECTE	360.84				
	41874	GUM GRAFT ALVEOLOPLASTY, EACH QUADRANT (SPECIF GUM SURGERY PROCEDURE	300.84				
15	41899	GUM SUKGEKI PROCEDUKE	116.94				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION DRAINAGE MOUTH ROOF LESION BIOPSY ROOF OF MOUTH EXCISION LESION, MOUTH ROOF EXCISION LESION, MOUTH ROOF	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	42000	DRAINAGE MOUTH ROOF LESION BIOPSY ROOF OF MOUTH EXCISION LESION, MOUTH ROOF EXCISION OF UVULA REPAIR PALATE/LESION EXCISION OF UVULA REPAIR PALATE, PHARYNX/UVULA TREATMENT MOUTH ROOF LESION REPAIR PALATE RECONSTRUCT CLEFT PALATE REPAIR PALATE REPAIR NOSE TO LIP FISTULA PALATE/UVULA SURGERY DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY GLAND EXCISION OF SALIVARY GLAND EXCISION OF SALIVARY CYST EXCISE PAROTID GLAND/LESION EXCISE SUBLINGUAL GLAND REPAIR SALIVARY DUCT REPAIR SALIVARY DUCT PAROTID DUCT DIVERSION PAROTID DUCT DIVERSION CREATION OF NEW DRAINAGE TRACTS OF M CLOSURE OF SALIVARY FISTULA	483.29				
15	42100	BIOPSY ROOF OF MOUTH	360.84				
15	42104	EXCISION LESION, MOUTH ROOF	360.84				
15		EXCISION LESION, MOUTH ROOF	360.84				
15	42106 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 LESTON	360 84				
15	42180	REPAIR PALATE	360.84				
15	42182	REPATE PALATE	483 29				
15	42200	RECONSTRUCT CLEET DALATE	776 94				
15	42205	DECONSTRUCT CLEET DALATE	776.34				
15	42210	DECONSTRUCT CLEET PALATE	776.94				
15	42215	RECONSTRUCT CLEET PALATE	1 078 18				
15	42220	DECONSTRUCT CLEET PALATE	776 94				
15	42226	LENGTHENING OF DALATE	776.94				
15	42235	DEDATE DATATE	776.94				
15	42260	DEDATE NOCE TO ITE ETEMINA	602 67				
15	42299	DATAME/INVITA CUDCEDY	002.07 MD		х		
15	42300	DDATNACE OF CALTUADY CLAND	360 04		^		
15	42305	DRAINAGE OF SALIVARY GLAND	402 20				
15	42310	DRAINAGE OF SALIVARY GLAND	260.29				
_		DRAINAGE OF SALIVARY GLAND	360.84				
15	42320	DEMOVAL OF CALIVARY GEOME	360.84				
15	42340	REMOVAL OF SALIVARY STONE	483.29				
15	42405	BIOPSI 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	PAROTID DUCT DIVERSION CREATION OF NEW DRAINAGE TRACTS OF M CLOSURE OF SALIVARY FISTULA	682.67				
15	42600	CLOSURE OF SALIVARY FISTULA	360.84				
15	42650	DILATION OF SALIVARY DUCT	360.84				
15	42665	CREATION OF NEW DRAINAGE TRACTS OF M CLOSURE OF SALIVARY FISTULA DILATION OF SALIVARY DUCT LIGATION OF SALIVARY DUCT SALIVARY SURGERY PROCEDURE	1,078.18				
15	42699	SALIVARY SURGERY PROCEDURE			х		
15	42700	DRAINAGE OF TONSIL ABSCESS DRAINAGE OF THROAT ABSCESS DRAINAGE OF THROAT ABSCESS	360.84				
15	42720 42725	DRAINAGE OF THROAT ABSCESS	360.84				
15	42725	DRAINAGE OF THROAT ABSCESS	483.29				

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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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

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARI UI, 2021

COLUMN:									
	1	2	3	4	5		6	7	8
					AGE		MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	REV	SEX	OVERS
	15	42800	BIOPSY OF THROAT	360.84					
	15	42804	BIOPSY OF UPPER NOSE/THROAT	360.84					
	15	42806	BIOPSY OF UPPER NOSE/THROAT	483.29					
	15	42808	EXCISE PHARYNX LESION	483.29					
	15	42810	EXCISION OF NECK CYST	552.64					
	15	42815	EXCISION OF NECK CYST	776.94					
	15	42820	TONSILLECTOMY AND ADENOIDECTOMY; <12	552.64	00	11			
	15	42821	TONSILLECTOMY AND ADENOIDECTOMY;	776.94	12	99			
	15	42825	TONSILLECTOMY, PRIMARY OR SECONDARY	682.67	00	11			
	15	42826	TONSILLECTOMY, PRIMARY OR SECONDARY;.	682.67	12	99			
	15	42830	ADENOIDECTOMY, PRIMARY; < 12	682.67	00	11			
	15	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	682.67	12	99			
	15	42835	ADENOIDECTOMY, SECONDARY;<12	682.67	00	11			
	15	42836	ADENOIDECTOMY, SECONDARY; AGE 12+	682.67	12	99			
	15	42860	EXCISION OF TONSIL TAGS	552.64					
	15	42870	EXCISION OF LINGUAL TONSIL	552.64					
	15	42890	PARTIAL REMOVAL OF PHARYNX	1,078.18					
	15	42892	REVISION OF PHARYNGEAL WALLS	1,078.18					
	15	42900	REPAIR THROAT WOUND	360.84					
	15	42950	RECONSTRUCTION OF THROAT	483.29					
	15	42955	SURGICAL OPENING OF THROAT	483.29					
	15	42960	CONTROL THROAT BLEEDING	360.84					
	15	42962	CONTROL THROAT BLEEDING	483.29					
	15	42970	CONTROL NOSE/THROAT BLEEDING	483.29					
	15	42972	CONTROL NOSE/THROAT BLEEDING	552.64					
	15	42999	THROAT SURGERY PROCEDURE	MP			x		
	15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	360.84					
	15	43191	Diagnostic examination of esophagus	360.84					
	15	43192	Injections of substance in tissue li	360.84					
	15	43193	Biopsy of esophagus using an endosco	360.84					
	15	43194	Removal of foreign body of esophagus	360.84					
	15	43195	Balloon dilation of esophagus using	360.84					
	15	43196	Insertion of wire and dilation of es	360.84					
	15	43197	Diagnostic examination of esophagus	360.84					
	15	43198	Biopsy of esophagus using an endosco	360.84					
	15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	360.84					
	15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	360.84					
	15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	360.84					
	15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	360.84					
	15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	360.84					
	15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	360.84			x		
	15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	483.29					
	15	43211	Removal of tissue lining of esophagu	360.84					
	15	43212	Placement of stent on esophagus usin	360.84					
	15	43213	Dilation of esophagus using an endos	360.84					
	15	43214	Balloon dilation of esophagus using	360.84					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	
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		х		
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				
-5	43270	become of mass on garibradder,	-03.23				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	8 X-
TS	CODE	DESCRIPTION LAPAROSCOPY, FUNDOPLASTY	FEE	MIN-MAX		
15	43280	LAPAROSCOPY, FUNDOPLASTY	682.67			
15	43280 43281	LAPAROSCOPY, FUNDOPLASTY 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		х	
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		х	
15	43653	LAPAROSCOPY GASTROSTOMY	1.450.94			
15	43659	LAPAROSCOPE PROC.STOM	MP		х	
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		х	
15	44100	BIOPSY OF BOWEL	360.84			
15	44238	LAPAROSCOPE PROC. INTESTINE	MP		х	
15	44312	REVISION OF TLEOSTOMY	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	SMAIL BOWEL ENDOSCOPY	360.34			
15	44381	TLEOSCOPY 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 POLICH	360.34			
15	44386	DESCRIPTION LAPAROSCOPY, FUNDOPLASTY LAPAROSCOPY, SURGICAL, REPAIR OF PAR LAPAROSCOPY, SURGICAL, ESOPHAGEAL REMOVAL OF ESOPHAGEAL SPHINCTER AUGM LAPAROSCOPE PROC, ESOPH REPAIR ESOPHAGUS OPENING DILATE ESOPHAGUS DILATE ESOPHAGUS LOWER ESOPHAGEAL MYOTOMY, TRANSORAL ESOPHAGUS SURGERY PROCEDURE LAPAROSCOPY, GASTROSTOMY LAPAROSCOPY, GASTROSTOMY LAPAROSCOPY, GASTROSTOMY LAPAROSCOPY PROC, STOM REPOSITIONING OF THE GASTRIC FEEDING REPLACEMENT OF GASTROSTOMY TUBE, PER REPLACEMENT OF GASTROSTOMY TUBE, PER SURGICAL OPENING OF STOMACH REPAIR STOMACH OPENING STOMACH SURGERY PROCEDURE BIOPSY OF BOWEL LAPAROSCOPE PROC, INTESTINE REVISION OF ILEOSTOMY REVISION OF ILEOSTOMY REVISION OF COLOSTOMY SMALL BOWEL ENDOSCOPY ILEOSCOPY, THROUGH STOMA; WITH TRANS SMALL BOWEL ENDOSCOPY ILEOSCOPY, THROUGH STOMA; WITH PLACE ENDOSCOPY, BOWEL POUCH ENDOSCOPY, BOWEL POUCH ENDOSCOPY, BOWEL POUCH ENDOSCOPY WITH BIOPSY COLONOSCOPY WITH BIOPSY COLONOSCOPY FOR FOREIGN BODY COLONOSCOPY FOR FOREIGN BODY COLONOSCOPY FOR BLEEDING	360.84			
15	44388	COLON ENDOSCOPY	360.84			
15	44389	COLONOSCOPY WITH BIOPSY	360.84			
15		COLONOSCOPY FOR FOREIGN BODY	360.84			
15	44390 44391	COLONOSCOPY FOR BLEEDING	360.84			
10	44391	COLORODCOFI FOR DIEEDING	300.04			

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	L	2	3	4	5 AGE	6 MED	7	8 X-
T	rs	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
1	15	44392	COLONOSCOPY & POLYPECTOMY	360.84				
1	.5	44394	COLONOSCOPY W/SNARE	360.84				
1	.5	44401						
1	.5	44402	COLONOSCOPY THROUGH STOMA; WITH ABLA COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
1	.5	44403						
1	.5	44404	COLONOSCOPY THROUGH STOMA; WITH ENDO COLONOSCOPY THROUGH STOMA; WITH DIRE	360.84				
1	.5	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
1	.5	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	360.84				
1	.5	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN COLONOSCOPY THROUGH STOMA; WITH DECO	360.84				
1	.5	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	360.84				
	.5	44799	INTESTINE SURGERY PROCEDURE	MP		х		
	.5	44950	A DDFNDFCTOMV	1,450.94		X		
1	.5	44970	LAPAROSCOPY, APPENDECTOMY	776.94		х		
	.5	44979	LAPAROSCOPE PROC. APP			X		
	.5	45000	DRAINAGE OF PELVIC ABSCESS	360.84				
	.5	45005	LAPAROSCOPY, APPENDECTOMY LAPAROSCOPE PROC, APP DRAINAGE OF PELVIC ABSCESS DRAINAGE OF RECTAL ABSCESS DRAINAGE OF RECTAL ABSCESS BLOBSY OF RECTIM	MP 360.84 483.29				
	.5	45020	DRAINAGE OF RECTAL ABSCESS	483.29				
	.5	45100		483.29 360.84				
	.5	45108	REMOVAL OF ANORECTAL LESION	483.29				
	.5	45150	EXCISION OF RECTAL STRICTURE	483.29 483.29				
	.5	45160	EXCISION OF RECTAL LESION	483.29				
	.5		EXCISION OF RECTAL STRICTURE EXCISION OF RECTAL LESION EXCISION OF RECTAL TUMOR, TRANSANAL	483.29 483.29				
	.5	45172	EXCISION OF RECTAL TUMOR, TRANSANAL EXCISION OF RECTAL TUMOR, TRANSANAL DESTRUCTION, RECTAL TUMOR PROCTOSIGMOIDSCOPY, DIAGNOSTICA PROTOSIGMOIDSCOPY W/BX PROTOSIGMOIDSCOPY REMOVAL PROTOSIGMOIDOSCOPY REMOVAL PROTOSIGMOIDOSCOPY REMOVAL PROTOSIGMOIDOSCOPY REMOVAL PROTOSIGMOIDOSCOPY BLEED PROTOSIGMOIDOSCOPY BLEED PROTOSIGMOIDOSCOPY WOLVUL PROTOSIGMOIDOSCOPY WOLVUL PROCTOSIGMOIDOSCOPY W/STENT SIGMOIDOSCOPY, FLEX FIBEROPTIC: DIAGN	483.29				
	.5	45190	DESTRUCTION, RECTAL TUMOR	1.450.94				
	.5	45300	PROCTOSIGMOIDSCOPY, DIAGNOSTICA	360.84				
	.5	45305	PROTOSIGMOIDOSCOPY W/BX	360.84				
	.5	45307	PROTOSIGMOIDOSCOPY FB	360.84				
	.5	45308	PROTOSIGMOIDOSCOPY REMOVAL	360.84				
	.5	45309	PROTOSIGMOIDOSCOPY REMOVAL	360.84				
	.5	45315	PROTOSIGMOIDOSCOPY REMOVAL	360.84				
	.5	45317	PROTOSIGMOIDOSCOPY BLEED	360.84				
	.5	45320	PROTOSIGMOIDOSCOPY ABLATE	360.84				
	.5	45321	PROTOSIGMOIDOSCOPY VOLVUL	360.84				
	.5	45327	PROCTOSTGMOTDOSCOPY W/STENT	360.84				
	.5	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	360.84				
	.5	45331	SIGMOIDOSCOPY AND BIOPSY	360.84				
	.5	45332	SIGMOIDOSCOPY W/FB REMOVAL	360.84				
	.5	45333	SIGMOIDOSCOPY W/FB REMOVAL SIGMOIDOSCOPY & POLYPECTOMY	262 24				
	.5	45334	SIGMOIDOSCOPY FOR BLEEDING	360.84				
	.5	45335	SIGNOIDOSCOPE W/SHBMHB INT	360.84 360.84				
	.5	45337	SIGMOIDOSCOPY & DECOMPRESS	360.84				
	.5	45338	SIGMOIDOSCRY W/THMR REMOVE	360.84 360.84				
	.5	45340	SIGMOIDOSCOPY & POLYPECTOMY SIGMOIDOSCOPY FOR BLEEDING SIGMOIDOSCOPE W/SUBMUB INJ SIGMOIDOSCOPY & DECOMPRESS SIGMOIDOSCOPY W/TUMR REMOVE SIG W/BALLOON DILATION SIGMOIDOSCOPY W/ULTRASOUND SIGMOIDOSCOPY W/ US GUIDE BX	360.84				
	.5	45341	SIGMOIDOSCOPY W/III.TRASOUND	360.84 360.84				
	.5	45342	SIGMOIDOSCOPY W/ HS GHIDE BX	360.84				
	15	45346	SIGMOIDOSCOPY W/ US GUIDE BX SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	360.84				
_		10010	DIGITOLOGOCOLI, ELLAIDHE, WIIH ADHALL	550.54				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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					
15	45391	COLONOSCOPY W/ENDOSCOPE US	483.29				
15	45392	COLONOSCOPY W/ENDOSCOPIC FNB	483.29				
15	45393		360.84				
15	45398	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE COLONOSCOPY, FLEXIBLE; WITH BAND LIG	360.84				
15	45499		MP		х		
15	45500	REPAIR OF RECTUM	483.29				
15	45505	REPAIR OF RECTUM	483.29				
15	45560	LAPAROSCOPE PROC, RECTUM REPAIR OF RECTUM REPAIR OF RECTUM REPAIR OF RECTOCELE	483.29				
15	45900	REDUCTION OF RECTAL PROLAPSE					
15	45905	DILATION OF ANAL SPHINCTER	360.84 360.84				
15	45910						
15	45915	REMOVE RECTAL OBSTRUCTION	360.84 360.84				
15	45990	SURG DX EXAM, ANORECTAL RECTUM SURGERY PROCEDURE PLACEMENT OF SETON REMOVAL OF RECTAL MARKER	483.29		х		
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	552.64 483.29				
15	46050		360.84				
15	46060	INCISION OF ANAL ABSCESS INCISION OF RECTAL ABSCESS	483.29				
15	46080						
15	46083	INCISION OF ANAL SPHINCTER EXC EXT. THROMBOSED HEMORRHOID	552.64 360.84				
15	46200	DEMOVAL OF ANAL ETERIDE	483.29				
15	46220	REMOVAL OF ANAL FISSURE REMOVAL OF ANAL TAB	360.84				
15	46230		360.84				
15	46250	REMOVAL OF ANAL TABS HEMORRHOIDECTOMY	552.64				
15	46255	HEMORRHOIDECTOMY	552.64				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER					
15 15	46257						
15 15	46258	REMOVE HEMORRHOIDS & FISTULA	552.64 552.64				
15 15		HEMORRHOIDECTOMY					
_	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER					
15	46262	REMOVE HEMORRHOIDS & FISTULA	682.67				

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LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCIN
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	552.64				
15	46275	DEMOVAT OF ANAT ETCHITA	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 ANOSCSOPY; DIAGNOSTIC	360.84				
15	46600	ANOSCSOPY; DIAGNOSTIC	360.84				
15	46604	ANOSCOPY WITH DIRECT DILATION	360.84				
15	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	360.84				
15	46608	ANOSCOPY/ REMOVE FOR BODY	360.84				
15	46610	ANOSCOPY/REMOVE LESION	360.84				
15	46611	ANOSCOPY/ REMOVE FOR BODY ANOSCOPY/REMOVE LESION ANOSCOPY/ ANOSCOPY/ REMOVE LESIONS ANOSCOPY	360.84				
15	46612	ANOSCOPY/ REMOVE LESIONS	360.84				
15	46615		483.29				
15	46700	REPAIR OF ANAL STRICTURE	552.64				
15	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	552.64 552.64				
15	46750	REPAIR OF ANAL SPHINCTER	552.64				
15	46753	REPAIR OF ANAL SPHINCTER RECONSTRUCTION OF ANUS REMOVAL OF SUTURE FROM ANUS REPAIR OF ANAL SPHINCTER REPAIR OF ANAL SPHINCTER REMOVAL OF ANAL LESION REMOVAL OF ANAL LESION LASER SURGERY, ANAL LESIONS EXCISION OF ANAL LESION(S) DESTRUCTION, ANAL LESION(S) TREATMENT OF ANAL FISSURE LIGATION OF HEMORRHOIDS LIGATION OF HEMORRHOIDS	552.64 483.29 483.29				
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 LESTON	483.29 552.64 360.84 360.84 360.84 360.84 360.84 360.84 360.84				
15	46917	LASER SURGERY. ANAL LESTONS	360.84				
15	46922	EXCISION OF ANAL LESION(S)	360.84				
15	46924	DESTRUCTION ANAL LESION(S)	360.84				
15	46940	TREATMENT OF ANAL FISSIRE	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		х		
15	47000				*		
15	47001	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	360.84				
15	47379	LAPAROSCOPE PROCEDURE, LIVER	MP		х		
15	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	483.29		Λ		
15	47399	LIVER SURGERY PROCEDURE	403.29 MP		х		
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET			Λ		
15	47534	PLACEMENT OF BILIARY DRAINAGE CATHET					
15	47535	CONVERSION OF EXTERNAL BILIARY DRAIN					
15	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE					
15 15	47537	REMOVAL OF BILIARY DRAINAGE CATHETER					
15 15	47538	PLACEMENT OF STENT(S) INTO A BILE DU					
15	47539	PLACEMENT OF STENT(S) INTO A BILE DU					
15	47540	PLACEMENT OF STENT(S) INTO A BILE DU					
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	483.29				

#: 1719

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION DIAGNOSTIC EXAMINATION OF BILE DUCTS BILIARY ENDOSCOPY THRU SKIN BILIARY ENDOSCOPY THRU SKIN BILIARY ENDOSCOPY THRU SKIN BILIARY ENDOSCOPY THRU SKIN LAPAROSCOPIC CHOLECYSTECTOMY LAPARO CHOLECYSTECTOMY/GRAPH LAPARO CHOLECYSTECTOMY/GRAPH LAPARO CHOLECYSTECTOMY/EXPLR LAPAROSCOPE PROC, BILLIARY BILE TRACT SURGERY PROCEDURE NEEDLE BIOPSY, PANCREAS PANCREAS SURGERY PROCEDURE BIOPSY, ABDOMINAL MASS EXCISION OF UMBILICUS DIAG LAPARO SEPARATE PROC LAPAROSCOPY, BIOPSY LAPAROSCOPY, SURGICAL; WITH PLACEMEN LAPAROSCOPY, SURGICAL; WITH PLACEMEN LAPARO PROC, ABDM/PER/OMENT PLACEMENT OF INTERSTITIAL DEVICE(S) INSERTION OF TUNNELED INTRAPERITONEA INSERT ABDOM CATH FOR CHEMOTX INSERT ABDOM CATH FOR CHEMOTX INSERT ABDOM CATH FOR CHEMOTX INSERT ABDOM PERMIC REDUC RPR HERN PREMIE, BLOCKED RPR ING HERNIA BABY, REDUC RPR HERN PREMIE, BLOCKED RPR ING HERNIA BABY, REDUC RPR ING HERNIA BABY, BLOCKED REPAIR INITIAL INGUINAL HERNIA REPAIR ING HERNIA, BLOCKED REPAIR ING HERNIA, REDUCE REREPAIR ING HERNIA, BLOCKED REPAIR ING HERNIA, SLIDING REPAIR ING HERNIA, SLIDING REPAIR ING HERNIA, SLIDING REPAIR FEM HERNIA, INIT, REDUCE RPR FEM HERNIA, INIT, REDUCE REREPAIR FEM HERNIA, FEDUCE REREPAIR FEM HER	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	483.29				
15	47553	BILIARY ENDOSCOPY THRU SKIN	552.64				
15	47554	BILIARY ENDOSCOPY THRU SKIN	552.64				
15	47555	BILIARY ENDOSCOPY THRU SKIN	552.64				
15	47556	BILIARY ENDOSCOPY THRU SKIN	1,450.94				
15	47562	LAPAROSCOPIC CHOLECYSTECTOMY	552.64				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	552.64				
15	47564	LAPARO CHOLECYSTECTOMY/EXPLR	552.64				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP		X		
15	47999	BILE TRACT SURGERY PROCEDURE	MP		X		
15	48102	NEEDLE BIOPSY, PANCREAS	360.84				
15	48999	PANCREAS SURGERY PROCEDURE	MP		X		
15	49180	BIOPSY, ABDOMINAL MASS	360.84				
15	49250	EXCISION OF UMBILICUS	682.67				
15	49320	DIAG LAPARO SEPARATE PROC	552.64		X		
15	49321	LAPAROSCOPY, BIOPSY	682.67		X		
15	49322	LAPAROSCOPY, ASPIRATION	682.67		X		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	682.67				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		Х		
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				

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

1		2	3	4	5 AGE	6 MED	7	8 X-
T	'S	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
1	.5	49596	INITIAL REPAIR OF ENTRAPPED HERNIA O	776.94				
1	.5	49600	REPAIR UMBILICAL LESION	682.67				
1	.5	49613	REPAIR OF RECURRENT SLIDING HERNIA O	776.94				
1	.5	49614	REPAIR OF RECURRENT ENTRAPPED HERNIA	776.94				
1	.5	49615	REPAIR OF RECURRENT SLIDING HERNIA O	776.94				
1	.5	49616	REPAIR OF RECURRENT ENTRAPPED HERNIA	776.94				
1	.5	49617	REPAIR OF RECURRENT SLIDING HERNIA O	776.94				
1	.5	49618	REPAIR OF RECURRENT ENTRAPPED HERNIA	776.94				
1	.5	49621	REPAIR OF SLIDING HERNIA NEXT TO STO	776.94				
1	.5	49622	REPAIR OF ENTRAPPED HERNIA NEXT TO S	776.94				
1	.5	49650	REPAIR OF SLIDING HERNIA NEXT TO STO REPAIR OF ENTRAPPED HERNIA NEXT TO S LAP ING HERNIA REPAIR INIT	682.67				
1	.5	49651	LAP ING HERNIA REPAIR INIT LAP ING HERNIA REPAIR RECUR LAPARO PROC, HERNIA REPAIR ABDPMEN SURGERY PROCEDURE PERCUT NEPHRO/PYELO,W/OR W/O BIOPSY OF KIDNEY DRAINAGE OF KIDNEY LESION MEASURE KIDNEY PRESSURE PLACEMENT OF NEPHROSTOMY CATHETER P	1,078.18				
1	.5	49659	LAPARO PROC, HERNIA REPAIR	MP		x		
1	.5	49999	ABDPMEN SURGERY PROCEDURE	MP		x		
1	.5	50080	PERCUT NEPHRO/PYELO, W/OR W/O	483.29				
1	.5	50200	BIOPSY OF KIDNEY	360.84				
1	.5	50390	DRAINAGE OF KIDNEY LESION	360.84				
1	.5	50396	MEASURE KIDNEY PRESSURE	360.84				
1	.5	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	483.29				
1	.5	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P					
1	.5	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	360.84				
1	.5	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	360.84				
1	.5	50436	DILATION OF EXISTING TRACT, PERCUTAN	360.84				
1	.5	50437	DILATION OF EXISTING TRACT, PERCUTAN	360.84				
1	.5	50549	LAPAROSCOPE PROC, RENAL	MP		x		
1	.5	50551	LAPAROSCOPE PROC, RENAL KIDNEY ENDOSCOPY KIDNEY ENDOSCOPY KIDNEY ENDOSCOPY & BIOPSY	360.84				
1	.5	50553	KIDNEY ENDOSCOPY	360.84				
1	.5	50555	KIDNEY ENDOSCOPY & BIOPSY	360.84 360.84				
1	.5	50557	KIDNEY ENDOSCOPY & TREATMENT	360.84				
1	.5	50561	KIDNEY ENDOSCOPY & TREATMENT	360.84				
1	.5	50590	KIDNEY ENDOSCOPY & BIOPSY KIDNEY ENDOSCOPY & TREATMENT KIDNEY ENDOSCOPY & TREATMENT LITHOTRIPSY, ESW INJECTION FOR URETER X-RAY CHANGE OF URETER TUBE PLACEMENT OF URETERAL STENT, PERCUTA	552.64				
1	.5	50684	INJECTION FOR URETER X-RAY	360.84				
1	.5	50688	CHANGE OF URETER TUBE	360.84				
1	.5	50693	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
1	.5	50694	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
	.5	50695	PLACEMENT OF URETERAL STENT, PERCUTA	483.29				
	.5	50947	LAPARO NEW URETER/BLADDER	1,450.94				
1	.5	50948	LAPARO NEW URETER/BLADDER	1,450.94				
1	.5	50949	LAPAROSCOPE PROC, URETER	MP		x		
1	.5	50951	ENDOSCOPY OF URETER	360.84				
1	.5	50953	PLACEMENT OF URETERAL STENT, PERCUTA PLACEMENT OF URETERAL STENT, PERCUTA PLACEMENT OF URETERAL STENT, PERCUTA LAPARO NEW URETER/BLADDER LAPARO NEW URETER/BLADDER LAPAROSCOPE PROC, URETER ENDOSCOPY OF URETER ENDOSCOPY OF URETER URETER ENDOSCOPY & BIOPSY URETER ENDOSCOPY & TREATMENT	360.84				
1	.5	50955	URETER ENDOSCOPY & BIOPSY	360.84				
	.5	50957	URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY	360.84				
	.5	50961	URETER ENDOSCOPY & TREATMENT	360.84 360.84				
	.5	50970	URETER ENDOSCOPY	360.84				
	.5	50972	URETER ENDOSCOPY & CATHETER	360.84				
_	-	- -		222.31				

#: 1721

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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COUISIANA 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

COLUMN:

1	2	3 DESCRIPTION URETER ENDOSCOPY & BIOPSY	4 FEE 360.84 360.84	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	50974	URETER ENDOSCOPY & BIOPSY	360.84				
15	50976	URETER ENDOSCOPY & TREATMENT	360.84				
15	50980	URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY & TREATMENT INCISE & TREAT BLADDER INCISE & DRAIN BLADDER INCISE BLADDER/DRAIN URETER DEMONAL OF BLADDER STONE	260 04				
15	51020	INCISE & TREAT BLADDER	682.67				
15	51040	INCISE & DRAIN BLADDER	682.67 682.67 682.67 682.67 682.67 360.84 682.67				
15	51045 51050	INCISE BLADDER/DRAIN URETER	682.67				
15	51050	REMOVAL OF BLADDER STONE	682.67				
15	51065	REMOVAL OF BLADDER STONE REMOVE URETER CALCULUS DRAINAGE OF BLADDER ABSCESS REMOVAL OF BLADDER CYST REMOVAL OF BLADDER LESION	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				
16							
15	51703	INSERT INDWELL BLADDEER CATH: COMPLIC	360.84				
15	51705	CHANGE OF BLADDER TUBE	360.84				
15	51710	CHANGE OF BLADDER TUBE 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	INSERT INDWELL BLADDEER CATH; COMPLIC CHANGE OF BLADDER TUBE CHANGE OF BLADDER TUBE ENDOSCOPIC INJECTION/IMPLANT TREATMENT OF BLADDER LESION COMPLEX CYSTOMETROGRAM COMPLEX CYSTOMETROGRAM (IE, CALIBRAT COMPLEX CYSTOMETROGRAM (IE, CALIBRAT COMPLEX CYSTOMETROGRAM (IE, CALIBRAT ANAL/URINARY MUSCLE STUDY ANAL/URINARY MUSCLE STUDY REPAIR OF BLADDER OPENING LAPARO SLING OPERATION LAPAROSCOPE PROC, BLADDER CYSTOSCOPY CYSTOSCOPY, REMOVAL OF CLOTS CYSTOSCOPY & URETER CATHETER CYSTOSCOPY CYSTOSCOPY & DUCT CATHETER CYSTOSCOPY CYSTOSCOPY AND TREATMENT CYSTOSCOPY & REVISE URETHRA CYSTOSCOPY AND TREATMENT	1,450.94				

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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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

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	52283	CYSTOSCOPY AND TREATMENT	483.29				
	15	52284	DRUG DELIVERY USING A DRUG-COATED BA	483.29			M	
	15	52285	CYSTOSCOPY AND TREATMENT	483.29				
	15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	483.29				
	15	52290	CYSTOSCOPY AND TREATMENT	483.29				
	15	52300	CYSTOSCOPY AND TREATMENT	483.29				
	15	52301	CYSTOSCOPY AND TREATMENT	483.29				
	15	52305	CYSTOSCOPY AND TREATMENT	483.29				
	15	52310	CYSTOSCOPY AND TREATMENT	483.29				
	15	52315		483.29				
	15	52317	REMOVE BLADDER STONE	360.84 483.29				
	15	52318		483.29				
	15	52320	CYSTOSCOPY AND TREATMENT CYSTOSCOPY, STONE REMOVAL CYSTOSCOPY, INJECT MATERIAL CYSTOSCOPY AND TREATMENT	776.94 682.67				
	15	52325	CYSTOSCOPY, STONE REMOVAL	682.67				
	15	52327	CYSTOSCOPY, INJECT MATERIAL	483.29 483.29				
	15	52330	CYSTOSCOPY AND TREATMENT	483.29				
	15	52332	CYCHOCCODY AND HDEAMMENT	483.29 552.64				
	15	52334	CREATE PASSAGE TO KIDNEY	552.64				
	15	52341	CYSTO W/URETER STRICTURE TX CYSTO W/UP 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 W/RENAL STRICTURE TX CYSTO/URETERO, STONE REMOVE	552.64 552.64 552.64 552.64 552.64				
	15	52345	CYSTO/URETERO W/UP STRICTURE CYSTOURETERO W/RENAL STRICT	552.64				
	15	52346	CYSTOURETERO W/RENAL STRICT	552.64				
	15	52351	CYSTOURETRO & OR PYELOSCOPE	552.64				
	15	52352	CYSTOURETRO W/STONE REMOVE	552.64 682.67 682.67				
	15	52353	CYSTOURETERO W/LITHOTRIPSY CYSTOURETERO W/BIOPSY CYSTOURETERO W/EXCISE TUMOR	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		552.64				
	15	52402	CYSTOURETERO W/CONGEN REPR CYSTOURETHRO CUT EJACUL DUCT INCISION OF PROSTATE REVISION OF BLADDER NECK PROSTATECTOMY (TURP) REMOVE PROSTATE REGROWTH DELIVER BLADDER COMMUNICATION	552.64				
	15	52450	INCISION OF PROSTATE	552.64				
	15	52500	REVISION OF BLADDER NECK	552.64				
	15	52601	PROSTATECTOMY (TURP)	552.64 682.67				
	15	52630	REMOVE PROSTATE REGROWTH	102 20				
	15	52640	RELIEVE BLADDER CONTRACTURE	483.29 1,450.94 1,450.94				
	15	52647	LASER SURGERY OF PROSTATE	1,450.94				
	15	52648	LASER SURGERY OF PROSTATE LASER SURGERY OF PROSTATE	1,450.94				
	15	52700	DRAINAGE OF PROSTATE DRAINAGE OF PROSTATE ABSCESS INCISION OF URETHRA INCISION OF URETHRA INCISION OF URETHRA	483.29				
	15	53000	INCISION OF URETHRA	360.84				
	15	53010	INCISION OF URETHRA	360.84				
	15	53020	INCISION OF URETHRA	360.84 360.84				
	15	53040		483.29				
	15	53080	DRAINAGE OF URINARY LEAKAGE	552.64				
	15	53200	BIOPSY OF URETHRA	360.84				

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REMOVAL OF URETHRA REMOVAL OF URETHRA TREATMENT OF URETHRA LESION REMOVAL OF URETHRA LESION REMOVAL OF URETHRA LESION SURGERY FOR URETHRA POUCH REMOVAL OF SEMINAL FLUID GLAND TREATMENT OF URETHRA LESION TREATMENT OF URETHRA LESION REMOVAL OR DISTRUCTION OF BLADDER CA REPAIR OF URETHRA DEFECT	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	53210	REMOVAL OF URETHRA	776.94			F	
15	53215	REMOVAL OF URETHRA	776.94			M	
15	53220	TREATMENT OF URETHRA LESION	483.29				
15	53230	REMOVAL OF URETHRA LESION	483.29			F	
15	53235	REMOVAL OF URETHRA LESION	552.64			M	
15	53240	SURGERY FOR URETHRA POUCH	483.29				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	483.29				
15	53260	TREATMENT OF URETHRA LESION	483.29				
15	53265	TREATMENT OF URETHRA LESION	483.29				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	483.29			F	
15	53275	REPAIR OF URETHRA DEFECT	483.29			F	
15	53400	REVISE URETHRA, STAGE 1	552.64				
15	53405	REMOVAL OR DISTRUCTION OF BLADDER CA REPAIR OF URETHRA DEFECT REVISE URETHRA, STAGE 1 REVISE URETHRA, STAGE 2 RECONSTRUCTION OF URETHRA RECONSTRUCT URETHRA, STAGE 1 RECONSTRUCT URETHRA, STAGE 2 RECONSTRUCTION OF URETHRA REPAIR OF BLADDER CANAL (URETHRA) AN	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	REPAIR OF BLADDER CANAL (URETHRA) AN CORRECT BLADDER FUNCTION REMOVE PERINEAL PROSTHESIS INSERT TANDEM CUFF INSERT URO/VES NCK SPHINCTER REMOVE URO SPHINCTER REMOVE/REPLACE UR SPHINCTER REPAIR URO SPHINCTER REVISION OF URETHRA REVISION OF URETHRA REPAIR OF URETHRA INJURY REPAIR OF URETHRA DEFECT DILATE URETHRAL STRUCTURE, MALE; INIT	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 INJURY REPAIR OF URETHRA DEFECT DILATE URETHRAL STRUCTURE, MALE; INIT DILATE URETHRA STRICTURE DILATION OF URETHRA PROSTATIC MICROWAVE THERMOTX TRANSURETHRAL DESTRUCTION OF PROSTAT TRANSURETHRAL RADIOFREQUENCY MICRO-R	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	TRANSURETHRAL DESTRUCTION OF PROSTAT TRANSURETHRAL RADIOFREQUENCY MICRO-R UROLOGY SURGERY PROCEDURE SLITTING OF PREPUCE SLITTING OF PREPUCE DRAIN PENIS LESION LASER SURG, PENIS LESION(S) EXCISION OF PENIS LESION(S) DESTRUCTION, PENIS LESION(S) BIOPSY OF PENIS	360.84			M	

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LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 52

DUISIANA 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

COLUMN:

1	2	DESCRIPTION BIOPSY OF PENIS TREATMENT OF PENIS LESION TREAT PENIS LESION, GRAFT TREAT PENIS LESION, GRAFT TREATMENT OF PENIS LESION PARTIAL REMOVAL OF PENIS CIPCURCISION USING CLAMB OF OTHER DE	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54105	BIOPSY OF PENIS	360.84			M	
15	54110	TREATMENT OF PENIS LESION	483.29			M	
15	54111	TREAT PENIS LESION, GRAFT	483.29			M	
15	54112	TREAT PENIS LESION, GRAFT	483.29			M	
15	54115	TREATMENT OF PENIS LESION	360.84			M	
15	54120	PARTIAL REMOVAL OF PENIS	483.29			M	
15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	403.23			M	
15	54160	CIRCUMCISION USING OTHER THAN CLAMP	483.29	00 01		M	
15	54161	CIRCUMCISION USING OTHER THAN CLAMP CIRCUMCISION USING OTHER THAN CLAMP	483.29	00 01		M	
15	54162	LYSIS PENIL CIRCUMCIS LESION	483.29			M	
15	54163	REPAIR OF CIRCUMCISION	483.29			M	
15	54164	FRENULOTOMY OF PENIS	483.29			M	
15	54205	TREATMENT OF PENIS LESION	682.67			M	
15	54220	TREATMENT OF PENIS LESION	360.84			M	
15	54300	REVISION OF PENIS	552.64			M	
15	54304	REVISION OF PENIS	552.64			M	
15	54308	RECONSTRUCTION OF URETHRA	552.64			M	
15	54312	RECONSTRUCTION OF URETHRA	552.64			M	
15	54316	RECONSTRUCTION OF URETHRA	552.64			M	
15	54318	RECONSTRUCTION OF URETHRA	552.64			M	
15	54322	RECONSTRUCTION OF URETHRA	552.64			M	
15	54324	RECONSTRUCTION OF URETHRA	552.64			M	
15	54326	RECONSTRUCTION OF URETHRA	552.64			M	
15	54328	REVISE PENIS/URETHRA	552.64			M	
15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	552.64			M	
15	54340	SECONDARY URETHRAL SURGERY	552.64			M	
15	54344	SECONDARY URETHRAL SURGERY	552.64			M	
15	54348	SECONDARY URETHRAL SURGERY	552.64			M	
15	54352	RECONSTRUCT URETHRA/PENIS	552.64			M	
15	54360	PENIS PLASTIC SURGERY	552.64			M	
15	54380	REPAIR PENIS	552.64			M	
15	54385	REPAIR PENIS	552.64			M	
15	54406	REMOVE MULTI-COMP PENIS PROS	552.64				
15	54408	REPAIR MULTI-COMP PENIS PROS	552.64				
15	54410	REMOVE/REPLACE PENIS PROSTH	552.64				
15	54415	REMOVE SELF-CONTD PENIS PROS	552.64				
15	54416	REMV/REPL PENIS CONTAIN PROS	552.64				
15	54420	REVISION OF PENIS	682.67			M	
15	54435	REVISION OF PENIS	682.67			M	
15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	483.29			M	
15	54440	CIRCUMCISION USING OTHER THAN CLAMP CIRCUMCISION USING OTHER THAN CLAMP LYSIS PENIL CIRCUMCIS LESION REPAIR OF CIRCUMCISION FRENULOTOMY OF PENIS TREATMENT OF PENIS LESION REVISION OF PENIS LESION REVISION OF PENIS REVISION OF PENIS RECONSTRUCTION OF URETHRA REVISE PENIS/URETHRA 1 STAGE PROX PINILE/PENOSCROTAL REP SECONDARY URETHRAL SURGERY SECONDARY URETHRAL SURGERY RECONSTRUCT URETHRA/PENIS PENIS PLASTIC SURGERY REPAIR PENIS REPAIR PENIS REPAIR MULTI-COMP PENIS PROS REPAIR MULTI-COMP PENIS PROS REMOVE MULTI-COMP PENIS PROS REMOVE/REPLACE PENIS PROSTH REMOVE SELF-CONTD PENIS PROS REMOVE/REPLACE PENIS PROSTH REMOVE SELF-CONTD PENIS PROS REMV/REPL PENIS CONTAIN PROS REVISION OF PENIS REVISION OF PENIS REPAIR OF TRAMATIC CORPOREAL TEAR(S) REPAIR OF PENIS PREPUTIAL STRETCHING	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	REPAIR OF TRANSITE CORPOREAL TEAR(S) REPAIR OF PENIS PREPUTIAL STRETCHING BIOPSY OF TESTIS BIOPSY OF TESTIS EXCISE LESION TESTIS REMOVAL OF TESTIS	552.64			M	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

ന	-	TI	3.4	TA	

1	2	DESCRIPTION ORCHIECTOMY, PARTIAL REMOVAL OF TESTIS EXTENSIVE TESTIS SURGERY EXPLORATION FOR TESTIS REDUCE TESTIS TORSION SUSPENSION OF TESTIS SUSPENSION OF TESTIS REVISION OF TESTIS REPAIR TESTIS INJURY RELOCATION OF TESTIS REPAIR TESTIS INJURY RELOCATION OF TESTIS(ES) LAPAROSCOPY, ORCHIECTOMY LAPAROSCOPY, ORCHIECTOMY LAPAROSCOPY, ORCHICCTOMY LAPAROSCOPE PROC, TESTIS DRAINAGE OF SCROTUM BIOPSY OF EPIDIDYMIS REMOVE EPIDIDYMIS LESION REMOVE EPIDIDYMIS LESION REMOVAL OF EPIDIDYMIS REMOVAL OF EPIDIDYMIS DRAINAGE OF HYDROCELE REMOVAL OF HYDROCELE REMOVAL OF HYDROCELE REMOVAL OF SCROTUM REVISION OF SCROTUM REVISION OF SCROTUM REVISION OF SCROTUM REVISION OF SPERM DUCT REMOVAL OF SPERM DUCT REMOVAL OF SPERM DUCT REMOVAL OF SPERM CORD LESION REVISE SPERMATIC CORD VEINS	4	E	6	7	8
1	2	3	4	ACE	MED	,	о Х-
TS	CODE	DESCRIPTION	яяя	MIN-MAX	REV	SEX	OVERS
15	54522	ORCHIECTOMY, PARTIAL	552.64			м	01210
15	54530	REMOVAL OF TESTIS	682.67			м	
15	54535	EXTENSIVE TESTIS SURGERY	552.64			M	
15	54550	EXPLORATION FOR TESTIS	682.67			M	
15	54600	REDUCE TESTIS TORSION	682.67			м	
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			М	
15	54800	BIOPSY OF EPIDIDYMIS	360.84			M	
15	54830	REMOVE EPIDIDYMIS LESION	552.64			М	
15	54840	REMOVE EPIDIDYMIS LESION	682.67			M	
15	54860	REMOVAL OF EPIDIDYMIS	552.64			M	
15	54861	REMOVAL OF EPIDIDYMIS	682.67			M	
15	55000	DRAINAGE OF HYDROCELE	360.84			M	
15	55040	REMOVAL OF HYDROCELE	552.64			M	
15	55041	REMOVAL OF HYDROCELES	776.94			M	
15	55060	REPAIR OF HYDROCELE	682.67			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	360.84			M	
15	55110	EXPLORE SCROTUM	483.29				
15	55120	REMOVAL OF SCROTUM LESION	483.29			M	
15	55150	REMOVAL OF SCROTUM	360.84			M	
15	55175	REVISION OF SCROTUM	360.84				
15	55180	REVISION OF SCROTUM	483.29				
15	55200	INCISION OF SPERM DUCT	483.29			M	
15	55250	REMOVAL OF SPERM DUCT(S)	483.29	21 99	X	M	
15	55500	REMOVAL OF HYDROCELE	552.64			M	
15	55520	REMOVAL OF SPERM CORD LESION	682.67			M	
15	55530	REVISE SPERMATIC CORD VEINS REVISE SPERMATIC CORD VEINS	682.67 682.67			M	
15	55535		COO CE			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	REVISE SPERMATIC CORD VEINS REVISE HERNIA & SPERM VEINS LAPARO LIGATE SPERMATIC VEIN LAPARO PROC, SPERMATIC CORD REMOVE SPERM POUCH LESION BIOPSY OF PROSTATE BIOPSY OF PROSTATE DRAINAGE OF PROSTATE ABSCESS DRAINAGE OF PROSTATE ABSCESS SIMPLE SURGICAL SUBTOTAL REMOVAL OF	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	CRIONDENIE IROSINIE	1,430.34				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,450.94			M	

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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

COLUMN:

1	2	DESCRIPTION ABLATION OF MALIGNANT PROSTATE TISSU GENITAL SURGERY PROCEDURE INCISION AND DRAINAGEOF VULVA OR PE INCISION AND DRAINAGE OF FEMALE GENI CREATION OF DRAINAGE TRACT FOR FEMAL LYSIS OF LABIAL LESION(S) DESTROY VULVA LESION (S); SIMPLE DESTROY VULVA LESION (S); SIMPLE BIOPSY OF VULVA OR PERINEUM (SEPARAT BIOPSY OF VULVA OR PERINEUM (SEPARAT PARTIAL REMOVAL OF VULVA COMPLETE REMOVAL OF VULVA PARTIAL REMOVAL OF VULVA PARTIAL REMOVAL OF HYMEN REMOVAL OF FEMALE GENITAL GLAND OR C REPAIR OF PERINEUM EXAM/BIOPSY OF VULVA W/SCOPE EXPLORATION OF VAGINA DRAINAGE OF PELVIC FLUID I & D VAG HEMATOMA, NON-OB DESTROY VAG LESIONS, SIMPLE DESTROY VAG LESIONS, COMPLEX BIOPSY OF VAGINA BIOPSY OF VAGINA BIOPSY OF VAGINA REMOVE VAGINA LESION REMOVE VAGINA LESION INSERT UTERI TANDEMS/OVOIDS INSERTION OF A VAGINAL RADIATION AFT TREAT VAGINAL BLEEDING REPAIR OF VAGINA REPAIR BLADDER & VAGINA REPAIR OF URETHRAL REPAIR OF VAGINA REPAIR OF BOWEL BULGE REPAIR BLADDER & VAGINA REPAIR BLADDER & VAGINA REPAIR BLADDER & VAGINA REPAIR RECTUM & VAGINA REPAIR BLADDER & VAGINA REPAIR RECTUM-VAGINA REPAIR BLADDER & VAGINA CONSTRUCTION OF VAGINA REPAIR RECTUM-VAGINA FISTULA DILATION OF VAGINA PELVIC EXAMINATION REMOVE VAGINAL FOREIGN BODY	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,078.18			M	
15	55899	GENITAL SURGERY PROCEDURE	MP		х	M	
15	56405	INCISION AND DRAINAGEOF VULVA OR PE	360.84			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	360.84	10 60		F	
15	56420 56440	CREATION OF DRAINAGE TRACT FOR FEMAL	483.29			F	
15	56441 56501	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 56606 56620	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	56625 56700 56740	REMOVAL OF FEMALE GENITAL GLAND OR C	552.64			F	
15	56800	REPAIR OF VAGINA	552.64			F	
15	56800 56810	REPAIR OF PERINEUM	776.94				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	360.84			F	
15	56821 57000	EXPLORATION OF VAGINA	360.84				
15	57010 57020	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	57023 57061	DESTROY VAG LESTONS, SIMPLE	360.84			- 'ਜ	
15	57065	DESTROY VAG LESTONS COMPLEX	360.84			- F	
15	57065 57100	BIOPSY OF VAGINA	360.84			- 'ਜ	
15	57105	BIOPSY OF VACINA	360.84			F	
15	57105 57130	REMOVE VACINA LESTON	483 29			F	
15	57135	REMOVE VACINA LESTON	483 29			F	
15	57135 57155	THERET TANDEMS /OVOIDS	483 29			F	
15	57156 57180	TNSERTION OF A VACINAL RADIATION AFT	483 29			F	
15	57190	TOPAT VACINAL REPORTE	360.23			-	
15	57200	DEDATE OF VACTNA	360.84			E .	
15	57200 57210	DEDATE VACTNA / DEDINEUM	403.04			E-	
15	57220	DEVICTON OF HERTHER	552 64			E .	
15	57220 57230	DEDATE OF IDEMUDAT TECTOM	552.64			E	
15	57230	DEDATE DIADDED (VACTNA	776 04			E	
15	57240	DEDATE DECRUM (VACINA	776.94			E	
15	57250	DEDATE OF VACINA	776.94			E	
15	57265	EVERNATIVE DEDATE OF WACTHA	1 070 10			E E	
15	57265	EXICUSIVE REPAIR OF VAGINA	1,070.10			E	
15	57200	REPAIR OF BOWEL BULGE	332.04			F	
_	57288	REPAIR BLADDER CHACTAR	776.94				
15 15	5/289 57001	REPAIR BLADDER & VAGINA	776.94			E.	
15	5/291	CONSTRUCTION OF VACINA FIGURES	770.94			r -	
15	5/300	REPAIR RECTUM-VAGINA FISTULA	552.64			E.	
15	5/400	DILLIA DUNATUR BLOW	483.29		X	E.	
15	5/410	PELVIC EXAMINATION	483.29		х	F.	
15	5/415	REMOVE VAGINAL FOREIGN BODY	483.29				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3 DESCRIPTION EXAM OF VAGINA W/SCOPE EXAM/BIOPSY OF VAG W/SCOPE	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	57420	EXAM OF VAGINA W/SCOPE	360.84	MIN-MAX			
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	REVISION (INCLUDING REMOVAL) OF PROS VAGINA EXAMINATION & BIOPSY BIOPSY OF CERVIX W/SCOPE ENDOCERV CURETTAGE W/SCOPE COLPOSCOPY (VAGINOSCOPY; CONZ OF CERVIC W/SCOPE, LEEP BIOPSY OF CERVIX ENDOCERVICAL CURETTAGE CAUTHERUZATION OF CERVIX CRYOCAUTERY OF CERVIX LASER SURGERY OF CERVIX CONIZATION OF CERVIX CONIZATION OF CERVIX REMOVAL OF CERVIX REMOVAL OF RESIDUAL CERVIX REMOVAL OF CERVIX REMOVE CERVIX, REPAIR BOWEL REVISION OF CERVIX REVISION OF CERVIX REVISION OF CERVIX DILATION OF CERVIX DILATION OF CERVIX DILATION AND CURETTAGE VAGINAL REMOVAL OF FIBROID TUMORS (2	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		Х		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	552.64		Х		
15	58561	HYSTEROSCOPY, REMOVE MYOMA	552.64		Х		
15	58562	HYSTEROSCOPY, REMOVE FB	552.64		x		
15	58563	HYSTEROSCOPY, ABLATION	682.67		X		
15	58565	HYSTEROSCOPY, STERLIZATION	1,584.64	21 59	Х	F	
15	58578	VAGINAL REMOVAL OF FIBROID TUMORS (2 INSERT INTRAUTERINE DEVICE REMOVE INTRAUTERINE DEVICE INJECT FOR UTERUS/TUBE X-RAY INSERT HEYMAN UTERI CAPSULE ENDOMETR ABLATE, THERMAL LAPAROSCOPIC MYOMECTOMY LAPARO-MYOMECTOMY, COMPLEX LAPARO-ASST VAG HYSTERECTOMY LAPARO-VAG HYST INCL T/O HYSTEROSCOPY, DX, SEP PROC HYSTEROSCOPY, BIOPSY HYSTEROSCOPY, RESECT SEPTUM HYSTEROSCOPY, REMOVE MYOMA HYSTEROSCOPY, REMOVE FB HYSTEROSCOPY, REMOVE FB HYSTEROSCOPY, STERLIZATION LAPARO PROC, UTERUS HYSTEROSCOPE PROCEDURE DESTRUCTION OF UTERINE FIBROID(S) US	MP		Х		
15	58579	HYSTEROSCOPE PROCEDURE	MP		x		
15	58580	HYSTEROSCOPE PROCEDURE DESTRUCTION OF UTERINE FIBROID(S) US DIVISION OF FALLOPIAN TUBE OCCULSION OF FALLOPIAN TUGE, DEVICE LAPAROSCOPY, LYSIS	776.94			F	
15	58600	DIVISION OF FALLOPIAN TUBE	552.64	21 55	Х	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	682.67	21 55	Х	F	
15	58660	LAPAROSCOPY, LYSIS	776.94		x		

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JUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCIN LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE STATE HOSPITALS

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COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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, TUBAL BLOCK 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	DRAINAGE OF OVARIAN CYST(S) 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	DRAIN OVARY ABSCESS, OPEN BIOPSY OF OVARY(S) REMOVAL OF OVARIAN CYST(S) GENITAL SURGERY PROCEDURE AMNIOCENTESIS	MP		х		
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 CARE 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 REMOVE CERCLAGE SUTURE PETAL INVAS PX W/US LAPARO PROC, OB CARE/DELIVER MATERNITY CARE PROCEDURE DRAIN THYROID/TONGUE CYST BIOPSY OF THYROID	776.94	10 60	x	F	
15	59871	REMOVE CERCLAGE SUTURE	776.94			F	
15	59897	PETAL INVAS PX W/US	MP	10 59	х	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP		х		
15	59899	MATERNITY CARE PROCEDURE	MP		x	F	
15	60000	DRAIN THYROID/TONGUE CYST	360.84				
15	60100						
15	60200	REMOVE THYROID LESION PARTIAL REMOVAL OF THYROID	483.29 682.67 1,450.94 682.67				
15	60220	PARTIAL REMOVAL OF THYROID	682.67				
15	60240	REMOVAL OF THYROID	1,450.94				
15	60280						
15	60281	REMOVE THYROID DUCT LESION	682.67				
15	60659	LAPARO PROC, ENDOCRINE	MP		х		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP		х		
15	61020	REMOVE BRAIN CAVITY FLUID	360.84				
15	61026	INJECTION INTO BRAIN CANAL REMOVE BRAIN CANAL FLUID	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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COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	61885	IMPLANT NEUROSTIM ONE ARRAY	483.29				
15	61886	IMPLANT NEUROSTIM ARRAYS	552.64				
15	61888	REVISE/REMOVE NEURORECEIVER	360.84				
15	61889	INSERTION OF SKULL-MOUNTED CRANIAL N	552.64				
15	61891	REVISION OR REPLACEMENT OF SKULL-MOU	552.64				
15	61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEU	552.64				
15	62194	REPLACE/IRRIGATE CATHETER	360.84				
15	62225	REPLACE/IRRIGATE CATHETER REPLACE/REVISE BRAIN SHUNT	360.84 360.84 483.29 360.84				
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	LYSIS EPIDURAL ADHESIONS DRAIN SPINAL CORD CYST NEEDLE BIOPSY, SPINAL CORD	360.84 360.84				
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 TREAT SPINAL CANAL LESION	360.84 360.84 1,450.94				
15	62282	TREAT SPINAL CANAL LESION	360.84				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,450.94				
15	62294	INJECTION INTO SPINAL ARTERY					
15	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62321	${\tt INJECTION}(S)$, OF DIAGNOSTIC OR THERA ${\tt INJECTION}(S)$, OF DIAGNOSTIC OR THERA	360.84				
15	62322	INJECTION(S). OF DIAGNOSTIC OR THERA	360.84				
15	62323	INJECTION(S), OF DIAGNOSTIC OR THERA INJECTION(S), OF DIAGNOSTIC OR THERA	360.84				
15	62324						
15	62325	INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62326	INTECTION(S) INCLUDING INDWELLING C	360.84				
15	62327	INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C	360.84				
15	62328	SPINAL PUNCTURE LUMBAR DIAGNOSTIC	360.84				
15	62329	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC 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	TNSERT SPINE INFIISION DEVICE	483 29				
15	62361	INSERT SPINE INFUSION DEVICE IMPLANT SPINE INFUSION PUMP	483.29 483.29				
15	62362	TMDLANT COINE INFUCTOR DIMD	483.29				
15	62365	IMPLANT SPINE INFUSION PUMP REMOVE SPINE INFUSION DEVICE	483.29 483.29				
15	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	483.29				
15	62368	ANALYZE SPINE INFUSION PUMP	483.29 483.29				
15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C					
15	63600		483.29				
15	63610	REMOVE SPINAL CORD LESION	360.84				
15	63650	STIMULATION OF SPINAL CORD IMPLANT NEUROELECTRODES	483.29				
15 15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL					
15 15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	360.84				
		REMOVAL OF SPINAL NEUROSTIMULATOR EL	360.84				
15 15	63663	REVISION INCLUDING REPLACEMENT, WHEN REVISION INCLUDING REPLACEMENT, WHEN	360.84				
15	63664	REVISION INCLUDING REPLACEMENT, WHEN	360.84				

#: 1730

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 58

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

COLUMN:

:	1	2	3	4	5 AGE	6 MED	7	8 x-
	rs	CODE	DESCRIPTION IMPLANT NEURORECEIVER	FEE	MIN-MAX		SEX	OVERS
	 15	63685	TMPLANT NEURORECETVER	483.29			~	0.1
	-5 15	63688	REVISE/REMOVE NEURORECEIVER	360.84				
	15	63744		552.64				
	15	63746		483.29				
	15	64415		360.84				
	15	64417	INJECTION FOR NERVE BLOCK	360.84				
	15	64420	INJECTION FOR NERVE BLOCK 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 FOR NERVE BLOCK INJECTION(S), ANESTHETIC AGENT(S) AN	360.84				
	15	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	360.84				
	15	64461	· · · · · · · · · · · · · · · · · · ·					
	15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO PARAVERTEBRAL BLOCK (PVB) (PARASPINO	360.84				
	15 15	64505	INJECTION FOR NERVE BLOCK	360.84				
	15 15	64510	INJECTION FOR NERVE BLOCK	360.84				
	15		INJECTION FOR NERVE BLOCK					
	_	64517	N BLOCK INJ, HYPOGAS PLXS INJECTION FOR NERVE BLOCK	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		483.29				
	15	64595	REVISE/REMOVE NEURORECEIVER	360.84				
	15	64596	INSERTION OR REPLACEMENT OF A PERIPH					
	15	64597		483.29				
	15	64598		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 INJECTION TREATMENT OF NERVE	360.84				
-	15	64642	Injection of chemical for destructio	360.84				

#: 1731

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 59

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	360.84				
15	64644	Injection of chemical for destructio					
15	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	360.84				
15	64646	INJECTION OF CHEMICAL FOR DESTRUCTIO Injection of chemical for destructio	360.84				
15	64647						
15	64680	Injection of chemical for destructio 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	Injection of chemical for destructio INJECTION TREATMENT OF NERVE INJECTION TREATMENT OF NERVE REVISE FINGER/TOE NERVE REVISE HAND/FOOT NERVE REVISE ARM/LEG NERVE REVISION OF SCIATIC NERVE REVISION OF ARM NERVE(S) REVISION OF CRANIAL NERVE REVISE LOW BACK NERVE(S) REVISE ULNAR NERVE AT ELBOW REVISE ULNAR NERVE AT WRIST CARPAL TUNNEL SURGERY RELIEVE PRESSURE ON NERVE(S) RELEASE FOOT/TOE NERVE INTERNAL NERVE REVISION INCISION OF BROW NERVE INCISION OF CHEEK NERVE INCISION OF CHEEK NERVE INCISION OF JAW NERVE INCISION OF FACIAL NERVE INCISION OF FACIAL NERVE INCISE NERVE, BACK OF HEAD INCISE NERVE, BACK OF HEAD INCISE NERVE, BACK OF HEAD INCISE DIAPHRAGM NERVE SEVER CRANIAL NERVE INCISION OF SPINAL NERVE REMOVE SKIN NERVE LESION REMOVE DIGIT NERVE LESION	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	483.29 552.64 483.29 552.64				
15	64776	REMOVE DIGIT NERVE LESION	552.64				
15	64778	DIGIT NERVE SURGERY ADD-ON REMOVE LIMB NERVE LESION LIMB NERVE SURGERY ADD-ON REMOVE NERVE LESION	483.29				
15	64782	REMOVE LIMB NERVE LESION					
15	64783	LIMB NERVE SURGERY ADD-ON	483.29 552.64				
15	64784	REMOVE NERVE LESION	552.64				
15	64786	REMOVE SCIATIC NERVE LESION	552.64 483.29				
15	64787	IMPLANT NERVE END	483.29				
15	64788	REMOVE SKIN NERVE LESION	552.64 552.64				
15	64790	REMOVAL OF NERVE LESION					
15	64792	IMPLANT NERVE END REMOVE SKIN NERVE LESION REMOVAL OF NERVE LESION REMOVAL OF NERVE LESION BIOPSY OF NERVE REMOVE SYMPATHETIC NERVES REMOVE SYMPATHETIC NERVES	552.64				
15	64795	BIOPSY OF NERVE	483.29				
15	64802	REMOVE SYMPATHETIC NERVES REMOVE SYMPATHETIC NERVES REPAIR OF DIGIT NERVE REPAIR NERVE ADD-ON	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				

#: 1732

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 60

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

COLUMN:

1	2	3 DESCRIPTION REPAIR OF HAND OR FOOT NERVE	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION REPAIR OF HAND OR FOOT NERVE REPAIR OF HAND OR FOOT NERVE REPAIR OF HAND OR FOOT NERVE REPAIR NERVE ADD-ON REPAIR OF LEG NERVE REPAIR/TRANSPOSE NERVE REPAIR ARM/LEG NERVE REPAIR SCIATIC NERVE REPAIR SCIATIC NERVE NERVE SURGERY REPAIR OF ARM NERVES REPAIR OF FACIAL NERVE REPAIR OF FACIAL NERVE REPAIR OF FACIAL NERVE SUBSEQUENT REPAIR OF NERVE REPAIR & REVISE NERVE ADD-ON REPAIR NERVE/SHORTEN BONE NERVE GRAFT, HEAD OR NECK NERVE GRAFT, HAND OR FOOT NERVE GRAFT, HAND OR FOOT NERVE GRAFT, ARM OR LEG NERVE GRAFT ADD-ON NERVE GRAFT ADD-ON NERVE REPAIR; WITH NERVE ALLOGRAFT, NERVOUS SYSTEM SURGERY REVISE EYE	FEE	MIN-MAX	REV	SEX	OVERS
15	64834	REPAIR OF HAND OR FOOT NERVE	483.29				
15	64835	REPAIR OF HAND OR FOOT NERVE	552.64				
15	64836	REPAIR OF HAND OR FOOT NERVE	552.64				
15	64837	REPAIR NERVE ADD-ON	360.84				
15	64840	REPAIR OF LEG NERVE	483.29				
15	64856	REPAIR/TRANSPOSE NERVE	483.29				
15	64857	REPAIR ARM/LEG NERVE	483.29				
15	64858	REPAIR SCIATIC NERVE	483.29				
15	64859	NERVE SURGERY	360.84				
15	64861	REPAIR OF ARM NERVES	552.64				
15	64862	REPAIR OF LOW BACK NERVES	552.64				
15	64864	REPAIR OF FACIAL NERVE	552.64				
15	64865	REPAIR OF FACIAL NERVE	682.67				
15	64872	SUBSECUENT 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, HAND OR FOOT	552.64				
15	64898	NEDVE CDAFT ADM OD LEC	552.64				
15	64901	NERVE GRAFT, ART OR LEG	183 29				
15	64902	NERVE GRAFT ADD ON	483.29				
15	64905	NERVE GRAFT ADD ON	483.29				
15	64907	NERVE FEDICIE IRANGEER	360.29				
15	64012	NERVE PEDICLE IRANSFER	560.64				
15	64912 64999	NERVE REPAIR, WITH NERVE ALLOGRAFI,	332.04 MD		x		
15	64999 65001	NERVOUS SISIEM SURGERI	EEO 64		^		
15	65091 65093	REVICE EVE WITH IMPLANT	552.64				
		REVISE EIE WITH IMPLANT	552.64				
15	65101	REMOVAL OF EIE	552.64				
15 15	65103 65105	REMOVE EYE/INSERT IMPLANT	552.64				
_	65105	REMOVE EIE/ATTACH IMPLANT	776 04				
15	65110	REMOVAL OF EIE	1 070 10				
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	KEVISE OCULAR IMPLANT	483.29				
15	65155	REINSERT OCULAR IMPLANT	552.64				
15	65175	NERVE REPAIR; WITH NERVE ALLOGRAFT, NERVOUS SYSTEM SURGERY REVISE EYE REVISE EYE WITH IMPLANT REMOVAL OF EYE REMOVE EYE/INSERT IMPLANT REMOVAL OF EYE REMOVE EYE/ATTACH IMPLANT REMOVAL OF EYE REMOVE EYE/REVISE SOCKET REMOVE EYE/REVISE SOCKET INSERT OCULAR IMPLANT INSERT OCULAR IMPLANT ATTACH OCULAR IMPLANT REVISE OCULAR IMPLANT REVISE OCULAR IMPLANT REINSERT OCULAR IMPLANT REINSERT OCULAR IMPLANT REMOVAL OF OCULAR IMPLANT	360.84				

#: 1733

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
RUN: 05/27/25 08:22:26 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 61

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

COLUMN:

TS CODE DESCRIPTION FEE MIN-MAX REV SEX OVER 15 65205 REMOVE FOREIGN BODY FROM EYE 360.84 15 65205 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 682.67 15 65275 REPAIR OF EYE WOUND 682.67 15 65280 REMOVED OF EYE LESION 360.84 15 65400 REMOVAL OF EYE LESION 360.84 15 65400 REMOVAL OF EYE LESION 483.29 15 65400 REMOVAL OF EYE LESION 776.94 15 65710 CORNEAL TRANSPLANT 1,078.18 15 65750 CORNEAL TRANSPLANT 776.94 15 65770 REVISE CORNEA WITH IMPLANT 1,078.18 15 65750 CORNECTION OF ASTIGMATISM 682.67 15 65770 REVISE CORNEA WITH IMPLANT 1,078.18 15 65780 COULAR RECONST, TRANSPLANT 776.94 15 65781 COULAR RECONST, TRANSPLANT 776.94 15 65781 COULAR RECONST, TRANSPLANT 776.94 15 65780 COULAR RECONST, TRANSPLANT 776.94 15 65780 COULAR RECONST, TRANSPLANT 776.94 15 65780 COULAR RECONST, TRANSPLANT 776.94 15 65800 DRAINAGE OF EYE 552.64 15 65810 DRAINAGE OF EYE 552.64 15 65810 DRAINAGE OF EYE 552.64 15 65850 INCISION OF EYE 65800 EXCENTING ADDITIONS GAVE 483.29 15 65860 INCISION OF EYE 65800 EXCENTING ADDITIONS GAVE 483.29 15 65865 INCISION OF EYE 65800 EXCENTING ADDITIONS GAVE 483.29 15 65865 INCISION OF EYE 65800 EXCENTING ADDITIONS GAVE 483.29 15 65865 INCISION OF EYE 65800 EXCENTING ADDITIONS GAVE 483.29 15 65865 INCISION OF EYE 65800	1	2	3	4	5 AGE	6 MED	7	8 X-
15 65205 REMOVE FOREIGN BODY FROM EYE 483.29 15 65260 REMOVE FOREIGN BODY FROM EYE 552.64 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 65400 REMOVAL OF EYE LESION 360.84 15 65410 BIOPSY OF CORNEA 483.29 15 65420 REMOVAL OF EYE LESION 766.94 15 65730 CORNEAL TRANSPLANT 1,078.18 15 65730 CORNEAL TRANSPLANT 1,078.18 15 65750 CORNEAL TRANSPLANT 1,078.18 15 65750 CORNEAL TRANSPLANT 1,078.18 15 65770 REVISE CORNEA WITH IMPLANT 1,078.18 15 65770 CORNEAL TRANSPLANT 1,078.18 15 65770 CORRECTION OF ASTIGMATISM 682.67 15 65771 CORRECTION OF ASTIGMATISM 682.67 15 65771 CORRECTION OF ASTIGMATISM 682.67 15 65775 CORRECTION OF ASTIGMATISM 682.67 15 65775 CORRECTION OF ASTIGMATISM 776.94 15 65775 CORRECTION OF ASTIGMATISM 776.94 15 65776 INSERTION OF AMNIOTIC MEMBRANE TO EY 360.84 15 65780 OCULAR RECONST, TRANSPLANT 776.94 15 65781 OCULAR RECONST, TRANSPLANT 776.94 15 65785 DRIANGEOFF EYE 360.84 15 65785 DRIANGEOFF EYE 360.84 15 65780 DRIANGEOFF EYE 360.84 15 65810 DRAINAGE OF EYE 360.84 15 65810 DRAINAGE OF EYE 360.84 15 65800 DRAINAGE OF EYE 483.29 15 65800 RELIEVE INNER EYE PRESSURE 360.84 15 65850 RELIEVE INNER EYE PRESSURE 360.84 15 65860 RELIEVE INNER EYE PRESSURE 360.84	TS	CODE	DESCRIPTION	FEE			SEX	
15 65235 REMOVE FOREIGN BODY FROM EYE 552.64 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 682.67 15 65275 REPAIR OF EYE WOUND 682.67 15 65280 REPAIR OF EYE WOUND 682.67 15 65280 REPAIR OF EYE WOUND 682.67 15 65285 REPAIR OF EYE WOUND 682.67 15 65280 REPAIR OF EYE WOUND 360.84 15 65400 REMOVAL OF EYE LESION 360.84 15 65410 BIOPSY OF CORNEA 483.29 15 65420 REMOVAL OF EYE LESION 776.94 15 65710 CORNEAL TRANSPLANT 1,078.18 15 65730 CORNEAL TRANSPLANT 1,078.18 15 65755 CORNEAL TRANSPLANT 1,078.18 15 65755 CORNEAL TRANSPLANT 1,078.18 15 65770 REVISE CORNEA WITH IMPLANT 1,078.18 15 65770 REVISE CORNEA WITH IMPLANT 1,078.18 15 65771 CORRECTION OF ASTIGMATISM 682.67 15 65778 INSERTION OF ASTIGMATISM 682.67 15 65778 INSERTION OF ASTIGMATISM 776.94 15 65780 OCULAR RECONST, TRANSPLANT 776.94 15 65781 OCULAR RECONST, TRANSPLANT 776.94 15 65785 INSERTION OF AMNIOTIC MEMBRANE TO EY 483.29 15 65780 OCULAR RECONST, TRANSPLANT 776.94 15 65781 OCULAR RECONST, TRANSPLANT 776.94 15 65780 DRAINAGE OF EYE 552.64 15 65800 DRAINAGE OF EYE 552.64 15 65810 DRAINAGE OF EYE 883.29 15 65850 INCISION OF EYE EYE SURE 483.29 15 65850 RELIEVE INNER EYE PRESSURE 862.67								
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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			OCULAR RECONST, TRANSPLANT	776.94				
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			OCULAR RECONST, TRANSPLANT	776.94				
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			OCULAR RECONST, TRANSPLANT	776.94		х		
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			IMPLANTATION OF INTRASTROMAL CORNEAL					
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 65820 RELIEVE INNER EYE PRESSURE 360.84 15 65850 INCISION OF EYE 682.67 15 65855 LASER TRABECULOPLASTY-1/MORE 682.67								
15 65850 INCISION OF EYE 682.67 15 65855 LASER TRABECULOPLASTY-1/MORE 682.67			DRAINAGE OF EYE					
15 65855 LASER TRABECULOPLASTY-1/MORE 682.67			RELIEVE INNER EYE PRESSURE					
1E GEOGO CEMENTAL ADMENICANO OF ANIMEDIAN CEOM 402 20			INCISION OF EYE	682.67				
15 65860 SEVERING ADHENSIONS OF ANTERIOR SEGM 483.29 15 65865 INCISE INNER EYE ADHESIONS 360.84								
15 65865 INCISE INNER EYE ADHESIONS 360.84			SEVERING ADHENSIONS OF ANTERIOR SEGM	483.29				
			INCISE INNER EYE ADHESIONS	360.84				
15 65870 INCISE INNER EYE ADHESIONS 682.67			INCISE INNER EYE ADHESIONS	682.67				
15 65875 INCISE INNER EYE ADHESIONS 682.67			INCISE INNER EYE ADHESIONS	682.67				
15 65880 INCISE INNER EYE ADHESIONS 682.67			INCISE INNER EYE ADHESIONS	682.67				
15 65900 REMOVE EYE LESION 776.94			REMOVE EYE LESION	776.94				
15 65920 REMOVE IMPLANT OF EYE 1,078.18			REMOVE IMPLANT OF EYE	1,078.18				
15 65930 REMOVE BLOOD CLOT FROM EYE 776.94			REMOVE BLOOD CLOT FROM EYE	776.94				
			INJECTION TREATMENT OF EYE	360.84				
15 66020 INJECTION TREATMENT OF EYE 360.84	15	66030	INJECTION TREATMENT OF EYE	360.84				
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 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 66130 REMOVE EYE LESION 1,078.18 15 66150 GLAUCOMA SURGERY 682.67	15	66155	GLAUCOMA SURGERY	682.67				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION GLAUCOMA SURGERY GLAUCOMA SURGERY INCLSION OF EYE	FEE	MIN-MAX	REV	SEX	OVERS
15	66160	GLAUCOMA SURGERY	483.29				
15	66170	GLAUCOMA SURGERY	682.67				
15	66172	INCISION OF EYE	682.67				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	682.67				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	682.67				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	776.94				
15	66180	IMPLANT EYE SHUNT	776.94				
15	66183	Insertion of eye fluid drainage devi	776.94				
15	66184	DELITATION OF ACCIDENCE CHINE TO EVEDAGE	402 20				
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	552.64 552.64				
15	66625	REMOVAL OF IRIS	552.64				
15	66630	REVISION OF AQUEOUS SHORT TO EXTRACE REVISE EYE SHUNT REPAIR/GRAFT EYE LESION FOLLOW-UP SURGERY OF EYE INCISION OF IRIS INCISION OF IRIS REMOVE IRIS AND LESION REMOVAL OF IRIS REPAIR IRIS & CILIARY BODY REPAIR IRIS & CILIARY BODY	552.64 552.64				
15	66635	REMOVAL OF IRIS	552.64				
15	66680	REPAIR IRIS & CILIARY BODY	552.64 552.64				
15	66682	REPAIR IRIS & CILIARY BODY	483.29				
15	66700	DESTRUCTION, CILIARY BODY	483.29 483.29				
15	66710	REPAIR IRIS & CILIARY BODY REPAIR IRIS & CILIARY BODY DESTRUCTION, CILIARY BODY CILIARY ENDOSCOPIC ABLATION DESTRUCTION, CILIARY BODY DESTRUCTION, CILIARY BODY REVISION OF IRIS INCISION OF LENS LESION	483.29				
15	66711	CILIARY ENDOSCOPIC ABLATION	483.29 483.29				
15	66720	DESTRUCTION, CILIARY BODY	483.29 483.29				
15	66740	DESTRUCTION, CILIARY BODY	483.29				
15	66761	REVISION OF IRIS	483.29 483.29				
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	AFTER CATARACT LASER SURGERY REPOSITION INTRAOCULAR LENS REMOVAL OF LENS LESION REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL EXTRACTION OF LENS EXTRACTION OF LENS EXTRACTION OF LENS EXTRACTION OF LENS CATARACT SURGERY, COMPLEX CATARACT SURG W/IOL. 1 STAGE	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	891.80 891.80				
15	66985	CATARACT SURGERY, COMPLEX CATARACT SURG W/IOL, 1 STAGE CATARACT SURG W/IOL, I STAGE INSERT LENS PROSTHESIS EXCHANGE LENS PROSTHESIS	732.51 732.51				
15	66986	EXCHANGE LENS PROSTHESIS	732.51				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,078.18				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH EXTRACAPSULAR CATARACT REMOVAL WITH	1,078.18				
15	66989	COMPLEX EXTRACAPSULAR REMOVAL OF CAT	1,078.18				
15	66991	EXTRACAPSULAR REMOVAL OF CATARACT WI	1,078.18				
			-				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3 DESCRIPTION EYE SURGERY PROCEDURE	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66999	EYE SURGERY PROCEDURE	MP		х		
15	67005						
15	67010	PARTIAL REMOVAL OF EYE FLUID RELEASE OF EYE FLUID REPLACE EYE FLUID IMPLANT EYE DRUG SYSTEM	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	INTRAVITREAL INJ PHARMACOLOGIC AGENT INCISE INNER EYE STRANDS LASER SURGERY, EYE STRANDS REMOVAL OF INNER EYE FLUID LASER TREATMENT OF RETINA LASER TREATMENT OF RETINA VIT FOR MACULAR HOLE REPAIR DETACHED RETINA PHOTOCOAGULATION/DETACHED RET REPAIR DETACHED RETINA REPAIR DETACHED RETINA REPAIR DETACHED RETINA REPAIR RETINAL DETACH, CPLX RELEASE ENCIRCLING MATERIAL REMOVE EYE IMPLANT MATERIAL TREATMENT OF RETINA TREAT RETINAL DETACH, PHOTOCOAGULATIO	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	TREAT RETINAL DETACH, PHOTOCOAGULATIO DEST.LOC.RETINAL LESION; PHOTOCOAGUL	776.94				
15	67218	TREATMENT OF RETINAL LESTON	776.94				
15	67220	TREAT CHOROID LESION	360.84				
15	67227	TREATMENT OF RETINAL LESION TREAT CHOROID LESION TREATMENT OF RETINAL LESION DESTROY RETINOPATHY; PHOTOCOAGULATION	360.84				
15	67228	DESTROY RETINOPATHY: PHOTOCOAGULATION	360.84				
15	67250	REINFORCE EYE WALL	552 64				
15	67255	REINFORCE/GRAFT EYE WALL	552.61				
15	67299	EVE SUBCERY PROCEDURE	MD		x		
15	67311	REVISE EYE MUSCLE	552 64				
15	67312	REVISE TWO EYE MUSCLES	682 67				
15	67314	REVISE EVE MUSCLE	682 67				
15	67316	REVISE TWO EVE MUSCLES	682 67				
15	67318	DEVICE EVE MUCCIE (C)	682 67				
15	67320	DEVICE EVE MUSCLE(S)	682.67				
15	67331	EVE SUBCERV FOLLOW-UP ADD-ON	682 67				
15	67332	DEDENTER EVE MIGCIES ADD-ON	682 67				
15	67334	DEVICE EVE MUCCIE W/CUMUDE	602.67				
15	67335	DESTROY RETINOPATHY; PHOTOCOAGULATION REINFORCE EYE WALL REINFORCE/GRAFT EYE WALL EYE SURGERY PROCEDURE REVISE EYE MUSCLE REVISE TWO EYE MUSCLES REVISE EYE MUSCLE REVISE EYE MUSCLES REVISE EYE MUSCLE(S) REVISE EYE MUSCLES REVISE EYE MUSCLES REVISE EYE MUSCLES REVISE EYE MUSCLES ADD-ON REREVISE EYE MUSCLE W/SUTURE EYE SUTURE DURING SURGERY REVISE EYE MUSCLE ADD-ON RELEASE EXTN SCAR TISS W/O DET EXTRA EYE MUSCLE SURGERY PROCEDURE	682 67				
15	67340	DEALCE EAR MIGGIE YOU ON	602.07				
15 15	67343	DELEYGE EAMN GOYD MIGG M/V DEM EAMDY	1 070 10				
15 15	673 4 3 67399	THE MICCIE CUDCEDY DOCCEDUDE	1,078.18 MP		x		
15 15	67400	EYE MUSCLE SURGERY PROCEDURE EXPLORE/BIOPSY EYE SOCKET EXPLORE/DRAIN EYE SOCKET	MP 552 64		А		
		EARLORE/DIAIN EVE COCKER	602.64				
15	67405	EAPLORE/DRAIN EIE SOURET	68∠.6/				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION EXPLORE/TREAT EYE SOCKET EXPLORE/TREAT EYE SOCKET ASPIRATION, ORBITAL CONTENTS EXPLORE/TREAT EYE SOCKET EXPLORE/TREAT EYE SOCKET EXPLORE/DRAIN EYE SOCKET ORBITOTOMY WITH BONE FLAP OR WINDOW	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67412	EXPLORE/TREAT EYE SOCKET	776.94				
15	67413	EXPLORE/TREAT EYE SOCKET	776.94				
15	67415	ASPIRATION, ORBITAL CONTENTS	360.84				
15	67420	EXPLORE/TREAT EYE SOCKET	776.94				
15	67430	EXPLORE/TREAT EYE SOCKET	776.94				
15	67440	EXPLORE/DRAIN EYE SOCKET	776.94				
15	67445		776.94				
15	67450	EXPLORE/BIOPSY EYE SOCKET INJECT/TREAT EYE SOCKET INSERT EYE SOCKET IMPLANT REVISE EYE SOCKET IMPLANT	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	INSERT EYE SOCKET IMPLANT REVISE EYE SOCKET IMPLANT OPTIC NERVE DECOMPRESSION (EG,INICIS	360.84				
15	67599	ORBIT SURGERY PROCEDURE	MP		х		
15	67700	OPTIC NERVE DECOMPRESSION (EG, INICIS ORBIT SURGERY PROCEDURE DRAINAGE OF EYELID ABSCESS INCISION OF EYELID FOLD REMOVE EYELID LESION REMOVE EYELID LESIONS REMOVE EYELID LESIONS REMOVE EYELID LESION(S) BIOPSY OF EYELID REVISE EYELASHES REVISE EYELASHES REVISE EYELASHES REVISE EYELASHES REMOVE EYELID LESION REVISION OF EYELID REVISION OF EYELID REVISION OF EYELID REPAIR BROW DEFECT REPAIR EYELID DEFECT	360.84				
15	67715	INCISION OF EYELID FOLD	360.84 360.84				
15	67800	REMOVE EYELID LESION	360.84				
15	67801	REMOVE EYELID LESIONS	360.84 360.84				
15	67805	REMOVE EYELID LESIONS	360.84				
15	67808	REMOVE EYELID LESION(S)	483.29 360.84				
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 LESTON	483.29 360.84				
15	67880	REVISION OF EYELID	552.64				
15	67882	REVISION OF EYELID	552.64				
15	67900	REPAIR BROW DEFECT	682.67				
15	67901	REPAIR EVELID DEFECT	682.67 776.94				
15	67902	REPAIR EYELID DEFECT	776 94				
15	67903	REPAIR EYELID DEFECT	776.94 682.67				
15	67904	REDATE EVELID DEFECT	682.67				
15	67906	REDATE EVELID DEFECT	776.94				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	682.67				
15	67909	REVISE EYELID DEFECT	682.67				
15	67911						
15	67912	CODDECTION EVELTD W/TMDIANT	552.64 552.64				
15	67914	DEDAID EVELID DEFECT					
15	67914	REPAIR EIGHID DEFECT	552.64 682.67				
15	67917	REPAIR EIGHID DEFECT	682.67				
15		REPAIR EIGHID DEFECT	552.64				
15 15	67921 67923	REPAIR EYELID DEFECT	682.67				
_		REPAIR EYELID DEFECT	682.67				
15	67924	CORRECTION EYELID W/IMPLANT REPAIR EYELID DEFECT REPAIR EYELID WOUND REPAIR EYELID WOUND					
15	67930 67035	KEPAIK EYELID WOUND	483.29				
15	67935	REPAIR EYELID WOUND REMOVE EYELID FOREIGN BODY REVISION OF EYELID	483.29				
15	67938	REMOVE EIELID FOREIGN BODI	360.84				
15	67950	REVISION OF EYELID	483.29				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REVISION OF EYELID REVISION OF EYELID RECONSTRUCTION OF EYELID REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REVISE/GRAFT EYELID LINING	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FFF	MIN-MAX		CEV	OVERS
15	67961	REVISION OF EVELID	552 64	MIN MAX	KEV	SEA	OVERS
15	67966	DEVISION OF EVELID	552.64				
15	67971	DECONOMICATON OF EAST ID	552.04				
15	67973	DECONOMISMON OF EVELTD	552.64				
15	67974	DECONOMISMON OF EVELTD	552.64				
15 15	67975	DECONSTRUCTION OF EVELID	552.64				
15 15	67000	RECONSTRUCTION OF EIGHTD	332.04		x		
15 15	67999	DEMONE EVELID LINING LEGION	MP		A		
15 15	68110	REMOVE EVELID LINING LEGION	402 20				
_	68115	REMOVE EYELID LINING LEGION	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		х		
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	REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REVISE/GRAFT EYELID LINING REVISE EYELID LINING REMOVAL OF TEAR GLAND BIOPSY OF TEAR GLAND REMOVAL OF TEAR GLAND REMOVAL OF TEAR SAC BIOPSY OF TEAR SAC BIOPSY OF TEAR SAC BIOPSY OF TEAR SAC REMOVE TEAR GLAND LESION REPAIR TEAR DUCTS CREATE TEAR DUCTS CREATE TEAR DUCT DRAIN CREATE TEAR DUCT DRAIN CREATE TEAR DUCT DRAIN CREATE TEAR DUCT DRAIN CLOSE TEAR SYSTEM FISTULA PROBE NASOLACRIMAL DUCT PROBE NASOLACRIMAL DUCT PROBE NASOLACRIMAL DUCT TEAR DUCT SYSTEM SURGERY DRAIN EXTERNAL EAR LESION DRAIN EXTERNAL EAR LESION DRAIN OUTER EAR CANAL LESION BIOPSY OF EXTERNAL EAR BIOPSY OF EXTERNAL EAR BIOPSY OF EXTERNAL EAR REMOVE EAR CANAL LESION(S) REMOVE EAR CANAL LESION(S)	360.84				
15	69110	REMOVE EXTERNAL EAR, PARTIAL	360.84				
15	69120	REMOVAL OF EXTERNAL EAR	483.29				
15	69140	REMOVE EAR CANAL LESION(S)	483.29				
15	69145	REMOVE EAR CANAL LESION(S)	483.29				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3 DESCRIPTION	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE 552.64	MIN-MAX	REV	SEX	OVERS
15	69150	EXTENSIVE EAR CANAL SURGERY	552.64				
15	69205	CLEAR OUTER EAR CANAL	360.84				
15	69222	CLEAR OUTER EAR CANAL CLEAN OUT MASTOID CAVITY REVISE EXTERNAL EAR REBUILD OUTER EAR CANAL REBUILD OUTER EAR CANAL OUTER EAR SURGERY PROCEDURE	483.29				
15	69300	REVISE EXTERNAL EAR	552.64 552.64				
15	69310	REBUILD OUTER EAR CANAL	552.64				
15	69320	REBUILD OUTER EAR CANAL	1,078.18				
15	69399	OUTER EAR SURGERY PROCEDURE	MP		Х		
15	69420	INCISION OF EARDRUM INCISION OF EARDRUM	552.64 552.64 1,078.18 MP 483.29				
15	69421	INCISION OF EARDRUM	552.64				
15	69424	TNCTSTON: VENTTIAT THE DEMOV/HNTLAT	360.84				
15	69433	INCISION; VENTILAT TUBE REMOV/UNILAT OFFICE TYMPANOSTOMY, UNILAT	552.64				
15	69436	CREATE EARDRUM OPENING	552.64				
15	69440	OFFICE TYMPANOSTOMY, UNILAT CREATE EARDRUM OPENING EXPLORATION OF MIDDLE EAR EARDRUM REVISION MASTOIDECTOMY MASTOIDECTOMY	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	EVERNATIVE MACHOTE GUDGERY	1 070 10				
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	EXTENSIVE MASTOID SURGERY EXTENSIVE MASTOID SURGERY REMOVE EAR LESION REMOVE EAR LESION MASTOID SURGERY REVISION REPAIR EARDRUM REPAIR EARDRUM REPAIR OF EARDRUM REPAIR EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES	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 EARDRIM	483 29				
15	69631	REPAIR EARDRIM STRUCTURES	776 94				
15	69632	REBUILD EARDRUM STRUCTURES	776 94				
15	69633	REBUILD EARDRUM STRUCTURES	776.94 776.94 776.94				
15	69635	REPAIR EARDRUM STRUCTURES	1,078.18				
15	69636	DEBITIO FADODIM CODICORDES	1,078.18				
15	69637	REBUILD EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES REVISE MIDDLE EAR & MASTOID REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69641	DEVICE MIDDLE FAD (MACTORES	1,078.18				
15	69642	REVISE MIDDLE EAR & MASTOID	1,078.18				
15	69643	REVISE MIDDLE EAR & MASIOID	1,078.18				
15	69644	REVISE MIDDLE EAR & MASTOID REVISE MIDDLE EAR & MASTOID	1,078.18				
15		REVISE MIDDLE EAR & MASTOID	1,070.10				
15	69645	REVISE MIDDLE EAR & MASTOID	1,070.10				
15 15	69646 69650	REVISE MIDDLE EAR & MASTOID	1,078.18				
_		RELEASE MIDDLE EAR BONE	776.18				
15	69660	REVISE MIDDLE EAR & MASTOID REVISE MIDDLE EAR & MASTOID RELEASE MIDDLE EAR BONE REVISE MIDDLE EAR BONE REPAIR MIDDLE EAR STRUCTURES REPAIR MIDDLE EAR STRUCTURES	776.94				
15	69661	REVISE MIDDLE EAR BONE	776.94				
15	69662	KEVISE MIDDLE EAK BONE	776.94				
15	69666	REPAIR MIDDLE EAR STRUCTURES	682.67				
15	69667	REPAIR MIDDLE EAR STRUCTURES	682.67				

LAM5M131 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A3
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE		FEE	MIN-MAX	REV	SEX	OVERS
15	69670	REMOVE MASTOID AIR CELLS	552.64				
15	69676	REMOVE MIDDLE EAR NERVE	552.64				
15	69700	CLOSE MASTOID FISTULA	552.64				
15	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,078.18				
15	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,078.18				
15	69711	REMOVE/REPAIR HEARING AID IMPLANT TEMPLE BONE W/STIMUL	360.84				
15	69714	IMPLANT TEMPLE BONE W/STIMUL	1,450.94				
15	69716						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 REMOVAL OF COCHLEAR STIMULATING SYST	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		х		
15	69801	MIDDLE EAR SURGERY PROCEDURE 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		х		
15	69979	TEMPORAL BONE SURGERY	MP		x		
15	69990	MICROSURGERY ADD-ON	360.84				
15	92018	EYE EXAM W/ANESTHESTA-COMPLETE	360.84				
15	92019	EYE EXAM W/ANESTHESIA-LIMITED	360.84				

EXHIBIT 99

Louisiana Medicaid Hospital Ambulatory Surgery Fee Schedule: Rural Hospitals (Effective Jan. 1, 2025) #: 1741

RF-0-76A

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: 22 NO: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE:

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025
LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you

need further clarification of an item, please call Gainwell Technologies Provider Relations at 1-800-473-2783.

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

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

- 15 Outpatient Ambulatory Surgical Services.
- COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with MP are manually priced after Medical Review.
- COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
- COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments, manual pricing, or to confirm Prior authorization by the surgeon.
- COLUMN 7. SEX (Restriction): Some procedure codes are indicated for only one sex.

#: 1742

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 2

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	G0105	COLORECTAL SCRN; HI RISK IND	468.30				
15	G0121	COLON CA SCRN; NOT HIGH RSK IN	468.30				
15	G0260	INJ FOR SACROILIAC JT ANESTH	349.65				
15	G0330	FACILITY SERVICES FOR DENTAL REHABIL	752.85				
15	S2411	FETOSCOPIC LASER THERAPY TWIN-T-TWIN 1	.405.95	10 60		F	
15	10030	COLON CA SCRN; HI RISK IN COLON CA SCRN; NOT HIGH RSK IN INJ FOR SACROILIAC JT ANESTH FACILITY SERVICES FOR DENTAL REHABIL FETOSCOPIC LASER THERAPY TWIN-T-TWIN FLUID COLLECTION DRAINAGE BY CATHETE	349.65				
15	10060	DRAINAGE OF SKIN ABSSCESS					
15	10061	DRAIN SKIN ABSCESS COMPLICATED	349.65				
15	10080		349.65				
15	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST					
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	INCISE/DRAIN COMPLICA PILONIDAL CYST SIMPLE REMOVAL FOREIGN BOCY REMOVE FOREIGN BODY INCISE/DRAIN SIMPLE HEMATOMA PUNCTURE DRAINAGE OF LESION COMPLEX DRAINAGE, WOUND DEBRIDE SKIN, FX DEBRIDE SKIN/MUSCLE, FX DEBRIDE SKIN/MUSCLE/BONE, FX DEBRIDE SKIN/TISSUE DEBRIDE TISSUE/MUSCLE DEBRIDE TISSUE/MUSCLE/BONE EXCISE BENIGN LESION TO 0.5 CM EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 2 CM	349.65				
15	11402	EXCISE BENIGN LESION 1.1 TO 2 CM	349.65				
15	11403	EXCISE BENIGN LESION 1.1 TO 2 CM EXCISE BENIGN LESION 2.1 TO 3 CM	349.65				
15	11404	REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISE BENIGN LESION TO 0.5 CM	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	EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 2CM EXCISE BENIGN LESION 2.1 TO 3CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISE BENIGN LESION TO 0.5 CM EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 2 CM EXCISE BENIGN LESION 2.1 TO 3CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION 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 0.6 TO 1CM EXCISE MALIGNANCY 1.1 TO 2CM	468.30				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 3

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

COLUMN:

1	2	DESCRIPTION EXCISE MALIGNANCY 2.1 TO 3CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISE MALIGNANCY 1.1 TO 2 CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXC FACE MM MALIG + MAG 0.5< EXC FACE -MM-MALIG + MAG 0.5< EXC FACE-MM-MALIG + MAG 0.6-1 EXCISE MALIGNANCY 1.1 TO 2CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISION NAIL & NAIL MATRIX BIOPSY OF NAIL UNIT, ANY METHOD (EG, REMOVAL OF PILONIDAL LESION REMOVAL OF PILONIDAL LESION REMOVAL OF PILONIDAL LESION TATOOING; 6 SQ CM OR LESS TATOOING; 6.1 TO 20 SQ CM INSERT TISSUE EXPANDER(S) REPLACE TISSUE EXPANDER(S) RIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR 7.6 TO 12.5 CM REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) SIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR TO 7.5 CM SIMPLE WOUND REPAIR TO 7.5 CM SIMPLE WOUND REPAIR 7.6 TO 12.5 CM REPAIR SUPERFICIAL WOUND(S) REPAIR OF WOUND (2.5 CENTIMETERS OR REPAIR OF WOUND (2.6 TO 7.5 CENTIMET REPAIR OF WOUND (7.6 TO 12.5 CENTIME REPAIR OF WOUND (7.6 TO 12.5 CENTIME	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	468.30				
15	11604	REMOVAL OF SKIN LESION	468.30				
15	11606	REMOVAL OF SKIN LESION	468.30				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	468.30				
15	11624	REMOVAL OF SKIN LESION	468.30				
15	11626	REMOVAL OF SKIN LESION	468.30				
15	11640	EXC FACE MM MALIG + MAG 0.5<	468.30				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	468.30				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	468.30				
15	11644	REMOVAL OF SKIN LESION	468.30				
15	11646	REMOVAL OF SKIN LESION	468.30				
15	11750	EXCISION NAIL & NAIL MATRIX	349.65				
15	11755	BIOPSY OF NAIL UNIT. ANY METHOD (EG.	349.65				
15	11770	REMOVAL OF PILONIDAL LESION	535.50				
15	11771	REMOVAL OF PILONIDAL LESION	535.50				
15	11772	REMOVAL OF PILONIDAL LESION	535.50				
15	11920	TATOOING: 6 SO CM OR LESS	349.65		х		
15	11921	TATOOING: 6.1 TO 20 SO CM	349.65		х		
15	11960	INSERT TISSUE EXPANDER(S)	468.30				
15	11970	REPLACE TISSUE EXPANDER	535.50		х		
15	11971	REMOVE TISSUE EXPANDER(S)	349.65		х		
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 REPAIR OF WOUND (12.6 TO 20.0 CENTIM	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 (20.1 TO 30.0 CENTIM 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 WOUND TO 2.5 CM LAYER CLOSURE 2.6 TO 7.5 CM LAYER CLOSURE OF WOUND(S) LAYER CLOSURE OF WOUND(S) LAYER CLOSURE OF WOUND(S)	468.30				

#: 1744

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 4

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1 2 3 4 5 6 7 8 15 OODE DESCRIPTION FEE MIN-MAX REV SEX OVERS 15 12047 LAYER CLOSURE 0 F WOUND (S) 466 30 15 12051 LAYER CLOSURE 2.6 TO 7.8 CM 349.65 15 12052 LAYER CLOSURE 2.6 TO 5 CM 349.65 15 12053 LAYER CLOSURE 2.6 TO 5 CM 349.65 15 12053 LAYER CLOSURE 0 F WOUND (S) 468 30 15 12055 LAYER CLOSURE 0 F WOUND (S) 468 30 15 12055 LAYER CLOSURE 0 F WOUND (S) 468 30 15 12056 LAYER CLOSURE 0 F WOUND (S) 468 30 15 12056 LAYER CLOSURE 0 F WOUND (S) 468 30 15 12057 LAYER CLOSURE 0 F WOUND (S) 468 30 15 13100 REPAIR O F WOUND OR LESION 468 30 15 13101 REPAIR O F WOUND OR LESION 468 30 15 13102 REPAIR OF WOUND OR LESION 468 30 15 13112 REPAIR OF WOUND OR LESION 555 50 15 13122 REPAIR WOUND/LESION ADD-ON 555 50 15 13132 REPAIR WOUND/LESION ADD-ON 535 50 15 13132 REPAIR OF WOUND OR LESION 535 50 15 13132 REPAIR OF WOUND OR LESION 535 50 15 13132 REPAIR OF WOUND OR LESION 535 50 15 13132 REPAIR OF WOUND OR LESION 535 50 15 13133 REPAIR WOUND/LESION ADD-ON 535 50 15 13135 REPAIR OF WOUND OR LESION 535 50 15 13135 REPAIR OF WOUND OR LESION 535 50 15 13151 REPAIR OF WOUND OR LESION 535 50 15 13153 REPAIR WOUND/LESION ADD-ON 535 50 15 13153 REPAIR WOUND/LESION DD-ON 535 50 15 13153 REPAIR WOUND/LESION DD-ON 535 50 15 13153 REPAIR WOUND/LESION DD-ON 535 50 15 13160 LATE CLOSURE OF WOUND OR LESION 535 50 15 13160 LATE CLOSURE OF WOUND OR LESION 535 50 15 13160 LATE CLOSURE OF WOUND OR LESION 535 50 15 14001 SKIN TISSUE REARRANGEMENT 535 50 15 15 15 100 SKIN SPLIT GRAFT TAUN-KARM/LEG 468 30 15 15 15 15 0 DEPM AUTOGRAFT TRUN-KARM/LEG 468 30 15 15 15 15 0 DEPM AUTOGRAFT TRUN-KARM/LEG 468 30 15 15 15 15 0 DEPM AUTOGRAFT TRUN-KARM/LEG 468 30 15 15	_	_		_	_	_	_	_
TS	1	2	3	4	5 AGE	6 MED	7	8 x-
15	TS	CODE	DESCRIPTION	яяя			SEX	
15 12051 LAYER CLOSURE 2.6 TO 7.5 CM 349.65 15 12052 LAYER CLOSURE 5.1 TO 7.5 M 349.65 15 12053 LAYER CLOSURE 5.1 TO 7.5 349.65 15 12054 LAYER CLOSURE 0F WOUND(S) 468.30 15 12055 LAYER CLOSURE 0F WOUND(S) 468.30 15 12056 LAYER CLOSURE 0F WOUND(S) 468.30 15 12057 LAYER CLOSURE 0F WOUND(S) 468.30 15 12057 LAYER CLOSURE 0F 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 OF WOUND OR LESION 535.50 15 13120 REPAIR OF WOUND OR LESION 468.30 15 13121 REPAIR OF WOUND OR LESION 535.50 15 13122 REPAIR OF WOUND OR LESION 535.50 15 13132 REPAIR OF WOUND OR LESION 535.50 15 13131 REPAIR OF WOUND OR LESION 535.50 15 13131 REPAIR OF WOUND OR LESION 535.50 15 13132 REPAIR OF WOUND OR LESION 535.50 15 13131 REPAIR OF WOUND OR LESION 535.50 15 13133 REPAIR WOUND/LESION ADD-ON 535.50 15 13135 REPAIR OF WOUND OR LESION 535.50 15 13135 REPAIR OF WOUND OR LESION 535.50 15 13151 REPAIR OF WOUND OR LESION 535.50 15 13153 REPAIR OF WOUND OR LESION 535.50 15 13153 REPAIR WOUND/LESION ADD-ON 535.50 15 13160 LAYER CLOSURE OF WOUND OR LESION 535.50 15 13160 LAYER CLOSURE OF WOUND OR LESION 535.50 15 13160 LAYER CLOSURE OF WOUND ADD-ON 535.50 15 13160 LAYER CLOSURE OF WOUND OR LESION 535.50 15 13160 LAYER CLOSURE OF WOUND SAD.50 15 14000 SKIN TISSUE REARRANGEMENT 535.50 15 14001 SKIN TISSUE REARRANGEMENT 535.50 15 15 15 10 EPIDRM AUTOGRAFT THUNK/ARM/LEG 468.30 15 15 15 15 10 EPIDRM AUTOGRAFT TA/L ADD-ON 535.50 15 15 15 15 15 EPIDRM A-GRET FA/N/HF/G 468.30 15 15 15 15 15 EPIDRM A-GRET TA/L ADD-ON 536.50 1							02	OVERS
15	_							
15								
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15 14000 SKIN TISSUE REARRANGEMENT 535.50 15 14021 SKIN TISSUE REARRANGEMENT 535.50 15 14021 SKIN TISSUE REARRANGEMENT 535.50 15 14040 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 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 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 468.30 15 15101 EPIDRM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15110 EPIDRM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15111 DPIDRM AUTOGRAFT TAJ/L ADD-ON 349.65 15 15116 EPIDRM A-GRFT FACE/NCK/HF/G 468.30 15 15120 SKIN SPLIT GRAFT 468.30 15 15115 SKIN SPLIT GRAFT 40D-ON 349.65 15 15116 EPIDRM A-GRFT FACE/NCK/HF/G 468.30 15 15117 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15118 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15110 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15131 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 151535 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15131 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15135 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15136 DERM AUTOGRAFT TRUNK/ARM/LEG 468.30		13152	REPAIR OF WOUND OR LESION					
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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 AUTOGRAFT TRUNK/ARM/LEG 468.30 15 15115 EPIDRM A-GRFT FACE/NCK/HF/G 468.30 15 15116 EPIDRM A-GRFT FACE/NCK/HF/G 468.30 15 15116 EPIDRM A-GRFT FACE/NCK/HF/G 468.30 15 15120 SKIN SPLIT GRAFT 40D-ON 535.50 15 15121 SKIN SPLIT GRAFT 468.30 15 15131 DERM AUTOGRAFT, TRNK/ARM/LEG 468.30 15 15131 DERM AUTOGRAFT T/A/L ADD-ON 349.65 15 15131 DERM AUTOGRAFT TRNK/ARM/LEG 468.30 15 15131 DERM AUTOGRAFT TRNK/ARM/LEG 468.30 15 15135 DERM AUTOGRAFT FACE/NCK/HF/G 468.30 15 15136 DERM AUTOGRAFT, F/N/HF/G ADD 349.65								
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15								
15	15	15040		468.30				
15	_	15050		468.30				
15	15	15100	SKIN SPLIT GRAFT	468.30				
15	15	15101						
15	15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	468.30				
15	15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	349.65				
15	15	15115		468.30				
15	15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	349.65				
15	15	15120	SKIN SPLIT GRAFT	468.30				
15 15135 DERM AUTOGRAFT FACE/NCK/HF/G 468.30 15 15136 DERM AUTOGRAFT, F/N/HF/G ADD 349.65	15	15121	SKIN SPLIT GRAFT ADD-ON	535.50				
15 15135 DERM AUTOGRAFT FACE/NCK/HF/G 468.30 15 15136 DERM AUTOGRAFT, F/N/HF/G ADD 349.65	15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	468.30				
15 15135 DERM AUTOGRAFT FACE/NCK/HF/G 468.30 15 15136 DERM AUTOGRAFT, F/N/HF/G ADD 349.65	15	15131	DERM AUTOGRAFT T/A/L ADD-ON	349.65				
	15	15135	DERM AUTOGRAFT FACE/NCK/HF/G	468.30				
15 15150 TISSUE CULTURED SKIN AUTOGRAFT, TRUN 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 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 5

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		x -
TS	CODE 15151	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	349.65				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN TISSUE CULTURED SKIN AUTOGRAFT, FACE TISSUE CULTURED SKIN AUTOGRAFT, FACE TISSUE CULTURED SKIN AUTOGRAFT, FACE	349.65				
15	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	468.30				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	349.65				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	349.65				
15	15200	SKIN FULL GRAFT	535.50				
15	15201	SKIN FULL GRAFT ADD-ON	468.30				
15	15220	SKIN FULL GRAFT	468.30				
15	15221	SKIN FULL GRAFT ADD-ON	468.30				
15	15240	SKIN FULL GRAFT	535.50				
15	15241	SKIN FULL GRAFT ADD-ON	535.50				
15	15260	SKIN FULL GRAFT	468.30				
15	15261	SKIN FULL GRAFT ADD-ON	468.30				
15	15570	FORM SKIN PEDICLE FLAP	535.50				
15	15572	FORM SKIN PEDICLE FLAP	535.50				
15	15574	FORM SKIN PEDICLE FLAP	535.50				
15	15576	FORM SKIN PEDICLE FLAP	535.50				
15	15600	TISSUE CULTURED SKIN AUTOGRAFT, FACE SKIN FULL GRAFT SKIN FULL GRAFT ADD-ON SKIN FULL GRAFT ADD-ON SKIN FULL GRAFT SKIN FULL GRAFT ADD-ON SKIN FULL GRAFT SKIN FULL GRAFT ADD-ON SKIN FULL GRAFT ADD-ON FORM SKIN PEDICLE FLAP SKIN GRAFT SKIN GRAFT SKIN GRAFT SKIN GRAFT TRANSFER SKIN PEDICLE FLAP	535.50				
15	15610	SKIN GRAFT	535.50				
15	15620	SKIN GRAFT	661.50				
15	15630	SKIN GRAFT	535.50				
15	15650	TRANSFER SKIN PEDICLE FLAP	752.85				
15	15730						
15	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	535.50				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	535.50				
15	15736	MUSCLE-SKIN GRAFT, ARM	535.50				
15	15738	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN MUSCLE-SKIN GRAFT, TRUNK MUSCLE-SKIN GRAFT, ARM MUSCLE-SKIN GRAFT, LEG ISLAND PEDICLE FLAP GRAFT NEUROVASCULAR PEDICLE GRAFT COMPOSITE SKIN GRAFT	535.50				
15	15740	ISLAND PEDICLE FLAP GRAFT	468.30				
15	15750	NEUROVASCULAR PEDICLE GRAFT	468.30				
15	15760	COMPOSITE SKIN GRAFT	468.30				
15	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE	232.20				
15	15770	DERMA-FAT-FASCIA GRAFT	535.50				
15	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15772	DERMA-FAT-FASCIA GRAFT GRAFTING OF AUTOLOGOUS FAT HARVESTED GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED GRAFTING OF AUTOLOGOUS FAT HARVESTED	535.50				
15	15820	REVISION OF LOWER EYELID REVISION OF LOWER EYELID REVISION OF UPPER EYELID REVISION OF UPPER EYELID REVISION OF UPPER EYELID	535.50		x		
15	15821	REVISION OF LOWER EYELID	535.50		x		
15	15822	REVISION OF UPPER EYELID	535.50		x		
15	15823	REVISION OF UPPER EYELID	752.85		х		
15	15840	GRAFT FOR FACE NERVE PALSY GRAFT FOR FACE NERVE PALSY	661.50				
15	15841	GRAFT FOR FACE NERVE PALSY	661.50				
15	15842		661.50				
15	15845	SKIN AND MUSCLE REPAIR, FACE	661.50				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	349.65				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT	349.65				
15	15860 15920	REMOVAL OF TAIL BONE ULCER	535.50				
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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 6

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15922	REMOVAL OF TAIL BONE ULCER	661.50				
15	15931	REMOVE SACRUM PRESSURE SORE	535.50				
15	15933	REMOVE SACRUM PRESSURE SORE	535.50				
15	15934	REMOVE SACRUM PRESSURE SORE	535.50				
15	15935	REMOVE SACRUM PRESSURE SORE	661.50				
15	15936	REMOVE SACRUM PRESSURE SORE	661.50				
15	15937	REMOVE SACRUM PRESSURE SORE	661.50				
15	15940	REMOVE HIP PRESSURE SORE	535.50				
15	15941	REMOVE HIP PRESSURE SORE	535.50				
15	15944	REMOVE HIP PRESSURE SORE	535.50				
15	15945	REMOVE HIP PRESSURE SORE	661.50				
15	15946	REMOVE HIP PRESSURE SORE	661.50				
15	15946	REMOVE HIP PRESSURE SORE	535.50				
15 15	15951	REMOVE THIGH PRESSURE SORE	661.50				
	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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 7

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

COLUMN:

1	2	3	4	5		6	7	8
	~~-			AGE		MED		X-
TS	CODE	DESCRIPTION	FEE	MIN	-MAX	REV	SEX	OVERS
15	19287	Placement of breast localization dev	349.65					
15	19288	PLACEMENT OF BREAST LOCALIZATION DEV	349.65					
15	19296	PLACE PO BREAST CATH FOR RAD	349.65					
15	19297	PLACE BREAST CATH FOR RAD	349.65					
15	19298	PLACE BREAST RAD TUBE/CATHS	349.65					
15	19300	MASTECTOMY FOR GYNECOMASTIA	661.50				M	
15	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	535.50					
15	19302		1,044.75					
15	19303	MASTECTOMY, SIMPLE, COMPLETE	661.50					
15	19307	•	1,044.75					
15	19316	MASTOPEXY	661.50			X	F	
15	19318	REDUCTION OF LARGE BREAST		18	99	X		
15	19325	MAMMAPLASTY WITH PROSTHETIC	661.50			X	F	
15	19328	REMOVAL OF BREAST IMPLANT	349.65			X	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	349.65					
15	19340	IMMEDIATE BREAST PROSTHESIS	468.30			X	F	
15	19342	DELAYED BREAST PROSTHESIS	535.50			X	F	
15	19350	NIPPLE/AREOLA RECONSTRUCTION	661.50			X		
15	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	752.85			X	F	
15	19370	SURGERY OF BREAST CAPSULE	661.50			X		
15	19371	REMOVAL OF BREAST CAPSULE	661.50			X		
15	19380	REVISE BREAST RECONSTRUCTION	752.85			X		
15	19499	BREAST SURGERY PROCEDURE EXPLORE WOUND, NECK EXPLORE WOUND, CHEST EXPLORE WOUND, ABDOMEN EXPLORE WOUND, EXTREMITY MUSCLE BIOPSY DEEP MUSCLE BIOPSY	MP			X		
15	20100	EXPLORE WOUND, NECK	535.50					
15	20101	EXPLORE WOUND, CHEST	535.50					
15	20102	EXPLORE WOUND, ABDOMEN	535.50					
15	20103	EXPLORE WOUND, EXTREMITY	535.50					
15	20200	MUSCLE BIOPSY	468.30					
15	20205	DEEP MUSCLE BIOPSY	535.50					
15	20206	NEEDLE BIOPSY, MUSCLE	349.65					
15	20220	BONE BIOPSY, TROCAR/NEEDLE	349.65					
15	20225	BONE BIOPSY, TROCAR/NEEDLE	468.30					
15	20240	BONE BIOPSY, EXCISIONAL	468.30					
15	20245	BONE BIOPSY, EXCISIONAL	535.50					
15	20250	OPEN BONE BIOPSY	535.50					
15	20251	OPEN BONE BIOPSY	535.50					
15	20500	INJECT SINUS TRACT, THERAPEUTCI	349.65					
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	349.65					
15	20520	REMOVE FOREGIN BODY; SIMPLE	349.65					
15	20525	REMOVAL OF FOREIGN BODY	535.50					
15	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	349.65					
15	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	349.65					
15	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	349.65					
15	20612	ASPIRATE/INJ GANGLION CYST	349.65					
15	20615	ASPIRATE/INJECTION-BONE CYST	349.65					
15	20650	INSERT AND REMOVE BONE PIN	535.50					
15	20660	APPLY TONGS OR CALIPERAND REMOVE	349.65	00	00			
			_					

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 8

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

COLUMN:

1	2	3	4	5	6	7	8
-	_		-	AGE	MED	,	x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	20662	DESCRIPTION APPLY HALO; PELVIC APPLY HALO; FEMORAL REMOVE HALO OR TONGS BY OTHER MD	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	REMOVAL OF SUPPORT IMPLANT REMOVAL OF SUPPORT IMPLANT APPLY BONE FIXATION DEVICE 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	APPLY BONE FIXATION DEVICE ADJUST BONE FIXATION DEVICE REMOVE BONE FIXATION DEVICE REMOVAL OF BONE FOR GRAFT REMOVAL OF BONE FOR GRAFT REMOVE CARTILAGE FOR GRAFT	535.50				
15	20912	REMOVAL OF BONE FOR GRAFT REMOVAL OF BONE FOR GRAFT REMOVE CARTILAGE FOR GRAFT REMOVE CARTILAGE FOR GRAFT REMOVAL OF FASCIA FOR GRAFT REMOVAL OF FASCIA FOR GRAFT REMOVAL OF TENDON FOR GRAFT SPINAL BONE ALLOGRAFT ALLO	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					
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	349.65				
15	20936	SPINAL BONE AUTOGRAFT	349.65				
15	20950	MONITOR INTERSTITAL FLUID	349.65				
15	20975	ELECTRICAL BONE STIMULATION	468.30				
15	20983	ARTATTOM THERADY FOR DEDITOTION OF FR	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) CONTOUR OF FACE BONE LESION	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 REMOVAL OF JAW BONE LESION	468.30				
15	21046	EXCISION, BENIGN TUMOR, MANDIB	468.30				
15	21047	EXCISION, BENIGN TUMOR, MANDIB EXCISION, BENIGN TUMOR, MANDIB	468.30				
15	21048		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 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 9

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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 SUP-LAT ORB RIM & LOW FOREHEAD 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 1,044.75				
15	21267	REVISE EYE SOCKETS	1,044.75				
15	21270	AUGMENTATION, CHEEK BONE	752.85				
15	21275	AUGMENTATION, CHEEK BONE REVISION, ORBITOFACIAL BONES REVISION OF EYELID	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 RECONST LWR JAW W/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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 10

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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 NASAL SEPTAL FRACTURE TREAT NASOETHMOID FRACTURE	661.50				
15	21339	TREAT NASOETHMOID FRACTURE	752.85				
15	21340	TREATMENT OF NOSE FRACTURE	661.50 468.30 661.50 752.85 661.50				
15	21345	TREAT NOSE/JAW FRACTURE	1,044.75				
15	21346	TREAT NASOETHMOID FRACTURE TREATMENT OF NOSE FRACTURE TREAT NOSE/JAW FRACTURE OPEN TREATMENT NASOMAXILLARY FX TREAT CHEEK BONE FRACTURE	752.85				
15	21355	TREAT CHEEK BONE FRACTURE	535.50				
15	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	535.50				
15	21385	OPEN TREATMENT OF DEPRESSED ZYGOMATI TREAT ORBITAL FX; TRANSANTRAL TREAT ORBITAL FX; PERIORBITAL TREAT ORBITAL FX; COMBINATION TREAT ORBITAL WITH IMPLANT	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 ORBITAL FX; COMBINATION TREAT ORBITAL WITH IMPLANT TREAT ORBITAL FX WITH BONE GRAFT TREAT EYE SOCKET FRACTURE TREAT EYE SOCKET FRACTURE TREAT OPEN FX OF ORBIT W/O IMPLANT	535 50				
15	21406	TREAT ODEN BY OF ORRIT W/O IMPLANT	661 50				
15	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	661.50				
15	21408	OPEN TREATMENT OF FRACTURE OF ORBIT					
15	21421	TREAT MOUTH ROOF FRACTURE	661.50				
15	21440		E0E E0				
15	21445	TREAT DENTAL RIDGE FRACTURE TREAT DENTAL RIDGE FRACTURE TREAT LOWER JAW FRACTURE TREAT COMPLICATED MANDIBULAR FX RESET DISLOCATED JAW	661 50				
15		MDEAN LOWED TAW EDACHIDE	661.50				
15	21450 21451	TREAT LOWER JAW FRACTURE	555.50				
_		TREAT LOWER JAW FRACTURE	460.30				
15 15	21452	TREAT LOWER JAW FRACTURE	408.30				
_	21453	TREAT LOWER JAW FRACTURE	333.30				
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 RESET DISLOCATED JAW RESET DISLOCATED JAW REPAIR DISLOCATED JAW INTERDENTAL WIRING UNLISTED PROCEDURE; HEAD DRAIN NECK/CHEST LESION DRAIN CHEST LESION EXCLUSIONAL BLODGY SOFT TISSUES	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		х		
15	21501	DRAIN NECK/CHEST LESION	468.30				
15	21502	DRAIN CHEST LESION	468.30				
15	21550						
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	468.30				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK					
15	21555	REMOVE LESION, NECK/CHEST	468.30				
15	21556	REMOVE LESION, NECK/CHEST	468.30				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)					
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	468.30				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 11

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	21600	PARTIAL REMOVAL OF RIB	468.30	MIN-MAX	KEV	SEA	OVERS
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		Х		
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		х		
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	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU EXCISION, TUMOR, SOFT TISSUE OF SHOU	468.30				
		·					
15	23075	REMOVAL OF SHOULDER LESION	468.30				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 12

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23076	DESCRIPTION REMOVAL OF SHOULDER LESION	468.30				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	535.50				
15	23078	REMOVAL (5 CENTIMETERS OR GREATER) T BIOPSY OF SHOULDER JOINT SHOULDER JOINT SURGERY REMOVE SHOULDER JOINT LINING	468.30				
15	22100	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	SHOULDER JOINT SURGERY REMOVE SHOULDER JOINT LINING INCISION OF COLLARBONE JOINT EXPLORE TREAT SHOULDER JOINT PARTIAL REMOVAL, COLLAR BONE REMOVAL OF COLLAR BONE REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF HUMERUS LESION REMOVE COLLAR BONE LESION REMOVE SHOULDER BLADE LESION REMOVE SHOULDER BLADE LESION REMOVE COLLAR BONE LESION REMOVE SHOULDER BLADE LESION REMOVE SHOULDER BLADE LESION REMOVE HUMERUS LESION REMOVE SHOULDER BLADE LESION REMOVE SHOULDER FOREIGN BODY REMOVAL OF FOREIGN BODY REMOVAL OF FOREIGN BODY	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	REMOVAL OF FOREIGN BODY OF SHOULDER MUSCLE TRANSFER, SHOULDER/ARM MUSCLE TRANSFERS FIXATION OF SHOULDER BLADE INCISION OF TENDON & MUSCLE INCISE TENDON(S) & MUSCLE(S) REPAIR OF TENDON(S) REPAIR OF TENDON(S) RELEASE OF SHOULDER LIGAMENT REPAIR OF SHOULDER REPAIR BICEPS TENDON REMOVE/TRANSPLANT TENDON REPAIR SHOULDER CAPSULE REVISION OF TOTAL SHOULDER ARTHROPLA REVISION OF COLLAR BONE	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 REVISION OF COLLAR BONE	1,044.75				
-			,				

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#: 1753

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 13

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

	•		_	_	_	_	•
1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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 TREAT DISLOCATION/FRACTURE	535.50				
15	23665	TREAT DISLOCATION/FRACTURE	468.30				
15	23670	TREAT DISLOCATION/FRACTURE	535.50				
15	23675	TREAT DISLOCATION/FRACTURE	468.30				
15	23680	TREAT DISLOCATION/FRACTURE	535.50				
15	23700	FIXATION OF SHOULDER	349.65				
15	23800	FUSION OF SHOULDER JOINT	661.50				
15	23802	FUSION OF SHOULDER JOINT	1,044.75				
15	23921	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	23929	SHOULDER SURGERY PROCEDURE	MP		X		
15	23930	DRAINAGE OF ARM LESION	349.65				
15	23931	DRAINAGE OF ARM BURSA	468.30				
15	23935	DRAIN ARM/ELBOW BONE LESION	468.30				
15	24000	EXPLORATORY ELBOW SURGERY	661.50				
15	24006	RELEASE ELBOW JOINT	661.50				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	468.30				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	468.30				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	468.30				
15	24075	REMOVE ARM/ELBOW LESION	468.30				
15	24076	REMOVE ARM/ELBOW LESION	468.30				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	535.50				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	468.30				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 14

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24100	DESCRIPTION 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					
15	24134	REMOVAL OF ARM BONE LESION	535.50 468.30				
15	24136	EXPLORE/TREAT ELBOW JOINT REMOVE ELBOW JOINT LINING REMOVAL OF ELBOW BURSA REMOVE HUMERUS LESION REMOVE/GRAFT BONE LESION REMOVAL OF HEAD OF RADIUS REMOVAL OF ARM BONE LESION REMOVE RADIUS BONE LESION	468.30				
15	24138	REMOVE ELBOW BONE LESTON	468.30 468.30				
15	24140	PARTIAL REMOVAL OF ARM BONE	535.50				
15	24145	PARTIAL REMOVAL OF RADIUS	535.50 535.50				
15	24147		468.30				
15	24155		535.50				
15	24160	REMOVAL OF ELBOW JOINT HARDWARE	468.30				
15	24164		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	MUSCLE/TENDON TRANSFER ARM TENDON LENGTHENING REVISION OF ARM TENDON REPAIR OF ARM TENDON REVISION OF ARM MUSCLES REVISION OF ARM MUSCLES REPAIR OF BICEPS TENDON REPAIR ARM TENDON/MUSCLE REPAIR OF RUPTURED TENDON DEDDE TENDON MEDITION ME	535.50				
15	24320	REPAIR OF ARM TENDON	535.50				
15	24330	REVISION OF ARM MUSCLES	535.50				
15	24331	REVISION OF ARM MUSCLES					
15	24340	REPAIR OF BICEPS TENDON	535.50 535.50				
15	24341	REPAIR ARM TENDON/MUSCLE	535.50				
15	24342	REPAIR OF RUPTURED TENDON	535.50				
15	24345	REPAIR ARM TENDON/MUSCLE REPAIR OF RUPTURED TENDON 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		,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				
			-00.00				

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#: 1755

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 15

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

		DESCRIPTION REINFORCE HUMERUS TREAT HUMERUS FRACTURE					
1	2	3	4	5	6	7	8
				AGE	MED		x -
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24498	REINFORCE HUMERUS	535.50				
15	24500	TREAT HUMERUS FRACTURE	349.65				
15	24505	TREAT HUMERUS FRACTURE	349.65				
15	24515	TREAT HUMERUS FRACTURE	661.50				
15	24516	TREAT HUMERUS FRACTURE	661.50				
15	24530	TREAT HUMERUS FRACTURE	349.65				
15	24535	TREAT HUMERUS FRACTURE	349.65				
15	24538	TREAT HUMERUS FRACTURE	468.30				
15	24545	TREAT HUMERUS FRACTURE	661.50				
15	24546	TREAT HUMERUS FRACTURE	752.85				
15	24560	TREAT HUMERUS FRACTURE	349.65				
15	24565	TREAT HUMERUS FRACTURE	468.30				
15	24566	TREAT HUMERUS FRACTURE	468.30				
15	24575	TREAT HUMERUS FRACTURE	535.50				
15	24576	TREAT HUMERUS FRACTURE	349.65				
15	24577	TREAT HUMERUS FRACTURE	349.65				
15	24579	TREAT HUMERUS FRACTURE	535.50				
15	24582	TREAT HUMERUS FRACTURE	468.30				
15	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	661.50				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	752.85				
15	24600	TREAT ELBOW DISLOCATION	349.65				
15	24605	TREAT ELBOW DISLOCATION	468.30				
15	24615		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 TREAT RADIUS FRACTURE TREAT RADIUS FRACTURE TREAT RADIUS FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE FUSION OF ELBOW JOINT FUSION/GRAFT OF ELBOW JOINT AMPUTATION FOLLOW-UP SURGERY LINI LETED PROCEDURE (UDDER ARM/FIROW S	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	ME		Х		
15	25000	INCISION OF TENDON SHEATH	535.50				
15	25020		535.50				
15	25023		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 TREAT FOREARM BONE LESION EXPLORE/TREAT WRIST JOINT BIOPSY FOREARM SOFT TISSUES	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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 16

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	468.30			~	01-110
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		468.30				
15	25100	BIOPSY OF WRIST JOINT EXPLORE/TREAT WRIST JOINT	535.50				
15	25105	REMOVE WRIST JOINT LINING	661.50				
15	25103	REMOVE WRIST JOINT CARTILAGE	535.50				
15	25110	REMOVE WRIST TENDON LESION	535.50				
15	25111	REMOVE WRIST TENDON LESION	535.50				
15	25111		661.50				
15	25112		661.50				
15	25116	REMOVE WRIST/FOREARM LESION	661.50				
15	25118		468.30				
15	25119	PARTIAL REMOVAL OF HIMA	535.50				
15	25120	REMOVAL OF FOREARM LESTON	535.50				
15	25125	REMOVE/CRAFT FOREARM LESTON	535.50				
15	25126	REMOVE/GRAFT FOREARM LESTON	535.50				
15	25120	REMOVAL OF WRIST LESTON	535.50				
15	25135		535.50				
15	25136		535.50				
15	25145	REMOVE FOREARM BONE LESION	468.30				
15	25150		468.30				
15	25151		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		349.65				
15	25260	REMOVAL OF WRIST PROSTHESIS 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	DEVICE NOTCE/EODEADM MENDON	661.50				
15	25290	· .	535.50				
15	25295	RELEASE WRIST/FOREARM TENDON	535.50				
15	25300		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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#: 1757

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 17

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	25315	REVISE PALSY HAND TENDON(S)	535.50				
15	25316	REVISE PALSY HAND TENDON(S)	535.50				
15	25320	REPAIR/REVISE WRIST JOINT	535.50				
15	25332	REVISE WRIST JOINT	752.85				
15	25335	REALIGNMENT OF HAND	535.50				
15	25337	RECONSTRUCT ULNA/RADIOULNAR	752.85				
15	25350	REVISION OF RADIUS	535.50				
15	25355	REVISION OF RADIUS	535.50				
15	25360	REVISION OF ULNA	535.50				
15	25365	REVISE RADIUS & ULNA	535.50				
15	25370	REVISE RADIUS OR ULNA	535.50				
15	25375	REVISE RADIUS & ULNA	661.50				
15	25390	SHORTEN RADIUS OR ULNA	535.50				
15	25391	LENGTHEN RADIUS OR ULNA	661.50				
15	25392	SHORTEN RADIUS & ULNA	535.50				
15	25393	LENGTHEN RADIUS & ULNA	661.50				
15	25400	REPAIR RADIUS OR ULNA	535.50				
15	25405	REPAIR/GRAFT RADIUS OR ULNA	661.50				
15	25415	REPAIR RADIUS & ULNA	535.50				
15	25420	REPAIR/GRAFT RADIUS & ULNA	661.50				
15	25425	REPAIR/GRAFT RADIUS OR ULNA	535.50				
15	25426	REPAIR/GRAFT RADIUS & ULNA	661.50				
15	25431	REPAIR NONUNION CARPAL BONE	535.50				
15	25440	REPAIR/GRAFT WRIST BONE	661.50				
15	25441	DESCRIPTION REVISE PALSY HAND TENDON(S) REPAIR/REVISE WRIST JOINT REPAIR/REVISE WRIST JOINT REVISE WRIST JOINT REALIGNMENT OF HAND RECONSTRUCT ULNA/RADIOULNAR REVISION OF RADIUS REVISION OF RADIUS REVISION OF ULNA REVISE RADIUS & ULNA REVISE RADIUS & ULNA REVISE RADIUS OR ULNA REVISE RADIUS OR ULNA SHORTEN RADIUS OR ULNA LENGTHEN RADIUS OR ULNA LENGTHEN RADIUS OR ULNA REPAIR RADIUS OR ULNA REPAIR RADIUS OR ULNA REPAIR RADIUS OR ULNA REPAIR/GRAFT RADIUS OR ULNA REPAIR/GRAFT RADIUS OR ULNA REPAIR/GRAFT RADIUS & ULNA REPAIR/GRAFT WRIST BONE RECONSTRUCT WRIST JOINT REMOVE WRIST JOINT IMPLANT REVISION OF 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	752.85 535.50				
15	25455	REMOVE WRIST JOINT IMPLANT REVISION OF WRIST JOINT REVISION OF WRIST JOINT REINFORCE RADIUS REINFORCE ULNA REINFORCE RADIUS AND ULNA TREAT FRACTURE OF RADIUS TREAT FRACTURE OF RADIUS CLOSED TREATMENT OF BROKEN FOREARM A	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 RADIUS TREAT FRACTURE OF RADIUS TREAT FRACTURE OF ULNA TREAT FRACTURE OF ULNA TREAT FRACTURE RADIUS & ULNA	535.50				
15	25565		468.30				
15	25574	TREAT FRACTURE RADIUS & ULNA	535.50				
15	25575	TREAT FRACTURE RADIUS/ULNA	535.50				
15	25605	TREAT FRACTURE RADIUS & ULNA TREAT FRACTURE RADIUS/ULNA TREAT FRACTURE RADIUS/ULNA	535.50				
		·					

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 18

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3 DESCRIPTION TREAT FX DISTAL RADIAL TREAT FX RAD EXTRA-ARTICUL	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	25606	TREAT FX DISTAL RADIAL	535.50				
15	25607	TREAT FX RAD EXTRA-ARTICUL	752.85				
15	25608	TREAT FX RAD INTRA-ARTICUL	752.85				
15	25609	TREAT FX RADIAL 3 + FRAG	752.85				
15	25624	TREAT WRIST BONE FRACTURE	468.30				
15	25628	TREAT WRIST BONE FRACTURE	535.50				
15	25635	TREAT WRIST BONE FRACTURE	349.65				
15	25645	TREAT WRIST BONE FRACTURE	535.50				
15	25651	PIN ULAR STYLOID FRACTURE	535.50				
15	25660	TREAT WRIST DISLOCATION	349.65				
15	25670	TREAT WRIST DISLOCATION	535 50				
15	25671	PIN RADIOULNAR DISLOCATION	349.65				
15	25675	TREAT WRIST DISLOCATION	349 65				
15	25676	TREAT WRIST DISLOCATION	468.30				
15	25680	TREAT WRIST FRACTURE	468.30				
15	25685	TREAT FX RAD EXTRA-ARTICUL TREAT FX RAD INTRA-ARTICUL TREAT FX RADIAL 3 + FRAG TREAT WRIST BONE FRACTURE TREAT WRIST BONE FRACTURE TREAT WRIST BONE FRACTURE TREAT WRIST BONE FRACTURE PIN ULAR STYLOID FRACTURE TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST FRACTURE TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TRUSION OF WRIST JOINT FUSION/GRAFT OF WRIST JOINT	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/GRAFT OF WRIST JOINT 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	FUSION, RADIOULNAR JNT/ULNA AMPUTATION FOLLOW-UP SURGERY	752.85 535.50				
15	25922	AMDITTATE HAND AT WRIST	535.50				
15	25929	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP		х		
15	26011	DRAINAGE OF FINGER ABSCESS	349.65				
15	26020		468.30				
15	26025	DRAINAGE OF PALM BURSA	349.65				
15	26030		468.30				
15	26034	TREAT HAND BONE LESION	468.30				
15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	661.50				
15	0.0045		535.50				
15	26055	INCISE FINGER TENDON SHEATH	468.30				
15	26060	INCISION OF FINGER TENDON					
15	26070	EXPLORE/TREAT HAND JOINT	468.30 468.30				
15	26075	EXPLORE/TREAT FINGER JOINT	661.50				
15	26080	PARTIAL RELEASE OF TISSUES OF PALM, INCISE FINGER TENDON SHEATH INCISION OF FINGER TENDON EXPLORE/TREAT HAND JOINT EXPLORE/TREAT FINGER JOINT EXPLORE/TREAT FINGER JOINT EXPLORE/TREAT FINGER JOINT	661.50 661.50				
15	26100	BIOPSY HAND JOINT LINING	468.30				
15	26105		349.65				
15	26110	BIOPSY FINGER JOINT LINING	349.65				
15	26111	EXCISION, TUMOR OR VASCULAR MALFORMA					
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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 19

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26117 26118	REMOVAL (LESS THAN 3 CENTIMETERS) TI	535.50				
15	26118	REMOVAL (3 CENTIMETERS OR GREATER) T RELEASE PALM CONTRACTURE RELEASE PALM CONTRACTURE RELEASE PALM CONTRACTURE REMOVE WRIST JOINT LINING REVISE FINGER JOINT, EACH REVISE FINGER JOINT, EACH TENDON EXCISION, PALM/FINGER REMOVE TENDON SHEATH LESION REMOVAL OF PALM TENDON, EACH REMOVAL OF FINGER TENDON REMOVE FINGER BONE REMOVE HAND BONE LESION REMOVE/GRAFT BONE LESION REMOVE/GRAFT FINGER LESION REMOVE/GRAFT FINGER LESION PARTIAL REMOVAL, FINGER BONE PARTIAL REMOVAL, FINGER BONE	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 LESTON	468 30				
15	26205	REMOVE/GRAFT BONE LESTON	535.50				
15	26210	REMOVAL OF FINGER LESTON	468 30				
15	26215	REMOVE/GRAFT FINGER LESTON	535 50				
15	26230	PARTTAL 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 SUBGERV	535.50				
15	26260	EXTENSIVE FINCER SURGERY	535.50				
15	26262	DADTTAL DEMONAL OF FINCED	468 30				
15	26320	PARTIAL REMOVAL OF HAND BONE PARTIAL REMOVAL, FINGER BONE PARTIAL REMOVAL, FINGER BONE EXTENSIVE HAND SURGERY EXTENSIVE FINGER SURGERY PARTIAL REMOVAL OF FINGER REMOVAL OF IMPLANT FROM HAND MANIPULATE FINGER WITH ANESTH REPAIR OF FINGER TENDON	468 30				
15	26340	MANIFITATE FINGER WITH AMESTH	349 65				
15	26350	REPAIR OF FINGER TENDON	349 65				
15	26352	DEDATE OF STREET TENDON WITH CDAFT	661 50				
15	26356	DEDATE OF STREET TENDON WITH GRAFT	661 50				
15	26357	DEDATE OF FINGER TENDON	661 50				
15	26358	DEDATE OF FINGER TENDON WITH CDAFF	661 50				
15	26370	DEDATE STREET / HAND TENDON	661 50				
15	26372	DEDATE CDAFF HAND TENDON	661 50				
15	26372	DEDATE FINCED/HAND TENDON	535 50				
15	26390	DEVICE HAND PENCED TENDON	661 50				
15	26392	DEDATE COAPT DAND TENDON	601.50				
15	26410	DEDATE HAND WENDON	535.50				
15	26412	DEDATE COARM HAND MENDON	535.50				
15	26415	EVELLION HAND EINER WENDON	661 50				
15	26416	CDAFF HAND OD FINCED FENDON	601.50				
15	26418	DEDATE STREET SENDON	661 50				
15	26420	DEDATE CONTEM TINCED MENDON	661 50				
15	26426	DEDATE FINCED / DAND TENDON	601.50				
15	26428	DEDATE CENTER EINCED MENDON	535.50				
15	26420	REPAIR OF FINGER TENDON REPAIR OF FINGER TENDON WITH GRAFT REPAIR FINGER/HAND TENDON REPAIR/GRAFT HAND TENDON REPAIR FINGER/HAND TENDON REPAIR FINGER/HAND TENDON REPAIR/GRAFT HAND TENDON REPAIR/GRAFT HAND TENDON REPAIR/GRAFT HAND TENDON REPAIR/GRAFT HAND TENDON GRAFT HAND OR FINGER TENDON GRAFT HAND OR FINGER TENDON REPAIR/GRAFT FINGER TENDON REPAIR/GRAFT FINGER TENDON REPAIR/GRAFT FINGER TENDON REPAIR/GRAFT FINGER TENDON REPAIR FINGER TENDON REPAIR FINGER TENDON REPAIR FINGER TENDON REPAIR FINGER TENDON REPAIR/GRAFT FINGER TENDON	535.50				
15 15	26432	REPAIR FINGER TENDON	535.50				
15 15	26433	REPAIR FINGER TENDON	535.50				
_	26434	REPAIR/GRAFT FINGER TENDON	535.50				
15	26437	REALIGNMENT OF TENDONS	535.50				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 20

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26440	DESCRIPTION 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	DESCRIPTION RELEASE PALM/FINGER TENDON RELEASE PALM & FINGER TENDON RELEASE HAND/FINGER TENDON RELEASE FOREARM/HAND TENDON RELEASE FOREARM/HAND TENDON INCISION OF PALM TENDON INCISION OF FINGER TENDON INCISION OF FINGER TENDON INCISION OF FINGER TENDON FUSION OF FINGER TENDONS FUSION OF FINGER TENDONS FUSION OF FINGER TENDONS TENDON LENGTHENING LENGTHENING OF HAND TENDON TENDON SHORTENING LENGTHENING OF HAND TENDON TRANSPLANT HAND TENDON TRANSPLANT HAND TENDON TRANSPLANT/GRAFT PALM TENDON TRANSPLANT/GRAFT PALM TENDON TRANSPLANT/GRAFT PALM TENDON TRANSPLANT/GRAFT PALM TENDON TENDON TRANSFER WITH GRAFT HAND TENDON/MUSCLE TRANSFER REVISE THUMB TENDON FINGER TENDON TRANSFER FINGER TENDON TRANSFER FINGER TENDON TRANSFER REVISION OF FINGER HAND TENDON RECONSTRUCTION RELEASE THUMB CONTRACTURE THUMB TENDON TRANSFER FUSION OF KNUCKLE JOINTS FUSION OF KNUCKLE JOINT REVISE KNUCKLE WITH IMPLANT REVISE FINGER JOINT REPAIR HAND JOINT WITH GRAFT REPAIR HAND JOINT WITH GRAFT REPAIR HAND JOINT WITH GRAFT RECONSTRUCT FINGER JOINT REPAIR HAND JOINT WITH GRAFT RECONSTRUCT FINGER JOINT CONSTRUCT FINGER CONSTRUCT FINGER CONSTRUCT FINGER CONSTRUCT FINGER CONSTRU	468.30				
15	26555	POSITIONAL CHANGE OF FINGER	535.50				
15	26560	REPAIR OF WEB FINGER	468.30				
15	26561	POSITIONAL CHANGE OF FINGER REPAIR OF WEB FINGER REPAIR OF WEB FINGER	535.50				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 21

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

COLUMN:

1	2	DESCRIPTION REPAIR OF WEB FINGER CORRECT METACARPAL FLAW CORRECT FINGER DEFORMITY LENGTHEN METACARPAL/FINGER	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26562	REPAIR OF WEB FINGER	661.50				
15	26565	CORRECT METACARPAL FLAW	752.85				
15	26567	CORRECT FINGER DEFORMITY	752.85				
15	26568	LENGTHEN METACARPAL/FINGER	535.50				
15	26580	REPAIR HAND DEFORMITY	752.85				
15	26587	RECONSTRUCT EXTRA FINGER	752.85				
15	26590	REPAIR FINGER DEFORMITY					
15	26591	REPAIR HAND DEFORMITY RECONSTRUCT EXTRA FINGER REPAIR FINGER DEFORMITY REPAIR MUSCLES OF HAND RELEASE MUSCLES OF HAND EXCISION CONSTRICTING TISSUE TREAT METACARPAL FRACTURE	752.85 535.50				
15	26593	RELEASE MUSCLES OF HAND	535 50				
15	26596	EXCISION CONSTRICTING TISSUE	468.30				
15	26605	TREAT METACARPAL FRACTURE	168 3N				
15	26607	TREAT METACARPAL FRACTURE	468.30				
15	26608	TREAT METACARPAL FRACTURE	661.50				
15			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					
15	26675	TREAT HAND DISLOCATION	661.50 468.30				
15	26676	PIN HAND DISLOCATION					
15	26685	TREAT HAND DISLOCATION	468.30 535.50				
15	26686	TREAT HAND DISLOCATION	535.50				
15	26705	TREAT KNUCKLE DISLOCATION	535.50 468.30				
15	26706	PIN KNUCKLE DISLOCATION	468.30				
15	26715		661.50				
15	26727	TREAT FINGER FRACTURE, EACH 1 TREAT FINGER FRACTURE, EACH	,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	752.85 468.30				
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	468.30 752.85				
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	TREAT FINGER FRACTURE, EACH TREAT FINGER FRACTURE, EACH TREAT FINGER FRACTURE, EACH PIN FINGER FRACTURE, EACH TREAT FINGER FRACTURE, EACH PIN FINGER DISLOCATION TREAT FINGER DISLOCATION THUMB FUSION WITH GRAFT FUSION OF THUMB THUMB FUSION WITH GRAFT FUSION OF HAND JOINT FUSION/GRAFT OF HAND JOINT FUSION OF KNUCKLE FUSION OF FINGER JOINT	661.50				
15	26860	FUSION OF FINGER JOINT	535.50				
15	26861	FUSION OF FINGER JNT, ADD-ON	468.30				
15	26862	FUSION OF FINGER JOINT FUSION OF FINGER JNT, ADD-ON FUSION/GRAFT OF FINGER JOINT FUSE/GRAFT ADDED JOINT AMPHITATE METACARPAL BONE	661.50				
15	26863	FUSE/GRAFT ADDED JOINT	535.50				
15	26910		535.50				
15	26951	AMPUTATION OF FINGER/THUMB AMPUTATION OF FINGER/THUMB	468.30				
15	26952	AMPUTATION OF FINGER/THUMB	661.50				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION MISC PROCEDURE HANDS OR FINGERS DRAINAGE OF PELVIS LESION DRAINAGE OF DELVIS BURSA	FEE	MIN-MAX		SEX	OVERS
15	26989	MISC PROCEDURE HANDS OR FINGERS DRAINAGE OF PELVIS LESION DRAINAGE OF PELVIS BURSA INCISION OF HIP TENDON INCISION OF HIP TENDON INCISION OF HIP TENDON EXPLORATION OF HIP JOINT DENERVATION OF HIP JOINT BIOPSY OF SOFT TISSUES BIOPSY OF SOFT TISSUES	MP		X	~	
15	26990	DRAINAGE OF PELVIS LESION	349.65				
15	26991	DRAINAGE OF PELVIS BURSA	349.65				
15	27000	INCISION OF HIP TENDON					
15	27001	INCISION OF HIP TENDON	468.30 535.50				
15	27003	INCISION OF HIP TENDON	535.50				
15	27033	EXPLORATION OF HIP JOINT	535.50 535.50				
15	27035	DENERVATION OF HIP JOINT	661.50				
15	27040	BIOPSY OF SOFT TISSUES	661.50 349.65				
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	BIOPSY OF SOFT TISSUES BIOPSY OF SOFT TISSUES EXCISION, TUMOR, SOFT TISSUE OF PELV EXCISION, TUMOR, SOFT TISSUE OF PELV REMOVE HIP/PELVIS LESION REMOVE HIP/PELVIS LESION	468.30				
15	27048	REMOVE HIP/PELVIS LESION	535.50				
15	27049	REMOVE HIP/PELVIS LESION REMOVAL OF (LESS THAN 5 CENTIMETERS) BIOPSY OF SACROILIAC JOINT	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						
15	27062	REMOVAL OF ISCHIAL BURSA 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	REMOVAL OF HIP BONE LESION REMOVAL OF HIP BONE LESION REMOVE/GRAFT HIP BONE LESION REMOVAL OF TAIL BONE REMOVE HIP FOREIGN BODY REMOVE HIP FOREIGN BODY WITH ANES REVISION OF HIP TENDON TRANSFER TENDON TO PELVIS	752.85 752.85 752.85 752.85 752.85 468.30 349.65				
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	535.50 349.65				
15	27097	REVISION OF HIP TENDON					
15	27098	TRANSFER TENDON TO PELVIS	535.50 535.50				
15	27100	TRANSFER OF ABDOMINAL MUSCLE TRANSFER OF SPINAL MUSCLE	661 50				
15	27105	TRANSFER OF SPINAL MUSCLE	661.50				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE TRANSFER OF ILIOPSOAS MUSCLE	661.50 661.50				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	661.50				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	661.50 349.65				
15	27198		468.30				
15	27202	CLOSED TREATMENT OF POSTERIOR PELVIC TREAT TAIL BONE FRACTURE TREAT THIGH 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 THIGH FRACTURE TREAT THIGH FRACTURE TREAT HIP DISLOCATION MANIPULATION OF HIP JOINT	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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 23

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27279	DESCRIPTION ARTHRODESIS, SACROILIAC JOINT, PERCU	1,405.95				
15	27299	PELVIS/HIP JOINT SURGERY	MP		x		
15	27301	PELVIS/HIP JOINT SURGERY DRAIN THIGH/KNEE LESION	535.50				
15	27305		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	INCISE THIGH TENDON & FASCIA INCISION OF THIGH TENDON INCISION OF THIGH TENDONS EXPLORATION OF KNEE JOINT BIOPSY, THIGH SOFT TISSUES BIOPSY, THIGH SOFT TISSUES REMOVAL OF THIGH LESION REMOVAL OF THIGH LESION	349.65				
15	27327	REMOVAL OF THIGH LESION	468.30				
15	27328	REMOVAL OF THIGH LESION	535.50				
15	27329		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	BIOPSY, KNEE JOINT LINING EXPLORE/TREAT KNEE JOINT REMOVAL OF KNEE CARTILAGE REMOVAL OF KNEE CARTILAGE REMOVE KNEE JOINT LINING REMOVE KNEE JOINT LINING	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					
15	27340	REMOVAL OF KNEECAP BURSA	535.50				
15	27345	REMOVAL OF CYST OF MEMBRANE COVERING					
15	27347		661.50				
15	27350	REMOVAL OF KNEECAP	661.50				
15	27355	REMOVE FEMUR LESTON	535.50				
15	27356	REMOVE FEMUR LESTON/GRAFT					
15	27357	REMOVE KNEE CYST REMOVAL OF KNEECAP REMOVE FEMUR LESION REMOVE FEMUR LESION/GRAFT REMOVE FEMUR LESION/GRAFT	661.50 752.85				
15	27358	REMOVE FEMUR LESTON/FIXATION	752.85				
15	27360	REMOVE FEMUR LESION/FIXATION PARTIAL REMOVAL, LEG BONE(S)	752.85				
15							
15	27372	REMOVAL OF FOREIGN BODY	1 044 75				
15	27380	REPAIR OF KNEECAP TENDON	349 65				
15	27381	REMOVAL (5 CENTIMETERS OR GREATER) T REMOVAL OF FOREIGN BODY REPAIR OF KNEECAP TENDON REPAIR/GRAFT KNEECAP TENDON REPAIR OF THIGH MUSCLE REPAIR/GRAFT OF THIGH MUSCLE INCISION OF THIGH TENDON INCISION OF THIGH TENDONS INCISION OF THIGH TENDONS LENGTHENING OF THIGH TENDONS LENGTHENING OF THIGH TENDONS LENGTHENING OF THIGH TENDONS LENGTHENING OF THIGH TENDONS	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		535.50				
15	27397	TRANSPLANT OF THIGH TENDON TRANSPLANTS OF THIGH TENDONS	535.50				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS					
15	27403	REPAIR OF KNEE CARTILAGE	661.50				
15	27405	REPAIR OF KNEE LIGAMENT	661.50				
15	27407	REPAIR OF KNEE LIGAMENT	661.50				
			001.00				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	27409	REPAIR OF KNEE LIGAMENTS	661.50	P1114 P2121	1411	OLA	OVERD
15	27418	REPAIR DEGENERATED KNEECAP	535.50				
15	27420	REVISION OF UNSTABLE KNEECAP	535.50				
15	27422		1,044.75				
15	27424	REVISION OF UNSIABLE RNEECAP	·				
15	27425	LATERAL RETINACULAR RELEASE	535.50				
15	27427	DECONOMICATON KNEE	535.50				
15	27428	DECONSTRUCTION, KNEE	661.50				
15	27429	DECONSTRUCTION, KNEE	661.50				
15	27430	DEVICTOR OF THICH MUSCIFS	661.50				
15	27435	RECONSTRUCTION, KNEE RECONSTRUCTION, KNEE RECONSTRUCTION, KNEE REVISION OF THIGH MUSCLES INCISION OF KNEE JOINT REVISE KNEECAD	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		752.85				
15	27443	REVISION OF KNEE JOINT REVISION OF KNEE JOINT	752.85				
15	27496	DECOMPRESSION OF THIGH/KNEE	752.85				
15	27497	•	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 KNEECAP FRACTURE TREAT KNEE FRACTURE TREAT KNEE FRACTURE TREAT KNEE FRACTURE(S) TREAT KNEE DISLOCATION TREAT KNEE DISLOCATION TREAT KNEECAP DISLOCATION	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 AMPUTATION FOLLOW-UP SURGERY	349.65				
15	27594	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	27599	LEG SURGERY PROCEDURE	MP		х		
15	27600	DECOMPRESSION OF LOWER LEG	535.50				
15	27601	DECOMPRESSION OF LOWER LEG	535.50				
15	27602	DECOMPRESSION OF LOWER LEG	535.50				
15	27603	DRAIN LOWER LEG LESION	468.30				
15	27604	DRAIN LOWER LEG BURSA	468.30				
15	27605	INCISION OF ACHILLES TENDON	349.65				

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LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCII LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	27606		349.65	MIN PHIA	141	OLL	OVERD
15	27607		468.30				
15	27610	EADI ODE ADENT VARIE TO IND	468.30				
15	27612	EXPLORE/IREAL ANKLE JOINI	535.50				
15	27614		468.30				
15	27614	REMOVAL (LESS THAN 5 CENTIMETERS) TI					
_		REMOVAL (LESS THAN 5 CENTIMETERS) TI	535.50				
15 15	27616 27618	REMOVAL (5 CENTIMETERS OR GREATER) T					
_			468.30				
15	27619	REMOVE LOWER LEG LESION	535.50 661.50				
15	27620	EXPLORE/TREAT ANKLE JOINT	661.50				
15	27625	REMOVE ANKLE JOINT LINING	661.50 661.50				
15	27626	REMOVE ANKLE JOINT LINING	661.50				
15	27630	REMOVAL OF TENDON LESION	535.50 468.30				
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	REMOVAL OF TENDON LESION REMOVAL (3 CENTIMETERS OR GREATER) T EXCISION, TUMOR, SOFT TISSUE OF LEG REMOVE LOWER LEG BONE LESION REMOVE/GRAFT LEG BONE LESION REMOVE/GRAFT LEG BONE LESION PARTIAL REMOVAL OF TIBIA PARTIAL REMOVAL OF FIBULA EXTENSIVE ANKLE/HEEL SURGERY REPAIR ACHILLES TENDON REPAIR/GRAFT ACHILLES TENDON REPAIR OF ACHILLES TENDON REPAIR OF LEG TENDON, EACH REPAIR OF LEG TENDONS REPAIR LOWER LEG TENDONS REPAIR LOWER LEG TENDONS RELEASE OF LOWER LEG TENDON REVISE OF LOWER LEG TENDON REVISE ADDITIONAL LEG TENDON REPAIR OF ANKLE LIGAMENT REMOVAL OF ANKLE IMPLANT INCISION OF TIBIA INCISION OF TIBIA	468.30				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27720	REPAIR OF TIBIA	349.65				
15	27730	REPAIR OF TIBIA EPIPHYSIS	468.30				
15	27732	REPAIR OF FIBULA EPIPHYSIS	468.30				
15	27734	REPAIR LOWER LEG EPIPHYSES	468.30				
15	27740	REPAIR OF LEG EPIPHYSES	468.30				
15	27742	REPAIR OF LEG EPIPHYSES	468.30				
15	27750	TREATMENT OF TIBIA FRACTURE	349.65				
15	27752	TREATMENT OF TIBIA FRACTURE	349.65				
15	27756	TREATMENT OF TIBIA FRACTURE	535.50				
15	27758	TREATMENT OF TIBIA FRACTURE	661.50				
15	27759	TREATMENT OF TIBIA FRACTURE	661.50				
15	27760	CLTX MEDIAL ANKLE FX	349.65				
15	27762	CLTX MED ANKLE FX W/MNPJ	349.65				
15	27766	TREATMENT OF ANKLE FRACTURE	535.50				
15	27780	TREATMENT OF FIBULA FRACTURE	349.65				
15	27781	TREATMENT OF FIBULA FRACTURE	349.65				
15	27784	TREATMENT OF FIBULA FRACTURE	535.50				
15	27786	TREATMENT OF ANKLE FRACTURE	349.65				
15	27788	TREATMENT OF ANKLE FRACTURE	349.65				
15	27792	TREATMENT OF ANKLE FRACTURE	535.50				
15	27808	TREATMENT OF ANKLE FRACTURE	349.65				
15	27810	TREATMENT OF ANKLE FRACTURE	349.65				
15	27814	TREATMENT OF ANKLE FRACTURE	535.50				
15	27816	TREATMENT OF ANKLE FRACTURE	349.65				
15	27818	TREATMENT OF ANKLE FRACTURE	349.65				
15	27822	TREATMENT OF ANKLE FRACTURE	535.50				
15	27823	TREATMENT OF ANKLE FRACTURE	535.50				
15	27824	TREAT LOWER LEG FRACTURE	349.65				
15	27825	TREAT LOWER LEG FRACTURE	468.30				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	535.50				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER	535.50				
15	27828	OPEN TREATMENT OF FRACTURE OF LOWER	661.50				
15	27829	TREAT LOWER LEG JOINT	468.30				
15	27830	TREAT LOWER LEG DISLOCATION	349.65				
15	27831	TREAT LOWER LEG DISLOCATION	349.65				
15	27832	TREAT LOWER LEG DISLOCATION	468.30				
15	27840	TREAT ANKLE DISLOCATION	349.65				
15	27842	TREAT ANKLE DISLOCATION	349.65				
15	27846	TREAT ANKLE DISLOCATION	535.50				
15	27848	TREAT ANKLE DISLOCATION	535.50				
15	27860	FIXATION OF ANKLE JOINT	349.65				
15	27870	FUSION OF ANKLE JOINT	661.50				
15	27871	FUSION OF TIBIOFIBULAR JOINT	661.50				
15	27884	AMPUTATION FOLLOW-UP SURGERY	535.50				
15	27889	AMPUTATION OF FOOT AT ANKLE	535.50				
15	27892	DECOMPRESSION OF LEG	535.50				
15	27893	DECOMPRESSION OF LEG	535.50				

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LOUISIANA 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

COLUMN:

1	2	DESCRIPTION DECOMPRESSION OF LEG LEG ANKLE SURGERY PROCEDURE TREATMENT OF FOOT INFECTION TREATMENT OF FOOT INFECTION TREAT FOOT BONE LESION INCISION OF FOOT FASCIA INCISION OF TOE TENDONS EXPLORATION OF FOOT JOINT EXPLORATION OF FOOT JOINT EXPLORATION OF TOE JOINT DECOMPRESSION OF TIBIA NERVE EXCISION, TUMOR, SOFT TISSUE OF FOOT EXCISION, TUMOR, SOFT TISSUE OF FOOT	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27894	DECOMPRESSION OF LEG	535.50				
15	27899	LEG ANKLE SURGERY PROCEDURE	MP		x		
15	28002	TREATMENT OF FOOT INFECTION	535.50				
15	28003	TREATMENT OF FOOT INFECTION	535.50				
15	28005	TREAT FOOT BONE LESION	535.50				
15	28008	INCISION OF FOOT FASCIA	535.50				
15	28011	INCISION OF TOE TENDONS	535.50				
15	28020	EXPLORATION OF FOOT JOINT	468.30				
15	28022	EXPLORATION OF FOOT JOINT	468.30				
15	28024	EXPLORATION OF TOE JOINT	468.30				
15	28035	DECOMPRESSION OF TIBIA NERVE	661.50				
15	28039	EXCISION. TUMOR. SOFT TISSUE OF FOOT	349.65				
15	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	468.30				
15	28043	EXCISION, TUMOR, SOFT TISSUE OF FOOT EXCISION, TUMOR, SOFT TISSUE OF FOOT EXCISION OF FOOT LESION	468 30				
15		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	BIODSY 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 LESTON	535.50				
15	28086	EXCISE FOOT TENDON SHEATH	468 30				
15	28088	EXCISE FOOT TENDON SHEATH	468 30				
15	28090	REMOVAL OF FOOT LESTON	535 50				
15	28092	REMOVAL OF TOE LESTONS	535.50				
15	28100	REMOVAL OF ANKLE/HEEL LESTON	468 30				
15	28102	REMOVE/GRAFT FOOT LESTON	535 50				
15	28103	REMOVE/GRAFT FOOT LESION	535.50				
15	28104	REMOVAL OF FOOT LESTON	468 30				
15	28106	REMOVE/GRAFT FOOT LESTON	535 50				
15	28107	REMOVE/GRAFT FOOT LESION	535.50				
15	28108	REMOVAL OF TOE LESIONS	535.50				
15	28110	DART REMOVAL OF METATARGAL	535.50				
15	28111	PART REMOVAL OF METATARSAL	535.50				
15	28112	PART REMOVAL OF METATARSAL	535.50				
15	28113	DART 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 SPIIR	661 50				
15	28120	EXCISION OF FOOT LESION REMOVAL (LESS THAN 3 CENTIMETERS) TI REMOVAL (3 CENTIMETERS OR GREATER) T BIOPSY OF FOOT JOINT LINING BIOPSY OF FOOT JOINT LINING BIOPSY OF TOE JOINT LINING BIOPSY OF TOE JOINT LINING PARTIAL REMOVAL, FOOT FASCIA REMOVAL OF FOOT JOINT LINING REMOVAL OF FOOT JOINT LINING REMOVAL OF FOOT JOINT LINING REMOVAL OF FOOT LESION EXCISE FOOT TENDON SHEATH EXCISE FOOT TENDON SHEATH REMOVAL OF FOOT LESION REMOVAL OF TOE LESIONS REMOVAL OF TOE LESIONS REMOVE/GRAFT FOOT LESION REMOVAL OF TOE LESIONS PART REMOVAL OF METATARSAL REMOVAL OF HEEL BONE REMOVAL OF HEEL BONE REMOVAL OF HEEL BONE REMOVAL OF HEEL SPUR PART REMOVAL OF ANKLE/HEEL PARTIAL REMOVAL OF FOOT BONE PARTIAL REMOVAL OF FOOT BONE	1 044 75				
15	28122	DARTIAL REMOVAL OF FOOT BONE	535 50				
15	28124	DARTIAL REMOVAL OF TOE	535.50				
± •	-0124	TIME TO THE OF THE	222.20				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 28

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	28126	PARTIAL REMOVAL OF TOE	535.50				
15	28130	REMOVAL OF ANKLE BONE	535.50				
15	28140	REMOVAL OF METATARSAL	535.50				
15	28150	REMOVAL OF TOE	535.50				
15	28153	PARTIAL REMOVAL OF TOE	535.50				
15	28160	PARTIAL REMOVAL OF TOE	535.50				
15	28171	EXTENSIVE FOOT SURGERY	535.50				
15	28173	EXTENSIVE FOOT SURGERY	535.50				
15	28175	EXTENSIVE FOOT SURGERY	535.50				
15	28190	REMOVAL OF FOOT FOREIGN BODY	349.65				
15	28192	REMOVAL OF FOOT FOREIGN BODY	468.30				
15	28193	REMOVAL OF FOOT FOREIGN BODY	661.50				
15	28200	REPAIR OF FOOT TENDON	535.50				
15	28202	REPAIR/GRAFT OF FOOT TENDON	535.50				
15	28208	REPAIR OF FOOT TENDON	535.50				
15	28210	REPAIR/GRAFT OF FOOT TENDON	535.50				
15	28222	RELEASE OF FOOT TENDONS	349.65				
15	28225	RELEASE OF FOOT TENDON	349.65				
15	28226	RELEASE OF FOOT TENDONS	349.65				
15	28230	INCISION OF FOOT TENDON (S)	349.65				
15	28232	INCISION OF TOE TENDON	468.30				
15	28234	INCISION OF FOOT TENDON	468.30				
15	28238	REVISION OF FOOT TENDON	535.50				
15	28240	RELEASE OF BIG TOE	468.30				
15	28250	REVISION OF FOOT FASCIA	535.50				
15	28260	RELEASE OF MIDFOOT JOINT	535.50				
15	28261	REVISION OF FOOT TENDON	535.50				
15	28262	REVISION OF FOOT AND ANKLE	661.50				
15	28264	RELEASE OF MIDFOOT JOINT	349.65				
15	28270	RELEASE OF FOOT CONTRACTURE	535.50				
15	28280	FUSION OF TOES	468.30				
15	28285	REPAIR OF HAMMERTOE	535.50				
15	28286	REPAIR OF HAMMERTOE	661.50				
15	28288	PARTIAL REMOVAL OF FOOT BONE	535.50				
15	28289	REPAIR HALLUX RIGIDUS	535.50				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	468.30				
15	28292	CORRECTION OF BUNION	468.30				
15	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	535.50				
15	28296	CORRECTION OF BUNION	535.50				
15	28297	CORRECTION OF BUNION	535.50				
15	28298	CORRECTION OF BUNION	535.50				
15	28299	CORRECTION OF BUNION	752.85				
15	28300	INCISION OF HEEL BONE	468.30				
15	28302	INCISION OF ANKLE BONE	468.30				
15	28304	INCISION OF MIDFOOT BONES	468.30				
15	28305	INCISE/GRAFT MIDFOOT BONES	535.50				
15	28306	INCISION OF METATARSAL	661.50				

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#: 1769

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 29

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION INCISION OF METATARSAL INCISION OF METATARSAL INCISION OF METATARSAL INCISION OF BIG TOE REVISION OF BIG TOE REVISION OF TOE REPAIR DEFORMITY OF TOE REMOVAL OF SESAMOID BONE REPAIR OF FOOT BONES REPAIR OF METATARSALS RESECT ENLARGED TOE TISSUE RESECT ENLARGED TOE REPAIR EXTRA TOE (S) REPAIR WEBBED TOE (S) TREATMENT OF HEEL FRACTURE TREATMENT OF HEEL FRACTURE TREATMENT OF HEEL FRACTURE TREAT HEEL FRACTURE TREAT JGRAFT HEEL FRACTURE TREATMENT OF ANKLE FRACTURE TREATMENT OF ANKLE FRACTURE	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	28307	INCISION OF METATARSAL	661.50			~	0.1
15	28308	INCISION OF METATARSAL	468 30				
15	28309	THOUSION OF METATARSALS	661 50				
15	28310	REVISION OF RIG TOE	535 50				
15	28312	DEVISION OF TOP	535.50				
15	28313	DEDATE DEFORMITY OF TOP	468 30				
15	28315	DEMOVAL OF SECAMOID BONE	661 50				
15	28320	DEDATE OF FOOT BONES	661 50				
15	28322	DEDATE OF METATADOATO	661 50				
15	28340	DECECH ENLYDCED HOE HICCIE	661 50				
15	28341	DECECT ENTARCED TOE 11330E	661 50				
15	28344	DEDATE EVERN HOW (C)	661 50				
15	28345	DEDATE WEDDED TOT (C)	661 50				
15	28400	MDEXTMENT OF BEET PRACTICE	349 65				
15	28405	TREATMENT OF HEEL FRACTURE	160 30				
15	28406	TREATMENT OF HEEL FRACTURE	466.30				
15	28415	TREATMENT OF REEL FRACTURE	525 50				
15	28420	MDEAM CDAEM HEEL EDACHIDE	661 50				
15	28435	TREAT/GRAFT REEL FRACTURE	460 30				
15	28436	TREATMENT OF ANKLE FRACTURE	466.30				
15	28445	TREATMENT OF ANGLE FRACTURE	400.30 E2E E0				
15	28456	TREAT ANALE FRACTURE	160 20				
15	28456	TREAT MIDFOOT FRACTURE	408.30				
	28465	TREAT MIDFOOT FRACTURE, EACH	333.30				
15	28476	TREAT METATAKSAL FRACTURE	468.30				
15	28485	TREAT METATAKSAL FRACTURE	460.30				
15 15	28496	TREAT BIG TOE FRACTURE	408.30				
_	28505	TREAT BIG TOE FRACTURE	535.50				
15	28525	TREAT TOE FRACTURE	535.50				
15	28531	TREAT SESAMOID BONE FRACTURE	333.50				
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 HEEL FRACTURE TREAT/GRAFT HEEL FRACTURE TREATMENT OF ANKLE FRACTURE TREAT ANKLE FRACTURE TREAT ANKLE FRACTURE TREAT MIDFOOT FRACTURE, EACH TREAT MIDFOOT FRACTURE, EACH TREAT METATARSAL FRACTURE TREAT METATARSAL FRACTURE TREAT BIG TOE FRACTURE TREAT BIG TOE FRACTURE TREAT SESAMOID BONE FRACTURE TREAT FOOT DISLOCATION 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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 30

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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		х		
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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 31

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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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#: 1772

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 32

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

COLUMN:

1	2	3	4	5	6	7	8
= 0	G0D=	DEGENERAL		AGE	MED	0.711	X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	30220	INSERTION, NASAL SEPTAL PROSTHESIS	535.50				
15	30300	REMOVE NASAL FOREIGN BODY REMOVE NASAL FOREIGN BODY REMOVE NASAL FOREIGN BODY RECONSTRUCTION OF NOSE	349.65				
15	30310	REMOVE NASAL FOREIGN BODY REMOVE NASAL FOREIGN BODY RECONSTRUCTION OF NOSE RECONSTRUCTION OF NOSE RECONSTRUCTION OF NOSE REVISION OF NOSE REVISION OF NOSE REVISION OF NOSE	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 OF COLLAPSED NASAL VALVE REPAIR OF NASAL SEPTUM REPAIR NASAL DEFECT REPAIR NASAL DEFECT RELEASE OF NASAL ADHESIONS	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	REPAIR MOUTH/NOSE FISTULA INTRANASAL RECONSTRUCTION	1,044.75				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,044.75				
15	30801		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	LIGATION, UPPER JAW ARTERY THERAPY, FRACTURE OF NOSE NASAL SURGERY PROCEDURE	661.50				
15	30999	NASAL SURGERY PROCEDURE	MP		х		
15	31000	NASAL SURGERY PROCEDURE IRRIGATION MAXILLARY SINUS IRRIGATION SPHENOID SINUS EXPLORATION, MAXILLARY SINUS	349.65				
15	31002	TRRIGATION SPHENOID SINUS	349.65				
15	31020	EXPLORATION. MAXILLARY SINUS	468.30				
15	31030	EXPLORATION, MAXILLARY SINUS EXPLORE SINUS, REMOVE POLYPS EXPLORATION, SPHENOID SINUS SPHENOID SINUS SURGERY	535.50				
15	31032	EXPLORE SINUS REMOVE POLYPS	661.50				
15	31050	EXPLORATION SPHENOID SINIS	468.30				
15	31051	SPHENOID SINGERY	661.50				
15	31070	EXPLORATION OF FRONTAL SINUS	468.30				
15	31075	EXPLORATION OF FRONTAL SINUS	661.50				
15	31075	REMOVAL OF FRONTAL SINUS	661.50				
15	31080	REMOVAL OF FRONTAL SINUS	661.50				
15	31084	REMOVAL OF FRONTAL SINUS REMOVAL OF FRONTAL SINUS REMOVAL OF FRONTAL SINUS REMOVAL OF FRONTAL SINUS	661.50				
15	31085	DEMOVAL OF FRONTAL SINUS	661.50				
15		REMOVAL OF FRONTAL SINUS					
13	31086	VEWOANT OF EKONIMT SINGS	661.50				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 33

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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		х		
15	31300	REMOVAL OF LARYNX LESION	752.85				
15	31400	REVISION OF LARYNX	468.30				
15	31420	REMOVAL OF EPIGLOTTIS	468.30				
15	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	349.65				
15	31510	LARYNGOSCOPY WITH BIOPSY	468.30				
15	31511	REMOVE FOREIGN BODY, LARYNX	468.30				
15	31512	REMOVAL OF LARYNX LESION	468.30				
15	31513	INJECTION INTO VOCAL CORD	468.30				
15	31515	LARYNGOSCOPY FOR ASPIRATION	349.65				
15	31520	DIAGNOSTIC LARYNGOSCOPY	349.65				
15	31525	DIAGNOSTIC LARYNGOSCOPY	349.65				
15	31526	DIAGNOSTIC LARYNGOSCOPY	468.30				
15	31527	LARYNGOSCOPY FOR TREATMENT	349.65				
15	31528	LARYNGOSCOPY AND DILATION	468.30				
15	31529	LARYNGOSCOPY AND DILATION	468.30				
15	31530	OPERATIVE LARYNGOSCOPY	468.30				
15	31531	OPERATIVE LARYNGOSCOPY	535.50				
15	31535	OPERATIVE LARYNGOSCOPY	468.30				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 34

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	;	2	3	4	5 AGE	6 MED	7	8 X-
T	s	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
1.	5 .	31536	OPERATIVE LARYNGOSCOPY	535.50				
1	5 .	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	535.50				
1	5 .	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	661.50				
1	5	31545	REMOVE VC LESION W/SCOPE	661.50				
1	5	31546	REMOVE VC SCOPE/GRAFT	661.50				
1		31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
1		31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
1		31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
1		31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	752.85				
1		31560	OPERATIVE LARYNGOSCOPY	752.85				
1		31561	OPERATIVE LARYNGOSCOPY	752.85				
1		31570	LARYNGOSCOPY WITH INJECTION	468.30				
1:		31571	LARYNGOSCOPY WITH INJECTION	468.30				
1		31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLAT	468.30				
1:		31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	468.30				
1		31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	468.30				
1:		31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	468.30				
1:		31576	LARYNGOSCOPY WITH BIOPSY	468.30				
1:		31577	REMOVE FOREIGN BODY, LARYNX	468.30				
1:		31578	REMOVAL OF LARYNX LESION	468.30				
1:		31580	REVISION OF LARYNX	752.85				
1:		31590	REINNERVATE LARYNX	752.85				
1:		31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	752.85				
1:		31592	CRICOTRACHEAL RESECTION	752.85				
1		31599	LARYNX SURGERY PROCEDURE	MP		x		
1:		31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL		15 99			
1:		31611	SURGERY/SPEECH PROSTHESIS	535.50	13 33			
1:		31612	PUNCTURE/CLEAR WINDPIPE	349.65				
1:		31613	REPAIR WINDPIPE OPENING	468.30				
1:		31614	REPAIR WINDPIPE OPENING	468.30				
1:		31615	VISUALIZATION OF WINDPIPE	349.65				
1:		31622	DX BRONCHOSCOPE/WASH	349.65				
1:		31623	DX BRONCHOSCOPE/BRUSH	468.30				
1:		31624	DX BRONCHOSCOPE/LAVAGE	468.30				
1:		31625	BRONCHOSCOPY WITH BIOPSY	468.30				
1:		31628	BRONCHOSCOPY WITH BIOPSY	468.30				
1:		31629	BRONCHOSCOPY WITH BIOPSY	468.30				
1:		31630	BRONCHOSCOPY WITH REPAIR	468.30				
1		31631	BRONCHOSCOPY WITH DILATION	468.30				
1:		31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
1:		31635	REMOVE FOREIGN BODY, AIRWAY	468.30				
1:		31636	BRONCHOSCOPY, BRONCH STENTS	468.30				
1:		31637	BRONCHOSCOPY, STENT ADD-ON	349.65				
1:		31638	BRONCHOSCOPY, REVISE STENT	468.30				
1:		31640	BRONCHOSCOPY & REMOVE LESION	468.30				
1:		31641	BRONCHOSCOPY, TREAT BLOCKAGE	468.30				
1:			DIAG BRONCHOSCOPE/CATHETER	468.30				
т:	٠	31643	DIAG BRONCHOSCOPE/CAIRETER	±00.30				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 35

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31645	BRONCHOSCOPY, CLEAR AIRWAYS	349.65				
15		BRONCHOSCOPY, RECLEAR AIRWAY	349.65				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC					
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	468.30				
15		BRONCHIAL BRUSH BIOPSY	349.65				
15	_	CLEARANCE OF AIRWAYS	349.65				
15		INSERTION INTO WINDPIPE OF NEEDLE WI	349.65				
15		REPAIR OF WINDPIPE	752.85				
15		REPAIR OF WINDPIPE	468.30				
15		CLOSURE OF WINDPIPE LESION	349.65				
15		REPAIR OF WINDPIPE DEFECT	468.30				
15		REVISE WINDPIPE SCAR	468.30				
15		AIRWAYS SURGICAL PROCEDURE	400.50 MP		х		
15		NEEDLE BIOPSY CHEST LINING	349.65		Λ		
15		CORE NEEDLE BIOPSY, LUNG OR MEDIASTI					
15		PLACEMENT OF INTERSTITIAL DEVICE(S)	349.65				
15		THORACENTESIS, NEEDLE OR CATHETER, A	349.65				
15		THORACENTESIS, NEEDLE OR CATHETER, A	349.65				
15		PLEURAL DRAINAGE, PERCUTANEOUS, WITH					
15		PLEURAL DRAINAGE, PERCUTANEOUS, WITH					
15		ABLATION THERAPY FOR REDUCTION OR ER					
15		CHEST SURGERY PROCEDURE	333.30 MP		х		
15		PERICARDIOCENTESIS, INCLUDING IMAGIN			^		
15		INSERTION OF PACEMAKER PULSE GENERAT					
15			535.50				
		RELOCATION OF PACEMAKER GENERATOR SK	468.30				
15		RELOCATION OF PACING DEFIBRILLATOR D	468.30				
15		REMOVAL OF PERMANENT PACEMAKER PULSE	468.30				
15		EXCLUSION OF APPENDAGE OF LEFT UPPER					
15		EXCLUSION OF APPENDAGE OF LEFT UPPER					
15		INSERTION OF SUBCUTANEOUS IMPLANTABL					
15		REPOSITIONING OF PREVISOULY IMPLANTE	468.30				
15		TRANSCATHETER INSERTION OR REPLACEME	468.30				
15		TRANSCATHETER REMOVAL OF PERMANENT	468.30				
15		INSERTION OF PHRENIC NERVE STIMULATO	468.30				
15		INSERTION OF PHRENIC NERVE STIMULATO	468.30				
15		REMOVAL OF PHRENIC NERVE STIMULATOR	468.30				
15		REMOVAL OF PHRENIC NERVE STIMULATOR	468.30				
15		REMOVAL OF PHRENIC NERVE STIMULATOR	468.30				
15		REPOSITIONING OF PHRENIC NERVE STIMU					
15		INSERTION, SUBCUTANEOUS CARDIAC RHYT	•				
15		REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM					
15		REMOVAL AND REPLACEMENT OF PHRENIC N	468.30				
15	33288	REMOVAL AND REPLACEMENT OF PHRENIC N	468.30				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 36

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		x -
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	33289	TRANSCATHETER IMPLANTATION OF WIRELE	468.30				
15	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL PLACEMENT OF STENT IN PULMONARY ARTE	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 PLACEMENT OF STENT IN PULMONARY ARTE PLACEMENT OF STENT IN PULMONARY ARTE	1,405.95				
15	33999	CARDIAC SURGERY PROCEDURE	MP		X		
15	35188	REPAIR BLOOD VESSEL LESION REPAIR BLOOD VESSEL LESION	661.50 661.50				
15	35190	REPAIR BLOOD VESSEL LESION	661.50				
15	35206	REPAIR BLOOD VESSEL LESION 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	661.50 1,405.95 1,405.95				
15	36260	TNGFOTTON OF TNFIIGTON DIMD	535.50				
15	36261	REVISION OF INFUSION PUMP	468.30				
15	36262	REVISION OF INFUSION PUMP REMOVAL OF INFUSION PUMP UNLISTED VASCULAR INJECTION INJECTION OF NON-COMPOUNDED FOAM SCL	468.30 349.65				
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 ENDOVENOUS LASER, 1ST VEIN	535.50				
15	36478	ENDOVENOUS LASER, 1ST VEIN	535.50 535.50				
15	36479	ENDOVENOUS LASER VEIN ADDON	535.50				
15	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	535.50				
15	36510	ENDOVENOUS ABLATION THERAPY OF INCOM UMBILICAL CATH-DX/THER/NEWBORN	1.405.95				
15	36555	INSERT NON-TUNNEL CV CATH	349.65				
15	36556						
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 NON-TUNNEL CV CATH INSERT TUNNELED CV CATH	535.50				
15	36563	INSERT TUNNELED CV CATH	535.50				
15	36565	INSERT TUNNELED CV CATH	535.50 535.50				
15	36566	INSERT TUNNELED CV CATH 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		00 04			
15	36573	INSERTION OF PERIPHERALLY INSERTED		05 99			
15	36575	REDATE THINNELED /NON-THINNELED	468.30	05 55			
15	36576	REPAIR TUNNELED/NON-TUNNELED REPAIR CV ACCESS	468.30				
15	36578	REPLACE CV ACCESS	468.30				
15	36580	REPLACE COMPLETE non-tunnel	349.65				
15 15	36581	REPLACE COMPLETE from-tunnel	468.30				
15 15	36582	REPLACE COMPLETE tunneled REPLACE COMPLETE tunneled	535.50				
13	30302	VELTACE COMETETE CHIMETER	555.50				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 37

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	36583	REPLACE COMPLETE tunneled	535.50				
15	36584	REPLACE COMPLETE peripherally	349.65				
15	36585	REPLACE COMPLETE peripherally	535.50				
15	36589	REMOVE TUNNELED CV CATH	349.65				
15	36590	REMOVE TUNNELED CV ACCESS	349.65				
15	36640		349.65				
15	36800	INSERTION CATHETER, ARTERY INSERTION OF CANNULA	535.50				
15	36810	INSERTION OF CANNULA	535.50				
15	36815	THE PROPERTY OF CAMPUTA	535.50				
15	36818	AV FIISE IIPPER ARM CEPHALIC	535.50				
15	36819	AV FIISTON/IIPPR ARM VETN	535.50				
15	36820	AV FUSE, UPPER ARM, CEPHALIC AV FUSION/UPPR ARM VEIN 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 SHORT BEG VEIN	535.50				
15	37735	REMOVAL OF LEG VEINS/LESION	535.50				
15	37760	REVISION OF LEG VEINS	535.50				
	2,,00	TELLICIA OF THE APTICO	555.50				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 38

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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		х		
15	38129	LAPAROSCOPE PROC, SPLEEN	MP		х		
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	DRAINAGE, LYMPH NODE LESION INCISION OF LYMPH CHANNELS BIOPSY/REMOVAL, LYMPH NODES NEEDLE BIOPSY, LYMPH NODES	468.30				
15	38505	NEEDLE BIOPSY, LYMPH NODES	468.30 349.65				
15	38510	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38520	BIOPSY/REMOVAL, LYMPH NODES BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38525	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38530	BIOPSY/REMOVAL, LYMPH NODES	468.30				
15	38531	DIODGY OD EVGIGION OF LYMPH MODE (G)					
15	38542	EXPLORE DEEP NODE (S); NECK	468.30				
15	38550	REMOVAL, NECK/ARMPIT LESION	535.50				
15	38555	DEMOVAT NECY/ADMIDTE LECTON	661 EO				
15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,405.95				
15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1.405.95				
15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,405.95 1,405.95				
15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	1,405.95				
15	38589	LAPAROSCOPE PROC, LYMPHATIC	MP		х		
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	REMOVE ARMPIT LYMPH NODES REMOVE GROIN LYMPH NODES BLOOD/LYMPH SYSTEM PROCEDURE BIOPSY OF LIP PARTIAL EXCISION OF LIP PARTIAL EXCISION OF LIP	MP		х		
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	REPATR T.TP	535.50				
15	40652	PARTIAL EXCISION OF LIP RECONSTRUCT LIP WITH FLAP RECONSTRUCT LIP WITH FLAP PARTIAL REMOVAL OF LIP REPAIR LIP REPAIR LIP REPAIR LIP REPAIR LIP	535.50				
15	40654	REPAIR LIP	535.50				
15	40700		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				
	10.01		233.30				

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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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	40799	DESCRIPTION LIP SURGERY PROCEDURE	MP		x	~	0.1_1.0
15		LIP SURGERY PROCEDURE DRAINAGE OF MOUTH LESION 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	BIODSY OF MOUTH LESTON	349 65				
15	40810	EXCISION OF MOUTH LESION	349 65				
15	40812	EXCISE / REDATE MOUTH LESTON	468 30				
15	40814	EXCISE/REDATE MOUTH LESTON	468 30				
15	40816	EXCISION OF MOUTH LESION	468 30				
15	40818	EXCISE ORAL MUCOSA FOR CRAFT	349 65				
15	40819	EXCISE LIP OF CHEEK FOLD	349 65				
15	40820	TREATMENT OF MOUTH LESTON	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		х		
15	41005	DRAINAGE OF MOUTH LESTON	349.65				
15	41006	DRAINAGE OF MOUTH LESTON	349.65				
15	41007	DRAINAGE OF MOUTH LESTON	349.65				
15	41008	DRAINAGE OF MOUTH LESION DRAINAGE OF MOUTH LESION REMOVAL FOREIGN BODY, MOUTH INCISION OF LIP FOLD BIOPSY OF MOUTH LESION EXCISION OF MOUTH LESION EXCISE/REPAIR MOUTH LESION EXCISE/REPAIR MOUTH LESION EXCISE ORAL MUCOSA FOR GRAFT EXCISE LIP OR CHEEK FOLD TREATMENT OF MOUTH LESION REPAIR MOUTH LACERATION REPAIR MOUTH LACERATION RECONSTRUCTION OF MOUTH DRAINAGE OF MOUTH LESION DRAINAGE OF TONGUE BIOPSY OF TONGUE BIOPSY OF TONGUE BIOPSY OF TONGUE LESION EXCISION OF TONGUE LESION EXCISION OF TONGUE LESION EXCISION OF TONGUE LESION EXCISION OF TONGUE LESION PARTIAL REMOVAL OF TONGUE REPAIR TONGUE LACERATION REPAIR TONGUE LACERATION	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		468.30				
15	41510	TONGUE TO LIP SURGERY	349.65				
15	41520	RECONSTRUCTION, TONGUE FOLD	468.30				
15	41599	TONGUE AND MOUTH SURGERY	MP		х		
15	41800	DRAINAGE OF GUM LESION	349.65				
15	41820	GINGVECTOMY, EXC. CING, EACH QUADRANT	349.65				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 40

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

COLUMN:

1	2	DESCRIPTION EXCISION OF GUM FLAP EXCISION OF GUM LESION EXCISION OF GUM LESION EXCSION OF GUM LESION EXCISION OF GUM LESION GUM GRAFT	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	41821	EXCISION OF GUM FLAP	349.65				
15	41822	EXCISION OF GUM LESION	349.65				
15	41823	EXCISION OF GUM LESION	349.65				
15	41826	EXCSION OF GUM LESION	349.65				
15	41827	EXCISION OF GUM LESION	468.30				
15	41870	GUM GRAFT	349.65				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECI	F 349.65				
15	41899	GUM SURGERY PROCEDURE	752.85				
15	42000	DRAINAGE MOUTH ROOF LESION	468.30				
15	42100	BIOPSY ROOF OF MOUTH	349.65				
15	42104	EXCISION LESION, MOUTH ROOF	349.65				
15	42106	EXCISION LESION, MOUTH ROOF	349.65				
15	42107	EXCISION LESION, MOUTH ROOF	468.30				
15	42120	REMOVE PALATE/LESION	661.50				
15	42140	EXCISION OF UVULA	468.30				
15	42145	REPAIR PALATE, PHARYNX/UVULA	752.85				
15	42160	TREATMENT MOUTH ROOF LESION	349.65				
15	42180	REPAIR PALATE	349.65				
15	42182	REPAIR PALATE	468.30				
15	42200	RECONSTRUCT CLEFT PALATE	752.85				
15	42205	RECONSTRUCT CLEFT PALATE	752.85				
15	42210	RECONSTRUCT CLEFT PALATE	752.85				
15	42215	RECONSTRUCT CLEFT PALATE	1,044.75				
15	42220	RECONSTRUCT CLEFT PALATE	752.85				
15	42226	LENGTHENING OF PALATE	752.85				
15	42235	REPAIR PALATE	752.85				
15	42260	REPAIR NOSE TO LIP FISTULA	661.50				
15	42299	PALATE/UVULA SURGERY	MP		x		
15	42300	DRAINAGE OF SALIVARY GLAND	349.65				
15	42305	DRAINAGE OF SALIVARY GLAND	468.30				
15	42310	DRAINAGE OF SALIVARY GLAND	349.65				
15	42320	DRAINAGE OF SALIVARY GLAND	349.65				
15	42340	DRAINAGE MOUTH ROOF LESION BIOPSY ROOF OF MOUTH EXCISION LESION, MOUTH ROOF EXCISION LESION, MOUTH ROOF EXCISION LESION, MOUTH ROOF REMOVE PALATE/LESION EXCISION OF UVULA REPAIR PALATE, PHARYNX/UVULA TREATMENT MOUTH ROOF LESION REPAIR PALATE REPAIR PALATE RECONSTRUCT CLEFT PALATE REPAIR NOSE TO LIP FISTULA PALATE/UVULA SURGERY DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY GLAND REMOVAL OF SALIVARY STONE BIOPSY OF SALIVARY STONE BIOPSY OF SALIVARY CYST DRAINAGE OF SALIVARY CYST DRAINAGE OF SALIVARY CYST EXCISE PAROTID GLAND/LESION EXCISE PAROTID GLAND/LESION	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 PAROTID GLAND/LESION EXCISE PAROTID GLAND/LESION EXCISE PAROTID GLAND/LESION EXCISE SUBMAXILLARY GLAND EXCISE SUBLINGUAL GLAND REPAIR SALIVARY DUCT REPAIR SALIVARY DUCT PAROTID DUCT DIVERSION PAROTID DUCT DIVERSION	535.50				
15	42450	EXCISE SUBLINGUAL GLAND	468.30				
15	42500	REPAIR SALIVARY DUCT	535.50				
15	42505	REPAIR SALIVARY DUCT	661.50				
15	42507	PAROTID DUCT DIVERSION	535.50				
15	42509	PAROTID DUCT DIVERSION	661.50				
15	42510	CREATION OF NEW DRAINAGE TRACTS OF	M 661.50				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	42600	CLOSURE OF SALIVARY FISTULA	349.65			02	01210
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		21		
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	42804	BIOPSY OF UPPER NOSE/THROAT	468.30				
15	42808	EXCISE PHARYNX LESION	468.30				
15	42810		535.50				
15		EXCISION OF NECK CYST					
15 15	42815 42820	EXCISION OF NECK CYST	752.85	00 11			
_		TONSILLECTOMY AND ADENOIDECTOMY;<12	535.50	00 11 12 99			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;	752.85				
15	42825	TONSILLECTOMY, PRIMARY OR SECONDARY	661.50				
15	42826	TONSILLECTOMY, PRIMARY OR SECONDARY;	661.50	12 99			
15	42830	ADENOIDECTOMY, PRIMARY;<12	661.50				
15	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	661.50	12 99			
15	42835	ADENOIDECTOMY, SECONDARY;<12	661.50				
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		х		
15	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	349.65				
15	43191	Diagnostic examination of esophagus	349.65				
15	43192	Injections of substance in tissue li	349.65				
15	43193	Biopsy of esophagus using an endosco	349.65				
15	43194	Removal of foreign body of esophagus	349.65				
15	43195	Balloon dilation of esophagus using	349.65				
15	43196	Insertion of wire and dilation of es	349.65				
15	43197	Diagnostic examination of esophagus	349.65				
15	43198	Biopsy of esophagus using an endosco	349.65				
15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	349.65				
15	43201	INJECTIONS INTO ESOPHAGUS USING AN E	349.65				
15	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	349.65				
15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	349.65				
15	43205	TYING OF ESOPHAGEAL VEINS USING AN E	349.65				

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LOUISIANA 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

COLUMN:

_	_		_	_	_	_	
1	2	3	4	5 AGE	6 MED	7	x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	349.65		х		
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		х		
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				
10	45270	bestraction of growing on esopuagus,	-30.30				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	43274	Placement of stent pancreatic or bil	468.30				
15	43275	Removal of foreign body or stent fro	468.30				
15	43276	Replacement of stent pancreatic or b	468.30				
15	43277	Balloon dilation of pancreatic or bi	468.30				
15	43278	Destruction of mass on gallbladder,	468.30				
15	43280	LAPAROSCOPY, FUNDOPLASTY	661.50				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	661.50				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	661.50				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	661.50				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		x		
15	43420	REPAIR ESOPHAGUS OPENING	535.50				
15	43450	DILATE ESOPHAGUS	349.65				
15	43453	DILATE ESOPHAGUS	349.65				
15	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	661.50				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		x		
15	43653	LAPAROSCOPY, GASTROSTOMY	1,405.95				
15	43659	LAPAROSCOPE PROC, STOM	MP		x		
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	349.65				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	349.65				
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	349.65				
15	43830	SURGICAL OPENING OF STOMACH	468.30				
15	43870	REPAIR STOMACH OPENING	349.65				
15	43999	STOMACH SURGERY PROCEDURE	MP		х		
15	44100	BIOPSY OF BOWEL	349.65				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		х		
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				
			0 - 0 . 00				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	44388	COLON ENDOSCOPY	349.65	MIN MAX	KE V	SEA	OVERS
15	44389	COLONOSCOPY WITH BIOPSY	349.65				
15	44390	COLONOSCOPY FOR FOREIGN BODY	349.65				
15	44391	COLONOSCOPY FOR BLEEDING	349.65				
15	44391	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		1,405.95		x		
15	44970	LAPAROSCOPY, APPENDECTOMY	752.85		х		
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	BIOFSI OF RECIOM	349.65				
15	45108	REMOVAL OF ANORECTAL LESION	468.30				
15	45150	EXCISION OF RECTAL STRICTURE	468.30				
15	45160	EXCISION OF RECTAL LESION	468.30				
15	45171	EXCISION OF RECTAL TUMOR, TRANSANAL	468.30				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	468.30				
15	45190	DESTRUCTION, RECTAL TUMOR	1,405.95				
15	45300	PROCTOSIGMOIDSCOPY, DIAGNOSTICA	349.65				
15	45305	PROTOSIGMOIDOSCOPY W/BX	349.65				
15	45307	PROTOSIGMOIDOSCOPY FB	349.65				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	349.65				
15	45317	PROTOSIGMOIDOSCOPY BLEED	349.65				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	349.65				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	349.65				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	349.65				
15	45330	SIGMOIDOSCOPY, FLEX FIBEROPTIC; DIAGN	349.65				
15	45331	SIGMOIDOSCOPY AND BIOPSY	349.65				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	349.65				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	349.65				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	349.65				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	349.65				
15	45337		349.65				
15	45338	SIGMOIDOSCOPY & DECOMPRESS SIGMOIDOSCPY W/TUMR REMOVE	349.65				
15	45340	SIG W/BALLOON DILATION	349.65				
-		,					

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 45

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	349.65				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX	349.65				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	349.65				
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	349.65				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC					
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 BLOPSY	468.30				
15	45381	COLONOSCOPY AND BIOPSY COLONOSCOPE, SUBMUCOUS INJ	468.30				
15	45382	COLONOSCOPY/CONTROL BLEEDING	468.30				
15	45384	LESION REMOVE COLONOSCOPY	468.30				
15	45385	THATAN PHYSINT GOTONOGGODU	468.30				
15	45386	COLONOSCOPE DILATE STRICTURE	468.30				
15	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION					
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	45391	COLONOSCOPY W/ENDOSCOPIC FNB	468.30				
15	45393	COLONOSCOPI W/ENDOSCOPIC FND	240.50				
15	45398	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE COLONOSCOPY, FLEXIBLE; WITH BAND LIG	249.05				
15	45499	TADADOSCOPE DDOC DECEMB	349.65 MP		x		
15		LAPAROSCOPE PROC, RECTUM	468.30		^		
15	45500 45505	REPAIR OF RECTUM REPAIR OF RECTUM REPAIR OF RECTOCELE REDUCTION OF RECTAL PROLAPSE	468.30				
		REPAIR OF RECTOM					
15 15	45560	REPAIR OF RECTOCELE	468.30				
_	45900	REDUCTION OF RECTAL PROLAPSE	349.65				
15	45905	DILATION OF ANAL SPHINCTER	349.65				
15	45910	DILATION OF RECTAL NARROWING REMOVE RECTAL OBSTRUCTION	349.65				
15	45915	REMOVE RECTAL OBSTRUCTION	349.65				
15	45990	SURG DX EXAM, ANORECTAL	468.30		x		
15	45999	SURG DX EXAM, ANORECTAL RECTUM SURGERY PROCEDURE PLACEMENT OF SETON	MP		х		
15	46020	PLACEMENT OF SETON REMOVAL OF RECTAL MARKER					
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 INCISION OF ANAL SPHINCTER	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	EXC EXT. THROMBOSED HEMORRHOID REMOVAL OF ANAL FISSURE REMOVAL OF ANAL TAB REMOVAL OF ANAL TABS HEMORRHOIDECTOMY HEMORRHOIDECTOMY	349.65				
15	46250	HEMORRHOIDECTOMY	535.50				
15	46255		535.50				
15	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER					
15	46258	REMOVE HEMORRHOIDS & FISTULA	535.50				
15	46260	HEMORRHOIDECTOMY	535.50				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 46

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	661.50				0.1
15	46262	REMOVE HEMORRHOIDS & FISTULA	661.50				
15	46270	SURGICAL TREATMENT OF ANAL FISTULA	535.50				
15	46275		535.50				
15	46280	REMOVAL OF ANAL FISTULA REMOVAL OF ANAL FISTULA SUBGICAL TREATMENT 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	ANOCCCODY, DIACNOCHIC	349.65				
15	46604	ANOSCODY 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/PEMOVE LECTON	349.65				
15	46611	ANOSCOPY/REMOVE LESION ANOSCOPY	349.65				
15	46612	ANOSCOPY/ REMOVE LESIONS	349.65				
15	46615		468.30				
15	46700	ANOSCOPY 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						
15	46754	DEMONIAL OF CHIMINE FROM ANICO	535.50 468.30				
15	46760	REDATE OF ANAL SCHUNCTER	468 30				
15	46761	REPAIR OF ANAL SPHINCTER	468.30 535.50				
15	46900	REMOVAL OF ANAL LESTON	349 65				
15	46910	REMOVAL OF ANAL LESTON	349.65 349.65				
15	46917	LASER SURGERY ANAL LESTONS	349 65				
15	46922	REMOVAL OF SUTURE FROM ANUS REPAIR OF ANAL SPHINCTER REPAIR OF ANAL SPHINCTER REMOVAL OF ANAL LESION REMOVAL OF ANAL LESION LASER SURGERY, ANAL LESIONS EXCISION OF ANAL LESION(S) DESTRUCTION, ANAL LESION(S) TREATMENT OF ANAL FISSURE LIGATION OF HEMORRHOIDS	349.65 349.65				
15	46924	DESTRUCTION ANAL LESTON(S)	349 65				
15	46940	TREATMENT OF ANAL FISSURE	349.65 349.65				
15	46945	LIGATION OF HEMORRHOIDS	349.65				
15	46946	LIGATION OF HEMORRHOIDS	349.65 349.65				
15	46947	UEMODDUOTDODEVV DV CEADITMC	E3E E0				
15	46948	HEMORRHIDECTOMY, INTERNAL, BY TRANSA	535.50				
15	46999	ANTIC CIDCEDY DOCCEDIDE	MD		x		
15	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	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		х		
15	47533	PLACEMENT OF BILIARY DRAINAGE CATHET					
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		1,405.95				
15	47540		1,405.95				
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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 47

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

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	47541	PLACEMENT OF ACCESS THROUGH THE BILI	468.30				
15		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		х		
15	47999	BILE TRACT SURGERY PROCEDURE	MP		х		
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		х		
15	49322	DIAGNOSTIC EXAMINATION OF BILE DUCTS BILIARY ENDOSCOPY THRU SKIN LAPAROSCOPIC CHOLECYSTECTOMY LAPARO CHOLECYSTECTOMY/GRAPH LAPARO CHOLECYSTECTOMY/EXPLR LAPAROSCOPE PROC, BILLIARY BILE TRACT SURGERY PROCEDURE NEEDLE BIOPSY, PANCREAS PANCREAS SURGERY PROCEDURE BIOPSY, ABDOMINAL MASS EXCISION OF UMBILICUS DIAG LAPARO SEPARATE PROC LAPAROSCOPY, BIOPSY LAPAROSCOPY, ASPIRATION LAPAROSCOPY, SURGICAL; WITH PLACEMEN	661.50		х		
15	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN LAPARO PROC, ABDM/PER/OMENT PLACEMENT OF INTERSTITIAL DEVICE(S)	661.50				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		х		
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	INSERTION OF TUNNELED INTRAPERITONEA INSERT ABDOM CATH FOR CHEMOTX INSERT ABDOMINAL DRAIN REMOVE PERM CANNULA/CATHETER REVISE ABDOMEN-VENOUS SHUNT REPARING HERN PREMIE REDUC RPR HERN PREMIE, BLOCKED RPR ING HERNIA BABY, REDUC RPR ING HERNIA BABY, BLOCKED REPAIR INITIAL INGUINAL HERNIA REPAIR INITIAL INGUINAL HERNIA RPR I/HERN INIT REDUC>5 YR RPR I/HERN INIT BLOCK>5 YR REREPAIR ING HERNIA, REDUCE REREPAIR ING HERNIA, BLOCKED REPAIR ING HERNIA, BLOCKED REPAIR ING HERNIA, BLOCKED REPAIR ING HERNIA, INIT, REDUCE REPAIR LUMBAR HERNIA RPR FEM HERNIA, INIT, REDUCE RPR FEM HERNIA, INIT BLOCKED REREPAIR FEM HERNIA, BLOCKED REREPAIR FEM HERNIA, BLOCKED REREPAIR FEM HERNIA, BLOCKED INITIAL REPAIR OF SLIDING HERNIA OF	752.85				
15	49595	INITIAL REPAIR OF SLIDING HERNIA OF	752.85				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 48

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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 ABDPMEN SURGERY PROCEDURE PERCUT NEPHRO/PYELO,W/OR W/O BIOPSY OF KIDNEY	661.50 1,044.75 MP MP 468.30		Х		
15	49999	ABDPMEN SURGERY PROCEDURE	MP		Х		
15	50080	PERCUT NEPHRO/PYELO, W/OR W/O	468.30				
15	50200	DIGIGI OF HIDNEY	313.00				
15	50390	DRAINAGE OF KIDNEY LESION	349.65				
15	50396	MEASURE KIDNEY PRESSURE	349.65				
15	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P PLACEMENT OF NEPHROSTOMY CATHETER, P CONVERT NEPHROSTOMY CATHETER TO NEPH	468.30				
15	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	468.30				
15	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH EXCHANGE NEPHROSTOMY CATHETER PERCUT DILATION OF EXISTING TRACT, PERCUTAN	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					
15	50549	LAPAROSCOPE PROC, RENAL	MP		Х		
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	KIDNEY ENDOSCOPY & TREATMENT KIDNEY ENDOSCOPY & TREATMENT LITHOTRIPSY, ESW INJECTION FOR URETER X-RAY CHANGE OF URETER TUBE	535.50				
15	50684	INJECTION FOR URETER X-RAY	349.65				
15	50688	CHANGE OF URETER TUBE	349.65 468.30				
15	50693	PLACEMENT OF URETERAL STENT, PERCUTA	468.30				
15	50694	PLACEMENT OF URETERAL STENT, PERCUTA 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		Х		
15	50951	ENDOSCOPY OF URETER	349.65				
15	50953	ENDOSCOPY OF URETER	349.65				
15	50955	PLACEMENT OF URETERAL STENT, PERCUTA PLACEMENT OF URETERAL STENT, PERCUTA LAPARO NEW URETER/BLADDER LAPARO NEW URETER/BLADDER LAPAROSCOPE PROC, URETER ENDOSCOPY OF URETER ENDOSCOPY OF URETER URETER ENDOSCOPY & BIOPSY URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY	349.65				
15	50957	URETER ENDOSCOPY & TREATMENT	349.65				
15	50961	URETER ENDOSCOPY & TREATMENT	349.65				
15	50970	OIMIDIC DINDOCCOLL	313.00				
15	50972	URETER ENDOSCOPY & CATHETER URETER ENDOSCOPY & BIOPSY	349.65				
15	50974	URETER ENDOSCOPY & BIOPSY	349.65				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 49

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

COLUMN:

	_		_		_	_	
1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	50976	URETER ENDOSCOPY & TREATMENT	349.65				
15	50980	URETER ENDOSCOPY & TREATMENT	349.65				
15	51020	INCISE & TREAT BLADDER	661.50				
15	51040	INCISE & DRAIN BLADDER	661.50				
15	51045	INCISE BLADDER/DRAIN URETER	661.50				
15	51050	REMOVAL OF BLADDER STONE	661.50				
15	51065	REMOVE URETER CALCULUS	661.50				
15	51080	DRAINAGE OF BLADDER ABSCESS	349.65				
15	51500	DRAINAGE OF BLADDER ABSCESS 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					
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 (TE. CALTBRAT	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	ANAL/URINARY MUSCLE STUDY ANAL/URINARY MUSCLE STUDY REPAIR OF BLADDER OPENING LAPARO SLING OPERATION LAPAROSCOPE PROC, BLADDER CYSTOSCOPY CYSTOSCOPY, REMOVAL OF CLOTS CYSTOSCOPY & URETER CATHETER CYSTOSCOPY AND BIOPSY CYSTOSCOPY & DUCT CATHETER	468.30				
15	51999	LAPAROSCOPE PROC, BLADDER	MP		x		
15	52000	CYSTOSCOPY	349.65				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	468.30				
15	52005	CYSTOSCOPY & URETER CATHETER	468.30				
15	52007	CYSTOSCOPY AND BIOPSY	468.30				
15	52010	CYSTOSCOPY & DUCT CATHETER	468.30				
15	52204	CYSTOSCOPY AND BIOPSY CYSTOSCOPY & DUCT CATHETER CYSTOSCOPY CYSTOSCOPY AND TREATMENT CYSTOSCOPY & TREATMENT CYSTOSCOPY & REVISE URETHRA CYSTOSCOPY & REVISE URETHRA	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 CYSTOSCOPY AND TREATMENT	468.30				
15	52276	CYSTOSCOPY AND TREATMENT	535.50				
15	52277	CYCHOCCODY AND TREATMENT	468.30				
15	52281	CYSTOSCOPY AND TREATMENT	468.30				
15	52282	CYSTOSCOPY AND TREATMENT CYSTOSCOPY, IMPLANT STENT CYSTOSCOPY AND TREATMENT	468.30 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 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 50

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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 AND TREATMENT REMOVE BLADDER STONE REMOVE BLADDER STONE CYSTOSCOPY AND TREATMENT CYSTOSCOPY, STONE REMOVAL CYSTOSCOPY, INJECT MATERIAL CYSTOSCOPY AND TREATMENT	752.85 661.50 468.30				
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	CYSTOSCOPY, INJECT MATERIAL CYSTOSCOPY AND TREATMENT CYSTOSCOPY AND TREATMENT CREATE PASSAGE TO KIDNEY CYSTO W/URETER STRICTURE TX CYSTO W/UP STRICTURE TX CYSTO W/RENAL STRICTURE TX CYSTO/URETERO, STONE REMOVE CYSTO/URETERO W/UP STRICTURE CYSTOURETERO W/RENAL STRICT CYSTOURETERO W/RENAL STRICT CYSTOURETRO W/STONE REMOVE CYSTOURETERO W/STONE REMOVE CYSTOURETERO W/LITHOTRIPSY CYSTOURETERO W/BIOPSY CYSTOURETERO W/EXCISE TUMOR	661.50				
15	52354	CYSTOURETERO W/BIOPSY	661.50				
15	52355	CYSTOURETERO W/BIOPSY CYSTOURETERO W/EXCISE TUMOR	661.50 661.50				
15	52356	CRUSHING OF STONE IN URINARY DUCT (U	661.50				
15	52400	CYSTOURETERO W/CONGEN REPR	535.50				
15	52402	CYSTOURETERO W/CONGEN REPR CYSTOURETHRO CUT EJACUL DUCT INCISION OF PROSTATE REVISION OF BLADDER NECK PROSTATECTOMY (TURP) REMOVE PROSTATE REGROWTH	535.50				
15	52450	INCISION OF PROSTATE	535.50				
15	52500	REVISION OF BLADDER NECK	535.50 535.50				
15	52601	PROSTATECTOMY (TURP)	661.50				
15	52630	REMOVE PROSTATE REGROWTH	661.50 468.30				
15	52640	RELIEVE BLADDER CONTRACTURE	468.30 1,405.95				
15	52647	LASER SURGERY OF PROSTATE	1,405.95				
15	52648	LASER SURGERY OF PROSTATE DRAINAGE OF PROSTATE ABSCESS	1,405.95 468.30				
15	52700	DRAINAGE OF PROSTATE ABSCESS	468.30				
15	53000	INCISION OF URETHRA	349.65				
15	53010	INCISION OF URETHRA INCISION OF URETHRA INCISION OF URETHRA	349.65				
15	53020	INCISION OF URETHRA	349.65				
15	53040	DRAINAGE OF URETHRA ABSCESS DRAINAGE OF URINARY LEAKAGE	468.30				
15	53080	DRAINAGE OF URINARY LEAKAGE	535.50				
15	53200	BIOPSY OF URETHRA	349.65				
15	53210	BIOPSY OF URETHRA REMOVAL OF URETHRA 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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 51

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REMOVAL OF URETHRA LESION REMOVAL OF URETHRA LESION SURGERY FOR URETHRA POUCH REMOVAL OF SEMINAL FLUID GLAND TREATMENT OF URETHRA LESION TREATMENT OF URETHRA LESION REMOVAL OR DISTRUCTION OF BLADDER CA	4	5	6	7	8
				AGE	MED		x -
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	53230	REMOVAL OF URETHRA LESION	468.30			F	
15	53235	REMOVAL OF URETHRA LESION	535.50			M	
15	53240	SURGERY FOR URETHRA POUCH	468.30				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	468.30				
15	53260	TREATMENT OF URETHRA LESION	468.30				
15	53265	TREATMENT OF URETHRA LESION	468.30				
15	53270	TREATMENT OF URETHRA LESION 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	REMOVAL OR DISTRUCTION OF BLADDER CA REPAIR OF URETHRA DEFECT REVISE URETHRA, STAGE 1 REVISE URETHRA, STAGE 2 RECONSTRUCTION OF URETHRA RECONSTRUCT URETHRA, STAGE 1 RECONSTRUCT URETHRA, STAGE 1 RECONSTRUCT URETHRA, STAGE 2 RECONSTRUCTION OF URETHRA REPAIR OF BLADDER CANAL (URETHRA) AN CORRECT BLADDER FUNCTION REMOVE PERINEAL PROSTHESIS INSERT TANDEM CUFF INSERT URO/VES NCK SPHINCTER REMOVE URO SPHINCTER REMOVE/REPLACE UR SPHINCTER REPAIR URO SPHINCTER REVISION OF URETHRA REVISION OF URETHRA REVISION OF URETHRA REPAIR OF URETHRA INJURY REPAIR OF URETHRA DEFECT DILATE URETHRAL STRUCTURE, MALE; INIT	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	468.30 468.30			M	
15	53600	DILATE URETHRAL STRUCTURE, MALE; INIT	349.65			M	
15	53605	REPAIR OF URETHRA DEFECT DILATE URETHRAL STRUCTURE, MALE; INIT DILATE URETHRA STRICTURE DILATION OF URETHRA	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					F	
15	53899	UROLOGY SURGERY PROCEDURE	MP		х		
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	TRANSURETHRAL RADIOFREQUENCY MICRO-R UROLOGY SURGERY PROCEDURE SLITTING OF PREPUCE SLITTING OF PREPUCE DRAIN PENIS LESION LASER SURG, PENIS LESION(S) EXCISION OF PENIS LESION(S) DESTRUCTION, PENIS LESION(S) BIOPSY OF PENIS BIOPSY OF PENIS TREATMENT OF PENIS LESION TREAT PENIS LESION, GRAFT TREAT PENIS LESION, GRAFT	468.30			M	
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

		•	2		-	_	-	•
1		2	3	4	5 AGE	6 MED	7	8 X-
TS	S	CODE	DESCRIPTION	FEE 349.65	MIN-MAX	REV	SEX	OVERS
15	5	54115	TREATMENT OF PENIS LESION	349.65			M	
1!	5	54120	PARTIAL REMOVAL OF PENIS	468.30			M	
1!	5	54150	CIRCUMCISION USING CLAMP OR OTHER DE	468.30			M	
1!	5	54160	CIRCUMCISION USING OTHER THAN CLAMP	468.30	00 01		M	
15	5	54161	CIRCUMCISION USING OTHER THAN CLAMP	468.30			M	
15	5	54162	LYSIS PENIL CIRCUMCIS LESION	468.30			M	
15	5	54163	REPAIR OF CIRCUMCISION	468.30			M	
15	5	54164	FRENULOTOMY OF PENIS	468.30			M	
15	5	54205	TREATMENT OF PENIS LESION	661.50			M	
15	5	54220	TREATMENT OF PENIS LESION	349.65			M	
1!	5	54300	TREATMENT OF PENIS LESION REVISION OF PENIS REVISION OF PENIS	535.50			M	
1!	5	54304	REVISION OF PENIS	535.50			M	
1!	5	54308		535.50			M	
1	5	54312	RECONSTRUCTION OF URETHRA	535.50 535.50			М	
1		54316	RECONSTRUCTION OF URETHRA	535.50			M	
1		54318	RECONSTRUCTION OF URETHRA	535.50 535.50			М	
1		54322		535.50			М	
1		E 4 2 0 4	DECOMORDISCETOM OF INDEEDING	535.50			M	
1.		54326		535.50			M	
1		54328	REVISE PENIS/URETHRA	535.50			M	
1.		54332	1 STAGE PROX PINILE/PENOSCROTAL REP	535.50			M	
1		54340	SECONDARY URETHRAL SURGERY	535.50			M	
1!		54344		535.50			M	
1!		54348	SECONDARY URETHRAL SURGERY				M	
1!		54352	SECONDARY URETHRAL SURGERY RECONSTRUCT URETHRA/PENIS	535.50 535.50			M	
1.		54360	PENIS PLASTIC SURGERY	535.50			M	
1!		54380	REPAIR PENIS	535.50			M	
1!		54385	REPAIR PENIS	535.50			M	
1!		54406		535.50				
1		54408	REPAIR MULTI-COMP PENIS PROS	535.50				
1!		54410		535.50				
1!		54415		535.50				
1.		54416		535.50				
1.		54420	REVISION OF PENIS	661.50			м	
1.		54435	REVISION OF PENIS	661.50			M	
1!		54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	468.30			M	
1!				661.50		х	M	
1!		54450	PREPUTIAL STRETCHING	349.65			M	
1.		54500	BIOPSY OF TESTIS	349.65			M	
1!		54505	BIOPSY OF TESTIS	349.65			M	
1.		54512	EXCISE LESION TESTIS	468.30			M	
1!		54520	REMOVAL OF TESTIS	535.50			M	
1!		54522	REPAIR OF PENIS PREPUTIAL STRETCHING BIOPSY OF TESTIS BIOPSY OF TESTIS EXCISE LESION TESTIS EXCISE LESION TESTIS ORCHIECTOMY, PARTIAL REMOVAL OF TESTIS EXTENSIVE TESTIS SURGERY EXPLORATION FOR TESTIS REDUCE TESTIS TORSION	535.50			M	
1!		54530	REMOVAL OF TESTIS	661.50			M	
1!		54535	EXTENSIVE TESTIS SURGERY	535.50			M	
1.		54550	EXPLORATION FOR TESTIS	661.50			M	
1!		54600	REDUCE TESTIS TORSION	661.50			M	
	_			332.33				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

TS CODE DESCRIPTION FEE	1	_	2	3	4	5 AGE	6 MED	7	8 X-
15	T	'S	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	1	.5	54620	SUSPENSION OF TESTIS	535.50			M	
15	1	.5	54640	SUSPENSION OF TESTIS	661.50			M	
15	1	.5	54660	REVISION OF TESTIS	468.30			M	
15	1	.5	54670	REPAIR TESTIS INJURY	535.50			M	
15	1	.5	54680	RELOCATION OF TESTIS(ES)	535.50			M	
15	1	.5	54690	LAPAROSCOPY, ORCHIECTOMY	1,405.95				
15	1	.5	54692	LAPAROSCOPY, ORCHIOPEXY	1,405.95				
15	1	.5	54699	LAPAROSCOPE PROC, TESTIS	MP		х		
15	1	.5	54700		468.30			M	
15	1	.5	54800	BIOPSY OF EPIDIDYMIS				M	
15	1	.5	54830	REMOVE EPIDIDYMIS LESION				M	
15	1	.5	54840	REMOVE EPIDIDYMIS LESION	661.50			M	
15	1	.5	54860	REMOVAL OF EPIDIDYMIS	535.50			M	
15	1	.5	54861	REMOVAL OF EPIDIDYMIS	661.50			M	
15	1	.5	55000	DRAINAGE OF HYDROCELE	349.65			M	
15	1	.5	55040	REMOVAL OF HYDROCELE	535.50			M	
15	1	.5		REMOVAL OF HYDROCELES				M	
15 55110 EXPLORE SCROTUM LESION 468.30 M 15 55120 REMOVAL OF SCROTUM LESION 349.65 M 15 55150 REMOVAL OF SCROTUM 349.65 M 15 55175 REVISION OF SCROTUM 349.65 15 55180 REVISION OF SCROTUM 468.30 M 15 55200 INCISION OF SPERM DUCT 468.30 M 15 55200 REMOVAL OF SPERM DUCT 468.30 M 15 55550 REMOVAL OF SPERM DUCT 535.50 M 15 55500 REMOVAL OF HYDROCELE 535.50 M 15 55500 REMOVAL OF SPERM CORD LESION 661.50 M 15 55520 REMOVAL OF SPERM CORD LESION 661.50 M 15 55530 REVISE SPERMATIC CORD VEINS 661.50 M 15 55530 REVISE SPERMATIC CORD VEINS 661.50 M 15 55550 LAPARO LIGATE SPERMATIC VEINS 752.85 M 15 55550 LAPARO LIGATE SPERMATIC VEIN 1,405.95 15 55550 LAPARO PROC, SPERMATIC CORD MP X 15 555700 BIOPSY OF PROSTATE 468.30 M 15 55700 BIOPSY OF PROSTATE 468.30 M 15 55705 BIOPSY OF PROSTATE 468.30 M 15 55725 DRAINAGE OF PROSTATE 468.30 M 15 55725 DRAINAGE OF PROSTATE 468.30 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55867 CRYOABLATE PROSTATE 1,405.95 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,044.75 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,044.75 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,044.75 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,045.95 F 15 55840 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F	1	.5	55060	REPAIR OF HYDROCELE	661.50			M	
15 55110 EXPLORE SCROTUM LESION 468.30 M 15 55120 REMOVAL OF SCROTUM LESION 349.65 M 15 55150 REMOVAL OF SCROTUM 349.65 M 15 55175 REVISION OF SCROTUM 349.65 15 55180 REVISION OF SCROTUM 468.30 M 15 55200 INCISION OF SPERM DUCT 468.30 M 15 55200 REMOVAL OF SPERM DUCT 468.30 M 15 55550 REMOVAL OF SPERM DUCT 535.50 M 15 55500 REMOVAL OF HYDROCELE 535.50 M 15 55500 REMOVAL OF SPERM CORD LESION 661.50 M 15 55520 REMOVAL OF SPERM CORD LESION 661.50 M 15 55530 REVISE SPERMATIC CORD VEINS 661.50 M 15 55530 REVISE SPERMATIC CORD VEINS 661.50 M 15 55550 LAPARO LIGATE SPERMATIC VEINS 752.85 M 15 55550 LAPARO LIGATE SPERMATIC VEIN 1,405.95 15 55550 LAPARO PROC, SPERMATIC CORD MP X 15 555700 BIOPSY OF PROSTATE 468.30 M 15 55700 BIOPSY OF PROSTATE 468.30 M 15 55705 BIOPSY OF PROSTATE 468.30 M 15 55725 DRAINAGE OF PROSTATE 468.30 M 15 55725 DRAINAGE OF PROSTATE 468.30 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55867 CRYOABLATE PROSTATE 1,405.95 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,044.75 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,044.75 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,044.75 M 15 55880 ABLATION OF MALIGANT PROSTATE TISSU 1,045.95 F 15 55840 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F	1	.5	55100	DRAINAGE OF SCROTUM ABSCESS	349.65			M	
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55110	EXPLORE SCROTUM	468.30				
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55120	REMOVAL OF SCROTUM LESION	468.30			M	
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55150	REMOVAL OF SCROTUM	349.65			M	
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55175	REVISION OF SCROTUM	349.65				
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55180	REVISION OF SCROTUM	468.30				
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55200	INCISION OF SPERM DUCT	468.30			M	
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55250	REMOVAL OF SPERM DUCT(S)	468.30	21 99	x	M	
15 55520 REVISE SPERMATIC CORD VEINS 661.50 M 15 55535 REVISE SPERMATIC CORD VEINS 661.50 M 15 55540 REVISE SPERMATIC CORD 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 468.30 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 M 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 FEMALE GENI 349.65 TO 60 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 TO 60 F	1	.5	55500	REMOVAL OF HYDROCELE	535.50			M	
15	1	.5	55520	REMOVAL OF SPERM CORD LESION	661.50			M	
15	1	.5	55530		661.50			M	
15 5550 LAPARO LIGATE SPERMATIC VEIN 1,405.95 15 5559 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 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 M 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 FEMALE GENI 349.65 10 60 F 15 56420 INCISION AND DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55535	REVISE SPERMATIC CORD VEINS	661.50			M	
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 M 15 55874 TRANSPERINEAL PLACEMENT OF BIODEGRAD 1,405.95 M 15 55880 ABLATION OF MALIGNANT PROSTATE TISSU 1,044.75 M 15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55540	REVISE HERNIA & SPERM VEINS	752.85			M	
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 M 15 55874 TRANSPERINEAL PLACEMENT OF BIODEGRAD 1,405.95 M 15 55880 ABLATION OF MALIGNANT PROSTATE TISSU 1,044.75 M 15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55550	LAPARO LIGATE SPERMATIC VEIN	1,405.95				
15	1	.5	55559	LAPARO PROC, SPERMATIC CORD			x		
15 55700 BIOPSY OF PROSTATE 468.30 M 15 55705 BIOPSY OF PROSTATE 468.30 M 15 55720 DRAINAGE OF PROSTATE ABSCESS 349.65 M 15 55725 DRAINAGE OF PROSTATE ABSCESS 468.30 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 15 55874 TRANSPERINEAL PLACEMENT OF BIODEGRAD 1,405.95 M 15 55880 ABLATION OF MALIGNANT PROSTATE TISSU 1,044.75 M 15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55680	·	349.65			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 M 15 55874 TRANSPERINEAL PLACEMENT OF BIODEGRAD 1,405.95 M 15 55880 ABLATION OF MALIGNANT PROSTATE TISSU 1,044.75 M 15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55700	BIOPSY OF PROSTATE				M	
15 55725 DRAINAGE OF PROSTATE ABSCESS 468.30 M 15 55867 SIMPLE SURGICAL SUBTOTAL REMOVAL OF 1,405.95 M 15 55873 CRYOABLATE PROSTATE 1,405.95 15 55874 TRANSPERINEAL PLACEMENT OF BIODEGRAD 1,405.95 M 15 55880 ABLATION OF MALIGNANT PROSTATE TISSU 1,044.75 M 15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55705		468.30			M	
15	1	.5	55720	DRAINAGE OF PROSTATE ABSCESS	349.65			M	
15	1	.5	55725	DRAINAGE OF PROSTATE ABSCESS	468.30			M	
15	1	.5	55867	SIMPLE SURGICAL SUBTOTAL REMOVAL OF	1,405.95			M	
15 55874 TRANSPERINEAL PLACEMENT OF BIODEGRAD 1,405.95 M 15 55880 ABLATION OF MALIGNANT PROSTATE TISSU 1,044.75 M 15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55873	CRYOABLATE PROSTATE	1,405.95				
15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,405.95			M	
15 55899 GENITAL SURGERY PROCEDURE MP X M 15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5	55880		•			M	
15 56405 INCISION AND DRAINAGEOF VULVA OR PE 349.65 F 15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F					•		x	M	
15 56420 INCISION AND DRAINAGE OF FEMALE GENI 349.65 10 60 F 15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F	1	.5		INCISION AND DRAINAGEOF VULVA OR PE	349.65			F	
15 56440 CREATION OF DRAINAGE TRACT FOR FEMAL 468.30 F						10 60		F	
15 56441 LYSIS OF LABIAL LESION(S) 349.65 F	1	.5	56440	CREATION OF DRAINAGE TRACT FOR FEMAL				F	
	1	.5	56441	LYSIS OF LABIAL LESION(S)	349.65			F	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION DESTROY VULVA LESION (S); SIMPLE DESTROY VULVA LESION/S COMPL BIOPSY OF VULVA OR PERINEUM (SEPARAT	FEE 349.65	MIN-MAX	REV	SEX	OVERS
15	56501	DESTROY VULVA LESION (S); SIMPLE	349.65			F	
15	56515	DESTROY VULVA LESION/S COMPL	535.50			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	349.65			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT BIOPSY OF VULVA OR PERINEUM (SEPARAT	349.65			F	
15	56620	PARTIAL REMOVAL OF VULVA	752.85			F	
15	56625		349.65 349.65 752.85 1,044.75			F	
15	56700	COMPLETE REMOVAL OF VULVA PARTIAL REMOVAL OF HYMEN	1,044.75 349.65			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	535.50			F	
15	56800	REPAIR OF VAGINA	535.50			- ਜ	
15	56810					_	
15	56821	EXAM/RIOPSY OF VIII.VA W/SCOPE	349 65			F	
15	57000	REPAIR OF PERINEUM EXAM/BIOPSY OF VULVA W/SCOPE EXPLORATION OF VAGINA DRAINAGE OF PELVIC ABSCESS DRAINAGE OF PELVIC FLUID I & D VAG HEMATOMA, NON-OB DESTROY VAG LESIONS, SIMPLE DESTROY VAG LESIONS, COMPLEX BIOPSY OF VAGINA BIOPSY OF VAGINA REMOVE VAGINA LESION REMOVE VAGINA LESION INSERT UTERI TANDEMS/OVOIDS INSERTION OF A VAGINAL RADIATION AFT	349 65			-	
15	57010	DRAINAGE OF PELVIC ABSCESS	468 30			F	
15	57020	DRAINAGE OF PELVIC FLUID	468 30			F	
15	57023	T & D VAC HEMATOMA NON-OR	349 65			F	
15	57061	DESTROY VAG LESTONS SIMPLE	349 65			F	
15	57065	DESTROY VAG LESIONS COMPLEX	349 65			F	
15	57100	BIOPSY OF VACINA	349 65			F	
15	57105	BIODSY OF VACINA	349 65			F	
15	57130	REMOVE VACINA LESTON	468 30			F	
15	57135	REMOVE VACINA LESION	468 30			F	
15	57155	TNSERT HTERT TANDEMS/OVOIDS	468 30			F	
15	57156	INSERTION OF A VAGINAL RADIATION AFT	468.30			F	
15	57180	TREAT VACINAL RIFERING	349 65			F	
15	57200	REDATE OF VACINA	349 65			F	
15	57210	REDATE VACINA/DERINEUM	468 30			F	
15	57220	REVISION OF HERTHER	535 50			F	
15	57230	REDATE OF HERTHRAL LESTON	535.50			F	
15	57240	REPAIR BLADDER & VACINA	752 85			F	
15	57250	REPAIR RECTIM & VACINA	752.05			F	
15	57260	REPAIR OF VACINA	752.05			F	
15	57265	EXTENSIVE REDAIR OF VACINA	1 044 75			F	
15	57268	INSERTION OF A VAGINAL RADIATION AFT TREAT VAGINAL BLEEDING REPAIR OF VAGINA REPAIR VAGINA/PERINEUM REVISION OF URETHRA REPAIR OF URETHRAL LESION REPAIR BLADDER & VAGINA REPAIR RECTUM & VAGINA REPAIR OF VAGINA EXTENSIVE REPAIR OF VAGINA REPAIR OF BOWEL BULGE REPAIR BLADDER DEFECT REPAIR BLADDER & VAGINA CONSTRUCTION OF VAGINA REPAIR RECTUM-VAGINA FISTULA DILATION OF VAGINA PELVIC EXAMINATION	535 50			F	
15	57288	REDATE BLANDER DEFECT	752 85			-	
15	57289	REDATE BLADDER & VACTNA	752.05			F	
15	57291	CONSTRUCTION OF VACINA	752.05			F	
15	57300	REDATE RECTIM-VACINA ETSTILA	535 50			F	
15	57400	DILATION OF VACINA	468 30		х	F	
15	57410	DELVIC EXAMINATION	468.30		x	F	
15	57415	REMOVE VACINAL FORETCH BODY	468.30			-	
15	57420	EXAM OF VACINA W/SCOPE	349.65				
15	57421	DILATION OF VAGINA PELVIC EXAMINATION REMOVE VAGINAL FOREIGN BODY EXAM OF VAGINA W/SCOPE EXAM/BIOPSY OF VAG W/SCOPE	349.65			F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	349.65			F	
15	57454	VACINA EXAMINATION & BIOPSY	349.65			F	
15	57455	VAGINA EXAMINATION & BIOPSY BIOPSY OF CERVIX W/SCOPE	349.65			F	
15	57456		349.65			F	
15	57460	ENDOCERV CURETTAGE W/SCOPE COLPOSCOPY (VAGINOSCOPY;	349.65			F	
13	37400	COLLOBOOFI (VAGINOSCOFI,	349.03			T.	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION CONZ OF CERVIC W/SCOPE, LEEP BIOPSY OF CERVIX ENDOCERVICAL CURETTAGE CAUTHERUZATION OF CERVIX CRYOCAUTERY OF CERVIX LASER SURGERY OF CERVIX CONIZATION OF CERVIX CONIZATION OF CERVIX REMOVAL OF CERVIX REMOVAL OF RESIDUAL CERVIX REMOVE CERVIX, REPAIR BOWEL REVISION OF CERVIX REVISION OF CERVIX	4	5		6	7	8
				AGE		MED		x -
TS	CODE	DESCRIPTION	FEE	MIN-M	ΙΑΧ	REV	SEX	OVERS
15	57461	CONZ OF CERVIC W/SCOPE, LEEP	349.65					
15	57500	BIOPSY OF CERVIX	349.65				F	
15	57505	ENDOCERVICAL CURETTAGE	468.30				F	
15	57510	CAUTHERUZATION OF CERVIX	535.50				F	
15	57511	CRYOCAUTERY OF CERVIX	535.50				F	
15	57513	LASER SURGERY OF CERVIX	468.30				F	
15	57520	CONIZATION OF CERVIX	468.30				F	
15	57522	CONIZATION OF CERVIX	468.30					
15	57530	REMOVAL OF CERVIX	535.50				F	
15	57550	REMOVAL OF RESIDUAL CERVIX	535.50				F	
15	57556	REMOVE CERVIX, REPAIR BOWEL	752.85					
15	57700	REVISION OF CERVIX	349.65				F	
15	57720	REVISION OF CERVIX	535.50				F	
15	57800	DILATION OF CERVICAL CANAL DILATION AND CURETTAGE	349.65				F	
15	58120	DILATION AND CURETTAGE	468.30	12 9	9		F	
15	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	752.85				F	
15	58300	INSERT INTRAUTERINE DEVICE	349.65	10 6	0		F	
15	58301	VAGINAL REMOVAL OF FIBROID TOMORS (2 INSERT INTRAUTERINE DEVICE REMOVE INTRAUTERINE DEVICE INJECT FOR UTERUS/TUBE X-RAY INSERT HEYMAN UTERI CAPSULE ENDOMETR ABLATE, THERMAL LAPAROSCOPIC MYOMECTOMY LAPARO-MYOMECTOMY	349.65	10 6	0		F	
15	58340	INJECT FOR UTERUS/TUBE X-RAY	468.30	21 5	9	x	F	
15	58346	INSERT HEYMAN UTERI CAPSULE	468.30					
15	58353	ENDOMETR ABLATE, THERMAL	661.50			х	F	
15	58545	LAPAROSCOPIC MYOMECTOMY	1,405.95				F	
15	58546	LAPARO-MYOMECTOMY, COMPLEX	1,405.95				F	
15	58550	LAPARO-MYOMECTOMY, COMPLEX LAPARO-ASST VAG HYSTERECTOMY LAPARO-VAG HYST INCL T/O HYSTEROSCOPY, DX, SEP PROC HYSTEROSCOPY, BIOPSY HYSTEROSCOPY, LYSIS HYSTEROSCOPY, RESECT SEPTUM HYSTEROSCOPY, REMOVE MYOMA HYSTEROSCOPY, REMOVE FB HYSTEROSCOPY, ABLATION HYSTEROSCOPY, STERLIZATION LAPARO PROC, UTERUS	1,405.95			х		
15	58552	LAPARO-VAG HYST INCL T/O	1,405.95					
15	58555	HYSTEROSCOPY, DX, SEP PROC	349.65			х		
15	58558	HYSTEROSCOPY, BIOPSY	535.50			x		
15	58559	HYSTEROSCOPY, LYSIS	468.30			x		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	535.50			x		
15	58561	HYSTEROSCOPY. REMOVE MYOMA	535.50			x		
15	58562	HYSTEROSCOPY. REMOVE FB	535.50			x		
15	58563	HYSTEROSCOPY ABLATION	661.50			x		
15	58565	HYSTEROSCOPY STERLIZATION	1.535.50	21 5	9	x	F	
15	58578	LAPARO PROC, UTERUS	MP			x	-	
15	58579	HYCTEDACADE DDACEDIDE	MD			x		
15	58580	DESTRUCTION OF UTERINE FIBROID(S) US	752.85				F	
15	58600	DIVISION OF FALLOPIAN TUBE	535.50	21 5	5	х	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	661.50			x	F	
15	58660	LAPAROSCOPY LYSTS	752.85			x	-	
15	58661	LAPAROSCOPY, REMOVE ADNEXA LAPAROSCOPY EXCISE LESIONS	752.85			x		
15	58662	LADAROSCODY EXCISE LESTONS	752.05			x		
15	58670	LAPAROSCOPY, EXCISE LESIONS LAPAROSCOPY, TUBAL CAUTERY LAPAROSCOPY, TUBAL BLOCK LAPAROSCOPY, SALPINGOSTOMY	752.85 752.85 535.50 535.50	10 5	9	x	F	
15	58671	LADAROSCODY TURAL BLOCK	535.50	10 0		X	-	
15	58673	TADAROSCOPY SALDINGOSTOMY	752 85			X		
15	58674	LAPAROSCOPY, SALPINGOSTOMY LAPAROSCOPY, SURGICAL, ABLATION OF U LAPRO PROC, OVIDUCT-OVARY DRAINAGE OF OVARIAN CYST(S)	752.85			^	F	
15	58679	TARROSCOFI, SUNGICAL, ADLATION OF U	/32.03 MD			x	£	
15	58800	DRAINAGE OF OVARIAN CYST(S)	535.50			^	F	
10	20000	DESTRAGE OF OVERTHEN CIST(S)	555.50				£	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION DRAINAGE OF OVARIAN CYST(S) DRAIN OVARY ABSCESS, OPEN BIOPSY OF OVARY(S)	4	5 AGE		6 MED	7	8 X-
TS	CODE	DECCRIPMION	च जन		-мах		SEX	OVERS
15	58805	DESCRIPTION CYCE (C)	ESE EV	MIN.	-MAX	REV	SEA F	OVERS
15	58820	DDAIN OURDY ADOCTOR ODEN	535.50				F	
15		BIODEN OF OWNEY(C)	535.50				F	
	58900	BIOPSY OF OVARY(S) REMOVAL OF OVARIAN CYST(S) GENITAL SURGERY PROCEDURE AMNIOCENTESIS AMNIOCENTESIS, THERAPETUIC	535.50				F	
15	58925	REMOVAL OF OVARIAN CIST(S)	535.50				F.	
15	58999	GENITAL SURGERY PROCEDURE	MP 349.65	10		x	_	
15	59000	AMNIOCENTESIS	349.65	10	60		F	
15	59001	AMNIOCENTESIS, THERAPETUIC	349.65					
15	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	535.50	10		X	_	
15	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN				х	F	
15	59160	D & C AFTER DELIVERY	535.50	10			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	Х	F	
15	59898	LAPARO PROC, OB CARE/DELIVER	MP			Х		
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	REVISION OF CERVIX TREATMENT OF MISCARRIAGE CARE OF MISCARRIAGE TREATMENT OF MISCARRIAGE ABORTION ABORTION EVACUATE MOLE OF UTERUS REMOVE CERCLAGE SUTURE PETAL INVAS PX W/US LAPARO PROC, OB CARE/DELIVER MATERNITY CARE PROCEDURE DRAIN THYROID/TONGUE CYST BIOPSY OF THYROID REMOVE THYROID LESION PARTIAL REMOVAL OF THYROID REMOVE THYROID DUCT 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	00201	REMOVE THYROID DUCT LESION	661.50					
15	60659	LAPARO PROC, ENDOCRINE	MP			Х		
15	60699	ENDOCRINE SURGERY PROCEDURE	MP			х		
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	REMOVE THYROID DUCT LESION REMOVE THYROID DUCT LESION LAPARO PROC, ENDOCRINE ENDOCRINE SURGERY PROCEDURE REMOVE BRAIN CAVITY FLUID INJECTION INTO BRAIN CANAL REMOVE BRAIN CANAL FLUID INJECTION INTO BRAIN CANAL BRAIN CANAL SHININ DROCEDURE	349.65					
15	61070	BRAIN CANAL SHUNT PROCEDURE	349.65					
15	61215	INSERT BRAIN-FLUID DEVICE	333.30					
15	61790	TREAT TRIGEMINAL NERVE TREAT TRIGEMINAL TRACT	535.50 535.50					
15	61791	TREAT TRIGEMINAL TRACT	535.50					
15	61885	IMPLANT NEUROSTIM ONE ARRAY	468.30					
15	61886	IMPLANT NEUROSTIM ONE ARRAY IMPLANT NEUROSTIM ARRAYS REVISE/REMOVE NEURORECEIVER	535.50					
15	61888	REVISE/REMOVE NEURORECEIVER	349.65					
15	61889	INSERTION OF SKULL-MOUNTED CRANIAL N	535.50					
15	61891	REVISION OR REPLACEMENT OF SKULL-MOU	535.50					
15	61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEU	535.50					
15	62194	REPLACE/IRRIGATE CATHETER	349.65					
15	62225	REPLACE/IRRIGATE CATHETER	349.65					
15	62230	REPLACE/REVISE BRAIN SHUNT	468.30					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

;	1	2	3	4	5 AGE	6 MED	7	8 X-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
:	15	62263	LYSIS EPIDURAL ADHESIONS	349.65				
:	15	62268		349.65				
:	15	62269	DRAIN SPINAL CORD CYST NEEDLE BIOPSY, SPINAL CORD SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	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	DRAIN CEREBRO SPINAL FLUID TREAT EPIDURAL SPINE LESION TREAT SPINAL CORD LESION	349.65				
	15	62281	TREAT SPINAL CORD LESION	349.65 349.65				
	15	62282	TREAT SPINAL CORD LESION TREAT SPINAL CORD LESION 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				
	-5 15	62321	INJECTION(S). OF DIAGNOSTIC OR THERA	349.65				
	-5 15	62322	INJECTION(S), OF DIAGNOSTIC OR THERA INJECTION(S), OF DIAGNOSTIC OR THERA	349.65				
	-5 15	62323	TN.TECTTON(S) OF DIACNOSTIC OR THERA	349 65				
	15	62324	INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C	349.65				
	-5 15	62325	INJECTION(S). INCLUDING INDWELLING C	349.65				
	-5 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, LUMBAR, DIAGNOSTIC SPINAL PUNCTURE, THERAPEUTIC, FOR DR	349 65				
	15	62350	TMDIANT SDINAT, CANAL CATH	160 30				
	15	62355	IMPLANT SPINAL CANAL CATH REMOVE SPINAL CANAL CATHETER	468 30				
	15	62360	TMCEDE COINE INCHOLON DEVICE	468 30				
	15	62361	IMPLANT SPINE INFUSION DUMP	468.30 468.30 468.30 468.30				
	15	62362	TMDLANT STINE INFUSION DUMP	468 30				
	15	62365	IMPLANT SPINE INFUSION PUMP REMOVE SPINE INFUSION DEVICE ELECTRONIC ANALYSIS OF PROGRAMMABLE,	468 30				
	15	62367	ELECTRONIC ANALYSIS OF PROGRAMMARIE	468.30 468.30 468.30				
	15	62368	ANALYZE SPINE INFUSION PUMP	468.30				
	15	62380	ENDOSCOPIC DECOMPRESSION OF SPINAL C					
	15	63600	DEMOVE SDINAL CODD LESTON	468.30				
	15	63610	CTTMILATION OF COINAL CODD	349.65				
	15	63650	REMOVE SPINAL CORD LESION STIMULATION OF SPINAL CORD IMPLANT NEUROELECTRODES	468.30				
	15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	349.65				
	15 15	63662						
	15	63663	REMOVAL OF SPINAL NEUROSTIMULATOR EL REVISION INCLUDING REPLACEMENT, WHEN	349.65				
	15	63664	DEVICTOR INCLUDING REPLACEMENT, WHEN	249.65				
	15	63685	REVISION INCLUDING REPLACEMENT, WHEN IMPLANT NEURORECEIVER	168 3N				
	15 15	63688	DEVICE / DEMOVE NEIDODECETVED	240.50				
	15	63744	DEVICTOR OF COINT	349.65 535.50				
	15	63746	DEMOVAL OF CRIMAL CHIME	468.30				
	15 15	64415	TRITECUTOR EOD REDUE DIOCK	349.65				
	15 15	64417	REVISE/REMOVE NEURORECEIVER REVISION OF SPINAL SHUNT REMOVAL OF SPINAL SHUNT INJECTION FOR NERVE BLOCK INJECTION FOR NERVE BLOCK INJECTION FOR NERVE BLOCK INJECTION FOR NERVE BLOCK	349.65				
	15 15	64417	INDECTION FOR NERVE BLOCK	349.65				
	15 15	64420	INVECTION FOR NEDVE DIOCK	349.65				
	15 15	64421 64430	INJECTION FOR NERVE BLOCK INJECTION FOR NERVE BLOCK INJECTION FOR NERVE BLOCK	349.65				
	_		INDECTION FOR NEDVE BLOCK					
	15	64450	INJECTION FOR NERVE BLOCK	349.65				

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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 58

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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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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

COLUMN:

1	2	DESCRIPTION REVISION OF ARM NERVE (S) REVISION OF ARM NERVE (S) REVISION OF CRANIAL NERVE REVISE ULNAR NERVE AT ELBOW REVISE ULNAR NERVE AT ELBOW REVISE ULNAR NERVE AT WRIST CARPAL TUNNEL SURGERY RELIEVE PRESSURE ON NERVE(S) RELEASE FOOT/TOE NERVE INTERNAL NERVE REVISION INCISION OF BROW NERVE INCISION OF CHEEK NERVE INCISION OF CHEEK NERVE INCISION OF TONGUE NERVE INCISION OF TONGUE NERVE INCISION OF FACIAL NERVE INCISION OF SPINAL NERVE INCISION OF SPINAL NERVE SEVER CRANIAL NERVE REMOVE SKIN NERVE LESION REMOVE DIGIT NERVE LESION REMOVE LIMB NERVE LESION LIMB NERVE SURGERY ADD-ON REMOVE NERVE LESION REMOVE SCIATIC NERVE LESION IMPLANT NERVE LESION REMOVE SCIATIC NERVE LESION REMOVE SCIATIC NERVE LESION REMOVAL OF NERVE LESION REMOVE SYMPATHETIC NERVES REPAIR OF DIGIT NERVE REPAIR OF HAND OR FOOT NERVE REPAIR OF FACIAL NERVE REPAIR OF FACIAL NERVE	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64713	REVISION OF ARM NERVE(S)	468.30				
15	64714	REVISE LOW BACK NERVE(S)	468.30				
15	64716	REVISION OF CRANIAL NERVE	535.50				
15	64718	REVISE ULNAR NERVE AT ELBOW	468.30				
15	64719	REVISE ULNAR NERVE AT WRIST	468.30				
15	64721	CARPAL TUNNEL SURGERY	468.30				
15	64722	RELIEVE PRESSURE ON NERVE(S)	349.65				
15	64726	RELEASE FOOT/TOE NERVE	349.65				
15	64727	TNTERNAL NERVE REVISION	349.65				
15	64732	INCISION OF BROW NERVE	468.30				
15	64734	INCISION OF CHEEK NERVE	468 30				
15	64736	TNCISION OF CHIN NERVE	468 30				
15	64738	INCISION OF JAW NERVE	468 30				
15	64740	INCISION OF TONGIE NERVE	468 30				
15	64742	INCISION OF FACIAL NERVE	468.30				
15	64744	TNCISE NERVE BACK OF HEAD	468 30				
15	64746	TNCISE DIAPHRAGM NERVE	468 30				
15	64771	SEVER CRANTAL NERVE	468 30				
15	64772	TNCTSTON 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 LESTON	535 50				
15	64783	TIMB NERVE SURGERY ADD-ON	468 30				
15	64784	REMOVE NERVE LESTON	535 50				
15	64786	REMOVE SCIATIC NERVE LESION	535.50				
15	64787	TMDIANT NERVE END	468 30				
15	64788	REMOVE SKIN NERVE LESION	535 50				
15	64790	REMOVAL OF NERVE LESTON	535.50				
15	64792	REMOVAL OF NERVE LESION	535.50				
15	64795	RIOPSY OF NERVE	468 30				
15	64802	REMOVE SYMDATHETIC NERVES	468 30				
15	64821	REMOVE SYMDATHETIC NERVES	661 50				
15	64831	REDATE OF DIGIT NERVE	661 50				
15	64832	DEDATE NEEVE ADD-ON	349 65				
15	64834	DEDATE OF HAND OF FOOT MEDIT	468 30				
15	64835	DEDATE OF HAND OR FOOT NERVE	535 50				
15	64836	REPAIR OF HAND OR FOOT NERVE	535.50				
15	64837	DEDATE NEEVE ADD-ON	349 65				
15	64840	DEDATE OF LEG NEDVE	468 30				
15	64856	DEDATE / TENDENCE NERVE	468 30				
15	64857	DEDATE ADMITEC NERVE	468 30				
15	64858	DEDATE SCIATIC NEEVE	468 30				
15	64859	NERVE SURGERY	349 65				
15	64861	DEDATE OF ARM NERVES	535 50				
15	64862	DEDATE OF TOM BACK MEDIAG	535.50				
15	64864	DEDATE OF FACTAL NERVES	535.50				
10	0-200-2	REPAIR OF FACIAL NERVE	555.50				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64865	DESCRIPTION REPAIR OF FACIAL NERVE	661.50				
15	64872	SUBSECUENT 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	REPAIR & REVISE NERVE ADD-ON REPAIR NERVE/SHORTEN BONE NERVE GRAFT, HEAD OR NECK NERVE GRAFT, HEAD OR FOOT NERVE GRAFT, HAND OR FOOT NERVE GRAFT, HAND OR FOOT NERVE GRAFT, ARM OR LEG NERVE GRAFT, ARM OR LEG NERVE GRAFT, HAND OR FOOT NERVE GRAFT, HAND OR FOOT NERVE GRAFT, HAND OR FOOT NERVE GRAFT, HAND OR LEG NERVE GRAFT, ARM OR LEG NERVE GRAFT, ARM OR LEG NERVE GRAFT ADD-ON NERVE GRAFT ADD-ON NERVE PEDICLE TRANSFER NERVE PEDICLE TRANSFER NERVE REPAIR; WITH NERVE ALLOGRAFT,	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	REVISE EYE REVISE EYE WITH IMPLANT REMOVAL OF EYE REMOVE EYE/INSERT IMPLANT REMOVE EYE/ATTACH IMPLANT REMOVAL OF EYE	535.50				
15	65105	REMOVE EYE/ATTACH IMPLANT	661.50				
15	65110	REMOVAL OF EYE	752.85				
15	65112	REMOVE EYE/REVISE SOCKET REMOVE EYE/REVISE SOCKET INSERT OCULAR IMPLANT INSERT OCULAR IMPLANT ATTACH OCULAR IMPLANT REVISE OCULAR IMPLANT REINSERT OCULAR IMPLANT REMOVAL OF OCULAR IMPLANT	L,044.75				
15	65114	REMOVE EYE/REVISE SOCKET	L,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 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 REMOVE FOREIGN BODY FROM EYE	661.50				
15	65270	REPAIR OF EYE WOUND	468.30				
15	65272	REPAIR OF EYE WOUND	468.30				
15	65275	REPAIR OF EYE WOUND	661.50				
15	65280	REPAIR OF EYE WOUND	661.50				
15	65285	REPAIR OF EYE WOUND	661.50				
15	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	535.50				
15	65400	REMOVAL OF EYE LESION	349.65				
15	65410	BIOPSY OF CORNEA	468.30				
15	65420	REMOVAL OF EYE LESION	468.30				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4		5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE		MIN-MAX	REV	SEX	OVERS
15	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		.85		x		
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL		.50				
15	65800	DRAINAGE OF EYE		. 65				
15	65810	DRAINAGE OF EYE		.50				
15	65815	DRAINAGE OF EYE	468	.30				
15	65820	RELIEVE INNER EYE PRESSURE	349					
15	65850	INCISION OF EYE	661					
15	65855	LASER TRABECULOPLASTY-1/MORE		.50				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	468					
15	65865	INCISE INNER EYE ADHESIONS	349					
15	65870	INCISE INNER EYE ADHESIONS		.50				
15	65875	INCISE INNER EYE ADHESIONS		.50				
15	65880	INCISE INNER EYE ADHESIONS		.50				
15	65900	REMOVE EYE LESION		. 85				
15	65920	REMOVE IMPLANT OF EYE	1,044					
15	65930	REMOVE BLOOD CLOT FROM EYE	752					
15	66020	INJECTION TREATMENT OF EYE		. 65				
15	66030	INJECTION TREATMENT OF EYE		. 65				
15	66130	REMOVE EYE LESION	1,044					
15	66150	GLAUCOMA SURGERY	•	.50				
15	66155	GLAUCOMA SURGERY		.50				
15	66160	GLAUCOMA SURGERY	468					
15	66170	GLAUCOMA SURGERY		.50				
15	66172	INCISION OF EYE		.50				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT		.50				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT		.50				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR		. 85				
15	66180	IMPLANT EYE SHUNT	_	. 85				
15	66183	Insertion of eye fluid drainage devi		. 85				
15	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC		.30				
15	66185	REVISE EYE SHUNT		.30				
15	66225	REPAIR/GRAFT EYE LESION		.50				
15	66250	FOLLOW-UP SURGERY OF EYE		.30				
15	66500	INCISION OF IRIS		. 65				
15	66505	INCISION OF IRIS		. 65				
			2 1 2	. 00				

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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

COLUMN:

1	2	DESCRIPTION REMOVE IRIS AND LESION REMOVAL OF IRIS REPAIR IRIS & CILIARY BODY REPAIR IRIS & CILIARY BODY DESTRUCTION, CILIARY BODY DESTRUCTION, CILIARY BODY CILIARY ENDOSCOPIC ABLATION DESTRUCTION, CILIARY BODY REVISION OF IRIS INCISION OF IRIS INCISION OF LENS LESION AFTER CATARACT LASER SURGERY REPOSITION INTRAOCULAR LENS REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL EXTRACTION OF LENS EXTRACTION OF LENS EXTRACTION OF LENS EXTRACTION OF LENS CATARACT SURGERY, COMPLEX CATARACT SURGERY, COMPLEX CATARACT SURG W/IOL, I STAGE INSERT LENS PROSTHESIS EXCHANGE LENS PROSTHESIS EXCHANGE LENS PROSTHESIS EXTRACAPSULAR CATARACT REMOVAL WITH EXTRACAPSULAR CATARACT REMOVAL WITH COMPLEX EXTRACAPSULAR REMOVAL OF CAT	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66600	REMOVE IRIS AND LESION	535.50				
15	66605	REMOVAL OF IRIS	535.50				
15	66625	REMOVAL OF IRIS	535.50				
15	66630	REMOVAL OF IRIS	535.50				
15	66635	REMOVAL OF IRIS	535.50				
15	66680	REPAIR IRIS & CILIARY BODY	535.50				
15	66682	REPAIR IRIS & CILIARY BODY	468.30				
15	66700	DESTRUCTION, CILIARY BODY	468.30				
15	66710	DESTRUCTION, CILIARY BODY	468.30				
15	66711	CILIARY ENDOSCOPIC ABLATION	468.30				
15	66720	DESTRUCTION, CILIARY BODY	468.30				
15	66740	DESTRUCTION, CILIARY BODY	468.30				
15	66761	REVISION OF IRIS	468.30				
15	66820	INCISION OF LENS LESION	468.30				
15	66821	AFTER CATARACT LASER SURGERY	468.30				
15	66825	REPOSITION INTRAOCULAR LENS	661.50				
15	66830	REMOVAL OF LENS LESION	661.50				
15	66840	REMOVAL OF LENS MATERIAL	661.50				
15	66850	REMOVAL OF LENS MATERIAL	1,044.75				
15	66852	REMOVAL OF LENS MATERIAL	661.50				
15	66920	EXTRACTION OF LENS	661.50				
15	66930	EXTRACTION OF LENS	752.85				
15	66940	EXTRACTION OF LENS	752.85				
15	66982	CATARACT SURGERY, COMPLEX	864.15				
15	66983	CATARACT SURG W/IOL, 1 STAGE	864.15				
15	66984	CATARACT SURG W/IOL, I STAGE	864.15				
15	66985	INSERT LENS PROSTHESIS	709.80				
15	66986	EXCHANGE LENS PROSTHESIS	709.80				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,044.75				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,044.75				
15	66989	COMPLEX EXTRACAPSULAR REMOVAL OF CAT	1,044.75				
15	66991	EXTRACAPSULAR REMOVAL OF CATARACT WI	1,044.75				
15	66999	EXTRACAPSULAR CATARACT REMOVAL WITH COMPLEX EXTRACAPSULAR REMOVAL OF CAT EXTRACAPSULAR REMOVAL OF CATARACT WI EYE SURGERY PROCEDURE	MP		x		
15	67005	EYE SURGERY PROCEDURE PARTIAL REMOVAL OF EYE FLUID PARTIAL REMOVAL OF EYE FLUID RELEASE OF EYE FLUID REPLACE EYE FLUID IMPLANT EYE DRUG SYSTEM INTRAVITREAL INJ PHARMACOLOGIC AGENT	661.50				
15	67010	PARTIAL REMOVAL OF EYE FLUID	661.50				
15	67015	RELEASE OF EYE FLUID	349.65				
15	67025	REPLACE EYE FLUID	349.65				
15	67027	IMPLANT EYE DRUG SYSTEM	661.50				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	349.65				
15	67030	INCISE INNER EYE STRANDS	349.65				
15	67031	LASER SURGERY, EYE STRANDS	468.30				
15	67036	REMOVAL OF INNER EYE FLUID	661.50				
15	67039	LASER TREATMENT OF RETINA	1,044.75				
15	67040	LASER TREATMENT OF RETINA	1,044.75				
15	67042	VIT FOR MACULAR HOLE	752.85				
15	67101 67105	REPAIR DETACHED RETINA	752.85				
15	67105	IMPLANT EYE DRUG SYSTEM INTRAVITREAL INJ PHARMACOLOGIC AGENT INCISE INNER EYE STRANDS LASER SURGERY, EYE STRANDS REMOVAL OF INNER EYE FLUID LASER TREATMENT OF RETINA LASER TREATMENT OF RETINA VIT FOR MACULAR HOLE REPAIR DETACHED RETINA PHOTOCOAGULATION/DETACHED RET	752.85				

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#: 1803

LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 63

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

COLUMN:

1	2	3	4 FEE 752.85 1,044.75 1,044.75 468.30 468.30	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67107	REPAIR DETACHED RETINA 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 REMOVE EYE IMPLANT MATERIAL TREATMENT OF RETINA	468.30				
15	67141	TREATMENT OF RETINA	468.30				
15	67145	TREAT RETINAL DETACH, PHOTOCOAGULATIO	468.30				
15	67210	DEST.LOC.RETINAL LESION; PHOTOCOAGUL					
15	67218	TREATMENT OF RETINAL LESION	752.85				
15	67220		349.65				
15	67227	TREAT CHOROID LESION TREATMENT OF RETINAL LESION	349.65				
15	67228	DECEDOV DESTRODAMBY DUOSOCOACIII ASTON	349.65				
15	67250	REINFORCE EYE WALL	535.50				
15	67255	REINFORCE/GRAFT EYE WALL	535.50				
15	67299	REINFORCE EYE WALL REINFORCE/GRAFT EYE WALL EYE SURGERY PROCEDURE REVISE EYE MUSCLE REVISE TWO EYE MUSCLES REVISE EYE MUSCLE REVISE TWO EYE MUSCLES REVISE TWO EYE MUSCLES REVISE EYE MUSCLE(S) REVISE EYE MUSCLE(S) REVISE EYE MUSCLE(S) REVISE EYE MUSCLE(S)	MP		х		
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 W/SUTURE EYE SUTURE DURING SURGERY REVISE EYE MUSCLE ADD-ON RELEASE EXTN SCAR TISS W/O DET EXTRA	661.50				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,044.75				
15	67399	EYE MUSCLE SURGERY PROCEDURE EXPLORE/BIOPSY EYE SOCKET EXPLORE/DRAIN EYE SOCKET EXPLORE/TREAT EYE SOCKET EXPLORE/TREAT EYE SOCKET ASPIRATION, ORBITAL CONTENTS EXPLORE/TREAT EYE SOCKET EXPLORE/TREAT EYE SOCKET EXPLORE/TREAT EYE SOCKET EXPLORE/DRAIN EYE SOCKET	MP		Х		
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	752.85 349.65				
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		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	EXPLORE/BIOPSY EYE SOCKET INJECT/TREAT EYE SOCKET INSERT EYE SOCKET IMPLANT REVISE EYE SOCKET IMPLANT	468.30				
15	67570	OPTIC NERVE DECOMPRESSION (EG, INICIS	349.65				
15	67599	ORBIT SURGERY PROCEDURE	MP		Х		
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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#: 1804

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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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67801	REMOVE EYELID LESIONS	349.65				
15	67805	REMOVE EYELID LESIONS	349.65				
15	67808	REMOVE EYELID LESION(S)	468.30				
15	67810	BIOPSY OF EYELID	349.65				
15	67820	REVISE EYELASHES	349.65				
15	67830	REVISE EYELASHES	468.30				
15	67835	REVISE EYELASHES	468.30				
15	67840	REMOVE EYELID LESION	349.65				
15	67880	REVISION OF EYELID	535.50				
15	67882	REVISION OF EYELID	535.50				
15	67900	REPAIR BROW DEFECT	661.50				
15	67901	REPAIR EYELID DEFECT	752.85				
15	67902	REPAIR EYELID DEFECT	752.85				
15	67903	REPAIR EYELID DEFECT	661.50				
15	67904	REPAIR EYELID DEFECT	661.50				
15	67906	REPAIR EYELID DEFECT	752.85				
15	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	661.50				
15	67909	REVISE EYELID DEFECT	661.50				
15	67911	REVISE EYELID DEFECT	535.50				
15	67912	CORRECTION EYELID W/IMPLANT	535.50				
15	67914	REPAIR EYELID DEFECT	535.50				
15	67916	REPAIR EYELID DEFECT	661.50				
15	67917	REPAIR EYELID DEFECT	661.50				
15	67921	REPAIR EYELID DEFECT	535.50				
15	67923	REPAIR EYELID DEFECT	661.50				
15	67924	REPAIR EYELID DEFECT	661.50				
15	67930	REPAIR EYELID WOUND	468.30				
15	67935	REPAIR EYELID WOUND	468.30				
15	67938	REMOVE EYELID FOREIGN BODY	349.65				
15	67950	REVISION OF EYELID	468.30				
15	67961	REVISION OF EYELID	535.50				
15	67966	REVISION OF EYELID	535.50				
15	67971	RECONSTRUCTION OF EYELID	535.50				
15	67973	RECONSTRUCTION OF EYELID	535.50				
15	67974	RECONSTRUCTION OF EYELID	535.50				
15	67975	RECONSTRUCTION OF EYELID	535.50				
15	67999	EYELID SURGERY PROCEDURE	MP		х		
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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LAM5M117 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A RUN: 05/27/25 08:21:51 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 65

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

TS CODE DESCRIPTION FEE MIN-MAX REV SEX OVERS 15 68360 REVISE EYELID LINING 468.30 15 68362 REVISE EYELID LINING 468.30 15 68371 HARVEST EYELISUE, ALOGRAFT 468.30 15 68399 EYELID LINING SURGERY MP X 15 68505 REMOVAL OF TEAR GLAND 555.50 15 68505 PARTIAL REMOVAL, TEAR GLAND 555.50 15 68505 PARTIAL REMOVAL, TEAR GLAND 349.65 15 68520 REMOVAL OF TEAR SAC 535.50 15 68520 REMOVE TEAR GLAND 1535.50 15 68700 REPAIR TEAR DUCTS 468.30 15 68700 REPAIR TEAR DUCTS 468.30 15 68750 CREATE TEAR DUCT DEAIN 661.50 15 68750 CREATE TEAR DUCT DEAIN 661.50 15 68760 CREATE TEAR DUCT DEAIN 661.50 15 68810 PROBE NASOLACRIMAL DUCT 468.30 15 68810 PROBE NASOLACRIMAL DUCT 468.30 15 68811 PROBE NASOLACRIMAL DUCT 468.30 15 68815 PROBE NASOLACRIMAL DUCT 468.30 15 68900 DRAIN EXTERNAL EAR LESION 349.65 15 69000 DRAIN EXTERNAL EAR LESION 349.65 15 69100 BIOPSY OF EXTERNAL EAR AS 349.65 15 69100 BIOPSY OF EXTERNAL EAR AS 349.65 15 69100 BIOPSY OF EXTERNAL EAR AS 349.65 15 69100 REMOVAL OF EXTERNAL EAR AS 349.65 15 69100 REMOVAL OF EXTERNAL EAR AS 349.65 15 69100 REMOVE PAR CANAL LESION 349.	1	2	3	4	5 AGE	6 MED	7	8 X-
15	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15	68360	REVISE EYELID LINING	468.30				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68362	REVISE EYELID LINING	468.30				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68371	HARVEST EYE TISSUE, ALOGRAFT	468.30				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68399	EYELID LINING SURGERY	MP		х		
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68500	REMOVAL OF TEAR GLAND	535.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68505	PARTIAL REMOVAL, TEAR GLAND	535.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68510	BIOPSY OF TEAR GLAND	349.65				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68520	REMOVAL OF TEAR SAC	535.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68525	BIOPSY OF TEAR SAC	349.65				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68540	REMOVE TEAR GLAND LESION	535.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68550	REMOVE TEAR GLAND LESION	535.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68700	REPAIR TEAR DUCTS					
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68720	CREATE TEAR SAC DRAIN	661.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68745	CREATE TEAR DUCT DRAIN	661.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68750	CREATE TEAR DUCT DRAIN	661.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68770	CLOSE TEAR SYSTEM FISTULA	661.50				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68810	PROBE NASOLACRIMAL DUCT					
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68811	PROBE NASOLACRIMAL DUCT	468.30				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68815	PROBE NASOLACRIMAL DUCT	468.30				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	68899	TEAR DUCT SYSTEM SURGERY	MP		х		
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	69000	DRAIN EXTERNAL EAR LESION	349.65				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	69005	DRAIN EXTERNAL EAR LESION	349.65				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	69020	DRAIN OUTER EAR CANAL LESION	349.65				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	69100	BIOPSY OF EXTERNAL EAR	349.65				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	69105	BIOPSY OF EXTERNAL EAR CANAL	349.65				
15 69120 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 0PENING 535.50 15 69440 EXPLORATION OF MIDDLE EAR 535.50 15 69450 EARDRUM REVISION 349.65 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	69110	REMOVE EXTERNAL EAR, PARTIAL	349.65				
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	69120	REMOVAL OF EXTERNAL EAR	468.30				
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	69140	REMOVE EAR CANAL LESION(S)	468.30				
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	69145	REMOVE EAR CANAL LESION(S)	468.30				
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	69150	EXTENSIVE EAR CANAL SURGERY					
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	69205	CLEAR OUTER EAR CANAL					
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	69222	CLEAN OUT MASTOID CAVITY	468.30				
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	69300	REVISE EXTERNAL EAR	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	69310	REBUILD OUTER EAR CANAL	535.50				
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	69320	REBUILD OUTER EAR CANAL	1,044.75				
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	69399				х		
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	69420		468.30				
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	69421	INCISION OF EARDRUM	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	69424	INCISION; VENTILAT TUBE REMOV/UNILAT	349.65				
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	69433	OFFICE TYMPANOSTOMY, UNILAT	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	69436	CREATE EARDRUM OPENING	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		EXPLORATION OF MIDDLE EAR					
15 69501 MASTOIDECTOMY 1,044.75 15 69502 MASTOIDECTOMY 1,044.75 15 69505 REMOVE MASTOID STRUCTURES 1,044.75			EARDRUM REVISION					
15 69502 MASTOIDECTOMY 1,044.75 15 69505 REMOVE MASTOID STRUCTURES 1,044.75								
15 69505 REMOVE MASTOID STRUCTURES 1,044.75				•				
·	15	69505		•				
	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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69530	EXTENSIVE MASTOID SURGERY	1,044.75				
15	69540	REMOVE EAR LESION	535.50				
15	69550	REMOVE EAR LESION	752.85				
15	69552	REMOVE EAR LESION	1,044.75				
15	69601	MASTOID SURGERY REVISION	1,044.75				
15	69602	MASTOID SURGERY REVISION	1,044.75				
15	69603	MASTOID SURGERY REVISION	1,044.75				
15	69604	MASTOID SURGERY REVISION	1,044.75				
15	69610	REPAIR EARDRUM	468.30				
15	69620	REPAIR OF EARDRUM	468.30				
15	69631	REPAIR EARDRUM STRUCTURES	752.85				
15	69632	REBUILD EARDRUM STRUCTURES	752.85				
15	69633	REBUILD EARDRUM STRUCTURES	752.85				
15	69635	REPAIR EARDRUM STRUCTURES	1,044.75				
15	69636	REBUILD EARDRUM STRUCTURES	1,044.75				
15	69637	REBUILD EARDRUM STRUCTURES	1,044.75				
15	69641	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69642	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69643	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69644	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69645	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69646	REVISE MIDDLE EAR & MASTOID	1,044.75				
15	69650	RELEASE MIDDLE EAR BONE	1,044.75				
15	69660	REVISE MIDDLE EAR BONE	752.85				
15	69661	REVISE MIDDLE EAR BONE 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	661.50 535.50				
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	CLOSE MASTOID FISTULA NASOPHARYNGOSCOPY, SURGICAL, WITH NASOPHARYNGOSCOPY, SURGICAL, WITH	1,044.75				
15	69711	REMOVE/REPAIR HEARING AID	349.65				
15	69714	IMPLANT TEMPLE BONE W/STIMUL IMPLANTATION OF COCHLEAR STIMULATING	1,405.95				
15	69716	IMPLANTATION OF COCHLEAR STIMULATING	1,405.95				x
15	69717	TEMPLE BONE IMPLANT REVISION	1,405.95				
15	69719	REVISION OR REPLACEMENT OF COCHLEAR	1,405.95				x
15	69720	RELEASE FACIAL NERVE	752.85				
15	69725	RELEASE FACIAL NERVE	752.85				
15	69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SK	752.85				
15	69727	REMOVAL OF COCHLEAR STIMULATING SYST	752.85				x
15	69728	REMOVAL OF ENTIRE COCHLEAR STIMULATI	1,405.95	05 99			
15	69729	IMPLANTATION OF COCHLEAR STIMULATING	1,405.95				
15	69730	REPLACEMENT OF COCHLEAR STIMULATING	1,405.96	05 99			
15	69740	REPAIR FACIAL NERVE	752.85				
15	69745	REPAIR FACIAL NERVE	752.85				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
RURAL HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5	6	7	8
				AGE	MED		x -
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69799	MIDDLE EAR SURGERY PROCEDURE	MP		X		
15	69801	INCISE INNER EAR	752.85				
15	69805	EXPLORE INNER EAR	1,044.75				
15	69806	EXPLORE INNER EAR	1,044.75				
15	69905	REMOVE INNER EAR	1,044.75				
15	69910	REMOVE INNER EAR & MASTOID	1,044.75				
15	69915	INCISE INNER EAR NERVE	1,044.75				
15	69930	IMPLANT COCHLEAR DEVICE	1,044.75	01 99			
15	69949	INNER EAR SURGERY PROCEDURE	MP		х		
15	69979	TEMPORAL BONE SURGERY	MP		х		
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				

EXHIBIT 100

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

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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OUISIANA 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

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.

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION COLORECTAL SCRN; HI RISK IND	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	G0105	COLORECTAL SCRN; HI RISK IND	481.27				
15	G0121	COLON CA SCRN; NOT HIGH RSK IN	481.27				
15	G0260	COLORECTAL SCRN; HI RISK IND COLON CA SCRN; NOT HIGH RSK IN INJ FOR SACROILIAC JT ANESTH	481.27 359.35				
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	FACILITY SERVICES FOR DENTAL REHABIL FETOSCOPIC LASER THERAPY TWIN-T-TWIN FLUID COLLECTION DRAINAGE BY CATHETE DRAINAGE OF SKIN ABSSCESS DRAIN SKIN ABSCESS COMPLICATED INCISE/DRAIN SIMPLE CYST INCISE/DRAIN COMPLICA PILONIDAL CYST SIMPLE REMOVAL FOREIGN BOCY REMOVE FOREIGN BODY INCISE/DRAIN SIMPLE HEMATOMA PUNCTURE DRAINAGE, WOUND DEBRIDE SKIN, FX DEBRIDE SKIN/MUSCLE, FX DEBRIDE SKIN/MUSCLE, FX DEBRIDE SKIN/MUSCLE/BONE, FX DEBRIDE SKIN/MUSCLE/BONE EXCISE BENIGN LESION TO 0.5 CM EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 2.1 TO 3 CM REMOVAL OF SKIN LESION EXCISE BENIGN LESION 1.1 TO 2 CM EXCISE BENIGN LESION 1.1 TO 2 CM EXCISE BENIGN LESION TO 0.5 CM EXCISE BENIGN LESION 1.1 TO 2CM EXCISE BENIGN LESION 1.1 TO 2CM EXCISE BENIGN LESION 1.1 TO 2CM EXCISE BENIGN LESION 0.6 TO 1 CM EXCISE BENIGN LESION 1.1 TO 3CM REMOVAL OF SKIN LESION EXCISE BENIGN LESION 1.1 TO 3CM REMOVAL OF SKIN LESION EXCISE BENIGN LESION 1.1 TO 3CM REMOVAL OF SKIN LESION EXCISE BENIGN LESION 1.1 TO 3CM EXCISE BENIGN LESION 2.1 TO 3CM REMOVAL, SKEAT GLAND LESION REMOVAL, SWEAT GLAND LESION	481.27				
15	11470	REMOVAL, SWEAT GLAND LESION	481.27				
15	11471	REMOVAL, SWEAT GLAND LESION	481.27				
15	11601	EXCISE MALIGNANCY 0.6 TO 1CM	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION EXCISE MALIGNANCY 1.1 TO 2CM EXCISE MALIGNANCY 2.1 TO 3CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISE MALIGNANCY 1.1 TO 2 CM REMOVAL OF SKIN LESION EXCISE MALIGNANCY 1.1 TO 2 CM REMOVAL OF SKIN LESION EXC FACE MA MALIG + MAG 0.5 < EXC FACE MA MALIG + MAG 0.6 - 1 EXCISE MALIGNANCY 1.1 TO 2CM REMOVAL OF SKIN LESION REMOVAL OF SKIN LESION EXCISION NAIL & NAIL MATRIX BIOPSY OF NAIL UNIT, ANY METHOD (EG, REMOVAL OF PILONIDAL LESION REMOVAL OF PILONIDAL LESION REMOVAL OF PILONIDAL LESION TATOOING; 6.1 TO 20 SQ CM INSERT TISSUE EXPANDER(S) REPLACE TISSUE EXPANDER(S) SIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR 7.6 TO 12.5 CM REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) SIMPLE WOUND REPAIR TO 2.5 CM SIMPLE WOUND REPAIR 7.6 TO 5CM SIMPLE WOUND REPAIR 7.6 TO 5CM SIMPLE WOUND REPAIR 7.6 TO 12.5 CM REPAIR SUPERFICIAL WOUND(S) CLOSURE OF SPLIT WOUND CLOSURE OF SPLIT WOUND CLOSURE OF SPLIT WOUND REPAIR OF WOUND (2.6 TO 7.5 CENTIMET REPAIR OF WOUND (2.6 TO 7.5 CENTIMET REPAIR OF WOUND (2.6 TO 20.0 CENTIM REPAIR OF WOUND (20.1 TO 30.0 CENTIM REPAIR OF WOUND (20.1 TO 30.0 CENTIM REPAIR OF WOUND (20.1 TO 30.0 CENTIMETE	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	11602	EXCISE MALIGNANCY 1.1 TO 2CM	481.27				
15	11603	EXCISE MALIGNANCY 2.1 TO 3CM	481.27				
15	11604	REMOVAL OF SKIN LESION	481.27				
15	11606	REMOVAL OF SKIN LESION	481.27				
15	11622	EXCISE MALIGNANCY 1.1 TO 2 CM	481.27				
15	11624	REMOVAL OF SKIN LESION	481.27				
15	11626	REMOVAL OF SKIN LESION	481.27				
15	11640	EXC FACE MM MALIG + MAG 0.5<	481.27				
15	11641	EXC FACE-MM-MALIG+MAG .6-1	481.27				
15	11642	EXCISE MALIGNANCY 1.1 TO 2CM	481.27				
15	11644	REMOVAL OF SKIN LESION	481.27				
15	11646	REMOVAL OF SKIN LESION	481.27				
15	11750	EXCISION NAIL & NAIL MATRIX	359.35				
15	11755	BIOPSY OF NAIL UNIT. ANY METHOD (EG.	359.35				
15	11770	REMOVAL OF PILONIDAL LESION	550.32				
15	11771	REMOVAL OF PILONIDAL LESION	550.32				
15	11772	REMOVAL OF PILONIDAL LESION	550.32				
15	11920	TATOOING: 6 SO CM OR LESS	359.35		x		
15	11921	TATOOING: 6.1 TO 20 SO 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	12002	SIMPLE WOUND REPAIR 7.6 TO 12.5 CM	359.35				
15	12005	REPAIR SUPERFICIAL WOUND (S)	481 27				
15	12005	REPAIR SUIDERFICIAL WOUND (S)	481 27				
15	12007	REPAIR SUPERFICIAL WOUND (S)	481 27				
15	12011	SIMPLE WOUND REDAIR TO 2 5 CM	481 27				
15	12013	SIMPLE WOUND REPAIR 2 6 TO 5CM	481 27				
15		SIMPLE WOOND REPAIR 2.0 TO SOM	491.27				
15	12014 12015	SIMPLE WOUND REPAIR 3.1 10 7.5CM	401.27				
15		DEDATE CUDEDETCIAL WOUND (C)	401.27				
15	12016 12017	DEDATE CUDEDETCIAL WOUND(S)	401.27				
15	12017	REPAIR SUPERFICIAL WOUND(S)	401.27				
15	12018	CLOCUPE OF CRITE WOUND	250 25				
15	12020	CLOSURE OF SPLIT WOUND	359.35				
15		CLOSURE OF SPLIT WOUND	359.35				
15	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	359.35				
	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 (12.6 TO 20.0 CENTIM REPAIR OF WOUND (20.1 TO 30.0 CENTIM REPAIR OF WOUND (OVER 30.0 CENTIMETE LAYER CLOSURE WOUND TO 2.5 CM LAYER CLOSURE 2.6 TO 7.5 CM LAYER CLOSURE OF WOUND(S)	481.27				
15	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	481.27				
15	12041	LAIER 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				

#: 1812

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION LAYER CLOSURE OF WOUND(S) LAYER CLOSURE OF WOUND(S) LAYER CLOSURE OF WOUND(S) LAYER CLOSURE 2.6 TO 7.5 CM LAYER CLOSURE 2.6 TO 7.5 CM LAYER CLOSURE 2.6 TO 5 CM LAYER CLOSURE 5.1 TO 7.5 LAYER CLOSURE OF WOUND(S) REPAIR OF WOUND OR LESION REPAIR OF WOUND OR LESION REPAIR WOUND/LESION ADD-ON REPAIR WOUND/LESION ADD-ON REPAIR OF WOUND OR LESION REPAIR WOUND/LESION ADD-ON LATE CLOSURE OF WOUND SKIN TISSUE REARRANGEMENT SKIN TISSUE TRANSFER OR REARRANG	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	12045	LAYER CLOSURE OF WOUND(S)	481.27				
15	12046	LAYER CLOSURE OF WOUND(S)	481.27				
15	12047	LAYER CLOSURE OF WOUND(S)	481.27				
15	12051	LAYER CLOSURE 2.6 TO 7.5 CM	359.35				
15	12052	LAYER CLOSURE 2.6 TO 5 CM	359.35				
15	12053	LAYER CLOSURE 5.1 TO 7.5	359.35				
15	12054	LAYER CLOSURE OF WOUND(S)	481.27				
15	12055	LAYER CLOSURE OF WOUND(S)	481.27				
15	12056	LAYER CLOSURE OF WOUND(S)	481.27				
15	12057	LAYER CLOSURE OF WOUND(S)	481.27				
15	13100	REPAIR OF WOUND OR LESION	481.27				
15	13101	REPAIR OF WOUND OR LESION	550.32				
15	13102	REPAIR WOUND/LESION ADD-ON	550.32				
15	13120	REPAIR OF WOUND OR LESION	481.27				
15	13121	REPAIR OF WOUND OR LESION	550.32				
15	13122	REPAIR WOUND/LESION ADD-ON	550.32				
15	13131	REPAIR OF WOUND OR LESION	481.27				
15	13132	REPAIR OF WOUND OR LESION	550.32				
15	13133	REPAIR WOUND/LESION ADD-ON	550.32				
15	13151	REPAIR OF WOUND OR LESION	550.32				
15	13152	REPAIR OF WOUND OR LESION	550.32				
15	13153	REPAIR WOUND/LESION ADD-ON	359.35				
15	13160	LATE CLOSURE OF WOUND	481.27				
15	14000	SKIN TISSUE REARRANGEMENT	481.27				
15	14001	SKIN TISSUE REARRANGEMENT	550.32				
15	14020	SKIN TISSUE REARRANGEMENT	550.32				
15	14021	SKIN TISSUE REARRANGEMENT	550.32				
15	14040	SKIN TISSUE REARRANGEMENT	481.27				
15	14041	SKIN TISSUE REARRANGEMENT	550.32				
15	14060	SKIN TISSUE REARRANGEMENT	550.32				
15	14061	SKIN TISSUE REARRANGEMENT	550.32				
15	14301	ADJACENT TISSUE TRANSFER OR REARRANG	679.83				
15	14302	ADJACENT TISSUE TRANSFER OR REARRANG	679.83				
15	14350	SKIN TISSUE REARRANGEMENT	550.32				
15	15040	HARVEST CULTURED SKIN GRAFT	481.27				
15	15050	SKIN PINCH GRAFT	481.27				
15	15100	SKIN SPLIT GRAFT	481.27				
15	15101	SKIN SPLIT GRAFT ADD-ON	550.32				
15	15110	EPIDRM AUTOGRAFT TRUNK/ARM/LEG	481.27				
15	15111	DPIDRM AUTOGRFT T/A/L ADD-ON	359.35				
15	15115	EPIDRM A-GRFT FACE/NCK/HF/G	481.27				
15	15116	EPIDRM A-GRFT F/N/HF/G ADDL	359.35				
15	15120	SKIN SPLIT GRAFT	481.27				
15	15121	SKIN SPLIT GRAFT ADD-ON	550.32				
15	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	481.27				
15	15131	ADJACENT TISSUE TRANSFER OR REARRANG SKIN TISSUE REARRANGEMENT HARVEST CULTURED SKIN GRAFT SKIN PINCH GRAFT SKIN SPLIT GRAFT SKIN SPLIT GRAFT ADD-ON EPIDRM AUTOGRAFT TRUNK/ARM/LEG DPIDRM AUTOGRAFT T/A/L ADD-ON EPIDRM A-GRFT FACE/NCK/HF/G EPIDRM A-GRFT F/N/HF/G ADDL SKIN SPLIT GRAFT SKIN SPLIT GRAFT SKIN SPLIT GRAFT SKIN SPLIT GRAFT ADD-ON DERM AUTOGRAFT, TRNK/ARM/LEG DERM AUTOGRAFT T/A/L ADD-ON	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15135	DESCRIPTION DERM AUTOGRAFT FACE/NCK/HF/G DERM AUTOGRAFT, F/N/HF/G ADD TISSUE CULTURED SKIN AUTOGRAFT, TRUN	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 TISSUE CULTURED SKIN AUTOGRAFT, TRUN	359.35				
15	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	359.35				
15	15155 15156	TOUR CITATION OF NATIONAL PROPERTY OF ACT	/Q1 27				
15	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	359.35				
15	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE TISSUE CULTURED SKIN AUTOGRAFT, FACE SKIN FULL GRAFT	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 15572	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	TISSUE CULTURED SKIN AUTOGRAFT, FACE SKIN FULL GRAFT SKIN FULL GRAFT ADD-ON SKIN FULL GRAFT ADD-ON SKIN FULL GRAFT SKIN FULL GRAFT SKIN FULL GRAFT SKIN FULL GRAFT ADD-ON SKIN FULL GRAFT SKIN FULL GRAFT ADD-ON FORM SKIN PEDICLE FLAP FORM SKIN PEDICLE FLAP FORM SKIN PEDICLE FLAP FORM SKIN PEDICLE FLAP SKIN GRAFT SKIN GRAFT SKIN GRAFT TRANSFER SKIN PEDICLE FLAP MIDFACE FLAP (IE, ZYGOMATICOFACIAL F MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	679.83				
15	15630	SKIN GRAFT	550.32				
15	15650 15730	TRANSFER SKIN PEDICLE FLAP	773.72				
15	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL F	550.32				
15	15733 15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	550.32				
15	15734	MUSCLE-SKIN GRAFT, TRUNK	550.32				
15	15736 15738	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 15769	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN MUSCLE-SKIN GRAFT, TRUNK MUSCLE-SKIN GRAFT, ARM MUSCLE-SKIN GRAFT, LEG ISLAND PEDICLE FLAP GRAFT NEUROVASCULAR PEDICLE GRAFT 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 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	GRAFTING OF AUTOLOGOUS FAT HARVESTED GRAFTING OF AUTOLOGOUS FAT HARVESTED 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	REVISION OF LOWER EYELID REVISION OF LOWER EYELID REVISION OF UPPER EYELID REVISION OF UPPER EYELID GRAFT FOR FACE NERVE PALSY GRAFT FOR FACE NERVE PALSY MICROSUR MUSCLE GRAFT FACE PALSY	679.83				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	15845	SKIN AND MUSCLE REPAIR, FACE	679.83				
15	15852	CHANGE DRESSING UNDER ANESTHESIA	679.83 359.35				
15	15860	IV AGENT /TEST BLOOD FLOW/FLAP-GRAFT REMOVAL OF TAIL BONE ULCER REMOVAL OF TAIL BONE ULCER REMOVE SACRUM PRESSURE SORE	359.35				
15	15020	REMOVAL OF TAIL BONE ULCER	550.32				
15	15922	REMOVAL OF TAIL BONE ULCER	679.83				
15	15931	REMOVE SACRIM PRESSURE SORE	550 32				
15	15933	REMOVE SACRIM PRESSURE SORE	550.32				
15	15934	REMOVE SACRIM PRESSURE SORE	550.32				
15	15935	REMOVE SACRIM PRESSURE SORE	679 83				
15	15936	REMOVE SACRIM PRESSURE SORE	679 83				
15	15937	REMOVE SACRIM PRESSURE SORE	679.83				
15	15940	DEMOVE HID DESCRIPT CODE	550 32				
15	15941	REMOVAL OF TAIL BONE ULCER REMOVE SACRUM PRESSURE SORE REMOVE HIP PRESSURE SORE REMOVE THIGH PRESSURE SORE REMOVE THE REMOVE	550.32				
15	15944	DEMOVE HIT PRESSURE SORE	550.32				
15	15945	DEMOVE HID DEFECTION CODE	679 83				
15	15946	DEMOVE HIT PRESSURE SORE	679.03				
15	15950	DEMOVE THE PRESSURE SORE	679.83				
15	15950	DEMOVE BUTCH DESCRIBE CODE	670.32				
15	15951	DEMOVE BUTCH DESCRIBE CODE	6/9.63 EEO 33				
	15952	REMOVE THIGH PRESSURE SORE	550.32				
15	15953	REMOVE THIGH PRESSURE SORE	6/9.83				
15	15956	REMOVE THIGH PRESSURE SORE	550.32				
15	15958	REMOVE THIGH PRESSURE SORE	6/9.83				
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	481.27 481.27				
15							
15	17999	SKIN TISSUR PROCEDURE	MP 481.27		х		
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 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 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	BIOPSY OF BREAST ACCESSED THROUGHT T BIOPSY OF BREAST ACCESSED THROUGHT T BIOPSY OF BREAST ACCESSED THROUGHT T BX BREAST PERCUT W/O IMAGE BIOPSY OF BREAST, OPEN NIPPLE EXPLORATION EXCISE BREAST DUCT FISTULA REMOVAL OF BREAST LESION EXCISION, BREAST LESION EXCISION, ADDL BREAST LESION Placement of breast localization dev	359.35				

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

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1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	19282	PLACEMENT OF BREAST LOCALIZATION DEV	359.35				
15	19283		359.35				
15	19283 19284	PLACEMENT OF BREAST LOCALIZATION DEV	359.35				
15	19285	Placement of breast localization dev	359.35				
15	19286	DIACEMENT OF DDEACH LOCALIZATION DEV	359.35				
15	19287	PLACEMENT OF BREAST LOCALIZATION DEV PLACEMENT OF BREAST LOCALIZATION DEV PLACE PO BREAST CATH FOR RAD PLACE BREAST CATH FOR RAD PLACE BREAST RAD TUBE/CATHS MASTECTOMY FOR GYNECOMASTIA	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 PLACE BREAST RAD TUBE/CATHS MASTECTOMY FOR GYNECOMASTIA MASTECTOMY, PARTIAL (EG, LUMPECTOMY, MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	359.35				
15		PLACE BREAST RAD TUBE/CATHS	359.35				
15	19298 19300	MASTECTOMY FOR GYNECOMASTIA	679.83			М	
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		х	F	
15	19318	MASTECTOMY, SIMPLE, COMPLETE MAST, MOD RAD MASTOPEXY REDUCTION OF LARGE BREAST MAMMAPLASTY WITH PROSTHETIC REMOVAL OF BREAST IMPLANT	679.83 679.83	18 99	X	_	
15	40005	MAMMAPLASTY WITH PROSTHETIC	679.83		X	F	
15	19328	REMOVAL OF BREAST IMPLANT	679.83 359.35		х	F	
15	19330	REMOVAL OF IMPLANT MATERIAL	359.35			_	
15	19340	IMMEDIATE BREAST PROSTHESIS	481.27		х	F	
15	19342	DELAYED BREAST PROSTHESIS	359.35 481.27 550.32 679.83		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		х		
15	19371	REMOVAL OF BREAST CAPSULE	679.83		х		
15	19380	REVISE BREAST RECONSTRUCTION	773.72		х		
15	19499	BREAST SURGERY PROCEDURE	MP		х		
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	MAMMAPLASTY WITH PROSTHETIC REMOVAL OF BREAST IMPLANT REMOVAL OF IMPLANT MATERIAL IMMEDIATE BREAST PROSTHESIS DELAYED BREAST PROSTHESIS NIPPLE/AREOLA RECONSTRUCTION BREAST RECONSTRUCTION, IMMEDIATE OR SURGERY OF BREAST CAPSULE REMOVAL OF BREAST CAPSULE REVISE BREAST RECONSTRUCTION BREAST SURGERY PROCEDURE EXPLORE WOUND, NECK EXPLORE WOUND, CHEST EXPLORE WOUND, EXTREMITY MUSCLE BIOPSY DEEP MUSCLE BIOPSY NEEDLE BIOPSY, MUSCLE BONE BIOPSY, TROCAR/NEEDLE BONE BIOPSY, TROCAR/NEEDLE BONE BIOPSY, EXCISIONAL OPEN BONE BIOPSY OPEN BONE BIOPSY INJECT SINUS TRACT, THERAPEUTCI INJECT SINUS TRACT; DIAGNOSTIC REMOVAL OF FOREIGN BODY	359.35				
15	20501	INJECT SINUS TRACT; DIAGNOSTIC	359.35				
15	20520	REMOVE FOREGIN BODY: SIMPLE	359.35 359.35				
15	20525	REMOVE FOREGIN BODY; SIMPLE REMOVAL OF FOREIGN BODY	550.32				
15	20604	REMOVAL OF FOREIGN BODY ARTHROCENTESIS, ASPIRATION AND/OR IN	359.35				
-							

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	359.35				
15	20611		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	ASPIRATE/INJ GANGLION CYST ASPIRATE/INJECTION-BONE CYST INSERT AND REMOVE BONE PIN APPLY TONGS OR CALIPERAND REMOVE APPLY HALO; PELVIC APPLY HALO; FEMORAL REMOVE HALO OR TONGS BY OTHER MD REMOVAL OF SUPPORT IMPLANT REMOVAL OF SUPPORT IMPLANT APPLY BONE FIXATION DEVICE APPLY BONE FIXATION DEVICE ADJUST BONE FIXATION DEVICE REMOVE BONE FIXATION DEVICE REMOVE BONE FOR GRAFT	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 REMOVAL OF BONE FOR GRAFT REMOVE CARTILAGE FOR GRAFT REMOVE CARTILAGE 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 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					
15	20931	REMOVAL OF FASCIA FOR GRAFT REMOVAL OF TENDON FOR GRAFT SPINAL BONE ALLOGRAFT SPINAL BONE ALLOGRAFT	359.35 359.35				
15	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	359.35				
15	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	359.35				
15	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUTT	359.35				
15	20936	SPINAL BONE AUTOGRAFT	359.35				
15	20950	MONITOR INTERSTITAL FLUID	359.35				
15	20975		481.27				
15	20983	ABLATION THERAPY FOR REDUCTION OR ER	481.27				
15	20999	UNLISTED PROCEDURE; BONE/MUSCLE	MP		х		
15	21010		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 TIMOR SOFT TISSIF OF FACE	359.35				
15	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE REMOVAL OF (LESS THAN 2 CENTIMETERS)	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 LESTON	481.27				
15	21030		481.27				
15	21031	EXCISION OF TORUS MANDIBULARIS	481.27				
15	21032	EXCISION OF MAXILLARY TORUS PALATINU	481.27				
15	21034	REMOVAL OF FACE BONE LESION	550.32				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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 REMOVE MAXILLA CYST COMPLEX	481.27				
15	21048	REMOVE MAXILLA CYST COMPLEX	481.27				
15	21049	EXCIS UPPER JAW CYST W/REPAIR REMOVAL OF JAW JOINT	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		х		
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					
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					
15	21139	REDUCT FOREHEAD; CONTOUR & SETBACK	1,073.67				
15	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	•				
15	21175	RECON BIFRON, SUP-LAT ORB RIMS, LOW F	•				
15	21181	CONTOUR CRANTAL BONE LESTON	1,073.67				
15	21206	CONTOUR CRANIAL BONE LESION RECONSTRUCT UPPER JAW BONE AUGMENTATION OF FACIAL BONES REDUCTION OF FACIAL BONES	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					
15	21244	RECONSTRUCTION OF JAW JOINT RECONSTRUCTION OF LOWER JAW RECONSTRUCTION OF JAW	1,073.67				
15	21245	RECONSTRUCTION OF JAW	1,073.67				
15	21246		1,073.67				
15	21248	RECONSTRUCTION OF JAW RECONSTRUCTION OF JAW	1,073.67				
15	21249	RECONSTRUCTION OF JAW	1,073.67				
15	21256	RECONSTRUCTION OF DAW RECON OF ORBIT WITH OSTEOTOMIES	1,073.67				
15	21260	ORBITAL REVISION; EXTRACRANIAL	1,073.67				
15			•				
15 15	21261	REVISE ORBIT;INTRA/EXTRACRANIAL REVISE ORBIT;ADVANCE FOREHEAD REVISE EYE SOCKETS	1,073.67				
	21263	REVISE ORBIT;ADVANCE FUREHEAD	1,073.67				
15	21267		,				
15	21270	AUGMENTATION, CHEEK BONE	773.72				
15	21275	REVISION, ORBITOFACIAL BONES	1,073.67				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REVISION OF EYELID REVISION OF EYELID RECONST LWR JAW W/O FIXATION RECONST LWR JAW W/FIXATION UNLISTED CRANIOFA A MAXILLOFAC PROC TREATMENT OF NOSE FRACTURE TREAT NASAL SEPTAL FRACTURE TREAT NASAL SEPTAL FRACTURE TREAT NASOETHMOID FRACTURE TREAT NASOETHMOID FRACTURE TREAT NASOETHMOID FRACTURE TREAT NOSE/JAW FRACTURE TREAT NOSE/JAW FRACTURE OPEN TREATMENT NASOMAXILLARY FX TREAT CHEEK BONE FRACTURE OPEN TREATMENT OF DEPRESSED ZYGOMATI	4	5 AGE	6 MED		8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	21280	REVISION OF EYELID	773.72				
15	21282	REVISION OF EYELID	773.72				
15	21295	RECONST LWR JAW W/O FIXATION	359.35				
15	21296	RECONST LWR JAW W/FIXATION	359.35				
15	21299	UNLISTED CRANIOFA A MAXILLOFAC PROC	MP		X		
15	21315	TREATMENT OF NOSE FRACTURE	481.27				
15	21320	TREATMENT OF NOSE FRACTURE	481.27				
15	21325	TREATMENT OF NOSE FRACTURE	679.83				
15	21330	TREATMENT OF NOSE FRACTURE	773.72				
15	21335	TREATMENT OF NOSE FRACTURE	1,073.67				
15	21336	TREAT NASAL SEPTAL FRACTURE	679.83				
15	21337	TREAT NASAL SEPTAL FRACTURE	481.27				
15	21338	TREAT NASOETHMOID FRACTURE	679.83				
15	21339	TREAT NASOETHMOID FRACTURE	773.72				
15	21340	TREATMENT OF NOSE FRACTURE	679.83				
15	21345	TREAT NOSE/JAW FRACTURE	1,073.67				
	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 EVE SOCKET FRACTURE	481 27				
15	21401	TREAT EYE SOCKET FRACTURE	550 32				
15	21406	TREAT OPEN BY OF ORRIT W/O IMPLANT	679 83				
15	21407	TREAT OPEN BY OF ORBIT WITH IMPLANT	679.83				
15	21408	OPEN TREATMENT OF FRACTURE OF ORRIT	679.83				
15	21400	TOPAT MOTITH DOOF FDACTIDE	679.83				
15	21421	TREAT MOOTH ROOF FRACTORE	550 32				
15	21445	TREAT DENIAL RIDGE FRACTORE	679.83				
15	21443	TREAT DENIAL KIDGE FRACTURE	550 33				
15	21450	TREAT LOWER DAW FRACTURE	670.32				
15	21451	TREAT LOWER JAW FRACTURE	401 27				
15	21452	TREAT LOWER JAW FRACTURE	401.27				
15	21433	TREAT LOWER JAW FRACTURE	772 72				
15	21454	TREAT LOWER JAW FRACTURE	670.02				
15	21461	TREAT LOWER JAW FRACTURE	772 70				
15	21462	TREAT LOWER JAW FRACTURE	773.72				
15	21465	TREAT LOWER JAW FRACTURE	6/9.83				
15	214/0	TREAT COMPLICATED MANDIBULAR FX	113.72				
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	OPEN TREATMENT NASOMAXILLARY FX TREAT CHEEK BONE FRACTURE OPEN TREATMENT OF DEPRESSED ZYGOMATI TREAT ORBITAL FX; TRANSANTRAL TREAT ORBITAL FX; PERIORBITAL TREAT ORBITAL FX; COMBINATION TREAT ORBITAL WITH IMPLANT TREAT ORBITAL FX WITH BONE GRAFT TREAT EYE SOCKET FRACTURE TREAT EYE SOCKET FRACTURE TREAT OPEN FX OF ORBIT W/O IMPLANT TREAT OPEN FX OF ORBIT WITH IMPLANT OPEN TREATMENT OF FRACTURE TREAT DENTAL RIDGE FRACTURE TREAT DENTAL RIDGE FRACTURE TREAT LOWER JAW FRAC	MP		х		

#: 1819
LAM5M125
LOUISIANA MEDICAID MANAGEMENT INFO

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

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

COLUMN:

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1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	21501	DRAIN NECK/CHEST LESION	481.27				
15	21502	DRAIN CHEST LESION	481.27				
15	21550	EXCISIONAL BIOPSY SOFT TISSUES	359.35				
15	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	481.27				
15	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	481.27				
15	21555	REMOVE LESION, NECK/CHEST	481.27				
15	21556	REMOVE LESION, NECK/CHEST	481.27				
15	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	481.27				
15	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	481.27				
15	21600	PARTIAL REMOVAL OF RIB	481.27				
15	21610	PARTIAL REMOVAL OF RIB	481.27				
15	21700	REVISION OF NECK MUSCLE	481.27				
15	21720	REVISION OF NECK MUSCLE	550.32				
15	21725	REVISION OF NECK MUSCLE	550.32				
15	21820	TREAT STERNUM FRACTURE	359.35				
15	21899	UNLISTED PROCEDURE; NECK OR THORAX	MP		х		
15	21920	BX, SFT TISS-BACK/FLANK; SUPERFICIAL					
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					
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	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	481.27				
15	22511	PERCUTANEOUS VERTEBRAL AUGMENTATION	481.27				
15	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION	481.27				
15	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,444.88				
15	22554	ARTHRODESIS, W/BONE ALLOGRAFT					
15	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,444.88				
15	22869	INSERTION OF INTERLAMINAR/INTERSPINO INSERTION OF INTERLAMINAR/INTERSPINO	481.27 481.27				
15	22899	·			x		
15		SPINE SURGERY PROCEDURE	MP		^		
	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 15	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	481.27				
15 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		х		
15	23000	REMOVAL OF CALCIUM DEPOSITS	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

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1	2	DESCRIPTION RELEASE SHOULDER JOINT DRAIN SHOULDER LESION DRAIN SHOULDER BURSA DRAIN SHOULDER BONE LESION EXPLORATORY SHOULDER SURGERY	4	5 AGE			8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23020	RELEASE SHOULDER JOINT	481.27				
15	23030	DRAIN SHOULDER LESION	359.35				
15	23031	DRAIN SHOULDER BURSA	550.32				
15	23035	DRAIN SHOULDER BONE LESION	550.32				
15	23040	EXPLORATORY SHOULDER SURGERY	550.32				
15	23044	EXPLORATORY SHOULDER SURGERY BIOPSY SHOULDER TISSUES	679.83				
15	23066	BIOPSY SHOULDER TISSUES	481.27				
15	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	481.27				
15	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	481.27				
15	23075	REMOVAL OF SHOULDER LESION	481.27				
15	23076	REMOVAL OF SHOULDER LESION	481.27				
15	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	550.32				
15	23078	REMOVAL OF SHOULDER LESION REMOVAL OF SHOULDER LESION REMOVAL (LESS THAN 5 CENTIMETERS) TI REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	23100	BIOPSY OF SHOULDER JOINT	481.27				
15	23101	SHOULDER JOINT SURGERY	1,073.67				
15	23105	REMOVE SHOULDER JOINT LINING	679.83				
15	23106	INCISION OF COLLARBONE JOINT	679.83				
15	23107	EXPLORE TREAT SHOULDER JOINT	679.83				
15	23120	PARTIAL REMOVAL, COLLAR BONE	773.72				
15	23125	REMOVAL OF COLLAR BONE	773.72				
15	23130	REMOVE SHOULDER BONE, PART	773.72				
15	23140	REMOVAL OF BONE LESION	679.83				
15	23145	REMOVAL OF BONE LESION	773.72				
15	23146	REMOVAL (LESS THAN 5 CENTIMETERS) TI REMOVAL (5 CENTIMETERS OR GREATER) T BIOPSY OF SHOULDER JOINT SHOULDER JOINT SURGERY REMOVE SHOULDER JOINT LINING INCISION OF COLLARBONE JOINT EXPLORE TREAT SHOULDER JOINT PARTIAL REMOVAL, COLLAR BONE REMOVAL OF COLLAR BONE REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF BONE LESION REMOVAL OF HUMERUS LESION REMOVAL OF HUMERUS LESION REMOVAL OF HUMERUS LESION REMOVAL OF HUMERUS LESION REMOVE COLLAR BONE LESION REMOVE SHOULDER BLADE LESION REMOVE SHOULDER BLADE LESION REMOVE HUMERUS LESION REMOVE SHOULDER BLADE LESION PARTIAL REMOVAL OF SCAPULA REMOVAL OF HEAD OF HUMERUS REMOVAL OF FOREIGN BODY REMOVAL OF FOREIGN BODY REMOVAL OF FOREIGN BODY REMOVAL OF FOREIGN BODY	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 LESTON	679.83				
15	23182	REMOVE SHOULDER BLADE LESTON	679.83				
15	23184	REMOVE HUMERUS LESTON	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) & MISCLE(S)	481 27				
15	23410	REMOVE SHOULDER FOREIGN BODY REMOVAL OF FOREIGN BODY OF SHOULDER MUSCLE TRANSFER, SHOULDER/ARM MUSCLE TRANSFERS FIXATION OF SHOULDER BLADE INCISION OF TENDON & MUSCLE INCISE TENDON(S) & MUSCLE(S) REPAIR OF TENDON(S) REPAIR OF TENDON(S) RELEASE OF SHOULDER LIGAMENT REPAIR OF SHOULDER	773 79				
15	23412	REDATE OF TENDON(S)	1 073 67				
15	23415	DELEACE OF CHOILDED LICAMENT	773 70				
15	23415	DEDATE OF CHOILDED	1 073 67				
13	23420	VELVIK OF SHOOFDEK	1,0/3.6/				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3 DESCRIPTION REPAIR BICEPS TENDON REMOVE/TRANSPLANT TENDON REPAIR SHOULDER CAPSULE	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23430	REPAIR BICEPS TENDON	679.83				
15	23440	REMOVE/TRANSPLANT TENDON	679.83				
15	23450	REPAIR SHOULDER CAPSULE	773.72				
15	23455	REPAIR SHOULDER CAPSULE	1,073.67				
15	23460	REPAIR SHOULDER CAPSULE	773.72				
15	23462	REPAIR SHOULDER CAPSULE	1,073.67				
15	23465	REPAIR SHOULDER CAPSULE	773.72				
15	23466	REPAIR SHOULDER CAPSULE	1,073.67				
15	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,073.67				
15	23480	REVISION OF COLLAR BONE 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	359.35 550.32				
15	23520	TREAT CLAVICLE DISLOCATION	359.35				
15	23525	TREAT CLAVICLE DISLOCATION	359.35 359.35				
15	23530	TREAT CLAVICLE DISLOCATION	550.32				
15	23532	TREAT CLAVICLE DISLOCATION	550.32 679.83				
15	23540	TREAT CLAVICLE DISLOCATION	359.35				
15	23545		359.35 359.35				
15	23550	TREAT CLAVICLE DISLOCATION TREAT CLAVICLE DISLOCATION TREAT CLAVICLE DISLOCATION TREAT SHOULDER BLADE FX TREAT SHOULDER BLADE FX	550 32				
15	23552	TREAT CLAVICLE DISLOCATION	550.32 679.83				
15	23570	TREAT SHOULDER BLADE FX	359 35				
15	23575	TREAT SHOULDER BLADE FX TREAT SHOULDER BLADE FX TREAT SCAPULA FRACTURE TREAT HUMERUS FRACTURE	359.35 359.35				
15	23585	TREAT SCADIIIA FRACTIRE	550.32				
15	23600	TREAT HIMERIS FRACTURE	550.32 359.35				
15	23605	TREAT HIMERIS FRACTIRE	481 27				
15	23615	TOPAT HIMPOIC PRACTICE	481.27 679.83				
15	23616	TREAT HOMEROS FRACTORE	679.03				
15	23620	TREAT HOMEROS FRACTORE	679.83 359.35				
15	23625	TREAT HUMERUS FRACTURE	101 27				
15	23630	TREAT HUMERUS FRACTURE TREAT HUMERUS FRACTURE	481.27 773.72				
15	23650	TREAT SHOULDER DISLOCATION	7/3.72				
		TREAT SHOULDER DISLOCATION TREAT SHOULDER DISLOCATION	359.35 359.35				
15 15	23655						
15	23660 23665	TREAT SHOULDER DISLOCATION TREAT DISLOCATION/FRACTURE	550.32 481.27				
_		TREAT DISLOCATION/FRACTURE					
15	23670	TREAT DISLOCATION/FRACTURE TREAT DISLOCATION/FRACTURE TREAT DISLOCATION/FRACTURE	550.32 481.27				
15	23675	TREAT DISLOCATION/FRACTURE	481.27				
15	23680	TREAT DISLOCATION/FRACTURE	550.32 359.35				
15	23700	FIXATION OF SHOULDER					
15	23800	FUSION OF SHOULDER JOINT 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		Х		

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN	
СОПОБЛИ	•

1	2	DESCRIPTION DRAINAGE OF ARM LESION DRAINAGE OF ARM BURSA DRAIN ARM/ELBOW BONE LESION EXPLORATORY ELBOW SURGERY RELEASE ELBOW JOINT BIOPSY ARM/ELBOW SOFT TISSUE	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	23930	DRAINAGE OF ARM LESION	359.35				
15	23931	DRAINAGE OF ARM BURSA	481.27				
15	23935	DRAIN ARM/ELBOW BONE LESION	481.27				
15	24000	EXPLORATORY ELBOW SURGERY	679.83				
15	24006	RELEASE ELBOW JOINT	679.83				
15	24066	BIOPSY ARM/ELBOW SOFT TISSUE	481.27				
15	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	481.27				
15	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	481.27				
15	24075	REMOVE ARM/ELBOW LESION	481.27				
15	24076	REMOVE ARM/ELBOW LESION	481.27				
15	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	550.32				
15	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	481.27				
15	24100	BIOPSY ELBOW JOINT LINING	359.35				
15	24101	EXPLORE/TREAT ELBOW JOINT	679.83				
15	24102	REMOVE ELBOW JOINT LINING	679.83				
15	24105	REMOVAL OF ELBOW BURSA	550.32				
15	24110	REMOVE HUMERUS LESION	481.27				
15	24115	REMOVE/GRAFT BONE LESION	550.32				
15	24116	REMOVE/GRAFT BONE LESION	550.32				
15	24120	REMOVE ELBOW LESION	550.32				
15	24125	REMOVE/GRAFT BONE LESTON	550.32				
15	24126	REMOVE/GRAFT BONE LESTON	550.32				
15	24130	REMOVAL OF HEAD OF RADIUS	550 32				
15	24134	REMOVAL OF ARM BONE LESTON	481 27				
15	24136	REMOVE RADIUS BONE LESTON	481 27				
15	24138	REMOVE ELBOW BONE LESTON	481 27				
15	24140	PARTIAL REMOVAL OF ARM BONE	550 32				
15	24145	PARTIAL REMOVAL OF PARTIS	550.32				
15	24147	PARTIAL REMOVAL OF FIROW	481 27				
15	24155	DEMOVAL OF FIROW TOTAT	550 32				
15	24160	DEMOVAL OF FIROW JOINT HADDWADE	481 27				
15	24164	DEMOVAL OF EDDOW COINT HARDWARE	550 22				
15	24200	DEMOVAL OF ADM FOREIGN BODY	350.32				
15	24200	DEMOVAL OF ARM FOREIGN BODY	101 27				
15	24301	MICCIE/TENDON TOANCEED	670 03				
15	24305	ADM MENDON LENGTHENING	670.03				
15	24310	DEVICTOR OF ADM TENDON	550 33				
15	24320	REVISION OF ARM TENDON	550.32				
15	24320	REPAIR OF ARM TENDON	550.32				
15	24330	REVISION OF ARM MUSCLES	550.32				
15 15	24331	REVISION OF ARM MUSCLES	550.32				
_		REPAIR OF BICEPS TENDON	550.32				
15	24341	REPAIR ARM TENDON/MUSCLE	550.32				
15	24342	KEPAIK OF KUPTUKED TENDON	550.32				
15	24345	REPR ELBW MED LIGMNT W/TISSU	481.27				
15	24360	RECONSTRUCT ELBOW JOINT	773.72				
15	24361	DESCRIPTION DRAINAGE OF ARM LESION DRAINAGE OF ARM BURSA DRAIN ARM/ELBOW BONE LESION EXPLORATORY ELBOW SURGERY RELEASE ELBOW JOINT BIOPSY ARM/ELBOW SOFT TISSUE EXCISION, TUMOR, SOFT TISSUE OF UPP EXCISION, TUMOR, SOFT TISSUE OF UPP EXCISION, TUMOR, SOFT TISSUE OF UPP REMOVE ARM/ELBOW LESION REMOVE ARM/ELBOW LESION REMOVAL (LESS THAN 5 CENTIMETERS) TI REMOVAL (15 CENTIMETERS OR GREATER) T BIOPSY ELBOW JOINT LINING EXPLORE/TREAT ELBOW JOINT REMOVE ELBOW JOINT LINING REMOVE HUMERUS LESION REMOVE/GRAFT BONE LESION REMOVE/BRAFT BONE LESION REMOVE ADJUS BONE LESION REMOVAL OF HEAD OF RADJUS REMOVAL OF ARM BONE LESION REMOVE LEBOW BONE LESION REMOVE TABLUS BONE LESION REMOVAL OF ELBOW JOINT REMOVAL OF ELBOW JOINT REMOVAL OF ELBOW JOINT REMOVAL OF ARM FOREIGN BODY MUSCLE/TENDON TRANSFER ARM TENDON LENGTHEINING REMOVAL OF ARM FOREIGN BODY MUSCLE/TENDON TRANSFER ARM TENDON LENGTHEINING REVISION OF ARM TENDON REPAIR OF ARM TENDON REPAIR OF ARM TENDON REPAIR OF BICEPS TENDON REPAIR ARM TENDON/MUSCLE	773.72				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN	

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION RECONSTRUCT ELBOW JOINT REPLACE ELBOW JOINT	FEE	MIN-MAX	REV	SEX	OVERS
15	24362	RECONSTRUCT ELBOW JOINT	773.72 1,073.67				
15	24363	REPLACE ELBOW JOINT	1,073.67				
15	24365	RECONSTRUCT HEAD OF RADIUS RECONSTRUCT HEAD OF RADIUS	773.72				
15	24366	RECONSTRUCT HEAD OF RADIUS	773.72				
15	24370	DEVICTON OF TOTAL FIROW ADTHOUDINGTY	773 72				
15	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY 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	679.83 550.32				
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	359.35 359.35				
15	24515	TREAT HUMERUS FRACTURE	679.83				
15	24516	TREAT HUMERUS FRACTURE	679.83 679.83				
15	24530	TREAT HUMERUS FRACTURE	359.35				
15	24535	TREAT HUMERUS FRACTURE	359.35 359.35				
15	24538	TREAT HUMERUS FRACTURE	481.27				
15	24545	TREAT HUMERUS FRACTURE	679.83				
15	24546	TREAT HUMERUS FRACTURE	773.72				
15	24560	REVISION OF TOTAL ELBOW ARTHROPLASTY REVISION OF HUMERUS REVISION OF HUMERUS REVISION OF HUMERUS REPAIR OF ELBOW JOINT DECOMPRESSION OF FOREARM REINFORCE HUMERUS TREAT HUMERUS FRACTURE	773.72 359.35				
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	550.32 359.35				
15	24577	TREAT HUMERUS FRACTURE	359.35 550.32				
15	24579	TREAT HUMERUS FRACTURE	550.32				
15	24582	TREAT HUMERUS FRACTURE	481.27				
15	24586	TREAT HUMERUS FRACTURE OPEN TREATMENT OF BROKEN AND/OR DISL	679.83				
15	24587	OPEN TREATMENT OF BROKEN AND/OR DISL TREAT ELBOW DISLOCATION	773.72				
15	24600	TREAT ELBOW DISLOCATION	359.35				
15	24605	TREAT FIROM DISTOCATION	481.27				
15	24615	TREAT ELBOW DISLOCATION TREAT ELBOW FRACTURE TREAT ELBOW FRACTURE	550.32				
15	24620	TREAT ELBOW FRACTURE	481.27				
15	24635	TREAT ELBOW FRACTURE	550.32				
15	24640	TOT DAN HEAN CHRITY CHILD W/O MANID	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	TREAT RADIUS FRACTURE TREAT RADIUS FRACTURE TREAT RADIUS FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE TREAT ULNAR FRACTURE FUSION OF ELBOW JOINT	679.83				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	24802	FUSION/GRAFT OF ELBOW JOINT AMPUTATION FOLLOW-UP SURGERY	773.72 550.32				
15	24802 24925	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	24999	UNLISTED PROCEDURE/UPPER ARM/ELBOW S	MP		х		
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 25250	REMOVE FOREARM FOREIGN BODY	481.27				
15	25250	DESCRIPTION FUSION/GRAFT OF ELBOW JOINT AMPUTATION FOLLOW-UP SURGERY UNLISTED PROCEDURE/UPPER ARM/ELBOW S INCISION OF TENDON SHEATH DECOMPRESS FOREARM 1 SPACE DECOMPRESS FOREARM 1 SPACE DECOMPRESS FOREARM 2 SPACES DECOMPRESS FOREARM 2 SPACES DECOMPRESS FOREARM 2 SPACES DECOMPRESS FOREARM 2 SPACES DRAINAGE OF FOREARM BURSA TREAT FOREARM BONE LESION EXPLORE/TREAT WRIST JOINT BIOPSY FOREARM SOFT TISSUE OF FORE EXCISION, TUMOR, SOFT TISSUE OF FORE EXCISION, TUMOR, SOFT TISSUE OF FORE REMOVE FOREARM LESION SUBCUT REMOVE FOREARM LESION DEEP REMOVE FOREARM LESION DEEP REMOVAL (1 CESS THAN 3 CENTIMETERS) TI REMOVAL (3 CENTIMETERS OR GREATER) T INCISION OF WRIST CAPSULE BIOPSY OF WRIST JOINT EXPLORE/TREAT WRIST JOINT REMOVE WRIST JOINT LINING REMOVE WRIST JOINT LINING REMOVE WRIST TENDON LESION REMOVE WRIST/FOREARM LESION REMOVE WRIST/FOREARM LESION REMOVE WRIST/FOREARM LESION REMOVE/GRAFT FOREARM LESION REMOVE & GRAFT WRIST LESION REMOVE & GRAFT WRIST LESION REMOVE & GRAFT WRIST LESION REMOVE FOREARM BONE LESION PARTIAL REMOVAL OF ULNA PARTIAL REMOVAL OF RADIUS REMOVAL OF WRIST BONES PARTIAL REMOVAL OF ULNA REMOVE FOREARM FOREIGN BODY REMOVEL OF WRIST PROSTHESIS	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	L	2	3	4	5 AGE	6 MED	7	8 8
7	rs .	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
1	L5	25251	REMOVAL OF WRIST PROSTHESIS	359.35				
1	L5	25260		679.83				
1	L5	25263	REPAIR FOREARM TENDON/MUSCLE	481.27				
1	L5	25265	REPAIR FOREARM TENDON/MUSCLE REPAIR FOREARM TENDON/MUSCLE	550.32				
1	L5	25270	REPAIR FOREARM TENDON/MUSCLE	679.83				
1	L5	25272	REPAIR FOREARM TENDON/MUSCLE REPAIR FOREARM TENDON/MUSCLE	550.32				
1	L5	25274	REPAIR FOREARM TENDON/MUSCLE	679.83				
1	L5	25275	REPAIR FOREARM TENDON SHEATH REVISE WRIST/FOREARM TENDON	679.83				
1	L5	25280	REVISE WRIST/FOREARM TENDON	679.83				
1	L5	25290	INCISE WRIST/FOREARM TENDON	550.32				
1	L5	25295	RELEASE WRIST/FOREARM TENDON	550.32				
1	L5	25300	FUSION OF TENDONS AT WRIST	550.32				
1	L5	25301	FUSION OF TENDONS AT WRIST	550.32				
1	L5	25310	TRANSPLANT FOREARM TENDON	550.32				
1	L5	25312	TRANSPLANT FOREARM TENDON	679.83				
1	L5	25315	REVISE PALSY HAND TENDON(S)	550.32				
1	L5	25316	REVISE PALSY HAND TENDON(S)	550.32				
1	L5	25320	REPAIR/REVISE WRIST JOINT	550.32				
1	L5	25332	REVISE WRIST JOINT	773.72				
1	L5	25335	REALIGNMENT OF HAND	550.32				
1	L5	25337	RECONSTRUCT ULNA/RADIOULNAR	773.72				
1	L5	25350	REVISION OF RADIUS	550.32				
1	L5	25355	REVISION OF RADIUS	550.32				
	L5	25360	REVISION OF ULNA	550.32				
	L5	25365	REVISE RADIUS & ULNA	550.32				
	L5	25370	REVISE RADIUS OR ULNA	550.32				
	L5	25375	REVISE RADIUS & ULNA	679.83				
	L5	25390	SHORTEN RADIUS OR ULNA	550.32				
	L5	25391	LENGTHEN RADIUS OR ULNA	679.83				
	L5	25392	SHORTEN RADIUS & ULNA	550.32				
	L5	25393	LENGTHEN RADIUS & ULNA	679.83				
	L5	25400	REPAIR RADIUS OR ULNA	550.32				
	L5	25405	REPAIR/GRAFT RADIUS OR ULNA	679.83				
	L5	25415	REPAIR RADIUS & ULNA	550.32				
	L5	25420	REPAIR/GRAFT RADIUS & ULNA	679.83				
	L5	25425	REPAIR/GRAFT RADIUS OR ULNA	550.32				
	L5	25426	REPAIR/GRAFT RADIUS & ULNA	679.83				
	L5	25431	REPAIR NONUNION CARPAL BONE	550.32				
	-5 L5	25440	REPAIR/GRAFT WRIST BONE	679.83				
	-5 L5	25441	RECONSTRUCT WRIST JOINT	773.72				
	L5	25442	RECONSTRUCT WRIST JOINT	773 72				
	L5	25443	RECONSTRUCT WRIST JOINT	773 72				
	L5 L5	25444	REPAIR FOREARM TENDON SHEATH REVISE WRIST/FOREARM TENDON INCISE WRIST/FOREARM TENDON RELEASE WRIST/FOREARM TENDON FUSION OF TENDONS AT WRIST FUSION OF TENDONS AT WRIST TRANSPLANT FOREARM TENDON TRANSPLANT FOREARM TENDON REVISE PALSY HAND TENDON(S) REPAIR/REVISE WRIST JOINT REVISE WRIST JOINT REALIGNMENT OF HAND RECONSTRUCT ULNA/RADIOULNAR REVISION OF RADIUS REVISION OF RADIUS REVISION OF RADIUS REVISE RADIUS & ULNA REVISE RADIUS & ULNA REVISE RADIUS & ULNA REVISE RADIUS & ULNA SHORTEN RADIUS OR ULNA LENGTHEN RADIUS OR ULNA LENGTHEN RADIUS & ULNA REPAIR RADIUS & ULNA REPAIR/GRAFT RADIUS OR ULNA REPAIR/GRAFT RADIUS & ULNA REPAIR/GRAFT WRIST BONE RECONSTRUCT WRIST JOINT REMOVE WRIST JOINT IMPLANT	773 72				
	L5 L5	25445	RECONSTRUCT WRIST JOINT	773 72				
	L5 L5	25446	WRIST REPLACEMENT	.,073.67				
	L5	25449	REMOVE WRIST JOINT IMPLANT	773.72				
_		23443	KEMOVE MKISI UUINI IMPLANI	113.12				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REVISION OF WRIST JOINT REVISION OF WRIST JOINT REINFORCE RADIUS REINFORCE ULNA REINFORCE RADIUS AND ULNA TREAT FRACTURE OF RADIUS TREAT FRACTURE OF RADIUS CLOSED TREATMENT OF BROKEN FOREARM A	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	25450	REVISION OF WRIST JOINT	550.32				
15	25455	REVISION OF WRIST JOINT	550.32				
15	25490	REINFORCE RADIUS	550.32				
15	25491	REINFORCE ULNA	550.32				
15	25492	REINFORCE RADIUS AND ULNA	550.32				
15	25505	TREAT FRACTURE OF RADIUS	359.35				
15	25515	TREAT FRACTURE OF RADIUS	550.32				
15	25520	CLOSED TREATMENT OF BROKEN FOREARM A	359.35				
15	25525	TREAT FRACTURE OF RADIUS	679.83				
15	25526	TREAT FRACTURE OF RADIUS	773.72				
15	25535	TREAT FRACTURE OF ULNA	359.35				
15	25545	TREAT FRACTURE OF ULNA	550.32				
15	25565	TREAT FRACTURE RADIUS & ULNA	481.27				
15	25574	TREAT FRACTURE RADIUS & ULNA	550.32				
15	25575	TREAT FRACTURE RADIUS/ULNA	550.32				
15	25605	TREAT FRACTURE RADIUS/ULNA	550.32				
15	25606	TREAT FX DISTAL RADIAL	550.32				
15	25607	TREAT FX RAD EXTRA-ARTICUL	773.72				
15	25608	TREAT FX RAD INTRA-ARTICUL	773.72				
15	25609	TREAT FX RADIAL 3 + FRAG	773.72				
15	25624	TREAT WRIST BONE FRACTURE	481.27				
15	25628	TREAT WRIST BONE FRACTURE	550.32				
15	25635	TREAT WRIST BONE FRACTURE	359.35				
15	25645	TREAT WRIST BONE FRACTURE	550.32				
15	25651	PIN ULAR STYLOID FRACTURE	550.32				
15	25660	TREAT WRIST DISLOCATION	359.35				
15	25670	TREAT WRIST DISLOCATION	550.32				
15	25671	PIN RADIOULNAR DISLOCATION	359.35				
15	25675	TREAT WRIST DISLOCATION	359.35				
15	25676	TREAT WRIST DISLOCATION	481.27				
15	25680	TREAT WRIST FRACTURE	481.27				
15	25685	TREAT WRIST FRACTURE	550.32				
15	25690	TREAT WRIST DISLOCATION	359.35				
15	25695	TREAT WRIST DISLOCATION	481.27				
15	25800	FUSION OF WRIST JOINT	679.83				
15	25805	FUSION/GRAFT OF WRIST JOINT	773.72				
15	25810	FUSION/GRAFT OF WRIST JOINT	773.72				
15	25820	FUSION OF HAND BONES	679.83				
15	25825	FUSE HAND BONES WITH GRAFT	773.72				
15	25830	FUSION, RADIOULNAR JNT/ULNA	773.72				
15	25907	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	25922	AMPUTATE HAND AT WRIST	550.32				
15	25929	AMPUTATION FOLLOW-UP SURGERY	550.32				
15	25999	UNLISTED OROCEDURE, FOREARM OR WRIST	MP		x		
15	26011	DRAINAGE OF FINGER ABSCESS	359.35				
15	26020	DESCRIPTION REVISION OF WRIST JOINT REVISION OF WRIST JOINT REINFORCE RADIUS REINFORCE ULNA REINFORCE RADIUS AND ULNA TREAT FRACTURE OF RADIUS CLOSED TREATMENT OF BROKEN FOREARM A TREAT FRACTURE OF RADIUS TREAT FRACTURE OF RADIUS TREAT FRACTURE OF RADIUS TREAT FRACTURE OF ULNA TREAT FRACTURE OF ULNA TREAT FRACTURE OF ULNA TREAT FRACTURE RADIUS & ULNA TREAT FRACTURE RADIUS & ULNA TREAT FRACTURE RADIUS & ULNA TREAT FRACTURE RADIUS /ULNA TREAT FRACTURE RADIUS /ULNA TREAT FRACTURE RADIUS /ULNA TREAT FX COUNTY TREAT FX RADIAL AT FRACTURE TREAT FX RADIAL A FRAG TREAT FX RADIAL A FRAG TREAT WRIST BONE FRACTURE TREAT WRIST BONE FRACTURE TREAT WRIST BONE FRACTURE TREAT WRIST BONE FRACTURE TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST DISLOCATION TREAT WRIST FRACTURE TREAT WRIST FRACTURE TREAT WRIST FRACTURE TREAT WRIST FRACTURE TREAT WRIST DISLOCATION TREAT WRIST DISL	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLU	MN:								
		1	2	3	4	5	6	7	8
						AGE	MED		x-
		TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
		15	26025	DRAINAGE OF PALM BURSA	359.35				
		15	26030	DRAINAGE OF PALM BURSA(S)	481.27				
		15	26034	TREAT HAND BONE LESION	481.27				
		15	26040	RELEASE OF TISSUES OF PALM, ACCESSED	679.83				
		15	26045	PARTIAL RELEASE OF TISSUES OF PALM,	550.32				
		15	26055	INCISE FINGER TENDON SHEATH	481.27				
		15	26060	INCISION OF FINGER TENDON EXPLORE/TREAT HAND JOINT EXPLORE/TREAT FINGER JOINT EXPLORE/TREAT FINGER JOINT	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	RELEASE PALM CONTRACTURE REMOVE WRIST JOINT LINING REVISE FINGER JOINT, EACH REVISE FINGER JOINT, EACH TENDON EXCISION, PALM/FINGER REMOVE TENDON SHEATH LESION REMOVAL OF PALM TENDON FACH	550.32				
		15	26160	REMOVE TENDON SHEATH LESION					
		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	REMOVE TENDON SHEATH LESION REMOVAL OF PALM TENDON, EACH REMOVAL OF FINGER TENDON REMOVE FINGER BONE REMOVE HAND BONE LESION REMOVE/GRAFT BONE LESION REMOVAL OF FINGER LESION REMOVAL OF FINGER LESION PARTIAL REMOVAL OF HAND BONE PARTIAL REMOVAL FINGER BONE	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	550.32 481.27				
		15	26262	PARTIAL REMOVAL OF FINGER	481.27				
		15	26320	PARTIAL REMOVAL OF HAND BONE PARTIAL REMOVAL, FINGER BONE PARTIAL REMOVAL, FINGER BONE EXTENSIVE HAND SURGERY EXTENSIVE FINGER SURGERY PARTIAL REMOVAL OF FINGER REMOVAL OF IMPLANT FROM HAND MANIPULATE FINGER WITH ANESTH REPAIR OF FINGER TENDON	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 REPAIR OF FINGER TENDON	679.83				
		15	26357	REPAIR OF FINGER TENDON	679.83				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

		N	

TS CODE DESCRIPTION TS CODE DESCRIPTION TS 26370 REPAIR OF FINGER TENDON WITH GRAFT 15 26370 REPAIR FINGER/HAND TENDON TS 26370 REPAIR FINGER/HAND TENDON TS 26371 REPAIR FINGER HAND TENDON TS 26373 REPAIR FINGER TENDON TS 26373 REPAIR FINGER TENDON TS 26373 REPAIR FINGER TENDON TS 26392 REPAIR/GRAFT HAND TENDON TS 26412 REPAIR/GRAFT HAND TENDON TS 26412 REPAIR/GRAFT HAND TENDON TS 26412 REPAIR/GRAFT FINGER TENDON TS 26413 REPAIR FINGER TENDON TS 26414 REPAIR/GRAFT FINGER TENDON TS 26426 REPAIR/GRAFT FINGER TENDON TS 26427 REPAIR/GRAFT FINGER TENDON TS 26428 REPAIR/GRAFT FINGER TENDON TS 26429 REPAIR/GRAFT FINGER TENDON TS 26433 REPAIR FINGER TENDON TS 26437 REALIGNMENT OF TENDON TS 26437 REALIGNMENT OF TENDON TS 26437 REALIGNMENT OF TENDON TS 26438 REPAIR/GRAFT FINGER TENDON TS 26440 RELEASE PAIM/FINGER TENDON TS 26441 REPAIR/GRAFT FINGER TENDON TS 26442 RELEASE PAIM/FINGER TENDON TS 26443 REPAIR/GRAFT FINGER TENDON TS 26444 RELEASE PAIM/FINGER TENDON TS 26445 RELEASE PAIM/FINGER TENDON TS 26446 RELEASE PAIM/FINGER TENDON TS 26447 RELIGNMENT OF TENDONS TS 26449 RELEASE FOR TENDON TS 26455 INCISION OF FINGER TENDON TS 26450 INCISION OF	1	2	3	4	5 AGE	6 MED	7	8 X-
15	TS	CODE	DESCRIPTION	FEE				
15		26358	REPAIR OF FINGER TENDON WITH GRAFT	679.83			~	01210
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	CRAFT HAND OR FINGER TENDON	550 32				
15	_	26418	REDATE STUCER TENDON	679 83				
15	_	26420	REDATE CRAFT FINCER TENDON	679 83				
15	_	26426	REDATE FINGER/HAND TENDON	550 32				
15	_	26428	DEDAID CDAFF FINCED TENDON	550.32				
15	_	26432	REPAIR FINGER TENDON	550.32				
15		26433	REPAIR FINGER TENDON	550.32				
15	_	26434	DEDATE COAFT FINCED TENDON	550.32				
15 26440 RELEASE PALM/FINGER TENDON 550.32 15 26442 RELEASE PALM & FINGER TENDON 550.32 15 26445 RELEASE FOREARM/HAND TENDON 550.32 15 26449 RELEASE FOREARM/HAND TENDON 550.32 15 26450 INCISION OF FALM TENDON 550.32 15 26451 INCISION OF FINGER TENDON 550.32 15 26460 INCISE HAND/FINGER TENDON 550.32 15 26460 INCISE HAND/FINGER TENDON 550.32 15 26471 FUSION OF FINGER TENDON 550.32 15 26474 FUSION OF FINGER TENDONS 481.27 15 26474 FUSION OF FINGER TENDONS 481.27 15 26476 TENDON SHORTENING 359.35 15 26477 TENDON SHORTENING 359.35 15 26478 LENGTHENING 359.35 15 26478 LENGTHENING OF HAND TENDON 359.35 15 26479 SHORTENING OF HAND TENDON 359.35 15 26480 TRANSPLANT/GRAFT HAND TENDON 550.32 15 26480 TRANSPLANT/GRAFT HAND TENDON 550.32 15 26485 TRANSPLANT/GRAFT HAND TENDON 550.32 15 26480 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26491 FINGER 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 550.32 15 26499 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26491 FINGER TENDON TRANSFER 550.32 15 26492 REVISE THUMB TENDON 550.32 15 26498 FINGER TENDON TRANSFER 550.32 15 26499 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26490 REVISE THOMO TRANSFER 550.32 15 26500 HAND TENDON RECONSTRUCTION 679.83 15 26502 HAND TENDON RECONSTRUCTION 679.83 15 26508 RELEASE THUMB CONTRACTURE 550.32	_	26437	DEALLONMENT OF TENDONS	550.32				
15 26442 RELEASE PALM & FINGER TENDON 550.32 15 26445 RELEASE HAND/FINGER TENDON 550.32 15 26449 RELEASE HAND/FINGER 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 TENDON 550.32 15 26474 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 26478 LENGTHENING OF HAND TENDON 359.35 15 26479 SHORTENING OF HAND TENDON 359.35 15 26480 TRANSPLANT HAND TENDON 550.32 15 26480 TRANSPLANT/GRAFT HAND TENDON 550.32 15 26481 TRANSPLANT/GRAFT HAND TENDON 550.32 15 26482 TRANSPLANT/GRAFT PALM TENDON 550.32 15 26484 TRANSPLANT/GRAFT PALM TENDON 550.32 15 26494 HAND TENDON 550.32 15 26494 HAND TENDON 550.32 15 26494 HAND TENDON TRANSFER WITH GRAFT 550.32 15 26496 REVISE THUMB TENDON 550.32 15 26497 FINGER TENDON TRANSFER 550.32 15 26498 FINGER TENDON TRANSFER 550.32 15 26498 FINGER TENDON TRANSFER 550.32 15 26499 REVISION OF FINGER 550.32 15 26499 REVISION OF FINGER 550.32 15 26500 HAND TENDON RECONSTRUCTION 679.83 15 26500 HAND TENDON RECONSTRUCTION 679.83 15 26501 THUMB TENDON TRANSFER 550.32	_	26437	DETENCE DAIM/ETHOED 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 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 SHORTENING 359.35 15 26476 TENDON SHORTENING 359.35 15 26477 TENDON SHORTENING 359.35 15 26478 LENGTHENING OF HAND TENDON 359.35 15 26478 LENGTHENING OF HAND TENDON 359.35 15 26480 TRANSPLANT HAND TENDON 550.32 15 26483 TRANSPLANT/GRAFT HAND TENDON 550.32 15 26483 TRANSPLANT/GRAFT HAND TENDON 481.27 15 26489 TRANSPLANT/GRAFT PALM TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26491 FINGER TENDON TRANSFER WITH GRAFT 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 550.32 15 26499 REVISION OF FINGER 550.32 15 26499 REVISION OF FINGER 550.32 15 26500 HAND TENDON RECONSTRUCTION 679.83 15 26501 THUMB TENDON TRANSFER 550.32	_	26440	DELEASE PAIM (EINCED MENDON	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 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 HAND TENDON 550.32 15 26485 TRANSPLANT FALM TENDON 481.27 15 26489 TRANSPLANT FALM TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26490 REVISE THUMB TENDON 550.32 15 26491 FINGER TENDON 550.32 15 26492 TENDON TRANSFER WITH GRAFT 550.32 15 26494 HAND TENDON 550.32 15 26496 REVISE THUMB TENDON 550.32 15 26497 FINGER TENDON TRANSFER 550.32 15 26498 FINGER TENDON TRANSFER 550.32 15 26499 REVISION OF FINGER 550.32 15 26499 REVISION OF FINGER 550.32 15 26499 REVISION OF FINGER 550.32 15 26500 HAND TENDON RECONSTRUCTION 679.83 15 26502 HAND TENDON RECONSTRUCTION 679.83 15 26502 HAND TENDON RECONSTRUCTION 679.83 15 26510 THUMB TENDON TRANSFER 550.32	_	20442	RELEASE PALM & FINGER TENDON	550.32				
15	_	26445	RELEASE MAND/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 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		26499	REVISION OF FINGER	550.32				
15 26502 HAND TENDON RECONSTRUCTION 679.83 15 26508 RELEASE THUMB CONTRACTURE 550.32 15 26510 THUMB TENDON TRANSFER 550.32		26500	HAND TENDON RECONSTRUCTION	679.83				
15 26508 RELEASE THUMB CONTRACTURE 550.32 15 26510 THUMB TENDON TRANSFER 550.32	_	26502	HAND TENDON RECONSTRUCTION	679.83				
15 26510 THUMB TENDON TRANSFER 550.32	_	26508	RELEASE THUMB CONTRACTURE	550.32				
	15	26510	THUMB TENDON TRANSFER	550.32				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION FUSION OF KNUCKLE JOINT FUSION OF KNUCKLE JOINTS FUSION OF KNUCKLE JOINTS RELEASE KNUCKLE CONTRACTURE RELEASE FINGER CONTRACTURE RELEASE FINGER CONTRACTURE REVISE KNUCKLE JOINT REVISE KNUCKLE WITH IMPLANT REVISE FINGER JOINT REVISE/IMPLANT FINGER JOINT REPAIR HAND JOINT WITH GRAFT REPAIR NONUNION HAND RECONSTRUCT FINGER JOINT CONSTRUCT THUMB REPLACEMENT POSITIONAL CHANGE OF FINGER REPAIR OF WEB FINGER REPAIR HAND DEFORMITY LENGTHEN METACARPAL FLAW CORRECT FINGER DEFORMITY RECONSTRUCT EXTRA FINGER REPAIR HAND DEFORMITY RECONSTRUCT EXTRA FINGER REPAIR MUSCLES OF HAND EXCISION CONSTRICTING TISSUE TREAT METACARPAL FRACTURE TREAT METACARPAL FRACTURE TREAT METACARPAL FRACTURE TREAT THUMB FRACTURE TREAT HAND DISLOCATION PIN HAND DISLOCATION TREAT HAND DISLOCATION TREAT HAND DISLOCATION TREAT HAND DISLOCATION TREAT KNUCKLE DISLOCATION TREAT KNUCKLE DISLOCATION TREAT KNUCKLE DISLOCATION TREAT FINGER FRACTURE, EACH	4	5 AGE	6 MED		8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	26516	FUSION OF KNUCKLE JOINT	359.35				
15	26517	FUSION OF KNUCKLE JOINTS	550.32				
15	26518	FUSION OF KNUCKLE JOINTS	550.32				
15	26520	RELEASE KNUCKLE CONTRACTURE	550.32				
15	26525	RELEASE FINGER CONTRACTURE	550.32				
15	26530	REVISE KNUCKLE JOINT	550.32				
15	26531	REVISE KNUCKLE WITH IMPLANT	1,073.67				
15	26535	REVISE FINGER JOINT	773.72				
15	26536	REVISE/IMPLANT FINGER JOINT	773.72				
15	26540	REPAIR HAND JOINT	679.83				
15	26541	REPAIR HAND JOINT WITH GRAFT	1,073.67				
15	26542	REPAIR HAND JOINT WITH GRAFT	679.83				
15	26545	RECONSTRUCT FINGER JOINT	679.83				
15	26546	REPAIR NONUNION HAND	679.83				
15	26548	RECONSTRUCT FINGER JOINT	679.83				
15	26550	CONSTRUCT THUMB REPLACEMENT	481.27				
15	26555	POSITIONAL CHANGE OF FINGER	550.32				
15	26560	REPAIR OF WEB FINGER	481.27				
15	26561	REPAIR OF WEB FINGER	550.32				
15	26562	REPAIR OF WEB FINGER	679.83				
15	26565	CORRECT METACARPAL FLAW	773.72				
15	26567	CORRECT FINGER DEFORMITY	773.72				
15	26568	LENGTHEN METACARPAL/FINGER	550.32				
15	26580	REPAIR HAND DEFORMITY	773.72				
15	26587	RECONSTRUCT EXTRA FINGER	773.72				
15	26590	REPAIR FINGER DEFORMITY	773.72				
15	26591	REPAIR MUSCLES OF HAND	550 32				
15	26593	RELEASE MUSCLES OF HAND	550 32				
15	26596	EXCISION CONSTRICTING TISSUE	481 27				
15	26605	TREAT METACARDAL FRACTURE	481 27				
15	26607	TREAT METACARDAL FRACTURE	481 27				
15	26608	TREAT METACARDAL FRACTURE	679 83				
15	26615	TOPAT METACADDAT PRACTICE	679.83				
15	26641	TREAT THEIRCARFAL FRACTORE	350 35				
15	26645	TREAT THOME DISLOCATION W/MANIFO	250.35				
15	26650	TREAT INUMD FRACTURE	401 27				
15	26665	TREAT THOME FRACTORE	670 02				
15	26675	TREAT THOMS FRACTURE	401 27				
15	20075	DIN HAND DISLOCATION	401.27				
15	20070	PIN HAND DISLOCATION	401.27				
15 15	20085	TREAT HAND DISLOCATION	550.32				
_	20080	TREAT HAND DISLOCATION	350.32				
15	20/05	TREAT KNUCKLE DISLUCATION	481.27				
15	26706	PIN KNUCKLE DISLOCATION	481.27				
15	26/15	TREAT KNUCKLE DISLOCATION	6/9.83				
15	26727	TREAT FINGER FRACTURE, EACH	1,073.67				
15	26735	TREAT FINGER FRACTURE, EACH	679.83				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION TREAT FINGER FRACTURE, EACH TREAT FINGER FRACTURE, EACH PIN FINGER FRACTURE, EACH PIN FINGER FRACTURE, EACH TREAT FINGER FRACTURE, EACH PIN FINGER DISLOCATION TREAT FINGER DISLOCATION TREAT FINGER DISLOCATION THUMB FUSION WITH GRAFT FUSION OF THUMB THUMB FUSION WITH GRAFT FUSION OF HAND JOINT FUSION OF KNUCKLE FUSION OF KNUCKLE FUSION OF FINGER JOINT FUSION OF FINGER JOINT FUSION OF FINGER JOINT FUSION/GRAFT OF FINGER JOINT FUSION/GRAFT OF FINGER JOINT FUSION/GRAFT OF FINGER JOINT FUSE/GRAFT ADDED JOINT AMPUTATE METACARPAL BONE AMPUTATION OF FINGER/THUMB MISC PROCEDURE HANDS OR FINGERS DRAINAGE OF PELVIS LESION DRAINAGE OF PELVIS BURSA INCISION OF HIP TENDON INCISION OF HIP TENDON INCISION OF HIP TENDON INCISION OF HIP TENDON INCISION OF HIP JOINT BIOPSY OF SOFT TISSUES EXCISION, TUMOR, SOFT TISSUE OF PELV EXCISION, TUMOR, SOFT TISSUE OF PELV EXCISION, TUMOR, SOFT TISSUE OF PELV REMOVE HIP/PELVIS LESION REMOVEH OF (LESS THAN 5 CENTIMETERS) BIOPSY OF SACROILIAC JOINT	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	26742	TREAT FINGER FRACTURE, EACH	481.27				
15	26746	TREAT FINGER FRACTURE, EACH	773.72				
15	26746 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	26843 26844	FUSION/GRAFT OF HAND JOINT	550.32				
15	26850	FUSION OF KNUCKLE	679.83				
15	26850 26852	FUSION OF KNUCKLE WITH GRAFT	679.83				
15	26860	FUSION OF FINGER JOINT	550 32				
15	26860 26861	FUSION OF FINGER JNT. ADD-ON	481.27				
15	26862	FUSION/GRAFT OF FINGER JOINT	679.83				
15	26862 26863	FUSE/GRAFT ADDED JOINT	550 32				
15	26910	AMPITATE METACARPAL BONE	550.32				
15	26951	AMPLITATION OF FINGER/THUMB	481.27				
15	26952	AMPITATION OF FINGER/THIMB	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 THMOR SOFT TISSUE OF PELV	481 27				
15	27045	EXCISION, TOMOR, SOFT TISSUE OF DELV	481 27				
15	27047	REMOVE HIP/PELVIS LESTON	481 27				
15	27048	REMOVE HIP/PELVIS LESION	550 32				
15	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	550.32				
15	27050	RIOPSY OF SACROTITAC TOTAT	550.32				
15	27052	BIOPSY OF SACROILIAC JOINT BIOPSY OF HIP JOINT	550.32				
15	27059	REMOVAL (5 CENTIMETERS OR CREATER) T	481 27				
15	27060	REMOVAL OF ISCHIAL BURSA	773 72				
15	27062	REMOVE FEMILE LESTON/BIRSA	773.72				
15	27065	REMOVAL OF HID BONE LESTON	773 72				
15	27066	REMOVAL OF HIP BONE LESTON	773.72				
15	27067	BIOPSI OF SACROILIAC JOINT BIOPSY OF HIP JOINT REMOVAL (5 CENTIMETERS OR GREATER) T REMOVAL OF ISCHIAL BURSA REMOVE FEMUR LESION/BURSA REMOVAL OF HIP BONE LESION REMOVAL OF HIP BONE LESION REMOVE/GRAFT HIP BONE LESION REMOVAL OF TAIL BONE REMOVE HIP FOREIGN BODY REMOVE HIP FOREIGN BODY	773.72				
15	27080	REMOVAL OF TAIL BONE	481 27				
15	27086	REMOVE HID FOREIGN BODY	350 35				
15	27087	DEMOVE HID FOREIGN BODY	550 32				
10	2/00/	VENOAR UTL CONFIGN DODI	330.32				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3 DESCRIPTION WITH ANES REVISION OF HIP TENDON TRANSFER TENDON TO PELVIS TRANSFER OF ABDOMINAL MUSCLE	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27095	WITH ANES	359.35				
15	27097	REVISION OF HIP TENDON	550.32 550.32				
15	27098	TRANSFER TENDON TO PELVIS	550.32				
15	27100	TRANSFER OF ABDOMINAL MUSCLE TRANSFER OF SPINAL MUSCLE	679.83 679.83				
15	27105	TRANSFER OF SPINAL MUSCLE	679.83				
15	27110	TRANSFER OF ILIOPSOAS MUSCLE TRANSFER OF ILIOPSOAS MUSCLE	679.83				
15	27111	TRANSFER OF ILIOPSOAS MUSCLE	679.83 679.83				
15	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	359.35				
15	27198	CLOSED TREATMENT OF POSTERIOR PELVIC CLOSED TREATMENT OF POSTERIOR PELVIC	481.27				
15	27202	TREAT TAIL BONE FRACTURE	481.27				
15	27230	TREAT THIGH FRACTURE	359.35				
15	27235	TOME OF CLOSED OF ODEN FEMORAL EVIN	350 35				
15	27238	TREAT THIGH FRACTURE	359.35				
15	27246	TREAT THIGH FRACTURE TREAT THIGH FRACTURE TREAT HIP DISLOCATION MANIPULATION OF HIP JOINT	359.35				
15	27250	TREAT HIP DISLOCATION	359.35 481.27				
15	27252	TREAT HIP DISLOCATION	481.27				
15	27257	TREAT HIP DISLOCATION	550.32 359.35				
15	27265	TREAT HIP DISLOCATION	359.35				
15	27266	TREAT HIP DISLOCATION	481.27				
15	27275	MANTPULATION OF HIP JOINT	481.27 481.27				
15	27278	FUSION OF PELVIC JOINT INCLUDING JOI	773.72				
15	27279	FUSION OF PELVIC JOINT INCLUDING JOI ARTHRODESIS, SACROILIAC JOINT, PERCU PELVIS/HIP JOINT SURGERY DRAIN THIGH/KNEE LESION INCISE THIGH TENDON & FASCIA INCISION OF THIGH TENDON INCISION OF THIGH TENDONS EXPLORATION OF KNEE JOINT BIOPSY, THIGH SOFT TISSUES BIOPSY, THIGH SOFT TISSUES REMOVAL OF THIGH LESION REMOVAL OF THIGH LESION	1.444.88				
15	27299	PELVIS/HIP JOINT SURGERY	1,111.00 MP		х		
15	27301	DRAIN THIGH/KNEE LESTON	550 32				
15	27305	THE THICH 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 TOTHT	679 83				
15	27323	BIODSY THICH SOFT TISSIES	359 35				
15	27324	BIODSY THICH SOFT TISSUES	359.35				
15	27327	DEMONAL OF THICH LEGION	481 27				
15	27328	DEMOVAL OF THICH LESION	550 32				
15	27329	DEMOVAL OF INIGH DESIGN	670.32				
15	27329						
15	27331	BIOPSY, KNEE JOINT LINING EXPLORE/TREAT KNEE JOINT REMOVAL OF KNEE CARTILAGE REMOVAL OF KNEE CARTILAGE REMOVE KNEE JOINT LINING REMOVE KNEE JOINT LINING	679.83 679.83 679.83				
15	27331	DEMOVAL OF PARE CARMILACE	670.03				
15	27332	REMOVAL OF KNEE CARTILAGE	670.03				
15 15		REMOVAL OF KNEE CARTILAGE	679.83 679.83				
15	27334	REMOVE KNEE JOINT LINING	679.63				
15 15	27335	REMOVE KNEE JOINT LINING EXCISION, TUMOR, SOFT TISSUE OF THIG	6/9.83				
_	27337	EXCISION, TOMOR, 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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#: 1832

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION REMOVE FEMUR LESION/GRAFT REMOVE FEMUR LESION/GRAFT	FEE	MIN-MAX		SEX	OVERS
15	27356	REMOVE FEMUR LESION/GRAFT	679.83			~	0.1
15	27357	REMOVE FEMUR LESTON/GRAFT	773.72				
15	27358	REMOVE FEMUR LESION/FIXATION PARTIAL REMOVAL, LEG BONE(S)	773.72				
15	27360	PARTIAL REMOVAL LEG BONE (S)	773 72				
15	27364						
15	27372	REMOVAL OF FOREIGN BODY	1.073.67				
15	27380	REMOVAL (5 CENTIMETERS OR GREATER) T REMOVAL OF FOREIGN BODY REPAIR OF KNEECAP TENDON REPAIR/GRAFT KNEECAP TENDON REPAIR/GRAFT KNEECAP TENDON REPAIR/GRAFT OF THIGH MUSCLE INCISION OF THIGH TENDON INCISION OF THIGH TENDONS INCISION OF THIGH TENDONS LENGTHENING OF THIGH TENDON LENGTHENING OF THIGH TENDONS LENGTHENING OF THIGH TENDONS TRANSPLANT OF THIGH TENDON TRANSPLANTS OF THIGH TENDONS TRANSPLANTS OF THIGH TENDONS TRANSFER OF TENDON OR MUSCLE IN HAMS	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 THICH TENDON	359 35				
15	27391	INCISION OF THIGH TENDONS	481 27				
15	27392	INCISION OF THIGH TENDONS	550 32				
15	27393	TENGRIFULD OF THICH TENDON	481 27				
15	27394	LENGTHENING OF THIGH TENDONS	550 32				
15	27395	LENGTHENING OF THIGH TENDONS	550.32				
15	27396	TRANSDIANT OF THICH TENDON	550.32				
15	27397	TRANSPIANT OF THIGH TENDON	550.32				
15	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	550.32				
15	27403	DEDATE OF TENDON OR MOSCHE IN HAMS	679.83				
15	27405	DEDATE OF KNEE LICAMENT	679.83				
15	27407	DEDATE OF KNEE LICAMENT	679.83				
15	27409	DEDATE OF KNEE LICAMENTS	679.03				
15	27418	DEDATE DECEMENATED KNEECAD	550 32				
15	27420	DEVICTOR OF INCURRE KNEECAD	550.32				
15	27422	DEVISION OF UNSTABLE KNEECAP	1 073 67				
15	27424	DEVISION OF UNSIABLE INVESCAL	550 32				
15	27425	TATEDAL DETINACITAD DELEACE	1 073 67				
15	27427	DECONCUDICATION KNEE	550 32				
15	27428	DECONSTRUCTION, KNEE	679.83				
15	27429	DECONCEDICATION KNEE	670 03				
15	27429	DEVICTOR OF TUTCH MICCIES	670 03				
15	27435	TNOTETON OF ENER TOTAL	670 03				
15	27437	DEVICE ENGECAD	670 03				
15	27438	DEVICE ENGECAD WITH IMPIANT	772 72				
15 15	27436	REVISE ANGECAP WITH IMPLANT	773.72				
15 15	27441	REVISION OF KNEE JOINT	773.72				
15	27443	REVISION OF KNEE TOTAM	773.72				
15 15	27443	REVISION OF KNEE JOINT	773.72				
15 15	27496	DECOMPRESSION OF THIGH/KNEE	773.72 EEO 33				
15 15		DECOMPRESSION OF THIGH/KNEE	550.32				
	27498	DECOMPRESSION OF THIGH/KNEE	550.32				
15	27499	TRANSPLANTS OF THIGH TENDONS TRANSFER OF TENDON OR MUSCLE IN HAMS REPAIR OF KNEE CARTILAGE REPAIR OF KNEE LIGAMENT REPAIR OF KNEE LIGAMENT REPAIR OF KNEE LIGAMENTS REPAIR DEGENERATED KNEECAP REVISION OF UNSTABLE KNEECAP REVISION OF UNSTABLE KNEECAP REVISION/REMOVAL OF KNEECAP LATERAL RETINACULAR RELEASE RECONSTRUCTION, KNEE RECONSTRUCTION, KNEE RECONSTRUCTION, KNEE REVISION OF THIGH MUSCLES INCISION OF KNEE JOINT REVISE KNEECAP REVISE KNEECAP REVISION OF KNEE JOINT DECOMPRESSION OF THIGH/KNEE DECOMPRESSION OF THIGH/KNEE DECOMPRESSION OF THIGH/KNEE TREATMENT OF THIGH FRACTURE TREATMENT OF THIGH FRACTURE	350.32				
15	27500	TREATMENT OF THIGH FRACTURE	359.35				
15	27501	TREATMENT OF THIGH FRACTURE	481.27				
15	27502	TREATMENT OF THIGH FRACTURE	481.27				
15	27503	TREATMENT OF THIGH FRACTURE	550.32				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

		N	

1	2	DESCRIPTION TREATMENT OF THIGH FRACTURE TREATMENT OF THIGH FRACTURE TREATMENT OF THIGH FRACTURE TREATMENT OF THIGH FRACTURE TREAT THIGH FX GROWTH PLATE TREAT THIGH FX GROWTH PLATE TREAT KNEECAP FRACTURE TREAT KNEE FRACTURE TREAT KNEE FRACTURE TREAT KNEE FRACTURE TREAT KNEE DISLOCATION TREAT KNEE DISLOCATION TREAT KNEECAP DISLOCATION TREAT KNEECAP DISLOCATION TREAT KNEECAP DISLOCATION TREAT KNEECAP DISLOCATION FIXATION OF KNEE JOINT AMPUTATION FOLLOW-UP SURGERY LEG SURGERY PROCEDURE DECOMPRESSION OF LOWER LEG DRAIN LOWER LEG BURSA INCISION OF ACHILLES TENDON INCISION OF ACHILLES TENDON TREAT LOWER LEG BONE LESION EXPLORE/TREAT ANKLE JOINT EXPLORATION OF ANKLE JO	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27508 27509	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		х		
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 LESTON	481 27				
15	27610	EXPLORE/TREAT ANKLE JOINT	481.27				
15	27612	EXPLORATION OF ANKLE JOINT	550 32				
15	27614	BIODSY 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 LESTON	481 27				
15	27619	REMOVAL (LESS THAN 5 CENTIMETERS) TI REMOVAL (5 CENTIMETERS OR GREATER) T REMOVE LOWER LEG LESION REMOVE LOWER LEG LESION EXPLORE/TREAT ANKLE JOINT REMOVE ANKLE JOINT LINING REMOVE ANKLE JOINT LINING REMOVAL OF TENDON LESION REMOVAL (3 CENTIMETERS OR CREATER) T	550 32				
15	27620	EXPLORE TOWER ANKLE TOINT	679 83				
15	27625	REMOVE ANKLE JOINT LINING	679.83				
15	27626	DEMOVE ANKLE JOINT LINING	679.83				
15		DEMOVAL OF TENDON LECTON	550 32				
15	27632	DEMOVAL (3 CENTERMETERS OF CREATER) T	191 27				
15	27634	EXCISION THOO SOFT TISSUE OF LEG	491 27				
15	27635	DEMONE LOWER LEG BONE LEGION	550 32				
15	27637	DEMOVE CDAFT LEG BONE LEGION	550.32				
15	27638	DEMOVE/CDAFT LEG BONE LEGION	550.32				
15	27640	REMOVAL OF TENDON LESION REMOVAL (3 CENTIMETERS OR GREATER) T EXCISION, TUMOR, SOFT TISSUE OF LEG REMOVE LOWER LEG BONE LESION REMOVE/GRAFT LEG BONE LESION REMOVE/GRAFT LEG BONE LESION PARTIAL REMOVAL OF TIBIA PARTIAL REMOVAL OF FIBULA EXTENSIVE ANKLE/HEEL SURGERY REPAIR ACHILLES TENDON REPAIR/GRAFT ACHILLES TENDON	481 27				
15	27641	DADUTAL DEMOVAL OF ETRILA	401.27 101 27				
15	27641	EXALIUT VEWOAN OL LIDGEDA	550 22				
15 15	27647 27650	DEDATE ACUTITED TEMPON	550.32				
	27650 27652	REPAIR ACHILLES MENDON	550.32				
15	27652	REPAIR/GRAFT ACHILLES TENDON	550.32				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

27786

27788

27792

27808

27810

15

15

15

15

15

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	27654	REPAIR OF ACHILLES TENDON	550.32				
	15	27656	REPAIR LEG FASCIA DEFECT	481.27				
	15	27658	REPAIR OF LEG TENDON, EACH	359.35				
	15	27659	REPAIR OF LEG TENDON, EACH	481.27				
	15	27664	REPAIR OF LEG TENDON, EACH	481.27				
	15	27665	REPAIR OF LEG TENDON, EACH	481.27				
	15	27675	REPAIR LOWER LEG TENDONS	481.27				
	15	27676	REPAIR LOWER LEG TENDONS	550.32				
	15	27680	RELEASE OF LOWER LEG TENDON	550.32				
	15	27681	RELEASE OF LOWER LEG TENDONS	481.27				
	15	27685	REVISION OF LOWER LEG TENDON	550.32				
	15	27686	REVISE LOWER LEG TENDONS	550.32				
	15	27687	REVISION OF CALF TENDON	550.32				
	15	27690	REVISE LOWER LEG TENDON	679.83				
	15	27691	REVISE LOWER LEG TENDON	679.83				
	15	27692	REVISE ADDITIONAL LEG TENDON	550.32				
	15	27695	REPAIR OF ANKLE LIGAMENT	481.27				
	15	27696	REPAIR OF ANKLE LIGAMENTS	481.27				
	15	27698	REPAIR OF ANKLE LIGAMENT	481.27				
	15	27700	REVISION OF ANKLE JOINT	773.72				

15 27704 REMOVAL OF ANKLE IMPLANT 481.27 15 27705 INCISION OF TIBIA 481.27 15 27707 INCISION OF FIBULA 481.27 15 27709 INCISION OF TIBIA & FIBULA 481.27 27720 359.35 15 REPAIR OF TIBIA 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 27759 15 TREATMENT OF TIBIA FRACTURE 679.83 CLTX MEDIAL ANKLE FX 15 27760 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

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TREATMENT OF ANKLE FRACTURE

359.35

359.35

550.32

359.35

359.35

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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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

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1	2	DESCRIPTION TREATMENT OF ANKLE FRACTURE TREAT LOWER LEG FRACTURE TREAT LOWER LEG FRACTURE OPEN TREATMENT OF FRACTURE OF LOWER	4	5 AGE	MED		8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	27814	TREATMENT OF ANKLE FRACTURE	550.32				
15	27816	TREATMENT OF ANKLE FRACTURE	359.35				
15	27818	TREATMENT OF ANKLE FRACTURE	359.35				
15	27822	TREATMENT OF ANKLE FRACTURE	550.32				
15	27823	TREATMENT OF ANKLE FRACTURE	550.32				
15	27824	TREAT LOWER LEG FRACTURE	359.35				
15	27825	TREAT LOWER LEG FRACTURE	481.27				
15	27826	OPEN TREATMENT OF FRACTURE OF LOWER	550.32				
15	27827	OPEN TREATMENT OF FRACTURE OF LOWER 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		х		
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	OPEN TREATMENT OF FRACTURE OF LOWER OPEN TREATMENT OF FRACTURE OF LOWER TREAT LOWER LEG JOINT TREAT LOWER LEG DISLOCATION TREAT LOWER LEG DISLOCATION TREAT LOWER LEG DISLOCATION TREAT ANKLE DISLOCATION FIXATION OF ANKLE JOINT FUSION OF TIBIOFIBULAR JOINT AMPUTATION FOLLOW-UP SURGERY AMPUTATION OF FOOT AT ANKLE DECOMPRESSION OF LEG DECOMPRESSION OF LEG DECOMPRESSION OF LEG TREATMENT OF FOOT INFECTION TREATMENT OF FOOT INFECTION TREATMENT OF FOOT INFECTION TREATMENT OF FOOT FASCIA INCISION OF TOE TENDONS EXPLORATION OF FOOT JOINT EXPLORATION OF FOOT JOINT EXPLORATION OF TOE JOINT DECOMPRESSION OF TIBIA NERVE EXCISION, TUMOR, SOFT TISSUE OF FOOT	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 28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT EXCISION, TUMOR, SOFT TISSUE OF FOOT	359.35				
			481.27				
15	28043	EXCISION OF FOOT LESION	481.27				
15	28045	EXCISION OF FOOT LESION EXCISION OF FOOT LESION	481.27 550.32				
15	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	550.32				
15	28047	REMOVAL (LESS THAN 3 CENTIMETERS) TI 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	BIOPSY OF FOOT JOINT LINING BIOPSY OF FOOT JOINT LINING BIOPSY OF TOE JOINT LINING PARTIAL REMOVAL, FOOT FASCIA	481.27				

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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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

TS CODE DESCRIPTION FEED X- TS CODE DESCRIPTION FEED X- TS CODE DESCRIPTION FEED X- TS 28070 REMOVAL OF FOOT FASCIA 550.32 15 28070 REMOVAL OF FOOT JOINT LINING 550.32 15 28070 REMOVAL OF FOOT JOINT LINING 550.32 15 28070 REMOVAL OF FOOT JOINT LINING 550.32 15 28086 REVELSE FOOT TENDON SHEATH 481.27 15 28086 EXCISE FOOT TENDON SHEATH 481.27 15 28090 REMOVAL OF FOOT LESION 550.32 15 28090 REMOVAL OF FOOT LESION 550.32 15 28100 REMOVAL OF FOOT LESION 550.32 15 28100 REMOVAL OF ANKLE/HEEL LESION 550.32 15 28103 REMOVE/GRAFT FOOT LESION 550.32 15 28103 REMOVE/GRAFT FOOT LESION 550.32 15 28107 REMOVAL OF MATTARASAL 550.32 15 28107 REMOVAL OF MATTARASAL 550.32 15 28110 PART REMOVAL OF MATTARASAL 550.32 15 28111 PART REMOVAL OF MATTARASAL 550.32 15 28112 PART REMOVAL OF MATTARASAL 550.32 15 28114 REMOVAL OF MATTARASAL 550.32 15 28116 REMOVAL OF MATTARASAL 550.32 15 28117 PART REMOVAL OF MATTARASAL 550.32 15 28118 REMOVAL OF MATTARASAL 550.32 15 28119 REMOVAL OF MATTARASAL 550.32 15 28110 PART REMOVAL OF MATTARASAL 550.32 15 28110 PART REMOVAL OF MATTARASAL 550.32 15 28116 REMOVAL OF MATTARASAL 550.32 15 28117 PART REMOVAL OF MATTARASAL 550.32 15 28118 REMOVAL OF MATTARASAL 550.32 15 28119 REMOVAL OF TOE 550.32 15 28120 PARTIAL REMOVAL OF TOE 550.32 15 28121 PART REMOVAL OF TOE 550.32 15 28122 PARTIAL REMOVAL OF TOE 550.32 15 28122 REMAINS OF FOOT TENDON 5	COLUMN:								
15 28092 REMOVAL OF TOE LESIONS 550.32		1	2	3	4	5	6	7	8
15 28092 REMOVAL OF TOE LESIONS 550.32						AGE	MED		x-
15 28092 REMOVAL OF TOE LESIONS 550.32		TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15 28092 REMOVAL OF TOE LESIONS 550.32		15	28062	REMOVAL OF FOOT FASCIA	550.32				
15 28092 REMOVAL OF TOE LESIONS 550.32		15	28070	REMOVAL OF FOOT JOINT LINING	550.32				
15 28092 REMOVAL OF TOE LESIONS 550.32		15		REMOVAL OF FOOT JOINT LINING	550.32				
15 28092 REMOVAL OF TOE LESIONS 550.32		15	28080	REMOVAL OF FOOT LESION	550.32				
15 28092 REMOVAL OF TOE LESIONS 550.32		15	28086	EXCISE FOOT TENDON SHEATH	481.27				
15 28092 REMOVAL OF TOE LESIONS 550.32		15	28088	EXCISE FOOT TENDON SHEATH	481.27				
15 28092 REMOVAL OF TOE LESIONS 550.32		15	28090	REMOVAL OF FOOT LESION	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 BONE 679.83 15 28120 PART REMOVAL OF ANKLE/HEL 1,073.67 15 28122 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28124 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28152 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28156 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28220 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28092	REMOVAL OF TOE LESIONS	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 BONE 679.83 15 28120 PART REMOVAL OF ANKLE/HEL 1,073.67 15 28122 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28124 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28152 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28156 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28220 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28100	REMOVAL OF ANKLE/HEEL LESION	481.27				
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 BONE 679.83 15 28120 PART REMOVAL OF ANKLE/HEL 1,073.67 15 28122 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28124 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28152 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28156 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28220 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28102	REMOVE/GRAFT FOOT LESION	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 BONE 679.83 15 28120 PART REMOVAL OF ANKLE/HEL 1,073.67 15 28122 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28124 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28152 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28156 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28220 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28103	REMOVE/GRAFT FOOT LESION	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 BONE 679.83 15 28120 PART REMOVAL OF ANKLE/HEL 1,073.67 15 28122 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28124 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28152 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28156 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28220 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28104	REMOVAL OF FOOT LESION	481.27				
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 BONE 679.83 15 28120 PART REMOVAL OF ANKLE/HEL 1,073.67 15 28122 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28124 PARTIAL REMOVAL OF FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28152 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28156 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28220 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28106	REMOVE/GRAFT FOOT LESION	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 BONE 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 FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28157 EXTENSIVE FOOT SURGERY 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28201 REPAIR OF FOOT TENDON 550.32 15 28202 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28107	REMOVE/GRAFT FOOT LESION	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 BONE 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 FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28157 EXTENSIVE FOOT SURGERY 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28201 REPAIR OF FOOT TENDON 550.32 15 28202 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28108	REMOVAL OF TOE LESIONS	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 BONE 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 FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28157 EXTENSIVE FOOT SURGERY 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28201 REPAIR OF FOOT TENDON 550.32 15 28202 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28110	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 BONE 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 FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28157 EXTENSIVE FOOT SURGERY 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28201 REPAIR OF FOOT TENDON 550.32 15 28202 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28111	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 BONE 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 FOOT BONE 550.32 15 28126 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 ANKLE BONE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28154 PARTIAL REMOVAL OF TOE 550.32 15 28155 PARTIAL REMOVAL OF TOE 550.32 15 28157 EXTENSIVE FOOT SURGERY 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 28190 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28191 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28192 REMOVAL OF FOOT FOREIGN BODY 481.27 15 28200 REPAIR OF FOOT TENDON 550.32 15 28200 REPAIR OF FOOT TENDON 550.32 15 28201 REPAIR OF FOOT TENDON 550.32 15 28202 REPAIR/GRAFT OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 359.35		15	28112	PART REMOVAL OF METATARSAL	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 MAILE BONE 550.32 15 28130 REMOVAL OF METATARSAL 550.32 15 28140 REMOVAL OF METATARSAL 550.32 15 28150 REMOVAL OF TOE 550.32 15 28150 PARTIAL REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28151 PARTIAL REMOVAL OF TOE 550.32 15 28153 PARTIAL REMOVAL OF TOE 550.32 15 28171 EXTENSIVE FOOT SURGERY 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 28201 REPAIR OF FOOT TENDON 550.32 15 28202 REPAIR OF FOOT TENDON 550.32 15 28210 REPAIR OF FOOT TENDON 550.32 15 28210 REPAIR OF FOOT TENDON 550.32 15 28210 REPAIR OF FOOT TENDON 550.32 15 28222 RELEASE OF FOOT TENDON 550.32		15	28113	PART REMOVAL OF METATARSAL	550.32				
15		15	28114	REMOVAL OF METATARSAL HEADS	550.32				
15		15	28116	REVISION OF FOOT	550.32				
15		15	28118	REMOVAL OF HEEL BONE	679.83				
15		15	28119	REMOVAL OF HEEL SPUR	679.83				
15		15	28120	PART REMOVAL OF ANKLE/HEEL	1,073.67				
15		15	28122	PARTIAL REMOVAL OF FOOT BONE	550.32				
15		15	28124	PARTIAL REMOVAL OF TOE	550.32				
15		15	28126	PARTIAL REMOVAL OF TOE	550.32				
15		15	28130	REMOVAL OF ANKLE BONE	550.32				
15		15	28140	REMOVAL OF METATARSAL	550.32				
15		15	28150	REMOVAL OF TOE	550.32				
15		15	28153	PARTIAL REMOVAL OF TOE	550.32				
15		15	28160	PARTIAL REMOVAL OF TOE	550.32				
15		15	28171	EXTENSIVE FOOT SURGERY	550.32				
15		15	28173	EXTENSIVE FOOT SURGERY	550.32				
15		15	28175	EXTENSIVE FOOT SURGERY	550.32				
15		15	28190	REMOVAL OF FOOT FOREIGN BODY	359.35				
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	28192	REMOVAL OF FOOT FOREIGN BODY	481.27				
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	28193	REMOVAL OF FOOT FOREIGN BODY	679.83				
15 28222 RELEASE OF FOOT TENDONS 359.35 15 28225 RELEASE OF FOOT TENDON 359.35		15	28200		550.32				
15 28222 RELEASE OF FOOT TENDONS 359.35 15 28225 RELEASE OF FOOT TENDON 359.35		15	28202	REPAIR/GRAFT OF FOOT TENDON	550.32				
15 28222 RELEASE OF FOOT TENDONS 359.35 15 28225 RELEASE OF FOOT TENDON 359.35		15	28208	REPAIR OF FOOT TENDON	550.32				
15 28222 RELEASE OF FOOT TENDONS 359.35 15 28225 RELEASE OF FOOT TENDON 359.35				REPAIR/GRAFT OF FOOT TENDON	550.32				
15 20226 DELEAGE OF BOOM MENDONS 250.25			28222	RELEASE OF FOOT TENDONS	359.35				
15 28226 RELEASE OF FOOT TENDONS 359.35 15 28230 INCISION OF FOOT TENDON (S) 359.35		15	28225	RELEASE OF FOOT TENDON	359.35				
15 28230 INCISION OF FOOT TENDON (S) 359.35		_		RELEASE OF FOOT TENDONS	359.35				
		15	28230	INCISION OF FOOT TENDON (S)	359.35				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
RUN: 05/27/25 08:22:16 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 29

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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7 8

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:			
	1	2	3

		DESCRIPTION INCISION OF TOE TENDON INCISION OF FOOT TENDON REVISION OF FOOT TENDON RELEASE OF BIG TOE REVISION OF FOOT FASCIA RELEASE OF MIDFOOT JOINT REVISION OF FOOT TENDON REVISION OF FOOT AND ANKLE RELEASE OF MIDFOOT JOINT RELEASE OF MIDFOOT JOINT RELEASE OF FOOT CONTRACTURE FUSION OF TOES REPAIR OF HAMMERTOE REPAIR OF HAMMERTOE PARTIAL REMOVAL OF FOOT BONE REPAIR HALLUX RIGIDUS HALLUX RIGIDUS CORRECTION WITH CHEIL		AGE	MED		x -
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	28232	INCISION OF TOE TENDON	481.27				
15	28232 28234	INCISION OF FOOT TENDON	481.27				
15	28238	REVISION OF FOOT TENDON	550.32				
15	28240	RELEASE OF BIG TOE	481.27				
15	28250	REVISION OF FOOT FASCIA	550.32				
15	28260	RELEASE OF MIDFOOT JOINT	550.32				
15	28261	REVISION OF FOOT TENDON	550.32				
15	28262	REVISION OF FOOT AND ANKLE	679.83				
15	28264	RELEASE OF MIDFOOT JOINT	359.35				
15	28270	RELEASE OF FOOT CONTRACTURE	550.32				
15	28280	FUSION OF TOES	481.27				
15	28285	REPAIR OF HAMMERTOE	550.32				
15	28286	REPAIR OF HAMMERTOE	679.83				
15	28288	PARTIAL REMOVAL OF FOOT BONE	550.32				
15	28289	REPAIR HALLUX RIGIDUS	550.32				
15	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	481.27				
15							
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	CORRECTION OF BUNION CORRECTION, HALLUX VALGUS (BUNIONECT CORRECTION OF BUNION INCISION OF HEEL BONE INCISION OF ANKLE BONE INCISION OF MIDFOOT BONES INCISION OF METATARSAL INCISION OF METATARSAL INCISION OF METATARSAL INCISION OF METATARSAL INCISION OF BIG TOE REVISION OF BIG TOE REPAIR DEFORMITY OF TOE REPAIR DEFORMITY OF TOE REPAIR OF FOOT BONES REPAIR OF FOOT BONES REPAIR OF FOOT BONES REPAIR OF METATARSALS RESECT ENLARGED TOE TISSUE RESECT ENLARGED TOE REPAIR EXTRA TOE (S) REPAIR WEBBED TOE (S) TREATMENT OF HEEL FRACTURE TREATMENT OF HEEL FRACTURE TREATMENT OF HEEL FRACTURE TREATMENT OF ANKLE FRACTURE	481.27				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION TREATMENT OF ANKLE FRACTURE TREAT ANKLE FRACTURE TREAT MIDFOOT FRACTURE TREAT MIDFOOT FRACTURE, EACH TREAT METATARSAL FRACTURE TREAT METATARSAL FRACTURE TREAT BIG TOE FRACTURE TREAT BIG TOE FRACTURE TREAT BIG TOE FRACTURE TREAT SESAMOID BONE FRACTURE TREAT FOOT DISLOCATION TREAT TOE D	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	28436	TREATMENT OF ANKLE FRACTURE	481.27				
15	28445	TREAT ANKLE FRACTURE	550.32				
15	28456	TREAT MIDFOOT FRACTURE	481.27				
15	28465	TREAT MIDFOOT FRACTURE, EACH	550.32				
15	28476	TREAT METATARSAL FRACTURE	481.27				
15	28485	TREAT METATARSAL FRACTURE	679.83				
15	28496	TREAT BIG TOE FRACTURE	481.27				
15	28505	TREAT BIG TOE FRACTURE	550.32				
15	28525	TREAT TOE FRACTURE	550.32				
15	28531	TREAT SESAMOID BONE FRACTURE	550.32				
15	28545	TREAT FOOT DISLOCATION	359.35				
15	28546	TREAT FOOT DISLOCATION	481.27				
15	28555	REPAIR FOOT DISLOCATION	481.27				
15	28575	TREAT FOOT DISLOCATION	359.35				
15	28576	TREAT FOOT DISLOCATION	550.32				
15	28585	REPAIR FOOT DISLOCATION	550.32				
15	28600	TREAT FOOT DISLOCATION	359.35				
15	28605	TREAT FOOT DISLOCATION	359.35				
15	28606	TREAT FOOT DISLOCATION	481.27				
15	28615	REPAIR FOOT DISLOCATION	550.32				
15	28635	TREAT TOE DISLOCATION	359.35				
15	28636	TREAT TOE DISLOCATION	550.32				
15	28645	REPAIR TOE DISLOCATION	550.32				
15	28660	TREAT TOE DISLOCATION	359.35				
15	28665	TREAT TOE DISLOCATION	359.35				
15	28666	TREAT TOE DISLOCATION	550.32				
15	28675	REPAIR OF TOE DISLOCATION	550.32				
15	28705	FUSION OF FOOT BONES	679.83				
15	28715	FUSION OF FOOT BONES	679.83				
15	28725	FUSION OF FOOT BONES	679.83				
15	28730	FUSION OF FOOT BONES	679.83				
15	28735	FUSION OF FOOT BONES	679.83				
15	28737	REVISION OF FOOT BONES	773.72				
15	28740	FUSION OF FOOT BONES	679.83				
15	28750	FUSION OF BIG TOE JOINT	679.83				
15	28755	FUSION OF BIG TOE JOINT	679.83				
15	28760	FUSION OF BIG TOE JOINT	679.83				
15	28810	AMPUTATION TOE & METATARSAL	481.27				
15	28820	AMPUTATION OF TOE	481.27				
15	28825	PARTIAL AMPUTATION OF TOE	481.27				
15	28899	FOOT/TOES SURGERY PROCEDURE	MP		X		
15	29800	JAW ARTHROSCOPY/SURGERY	550.32				
15	29804	AMPUTATION TOE & METATARSAL AMPUTATION OF TOE PARTIAL AMPUTATION OF TOE FOOT/TOES SURGERY PROCEDURE JAW ARTHROSCOPY/SURGERY JAW ARTHROSCOPY/SURGERY SHOULDER ARTHROSCOPY/SURGERY SHOULDER ARTHROSCOPY/SURGERY SHOULDER 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				

#: 1839

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:					
	1	2	3		

1	2	3	4	5	6	7	8
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED	SEX	X- OVERS
15	29819	SHOULDER ARTHROSCOPY/SURGERY	550.32	MIN-MAX	KEV	SEA	OVERS
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				

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION KNEE ARTHROSCOPY/SURGERY	FEE	MIN-MAX	REV	SEX	OVERS
15	29888	KNEE ARTHROSCOPY/SURGERY	550.32				
15	29889						
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	REPAIR OF POSTERIOR CRUCIATE LIGAMEN ANKLE ARTHROSCOPY/SURGERY ANKLE ARTHROSCOPY/SURGERY SCOPE, PLANTAR FASCIOTOMY ANKLE ARTHROSCOPY/SURGERY ANKLE ARTHROSCOPY/SURGERY ANKLE ARTHROSCOPY/SURGERY ANKLE ARTHROSCOPY/SURGERY ANKLE ARTHROSCOPY/SURGERY MCP JOINT ARTHROSCOPY, DX MCP JOINT ARTHROSCOPY, SURG MCP JOINT ARTHROSCOPY, SURG ARTHROSCOPY, HIP. SURGICAL: WITH FEM	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 ARTHROSCOPY, HIP, SURGICAL; WITH FEM ARTHROSCOPY, HIP, SURGICAL; WITH ACE ARTHROSCOPY, HIP, SURGICAL; WITH LAB ARTHROSCOPY OF JOINT DRAINAGE OF NOSE LESION	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	073.03 MD		x		
15	30000	ARTHROSCOPY OF JOINT DRAINAGE OF NOSE LESION INTRANASAL BIOPSY REMOVAL OF NOSE POLY(S) REMOVAL OF NOSE POLYP(S) REMOVAL OF INTRANASAL LESION	359 35				
15	30100	TNTDANAGAT BIODGY	359.35				
15	30110	DEMONAL OF MOSE DOLV(S)	359.35				
15	30115	DEMOVAL OF NOSE POLVE(S)	481 27				
15	30117	DEMOVAL OF INTRANACAL LECTON	359.35 359.35 481.27 550.32				
15	30117	DEMOVAL OF INTRANASAL LESION	550.32				
15	30120	DEVICTOR OF NOCE	250.32				
15	30125	REMOVAL OF INTRANASAL LESION REMOVAL OF INTRANASAL LESION REVISION OF NOSE REMOVAL OF NOSE LESION REMOVAL OF TURBINATE BONES REMOVAL OF TURBINATE BONES PARTIAL REMOVAL OF NOSE REMOVAL OF NOSE NASAL SINUS THERAPY	401 27				
15	30123	DEMOVAL OF WIDDINAME DONES	401.27 550 22				
15	30130	DEMOVAL OF TURBINATE DONES	401 27				
15	30150	DADUTAT DEMOVAT OF MOCE	401.27 550 22				
15	30160	DEMOVAL OF NOSE	670.32				
15	30210	NACAT CINIC TUPDADV	250 25				
15		TACEDUTON NACAT CEDUAL DESCRIPCIO	339.33				
15	30220	NASAL SINUS THERAPY INSERTION, NASAL SEPTAL PROSTHESIS REMOVE NASAL FOREIGN BODY	250.32				
	30300	REMOVE NACAL FOREIGN BODY	339.33				
15	30310	REMOVE NASAL FOREIGN BODY	359.35 481.27				
15	30320	REMOVE NASAL FOREIGN BODY	481.27				
15	30400	RECONSTRUCTION OF NOSE	679.83 773.72 773.72 550.32				
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	INSERTION, NASAL SEPTAL PROSTHESIS REMOVE NASAL FOREIGN BODY REMOVE NASAL FOREIGN BODY REMOVE NASAL FOREIGN BODY RECONSTRUCTION OF NOSE RECONSTRUCTION OF NOSE RECONSTRUCTION OF NOSE REVISION OF NOSE REPAIR NASAL STENOSIS REPAIR OF NASAL VALVE COLLAPSE WITH	1,073.67				
15	30462	REVISION OF NOSE	1,444.88				
15	30465	REPAIR NASAL STENOSIS	1,444.88				
15	30468						
15	30469	REPAIR OF COLLAPSED NASAL VALVE REPAIR OF NASAL SEPTUM	1,444.88				
15	30520	REPAIR OF NASAL SEPTUM	679.83				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3 DESCRIPTION REPAIR NASAL DEFECT REPAIR NASAL DEFECT RELEASE OF NASAL ADHESIONS	4	5 AGE			8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	30540	REPAIR NASAL DEFECT	773.72				
15	30545	REPAIR NASAL DEFECT	773.72				
15	30560	RELEASE OF NASAL ADHESIONS	481.27				
15	30580	REPAIR UPPER JAW FISTULA	679.83				
15	30600	REPAIR MOUTH/NOSE FISTULA	679.83				
15	30620	REPAIR UPPER JAW FISTULA REPAIR MOUTH/NOSE FISTULA INTRANASAL RECONSTRUCTION	1,073.67				
15	30630	REPAIR NASAL SEPTUM DEFECT	1,073.67				
15	30801	REPAIR UPPER JAW FISTULA REPAIR MOUTH/NOSE FISTULA INTRANASAL RECONSTRUCTION REPAIR NASAL SEPTUM DEFECT CAUTERIZATION, INNER NOSE 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	CONTROL OF NOSEBLEED CONTROL OF NOSEBLEED REPEAT CONTROL OF NOSEBLEED LIGATION, NASAL SINUS ARTERY LIGATION, UPPER JAW ARTERY THERAPY, FRACTURE OF NOSE NASAL SURGERY PROCEDURE IRRIGATION MAXILLARY SINUS EXPLORATION, SPHENOID SINUS SPHENOID SINUS SURGERY EXPLORATION OF FRONTAL SINUS EXPLORATION OF FRONTAL SINUS REMOVAL OF FRONTAL SINUS EXPLORATION OF SINUSES REMOVAL OF ETHMOID SINUS REMOVAL OF ETHMOID SINUS	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		х		
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 ETHMOTH SINIS	481 27				
15	31201	REMOVAL OF ETHMOTH SINUS	773.72				
15	31201						
15	31231	NACAT ENDOCCODY DIACNOCUTC INTIAUE	401 27				
15	31233	NASAL/SINIS ENDOSCOPY DX	481.27				
15	31235	NASAL/SINGS ENDOSCOPY DY	359.35				
15	31237	NASAL/SINUS ENDOSCODY SURG	481.27				
15	31238	NASAL/SINUS ENDOSCODY SURG	359.35				
15	31239	NASAL/SINUS ENDOSCOPY, DX NASAL/SINUS ENDOSCOPY, DX NASAL/SINUS ENDOSCOPY, DX NASAL/SINUS ENDOSCOPY, SURG NASAL/SINUS ENDOSCOPY, SURG NASAL/SINUS ENDOSCOPY, SURG NASAL/SINUS ENDOSCOPY, SURG	679.83				
15	31240	NASAL/SINUS ENDOSCOPY SURC	481.27				
15	31242	DESTRUCTION OF NASAL NERVE BY HEAT U	550 22				
15 15	31242	DESTRUCTION OF NASAL NERVE BY HEAT U					
	31243	NASAL/SINUS ENDOSCOPY, SURGICAL WIT	550.32				
15	31233	MADAL/SINUS ENDOSCOPI, SURGICAL WIT	550.32				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x -
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	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		х		
	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 15	31520	DIAGNOSTIC LARYNGOSCOPY	359.35				
	15	31525 31526	DIAGNOSTIC LARYNGOSCOPY	359.35 481.27				
	15	31527	DIAGNOSTIC LARYNGOSCOPY	359.35				
	15	31527	LARYNGOSCOPY FOR TREATMENT LARYNGOSCOPY AND DILATION	481.27				
	15	31529	LARYNGOSCOPY AND DILATION 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				
	-	-						

#: 1843

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
RUN: 05/27/25 08:22:16 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 35

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	481.27				
15	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	481.27				
15	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	481.27				
15	31576	LARYNGOSCOPY WITH BIOPSY	481.27				
15	31577	REMOVE FOREIGN BODY, LARYNX	481.27				
15	31578	REMOVAL OF LARYNX LESION	481.27				
15	31580	REVISION OF LARYNX	773.72				
15	31590	REINNERVATE LARYNX	773.72				
15	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	773.72				
15	31592	CRICOTRACHEAL RESECTION	773.72				
15	31599	LARYNX SURGERY PROCEDURE	MP		х		
15	31603	TRACHEOSTOMY, EMERG PRC; TRANSTRACHEAL	359.35	15 99			
15	31611	SURGERY/SPEECH PROSTHESIS	550.32				
15	31612	PUNCTURE/CLEAR WINDPIPE	359.35				
15		REPAIR WINDPIPE OPENING	481.27				
15	31614	REPAIR WINDPIPE OPENING	481.27				
15		VISUALIZATION OF WINDPIPE	359.35				
15		DX BRONCHOSCOPE/WASH	359.35				
15		DX BRONCHOSCOPE/BRUSH	481.27				
15		DX BRONCHOSCOPE/LAVAGE	481.27				
15		BRONCHOSCOPY WITH BIOPSY	481.27				
15		BRONCHOSCOPY WITH BIOPSY	481.27				
15		BRONCHOSCOPY WITH BIOPSY	481.27				
15		BRONCHOSCOPY WITH REPAIR	481.27				
15		BRONCHOSCOPY WITH DILATION	481.27				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC					
15		REMOVE FOREIGN BODY, AIRWAY	481.27				
15		BRONCHOSCOPY, BRONCH STENTS	481.27				
15		BRONCHOSCOPY, STENT ADD-ON	359.35				
15		BRONCHOSCOPY, REVISE STENT	481.27				
15		BRONCHOSCOPY & REMOVE LESION	481.27				
15		BRONCHOSCOPY, TREAT BLOCKAGE	481.27				
15		DIAG BRONCHOSCOPE/CATHETER	481.27				
15		BRONCHOSCOPY, CLEAR AIRWAYS	359.35				
15		BRONCHOSCOPY, RECLEAR AIRWAY	359.35				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
15		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	481.27				
_							
15		BRONCHIAL BRUSH BIOPSY	359.35				
15		CLEARANCE OF AIRWAYS	359.35				
15		INSERTION INTO WINDPIPE OF NEEDLE WI	359.35				
15		REPAIR OF WINDPIPE	773.72				
15	31755	REPAIR OF WINDPIPE	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	31820	CLOSURE OF WINDPIPE LESION	359.35				
15	31825	REPAIR OF WINDPIPE DEFECT	481.27				
15	31830	REVISE WINDPIPE SCAR	481.27				
15	31899	AIRWAYS SURGICAL PROCEDURE	MP		Х		
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					
15	32999	CHEST SURGERY PROCEDURE	MP		х		
15	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN					
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					
15	33269	EXCLUSION OF APPENDAGE OF LEFT UPPER					
15	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL					
15	33273	REPOSITIONING OF PREVISOULY IMPLANTE					
15	33274	TRANSCATHETER INSERTION OR REPLACEME	481.27				
15	33275						
15	33276	TRANSCATHETER REMOVAL OF PERMANENT INSERTION OF PHRENIC NERVE STIMULATO INSERTION OF PHRENIC NERVE STIMULATO	481.27				
15	33277	INSERTION OF PHRENIC NERVE STIMULATO	481.27				
15	33278	REMOVAL OF PHRENIC NERVE STIMULATOR					
15	33279	REMOVAL OF PHRENIC NERVE STIMULATOR					
15	33280	REMOVAL OF PHRENIC NERVE STIMULATOR					
15	33281	REPOSITIONING OF PHRENIC NERVE STIMU					
15	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT					
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					
15	33900	PLACEMENT OF STENT IN PULMONARY ARTE	•				
15	33901	PLACEMENT OF STENT IN PULMONARY ARTE					
15 15	33901	PLACEMENT OF STENT IN PULMONARY ARTE	•				
15 15			•				
15 15	33903	PLACEMENT OF STENT IN PULMONARY ARTE	•		х		
_	33999	CARDIAC SURGERY PROCEDURE	MP		A		
15	35188	REPAIR BLOOD VESSEL LESION	679.83				
15	35190	REPAIR BLOOD VESSEL LESION	679.83				
15	35206	REPAIR BLOOD VESSEL LESION REPAIR BLOOD VESSEL LESION	679.83				
15	35207	REPAIR BLOOD VESSEL LESION	679.83				
15	35875	REMOVAL OF CLOT IN GRAFT	1,444.88				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

		Ν	

1	2	3 DESCRIPTION REMOVAL OF CLOT IN GRAFT	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	35876	REMOVAL OF CLOT IN GRAFT	1,444.88				
15	36260	INSERTION OF INFUSION PUMP	550.32				
15	36261	INSERTION OF INFUSION PUMP REVISION OF INFUSION PUMP REMOVAL OF INFUSION PUMP UNLISTED VASCULAR INJECTION INJECTION OF NON-COMPOUNDED FOAM SCL	481.27				
15	36262	REMOVAL OF INFUSION PUMP	359.35				
15	36299	UNLISTED VASCULAR INJECTION	MP		Х		
15	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	481.27				
15	36466	TN.TECTTON OF NON-COMPOUNDED FOAM SCT.	481 27				
15	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	550.32				
15	36475	ENDOVENOUS RF, 1ST VEIN ENDOVENOUS RF, VEIN ADD-ON ENDOVENOUS LASER, 1ST VEIN ENDOVENOUS LASER VEIN ADDON	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	ENDOVENOUS ABLATION THERAPY OF INCOM UMBILICAL CATH-DX/THER/NEWBORN INSERT NON-TUNNEL CV CATH INSERT NON-TUNNEL CV CATH INSERT TUNNELED CV CATH INSERT PERIPHERALLY INSERTED INSERTION OF PERIPHERALLY INSERTED	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		INSERTION OF PERIPHERALLY INSERTED	550.32	05 99			
15	36573 36575	REPAIR THINNELED /NON-THINNELED	481 27	05 55			
15	36576	REPAIR OWNEDED, NOW TOWNEDED	481 27				
15	36578	REDIACE CV ACCESS	481 27				
15	36580	PEDIACE COMPLETE non-tunnel	350 35				
15	36581	PEDIACE COMPLETE tunneled	481 27				
15	36582	PEDIACE COMPLETE tunneled	550 22				
15	36583	PEDIACE COMPLETE tunneled	550.32				
15	36584	DEDIACE COMPLETE poriphorally	350.32				
15	36585	PEDIACE COMPLETE peripherally	559.33				
15 15	36589	REPLACE COMPLETE PETIPHETATIY	350.32				
15 15		REMOVE TUNNELED CV ACCECC	359.35				
_	36590	REMOVE TUNNELED CV ACCESS	359.35				
15 15	36640	INSERTION OF PERIPHERALLY INSERTED INSERTION OF PERIPHERALLY INSERTED REPAIR TUNNELED/NON-TUNNELED REPAIR CV ACCESS REPLACE CV ACCESS REPLACE COMPLETE non-tunnel REPLACE COMPLETE tunneled REPLACE COMPLETE tunneled REPLACE COMPLETE tunneled REPLACE COMPLETE peripherally REPLACE COMPLETE peripherally REPLACE COMPLETE peripherally REMOVE TUNNELED CV CATH REMOVE TUNNELED CV CATH REMOVE TUNNELED CV ACCESS INSERTION CATHETER, ARTERY INSERTION OF CANNULA INSERTION OF CANNULA INSERTION OF CANNULA AV FUSE, UPPER ARM, CEPHALIC AV FUSION/UPPR ARM VEIN	339.35				
15	36800	INSERTION OF CANNULA	550.32				
15	36810	INSERTION OF CANNULA	550.32				
15	36815	INSERTION OF CANNULA	550.32				
15	36818	AV FUSE, UPPER ARM, CEPHALIC	550.32				
15	36819	AV FUSION/UPPR ARM VEIN	550.32				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5	6	7	8
	mo.	CODE	DESCRIPTION	FEE	AGE	MED	OEM	X-
	TS 15	CODE 36820	DESCRIPTION AV FUSION/FOREARM VEIN	550.32	MIN-MAX	REV	SEX	OVERS
	15	36821	AV FUSION/FUREARM VEIN AV FUSION DIRECT ANY SITE	550.32				
	15	36825	AV FUSION DIRECT ANY SITE 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, OFEN	679.83				
	15	36835	ARTERY TO VEIN SHUNT	679.83				
	15	36836	CREATION OF OPENING BETWEEN ARTERY A					
	15	36837	CREATION OF OPENING BETWEEN ARTERY A	•				
	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					
	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 HARVEST AUTO STEM CELLS	1,444.88				
	15	38206		•				
	15	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	359.35				
	15	38300	DRAINAGE, LYMPH NODE LESION	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

15

15

15

40810

40812

40814

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x -
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	38305	DRAINAGE, LYMPH NODE LESION	481.27				
	15	38308	INCISION OF LYMPH CHANNELS	481.27				
	15	38500	BIOPSY/REMOVAL, LYMPH NODES	481.27				
	15	38505	NEEDLE BIOPSY, LYMPH NODES	359.35				
	15	38510	BIOPSY/REMOVAL, LYMPH NODES	481.27				
	15	38520	BIOPSY/REMOVAL, LYMPH NODES	481.27				
	15	38525	BIOPSY/REMOVAL, LYMPH NODES	481.27				
	15	38530	BIOPSY/REMOVAL, LYMPH NODES	481.27				
	15	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	481.27				
	15	38542	EXPLORE DEEP NODE(S), NECK	481.27				
	15	38550	REMOVAL, NECK/ARMPIT LESION	550.32				
	15	38555	REMOVAL, NECK/ARMPIT LESION	679.83				
	15	38570	LAPAROSCOPY, LYMPH NODE BIOP	1,444.88				
	15	38571	LAPAROSCOPY, LYMPHADENECTOMY	1,444.88				
	15	38572	LAPAROSCOPY, LYMPHADENECTOMY	1,444.88				
	15	38573	LAPAROSCOPY, SURGICAL; WITH BILATERA	•				
	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		х		
	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		х		
	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				

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

359.35

481.27

481.27

EXCISION OF MOUTH LESION

EXCISE/REPAIR MOUTH LESION

EXCISE/REPAIR MOUTH LESION

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION EXCISION OF MOUTH LESION	FEE	MIN-MAX		SEX	OVERS
15	40816	EXCISION OF MOUTH LESION	481.27 359.35			~	0.1
15	40818	EXCISION OF MOUTH LESION EXCISE ORAL MUCOSA FOR GRAFT EXCISE LIP OR CHEEK FOLD TREATMENT OF MOUTH LESION REPAIR MOUTH LACERATION REPAIR MOUTH LACERATION RECONSTRUCTION OF MOUTH MOUTH SURGERY PROCEDURE DRAINAGE OF MOUTH LESION BIOPSY OF TONGUE BIOPSY OF FLOOR OF MOUTH EXCISION OF TONGUE LESION EXCISION OF TONGUE LESION EXCISION OF TONGUE LESION EXCISION OF TONGUE LESION PARTIAL REMOVAL OF TONGUE REPAIR TONGUE LACERATION REPAIR TONGUE LACERATION TONGUE TO LIP SURGERY RECONSTRUCTION, TONGUE FOLD TONGUE AND MOUTH SURGERY DRAINAGE OF GUM LESION GINGVECTOMY, EXC. CING, EACH QUADRANT EXCISION OF GUM FLAP EXCISION OF GUM LESION	359.35				
15	40819	EXCISE ORAL MUCOSA FOR GRAFT EXCISE LIP OR CHEEK FOLD	359.35				
15	40820	TREATMENT OF MOUTH LESTON	359 35				
15	40830	REPAIR MODITH 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	MOLITH SUBGERY PROCEDURE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		x		
15	41005	DDAINAGE OF MOUTH LEGION	350 35		Λ		
15	41005	DRAINAGE OF MOUTH LESTON	359.35				
15	41007	DRAINAGE OF MOUTH LESION	359.35				
15	41007	DRAINAGE OF MOUTH LESTON	359.35				
15	41009	DRAINAGE OF MOUTH LESTON	359.35				
15	41010	TNCTSTON OF TONCHE FOID	359.35				
15	41015	DRAINACE OF MOUTH IECTON	359.35				
15	41016	DRAINAGE OF MOUTH LESION	359.35				
15	41017	DRAINAGE OF MOUTH LESION	359.35				
15	41017	DRAINAGE OF MOUTH LESION	359.35				
15 15	41100	DRAINAGE OF MOUTH LESION	359.35				
15 15	41100	BIODSY OF FLOOD OF MOUTH	359.35				
15 15	41112	EVELOTION OF MONOTE LECTON	339.33 401 27				
		EXCISION OF TONGUE LESION	401.27				
15 15	41113 41114	EXCISION OF TONGUE LESION	401.27				
15 15	41114	EXCISION OF TONGUE EGID	250 25				
15 15		EXCISION OF TONGUE FOLD	359.35				
	41116	DARWIN DEMOVAL OF MONOUE	339.33				
15 15	41120	PARTIAL REMOVAL OF TONGUE	1/3.72				
15 15	41250	REPAIR TONGUE LACERATION	481.27				
	41251	REPAIR TONGUE LACERATION	481.27				
15 15	41252	REPAIR TONGUE LACERATION	481.27				
15	41510	TONGUE TO LIP SURGERY	359.35				
15	41520	RECONSTRUCTION, TONGUE FOLD	481.27				
15	41599	TONGUE AND MOUTH SURGERY	MP		x		
15	41800	DRAINAGE OF GUM LESION	359.35				
15	41820	GINGVECTOMY, EXC. CING, EACH QUADRANT	359.35				
15	41821	EXCISION OF GUM FLAP	359.35 359.35				
15	41822	EXCISION OF GUM LESION	359.35				
15	41823	EXCISION OF GUM LESION	359.35 359.35				
15	41826	EXCSION OF GUM LESION					
15	41827	EXCISION OF GUM FLAP EXCISION OF GUM LESION EXCISION OF GUM LESION EXCISION OF GUM LESION EXCISION OF GUM LESION GUM GRAFT	481.27				
15	41870	GUM GRAFT	359.35				
15	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF					
15	41899	GUM SURGERY PROCEDURE	773.72				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	2	DESCRIPTION DRAINAGE MOUTH ROOF LESION BLORSY ROOF OF MOUTH	4	5 AGE	6 MED	7	8 X-
T	s c	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
1		12000	DRAINAGE MOUTH ROOF LESION	481.27				
1	5 4	12000 12100	BIOPSY ROOF OF MOUTH	359.35				
1		12104	EXCISION LESION, MOUTH ROOF	359.35				
1		12106	EXCISION LESION, MOUTH ROOF	359.35				
1		12107	EXCISION LESION, MOUTH ROOF	481.27				
1		12120	REMOVE PALATE/LESION	679.83				
1		12140	EXCISION OF UVULA	481.27				
1		12145	REPAIR PALATE, PHARYNX/UVULA	773.72				
1		12160	TREATMENT MOUTH ROOF LESION	359.35				
1		12180	REPAIR PALATE	359.35				
1		12182	REPAIR PALATE	481.27				
1	5 4	12200	RECONSTRUCT CLEFT PALATE	773.72				
1		12205	RECONSTRUCT CLEFT PALATE	773.72				
1		12210	RECONSTRUCT CLEFT PALATE	773.72				
1	5 4	12215	RECONSTRUCT CLEFT PALATE	1,073.67				
		12220	RECONSTRUCT CLEFT PALATE	773.72				
		12226	LENGTHENING OF PALATE	773.72				
1		12235	REPAIR PALATE	773.72				
1	5 4	12260	REPAIR NOSE TO LIP FISTULA	679.83				
1	5 4	12299	PALATE/UVULA SURGERY	MP		х		
1	5 4	12300	DRAINAGE OF SALIVARY GLAND	359.35				
1	5 4	12305	DRAINAGE OF SALIVARY GLAND	481.27				
1	5 4	12310	DRAINAGE MOUTH ROOF LESION BIOPSY ROOF OF MOUTH EXCISION LESION, MOUTH ROOF EXCISION LESION, MOUTH ROOF EXCISION LESION, MOUTH ROOF EXCISION LESION, MOUTH ROOF REMOVE PALATE/LESION EXCISION OF UVULA REPAIR PALATE, PHARYNX/UVULA TREATMENT MOUTH ROOF LESION REPAIR PALATE REPAIR PALATE RECONSTRUCT CLEFT PALATE REPAIR PALATE REPAIR PALATE REPAIR POLATE REPAIR POLATE REPAIR NOSE TO LIP FISTULA PALATE/UVULA SURGERY DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY GLAND DRAINAGE OF SALIVARY STONE BIOPSY OF SALIVARY STONE BIOPSY OF SALIVARY CYST DRAINAGE OF SALIVARY CYST EXCISE PAROTID GLAND/LESION EXCISE PAROTID GLAND/LESION	359.35				
1	5 4	12320	DRAINAGE OF SALIVARY GLAND	359.35				
1	5 4	12340	REMOVAL OF SALIVARY STONE	481.27				
1	5 4	12405	BIOPSY OF SALIVARY GLAND	481.27				
		12408	EXCISION OF SALIVARY CYST	550.32				
1	5 4	12409	DRAINAGE OF SALIVARY CYST	550.32				
1	5 4	12410	EXCISE PAROTID GLAND/LESION	550.32				
1	5 4	12415	EXCISE PAROTID GLAND/LESION	1,073.67				
1	5 4	12420	EXCISE PAROTID GLAND/LESION	1,073.67				
1	5 4	12425	EXCISE PAROTID GLAND/LESION	1,073.67				
1	5 4	12440	EXCISE PAROTID GLAND/LESION EXCISE PAROTID GLAND/LESION EXCISE PAROTID GLAND/LESION EXCISE SUBMAXILLARY GLAND EXCISE SUBMINGUAL GLAND REPAIR SALIVARY DUCT REPAIR SALIVARY DUCT PAROTID DUCT DIVERSION PAROTID DUCT DIVERSION CREATION OF NEW DRAIMAGE TRACTS OF M	550.32				
1	5 4	12450	EXCISE SUBLINGUAL GLAND	481.27				
1	5 4	12500	REPAIR SALIVARY DUCT	550.32				
1	5 4	12505	REPAIR SALIVARY DUCT	679.83				
1	5 4	12507	PAROTID DUCT DIVERSION	550.32				
1	5 4	12509	PAROTID DUCT DIVERSION	679.83				
1	5 4	12510	CREATION OF NEW DRAINAGE TRACTS OF M	679.83				
1	5 4	12600	CLOSURE OF SALIVARY FISTULA	359.35				
1	5 4	12650	CREATION OF NEW DRAINAGE TRACTS OF M CLOSURE OF SALIVARY FISTULA DILATION OF SALIVARY DUCT LIGATION OF SALIVARY DUCT	359.35				
1	5 4	12665	LIGATION OF SALIVARY DUCT	1,073.67				
1	5 4	12699	SALIVARY SURGERY PROCEDURE	MP		x		
1	5 4	12700	DRAINAGE OF TONSIL ABSCESS	359.35				
1	5 4	12720	DRAINAGE OF THROAT ABSCESS	359.35				
1	5 4	12725	SALIVARY SURGERY PROCEDURE DRAINAGE OF TONSIL ABSCESS DRAINAGE OF THROAT ABSCESS DRAINAGE OF THROAT ABSCESS	481.27				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	42800	BIOPSY OF THROAT	359.35				
15	42804	BIOPSY OF UPPER NOSE/THROAT	359.35				
15	42806	BIOPSY OF UPPER NOSE/THROAT	481.27				
15	42808	EXCISE PHARYNX LESION	481.27				
15	42810	EXCISION OF NECK CYST	550.32				
15	42815	EXCISION OF NECK CYST	773.72				
15	42820	TONSILLECTOMY AND ADENOIDECTOMY; <12	550.32	00 11			
15	42821	TONSILLECTOMY AND ADENOIDECTOMY;	773.72	12 99			
15	42825	TONSILLECTOMY, PRIMARY OR SECONDARY	679.83	00 11			
15	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; .	679.83	12 99			
15	42830	ADENOIDECTOMY, PRIMARY;<12	679.83	00 11			
15	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	679.83	12 99			
15	42835	ADENOIDECTOMY, SECONDARY;<12	679.83	00 11			
15	42836	ADENOIDECTOMY, SECONDARY; AGE 12+	679.83	12 99			
15	42860	EXCISION OF TONSIL TAGS	550.32				
15	42870	EXCISION OF LINGUAL TONSIL	550.32				
15	42890	PARTIAL REMOVAL OF PHARYNX	1,073.67				
15	42892	REVISION OF PHARYNGEAL WALLS	1,073.67				
15	42900	REPAIR THROAT WOUND	359.35				
15	42950	RECONSTRUCTION OF THROAT	481.27				
15	42955	SURGICAL OPENING OF THROAT	481.27				
15	42960	CONTROL THROAT BLEEDING	359.35				
15	42962	CONTROL THROAT BLEEDING	481.27				
15	42970	CONTROL NOSE/THROAT BLEEDING	481.27				
15	42972	CONTROL NOSE/THROAT BLEEDING	550.32				
15	42999	THROAT SURGERY PROCEDURE	MP		х		
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 15	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS					
15	43200	INJECTIONS INTO ESOPHAGUS USING AN E	359.35 359.35				
15 15	43201						
15 15		BIOPSY OF ESOPHAGUS USING AN ENDOSCO	359.35				
15 15	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	359.35				
_	43205	TYING OF ESOPHAGEAL VEINS USING AN E	359.35		.,		
15 15	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	359.35		х		
15 15	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	481.27				
15 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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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
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OUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING.
LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS

REPORT NO:

PAGE:

RF-0-76A2

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	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		Х		
15	43253	Injection of diagnostic or therapeut	481.27				
15	43254	Removal of tissue lining of esophagu	481.27				
15	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	481.27				
15	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	550.32				
15	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	550.32				
15	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	481.27				
15	43261	ENDO CHOLANGIOPANCREATOGRAPH	481.27				
15	43262	ENDO CHOLANGIOPANCREATOGRAPH	481.27				
15	43263	PRESSURE MEASUREMENT OF PANCREATIC O	481.27				
15	43264	REMOVAL OF STONE FROM BILE OR PANCRE	481.27				
15	43265	DESTRUCTION OF STONE IN BILE OR PANC	481.27				
15	43266	Placement of stent in esophagus, sto	481.27				
15	43270	Destruction of growths on esophagus,	481.27				
15	43274	Placement of stent pancreatic or bil	481.27				
15	43275	Removal of foreign body or stent fro	481.27				
15	43276	Replacement of stent pancreatic or b	481.27				
15	43277	Balloon dilation of pancreatic or bi	481.27				
15	43278	Destruction of mass on gallbladder,	481.27				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
RUN: 05/27/25 08:22:16 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 44

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION LAPAROSCOPY, FUNDOPLASTY LAPAROSCOPY, SURGICAL, REPAIR OF PAR LAPAROSCOPY, SURGICAL, ESOPHAGEAL REMOVAL OF ESOPHAGEAL SPHINCTER AUGM LAPAROSCOPE PROC, ESOPH REPAIR ESOPHAGUS OPENING DILATE ESOPHAGUS DILATE ESOPHAGUS LOWER ESOPHAGEAL MYOTOMY, TRANSORAL ESOPHAGUS SURGERY PROCEDURE LAPAROSCOPY, GASTROSTOMY LAPAROSCOPY, GASTROSTOMY LAPAROSCOPY PROC, STOM REPOSITIONING OF THE GASTRIC FEEDING REPLACEMENT OF GASTROSTOMY TUBE, PER REPLACEMENT OF GASTROSTOMY TUBE, PER REPLACEMENT OF GASTROSTOMY TUBE, PER SURGICAL OPENING OF STOMACH REPAIR STOMACH OPENING STOMACH SURGERY PROCEDURE BIOPSY OF BOWEL LAPAROSCOPE PROC, INTESTINE REVISION OF ILEOSTOMY REVISION OF ILEOSTOMY REVISION OF COLOSTOMY SMALL BOWEL ENDOSCOPY SMAL BOWEL ENDOSCOPY SMAL	4	5 AGE	6 MED	7	8 8
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	43280	LAPAROSCOPY, FUNDOPLASTY	679.83				
15	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	679.83				
15	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	679.83				
15	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	679.83				
15	43289	LAPAROSCOPE PROC, ESOPH	MP		X		
15	43420	REPAIR ESOPHAGUS OPENING	550.32				
15	43450	DILATE ESOPHAGUS	359.35				
15	43453	DILATE ESOPHAGUS	359.35				
15	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	679.83				
15	43499	ESOPHAGUS SURGERY PROCEDURE	MP		X		
15	43653	LAPAROSCOPY, GASTROSTOMY	1,444.88				
15	43659	LAPAROSCOPE PROC, STOM	MP		X		
15	43761	REPOSITIONING OF THE GASTRIC FEEDING	359.35				
15	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	359.35				
15	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	359.35				
15	43830	SURGICAL OPENING OF STOMACH	481.27				
15	43870	REPAIR STOMACH OPENING	359.35				
15	43999	STOMACH SURGERY PROCEDURE	MP		Х		
15	44100	BIOPSY OF BOWEL	359.35				
15	44238	LAPAROSCOPE PROC, INTESTINE	MP		Х		
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				
		ENDOSCOPY, BOWEL POUCH/BIOP	359.35				
15	44388	COLON ENDOSCOPY	359.35				
15	44389	COLONOSCOPY WITH BIOPSY	359.35				
15	44390	COLONOSCOPY FOR FOREIGN BODY	359.35				
15	44391	ENDOSCOPY OF BOWEL POUCH ENDOSCOPY BOWEL POUCH/BIOP COLON ENDOSCOPY COLONOSCOPY WITH BIOPSY COLONOSCOPY FOR FOREIGN BODY COLONOSCOPY FOR BLEEDING	359.35				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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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

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-	ш	OI.	ш	•

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	44392	COLONOSCOPY & POLYPECTOMY	359.35				
15	44394	COLONOSCOPY W/SNARE	359.35				
15	44401						
15	44402	COLONOSCOPY THROUGH STOMA; WITH ABLA COLONOSCOPY THROUGH STOMA; WITH ENDO	359.35				
15	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	359.35				
15	44404	COLONOSCOPY THROUGH STOMA; WITH ENDO COLONOSCOPY THROUGH STOMA; WITH DIRE	359.35				
15	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN COLONOSCOPY THROUGH STOMA; WITH ENDO	359.35				
15	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	359.35				
15	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN COLONOSCOPY THROUGH STOMA; WITH DECO	359.35				
15	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	359.35				
15	44799	TNTESTINE SURGERY PROCEDURE	MP		х		
15	44950	APPENDECTOMY	1,444.88		х		
15	44970	LAPAROSCOPY, APPENDECTOMY	773.72		X		
15	44979	LAPAROSCOPE PROC. APP	MP		X		
15	45000	DRAINAGE OF PELVIC ABSCESS	MP 359.35 481.27				
15	45005	DRAINAGE OF RECTAL ABSCESS	481.27				
15	45020	DRAINAGE OF RECTAL ABSCESS	481.27				
15	45100	APPENDECTOMY LAPAROSCOPY, APPENDECTOMY LAPAROSCOPE PROC, APP DRAINAGE OF PELVIC ABSCESS DRAINAGE OF RECTAL ABSCESS BRAINAGE OF RECTAL ABSCESS BIOPSY OF RECTUM	481.27 359.35				
15	45108	REMOVAL OF ANORECTAL LESION	481.27				
15	45150	EXCISION OF RECTAL STRICTURE	481.27 481.27				
15	45160	EXCISION OF RECTAL LESION	481.27				
15		REMOVAL OF ANORECTAL LESION EXCISION OF RECTAL STRICTURE EXCISION OF RECTAL LESION EXCISION OF RECTAL TUMOR, TRANSANAL	481.27 481.27				
15	45172	EXCISION OF RECTAL TUMOR, TRANSANAL	481.27				
15	45190	EXCISION OF RECTAL TUMOR, TRANSANAL EXCISION OF RECTAL TUMOR, TRANSANAL DESTRUCTION, RECTAL TUMOR PROCTOSIGMOIDSCOPY, DIAGNOSTICA PROTOSIGMOIDOSCOPY W/BX PROTOSIGMOIDOSCOPY REMOVAL PROTOSIGMOIDOSCOPY REMOVAL PROTOSIGMOIDOSCOPY REMOVAL PROTOSIGMOIDOSCOPY BLEED PROTOSIGMOIDOSCOPY BLEED PROTOSIGMOIDOSCOPY WOLVUL PROCTOSIGMOIDOSCOPY WOLVUL STOROGOMOIDOSCOPY W/STENT SIGMOIDOSCOPY, FLEX FIBEROPTIC: DIAGN	1,444.88				
15	45300	PROCTOSIGMOIDSCOPY, DIAGNOSTICA	359.35				
15	45305	PROTOSIGMOIDOSCOPY W/BX	359.35				
15	45307	PROTOSIGMOIDOSCOPY FB	359.35				
15	45308	PROTOSIGMOIDOSCOPY REMOVAL	359.35				
15	45309	PROTOSIGMOIDOSCOPY REMOVAL	359.35				
15	45315	PROTOSIGMOIDOSCOPY REMOVAL	359.35				
15	45317	PROTOSIGMOIDOSCOPY BLEED	359.35				
15	45320	PROTOSIGMOIDOSCOPY ABLATE	359.35				
15	45321	PROTOSIGMOIDOSCOPY VOLVUL	359.35				
15	45327	PROCTOSIGMOIDOSCOPY W/STENT	359.35				
15	45330						
15	45331	SIGMOIDOSCOPY,FLEX FIBEROPTIC; DIAGN SIGMOIDOSCOPY AND BIOPSY SIGMOIDOSCOPY W/FB REMOVAL SIGMOIDOSCOPY & POLYPECTOMY	359.35				
15	45332	SIGMOIDOSCOPY W/FB REMOVAL	359.35				
15	45333	SIGMOIDOSCOPY & POLYPECTOMY	359.35 359.35				
15	45334	SIGMOIDOSCOPY FOR BLEEDING	359.35				
15	45335	SIGMOIDOSCOPE W/SUBMUB INJ	359.35 359.35				
15	45337	SIGMOIDOSCOPY & DECOMPRESS	359.35				
15	45338	SIGMOIDOSCPY W/TUMR REMOVE	359.35				
15	45340	SIGMOIDOSCOPY & POLYPECTOMY SIGMOIDOSCOPY FOR BLEEDING SIGMOIDOSCOPE W/SUBMUB INJ SIGMOIDOSCOPY & DECOMPRESS SIGMOIDOSCOPY W/TUMR REMOVE SIG W/BALLOON DILATION SIGMOIDOSCOPY W/ULTRASOUND SIGMOIDOSCOPY W/ US GUIDE BX	359.35 359.35 359.35 359.35				
15	45341	SIGMOIDOSCOPY W/ULTRASOUND	359.35				
15	45342	SIGMOIDOSCOPY W/ US GUIDE BX SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	359.35				
15	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	359.35				

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LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	359.35				
15	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	359.35				
15	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	359.35				
15	45378	DIAGNOSTIC COLONOSCOPY	481.27				
15	45379	COLONOSCOPY W/FB REMOVAL COLONOSCOPY AND BIOPSY	481.27				
15	45380	COLONOSCOPY AND BIOPSY	481.27				
15	45381	COLONOSCOPE, SUBMUCOUS INJ	481.27 481.27				
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 ABLATION COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP 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 DECOMPRE COLONOSCOPY, FLEXIBLE; WITH BAND LIG	359.35				
15	45499	LAPAROSCOPE PROC, RECTUM REPAIR OF RECTUM REPAIR OF RECTUM REPAIR OF RECTOCELE	MP		Х		
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	DITAMION OF ANAL CONTROMED	359.35 359.35				
15	45910	DILATION OF ANAL SPHINCIER DILATION OF RECTAL NARROWING	359.35				
15	45915	REMOVE RECTAL ORSTRUCTION	359.35 359.35				
15	45990	SURG DX EXAM, ANORECTAL RECTUM SURGERY PROCEDURE PLACEMENT OF SETON REMOVAL OF RECTAL MARKER	481.27		Х		
15	45999	RECTUM SURGERY PROCEDURE	MP		Х		
15	46020	PLACEMENT OF SETON	550.32				
15	46030	REMOVAL OF RECTAL MARKER	359.35				
15	46040	TNCTSTON OF RECTAL ARSCESS	550.32				
15	46045	INCISION OF RECTAL ABSCESS INCISION OF ANAL ABSCESS	550.32 481.27				
15	46050	INCISION OF ANAL ABSCESS					
15	46060	INCISION OF RECTAL ABSCESS	359.35 481.27				
15	46080	INCISION OF ANAL SPHINCTER	550.32 359.35				
15	46083	EXC EXT. THROMBOSED HEMORRHOID REMOVAL OF ANAL FISSURE REMOVAL OF ANAL TAB REMOVAL OF ANAL TABS	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 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX			OVERS
15		SURGICAL TREATMENT OF ANAL FISTULA					
15		REMOVAL OF ANAL FISTULA	550.32				
15		REMOVAL OF ANAL FISTULA	679.83				
15		SURGICAL TREATMENT OF ANAL FISTULA					
15			679.83				
15		REPAIR ANAL FISTULA REMOVAL OF HEMORRHOID CLOT	359.35				
15		ANOSCSOPY; DIAGNOSTIC	359.35				
15		ANOSCOPY WITH DIRECT DILATION	359.35				
15		ANOSCOPY; WITH HIGH-RESOLUTION MAGNI					
15		ANOSCOPY/ REMOVE FOR BODY	359.35				
15		ANOSCOPY/REMOVE LESTON	359 35				
15		ANOSCOPY	359.35				
15		ANOSCOPY/ REMOVE FOR BODY ANOSCOPY/REMOVE LESION ANOSCOPY ANOSCOPY/ REMOVE LESIONS	359.35				
15							
15		REPAIR OF ANAL STRICTURE	550.32				
15							
15		REPAIR OF ANAL SPHINCTER	550.32				
15		RECONSTRUCTION OF ANUS	550.32				
15		REMOVAL OF SUTURE FROM ANUS	481.27				
15		REPAIR OF ANAL SPHINCTER	481.27				
15		REPAIR OF ANAL SPHINCTER	550.32				
15		REMOVAL OF ANAL LESTON	359 35				
15		REMOVAL OF ANAL LESTON	359.35				
15		REPAIR OF ANORECTAL FISTULA WITH PLU REPAIR OF ANAL SPHINCTER RECONSTRUCTION OF ANUS REMOVAL OF SUTURE FROM ANUS REPAIR OF ANAL SPHINCTER REPAIR OF ANAL SPHINCTER REMOVAL OF ANAL LESION REMOVAL OF ANAL LESION LASER SURGERY, ANAL LESIONS EXCISION OF ANAL LESION(S) DESTRUCTION, ANAL LESION(S) TREATMENT OF ANAL FISSURE LIGATION OF HEMORRHOIDS LIGATION OF HEMORRHOIDS HEMORRHOIDOPEXY BY STAPLING HEMORRHOIDECTOMY, INTERNAL, BY TRANSA	359.35				
15		EXCISION OF ANAL LESION(S)	359.35				
15		DESTRUCTION ANAL LESTON(S)	359.35				
15		TREATMENT OF ANAL FISSIRE	359.35				
15		TIGATION OF HEMORRHOIDS	359.35				
15		TIGATION OF HEMORRHOIDS	359.35				
15		HEMORRHOTDOPEXY BY STAPLING	550.32				
15		HEMORRHIDECTOMY, INTERNAL, BY TRANSA	550.32				
15		ANUS SURGERY PROCEDURE	MP		х		
15							
15		BIOPSY OF LIVER, NEEDLE; PERCUTANEOU BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	359.35				
15		LAPAROSCOPE PROCEDURE, LIVER	MP		х		
15		ABLATION, 1 OR MORE LIVER TUMOR(S),	481 27				
15		LIVER SURGERY PROCEDURE	MP		х		
15		PLACEMENT OF BILIARY DRAINAGE CATHET					
15		PLACEMENT OF BILIARY DRAINAGE CATHET					
15		CONVERSION OF EXTERNAL BILIARY DRAIN					
15		EXCHANGE OF BILIARY DRAINAGE CATHETE					
15		REMOVAL OF BILIARY DRAINAGE CATHETER					
15		PLACEMENT OF STENT(S) INTO A BILE DU					
15		PLACEMENT OF STENT(S) INTO A BILE DU					
15		PLACEMENT OF STENT(S) INTO A BILE DU					
15		PLACEMENT OF ACCESS THROUGH THE BILI					
-5	4,341	I MICHIGATION OF ACCEDING THE DILLI	401.Z/				

#: 1856

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE 47552	DESCRIPTION DIAGNOSTIC EXAMINATION OF BILE DUCTS	FEE	MIN-MAX	REV	SEX	OVERS
15	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	481.27				
15	47553 47554	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 47563	LAPAROSCOPIC CHOLECYSTECTOMY	550.32				
15	47563	LAPARO CHOLECYSTECTOMY/GRAPH	550.32				
15	47564 47579	LAPARO CHOLECYSTECTOMY/EXPLR	550.32				
15	47579	LAPAROSCOPE PROC, BILLIARY	MP		Х		
15	47999 48102	BILE TRACT SURGERY PROCEDURE	MP		Х		
15	48102	NEEDLE BIOPSY, PANCREAS	359.35				
15	48999	PANCREAS SURGERY PROCEDURE	MP		Х		
15	49180	BIOPSY, ABDOMINAL MASS	359.35				
15	49250	EXCISION OF UMBILICUS	679.83				
15	49320	DIAG LAPARO SEPARATE PROC	550.32		Х		
15	49321	LAPAROSCOPY, BIOPSY	679.83		Х		
15	49322	LAPAROSCOPY, ASPIRATION	679.83		Х		
15	49327 49329	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	679.83				
15	49329	LAPARO PROC, ABDM/PER/OMENT	MP		Х		
15	49411 49418	PLACEMENT OF INTERSTITIAL DEVICE(S)	359.35				
15	49418	INSERTION OF TUNNELED INTRAPERITONEA	359.35				
15	49418	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	49495 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	DESCRIPTION DIAGNOSTIC EXAMINATION OF BILE DUCTS BILIARY ENDOSCOPY THRU SKIN BILIARY ENDOSCOPY THRU SKIN BILIARY ENDOSCOPY THRU SKIN BILIARY ENDOSCOPY THRU SKIN LAPAROSCOPIC CHOLECYSTECTOMY LAPARO CHOLECYSTECTOMY/GRAPH LAPARO CHOLECYSTECTOMY/EXPLR LAPAROSCOPE PROC, BILLIARY BILE TRACT SURGERY PROCEDURE NEEDLE BIOPSY, PANCREAS PANCREAS SURGERY PROCEDURE BIOPSY, ABDOMINAL MASS EXCISION OF UMBILICUS DIAG LAPARO SEPARATE PROC LAPAROSCOPY, BIOPSY LAPAROSCOPY, BIOPSY LAPAROSCOPY, SURGICAL; WITH PLACEMEN LAPARO PROC, ABDM/PER/OMENT PLACEMENT OF INTERSTITIAL DEVICE(S) INSERTION OF TUNNELED INTRAPERITONEA INSERT ABDOM CATH FOR CHEMOTX INSERT ABDOMINAL DRAIN REMOVE PERM CANNULA/CATHETER REVISE ABDOMEN-VENOUS SHUNT REPARING HERNIA BABY, REDUC RPR HERN PREMIE, BLOCKED RPR ING HERNIA BABY, REDUC RPR ING HERNIA BABY, BLOCKED REPAIR INITIAL INGUINAL HERNIA REPAIR INITIAL INGUINAL HERNIA REPAIR INITIAL INGUINAL HERNIA REPAIR INITIAL INGUINAL HERNIA REPAIR ING HERNIA, BLOCKED REPAIR ING HERNIA, REDUCE REREPAIR ING HERNIA, REDUCE REREPAIR ING HERNIA, REDUCE REPAIR ING HERNIA, BLOCKED REPAIR LUMBAR HERNIA RPR FEM HERNIA, INIT, REDUCE REPAIR LUMBAR HERNIA RPR FEM HERNIA, INIT, REDUCE REPAIR LUMBAR HERNIA RPR FEM HERNIA, INIT BLOCKED REREPAIR FEM HERNIA, BLOCKED INITIAL REPAIR OF SLIDING HERNIA OF	773.72				
15	49592	INITIAL REPAIR OF SLIDING HERNIA OF	773.72				
15	49593 49594 49595	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				

#: 1857

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	49596	INITIAL REPAIR OF ENTRAPPED HERNIA O	773.72				
15	49600	REPAIR UMBILICAL LESION	679.83				
15	49613	REPAIR OF RECURRENT SLIDING HERNIA O	773.72				
15	49614	REPAIR OF RECURRENT ENTRAPPED HERNIA	773.72				
15	49615	REPAIR OF RECURRENT SLIDING HERNIA O	773.72				
15	49616	REPAIR OF RECURRENT ENTRAPPED HERNIA	773.72				
15	49617	REPAIR OF RECURRENT SLIDING HERNIA O					
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	REPAIR OF SLIDING HERNIA NEXT TO STO REPAIR OF ENTRAPPED HERNIA NEXT TO S LAP ING HERNIA REPAIR INIT	679.83				
15	49651	LAP ING HERNIA REPAIR RECUR	1,073.67				
15	49659	REPAIR OF ENTRAPPED HERNIA NEXT TO S LAP ING HERNIA REPAIR INIT LAP ING HERNIA REPAIR RECUR LAPARO PROC, HERNIA REPAIR ABDPMEN SURGERY PROCEDURE PERCUT NEPHRO/PYELO, W/OR W/O BIOPSY OF KIDNEY DRAINAGE OF KIDNEY LESION MEASURE KIDNEY PRESSURE PLACEMENT OF NEPHROSTOMY CATHETER, P	MP		х		
15	49999	ABDPMEN SURGERY PROCEDURE	MP		х		
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	PLACEMENT OF NEPHROSTOMY CATHETER, P CONVERT NEPHROSTOMY CATHETER TO NEPH EXCHANGE NEPHROSTOMY CATHETER PERCUT	359.35				
15	50436	DILATION OF EXISTING TRACT, PERCUTAN	359.35				
15	50437	EXCHANGE NEPHROSTOMY CATHETER PERCUT DILATION OF EXISTING TRACT, PERCUTAN DILATION OF EXISTING TRACT, PERCUTAN LAPAROSCOPE PROC, RENAL KIDNEY ENDOSCOPY KIDNEY ENDOSCOPY & BIOPSY KIDNEY ENDOSCOPY & TREATMENT	359.35				
15	50549	LAPAROSCOPE PROC, RENAL	MP		х		
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	KIDNEY ENDOSCOPY & BIOPSY KIDNEY ENDOSCOPY & TREATMENT KIDNEY ENDOSCOPY & TREATMENT LITHOTRIPSY, ESW INJECTION FOR URETER X-RAY CHANGE OF URETER TUBE PLACEMENT OF URETERAL STENT, PERCUTA PLACEMENT OF URETERAL STENT, PERCUTA PLACEMENT OF URETERAL STENT, PERCUTA LAPARO NEW URETER/BLADDER LAPARO NEW URETER/BLADDER LAPAROSCOPE PROC, URETER ENDOSCOPY OF URETER ENDOSCOPY OF URETER URETER ENDOSCOPY & BIOPSY URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY & CATHETER	359.35				

#: 1858

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2
RUN: 05/27/25 08:22:16 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 50

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION URETER ENDOSCOPY & BIOPSY URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY & TREATMENT INCISE & TREAT BLADDER INCISE & DRAIN BLADDER INCISE BLADDER/DRAIN URETER REMOVAL OF BLADDER STONE REMOVE URETER CALCULUS DRAINAGE OF BLADDER ABSCESS REMOVAL OF BLADDER CYST REMOVAL OF BLADDER LESION INJECTION PROCEDURE FOR X-RAY IMAGIN	4	5 AGE	6 MED	7	8 x-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	50974	URETER ENDOSCOPY & BIOPSY URETER ENDOSCOPY & TREATMENT URETER ENDOSCOPY & TREATMENT INCISE & TREAT BLADDER INCISE & DRAIN BLADDER INCISE BLADDER/DRAIN URETER REMOVAL OF BLADDER STONE REMOVE URETER CALCULUS DRAINAGE OF BLADDER ABSCESS REMOVAL OF BLADDER CYST REMOVAL OF BLADDER LESION INJECTION PROCEDURE FOR X-RAY IMAGIN INSERT INDWELL BLADDEER CATH; COMPLIC CHANGE OF BLADDER TUBE	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 51703 51705 51710 51715 51720 51726	INJECTION PROCEDURE FOR X-RAY IMAGIN	359.35				
15	51703	INSERT INDWELL BLADDEER CATH; COMPLIC	359.35				
15	51705	CHANGE OF BLADDER TUBE CHANGE OF BLADDER TUBE	359.35 359.35 550.32 359.35 359.35				
15	51710	CHANGE OF BLADDER TUBE	359.35				
15	51715	ENDOSCOPIC INJECTION/IMPLANT TREATMENT OF BLADDER LESION COMPLEX CYSTOMETROGRAM	550.32				
15	51720	TREATMENT OF BLADDER LESION	359.35				
15	51726 51727 51728	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		Х		
15	52000	CYSTOSCOPY	359.35				
15	52001	CYSTOSCOPY, REMOVAL OF CLOTS	481.27				
15	52005	CYSTOSCOPY & URETER CATHETER	481.27				
15	52007	CYSTOSCOPY AND BIOPSY	481.27				
15	52010	CYSTOSCOPY & DUCT CATHETER	481.27				
15	52204	CYSTOSCOPY	481.27				
15	52214	CYSTOSCOPY AND TREATMENT	481.27				
15	52224	CYSTOSCOPY AND TREATMENT	481.27				
15	52234	CYSTOSCOPY AND TREATMENT	481.27				
15	52235	CYSTOSCOPY AND TREATMENT	550.32				
15	52240	CYSTOSCOPY AND TREATMENT	550.32				
15	52250	CYSTOSCOPY AND RADIOTRACER	679.83				
15	52260	CYSTOSCOPY AND TREATMENT	481.27				
15	52265	CYSTOSCOPY & TREATMENT	481.27				
15	52270	CYSTOSCOPY & REVISE URETHRA	481.27				
15	52275	CYSTOSCOPY & REVISE URETHRA	481.27				
15	52276	CYSTOSCOPY AND TREATMENT	550.32				
15	52277	CYSTOSCOPY AND TREATMENT	481.27				
15	52281	CYSTOSCOPY AND TREATMENT	481.27				
15	52282	TREATMENT OF BLADDER LESION COMPLEX CYSTOMETROGRAM COMPLEX CYSTOMETROGRAM (IE, CALIBRAT COMPLEX CYSTOMETROGRAM (IE, CALIBRAT COMPLEX CYSTOMETROGRAM (IE, CALIBRAT ANAL/URINARY MUSCLE STUDY ANAL/URINARY MUSCLE STUDY REPAIR OF BLADDER OPENING LAPARO SLING OPERATION LAPAROSCOPE PROC, BLADDER CYSTOSCOPY CYSTOSCOPY, REMOVAL OF CLOTS CYSTOSCOPY & URETER CATHETER CYSTOSCOPY AND BIOPSY CYSTOSCOPY & DUCT CATHETER CYSTOSCOPY CYSTOSCOPY AND TREATMENT CYSTOSCOPY & REVISE URETHRA CYSTOSCOPY & REVISE URETHRA CYSTOSCOPY AND TREATMENT CYSTOSCOPY IMPLANT STENT	1,444.88				

#: 1859

LAM5M125 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM REPORT NO: RF-0-76A2 RUN: 05/27/25 08:22:16 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING PAGE: 51

LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	52283	CYSTOSCOPY AND TREATMENT	481.27				
	15	52284	DRUG DELIVERY USING A DRUG-COATED BA	481.27			M	
	15	52285	CYSTOSCOPY AND TREATMENT	481.27				
	15	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	481.27				
	15	52290	CYSTOSCOPY AND TREATMENT	481.27				
	15	52300	CYSTOSCOPY AND TREATMENT	481.27				
	15	52301	CYSTOSCOPY AND TREATMENT	481.27				
	15	52305	CYSTOSCOPY AND TREATMENT	481.27				
	15	52310	CYSTOSCOPY AND TREATMENT	481.27				
	15	52315	CYSTOSCOPY AND TREATMENT	481.27				
	15	52317	REMOVE BLADDER STONE	359.35				
	15	52318	REMOVE BLADDER STONE	481.27				
	15	52320	CYSTOSCOPY AND TREATMENT	773.72				
	15	52325		679.83				
	15	52327		481.27				
	15	52330	CYSTOSCOPY AND TREATMENT	481.27				
	15	52332		481.27				
	15	52334		550.32				
	15	52341	CYSTO W/URETER STRICTURE TX	550.32				
	15	52342		550.32				
	15	52343	CYSTO W/RENAL STRICTURE TX	550.32				
	15	52344	CYSTO/URETERO, STONE REMOVE CYSTO/URETERO W/UP STRICTURE	550.32				
	15	52345	CYSTO/URETERO W/UP STRICTURE	550.32				
	15	52346	CYSTO/URETERO W/UP STRICTURE CYSTOURETERO W/RENAL STRICT CYSTOURETRO & OR PYELOSCOPE	550.32				
	15	52351	CYSTOURETRO & OR PYELOSCOPE	550.32				
	15	52352	CYSTOURETRO W/STONE REMOVE CYSTOURETERO W/LITHOTRIPSY	679.83				
	15	52353	CYSTOURETERO W/LITHOTRIPSY	679.83				
	15	52354	CYSTOURETERO W/BIOPSY	679.83				
	15	52355	CYSTOURETERO W/BIOPSY 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	CYSTOURETHRO CUT EJACUL DUCT 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 1,444.88				
	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	LASER SURGERY OF PROSTATE LASER SURGERY OF PROSTATE DRAINAGE OF PROSTATE ABSCESS INCISION OF URETHRA INCISION OF URETHRA	359.35				
	15	53010	INCISION OF URETHRA	359.35				
	15	53020	INCISION OF URETHRA	359.35				
	15	53040	DRAINAGE OF URETHRA ABSCESS	481.27				
	15	53080	DRAINAGE OF URINARY LEAKAGE	550.32				
	15	53200	BIOPSY OF URETHRA	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE
NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	DESCRIPTION REMOVAL OF URETHRA REMOVAL OF URETHRA TREATMENT OF URETHRA LESION REMOVAL OF URETHRA LESION REMOVAL OF URETHRA LESION SURGERY FOR URETHRA POUCH REMOVAL OF SEMINAL FLUID GLAND TREATMENT OF URETHRA LESION TREATMENT OF URETHRA LESION REMOVAL OR DISTRUCTION OF BLADDER CA	4	5 AGE	6 MED	7	8 X-
TS	CODE 53210	DESCRIPTION	FEE	MIN-MAX		SEX	OVERS
15	53210	REMOVAL OF URETHRA	773.72			F	
15	53215	REMOVAL OF URETHRA	773.72			M	
15	53220	TREATMENT OF URETHRA LESION	481.27				
15	53230	REMOVAL OF URETHRA LESION	481.27			F	
15	53235	REMOVAL OF URETHRA LESION	550.32			M	
15	53240	SURGERY FOR URETHRA POUCH	481.27				
15	53250	REMOVAL OF SEMINAL FLUID GLAND	481.27				
15	53260	TREATMENT OF URETHRA LESION	481.27				
15	53265	TREATMENT OF URETHRA LESION	481.27				
15	53270	REMOVAL OR DISTRUCTION OF BLADDER CA	481.27			F	
15	53275	REPAIR OF URETHRA DEFECT	481.27			F	
15	53400	REVISE URETHRA, STAGE 1	550.32				
15	53405	REVISE URETHRA, STAGE 2	481.27				
15	53410	RECONSTRUCTION OF URETHRA	481.27			м	
15	53420	RECONSTRUCT URETHRA. STAGE 1	550.32				
15	53425	RECONSTRUCT URETHRA. STAGE 2	481.27				
15	53430	REMOVAL OR DISTRUCTION OF BLADDER CA REPAIR OF URETHRA DEFECT REVISE URETHRA, STAGE 1 REVISE URETHRA, STAGE 2 RECONSTRUCTION OF URETHRA RECONSTRUCT URETHRA, STAGE 1 RECONSTRUCT URETHRA, STAGE 2 RECONSTRUCTION OF URETHRA	481.27			F	
15	53431	REPAIR OF BLADDER CANAL (HRETHRA) AN	481 27			_	
15	53440	CORRECT BLADDER FUNCTION	481 27			м	
15	53442	REMOVE PERINEAL PROSTHESIS	359 35				
15	53444	TNSERT TANDEM CUFF	481 27				
15	53445	RECONSTRUCTION OF URETHRA, STAGE 2 RECONSTRUCTION OF URETHRA REPAIR OF BLADDER CANAL (URETHRA) AN CORRECT BLADDER FUNCTION REMOVE PERINEAL PROSTHESIS INSERT TANDEM CUFF INSERT URO/VES NCK SPHINCTER REMOVE URO SPHINCTER REMOVE/REPLACE UR SPHINCTER REPAIR URO SPHINCTER REVISION OF URETHRA REVISION OF URETHRA REVISION OF URETHRA REPAIR OF URETHRA INJURY REPAIR OF URETHRA STRUCTURE DILATE URETHRA STRUCTURE DILATION OF URETHRA PROSTATIC MICROWAVE THERMOTX TRANSURETHRAL RADIOFREQUENCY MICRO-R UROLOGY SURGERY PROCEDURE	359 35				
15	53446	REMOVE URO SPHINCTER	359.35				
15	53447	REMOVE / REDIACE IIR SONTNOTER	359.35				
15	53449	REDATE HEACH ON BININGIEN	359.35				
15	53450	REVISION OF HERTHER	359.35				
15	53460	REVISION OF DRETHER	359.35				
15	53502	REDATE OF HEETHEA THINEY	481 27			F	
15	53502	DEDATE OF HERMHED TRITIEN	491 27			M	
15	53510	DEDATE OF HERMHED TRITIEN	491 27			11	
15	53515	DEDATE OF HERETHEDA TRITIEDY	401.27				
15	53520	DEDATE OF STREETEDA DEFECT	401.27			м	
15	53600	DILATE HERMEDAL CONTICUING MALE THIS	350 35			M	
15	53605	DITATE UNEINAL SINCTORE, MALE, INII	401 27			M	
15	53665	DILATE ORITHA SIXICIORE	250 25			E.	
15	53850	DESCRIPTION OF OREITHA	1 444 00			r M	
15	53854	TRANSIDETURAL DESTRUCTION OF DROSTAT	1 072 67			M	
15	53860	TRANSUREITHAL DESIRUCTION OF PROSTAL	250 25			E.	
15	53899	IRANSOREIHRAL RADIOFREQUENCI MICRO-R	339.33		x	E	
15	54000	CLIMMING OF DEPUICE	401 27	00 00	^	М	
15 15	54000 54001	TRANSURETHRAL DESTRUCTION OF PROSTAT TRANSURETHRAL RADIOFREQUENCY MICRO-R UROLOGY SURGERY PROCEDURE SLITTING OF PREPUCE SLITTING OF PREPUCE DRAIN PENIS LESION LASER SURG, PENIS LESION(S) EXCISION OF PENIS LESION(S) DESTRUCTION, PENIS LESION(S) BIOPSY OF PENIS	401.27	00 00		M M	
15 15	54001 54015	DDAIN DENIC IECTON	401.27 670 92			M M	
15 15	54015 54057	DEATH FENTS FESTON (C)	0/9.03			M M	
15 15		EXCICION OF DENIC TECTON(C)	359.35 3E0 3E			M M	
	54060 54065	EVERTICATION OF LEWIS TESTON(S)	359.35			M M	
15	54065	DESTRUCTION, PENIS LESION(S)	359.35				
15	54100	RIORSI OF BENIS	359.35			M	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	54105	BIOPSY OF PENIS	359.35			M	
	15	54110	TREATMENT OF PENIS LESION	481.27			M	
	15	54111	TREAT PENIS LESION, GRAFT	481.27			M	
	15	54112	TREAT PENIS LESION, GRAFT	481.27			M	
	15	54115	TREATMENT OF PENIS LESION	359.35			M	
	15	54120	PARTIAL REMOVAL OF PENIS	481.27			M	
	15	54150	CIRCUMCISION USING CLAMP OR OTHER DE	481.27			M	
	15	54160	CIRCUMCISION USING OTHER THAN CLAMP	481.27	00 01		M	
	15	54161	CIRCUMCISION USING OTHER THAN CLAMP	481.27			M	
	15	54162	LYSIS PENIL CIRCUMCIS LESION	481.27			M	
	15	54163	REPAIR OF CIRCUMCISION	481.27			M	
	15	54164	FRENULOTOMY OF PENIS	481.27			M	
	15	54205	TREATMENT OF PENIS LESION	679.83			M	
	15	54220	TREATMENT OF PENIS LESION	359.35			M	
	15	54300	REVISION OF PENIS	550.32			M	
	15	54304	REVISION OF PENIS	550.32			M	
	15	54308	RECONSTRUCTION OF URETHRA	550.32			M	
	15	54312	RECONSTRUCTION OF URETHRA	550.32			M	
	15	54316	RECONSTRUCTION OF URETHRA	550.32			M	
	15	54318	RECONSTRUCTION OF URETHRA	550.32			M	
	15	54322	RECONSTRUCTION OF URETHRA	550.32			M	
	15	54324	RECONSTRUCTION OF URETHRA	550.32			M	
	15	54326	RECONSTRUCTION OF URETHRA	550.32			M	
	15	54328	REVISE PENIS/URETHRA	550.32			M	
	15	54332	1 STAGE PROX PINILE/PENOSCROTAL REP	550.32			M	
	15	54340	SECONDARY URETHRAL SURGERY	550.32			M	
	15	54344	SECONDARY URETHRAL SURGERY	550.32			M	
	15	54348	SECONDARY URETHRAL SURGERY	550.32			M	
	15	54352	RECONSTRUCT URETHRA/PENIS	550.32			M	
	15	54360	PENIS PLASTIC SURGERY	550.32			M	
	15	54380	REPAIR PENIS	550.32			M	
	15	54385	REPAIR PENIS	550.32			M	
	15	54406	REMOVE MULTI-COMP PENIS PROS	550.32				
	15	54408	REPAIR MULTI-COMP PENIS PROS	550.32				
	15	54410	REMOVE/REPLACE PENIS PROSTH	550.32				
	15	54415	REMOVE SELF-CONTD PENIS PROS	550.32				
	15	54416	REMV/REPL PENIS CONTAIN PROS	550.32				
	15	54420	REVISION OF PENIS	679.83			M	
	15	54435	REVISION OF PENIS	679.83			M	
	15	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	481.27			M	
	15	54440	REPAIR OF PENIS	679.83		X	M	
	15	54450	PREPUTIAL STRETCHING	359.35			M	
	15	54500	BIOPSY OF TESTIS	359.35			M	
	15	54505	BIOPSY OF TESTIS	359.35			M	
	15	54512	EXCISE LESION TESTIS	481.27			M	
	15	54520	REMOVAL OF TESTIS	550.32			M	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION ORCHIECTOMY, PARTIAL REMOVAL OF TESTIS EXTENSIVE TESTIS SURGERY EXPLORATION FOR TESTIS REDUCE TESTIS TORSION SUSPENSION OF TESTIS SUSPENSION OF TESTIS REVISION OF TESTIS REVISION OF TESTIS REPAIR TESTIS INJURY RELOCATION OF TESTIS(ES) LAPAROSCOPY, ORCHIECTOMY LAPAROSCOPY, ORCHIECTOMY LAPAROSCOPY, ORCHIECTOMY LAPAROSCOPY, ORCHIECTOMY BIOPSY OF EPIDIDYMIS REMOVE EPIDIDYMIS RESION REMOVE EPIDIDYMIS LESION REMOVAL OF EPIDIDYMIS REMOVAL OF EPIDIDYMIS REMOVAL OF EPIDIDYMIS REMOVAL OF HYDROCELE REMOVAL OF HYDROCELE REMOVAL OF HYDROCELE REPAIR OF HYDROCELE DRAINAGE OF SCROTUM REMOVAL OF SCROTUM REVISION OF SCROTUM REMOVAL OF SPERM DUCT REMOVAL OF SPERM DUCT REMOVAL OF SPERM DUCT REMOVAL OF SPERM DUCT (S) REMOVAL OF SPERM CORD LESION REVISE SPERMATIC CORD VEINS	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	54522	ORCHIECTOMY, PARTIAL	550.32			M	
15	54530	REMOVAL OF TESTIS	679.83			M	
15	54535	EXTENSIVE TESTIS SURGERY	550.32			M	
15	54550	EXPLORATION FOR TESTIS	679.83			M	
15	54600	REDUCE TESTIS TORSION	679.83			M	
15	54620	SUSPENSION OF TESTIS	550.32			M	
15	54640	SUSPENSION OF TESTIS	679.83			M	
15	54660	REVISION OF TESTIS	481.27			M	
15	54670	REPAIR TESTIS INJURY	550.32			M	
15	54680	RELOCATION OF TESTIS(ES)	550.32			M	
15	54690	LAPAROSCOPY, ORCHIECTOMY	1,444.88				
15	54692	LAPAROSCOPY, ORCHIOPEXY	1,444.88				
15	54699	LAPAROSCOPE PROC, TESTIS	MP		x		
15	54700	DRAINAGE OF SCROTUM	481.27			M	
15	54800	BIOPSY OF EPIDIDYMIS	359.35			M	
15	54830	REMOVE EPIDIDYMIS LESION	550.32			M	
15	54840	REMOVE EPIDIDYMIS LESION	679.83			M	
15	54860	REMOVAL OF EPIDIDYMIS	550.32			M	
15	54861	REMOVAL OF EPIDIDYMIS	679.83			M	
15	55000	DRAINAGE OF HYDROCELE	359.35			M	
15	55040	REMOVAL OF HYDROCELE	550.32			M	
15	55041	REMOVAL OF HYDROCELES	773.72			M	
15	55060	REPAIR OF HYDROCELE	679.83			M	
15	55100	DRAINAGE OF SCROTUM ABSCESS	359.35			M	
15	55110	EXPLORE SCROTUM	481.27				
15	55120	REMOVAL OF SCROTUM LESION	481.27			M	
15	55150	REMOVAL OF SCROTUM	359.35			M	
15	55175	REVISION OF SCROTUM	359.35				
15	55180	REVISION OF SCROTUM	481.27				
15	55200	INCISION OF SPERM DUCT	481.27			M	
15	55250	REMOVAL OF SPERM DUCT(S)	481.27	21 99	x	M	
15	55500	REMOVAL OF HYDROCELE	550.32			M	
15	55520	REMOVAL OF SPERM CORD LESION	679.83			M	
15	55530	REVISE SPERMATIC CORD VEINS	679.83			M	
15	55535	REVISE SPERMATIC CORD VEINS	679.83			M	
15	55540	REVISE HERNIA & SPERM VEINS	773.72			M	
15	55550	LAPARO LIGATE SPERMATIC VEIN	1,444.88				
15	55559	LAPARO PROC, SPERMATIC CORD	MP		x		
15	55680	REMOVE SPERM POUCH LESION	359.35			M	
15	55700	BIOPSY OF PROSTATE	481.27			M	
15	55705	REMOVAL OF SPERM CORD LESION REVISE SPERMATIC CORD VEINS REVISE SPERMATIC CORD VEINS REVISE HERNIA & SPERM VEINS LAPARO LIGATE SPERMATIC VEIN LAPARO PROC, SPERMATIC CORD REMOVE SPERM POUCH LESION BIOPSY OF PROSTATE BIOPSY OF PROSTATE DRAINAGE OF PROSTATE ABSCESS DRAINAGE OF PROSTATE ABSCESS SIMPLE SURGICAL SUBTOTAL REMOVAL OF CRYOABLATE PROSTATE TRANSPERINEAL PLACEMENT OF BIODEGRAD	481.27			M	
15	55720	DRAINAGE OF PROSTATE ABSCESS	359.35			M	
15	55725	DRAINAGE OF PROSTATE ABSCESS	481.27			M	
15	55867	SIMPLE SURGICAL SUBTOTAL REMOVAL OF	1,444.88			M	
15	55873	CRYOABLATE PROSTATE	1,444.88				
15	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	1,444.88			M	

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION ABLATION OF MALIGNANT PROSTATE TISSU GENITAL SURGERY PROCEDURE INCISION AND DRAINAGEOF VULVA OR PE INCISION AND DRAINAGE OF FEMALE GENI	4	5 AGE	6 MED	7	x -
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,073.67			M	
15	55899 56405	GENITAL SURGERY PROCEDURE	MP		Х	M	
15	56405	INCISION AND DRAINAGEOF VULVA OR PE	359.35			F	
15	56420	INCISION AND DRAINAGE OF FEMALE GENI	359.35	10 60		F	
15	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	481.27			F	
15	56441	LYSIS OF LABIAL LESION(S)	359.35			F	
15	56501	DESTROY VULVA LESION (S); SIMPLE	359.35			F	
15	56515	DESTROY VULVA LESION/S COMPL	550.32			F	
15	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	359.35			F	
15	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	359.35			F	
15	56620	PARTIAL REMOVAL OF VULVA	773.72			F	
15	56625	COMPLETE REMOVAL OF VULVA	1,073.67			F	
15	56700	PARTIAL REMOVAL OF HYMEN	359.35			F	
15	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	550.32			F	
15	56800	REPAIR OF VAGINA	550.32			F	
15	56810	REPAIR OF PERINEUM	773.72				
15	56821	EXAM/BIOPSY OF VULVA W/SCOPE	359.35			F	
15	57000	EXPLORATION OF VAGINA	359.35				
15	57010	DRAINAGE OF PELVIC ABSCESS	481.27			F	
15	57020	DRAINAGE OF PELVIC FLUID	481.27			F	
15	57023	I & D VAG HEMATOMA, NON-OB	359.35			F	
15	57061	DESTROY VAG LESIONS, SIMPLE	359.35			F	
15	57065	DESTROY VAG LESIONS, COMPLEX	359.35			F	
15	57100	BIOPSY OF VAGINA	359.35			F	
15	57105	BIOPSY OF VAGINA	359.35			F	
15	57130	REMOVE VAGINA LESION	481.27			F	
15	57135	REMOVE VAGINA LESION	481.27			F	
15	57155	INSERT UTERI TANDEMS/OVOIDS	481.27			F	
15	57156	INSERTION OF A VACINAL RADIATION AFT	481.27			- F	
15	57180	TREAT VAGINAL BLEEDING	359.35			- F	
15	57200	REPAIR OF VAGINA	359.35			- F	
15	57210	REPAIR VACINA/PERINEIM	481 27			- F	
15	57220	REVISION OF HRETHRA	550 32			- F	
15	57230	REPAIR OF URETHRAL LESTON	550.32			F	
15	57240	REPAIR BLADDER & VAGINA	773 72			F	
15	57250	REDATE RECTIM & VACINA	773.72			F	
15	57260	REPAIR OF VACINA	773.72			F	
15	57265	EXTENSIVE REPAIR OF VACINA	1 073 67			F	
15	57268	REPAIR OF ROWEL BULGE	550 32			F	
15	57288	DEDATE BLANDED DEFECT	773 72			-	
15	57289	GENITAL SURGERY PROCEDURE INCISION AND DRAINAGEOF VULVA OR PE INCISION AND DRAINAGE OF FEMALE GENI CREATION OF DRAINAGE TRACT FOR FEMAL LYSIS OF LABIAL LESION(S) DESTROY VULVA LESION (S); SIMPLE DESTROY VULVA LESION (S); SIMPLE BIOPSY OF VULVA OR PERINEUM (SEPARAT BIOPSY OF VULVA OR PERINEUM (SEPARAT BIOPSY OF VULVA OR PERINEUM (SEPARAT PARTIAL REMOVAL OF VULVA COMPLETE REMOVAL OF VULVA PARTIAL REMOVAL OF HYMEN REMOVAL OF FEMALE GENITAL GLAND OR C REPAIR OF VAGINA REPAIR OF PERINEUM EXAM/BIOPSY OF VULVA W/SCOPE EXPLORATION OF VAGINA DRAINAGE OF PELVIC ABSCESS DRAINAGE OF PELVIC FLUID I & D VAG HEMATOMA, NON-OB DESTROY VAG LESIONS, SIMPLE DESTROY VAG LESIONS, COMPLEX BIOPSY OF VAGINA BIOPSY OF VAGINA BIOPSY OF VAGINA REMOVE VAGINA LESION REMOVE VAGINA LESION REMOVE VAGINA LESION REPAIR OF VAGINA REPAIR OF URETHRA REPAIR OF VAGINA REPAIR BLADDER & VAGINA REPAIR RECTUM & VAGINA REPAIR OF BOWEL BULGE REPAIR BLADDER & VAGINA REPAIR OF BOWEL BULGE REPAIR BLADDER & VAGINA REPAIR OF BOWEL BULGE REPAIR BLADDER & VAGINA REPAIR RECTUM & VAGINA REPAIR RECTUM & VAGINA REPAIR RECTUM & VAGINA REPAIR RECTUM & VAGINA REPAIR BLADDER & VAGINA REPAIR BLADDER & VAGINA REPAIR RECTUM & VAGINA REPAIR BLADDER & VAGINA REPAIR RECTUM-VAGINA FISTULA DILATION OF VAGINA PELVIC EXAMINATION REMOVE VAGINAL FOREIGN BODY	773.72			F	
15	57203 57201	CONSTRUCTION OF VACINA	773.72			ь г	
15 15	57291 57300	DEDATE DECTION OF VACINA ETCHILLY	550 32			<u>.</u>	
15 15	57300 57400	DIIATION OF VACINA FISTULA	401 27		v	r r	
15 15	57400	DELATC EAVAINATION	401.27 401 27		v	r r	
15 15	5/41U 57/15	PEROTE INCINAL ECCETOR BODY	401.27		^	r	
12	5/415	REMOVE VAGINAL FOREIGN BODI	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION EXAM OF VAGINA W/SCOPE EXAM/BIOPSY OF VAG W/SCOPE REVISION (INCLUDING REMOVAL) OF PROS	4	5 AGE		6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-M	ΙΑΧ	REV	SEX	OVERS
15	57420	EXAM OF VAGINA W/SCOPE	359.35					
15	57421	EXAM/BIOPSY OF VAG W/SCOPE	359.35				F	
15	57426	REVISION (INCLUDING REMOVAL) OF PROS	359.35				F	
15	57454	VAGINA EXAMINATION & BIOPSY	359.35				F	
15	57455	BIOPSY OF CERVIX W/SCOPE	359.35				F	
15	57456	ENDOCERY 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	CRYCCALITERY OF CERVIX	550.32				F	
15	57513	TACED CUDGEDY OF CEDUTY	491 27				-	
15	57520	CONTANTON OF CERVIX	491.27				E.	
15	57522	CONTRACTION OF CERVIX	481 27				E	
15	57530	DEMOVAL OF CERVIX	550 32					
15	57550 57550	DEMOVAL OF DESTRIBL CERVIX	550.32				E.	
15		DEMOVE CERVIX DEDATE BOWET	773 72				E	
15	57556 57700	DEVICTOR OF CEDUTY	250 25				₽	
15	57720	REVISION OF CERVIA	559.33				r r	
15	57800	DITATION OF CERVIA	350.32				r r	
15	58120	DITATION OF CERVICAL CANAL	401 27	12 0	α.		r r	
15	58145	VACINAL DEMOVAL OF ETROOD MIMORS (2	772 72	12 9	9		E E	
15	58300	TAGEDM TAMBALMEDIAE DEVICE	7/3.72	10 6			E E	
15		DEMOVE INTRAUTERINE DEVICE	339.33	10 6	0		E E	
15		THE THE TOP IMPRIES A DAY	309.30	21 6			- E	
		INJECT FOR UTERUS/TUBE X-RAY	481.27	21 5	9	x	P.	
15		INSERT HEIMAN UTERI CAPSULE	481.27					
15		ENDOMETR ABLATE, THERMAL	6/9.83			х	F.	
15		LAPAROSCOPIC MYOMECTOMY	1,444.88				F.	
15		LAPARO-MYOMECTOMY, COMPLEX	1,444.88				F.	
15		LAPARO-ASST VAG HYSTERECTOMY	1,444.88			х		
15	58552	LAPARO-VAG HYST INCL T/O	1,444.88					
15		HYSTEROSCOPY, DX, SEP PROC	359.35			х		
15	58558	HYSTEROSCOPY, BIOPSY	550.32			X		
15	58559	HYSTEROSCOPY, LYSIS	481.27			X		
15	58560	HYSTEROSCOPY, RESECT SEPTUM	550.32			X		
15		HYSTEROSCOPY, REMOVE MYOMA	550.32			X		
15		HYSTEROSCOPY, REMOVE FB	550.32			X		
15	58563	HYSTEROSCOPY, ABLATION	679.83		_	Х		
15	58565	HYSTEROSCOPY, STERLIZATION	1,578.04	21 5	9	х	F	
15	58578	LAPARO PROC, UTERUS	MP			х		
15		DESCRIPTION EXAM OF VAGINA W/SCOPE EXAM/BIOPSY OF VAG W/SCOPE REVISION (INCLUDING REMOVAL) OF PROS VAGINA EXAMINATION & BIOPSY BIOPSY OF CERVIX W/SCOPE ENDOCERV CURETTAGE W/SCOPE COLPOSCOPY (VAGINOSCOPY; CONZ OF CERVIC W/SCOPE, LEEP BIOPSY OF CERVIX ENDOCERVICAL CURETTAGE CAUTHERUZATION OF CERVIX CRYOCAUTERY OF CERVIX CONIZATION OF CERVIX CONIZATION OF CERVIX REMOVAL OF CERVIX REMOVAL OF CERVIX REMOVAL OF CERVIX REMOVE CERVIX, REPAIR BOWEL REVISION OF CERVIX REVISION OF CERVIX DILATION AND CURETTAGE VAGINAL REMOVAL OF FIBROID TUMORS (2 INSERT INTRAUTERINE DEVICE REMOVE INTRAUTERINE DEVICE REMOVE INTRAUTERINE DEVICE REMOVE INTRAUTERINE DEVICE ENDOMETR ABLATE, THERMAL LAPAROSCOPIC MYOMECTOMY LAPARO-WAG HYST INCL T/O HYSTEROSCOPY, BIOPSY HYSTEROSCOPY, BIOPSY HYSTEROSCOPY, RESECT SEPTUM HYSTEROSCOPY, RESECT SEPTUM HYSTEROSCOPY, REMOVE MYOMA HYSTEROSCOPY, REMOVE FB HYSTEROSCOPY, REMOVE FB HYSTEROSCOPY, STERLIZATION LAPARO PROC, UTERUS HYSTEROSCOPP PROCEDURE DESTRUCTION OF UTERINE FIBROID(S) US DIVISION OF FALLOPIAN TUBE	MP			X		
15		DESTRUCTION OF UTERINE FIBROID(S) US DIVISION OF FALLOPIAN TUBE OCCULSION OF FALLOPIAN TUGE, DEVICE	773.72		_		F	
15	58600	DIVISION OF FALLOPIAN TUBE	550.32	21 5	5	Х	F	
15	58615	OCCULSION OF FALLOPIAN TUGE, DEVICE	6/9.83	21 5	5		F	
15	58660	LAPAROSCOPY, LYSIS	773.72			x		

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

		Ν	

1	2	3	4	5 AGE		6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	SEX	OVERS
15	58661	LAPAROSCOPY, REMOVE ADNEXA	773.72			х		
15	58662	LAPAROSCOPY, EXCISE LESIONS LAPAROSCOPY, TUBAL CAUTERY LAPAROSCOPY, TUBAL BLOCK LAPAROSCOPY, SALPINGOSTOMY	773.72			x		
15	58670	LAPAROSCOPY, TUBAL CAUTERY	773.72 550.32	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	LAPRO PROC, OVIDUCT-OVARY DRAINAGE OF OVARIAN CYST(S) DRAINAGE OF OVARIAN CYST(S) DRAIN OVARY ABSCESS, OPEN BIOPSY OF OVARY(S)	550.32				F	
15	58925	REMOVAL OF OVARIAN CYST(S)	550.32				F	
15	58999	BIOPSY OF OVARY(S) REMOVAL OF OVARIAN CYST(S) GENITAL SURGERY PROCEDURE AMNIOCENTESIS AMNIOCENTESIS, THERAPETUIC	MP			x		
15	59000	AMNIOCENTESIS	MP 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	х		
15	59821	D & C AFTER DELIVERY REVISION OF CERVIX TREATMENT OF MISCARRIAGE CARE OF MISCARRIAGE TREATMENT OF MISCARRIAGE ABOUTION	773.72	10	55	х	F	
15	59840	ABORTION	773.72	10	60	х	F	
15	59841	ABORTION	773.72	10	60	х		
15	59870	ABORTION EVACUATE MOLE OF UTERUS REMOVE CERCLAGE SUTURE PETAL INVAS PX W/US LAPARO PROC, OB CARE/DELIVER MATERNITY CARE PROCEDURE DRAIN THYROID/TONGUE CYST BIOPSY OF THYROID REMOVE THYROID LESION PARTIAL REMOVAL OF THYROID	773.72	10	60	х	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 1,444.88					
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	REMOVE THYROID DUCT LESION REMOVE THYROID DUCT LESION LAPARO PROC, ENDOCRINE ENDOCRINE SURGERY PROCEDURE REMOVE BRAIN CAVITY FLUID INJECTION INTO BRAIN CANAL REMOVE BRAIN CANAL FLUID INJECTION INTO BRAIN CANAL	359.35					
15	61070	BRAIN CANAL SHUNT PROCEDURE	359.35					
15	61215	BRAIN CANAL SHUNT PROCEDURE INSERT BRAIN-FLUID DEVICE	550.32					
15	61790	TREAT TRIGEMINAL NERVE TREAT TRIGEMINAL TRACT	550.32					
15	61791	TREAT TRIGEMINAL TRACT	550.32					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	61885 61886	IMPLANT NEUROSTIM ONE ARRAY	481.27				
15	61886	INI LIMIT INDONOCTIN MIGGIO	550.32				
15	61888	REVISE/REMOVE NEURORECEIVER	359.35				
15	61889	THE THE PROPERTY OF STREET MOUNTED SPANIAL N	EE0 20				
15	61891	REVISION OR REPLACEMENT OF SKULL-MOU	550.32				
15	61892	REMOVAL OF SKULL-MOUNTED CRANIAL NEU	550.32				
15	62194	REVISION OR REPLACEMENT OF SKULL-MOU REMOVAL OF SKULL-MOUNTED CRANIAL NEU REPLACE/IRRIGATE CATHETER REPLACE/IRRIGATE CATHETER REPLACE/REVISE BRAIN SHUNT LYSIS EPIDURAL ADHESIONS	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	REPLACE/TREIGHTE CATHETER REPLACE/REVISE BRAIN SHUNT LYSIS EPIDURAL ADHESIONS DRAIN SPINAL CORD CYST NEEDLE BIOPSY, SPINAL CORD	359.35 359.35				
15	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	359.35				
15	62272	DRAIN CEREBRO SPINAL FLUID TREAT EPIDURAL SPINE LESION TREAT SPINAL CORD LESION	259 25				
15	62273	TREAT EPIDURAL SPINE LESION	359.35				
15	62280		359.35				
15	62281 62282	TREAT SPINAL CORD LESION	359.35				
15	02202	TIMELE DETINED CHANE EDUCA	359.35 359.35 359.35 359.35				
15	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	1,444.88				
15	62294		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), OF DIAGNOSTIC OR THERA INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C INJECTION(S), INCLUDING INDWELLING C SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC SPINAL PUNCTURE, THERAPEUTIC, FOR DR	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 REMOVE SPINAL CANAL CATHETER	481.27 481.27				
15	62355	REMOVE SPINAL CANAL CATHETER	481.27				
15	62360	INSERT SPINE INFUSION DEVICE	481.27 481.27				
15	62361	IMPLANT SPINE INFUSION PUMP	481.27				
15	62362	IMPLANT SPINE INFUSION PUMP IMPLANT SPINE INFUSION PUMP REMOVE SPINE INFUSION DEVICE ELECTRONIC ANALYSIS OF PROGRAMMABLE, ANALYZE 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 IMPLANT NEUROELECTRODES	359.35				
15	63650		359.35 481.27				
15	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL REMOVAL OF SPINAL NEUROSTIMULATOR EL	359.35				
15	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	359.35				
15	63663	REVISION INCLUDING REPLACEMENT, WHEN REVISION INCLUDING REPLACEMENT, WHEN	359.35				
15	63661 63662 63663 63664	REVISION INCLUDING REPLACEMENT, WHEN	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	63685	IMPLANT NEURORECEIVER	481.27				
15	63688	REVISE/REMOVE NEURORECEIVER	359.35				
15	63744	REVISION OF SPINAL SHUNT	550.32				
15	63746	REMOVAL OF SPINAL SHUNT	481.27				
15	64415	REMOVAL OF SPINAL SHUNT INJECTION FOR NERVE BLOCK	359.35				
15	64417	INJECTION FOR NERVE BLOCK 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					
15	64454						
15	64461	INJECTION(S), ANESTHETIC AGENT(S) AN PARAVERTEBRAL BLOCK (PVB) (PARASPINO	359.35				
15	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO					
15	64505	INJECTION FOR NERVE BLOCK	359.35				
15	64510	INJECTION FOR NERVE BLOCK	359.35				
15	64517	INJECTION FOR NERVE BLOCK 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					
15	64568	INCISION FOR IMPLANTATION OF CRANIAL	550.32				
15	64569	REVISION OR REPLACEMENT OF CRANIAL N	359.35				
15	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	359.35				
15	64581	INCISION FOR IMPLANTATION OF NEUROST	550.32				
15	64582	INSERTION OF HYPOGLOSSAL NERVE NEURO	550.32				
15	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	550.32				
15	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	550.32				
15	64585	REVISION OR REMOVAL OF PERIPHERAL NE	359.35				
15	64590	INSERTION OR REPLACEMENT OF PERIPHER	481.27				
15	64595	REVISE/REMOVE NEURORECEIVER	359.35				
15	64596	INSERTION OR REPLACEMENT OF A PERIPH					
15 15	64597	INSERTION OR REPLACEMENT OF A PERIPH INSERTION OR REPLACEMENT OF A PERIPH					
15 15	64598	REVISION OR REMOVAL OF A ELECTRODE A	481.27				
15	64600	INJECTION TREATMENT OF NERVE	359.35				
15 15	64605	INJECTION TREATMENT OF NERVE	359.35				
	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					
15	64625	RADIOFREQUENCY ABLATION, NERVES INNE					
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 HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO Injection of chemical for destructio 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 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	Injection of chemical for destructio INJECTION TREATMENT OF NERVE INJECTION TREATMENT OF NERVE REVISE FINGER/TOE NERVE REVISE HAND/FOOT NERVE REVISE ARM/LEG NERVE REVISION OF SCIATIC NERVE REVISION OF ARM NERVE(S) REVISE LOW BACK NERVE(S) REVISE LOW BACK NERVE(S) REVISE ULNAR NERVE AT ELBOW REVISE ULNAR NERVE AT WRIST CARPAL TUNNEL SURGERY RELIEVE PRESSURE ON NERVE(S) RELEASE FOOT/TOE NERVE INTERNAL NERVE REVISION INCISION OF BROW NERVE INCISION OF CHEEK NERVE INCISION OF CHEEK NERVE	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	481.27 481.27				
15	64738	INCISION OF JAW NERVE	481.27				
15	64740	INCISION OF TONGUE NERVE	481.27 481.27				
15	64742	INCISION OF FACIAL NERVE	481.27				
15	64744	INCISE NERVE, BACK OF HEAD	481.27 481.27				
15	64746	INCISE DIAPHRAGM NERVE	481.27				
15	64771	SEVER CRANIAL NERVE	481.27 481.27				
15	64772	INCISION OF SPINAL NERVE	481.27				
15	64774	REMOVE SKIN NERVE LESION	481.27 550.32				
15	64776	REMOVE DIGIT NERVE LESION	550.32				
15	64778	DIGIT NERVE SURGERY ADD-ON	481.27 550.32				
15	64782	REMOVE LIMB NERVE LESION	550.32				
15	64783	LIMB NERVE SURGERY ADD-ON	481.27 550.32 550.32 481.27				
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	550.32 550.32				
15	64790	REMOVAL OF NERVE LESION	550.32				
15	64792	REMOVAL OF NERVE LESION	550.32 481.27				
15	64795	BIOPSY OF NERVE	481.27				
15	64802	REMOVE SYMPATHETIC NERVES	481.27 679.83				
15	64821	REMOVE SYMPATHETIC NERVES					
15	64831	REPAIR OF DIGIT NERVE	679.83				
15	64832	REVISION OF CRANIAL NERVE REVISE ULNAR NERVE AT ELBOW REVISE ULNAR NERVE AT ELBOW REVISE ULNAR NERVE AT WRIST CARPAL TUNNEL SURGERY RELIEVE PRESSURE ON NERVE(S) RELEASE FOOT/TOE NERVE INTERNAL NERVE REVISION INCISION OF BROW NERVE INCISION OF CHEK NERVE INCISION OF CHIN NERVE INCISION OF TONGUE NERVE INCISION OF FACIAL NERVE INCISION OF FACIAL NERVE INCISE NERVE, BACK OF HEAD INCISE DIAPHRAGM NERVE SEVER CRANIAL NERVE INCISION OF SPINAL NERVE REMOVE SKIN NERVE LESION REMOVE DIGIT NERVE LESION DIGIT NERVE SURGERY ADD-ON REMOVE LIMB NERVE LESION LIMB NERVE SURGERY ADD-ON REMOVE NERVE LESION REMOVE SCIATIC NERVE LESION IMPLANT NERVE END REMOVE SKIN NERVE LESION REMOVAL OF NERVE LESION REMOVAL OF NERVE LESION REMOVAL OF NERVE LESION REMOVE SYMPATHETIC NERVES REMOVE SYMPATHETIC NERVES REMOVE SYMPATHETIC NERVES REPAIR OF DIGIT NERVE	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3	4	5	6	7	8
					AGE	MED		x-
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
	15	64834	REPAIR OF HAND OR FOOT NERVE	481.27				
	15	64835	REPAIR OF HAND OR FOOT NERVE REPAIR OF HAND OR FOOT NERVE REPAIR NERVE ADD-ON REPAIR OF LEG NERVE REPAIR/TRANSPOSE NERVE REPAIR ARM/LEG NERVE REPAIR SCIATIC NERVE NERVE SURGERY REPAIR OF ARM NERVES REPAIR OF LOW BACK NERVES REPAIR OF FACIAL NERVE REPAIR OF FACIAL NERVE SUBSEQUENT REPAIR OF NERVE REPAIR & REVISE NERVE ADD-ON REPAIR NERVE/SHORTEN BONE NERVE GRAFT, HEAD OR NECK	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	481.27 481.27				
	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 NERVE GRAFT, HEAD OR NECK	481.27				
	15	64886	NERVE GRAFT, HEAD OR NECK	481.27				
	15	64890		191 27				
	15	64891	NERVE GRAFT, HAND OR FOOT	481.27				
	15	64892	NERVE GRAFT, ARM OR LEG	481.27				
	15	64893	NERVE GRAFT, HAND OR FOOT NERVE GRAFT, ARM OR LEG NERVE GRAFT, ARM OR LEG NERVE GRAFT, HAND OR FOOT	481.27				
	15	64895	NERVE GRAFT, HAND OR FOOT	550.32				
	15	64896	NERVE GRAFT, ARM OR LEG NERVE GRAFT, HAND OR FOOT NERVE GRAFT, HAND OR FOOT NERVE GRAFT, ARM OR LEG NERVE GRAFT, ARM OR LEG NERVE GRAFT ADD-ON NERVE GRAFT ADD-ON NERVE PEDICLE TRANSFER NERVE PEDICLE TRANSFER	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	481.27 481.27				
	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		550.32				
	15	65103	REMOVAL OF EYE REMOVE EYE/INSERT IMPLANT REMOVE EYE/ATTACH IMPLANT REMOVAL OF EYE	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	REMOVAL OF EYE REMOVE EYE/REVISE SOCKET REMOVE EYE/REVISE SOCKET	1,073.67				
	15	65130	INSERT OCULAR IMPLANT					
	15	65135	INSERT OCULAR IMPLANT	481.27				
	15	65140	ATTACH OCULAR IMPLANT	550.32 481.27				
	15	65150	REVISE OCULAR IMPLANT	481.27				
	15	65155	REINSERT OCULAR IMPLANT	550.32				
	15	65175	REMOVE EYE/REVISE SOCKET INSERT OCULAR IMPLANT INSERT OCULAR IMPLANT ATTACH OCULAR IMPLANT REVISE OCULAR IMPLANT REINSERT OCULAR IMPLANT REMOVAL OF OCULAR IMPLANT	359.35				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

5

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:				
	1	2	3	4

T	2	3	4		6	7	8
				AGE			x -
TS	CODE	DESCRIPTION REMOVE FOREIGN BODY FROM EYE	FEE	MIN-MAX	REV	SEX	OVERS
15	65205	REMOVE FOREIGN BODY FROM EYE	359.35				
15	65235	REMOVE FOREIGN BODY FROM EYE REPAIR OF EYE WOUND	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 REPAIR OF INJURED EYE MUSCLE OR TEND	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	65420 65426	REPAIR OF INJURED EYE MUSCLE OR TEND REMOVAL OF EYE LESION BIOPSY OF CORNEA REMOVAL OF EYE LESION CORNEAL TRANSPLANT CORNEAL TRANSPLANT CORNEAL TRANSPLANT CORNEAL TRANSPLANT CORNEAL TRANSPLANT REVISE CORNEA WITH IMPLANT CORRECTION OF ASTIGMATISM CORRECTION OF ASTIGMATISM INSERTION OF AMNIOTIC MEMBRANE TO EY	773.72				
13	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 65780 65781	INSERTION OF AMNIOTIC MEMBRANE TO EY	359.35				
15	65780	OCULAR RECONST, TRANSPLANT	773.72				
15	65781	OCULAR RECONST, TRANSPLANT OCULAR RECONST, TRANSPLANT OCULAR RECONST, TRANSPLANT IMPLANTATION OF INTRASTROMAL CORNEAL	773.72				
15	65782 65785	OCULAR RECONST, TRANSPLANT	773.72		X		
15	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	679.83				
15	65800	DRAINAGE OF EYE DRAINAGE OF EYE DRAINAGE OF EYE RELIEVE INNER EYE PRESSURE INCISION OF EYE LASER TRABECULOPLASTY-1/MORE	359.35				
15	65810	DRAINAGE OF EYE	550.32				
15	65815 65820	DRAINAGE OF EYE	481.27				
15		RELIEVE INNER EYE PRESSURE	359.35				
15	65850 65855	INCISION OF EYE	679.83				
15	65855 65860 65865	LASER TRABECULOPLASTY-1/MORE	679.83				
15	65860	SEVERING ADHENSIONS OF ANTERIOR SEGM	481.27				
15		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	SEVERING ADHENSIONS OF ANTERIOR SEGM INCISE INNER EYE ADHESIONS INCISE INNER EYE ADHESIONS INCISE INNER EYE ADHESIONS INCISE INNER EYE ADHESIONS REMOVE EYE LESION REMOVE IMPLANT OF EYE REMOVE BLOOD CLOT FROM EYE INJECTION TREATMENT OF EYE INJECTION TREATMENT OF EYE REMOVE EYE LESION GLAUCOMA SURGERY GLAUCOMA SURGERY	679.83				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION GLAUCOMA SURGERY	FEE	MIN-MAX	REV	SEX	OVERS
15	66160	GLAUCOMA SURGERY	481.27				
15	66170	GLAUCOMA SURGERY	679.83				
15	66172	INCISION OF EYE	679.83				
15	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	679.83				
15	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	679.83				
15	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR					
15	66180	IMPLANT EYE SHUNT	773.72				
15	66183	Insertion of eye fluid drainage devi REVISION OF AQUEOUS SHUNT TO EXTRAOC	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	REVISE EYE SHUNT REPAIR/GRAFT EYE LESION FOLLOW-UP SURGERY OF EYE INCISION OF IRIS INCISION OF IRIS REMOVE IRIS AND LESION REMOVAL 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 REPAIR IRIS & CILIARY BODY	481.27				
15	66700	DESTRUCTION, CILIARY BODY DESTRUCTION, CILIARY BODY	481.27				
15	66710	DESTRUCTION, CILIARY BODY	481.27				
15	66711	CILIARY ENDOSCOPIC ABLATION DESTRUCTION, CILIARY BODY	481.27				
15	66720	DESTRUCTION, CILIARY BODY	481.27				
15	66740	DESTRUCTION, CILIARY BODY REVISION OF IRIS	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	AFTER CATARACT LASER SURGERY REPOSITION INTRAOCULAR LENS REMOVAL OF LENS LESION	679.83				
15	66840	REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL REMOVAL OF LENS MATERIAL EXTRACTION OF LENS EXTRACTION OF LENS EXTRACTION OF LENS CATARACT SURGERY, COMPLEX CATARACT SURGERY/IOL, I STAGE	679.83 679.83 1,073.67				
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	CATARACT SURG W/IOL, I STAGE INSERT LENS PROSTHESIS EXCHANGE LENS PROSTHESIS	729.47				
15	66987	EXTRACAPSULAR CATARACT REMOVAL WITH	1,073.67				
15	66988	EXTRACAPSULAR CATARACT REMOVAL WITH	1,073.67				
15	66989	COMPLEX EXTRACAPSULAR REMOVAL OF CAT	1,073.67				
15	66991	EXTRACAPSULAR REMOVAL OF CATARACT WI	1,073.67				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	DESCRIPTION EYE SURGERY PROCEDURE PARTIAL REMOVAL OF EYE FLUID	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	66999	EYE SURGERY PROCEDURE	MP		X		
15	67005	PARTIAL REMOVAL OF EYE FLUID	679.83				
15	67010	PARTIAL REMOVAL OF EYE FLUID	679.83				
15	67015	RELEASE OF EYE FLUID	359.35				
15	67025	PARTIAL REMOVAL OF EYE FLUID RELEASE OF EYE FLUID REPLACE EYE FLUID IMPLANT EYE DRUG SYSTEM	359.35				
15	67027	IMPLANT EYE DRUG SYSTEM	679.83				
15	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT INCISE INNER EYE STRANDS	359.35				
15	67030	INCISE INNER EYE STRANDS	359.35				
15	67031	INTRAVITREAL INJ PHARMACOLOGIC AGENT INCISE INNER EYE STRANDS LASER SURGERY, EYE STRANDS REMOVAL OF INNER EYE FLUID LASER TREATMENT OF RETINA LASER TREATMENT OF RETINA VIT FOR MACULAR HOLE REPAIR DETACHED RETINA PHOTOCOAGULATION/DETACHED RET REPAIR DETACHED RETINA REPAIR DETACHED RETINA REPAIR RETINAL DETACH, CPLX RELEASE ENCIRCLING MATERIAL REMOVE EYE IMPLANT MATERIAL REMOVE EYE IMPLANT MATERIAL TREATMENT OF RETINA TREAT RETINAL DETACH, PHOTOCOAGULATIO DEST.LOC.RETINAL LESION; PHOTOCOAGUL	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	TREAT RETINAL DETACH, PHOTOCOAGULATIO DEST.LOC.RETINAL LESION; PHOTOCOAGUL	773.72				
15	67218	TREATMENT OF RETINAL LESION	773.72				
15	67220	TREATMENT OF RETINAL LESION TREAT CHOROID LESION TREATMENT OF RETINAL 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		х		
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	REINFORCE EYE WALL REINFORCE/GRAFT EYE WALL EYE SURGERY PROCEDURE REVISE EYE MUSCLE REVISE TWO EYE MUSCLES REVISE EYE MUSCLE REVISE EYE MUSCLES REVISE EYE MUSCLE(S) REVISE EYE MUSCLE(S) REVISE EYE MUSCLE(S) ADD-ON EYE SURGERY FOLLOW-UP ADD-ON REREVISE EYE MUSCLES ADD-ON REVISE EYE MUSCLE W/SUTURE EYE SUTURE DURING SURGERY REVISE EYE MUSCLE ADD-ON RELEASE EXTN SCAR TISS W/O DET EXTRA EYE MUSCLE SURGERY PROCEDURE	679.83				
15	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	1,073.67				
15	67399	EYE MUSCLE SURGERY PROCEDURE EXPLORE/BIOPSY EYE SOCKET EXPLORE/DRAIN EYE SOCKET	MP		х		
15	67400	EXPLORE/BIOPSY EYE SOCKET	550.32		-		
15	67405	EXPLORE/DRAIN EYE SOCKET	679.83				
	-	·,					

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN:								
	1	2	3		4	5	6	7
						AGE	MED	

TS	CODE	DESCRIPTION	rer	MIN-MAX	DEM	CFY	OVERS
15	67412	DESCRIPTION EXPLORE/TREAT EYE SOCKET EXPLORE/TREAT EYE SOCKET ASPIRATION, ORBITAL CONTENTS EXPLORE/TREAT EYE SOCKET EXPLORE/TREAT EYE SOCKET EXPLORE/DRAIN EYE SOCKET ORBITOTOMY WITH BONE FLAP OR WINDOW, EXPLORE/BIOPSY EYE SOCKET INJECT/TREAT EYE SOCKET INSERT EYE SOCKET INSERT EYE SOCKET IMPLANT REVISE EYE SOCKET IMPLANT OPTIC NERVE DECOMPRESSION (EG, INICIS	772 72	MIN MAX	KE V	SEA	OVERS
15	67412	EXPLORE/TREAT ELE SOCKET	773.72				
15	67413	EXPLORE/TREAT EYE SOCKET	113.12				
15	67415	ASPIRATION, ORBITAL CONTENTS	359.35				
15	67420	EXPLORE/TREAT EYE SOCKET	773.72				
15	67430 67440	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 EYELTD LESTON	359 35				
15	67801	REMOVE EVELID LESTONS	359.35				
15	67005	DEMOVE EVELID LECTONS	350.35				
15	67000	DEMOVE EVELID LECTON(C)	401 27				
15	67010	REMOVE EIELID LESION(S)	250.25				
15	67810	BIOPSI OF EIELID	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/TMPLANT	550.32				
15	67914	REPAIR EYELID DEFECT	550.32				
15	67916	REPAIR EYELID DEFECT	679 83				
15	67917	PEDATE EVELTO DEFECT	679 83				
15	67921	DEDATE EVELTE DEFECT	550 32				
15	67022	DEDYID EAGLID DECECT	670 02				
15	67024	DEDAID EVELID DESECT	670 00				
15	67020	REPAIR EIELID DEFECT	0/9.83				
15	67930	KEPAIK EIELID WOUND	481.27				
15	6/935	KEPAIK EYELID WOUND	481.27				
15	67938	REMOVE EYELID FOREIGN BODY	359.35				
15	67950	INSERT EYE SOCKET IMPLANT REVISE EYE SOCKET IMPLANT OPTIC NERVE DECOMPRESSION (EG,INICIS ORBIT SURGERY PROCEDURE DRAINAGE OF EYELID ABSCESS INCISION OF EYELID FOLD REMOVE EYELID LESION REMOVE EYELID LESIONS REMOVE EYELID LESIONS REMOVE EYELID LESIONS REMOVE EYELID LESION (S) BIOPSY OF EYELID REVISE EYELASHES REVISE EYELASHES REVISE EYELASHES REVISE EYELID LESION REVISION OF EYELID REVISION OF EYELID REPAIR BROW DEFECT REPAIR EYELID DEFECT REVISE EYELID DEFECT REPAIR EYELID WOUND REMOVE EYELID WOUND REMOVE EYELID FOREIGN BODY REVISION OF EYELID	481.27				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

NON-RURAL AND NON-STATE HOSPITALS

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2025

COLUMN	

1	2	DESCRIPTION REVISION OF EYELID REVISION OF EYELID RECONSTRUCTION OF EYELID REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REMOVE EYELID LINING LESION REVISE/GRAFT EYELID LINING REVISE EYELID LINING HARVEST EYE TISSUE, ALOGRAFT EYELID LINING SURGERY REMOVAL OF TEAR GLAND BIOPSY OF TEAR GLAND BIOPSY OF TEAR SAC BIOPSY OF TEAR SAC REMOVE TEAR GLAND LESION REMOVE TEAR GLAND LESION REMOVE TEAR GLAND LESION REPAIR TEAR DUCTS CREATE TEAR DUCT DRAIN CREATE TEAR SAC DRAIN CREATE TEAR DUCT DRAIN CREATE TEAR DUCT DRAIN CREATE TEAR SYSTEM FISTULA PROBE NASOLACRIMAL DUCT PROBE NASOLACRIMAL DUCT PROBE NASOLACRIMAL DUCT TEAR DUCT SYSTEM SURGERY DRAIN EXTERNAL EAR LESION DRAIN EXTERNAL EAR LESION DRAIN EXTERNAL EAR LESION DRAIN EXTERNAL EAR LESION BIOPSY OF EXTERNAL EAR CANAL REMOVE EXTERNAL EAR, PARTIAL REMOVE EXTERNAL EAR, PARTIAL REMOVE EAR CANAL LESION(S) REMOVE EAR CANAL LESION(S)	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	67961	REVISION OF EYELID	550.3	32			
15	67966	REVISION OF EYELID	550.3	32			
15	67971	RECONSTRUCTION OF EYELID	550.3	32			
15	67973	RECONSTRUCTION OF EYELID	550.3	32			
15	67974	RECONSTRUCTION OF EYELID	550.3	32			
15	67975	RECONSTRUCTION OF EYELID	550.3	32			
15	67999	EYELID SURGERY PROCEDURE	ı	MP	x		
15	68110	REMOVE EYELID LINING LESION	359.3	35			
15	68115	REMOVE EYELID LINING LESION	481.2	27			
15	68130	REMOVE EYELID LINING LESION	481.2	27			
15	68320	REVISE/GRAFT EYELID LINING	679.8	33			
15	68325	REVISE/GRAFT EYELID LINING	679.8	33			
15	68326	REVISE/GRAFT EYELID LINING	679.8	33			
15	68328	REVISE/GRAFT EYELID LINING	679.8	33			
15	68330	REVISE EYELID LINING	679.8	33			
15	68335	REVISE/GRAFT EYELID LINING	679.8	33			
15	68340	SEPARATE EYELID ADHESIONS	679.8	33			
15	68360	REVISE EYELID LINING	481.2	27			
15	68362	REVISE EYELID LINING	481.2	27			
15	68371	HARVEST EYE TISSUE. ALOGRAFT	481.2	27			
15	68399	EYELID LINING SURGERY	1	MP	х		
15	68500	REMOVAL OF TEAR GLAND	550.3	32			
15	68505	PARTIAL REMOVAL, TEAR GLAND	550.3	32			
15	68510	BIOPSY OF TEAR GLAND	359.3	35			
15	68520	REMOVAL OF TEAR SAC	550.3	32			
15	68525	BIOPSY OF TEAR SAC	359.3	35			
15	68540	REMOVE TEAR GLAND LESTON	550.3	32			
15	68550	REMOVE TEAR GLAND LESTON	550	32			
15	68700	REPAIR TEAR DUCTS	481 3	27			
15	68720	CREATE TEAR SAC DRAIN	679 8	- , 3 3			
15	68745	CREATE TEAR DICT DRAIN	679.8	33			
15	68750	CREATE TEAR DUCT DRAIN	679.8	33			
15	68770	CIOCE TEAD CVCTEM ETCTILA	679.6	33			
15	68810	DDORE NACOLACDIMAL DUCT	350	35			
15	68811	DDODE NACOLACRIMAL DUCT	401 7	77			
15	68815	DROBE NACOLACRIMAL DUCI	401.2	27			
15	68899	TEAD DICT CYCTEM CUDCEDY	401.2	∠ / MTD	x		
15	69000	DDAIN EVERDARI FAR IFCION	350 3	4F	^		
15	69005	DRAIN EXTERNAL EAR LESION	359.)			
15		DRAIN CHEED EAD CANAL LECTON	359.)			
15	69020	DRAIN OUTER EAR CANAL LESION	359.3)			
_	69100	BIODSY OF EXTERNAL EAR	359.3)			
15	69105	DIOPSI OF EXTERNAL EAR CANAL	359.3) j			
15	69110	REMOVE EXTERNAL EAR, PARTIAL	359.3	55 57			
15	69120	REMOVAL OF EXTERNAL EAR	481.2	21			
15	69140	REMOVE EAR CANAL LESION(S)	481.2	2/			
15	69145	REMOVE EAR CANAL LESION(S)	481.2	2 /			

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#: 1875

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

COLUMN:

1	2	3	4	5 AGE	6 MED	7	8 X-
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	SEX	OVERS
15	69150	EXTENSIVE EAR CANAL SURGERY	550.32				
15	69205	EXTENSIVE EAR CANAL SURGERY CLEAR OUTER EAR CANAL	359.35				
15	69222	EXTENSIVE EAR CANAL SURGERY CLEAR OUTER EAR CANAL CLEAN OUT MASTOID CAVITY REVISE EXTERNAL EAR REBUILD OUTER EAR CANAL REBUILD OUTER EAR CANAL OUTER EAR SURGERY PROCEDURE	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		х		
15	69420	OUTER EAR SURGERY PROCEDURE INCISION OF EARDRUM INCISION OF EARDRUM	481.27				
15	69421	INCISION OF EARDRUM	550.32				
15	69424	TNCTSTON: VENTTLAT THEF REMOV/HNTLAT	359 35				
15	69433	OFFICE TYMPANOSTOMY, UNILAT	550.32				
15	69436	CREATE EARDRUM OPENING	550.32				
15	69440	OFFICE TYMPANOSTOMY, UNILAT CREATE EARDRUM OPENING EXPLORATION OF MIDDLE EAR EARDRUM REVISION MASTOIDECTOMY MASTOIDECTOMY	550.32 550.32				
15	69450	EARDRUM REVISION	359.35 1,073.67				
15	69501	MASTOIDECTOMY	1,073.67				
15	69502	MASTOIDECTOMY	1,073.67				
15	69505						
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	EXTENSIVE MASTOID STRUCTURES EXTENSIVE MASTOID SURGERY EXTENSIVE MASTOID SURGERY REMOVE EAR LESION REMOVE EAR LESION MASTOID SURGERY REVISION	1,073.67				
15	69603	MASTOID SURGERY REVISION MASTOID SURGERY REVISION REPAIR EARDRUM REPAIR OF EARDRUM REPAIR EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES REPAIR EARDRUM STRUCTURES REPAIR EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES REBUILD EARDRUM STRUCTURES REVISE MIDDLE EAR & MASTOID REVISE MIDDLE EAR & MASTOID REVISE MIDDLE EAR & MASTOID	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	REVISE MIDDLE EAR & MASTOID REVISE MIDDLE EAR & MASTOID REVISE MIDDLE EAR & MASTOID RELEASE MIDDLE EAR BONE REVISE MIDDLE EAR BONE REPAIR MIDDLE EAR STRUCTURES REPAIR MIDDLE EAR STRUCTURES	679.83				

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LOUISIANA MEDICAID HOSPITAL AMBULATORY SURGERY FEE SCHEDULE

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

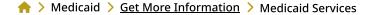
COLUMN:

1	L	2	3	4	5 AGE		6 MED	7	8 8
7	rs	CODE		FEE	MIN-	-MAX	REV	SEX	OVERS
1	L5	69670	REMOVE MASTOID AIR CELLS	550.32					
1	L5	69676	REMOVE MIDDLE EAR NERVE	550.32					
1	L5	69700	CLOSE MASTOID FISTULA	550.32					
1	L5	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,073.67					
1	L5	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	1,073.67					
1	L5	69711	REMOVE/REPAIR HEARING AID IMPLANT TEMPLE BONE W/STIMUL	359.35					
1	L5	69714	IMPLANT TEMPLE BONE W/STIMUL	1,444.88					
1	L5	69716	IMPLANTATION OF COCHLEAR STIMULATING	1,444.88					x
1	L5	69717	TEMPLE BONE IMPLANT REVISION	1,444.88					
1	L5	69719	REVISION OR REPLACEMENT OF COCHLEAR	1,444.88					x
1	L5	69720	RELEASE FACIAL NERVE	773.72					
1	L5	69725	RELEASE FACIAL NERVE	773.72					
1	L5	69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SK	773.72					
1	L5	69727	REMOVAL, OSSEOINTEGRATED IMPLANT, SK REMOVAL OF COCHLEAR STIMULATING SYST	773.72					x
1	L5	69728	REMOVAL OF ENTIRE COCHLEAR STIMULATI	1,444.88	05	99			
1	L5	69729	IMPLANTATION OF COCHLEAR STIMULATING	1,444.88	05	99			
1	L5	69730	REPLACEMENT OF COCHLEAR STIMULATING	1,444.89	05	99			
1	L5	69740	REPAIR FACIAL NERVE	773.72					
1	L5	69745	REPAIR FACIAL NERVE	773.72					
1	L5	69799	MIDDLE EAR SURGERY PROCEDURE INCISE INNER EAR	MP			X		
1	L5	69801	INCISE INNER EAR	773.72					
1	L5	69805	EXPLORE INNER EAR	1,073.67					
1	L5	69806	EXPLORE INNER EAR	1,073.67					
1	L5	69905	REMOVE INNER EAR	1,073.67					
1	L5	69910	REMOVE INNER EAR & MASTOID	1,073.67					
1	L5	69915	INCISE INNER EAR NERVE	1,073.67					
1	L5	69930	IMPLANT COCHLEAR DEVICE	1,073.67	01	99			
1	L5	69949	INNER EAR SURGERY PROCEDURE	MP			X		
1	L5	69979	TEMPORAL BONE SURGERY	MP			X		
1	L5	69990	MICROSURGERY ADD-ON	359.35					
1	L5	92018	EYE EXAM W/ANESTHESTA-COMPLETE	359.35					
1	L5	92019	EYE EXAM W/ANESTHESIA-LIMITED	359.35					

EXHIBIT 101

Medicaid Services, Louisiana Department of Health

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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.)

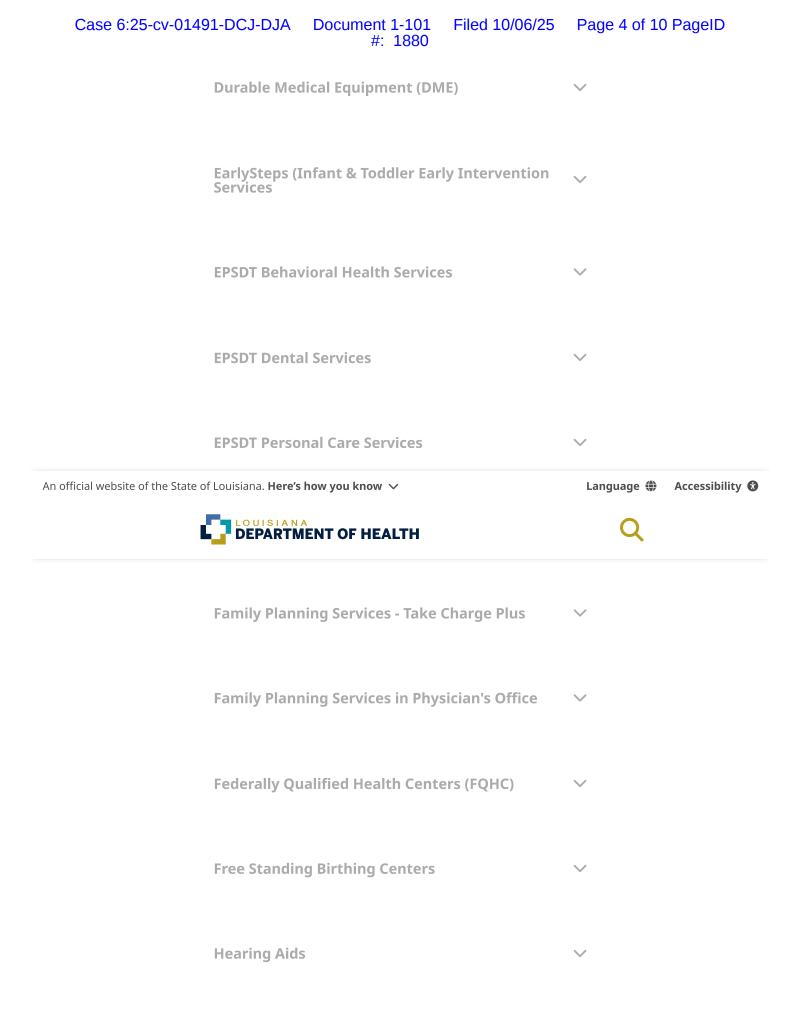
Just because a service is not on the list does not mean that Medicaid will not cover it. Call the contact listed for the service group in question if a service is not listed.

#: 1879
Overview of services for those under 21

*You may appeal a Medicaid decision if all the services you requested were denied, if part of the services you requested were denied, if you were offered different services than you requested or if the service provider did not submit for full amount of services you requested.

How to Appeal Medicaid

Adult Denture Services	~
Adult Waiver Dental Services	~
Applied Behavioral Analysis (ABA)	~
Audiological	~
Behavioral Health - Adults	~
Chemotherapy	~
Chiropractic	~
Coordinated System of Care (CSoC) - Home and Community Based Services Waiver	~
Dental	~



Physician/Hospital

ELIGIBILITY:

All Medicaid recipients.

Medically Needy (Type Case 20 & 21) under age 22 are not eligible for Inpatient Psychiatric Services.

COVERED SERVICES:

Inpatient hospital care needed for the treatment of an illness or injury which can only be provided safely & adequately in a hospital setting.

Includes those basic services that a hospital is expected to provide.

CONTACT:

Providers: ProviderRelations@la.gov

Members: <u>Healthy@la.gov</u>

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:

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Outpatient rehabilitation (physical therapy, occupational therapy and speech therapy) require **Prior Authorization**. Provider will submit request for **Prior Authorization**.

CONTACT:

Providers: Providers: ProviderRelations@la.gov

Members: <u>Healthy@la.gov</u>

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	~

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	Pediatric Da	y Health Care (PDH)	()	~
	PACE - Progr Elderly	am for All Inclusive	Care for the	~
	Pharmacy Se	ervices		~
	Physical The	erapy		~
	Physician As	ssistants		~
	Physician/Pr	ofessional Services		~
	Podiatry Ser	vices		~
	Pre-Natal Ca	nre		~
	Psychiatric H	Hospital Care		~
	Psychologica	al Evaluation and Th	erapy Services	~
	Rehabilitatio	on Clinic Services		~

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Rural Heal			~
STD Clinics			~
Speech The Therapy	erapy and Language l	Evaluation and	~
Therapy Se	ervices		~
Transporta	ntion		~
Tuberculos	sis Clinics		~
X-Ray Serv	ices		~
Support	Coordination		
Children's	Choice Waiver		~
Communit	y Choice Waiver		~
EPSDT Targ	jeted Populations		~
Infants and			~
New Oppo	rtunities Waiver (NO\	N)	~

Case 6:25-cv-01491-DCJ-DJA Document 1-101 File #: 1886 Residential Options Waiver (ROW)	ed 10/06/25 Page 10 of	10 PageID
Supports Waiver	~	
Waiver Services		
valver services		
Adult Day Health Care (ADHC)	~	
Children's Choice	~	
Community Choices Waiver	~	
New Opportunities Waiver	~	
Residential Options Waiver (ROW)	~	

Related Info

Supports Waiver

- Medicaid Services Chart
- Frequently Asked Questions about Louisiana Medicaid
- <u>Healthy Louisiana Comparison Chart Value Added Benefits</u> <u>for Managed Care Members</u>

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)

#: 1888

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

LEGEND

REPORT NO:

PAGE:

RF-0-76SH

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

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

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

- 39 State Hospitals Outpatient Services
- 20 Enhanced Outpatient Rehab Services (under age 3)
- COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.

 NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.
- COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
- COLUMN 6. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.
- COLUMN 7. MED REV: Claims with some codes pend to Medical Review for review of the attachments or to confirm Prior Authorization by the surgeon.
- COLUMN 8. SEX (Restriction): Some procedure codes are restricted to a particular sex.
- COLUMN 9. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.
- COLUMN 10. Effective date: Type of Service (TOS) 39 was created 7/1/08 specifically for State Hospitals Outpatient Services
 As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.
- COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.
- COLUMN 12. SPEC IND: This code is associated with a special process.

 Code E Medicaid Expansion

LAM5M123	LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM	REPORT NO:	RF-0-76SH
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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN	•

N:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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, DIAGNOSTIC40	CCR								
	39	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	CCR		х						
	39	A9580	SODIUM FLUORIDE F 18, DIAGNOSTIC30	CCR								
	39	A9586	FLORBETAPIR F18, DIAGNOSTIC, UP TO 10M	CCR								
	39	A9587	GALLIUM GA-68, DOTATATE, DIAG1 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					х			
	39	G6002	STEROSCOPIC X-RAY GUIDANCE FOR LOCA	CCR					х			
	39	HR250	PHARMACY, GENERAL CLASSIFICATION	CCR					х			
	39	HR251	PHARMACY, GENERIC DRUGS	CCR					х			
	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					х			
	39	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					X			
	39	HR271	NON STERILE SUPPLY	CCR					х			
	39	HR272	STERILE SUPPPLY	CCR					х			
	39	HR273	TAKE HOME SUPPLIES	CCR					х			
	39	HR274	PROSTHETIC DEVICES	CCR					х			
	39	HR275	PACEMAKER	CCR					х			
	39	HR278	OTHER IMPLANTS	CCR					X			
	39	HR279	OTHER SUPPLIES DEVICES	CCR					х			
	39	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					х			
	39	HR289	OTHER ONCLOLGY	CCR					х			
	39	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					х			
	39	HR301	LAB/CHEMISTRY	HCPC					х			
	39	HR302	LAB/IMMUNOLOGY	HCPC					х			
	39	HR303	LAB/RENAL PATIENT (HOME)	HCPC					х			
	39	HR304	LAB NON ROUTINE DIALYSIS	HCPC					х			
	39	HR305	LAB HEMATOLOGY	HCPC					х			
	39	HR306	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					х			
	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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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

. r												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX		DATE	OVERS	IND
	39	HR321	ANGIOCARDIOLOGY	CCR					X			
	39	HR324	CHEST X-RAY	CCR					x			
	39	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR					x			
	39	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR					Х			
	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					х			
	39	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR					X			
	39	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR					x			
	39	HR343	DIAGNOSTIC RADIOPHARMACEUTICALS	CCR					Х			
	39	HR349	NUCLEAR MEDICINE OTHER	CCR					x			
	39	HR350	CT SCAN GENERAL CLASSIFICATION	CCR					X			
	39	HR351	CT SCAN-HEAD	CCR					Х			
	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					х			
	39	HR381	PACKED RED CELLS	CCR					х			
	39	HR382	WHOLE BLOOD	CCR					х			
	39	HR383	PLASMA	CCR					х			
	39	HR384	PLATELETS	CCR					х			
	39	HR385	BLOOD/LEUKOCYTES	CCR					x			
	39	HR386	BLOOD OTHER COMPONENTS	CCR					x			
	39	HR387	BLOOD-OTHER DERIVATIVES	CCR					x			
	39	HR389	OTHER BLOOD	CCR					x			
	39	HR390	BLOOD STORAGE-PROCESSING G C	CCR					x			
	39	HR391	BLOOD ADMINISTRATRION	CCR					X			
	39	HR392	BLOOD PROCESSING STORAGE	CCR					X			
	39	HR399	OTHER BLOOD HANDLING	CCR					X			
	39	HR400	OTHER IMAGING SERVICES	CCR					X			
	39	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR					X			
	39	HR402	ULTRASOUND	CCR					X			
	39	HR403	SCREENING MAMMOGRAPHY	CCR	30 99			F	X			
	39	HR404	POSITRON EMMISSION TOMOGRAPHY	CCR					X			
	39	HR409	OTHER IMAGING SERVICES	CCR					X			
	39	HR410	RESPIRATORY SERVICES GEN CLASS	CCR					X			
	39	HR412	INHALATION SERVICES	CCR					X			
	39	HR413	HYPERBARIC OXYGEN THERAPY	CCR			x		X			
	39	HR419	OTHER RESPIRATORY SERVICES	CCR					x			
	39	HR420	PHYSICAL THERAPY GENERAL	HCPC		х			x			
	39	HR421	PHYSICAL THERAPY-VISIT CHARGE	HCPC		х			x			
	39	HR422	PHYSICAL THERAPY-HOURLY CHARGE	HCPC		х			x			
	39	HR424	PT EVALUTION/RE-EVALUATION	HCPC					x			
	39	HR430	OCCUPATIONAL THERAPY GENERAL	HCPC		х			x			
	39	HR431	OCCUPATIONAL THERAPY-VISIT CHARGE	HCPC		x			x			

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

4N:												
1		2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
TS	3	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	•	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		x			х			
39	•	HR434	OT EVALUATION/RE-EVALUATION	HCPC					х			
39	•	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		x			х			
39	•	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		x			х			
39	•	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		х			х			
39	•	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					х			
39	•	HR450	EMERGENCY ROOM-GENERAL	CCR					х			
39		HR459	OTHER EMERGENCY ROOM	CCR					х			
39	•	HR460	PULMONARY FUNCTION-GENERAL	CCR					х			
39	•	HR469	OTHER PULMONARY	CCR					х			
39	•	HR470	AUDIOLOGY-GENERAL	CCR					х			
39		HR471	AUDIOLGY-DIAGNOSTIC	CCR					х			
39	•	HR472	AUDIOLOGY-TREATMENT	CCR					х			
39		HR479	OTHER AUDIOLOGY	CCR					x			
39		HR480	CARDIOLOGY-GENERAL	CCR					x			
39		HR481	CARDIAC CATH LAB	CCR					X			
39	•	HR482	STRESS TEST	CCR					х			
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					х			
39	•	HR750	GASTRO-INTEST SERV-GEN CLASSIFICATIO	CCR					х			
39	•	HR761	TREATMENT RM	CCR					х			
39	•	HR762	OBSERVATION ROOM	CCR					х			
39	•	HR790	EXTRA-CORPOREAL SHOCK WAVE THERAPY	CCR					х			
39		HR820	HEMDIAL-OUTPAT/HOME GEN CLASSIFICATI	CCR					x			
39		HR821	HEMODIALYSIS/COMPOSITE	CCR					x			
39		HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					x			
39		HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					x			
39		HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					x			
39		HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					x			
39		HR829	OTHER OP HEMODIALYSIS	CCR					x			
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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN	:

N:												
1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR						х			
39	HR831	PERITONEAL/COMPOSITE RATE	CCR						х			
39	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR						x			
39	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR						х			
39	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR						х			
39	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR						х			
39	HR840	CAPD-HOME/OP GEN CLASS	CCR						х			
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 GEN CHASS MISC DIALYSIS ULTRAFILTRATION	CCR						X			
39	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR						X			
39	HR921	PERIPHERAL VASCULAR LAB	CCR						X			
39	HR921		CCR						X			
39		ELECTROMYELGRAM							X			
39	HR923	PAP SMEAR	CCR						X			
	HR924	ALLERGY TEST	CCR									
39	HR925	PREGNANCY TEST	CCR						X			
39	HR929	OTHER DIAGNOSTIC SERVICE	CCR						X			
39	HR942	EDUCATION/ TRAINING	HCPC						Х			
39	J0121	INJECTION, OMADACYCLINE, 1 MG	CCR		99				Х			
39	J0122	INJECTION, ERAVACYCLINE, 1 MG	CCR	18	99				х			
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						Х			
39	J0202	INJECTION, ALEMTUZUMAB, 1 MG	CCR	18	99				Х			
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			х						
39	J0248	INJECTION, REMDESIVIR, 1 MG	6.35						х	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				х			
39	J0287	AMPHOTERICIN B LIPID COMPLEX	CCR									
39	J0289	AMPHOTERICIN B LIPOSOME INJ	CCR									
39	J0290	AMPICILLIN SODIUM, 500MG INJECTION	CCR	00	20				х			
39	J0291	INJECTION, PLAZOMICIN, 5 MG	CCR		99				x			
39	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	CCR		20				X			
39	J0348	INJECTION, ANADULAFUNGIN, 1 MG	CCR		99				X			
39	J0349	INJECTION, REZAFUNGIN, 1 MG	CCR		99							
39	J0391	INJECTION, ARTESUNATE, 1 MG	CCR	-0	"						x	
39	J0461	INJECTION, ARRESONATE, I MG INJECTION, ATROPINE SULFATE, 0.01 MG	CCR						x		4	
33	00401	INCLUITOR, AIRCEINE SCHEALE, U.UI MG	CCR						Λ			

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1		2	3	4	5 AGE	!	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
T	S	CODE	DESCRIPTION	FEE		-MAX	PΔ	REV	SEX	>001	DATE	OVERS	IND
3		J0475	BACLOFEN INJ 10MG	CCR	04	99			0211	X	D111	01210	
3		J0476	BACLOFEN INTRATHECAL TRIAL	CCR		99							
3		J0485	INJECTION, BELATACEPT, 1MG	CCR	0-2	,,,				x			
3		J0558	INJECTION, BEHAVIAGE I, ING INJECTION PENICILLIN G BENZATHINE A	CCR						x			
3		J0561	INJECTION PENICILLIN G BENZATHINE A	CCR						X			
3		J0565	INJECTION, BEZLOTOXUMAB, 10 MG	MP				x		^	01/01/18		
3		J0587	INJECTION, BEZICTOXOMAB, 10 MG INJECTION, RIMABOTULINUMTOXINB, 100	CCR				^			01/01/18		
3		J0592	·	CCR									
3		J0592 J0594	BUPRENORPHINE HYDROCHLORIDE							x			
			INJECTION, BUSULFAN, 1 MG	CCR						^			
3		J0596	INJECTION, C1 ESTERASE INHIBITOR (RE	CCR							01/01/10		
3		J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON	MP				X			01/01/18		
3		J0606	INJECTION, ETELCALCETIDE, 0.1 MG	MP				x			01/01/18		
3		J0636	INJECTION, CALCITRIOL, 0.1 MCG	CCR						x			
3		J0637	CASPOFUNGIN ACETATE	CCR									
3		J0640	CALCIUM LEUCOVORIN INJ. 50MG	CCR						X			
3		J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	CCR						х			
3		J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	CCR						Х			
3		J0666	INJECTION, BUPIVACAINE LIPOSOME, 1 M	CCR									
3		J0687	INJ, CEFAZOLIN SODIUM (WG CRITICAL C	CCR						Х			
3		J0688	INJECTION, CEFAZOLIN SODIUM (HIKMA),	CCR									
3		J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER)	CCR	00	20				X			
3		J0690	CEFAZOLIN SODIUM INJ 500MG	CCR	00	20				X			
3	9	J0691	INJECTION, LEFAMULIN, 1 MG	CCR	18	99				X			
3	9	J0692	CEFEPIME HCL 500 MG	CCR	00	20				Х			
3	9	J0693	INJECTION, CEFIDEROCOL, 5 MG	CCR	18	99				x			
3	9	J0694	CEFOXITIN SODIUM, 1GM	CCR	00	20				X			
3	9	J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZ	MP				X			01/01/16		
3	9	J0696	CEFTRIAXONE SODIUM 250MG ROCEPHIN	CCR						x			
3	9	J0697	STERILE CEFUROXIME SODIUM 750MG	CCR	00	20				x			
3	9	J0698	CEFOTAXIME SODIUM/PER GM	CCR	00	20				Х			
3	9	J0701	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				Х			
3	9	J0703	INJECTION, CEFEPIME HYDROCHLORIDE (B	CCR	00	16				x			
3	9	J0706	CAFFEINE CITRATE INJECTION 5MG	CCR									
3	9	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 M	CCR						х			
3	9	J0713	CEFTAZIDIME 500MG	CCR	00	20				х			
3	9	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM	CCR						x			
3	9	J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)	CCR						х			
3		J0720	CHLORAMPHENICOL SODIUM SUCC UPTO 1GM	CCR	00	20				x			
3		J0742	INJECTION, IMIPENEM 4 MG, CILASTATIN	CCR	18	99				х			
3		J0744	CIPROFLOXACIN IV	CCR									
3		J0750	EMTRICITABINE 200MG AND TENOFOVIR DI	MP				х			01/01/24		
3		J0751	EMTRICITABINE 200MG AND TENOFOVIR AL	MP				x			01/01/24		
3		J0770	COLISTIMETHATE INJ, UP TO 150MG	CCR	00	20				х	0-, 0-,		
3		J0780	COMPAZINE INJ, UP TO 10MG	CCR						x			
3		J0799	FDA APPROVED PRESCRIPTION DRUG, ONLY	MP				x			01/01/24		
3		J0840	INJECTION, CROTALIDAE POLYVALENT IMM	CCR							,_, J_, <u>_</u> _		
3		J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGER	CCR						x			
3		J0872	INJECTION, DAPTOMYCIN (XELLIA) NOT T	CCR	18	99				x			
3		J0874	INJECTION, DAPTOMICIN (REALTA) NOT I	CCR	01	99				x			
3		J0875	INJECTION, DALBAVANCIN, 5MG	CCR	01	99				X			
3	9	00075	INDECTION, DALIDAVANCIN, SMG	CCR						^			

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE		· I-MAX	PA		SEX			A- OVERS	IND
	39	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT	CCR	01		FA	KE V	SEA	X	DAIL	OVERS	IND
	39	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR		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								х	
	39	J0893	INJECTION, DECITABINE (SUN PHARMA) N	CCR						х			
	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						х			
	39	J1246	INJECTION, DINUTUXIMAB, 0.1 MG	CCR								х	
	39	J1267	INJECTION, DECITABINE, 1 MG	CCR	00	20				х			
	39	J1307	INJECTION, CROVALIMAB-AKKZ, 10 MG	CCR									
	39	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00	20				х			
	39	J1428	INJECTION, ETEPLIRSEN, 10 MG	MP				х			01/01/18		
	39	J1434	INJ, FOSAPREPITANT (FOCINVEZ), 1 MG	CCR						х			
	39	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	CCR	18	99				х			
	39	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	CCR						х			
	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				х			
	39	J1453	INJECTION, FOSAPREPITANT, 1 MG	CCR						х			
	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			х			x			
	39	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR									
	39	J1580	GENTAMYCIN, UP TO 80MG	CCR	00	20				х			
	39	J1596	INJECTION, GLYCOPYRROLATE, 0.1 MG	CCR						х			
	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						Х			
	39	J1650	ENOXAPARIN SODIUM, 10MG	CCR						Х			
	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						х			
	39	J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	CCR						х			
	39	J1756	INJECTION, IRON SUCROSE, 1MG	CCR						х			
	39	J1815	INSULIN INJECTION	CCR									
	39	J1817	INSULIN FOR INSULIN PUMP USE	CCR									
	39	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	MP				х			01/01/21		
	39	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR									
	39	J1930	INJECTION, LANREOTIDE, 1MG	CCR	21	99	Х			х			

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5 AGE	ŀ	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	J1939	INJECTION, BUMETANIDE, 0.5 MG	CCR	18	99				х			
	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				х			
	39	J2175	INJECTION MEPERIDINE HCL	CCR									
	39	J2212	INJECTION, METHYLNALTREXONE, 0.1MG	CCR						х			
	39	J2246	INJ, MICAFUNGIN IN SODIUM (BAXTER),	CCR						x			
	39	J2247	INJECTION, MICAFUNGIN SODIUM (PAR PH	CCR	12	99				x			
	39	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	CCR	12	99				x			
	39	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR						x			
	39	J2290	INJECTION, NAFCILLIN SODIUM, 20 MG		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				х			01/01/18		
	39	J2350	INJECTION, OCRELIZUMAB, 1 MG	CCR							01,01,10		
	39	J2353	OCTREOTIDE INJ, DEPOT 1MG	CCR									
	39	J2354	OCTRETIDE, NON-DEPOT 25 MCG	CCR						х			
	39	J2355	OPRELVEKIN INJ 5MG	CCR						Λ			
	39	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR						x			
	39	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR						^			
	39	J2425	·	CCR						x			
	39		PALIFERMIN INJECTION 50MCG							X			
	39	J2430 J2468	PAMIDRONATE DISODIUM 30MG	CCR CCR						^			
			INJ, PALONOSETRON HYDROCHLORIDE (AVY							3.5			
	39	J2469	PALONOSETRON HCL	CCR						х			
	39	J2470	INJ, PANTOPRAZOLE SODIUM, 40 MG	CCR									
	39	J2471	INJ, PANTOPRAZOLE (HIKMA), NOT THERA	CCR									
	39	J2501	PARICALCITOL	CCR							01/01/16		
	39	J2502	INJECTION, PASIREOTIDE LONG ACTING,	MP				х			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				х			
	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				х			
	39	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR									
	39	J2765	REGLAN INJ, UP TO 10MG	CCR						х			
	39	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16	20							
	39	J2785	INJECTION, REGADENOSON, 0.1 MG	CCR						х			
	39	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR									
	39	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR						Х			
	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				х			01/01/16		
	39	J2916	NA FERRIC GLUCONATE COMPLEX	CCR									

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	1	2	3	4	5		6	7	8	9	10	11	12
					AGE	AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	I-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	J2941	SOMATROPIN INJ 1MG	CCR									
	39	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00	20				X			
	39	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UN	CCR			x			X			
	39	J3070	INJECTION PENTAZOCINE 30 MG	CCR									
	39	J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	CCR									
	39	J3095	INJECTION TELEVANCIN 10 MG	CCR						x			
	39	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00	20				x			
	39	J3244	INJECTION, TIGECYCLINE (ACCORD) NOT	CCR	00	20				x			
	39	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR									
	39	J3260	TOBRAMYCIN SULFATE, UP TO 80MG	CCR	00	20				x			
	39	J3315	TRIPTORELIN PAMOATE	CCR									
	39	J3316	INJECTION, TRIPTORELIN, EXTENDED-REL	CCR									
	39	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTI	CCR									
	39	J3360	INJECTION DIAZEPAM UP TO 5 MG	CCR									
	39	J3370	VANCOMYCIN HCL, 500MG	CCR	00	20				х			
	39	J3371	INJECTION, VANCOMYCIN HCL (MYLAN) NO	CCR	00	20				х			
	39	J 3372	INJECTION, VANCOMYCIN HCL (XELLIA) N	CCR	00	20				х			
	39	J3380	INJECTION, VEDOLIZUMAB, 1 MG	CCR									
	39	J3485	ZIDOVUDINE, 10MG	CCR	00	20				x			
	39	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	CCR						x			
	39	J3490	UNCLASSIFED DRUGS (17P 250MG IM)	CCR	10	60			F				
	39	J3590	UNCLASSIFIED BIOLOGICS	CCR									
	39	J7030	NORMAL SALINE SOL INFUSION, 1	CCR						x			
	39	J7040	NORMAL SALINE, 500ML	CCR						x			
	39	J7050	NORMAL SALINE SOL 250 ML	CCR						x			
	39	J7060	DEXTROSE/WATER 5%, 500ML	CCR						x			
	39	J7070	D5W INFUSION, 1000ML	CCR						x			
	39	J7120	RINGERS INJ, UP TO 1000 CC	CCR						x			
	39	J7121	5% DEXTROSE IN LACTATED RINGERS INFU	CCR						x			
	39	J7175	INJECTION, FACTOR X, (HUMAN), 1 IU.	CCR						x			
	39	J7202	INJECTION, FACTOR IX, ALBUMIN FUSION	CCR						x			
	39	J7296	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
	39	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	749.40	10	60			F		01/01/19		
	39	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
	39	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	808.50	10	60			F		01/01/18		
	39	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	756.87	10	60			F		01/01/18		
	39	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	890.30	10	60			F		07/01/18		
	39	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR									
	39	J7320	HYALURONAN OR DERIVITIVE, GENVISC 85	CCR									
	39	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	MP				x			01/01/16		
	39	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR									
	39	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR									
	39	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR						x			
	39	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP				x			01/01/16		
	39	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR									
	39	J9000	DOXORUBICIN HCL 10MG	CCR						х			
	39	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR									
	39	J9017	ARSENIC TRIOXIDE 1MG	CCR						х			
	39	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR						х			
	39	J9021	INJECTION, ASPARAGINASE, RECOMBINANT	CCR						x			

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v : V													
1		2	3	4	5			7	8	9	10	11	12
					AGE	:		MED		UVS	EFFECT	x -	SPEC
TS	3	CODE	DESCRIPTION	FEE	MIN	I-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	•	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	CCR									
39	9	J9023	INJECTION, AVELUMAB, 10 MG	CCR									
39	9	J9025	AZACITIDINE INJECTION 1MG	CCR						Х			
39	9	J9026	INJECTION, TARLATAMAB-DLLE, 1 MG	CCR									
39	9	J9027	CLOFARABINE INJECTION 1MG	CCR	01	21				Х			
39	9	J9028	INJECTION, NOGAPENDEKIN ALFA INBAKIC	CCR									
39	9	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	CCR	07	99				х			
39		J9032	INJECTION, BELINOSTAT, 10 MG	CCR		99				х			
39		J9033	INJECTION, BENDAMUSTINE HCL, 1 MG	CCR						х			
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	-0	,,,				x			
39		J9040	BLEOMYCIN INJ, 15 UNITS	CCR						x			
39		J9041	BORTEZOMIB INJECTION 0.1MG	CCR						x			
39		J9041	INJECTION, BRENTUXIMAB VEDOTIN, 1MG	CCR						X			
39		J9042	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						Х			
39		J9052	INJECTION, CARMUSTINE (ACCORD), NOT	CCR						Х			
39		J9055	CETUXIMAB 10 MG	CCR						x			
39		J9056	INJECTION, BENDAMUSTINE HYDROCHLORID	CCR	18	99				Х			
39		J9057	INJECTION, COPANLISIB, 1 MG	CCR						X			
39		J9060	CISPLATIN 10MG	CCR						Х			
39		J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	CCR						X			
39		J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE	CCR						X			
39		J9065	CLADRIBINE INJ 1MG	CCR						X			
39	9	J9071	INJECTION, CYCLOPHOSPHAMIDE, (AUROME	CCR						X			
39	9	J9072	INJECTION, CYCLOPHOSPHAMIDE, (DR. RE	CCR						Х			
39	9	J9073	INJ, CYCLOPHOSPHAMIDE (INGENUS), 5 M	CCR						Х			
39	9	J9074	INJ, CYCLOPHOSPHAMIDE (SANDOZ), 5 MG	CCR						Х			
39	9	J9076	INJECTION, CYCLOPHOSPHAMIDE (BAXTER)	CCR									
39	•	J9098	CYTARABINE LIPSOME 10MG	CCR						X			
39	9	J9100	CYTARABINE 100 MG	CCR						Х			
39	•	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	CCR	00	21				X			
39	9	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	CCR	18	99				Х			
39	9	J9120	DACTINOMYCIN 0.5MG	CCR						Х			
39	9	J9130	DTIC-DOME INJ 100MG/10ML	CCR						Х			
39	•	J9144	INJECTION, DARATUMUMAB, 10 MG AND HY	CCR	18	99				х			
39		J9145	INJECTION, DARATUMUMAB, 10 MG	CCR		99				х			
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			
	-			5011									

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					AGI	Ε		MED		uvs	EFFECT	x-	SPEC
T	s c	CODE	DESCRIPTION	FEE	MI	XAM-N	PA	REV	SEX	>001	DATE	OVERS	IND
3	9 J	79176	INJECTION, ELOTUZUMAB, 1 MG	CCR	18	99				х			
3	9 J	79177	INJECTION, ENFORTUMAB VEDOTIN-EJFV,	CCR	18	99				х			
3	9 J	79178	INJ, EPIRUBICIN HCL, 2 MG	CCR						Х			
3	9 J	79179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR						X			
3	9 J	79181	ETOPOSIDE INJ, UP TO 10MG	CCR						Х			
3	9 J	79185	FLUDARABINE PHOSPHATE, 50 MG	CCR						X			
3	9 J	τ9190	FLUOROURACIL INJ, 500MG	CCR						X			
3		τ9198	INJECTION, GEMCITABINE HYDROCHLORIDE	CCR	18	99				Х			
3	9 J	79200	FLOXURIDINE, FUDR, 500MG	CCR									
3		79201	GEMCITABINE HCL, 200MG	CCR						X			
3		79202	GOSERELIN ACETATE IMP (ZOLADEX)3.6MG	CCR						X			
3		79203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.	CCR									
3		79205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	CCR	18	99				X			
3		79206	IRINOTECAN, 20MG	CCR						X			
3		79207	INJECTION, IXABEPILONE, 1MG	CCR						X			
3		79208	IFOSFOMIDE, 1GM	CCR						Х			
3		79209	MESNA, 200MG	CCR						x			
3		79210	INJECTION, EMAPALUMAB-LZSG, 1 MG	CCR									
3		79211	IDARUBICIN HYDROCHLORIDE 5MG	CCR						Х			
3		79214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR						x			
3		79217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR						Х			
3		79223	INJECTION, LURBINECTEDIN, 0.1 MG	CCR	18	99				Х			
3		79225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR					M				
3		79227	INJECTION, ISATUXIMAB-IRFC, 10 MG	CCR	18	99				Х			
3		79228	INJECTION, IPILIMUMAB	CCR						x			
3		79229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.	CCR						x			
3		79230	MUSTARGEN INJ 10MG	CCR						x			
3		79245	MELPHALAN HCL INJ 50MG	CCR									
3		79246	INJECTION, MELPHALAN (EVOMELA), 1 MG	CCR						X			
3		79250	METHOTREXATE SOD INJ, 5 MG	CCR						X			
3		79255	INJECTION, METHOTREXATE (ACCORD) NOT	CCR						x			
3		79258	INJECTION, PACLITAXEL PROTEIN-BOUND	CCR	10	99				x			
3		79260	METHOTREXATE SOD INJ 50MG	CCR						x			
3		79261	INJECTION, NELARABINE, 50 MG	CCR						x			
3		79262	INJECTION, OMACETAXINE MEPESUCCINATE	CCR						X			
3		79263	OXALIPLATIN 0.5MG	CCR	10	99				X X			
3		79264 79266	PACLITAXEL INJECTION 1MG	CCR CCR	10	99				х			
3		79266 79267	INJECTION, PEGASPARGASE, SINGLE DOSE INJECTION, PACLITAXEL, 1 MG	CCR						x			
3		79267 79268	PENTOSTATIN, PER 10 MG	CCR						x			
3		79269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	CCR	0.2	99				x			
3		79271	INJECTION, PEMBROLIZUMAB, 1 MB	CCR	18					x			
3		79272	INJECTION, PERBOUITHONAB, I MB INJECTION, DOSTARLIMAB-GXLY, 10 MG	CCR	10	99				X			
3		79272 79280	MITOMYCIN 5 MG	CCR						X			
3		79281	MITOMYCIN PYELOCALYCEAL INSTILLATION	CCR	18	99				x			
3		79285	INJECTION, OLARATUMAB, 10 MG	CCR	-0								
3		79292	INJECTION, PEMETREXED (AVYXA), NOT T	CCR	18	99				x			
3		79293	MITOXANTRONE HCL 5MG	CCR	-5					x			
3		79294	INJECTION, PEMETREXED (HOSPIRA) NOT	CCR						x			
3		79295	INJECTION, NECITUMUMAB, 1 MG	CCR	18	99				x			
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1		2	3	4	5			7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x -	SPEC
T	s	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
3	9	J9296	INJECTION, PEMETREXED (ACCORD) NOT T	CCR						х			
3	9	Ј9297	INJECTION, PEMETREXED (SANDOZ), NOT	CCR						X			
	9	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	CCR		99				x			
3	9	Ј9299	INJECTION, NIVOLUMAB, 1 MG	CCR	18	99				X			
	9	J9301	INJECTION, OBINUTUZUMAB, 10 MG	CCR						x			
_	9	J9302	INJECTION OFATUMUMAB 10 MG	CCR						X			
	9	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR						x			
	9	J9304	INJECTION, PEMETREXED (PEMFEXY), 10		18	99				x			
	9	J9305	PEMETREXED 10 MG	CCR						X			
	9	J9306	INJECTION, PERTUZUMAB, 1 MG	CCR			x			X			
	9	J9307	INJECTION PRALATREXATE 1 MG	CCR						X			
	9	J9308	INJECTION, RAMUCIRUMAB, 5 MG		18					X			
	9	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ,	CCR	18	99				X			
_	9	J9311	INJECTION, RITUXIMAB 10 MG AND HYALU	CCR						X			
	9	J9312	INJECTION, RITUXIMAB, 10 MG	CCR						X			
	9	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDF	CCR	18	99				x			
	9	J9315	INJECTION ROMIDEPSIN 1 MG	CCR						x			
	9	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB,	CCR		99				x			
	9	J9317	INJECTION, SACITUZUMAB GOVITECAN-HZI		18	99				x			
	9	J9320	STREPTOZOCIN, 1GM	CCR						x			
3	9	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	CCR						X			
3	9	Ј9322	INJECTION, PEMETREXED (BLUEPOINT) NO	CCR						X			
3	9	Ј9323	INJECTION, PEMETREXED DITROMETHAMINE	CCR						X			
	9	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	CCR		99				X			
3	9	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	CCR	18	99				X			
	9	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR						X			
	9	J9340	THIOTEPA, 15MG	CCR						x			
	9	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG		18	99				X			
	9	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG		18	99				x			
	9	J9350	INJECTION, MOSUNETUZUMAB-AXGB, 1 MG	CCR	18	99	x			х			
_	9	J9351	INJECTION TOPOTECAN 0.1 MG	CCR						х			
	9	J9352	INJECTION, TRABECTEDIN, 0.1 MG	CCR	18	99				X			
_	9	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE	CCR						X			
	9	J9355	TRASTUZUMAB 10MG	CCR						x			
	9	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	CCR	18	99				x			
	9	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR						х			
	9	J9358	INJECTION, FAM-TRASTUZUMAB DERUXTECA	CCR	18	99				х			
	9	J9360	VINBLASTINE SULF 1MG	CCR						х			
_	9	J9370	ONCOVIN INJ 1MG	CCR						х			
	9	J9371	INJECTION, VINCRISTINE SULFATE LIPOS	CCR						х			
	9	Ј9376	INJ, POZELIMAB-BBFG, 1 MG	CCR									
	9	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	CCR	18	99				х			
	9	J9390	VINORELDINE TARTRATE 10MG	CCR						X			
	9	Ј9393	INJECTION, FULVESTRANT (TEVA) NOT TH	CCR						х			
	9	J9394	INJECTION, FULVESTRANT (FRESENIUS KA	CCR						X			
	9	Ј9395	FULVESTRANT 25 MG	CCR						х			
_	9	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	CCR						х			
	9	P9612	CATHETERIZE FOR URINE SPECIMEN	3.00							01/01/20		
_	9	Q4101	APLIGRAF, PER SQUARE CENTIMETER	30.43			x			x	12/16/21		
3	9	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	CCR			х			X			

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

. r													
:	1	2	3	4	5		6	7	8	9	10	11	12
		~~-			AGE			MED	~	UVS	EFFECT	X-	SPEC
	rs	CODE	DESCRIPTION	FEE	MTN-	MAX		REV	SEX	>001	DATE	OVERS	IND
	39	Q4121	THERASKIN, PER SQUARE CENTIMETER	CCR			X			X			
	39	Q4160	NUSHIELD, PER SQUARE CENTIMETER	CCR			X			X			
	39 39	Q4186	EPIFIX, PER SQUARE CENTIMETER	CCR CCR			x x			X			
	39 39	Q4195 Q4196	PURAPLY, PER SQUARE CENTIMETER	CCR			X			X X			
	39 39	0094U	PURAPLY AM, PER SQUARE CENTIMETER GENOME (UNEXPLAINED CONSTITUTIONAL)	5,686.65	00	00	x			^	01/01/23		
	39	0421U	ONCOLOGY (COLORECTAL) SCREENING, QUA	380.90	00	00	^				01/01/25		
	39	10004	FINE NEEDLE ASPIRATION BIOPSY, WITHO	CCR						x	01/01/23		
	39	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						Λ.			
	39	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						х			
	39	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
	39	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						х			
	39	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
	39	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						х			
	39	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
	39	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						х			
	39	10021	FNA W/O IMAGE	CCR									
	39	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR									
	39	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR									
	39	11000	DEBRIDE EXT ECZEM/INFECT SKN; TO 10%	CCR									
	39	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR						x			
	39	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	CCR									
	39	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	CCR									
	39	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	CCR									
	39	11055	TRIM SKIN LESION	CCR									
:	39	11056	TRIM 2 TO 4 SKIN LESIONS	CCR									
:	39	11057	TRIM OVER 4 SKIN LESIONS	CCR									
:	39	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR									
:	39	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR						x			
:	39	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR									
:	39	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR						X			
:	39	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR									
	39	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR						X			
	39	11200	EXCISE UP TO 15 SKIN TAGS	CCR									
	39	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR						X			
	39	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
	39	11600	EXCISE MALIGNANCY TO 0.5 CM	CCR			X			X			
	39	11620	EXCISE MALIGNANCY TO 0.5CM	CCR			X			X			
	39	11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR			х			Х			

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

AN:													
	1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	rs	CODE	DESCRIPTION	FEE	MIN-M	AX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			х			х			
	39	11643	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			х			х			
	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			х			х			
	39	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR			х			х			
	39	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR			х			х			
	39	11765	WEDGE EXCISION, SKIN OF NAIL FOLD	CCR						х			
	39	11900	INTRALESIONAL INJECTION; UP TO 7	CCR									
	39	11901	INTRALESIONAL INJECTION; OVER 7	CCR									
	39	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10 60	0			F				
	39	11980	IMPLANT HORMONE PELLET(S)	CCR					F				
	39	11981	INSERT DRUG IMPLANT DEVICE	CCR									
	39	11982	REMOVE DRUG IMPLANT DEVICE	CCR									
	39	11983	REMOVE/INSERT DRUG IMPLANT	CCR									
	39	15002	WOUND PREP, TRK/ARM/LEG	CCR									
	39	15003	SURGICAL PREPARATION OR CREATION +	CCR						х			
	39	15004	WOUND PREP, F/N/HF/G	CCR									
	39	15005	SURGICAL PREPARATION OR CREATION +	CCR						х			
	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			Х						
	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 39	17000	DESTROY LESION, FACE-1 LESION	CCR						x			
	39 39	17003 17004	DESTROY 2-14 LESIONS	CCR CCR						^			
	39 39	17106	DESTROY 15 & MORE LESIONS 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, TO 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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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

v :											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PΔ		SEX			OVERS	IND
39	17266	DESTRUCTION, MALIGNANT LESION, ANY M	CCR				02	, , ,	21112	01210	
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	·	CCR								
39	17274	DESTRUCTION, MALIGNANT LESION, ANY M DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
39		· · · · · · · · · · · · · · · · · · ·									
39	17280	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	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					х			
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 FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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		х						
	39	20956	ILIAC BONE GRAFT, MICROVASC	CCR								
	39	20957	MT BONE GRAFT, MICROVASC	CCR								
	39	20962	BONE GRAFT/MICROVAS ANASOTHER, SPEC	CCR		х						
	39	20963	SPINAL BONE AUTOGRAFT	CCR					х			
	39	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	CCR		х						
	39	20970	FREE OSTEOCUTAN FLAP; ILIAC CREST	CCR		х						
	39	20972	FREE OSTEOCUTAN FLAP; METATARSAL	CCR		х						
	39	20973	FREE OSTEOCUTAN FLAP;GREAT TOE/WEB	CCR		х						
	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 39	21147 21150	RECONSTR MIDEAUE LEEOPE II AND INDEAU	CCR CCR								
	39	21150	RECONSTR MIDFAVE LEFORT II, ANT INTRU RECONSTR MIDFACE, LEFORT II, ANY PIECE	CCR								
	39	21151	RECONSTR MIDFACE, LEFORT III, ANY TYPE	CCR								
	39	21155	RECONSTR MIDFACE III W/LEFORT I	CCR								
	39	21159	RECONSTR MIDFACE, LEF III W/FOREHEAD	CCR								
	39	21160	RECONSTR MIDFACE, LEF III, FOREH, LEF I	CCR								
	39	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	CCR								
	39	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	CCR								
	39	21182	RECON ORB WALLS, RIMS, FOREHEAD < 40CM	CCR								
	39	21183	RECON ORB WALLS, RIMS, FOREHEAD 40-80C	CCR								
	39	21184	RECON ORB WALLS, RIMS, FOREHEAD < 80CM	CCR								
	39	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	CCR								

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	STATE HOSDITALS OHTDATIENT SERVICES FEE SCHEDILE		

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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v :												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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		х						
	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					х			
	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	LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM	REPORT NO:	RF-0-76SH
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	CHARE HOCDITALS OHTEDATIENT SEDVICES FOR SCHEDILE		

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
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					Х			
39	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	CCR					Х			
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					Х			
39	22548	ANTHRODESIS, W/BONE GRAFT	CCR								
39	22556	ANTHRODESIS; THORACIC, BONE/BONE ALLOG	CCR								
39	22558	ARTHRODESIS, LUMBAR, W/BONE ALLOGRAPH	CCR								
39	22585	ARTHRODESIS-EACH ADD.INTERSPACE	CCR					Х			
39	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	CCR								
39		ARTHRODESIS, W/BONE ALLO/INT.FIX	CCR								
39	22595	ARTHRODESIS, W/BONE ALLO/INT FIX	CCR								
39		ARTHRODESIS, POST. TECH., BELOW C1	CCR								
39		ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
39		ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
39		SPINE FUSION, EXTRA SEGMENT	CCR					X			
39		ARTHRODESIS,LOC/BONE ALLOLUMBAR	CCR								
39		SPINE FUSION, EXTRA SEGMENT	CCR								
39		FUSION OF LOWER SPINE BONES WITH REM	CCR								
39		FUSE PRIMARY 6/LESS VERT SCOLIOS	CCR								
39		FUSE PRIMARY 7/MORE VERTEBRAE	CCR								
39		FUSION OF SPINE	CCR								
39		FUSION OF SPINE	CCR								
39		ARTHRODESIS;4 TO 7 VERTEBRAE	CCR								
39		ARTHRODESIS;8 OR MORE VERTEBRAE	CCR								
39		KYPHECTOMY, 1-2 SEGMENTS	CCR								
39		KYPHECTOMY, 3 & MORE SEGMENT	CCR								
39		EXPLORE SPINAL FUSION	CCR								
39		TETHERING OF 7 OR FEWER MIDDLE SPINE	CCR								
39		TETHERING OF 8 OR MORE MIDDLE SPINE	CCR								
39		REVISION, REPLACEMENT, OR REMOVAL OF	CCR								
39		POSTERIOR INSTRU(NO SEG FIX)	CCR								
39	22842	POST.INSTRUMENTATION; SEGMENTAL FIX	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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N:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED	~	UVS	EFFECT	X-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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					Х			
	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					х			
	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					Х			
	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 LIGMINT	CCR								
	39	24357	INCISION OF TENDON TO REPAIR ELBOW J	CCR								
	39	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
	39	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	CCR								
	39	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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N:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PΑ		SEX	>001	_	OVERS	IND
39		AMPUTATION OF UPPER ARM W/PRIMARY CL	CCR				~			0.1	
39		AMPUTATION UPPER ARM; OPEN, FLAP OR CI	CCR								
39		REAMPUTATION UPPER ARM	CCR								
39		AMPUTATE UPPER ARM & IMPLANT	CCR								
39		STUMP ELONGATION/REVISION UPPER ARM	CCR								
39		CINEPLASTY UPPER EXTREMITY, COMPLETE	CCR								
39		INCISE FLEXOR CARPI RADIALIS	CCR								
39		BIOPSY SOFT TISSUES; SUPERFICIAL	CCR								
39	25109	EXCISION OF TENDON, FOREARM AND/OR W	CCR					х			
39	25170	RADICAL RESECTION FOR TUMOR, RADIUS	CCR								
39		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		REAMPUTATION FOREARM SURGERY	CCR								
39	25915	AMPUTATION FOREARM, KRUKENBERO PROC	CCR								
39		DISARTICULATION THROUGH WRIST	CCR								
39		REAMPUTATION WRIST SURGERY	CCR								
39		TRANSMETACARPAL AMPUTATION	CCR								
39		AMPUTATION FOLLOW-UP SURGERY	CCR								
39		DRAINAGE OF FINGER ABSCESS	CCR		х						
39		DECOMPRESS FINGER/HAND-INJECTION INJ	CCR								
39		DECOMPRESSIVE FASCIOTOMY, HAND	CCR								
39		MANIPULATION OF PALM PRETENDINOUS CO	CCR								
39		GREAT TOE-HAND TRANSFER	CCR								
39		SINGLE TOE-HAND TRANSFER	CCR								
39		DOUBLE TOE-HAND TRANSFER	CCR								
39		TOE JOINT TRANSFER	CCR								
39		TREAT CLSD FX;W/O MANIP,EACH BONE	CCR					x			
39		TREAT CLSD HAND DISLOCATION W/MANIPU	CCR								
39		TREAT KNUCKLE DISLOCATION	CCR								
39 39		TREAT CLSD FX;W/O MANIP, EACH	CCR					X X			
		TREAT CLSD FX;W/ MANIP, EACH	CCR								
39		TREAT CLSD ART FXW/O MANIP, EACH	CCR					X			
39 39		TREAT CLSD FXW/O MANIP, EACH TREAT CLSD FXW/ MANIP, EACH	CCR CCR					X X			
39		TREAT CLSD FXW/ MANIP, EACH TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR					^			
39 39		TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR								
39		DRAINAGE OF BONE LESION	CCR								
39		TENOTOMY, ILIOPSOAS, OPEN	CCR								
29	21003	ILICIONI, ILIOPBOAB, OPEN	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PΑ		SEX	>001		OVERS	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 & TROCANER OF FE	CCR								
39	27090	REMOVAL OF HIP PROSTHESIS	CCR								
39	27091	COMPLICATED HESIS	CCR								
39	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	CCR								
39	27096	INJECTION PROCEDURE FOR SACROILIAC J	CCR								
39	27120	ACETABULOPLASTY P SOCKET	CCR								
39	27122	RESECTION FEMORAL HEAD	CCR								
39	27125	HEMIARTHROPLASTY; PROSTHESIS	CCR								
39	27130	ARTHROPLASTY (TOTAL HIP REPLACEMENT)	CCR								
39	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	CCR								
39	27134	REVISE TOT.HIP ARTHROPLASTY; BOTH COM	CCR								
39	27137	REVISE 101:111 ARTHROPLASTI; BOTH COM REVISE HIP ARTHROPLASTY; ACETABULAR	CCR								
39	27138	REVISE HIP ARTHROPLASTY; FEMORAL COMP	CCR								
39	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	CCR								
39	27146	OSTEOTOMY, ILIAC	CCR								
39	27147	WITH OPEN REDUCTION OF HIP	CCR								
39	27151	WITH FEMORAL OSTEOTOMY	CCR								
39	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	CCR								
39	27158	OSTEOTOMY, PELVIS, BILATERAL	CCR								
39	27161	INCISION OF NECK OF FEMUR	CCR								
39	27165	INCISION/FIXATION OF FEMUR	CCR								
39	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	CCR								
39	27175	TREAT SLIPPED EPIPHYSIS	CCR								
39	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	CCR								
39	27177	REPAIR SLIPPED EPIPHYSIS	CCR								
39	27178	CLOSED MANIPULATION YSIS	CCR								
39	27179	OSTEOPLASTY OF FEMORAL NECK	CCR								
39	27181	OSTEOTOMY & INTERNAL FIXATION	CCR								
39	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	CCR								
39	27187	PROPHYLACTIC TREAT, FEM. NECK&PROX FEM	CCR								
39	27200	TRMT OF CLOSED COCCYGEAL FX	CCR								
39	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	CCR								
39	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	CCR								
39	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	CCR								
39	27218	OPEN TREATMENT OF POSTERIOR RING FRA	CCR								
39	27220	TREAT HIP SOCKET FRACTURE	CCR								
39	27222	WITH MANIPULATION CTURE	CCR								
39	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	CCR								
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N:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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			х					
	39	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	CCR			х					
	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 39	27454 27455	REALIGNMENT OF FEMUR	CCR								
	39	27455	REALIGNMENT OF KNEE REALIGNMENT OF KNEE	CCR CCR								
	39	27465	SHORTENING OF FEMUR	CCR								
	39	27466	LENGTHENING OF FEMUR	CCR								
	39	27468	REVISION OF FEMURS	CCR								
	39	27470	REPAIR OF FEMUR	CCR								
	39	27472	REPAIR/GRAFT OF FEMUR	CCR								
	39	27475	REPAIR OF FEMUR EPIPHYSIS	CCR								
	39	27477	REPAIR LOWER LEG EPIPHYSES	CCR								
	39	27479	REPAIR OF LEG EPIPHYSES	CCR								
	39	27485	REPAIR OF LEG EPIPHYSIS	CCR								
	39	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	CCR								
	39	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	CCR								

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IN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX	>001		OVERS	IND
	39	27488	REMOVAL OF KNEE PROSTHESIS	CCR								
	39	27495	PROPHYLACTIC TREAT. FEMUR	CCR								
	39	27506	REPAIR OF FEMUR FRACTURE	CCR								
	39	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	CCR								
	39	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
	39	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	CCR								
	39	27514	REPAIR OF FEMUR FRACTURE	CCR								
	39	27519	REPAIR OF FEMUR EPIPHYSIS	CCR								
	39	27524	REPAIR OF KNEECAP FRACTURE	CCR								
	39	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	CCR								
	39	27536	REPAIR OF KNEE FRACTURE	CCR								
	39	27540	REPAIR OF KNEE FRACTURE	CCR								
	39	27556	REPAIR OF KNEE DISLOCATION	CCR								
	39	27557	REPAIR OF KNEE DISLOCATION	CCR								
	39	27558	OPEN TREATMENT OF KNEE DISLOCATION,	CCR								
	39	27580	FUSION OF KNEE	CCR								
	39	27590	AMPUTATE LEG AT THIGH	CCR								
	39	27591	AMPUTATE LEG AT THIGH	CCR								
	39	27592	AMPUTATE LEG AT THIGH	CCR								
	39	27596	AMPUTATION FOLLOW-UP SURGERY	CCR								
	39	27598	AMPUTATE LOWER LEG AT KNEE	CCR								
	39	27613	BIOPSY LOWER LEG SOFT TISSUE	CCR								
	39	27645	EXTENSIVE LOWER LEG SURGERY	CCR								
	39	27646	EXTENSIVE LOWER LEG SURGERY	CCR								
	39	27648	INJECTION FOR ANKLE X-RAY	CCR								
	39	27702	RECONSTRUCT ANKLE JOINT	CCR								
	39	27703	ARTHROPLASTY, SECONDARY RECON. TOT ANK	CCR								
	39	27712	REALIGNMENT OF LOWER LEG	CCR								
	39	27715	REVISION OF LOWER LEG	CCR								
	39	27722	REPAIR/GRAFT OF TIBIA	CCR								
	39	27724	REPAIR/GRAFT OF TIBIA	CCR								
	39	27725	REPAIR OF LOWER LEG	CCR								
	39	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	CCR								
	39	27727	REPAIR OF LOWER LEG	CCR								
	39	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
	39	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	CCR								
	39	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	CCR								
	39	27880	AMPUTATION OF LOWER LEG	CCR								
	39	27881	AMPUTATION OF LOWER LEG	CCR								
	39	27882	AMPUTATION OF LOWER LEG	CCR								
	39	27886	AMPUTATION FOLLOW-UP SURGERY	CCR								
	39	27888	AMPUTATION OF FOOT AT ANKLE	CCR								
	39	28001	DRAINAGE OF BURSA OF FOOT	CCR		x						
	39	28010	INCISION OF TOE TENDON	CCR								
	39	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	CCR								
	39	28220	RELEASE OF FOOT TENDON	CCR								
	39	28272	CAPSULECTOMYINTERPHAL., EACH JOINT	CCR		х			x			
	39	28360	RECONSTRUCT CLEFT FOOT	CCR								
	39	28430	TREAT CLSD TALUS FX,W/O MANIP	CCR								
	39	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	CCR			х					
	-		,									

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	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	28450	TREAT CLSD TARSAL FX; W/O MANIP, EACH	CCR					х			
	39	28455	TREAT CLSD TARSAL FX; W/ MANIP, EACH	CCR					х			
	39	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	CCR					x			
	39	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	CCR					х			
	39	28490	TREAT BIG TOE FRACTURE	CCR								
	39	28495	TREAT BIG TOE FRACTURE	CCR								
	39	28510	TREAT CLSD FXW/O MANIP, EACH	CCR					x			
	39	28515	TREAT CLSD FXW/ 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					Х			
	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 39	29130	APPLICATION OF FINGER SPLINT	CCR					X X			
	39 39	29131 29200	APPLICATION OF FINGER SPLINT STRAPPING OF CHEST	CCR CCR					Α.			
	39	29240	STRAPPING OF CHEST STRAPPING OF SHOULDER	CCR					x			
	39	29260	STRAPPING OF SHOOLDER 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					х			
	39	29355	APPLICATION OF LONG LEG CAST	CCR					x			
	39	29358	APPLY LONG LEG CAST BRACE	CCR					x			
	39	29365	APPLICATION OF LONG LEG CAST	CCR					x			
	39	29405	APPLY SHORT LEG CAST	CCR					x			
	39	29425	APPLY SHORT LEG CAST	CCR					x			
	39	29435	APPLY SHORT LEG CAST	CCR					x			
	39	29440	ADDITION OF WALKER TO CAST	CCR					x			
	39	29445	APPLY RIGID LEG CAST	CCR								
	39	29450	APPLICATION OF LEG CAST	CCR								

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	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	29505	APPLICATION LONG LEG SPLINT	CCR					х			
	39	29515	APPLICATION LOWER LEG SPLINT	CCR					х			
	39	29520	STRAPPING OF HIP	CCR					х			
	39	29530	STRAPPING OF KNEE	CCR					x			
	39	29540	STRAPPING OF ANKLE	CCR					х			
	39	29550	STRAPPING OF TOES	CCR					х			
	39	29580	APPLICATION OF PASTE BOOT	CCR					x			
	39	29581	APPLICATION OF MULTI-LAYER COMPRESSI	CCR					х			
	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			х					
	39	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR			х					
	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 39	31505	DIAGNOSTIC LARYNGOSCOPY	CCR		x						
	39 39	31579 31584	SEE 31575; WITH STROBOSCOPY	CCR CCR								
	39	31584	REPAIR OF LARYNX FRACTURE 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	00 01							
	39	31610	INCISION OF WINDPIPE	CCR								
	39	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					х			
	39	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR								
	39	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					х			
	39	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					x			
	39	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR								
	39	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	CCR								
	39	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR								
	39	31785	REMOVE WINDPIPE LESION	CCR								

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	TS	CODE	DESCRIPTION	FEE	MIN-M	ΙΑΧ	PA	REV	SEX	>001	DATE	OVERS	IND
	39	32550	INSERTION OF INDWELLING TUNNELED PLE	CCR									
	39	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	CCR									
	39	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	CCR									
	39	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	CCR									
	39	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR									
	39	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	CCR									
	39	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR									
	39	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR									
	39	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	CCR									
	39	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR									
	39	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	CCR									
	39	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	CCR									
	39	32701	THORACIC TARGET(S) DELINEATION FOR S	CCR									
	39	32820	RECONSTRUCT INJURED CHEST	CCR									
	39	32905	REVISE & REPAIR CHEST WALL	CCR									
	39	32906	REVISE & REPAIR CHEST WALL	CCR									
	39	32960	THERAPEUTIC PNEUMOTHORAX	CCR									
	39	32998	ABLATION THERAPY FOR REDUCTION OR ER	CCR									
	39	33017	DRAINAGE OF HEART SAC WITH INSERTION	CCR	06 9	9							
	39	33018	DRAINAGE OF HEART SAC WITH INSERTION	CCR	00 3								
	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 OF REPLACEMENT OF TEMPORAR	CCR									
	39	33213	INSERTION OF PACEMAKER PULSE GENERAT	CCR									
	39	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	CCR									
	39	33215	REPOSITION PACING-DEFIB LEAD	CCR									
	39	33216	REVISION IMPLANTED ELECTRODE	CCR									
	39	33217	INSERTION, REPLACEMENT OR REPOSITION	CCR									
	39	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	CCR									
	39	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	CCR									
	39	33221	INSERTION OF PACEMAKER PULSE GENERAT	CCR									
	39	33224	INSERTION OF PACING ELECTRODE, CARDI	CCR									
	39	33225	INSERTION OF PACING ELECTRODE, CARDI	CCR									
	39	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	CCR									
	39	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR									
	39	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR									
	39	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR									
	39	33230	INSERTION OF PACING CARDIOVERTER-DEF	CCR									
	39	33231	INSERTION OF PACING CARDIOVERTER-DEF	CCR									
	39	33234	REMOVAL OF PERMANENT PACEMAKER;	CCR									
	39	33235	REMOVAL OF PERMANENT PACEMAKER;	CCR									
	39	33240	INSERTION OF PACING CARDIOVERTER-DEF	CCR									
	39	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR									
	39	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR									
	39	33249	INSERTION OR REPLACEMENT OF PERMANEN	CCR									
	39	33261	OPER ABLAITON OF ARRHYTH FOCUS; W CAR	CCR									

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	FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025		

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39 33262 REMOVAL OF PACING CARDIOVERTER-DEFIB 39 33264 REMOVAL OF PACING CARDIOVERTER-DEFIB 39 33266 RECUISION OF APPENDAGE OF LEFT UPPER 39 33267 REMOVAL OF PACING CARDIOVERTER-DEFIB 39 33268 RECUISION OF APPENDAGE OF LEFT UPPER 39 33270 INSERTION OR REPIACEMENT OF FERMANEN 39 33270 REMOVAL OF SUBCUTAMENUSI REPLAYBABLE 39 33315 EXPLORATORY HEART SURGERY 39 33310 PACEMENT AND SUBSEQUENT REMOVAL OF CCR 39 33419 TRANSCATHETER PLUMONARY VALVE INPLANT 39 33477 TRANSCATHETER PLUMONARY VALVE INPLANT 39 33508 HANDSTOP ARERY FROM ARM FOR HEART CCR 39 33509 HANVEST OF ARERY FROM ARM FOR HEART CCR 39 33542 REMOVAL OF HEART SUBTOR 39 33740 FLARENT REMOVAL OF HEART LESION 39 33548 REPLAY HEART SEPTUM DEFECT 39 33741 TRANSCATHETER INTRACARDIAC SHUNT (TI CCR 39 33741 TRANSCATHETER INTRACARDIAC SHUNT (TI CCR 39 33745 TRANSCATHETER INTRACARDIAC SHUNT (TI CCR 39 33746 TRANSCATHETER INTRACARDIAC SHUNT (TI CCR 39 33746 TRANSCATHETER INTRACARDIAC SHUNT (TI CCR 39 33788 REVISION OF FULMONARY ARTERY 39 33788 REVISION OF FULMONARY ARTERY 39 33789 REPAIR OF ASCENDING AGREA WITH GRAFT CCR 39 33780 REPAIR OF ASCENDING AGREA WITH GRAFT CCR 39 33780 REPAIR OF ASCENDING AGREA WITH GRAFT CCR 39 33780 REPAIR OF ASCENDING AGREA WITH GRAFT CCR 39 33780 REPAIR OF ASCENDING AGREA WITH GRAFT CCR 39 33780 REPAIR OF ASCENDING AGREA WITH GRAFT CCR 39 33780 REPAIR OF ASCENDING AGREA WITH GRAFT CCR 39 33951 REPAIR OF PROMONARY ARTERY STENOSIS CCR 39 33951 REPAIR OF PROMONARY ARTERY STENOSIS CCR 39 33904 PLACEMENT OF ADDITIONAL STENT IN PUL CCR 39 33907 REMOVAL OF PERCUTAMENUS REPAIR OF CCR 39 33907 REMOVAL OF PERCUTAMENUS REPAIR OF CCR 39 34011 REMOVAL OF PERCUTAMENUS REPAIR OF CCR 39 34011 REMOVAL OF PERCUTAMENUS REPAIR OF CCR 39 34111 REMOVAL OF PERCUTAMENUS REPAIR OF CCR 39 34111 CPM CONTROL OF CCR 39 34111 CPM CONTROL OF CORD CONTROL OF CCR 39 34111 CPM CONTROL OF CONTROL OF CCR 39 3411	TS		CODE	DESCRIPTION	FEE	PΑ		SEX				IND
39 33263 REMOVAL OF PACING CARDIOVERTER-DEFIB 39 33264 REMOVAL OF PACING CARDIOVERTER-DEFIB 39 33266 EXCLUSION OF APPENDAGE OF LEFT UPPER CR 39 33270 INSERTION OR REPLACEMENT OF PERMANEN CR 39 33272 REMOVAL OF SUBCUTANEOUS IMPLANTABLE CR 39 33272 REMOVAL OF SUBCUTANEOUS IMPLANTABLE CR 39 33210 EXPLORATORY HEART SUNGERY CR 39 33310 EXPLORATORY HEART SUNGERY CR 39 33310 EXPLORATORY HEART SUNGERY CR 39 33407 TRANSCATHETER PULMONARY VALVE IMPLAN 39 33407 TRANSCATHETER PULMONARY VALVE IMPLAN 39 33508 ENDOSCOPIC VENT HARVEST CR 39 33508 ENDOSCOPIC VENT HARVEST CR 39 33641 REPAIR HEART SEPTUM DEFECT CR 39 33641 REPAIR HEART SEPTUM DEFECT CR 39 33684 REPAIR HEART SEPTUM DEFECT CR 39 33686 REPAIR HEART SEPTUM DEFECT CR 39 33741 TRANSCATHETER INTRACARDIAC BUNNT (TI CR 39 33741 TRANSCATHETER INTRACARDIAC BUNNT (TI CR 39 33688 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33689 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33691 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33691 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33691 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33691 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33691 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF PARENT STENCES CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 33891 REPAIR OF PARENT STENCES CR 39 33891 REPAIR OF PARENT STENCES CR 39 33891 REPAIR OF PARENT STENCES CR 39 33891 REPAIR OF ASCENDING AGARDA WITH GRAFT CR 39 3401 REPAIR OF PARENT STENCES CR 39 3401 REPAIR OF PARENT STENCES CR 39 3401 REPAIR OF PARENT STENCES CR 39 3411 REPAIR OF PARENT STENCES CR 39 3411 REPAIR OF PARENT STENCES CR 39 3411 REPAIR OF PARENT STENCES CR 39 3410 REPAIR O						 	1	0211	, , , ,	21112	01210	1112
39 33266 EXCLUSION OF APPENDAGE OF LEFT UPPER CR 39 3270 INSERTION OR REFLACEMENT OF PERMANEN CR 39 3271 REMOVAL OF SUCCURANCOUS INFLANTBALE CR 39 3272 REMOVAL OF SUCCURANCOUS INFLANTBALE CR 39 32310 EXPLORATORY HEART SURGERY CR 39 32310 EXPLORATORY HEART SURGERY CR 39 32310 EXPLORATORY HEART SURGERY CR 39 32419 THANSCATHETER MITRAL VALUE REPAIR, P 39 32419 THANSCATHETER MITRAL VALUE REPAIR, P 39 32508 ENDOSCOPIC VEIN HARVEST CR 39 32508 ENDOSCOPIC VEIN HARVEST CR 39 33509 HARVEST OF ARTERY FROM ARM FOR HEART CR 39 33509 HARVEST OF ARTERY FROM ARM FOR HEART CR 39 33561 REPAIR HEART SEPTUM DEFECT CR 39 33661 REPAIR HEART SEPTUM DEFECT CR 39 33661 REPAIR HEART SEPTUM DEFECT CR 39 33746 TRANSCATHETER INTRACARDIAC SHUNT (TI CR 39 33746 TRANSCATHETER INTRACARDIAC SHUNT (TI CR 39 33746 TRANSCATHETER INTRACARDIAC SHUNT (TI CR 39 33788 REVISION OF PULMONARY ARTERY CR 39 33859 REPAIR OF ASCENDING AORTA WITH GRAFT CR 39 33859 REPAIR OF ASCENDING AORTA WITH GRAFT CR 39 33891 REPAIR OF ARTEN STREAM STREAM CR 39 33997 REPAIR OF PULMONARY SATERY STRENOSIS CR 39 33997 REPAIR OF PULMONARY SATERY STRENOSIS CR 39 33997 REMOVAL OF PERCURANCOUS RIGHT HEART CR 39 33997 REMOVAL OF PERCURANCOUS RIGHT HEART CR 39 34401 REMOVAL OF PERCURANCOUS RIGHT HEART CR 39 34411 REMOVAL OF PULMONARY SATERY STRENOSIS CR 39 34411 REMOVAL OF PULMONARY SATERY STRENOSIS CR 39 34501 REPAIR OF AORTA BY INSERTION OF STEN CR 39 34997 REMOVAL OF PULMONARY SATERY STRENOSIS CR 39 34001 REMOVAL OF PULMONARY SATERY STRENOSIS CR 39 34001 REMOVAL OF PULMONARY SATERY STRENOSIS CR 39 3411 REPAIR OF GROWAL OF VEIN CLOT CR 39 34421 REMOVAL OF PULMONARY SATERY STRENOSIS CR 39 34400 REMOVAL OF PULMONARY SATERY STRENOSIS CR 39 34400 REMOVAL OF PULMONARY SATE												
39 33268 EXCLUSION OF APPENDAGE OF LEFT UPPER CCR 39 3270 INSERTION OR REPLACEMENT OF PERMANEN CCR 39 33272 REMOVAL OF SUBCUTANEOUS IMPLANTABLE CCR 39 33273 CREMOVAL OF SUBCUTANEOUS IMPLANTABLE CCR CCR 39 33310 EXPLORATORY HEART SURGERY CCR CCR 39 33310 EXPLORATORY HEART SURGERY CCR CCR 39 33310 EXPLORATORY HEART SURGERY CCR CCR CCR 39 33310 PLACEMENT AND SUBSEQUENT REMOVAL OF CCR												
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39	39		33681	REPAIR HEART SEPTUM DEFECT	CCR							
39	39	1	33684		CCR							
39	39		33688	REPAIR HEART SEPTUM DEFECT	CCR							
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39 33859 REPAIR OF ASCENDING AORTA WITH GRAFT 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 CR 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 34101 REMOVAL OF ARTERY CLOT CCR 39 34101 REMOVAL OF ARTERY CLOT CCR 39 34201 REMOVAL OF ARTERY CLOT CCR 39 34201 REMOVAL OF VEIN CLOT CCR 39 34420 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34420 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34420 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 344510 VALVULOPLASTY, FEMORAL VEIN CCR 39 34501 VALVULOPLASTY, FEMORAL VEIN CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DOND CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DOND CCR 39 34510 SAPHENOFOPLITEAL VEIN ANASTOMOSIS CCR 39 34714 OPEN FEMORAL ARTERY EXPOSURE WITH CR 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		33788	REVISION OF PULMONARY ARTERY	CCR							
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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 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 34500 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34501 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34511 PERCUTANEOUS ACCESS AND CLOSURE OF F CCR X 39 34713 PERCUTANEOUS ACCESS AND CLOSURE OF F CCR X 39 34714 OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO CCR X 39 34716 OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO CCR X 39 34717 REPAIR OF GROIN ARTERY ON O	39	1	33859	REPAIR OF ASCENDING AORTA WITH GRAFT	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 STUNT 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 REMOLECTOMY/THROMBECTOMY-RADIAL/ULNA CCR 39 34201 REMOVAL OF ARTERY CLOT CCR 39 34201 REMOVAL OF ARTERY CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34490 REMOVAL OF VEIN CLOT CCR 39 34490 REMOVAL OF VEIN CLOT CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34520 CROSS-OVER VEIN GRAFT TO VENOUS SYST 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	1	33871	REPAIR OF TRANSVERSE ARCH OF AORTA W	CCR							
39 33897 BALLOON DILATION OF NATIVE OR RECURR 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 34470 REMOVAL OF VEIN CLOT CCR 39 34501 VALVULOPLASTY, FEMORAL VEIN CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 SAPHENOPOPLITEAL VEIN ANS SYST 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	1	33894	REPAIR OF AORTA BY INSERTION OF STEN	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 34201 REMOVAL OF ARTERY CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34421 REMOVAL OF VEIN CLOT CCR 39 34471 REMOVAL OF VEIN CLOT CCR 39 34470 REMOVAL OF VEIN CLOT CCR 39 34501 VALVULOPLASTY, FEMORAL VEIN CCR 39 34501 VALVULOPLASTY, FEMORAL VEIN CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34530 SAPHENOPOPLITEAL VEIN ANASTOMOSIS CCR 39 34713 PERCUTANEOUS ACCESS AND CLOSURE OF F CCR 39 34714 OPEN FEMORAL ARTERY EXPOSURE WITH CR CCR 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		33895	REPAIR OF AORTA BY INSERTION OF STEN	CCR							
39	39	1	33897	BALLOON DILATION OF NATIVE OR RECURR	CCR							
39	39	1	33904	PLACEMENT OF ADDITIONAL STENT IN PUL	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 34500 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34510 TRANSPOSE VENOUS VALVE, ANY VEIN DONO CCR 39 34520 CROSS-OVER VEIN GRAFT TO VENOUS SYST 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	1	33917	REPAIR OF PULMONARY ARTERY STENOSIS	CCR							
39 34907 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 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		33924	REMOVE PULMONARY SHUNT	CCR							
39 34101			33995	INSERTION OF VENTRICULAR ASSIST DEVI	CCR							
39	39		33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	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 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				REMOVAL OF ARTERY CLOT	CCR							
39				EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	CCR							
39				REMOVAL OF ARTERY CLOT	CCR							
39				EMBOL-THROMECTOMY, POPLITEAL-TIBIO								
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 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 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 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 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 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 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 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 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 34717 REPAIR OF GROIN ARTERY ON ONE SIDE W CCR X 39 34718 REPAIR OF GROIN ARTERY ON ONE SIDE W CCR X				•								
39 34718 REPAIR OF GROIN ARTERY ON ONE SIDE W CCR X				•								
39 35UII REPAIR DEFECT OF ARTERY CCR									х			
	39	1	35011	REPAIR DEFECT OF ARTERY	CCR							

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1		2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
T	S	CODE	DESCRIPTION	FEE	MIN-MAX	PΑ		SEX		_	OVERS	IND
3		35045	REPAIR ANEURYSM, OCCLU DIS, RAD/ULNAR	CCR								
3		35132	RUPTURED ANEURYSM, ILIAC ARTERY	CCR								
3		35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	CCR								
3		35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	CCR								
3		35184	REP.CONGENITAL FISTULA, EXTREMITIES	CCR								
3		35201	REPAIR BLOOD VESSEL LESION	CCR								
3		35226	REPAIR BLOOD VESSEL LESION	CCR								
3		35231	REPAIR BLOOD VESSEL LESION	CCR								
3		35236	REPAIR BLOOD VESSEL LESION	CCR								
3		35256	REPAIR BLOOD VESSEL LESION	CCR								
3		35261	REPAIR BLOOD VESSEL LESION	CCR								
3		35266	REPAIR BLOOD VESSEL LESION	CCR								
3		35286	REPAIR BLOOD VESSEL LESION	CCR								
3		35321	RECHANNELING OF ARTERY	CCR								
3		35372	SEE 35301; DEEP (PROFUNDA) FEMORAL	CCR								
3		35500	HARVEST VEIN FOR BYPASS	CCR								
3		35572	HARVEST FEMOROPOPLITEAL VEIN	CCR								
3		35685	BYPASS GRAFT PATENCY/PATCH	CCR								
3		35686	BYPASS GRAFT/AV FIST PATENCY	CCR								
3		35702		CCR								
3			EXPLORATION OF ARTERY OF ARM									
3:		35703	EXPLORATION OF ARTERY OF LEG	CCR								
		35800	EXPLORE NECK VESSELS	CCR								
3		35860	EXPLORE LIMB VESSELS	CCR								
39		35879	REVISE GRAFT W/VEIN	CCR								
3		35881	REVISE GRAFT W/VEIN	CCR								
3		35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
3		35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
39		35903	EXCISION OF INFECTED GRAFT;	CCR								
3		36000	ESTABLISH ACCESS TO VEIN	CCR			х		x			
3		36002	PSEUDOANEURYSM INJECTION TRT	CCR								
3		36005	INJECTION PROCEDURE FOR CONTRAST VEN	CCR								
3		36010	ESTABLISH ACCESS TO VEIN	CCR								
3		36011	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR								
3		36012	SELECTIVE CATHETER PLACEMENT, VENOUS	CCR								
3		36013	INTRODUCTION OF CATHETER, RIGHT HEAR	CCR								
3		36014	SELECTIVE CATHETER PLACEMENT, LEFT O	CCR								
3		36015	SELECTIVE CATHETER PLACEMENT, EACH S	CCR								
3		36100	ESTABLISH ACCESS TO ARTERY	CCR					X			
3		36140	ESTABLISH ACCESS TO ARTERY	CCR					х			
3		36160	ESTABLISH ACCESS TO AORTA	CCR								
3		36200	INTRODUCTION OF CATHETER, AORTA	CCR								
3		36215	INTRODUCE CATHETER; EACH ADD	CCR					X			
3		36216	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
3		36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
3		36218	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
3		36221	NON-SELECTIVE CATHETER PLACEMENT, TH	CCR								
3		36222	SELECTIVE CATHETER PLACEMENT, COMMON	CCR					X			
3		36223	SELECTIVE CATHETER PLACEMENT, COMMON	CCR					X			
3		36224	SELECTIVE CATHETER PLACEMENT, INTERN	CCR					X			
3	9	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	CCR					X			

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	1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	CCR						Х			
	39	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	CCR						Х			
	39	36228	SELECTIVE CATHETER PLACEMENT, EACH I	CCR						х			
	39	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR						х			
	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						х	01/01/20		
	39	36416	CAPILLARY BOOD DRAW	2.65							01/01/20		
	39	36430	TRANSFUSION, BLOOD/BLOOD COMPONENTS	CCR						х			
	39	36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR <	CCR	00	01				х			
	39	36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	CCR	00	00				х			
	39	36455	EXCHANGE TRANSFUSION SERVICE	CCR						х			
	39	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	CCR	00	00							
	39	36460	TRANSFUSION SERVICE, FETAL	CCR						х			
	39	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	CCR						х			
	39	36470	INJECTION THERAPY OF VEIN	CCR									
	39	36471	INJECTION THERAPY OF VEINS	CCR									
	39	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	CCR						х			
	39	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	CCR									
	39	36483	CHEMICAL DESTRUCTION OF INCOMPETENT	CCR						х			
	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						Х			
	39	36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BL	24.75						Х	01/01/20		
	39	36620	ARTERIAL CATHETERIZATION OR CANNULAT	CCR						Х			
	39	36625	ESTABLISH ACCESS TO ARTERY	CCR									
	39	36680	PLACE NEEDLEINTRAOSSEOUS 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			

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

UMN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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		х						
	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	37214	TRANSCATH STENT, CCA W/O EPS	CCR								
	39	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39	37232		CCR								
	39	37234	REVASCULARIZATION, ENDOVASCULAR, OPE									
	39	37235	REVASCULARIZATION, ENDOVASCULAR, OPE REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	39											
	39	37236 37237	Insertion of intravascular stents in	CCR					x			
	39	37238	INSERTION OF INTRAVASCULAR STENTS IN	CCR CCR					^			
	39	37239	INSERTION OF INTRAVASCULAR STENTS IN	CCR					x			
	39	37241	INSERTION OF INTRAVASCULAR STENTS IN	CCR					^			
	39	37242	OCCLUSION OF VENOUS MALFORMATIONS (O	CCR								
	39	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO									
	39		OCCLUSION OF TUMORS OR OBSTRUCTED BL	CCR								
	39	37244 37247	OCCLUSION OF ARTERIAL OR VENOUS HEMO	CCR CCR					v			
	39	37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EX						x x			
	39	37252	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR CCR					^			
	39	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
	39	37565	INTRAVASCULAR ULTRASOUND (NONCORONAR LIGATION OF NECK VEIN	CCR								
	39	37600		CCR								
	39	37605	LIGATION OF NECK ARTERY LIGATION OF NECK ARTERY	CCR								
	39	37606		CCR								
	39	37615	LIGATION OF NECK ARTERY LIGATION OF NECK ARTERY	CCR								
	39	37613	LIGATION OF NECK ARTERY	CCR								
	39	37617	LIGATION OF ABDOMEN ARTERY LIGATION OF INFERIOR VENA CAVA	CCR								
	39	37619		CCR								
	39		PHLEB VEINS - EXTREM - TO 20									
		37766	PHLEB VEINS - EXTREM 20+	CCR								
	39	38120	LAPAROSCOPY, SPLENECTOMY	CCR								
	39	38200	INJECTION FOR SPLEEN X-RAY	CCR								
	39 39	38204 38207	BL DONOR SEARCH MANAGEMENT	CCR								
	39	30207	CRYOPRESERVE STEM CELLS	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	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 CONCENTRIE	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		х						
39	41000	DRAINAGE OF MOUTH LESION	CCR		X						
39	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	CCR		Λ						
39	41105	BIOPSY OF TONGUE	CCR		х						
39	41110	EXCISION OF TONGUE LESION	CCR		^						
39											
39 39	41512 41530	TONGUE BASE SUSPENSION, PERMANENT SU	CCR CCR								
		SUBMUCOSAL ABLATION OF THE TONGUE BA									
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					х			
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					х			
39	42550	INJECTION FOR SALIVARY X-RAY	CCR					x			
39	42660	DILATION OF SALIVARY DUCT	CCR								

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SUTURE OF SMALL INTESTINE (ENTERORRH

APPENDECTOMY, WHEN INDICATED W/MAJOR

PERIRECTAL INJ. FOR PROLAPSE; OFFICE

ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO

PROCTOSIGMOIDOSCOPY WITH DILATION

INTRAOP COLON LAVAGE ADD-ON

UNLISTED PROCEDURE, COLON

CORRECT RECTAL PROLAPSE

INCISION OF ANAL SEPTUM

ANOSCOPY WITH BIOPSY

LIGATION OF HEMORRHOID(S)

INJECTION TREATMENT OF ANUS

CHEMODENERVATION ANAL MUSC

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46500

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46601

46606

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	: 31
	STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE		
	FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025		

COLUMN:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	42809	REMOVE PHARYNX FOREIGN BODY	CCR								
	39	42842	RAD.RESECTTONSIL,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	х						
	39	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16 99	х						
	39	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16 99	x						
	39	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16 99	x						
	39	43831	GASTROSTOMY, OPEN, NEONATAL	CCR	00 00							
	39	43840	REPAIR OF STOMACH LESION	CCR								
	39	43886	REVISE GASTRIC PORT, OPEN	CCR	16 99	x						
	39	43887	REMOVE GASTRIC PORT, OPEN	CCR	16 99	х						
	39	43888	CHANGE GASTRIC PORT, OPEN	CCR	16 99	х						
	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								
		44600		~~~								

CCR

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N :											
1	2	3	4	5	6	7	8	9	10	11	12
	200	DEGCD TREEON		AGE		MED		UVS	EFFECT	X-	SPEC
TS		DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39		ANOSCOPY; CONTROL OF HEMORRHAGE	CCR								
39		CRYSOSURGERY-ANAL LESIONS ,	CCR					х			
39		DESTRUCTION OF INTERNAL HEMORRHOID (S	CCR								
39		TREATMENT OF ANAL FISSURE	CCR								
39		LAPARO ABLATE LIVER TUMOR RF	CCR								
39		LAPARO ABLATE LIVER CRYOSUG	CCR								
39		PERCUT ABLATE LIVER RF	CCR								
39		PERCUTANEOUS CHOLECYSTOSTOMY	CCR								
39		INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR								
39		INJECTION PROCEDURE FOR CHOLANGIOGRA	CCR								
39		BALLOON DILATION OF BILIARY DUCT(S)	CCR								
39		ENDOLUMINAL BIOPSY(IES) OF BILIARY T	CCR								
39		REMOVAL OF CALCULI/DEBRIS FROM BILIR	CCR								
39		BILIARY ENDOSCOPY, INTRAOPERATIVE (C	CCR								
39		EXCISION OF BILE DUCT TUMOR	CCR								
39		EXCISION OF BILE DUCT TUMOR	CCR								
39		EXCISE CHOLEDOCHAL CYST	CCR								
39		PANCREATECTOMY; WITH TRANSPLANTATION	CCR			X					
39		DONOR PANCREATECTOMY, WITH PREPARATI	CCR			x					
39		EXPLORATION OF ABDOMEN	CCR								
39		EXPLORE, RETROPERITONEAL AREA	CCR								
39		EXPLORATION AND PACKING OF WOUND IN	CCR								
39		RE-EXPLORATION OF WOUND IN PELVIC RE	CCR								
39		ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
39		ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
39		PERITONEAL LAVAGE, INCLUDING IMAGING	CCR								
39		SCLEROTHERAPY OF FLUID COLLECTION (E	CCR								
39		REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39		REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39		REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39		REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39		REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
39		EXCISE PRECACRAL/SACROCCYGEAL CYST	CCR								
39		OMENTECTOMY, RESECT OMENTUM	CCR								
39		LAPARO DRAIN LYMPHOCELE	CCR			x					
39		LAPAROSCOPY, SURGICAL; WITH INSERTIO	CCR								
39		LAPAROSCOPY, SURGICAL; WITH REVISION	CCR								
39		LAPAROSCOPY, SURGICAL; WITH OMENTO +	CCR								
39		AIR INJECTION INTO ABDOMEN	CCR								
39		REMOVAL OF PERITONEAL FOREIGN BODY F	CCR								
39		Fluid collection drainage by cathete	CCR								
39		Fluid collection drainage by cathete	CCR								
39		Fluid collection drainage by cathete	CCR								
39		EXCHANGE DRAINAGE CATH	CCR								
39		ASSESS CYST, CONTRAST INJ	CCR								
39		INJECTION PROCEDURE (EG, CONTRAST ME	CCR								
39		REMOVAL OF SHUNT	CCR								
39		INSERTION OF SUBCUTANEOUS EXTENSI +	CCR								
39		DELAYED CREATION OF EXIT SITE FROM E	CCR								
39	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

1 :											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	D.A		SEX	>001		OVERS	IND
39	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	CCR	MIN-MAX	FA	KEV	SEA	> 001	DAIL	OVERS	IND
39	49442		CCR								
39		INSERTION OF CECOSTOMY OR OTHER COLO									
	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										
39		REMOVAL OF URETER STONE	CCR								
	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					х			
39	51701	INSERTION NON-INDWELLING BLADDE CATH	CCR								
39	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

MN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX			OVERS	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				М				
	39	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
	39	52649	LASER ENUCLEATION OF THE PROSTATE WI	CCR		х		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		х		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		21		M				
	39	53865	INSERTION OF A TEMPORARY DEVICE FOR	CCR				141				
	39	53866	REMOVAL OF TEMPORARY DEVICE FOR PRES	CCR								
	39	54050	TREATMENT OF PENIS LESION	CCR				м				
	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				11				
	39	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	CCR				М				
	39	54411	REMV/REPLC PENIS PROS, COMP	CCR				11				
	39	54417	REMV/REPLC PENIS PROS, COMPL	CCR								
	39	54560	EXPLORATION FOR TESTIS	CCR				м				
	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				М				
	39	55866	LAPARO RADICAL PROSTATECTOMY	CCR				M				
	39	55870	ELECTROEJACULATION	CCR								
	39	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	CCR				М				
	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				
		- · ·	= == : // 02	5520				-				

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

JMN:													
	1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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	х			
	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			х		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				х	F				
	39	58262	VAGINAL HYST WITH REMOVAL OF TUBES	CCR				х	F				
	39	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR				х	F				
	39	58270	VAG HYSTERECT; REPAIR ENTEROCELE	CCR				х	F				
	39	58290	VAG HYST COMPLEX	CCR				х	F				
	39	58291	VAG HYST INCL T/O, COMPLEX	CCR				х	F				
	39	58292	VAG HYST T/O & REPAIR, COMPL	CCR				х	F				
	39	58294	VAG HYST W/ENTEROCELE, COMPL	CCR				х	F				
	39	58356	ENDOMETRIAL CRYOABLATION	CCR				х	F				
	39	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				х	F				
	39	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				х	F				
	39	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				х	F				
	39	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	CCR				х	F				
	39	58553	LAPARO-VAG HYST, COMPLEX	CCR				х	F				
	39	58554	LAPARO-VAG HYST W/T/O, COMPL	CCR				х	F				
	39	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				Х	F				
	39	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				х	F				
	39	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR					F				
	39	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				х	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		х	F				

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COLUM	4N:

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1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	XAM-I	PA	REV	SEX	>001	DATE	OVERS	IND
39	59025	FETAL NON-STRESS TEST	CCR	10	60		X	F				
39	59030	FETAL SCALP BLOOD SAMPLE	CCR									
39	59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10	60		Х	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						Х			
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		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 TAPSUBSEQUENT TAPS	CCR						Х			
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				х					
39	61641	DILATE IC VASOSPASM ADD-ON	CCR				х					
39	61642	DILATE IC VASOSPASM ADD-ON	CCR				x					
39	61715	MRI GUIDED HIGH INTENSITY FOCUSED UL	CCR									
39	61720	INCISE SKULL/BRAIN SURGERY	CCR									
39	61736	LASER INTERSTITIAL THERMAL THERAPY (CCR									
39	61737	LASER INTERSTITIAL THERMAL THERAPY (CCR									
39	61770	STEREO.LOC./BURR HOLES; INSERT CATH	CCR									

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COLUMN	:

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					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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		Х						
	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					х			
	39 39	63040	NECK SPINE DISK SURGERY	CCR								
	39 39	63042	LOW BACK DISK SURGERY	CCR								
	39 39	63043 63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR CCR					x x			
	39	63045	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					^			
	39	63045	LAMINECTOMYSING.SEG.; CERVICAL LAMINECTOMYSING.SEG.; THORACIC	CCR								
	39		•	CCR								
	39 39	63047 63048	LAMINECTOMYSING.SEG.; LUMBAR	CCR					x			
	39 39	63052	LAMINECTOMY; EACH ADD SEG, CERV, THOR, L PARTIAL REMOVAL OF BONE OF SINGLE SE	CCR					^			
	39 39	63052							x			
	39 39	63055	PARTIAL REMOVAL OF BONE OF ADDITIONA DECOMPRESS SP CRD, EQRINA/NRV RT; THOR	CCR CCR					^			
	39	63056	DECOMPRESS SP CRD, EQRINA/NRV RI; IHOR DECOMPRESS SP CRD, EQUINA/NRV RI; LUMB	CCR								
	39	63057	DECOMPRESS SP CRD, EQUINA/NRV RI; LUMB DECOMPRESSEACH ADD SEG, THOR, LUMB	CCR					x			
	39	63064	DECOMPRESSEACH ADD SEG, THOR, LOMB DECOMPRESS SPN CRD, THORAC, SING. SEG.	CCR					Α.			
	J 9	03004	DECOMPRESS SPN CRD, INCRAC, SING. SEG.	CCR								

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N :											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	63066	DECOMPRESSTHORACIC; 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					Х			
39	64405	INJECTION FOR NERVE BLOCK	CCR					Х			
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					Х			
39	64425	INJECTION FOR NERVE BLOCK	CCR					Х			
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	<pre>INJEC.NERV.BLK; FEMORAL NERVE, SINGLE</pre>	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					Х			
39	64493	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64494	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
39	64495	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					Х			
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			х					
39	64629	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	CCR					x			
39	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	CCR								
39	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								

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COLUMN	•

N:												
1	L	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
7	'S	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
3	39	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
3	39	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
3	39	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	CCR								
3	39	64763	INCISE HIP/THIGH NERVE	CCR								
3	39	64766	INCISE HIP/THIGH NERVE	CCR								
3	39	64804	REMOVE SYMPATHETIC NERVES	CCR								
3	39	64820	REMOVE SYMPATHETIC NERVES	CCR								
3	39	64822	REMOVE SYMPATHETIC NERVES	CCR								
3	39	64823	REMOVE SYMPATHETIC NERVES	CCR								
3	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					Х			
	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			Х			
	39	65222	REMOVE FOREIGN BODY FROM EYE	CCR		x			Х			
	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 39	67110 67208	REPAIR RET DETACH-INJ AIR, OTH GAS	CCR								
	39	67221	DEST.LOC.RETINAL LESION,CRYO/DIATHER OCULAR PHOTODYNAMIC THER	CCR 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	00 00							
	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		х						
	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		х	х					
	39	67922	REPAIR EYELID DEFECT	CCR		х						
3	39	68020	INCISE/DRAIN EYELID LINING	CCR								
3	39	68040	TREATMENT OF EYELID LESIONS	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

JMN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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					х			
	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					х			
	39	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	CCR								
	39 39	70220 70240	X-RAY SINUSES; PARANASAL; COMPLETE	CCR								
			X-RAY SELLA TURCICA	CCR								
	39	70250	X-RAY SKULL; LESS THAN 4 VIEWS	CCR								
	39	70260	X-RAY SKULL; COMPLETE	CCR								
	39 39	70300 70310	X-RAY TEETH; SINGLE VIEW	CCR								
	39 39	70310	X-RAY TEETH; PARTIAL EXAM	CCR CCR								
	39	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	CCR								
	39	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL ARTHROTOMOGRAPHY; TEMPOROMANDCOMPLT	CCR								
	39	70330	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	CCR								
	39	70332	MRI, TEMPOROMANDIBULAR JOINT	CCR								
	39	, 0550	FIRT, I LINE ONORMAD I DOLLAR UOTINI	CCR								

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		IN	

1 :												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	70350	CEPHALOGRAM; ORTHODONTIC	CCR								
	39	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	CCR								
	39	70360	X-RAY NECK; SOFT TISSUE	CCR								
	39	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	CCR								
	39	70380	X-RAY SALIVARY GLANDFOR CALCULUS	CCR								
	39	70390	SIALOGRAPHY; INTERPRETATION ONLY	CCR								
	39	70450	CAT, HEAD/BRAIN; W/OUT CONTRAST MATER	CCR								
	39	70460	CAT, HEAD/BRAIN; W/ CONTRAST MATERIAL	CCR								
	39	70470	CAT, HEAD/BRAIN; W/OUT-W/ CONTRAST	CCR								
	39	70480	TOMOGRAPHY; ORBIT, SELLA, POSTERIOR FOS	CCR								
	39	70481	TOMOGRAPHY; ORBIT, ETC, WITH/CONTRAST M	CCR								
	39	70482	CAT,ORBIT,ETC.,W/OUT-W/ CONTRAST MAT	CCR								
	39	70486	TOMOGRAPHY; MAXILLOFACIAL W/OUT CONTR	CCR								
	39	70487	TOMOGRAPHY; MAXILLOFAC, WITH CONTRAST	CCR								
	39	70488	CAT; MAXILL.; W/OUT-W/ CONTRAST MATER.	CCR								
	39	70490	CAT, SOFT TISSUE NECK; W/OUT CONTRAST	CCR								
	39	70491	CAT.SOFT TISSUE NECK; W/ CONTRAST MAT	CCR								
	39	70492	CAT, NECK; W/OUT-W/ CONTRAST MATERIAL	CCR								
	39	70496	CT ANGIOGRAPHY HEAD	CCR								
	39	70498	CT ANGIOGRAPHY NECK	CCR								
	39	70540	MRI-ORBIT, FACE AND NECK	CCR								
	39	70542	MR IMAGING ORBIT, FACE, AND NECK	CCR								
	39	70543	MR IMAGING ORBIT, FACE , AND NECK	CCR								
	39	70544	MR ANGIOGRAPHY HEAD	CCR								
	39	70545	MR ANGIOGRAPHY	CCR								
	39	70546	MR ANGIOGRAPHY NECK	CCR								
	39	70547	MR ANGIOGRAPHY NECK; WITHOUT CONTRAS	CCR								
	39	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	CCR								
	39	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	CCR								
	39	70551	MRI-BRAIN/INCLUDING BRAIN STEM	CCR								
	39	70552	MRI, BRAIN W CONTRAST MATERIAL	CCR								
	39	70553	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
	39	71045	RADIOLOGICAL EXAMINATION, CHEST; SING	CCR					х			
	39	71046	RADIOLOGICAL EXAMINATION, CHEST; 2 V	CCR					x			
	39	71047	RADIOLOGICAL EXAMINATION, CHEST; 3 V	CCR					х			
	39	71048	RADIOLOGICAL EXAMINATION, CHEST; 4 OR	CCR								
	39	71100	X-RAY EXAM OF RIBS	CCR								
	39	71101	X-RAY EXAM RIBS-POSTEROANTER CHEST	CCR								
	39	71110	X-RAY EXAM OF RIBS	CCR								
	39	71111	X-RAY RIBS, BILAT; POSTEROANTERI CHEST	CCR								
	39	71120	X-RAY EXAM OF BREASTBONE	CCR								
	39	71130	X-RAY EXAM OF BREASTBONE	CCR								
	39	71250	CAT, THORAX; W. OUT CONTRAST MATERIAL	CCR								
	39	71260	CAT.THORAX, W/ CONTRAST MATERIAL	CCR								
	39	71270	CAT, THORAX; W/OUT-W/ CONTRAST MATER.	CCR								
	39	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE	CCR								
	39	71275	CT ANGIOGRAPHY, CHEST	CCR								
	39	71550	MRI-CHEST/LYPHADENOPATHY EVAL	CCR								
	39	71551	MRI CHEST W/DYE	CCR								
	39	71552	MRI CHEST W/O&W DYE	CCR								

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ī:												
1		2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
T	S	CODE	DESCRIPTION	FEE	MIN-MAX	PΔ		SEX	>001	DATE	OVERS	IND
3		71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	CCR				02	, , ,	21112	OVERS	1112
3		72020	X-RAY SPINE, SINGLE VIEW	CCR								
3		72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	CCR								
	9	72050	X-RAY EXAM OF NECK SPINE	CCR								
3		72052	X-RAY EXAM OF NECK SPINE	CCR								
3		72070	X-RAY EXAM OF THORAX SPINE	CCR								
3		72070	X-RAY SPINE; THORACIC, ANTEROPOS; LATER	CCR								
3		72072	X-RAY COMPLETE THORACIC SPINE 4 VIEW	CCR								
3		72074	X-RAY EXAM OF TRUNK SPINE	CCR								
3		72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
3		72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
3		72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	CCR								
3		72083	·	CCR								
3		72100	RADIOLOGIC EXAMINATION, SPINE, ENTIR									
			X-RAY EXAM OF LOWER SPINE	CCR								
3 3		72110 72114	X-RAY EXAM OF LOWER SPINE	CCR								
			RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
3		72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	CCR								
3		72125	CAT SCAN, CERVICAL SPINE W/COME MAREE	CCR								
3		72126	CAT SCAN CERVICAL SPINE W/CONT MATER	CCR								
3		72127	CAT-CERVICAL SPINE; W/O, W/ CONTRAST	CCR								
3		72128	CAT SCAN, THORACIC SPINE W/OUT C MATE	CCR								
3		72129	CAT SCAN, THORACIC SPINE W/CON MATERI	CCR								
3		72130	CAT-THORACIC SPINE; W/OUT, W/CONTRAST	CCR								
3		72131	CAT SCAN LUMBAR W/OUT CONTRAST	CCR								
3		72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	CCR								
3		72133	CAT-LUMBAR SPINE; W/OUT, W/CONTRAST	CCR								
3		72141	MRI,SPINAL CANAL;CERVICAL	CCR								
3		72142	MRI, SPINAL CANAL & CONTENTD, CERVICAL	CCR								
3		72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	CCR								
3		72147	MRI, SPINAL CANAL, THORACIC W CONTRAS	CCR								
3		72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	CCR								
3		72149	MRI, SPINAL CANAL, LUMBAR W CONTRAST	CCR								
3		72156	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
3		72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
3		72158	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
3		72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	CCR								
3		72170	X-RAY EXAM OF PELVIS	CCR								
3		72190	X-RAY EXAM OF PELVIS	CCR								
3		72191	CT ANGIOGRAPH PELV W/O&W DYE	CCR								
3		72192	CAT, PELVIS; W/OUT CONTRAST MATERIAL	CCR								
3		72193	CAT, PELVIS; W/ CONTRAST MATERIAL	CCR								
3		72194	CAT, PELVIS; W/OUT-W/ CONTRAST MATER.	CCR								
3		72195	MRI PELVIS W/O DYE	CCR								
3		72196	MRI, PELVIS	CCR								
3		72197	MRI PELVIS W/O & W DYE	CCR								
3		72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	CCR								
	9	72200	X-RAY EXAM SACROILIAC JOINTS	CCR								
3		72202	X-RAY EXAM SACROILIAC JOINTS	CCR								
	9	72220	X-RAY EXAM OF TAILBONE	CCR								
3	9	72240	CONTRAST X-RAY OF NECK SPINE	CCR								

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	MN	

JMN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PΑ		SEX			OVERS	IND
	39	72255	CONTRAST X-RAY THORAX SPINE	CCR				~			0.1	
	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	73010	X-RAY EXAM OF SHOULDER BLADE X-RAY EXAM OF SHOULDER	CCR					X			
	39	73020		CCR					x			
	39		X-RAY EXAM OF SHOULDER									
		73040	X-RAY SHOULDER, ARTHROGRAPH, SUPR/INTP	CCR					х			
	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					Х			
	39	73092	X-RAY EXAM OF ARM, INFANT	CCR					x			
	39	73100	X-RAY EXAM OF WRIST	CCR					Х			
	39	73110	X-RAY EXAM OF WRIST	CCR					Х			
	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					Х			
	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					х			
	39	73218	MRI UPPER EXTREMITY W/O DYE	CCR					х			
	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					х			
	39	73222	6RI JOINT UPR EXTREM W/ DYE	CCR					х			
	39	73223	MRI JOINT UPR EXTR W/O&W DYE	CCR					х			
	39	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	CCR					х			
	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					х			
	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	73562	- , <i>,</i>						X			
	39 39	7356 4 73565	X-RAY KNEE, COMPLETE, W/OBLIQUES	CCR CCR					^			
			RADIO EXAM, KNEES, STANDING, ANTEROPOST						v			
	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					Х			

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IN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	73600	X-RAY EXAM OF ANKLE	CCR					х			
	39	73610	X-RAY EXAM OF ANKLE	CCR					x			
	39	73615	X-RAY ANKLE, ARTHROGRAPHY; SUPER/INTER	CCR					х			
	39	73620	X-RAY EXAM OF FOOT	CCR					х			
	39	73630	X-RAY EXAM OF FOOT	CCR					х			
	39	73650	X-RAY EXAM OF HEEL	CCR					х			
	39	73660	X-RAY EXAM OF TOE(S)	CCR					х			
	39	73700	CAT, LOWER EXTREMITY; W/OUT COUNTRAST	CCR					х			
	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					х			
	39	73721	MRI, ANY JOINT, LOWER EXTREMITY	CCR					х			
	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					х			
	39	74021	RADIOLOGICAL EXAMINATION, ABDOMEN; 3	CCR					Х			
	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					х			
	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 30	74220 74221	CONTRAST XRAY EXAM, ESOPHAGUS	CCR								
	39 39	74221	X-RAY OF ESOPHAGUS WITH DOUBLE CONTR	CCR								
	39 39	74235	CINEMA XRAY THROAT/ESOPHAGUS	CCR CCR								
	39 39	74235	REMOVE FOREIGN BODY(S), ESOPHAGEAL X-RAY EXAM UPPER GI TRACT	CCR								
	39 39	74246	X-RAY GASTROINTESTINAL TRACT	CCR								
	39	74248	FOLLOW-THROUGH X-RAY OF UPPER DIGEST	CCR								
	39 39	74240	X-RAY EXAM OF SMALL BOWEL	CCR								
	39	74250	RADIOLOGIC EXAMINATION, SMALL BOWEL,	CCR								
	39	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
	39	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
	39	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	CCR								
	39	74270	CONTRAST X-RAY EXAM OF COLON	CCR								
	39	74280	CONTRAST X-RAY EXAM OF COLON	CCR								
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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

v :												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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			х			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 39	75605	CONTRAST X-RAY EXAM OF AORTA	CCR								
	39 39	75625	CONTRAST X-RAY EXAM OF AORTA	CCR CCR								
	39 39	75630 75635	AORTOGRAPH; ABDOMEN-BILAT CT ANGIO ABDOMINAL ARTERIES	CCR								
	39	75705	ARTERY X-RAYS, SPINE	CCR								
	39	75710	ARTERY X-RAYS, ARM/LEG	CCR								
	39	75716	ARTERY X-RAYS, ARMS/LEGS	CCR								
	39	75726	ARTERY X-RAYS, ABDOMEN	CCR								
	39	75731	ARTERY X-RAYS, ADRENAL GLAND	CCR								
	39	75733	ARTERY X-RAYS, ADRENAL GLANDS	CCR								
	39	75736	ARTERY X-RAYS, PELVIS	CCR								
	39	75741	ARTERY X-RAYS, LUNG	CCR								
	39	75743	ARTERY X-RAYS, LUNGS	CCR								

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1:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	75746	ARTERY X-RAYS, LUNG	CCR								
	39	75756	ARTERY X-RAYS, CHEST	CCR								
	39	75801	LYMPH VESSEL X-RAY, ARM/LEG	CCR								
	39	75803	LYMPH VESSEL X-RAY, ARMS/LEGS	CCR								
	39	75805	LYMPH VESSEL X-RAY, TRUNK	CCR								
	39	75807	LYMPH VESSEL X-RAY, TRUNK	CCR								
	39	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	CCR								
	39	75810	VEIN X-RAY, SPLEEN/LIVER	CCR								
	39	75820	VEIN X-RAY, ARM/LEG	CCR								
	39	75822	VEIN X-RAY, ARMS/LEGS	CCR								
	39	75825	VEIN X-RAY, TRUNK	CCR								
	39	75827	VEIN X-RAY, CHEST	CCR								
	39	75831	VEIN X-RAY, KIDNEY	CCR								
	39	75833	VEIN X-RAY, KIDNEYS	CCR								
	39	75840	VEIN X-RAY, ADRENAL GLAND	CCR								
	39	75842	VEIN X-RAY, ADRENAL GLANDS	CCR								
	39	75860	VEIN X-RAY, NECK	CCR								
	39	75870	VEIN X-RAY, SKULL	CCR								
	39	75872	VENOGRAPH, EPIDURAL; SUPER/INTERP	CCR								
	39	75880	VEIN X-RAY, EYE SOCKET	CCR								
	39	75885	VEIN X-RAY, LIVER	CCR								
	39	75887	VEIN X-RAY, LIVER	CCR								
	39	75889	VEIN X-RAY, LIVER	CCR								
	39	75891	VEIN X-RAY, LIVER	CCR								
	39	75893	VENOUS SAMPLING BY CATHETER	CCR								
	39	75894	XRAYS, TRANSCATHETER THERAPY	CCR								
	39	75898	FOLLOW-UP ANGIOGRAM	CCR								
	39	75901	REMOVE CVA DEVICE OBSTRUCT	CCR								
	39	75902	REMOVE CVA LUMEN OBSTRUCT	CCR								
	39	75970	TRANSCATH BXX; SUPER/INTERP	CCR								
	39	75989	RAD.GUIDESUPERVISION/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 39	76018 76019	PREPARATION UNDER SUPERVISION OF PHY	CCR								
	39	76019	IMPLANT POSITIONING AND/OR IMMOBILIZ	CCR CCR								
	39	76098	X-RAY EXAM OF FISTULA RADIO.EXAM., BREAST SURGICAL SPECIMEN	CCR					x			
	39	76100	X-RAY EXAM OF BODY SECTION	CCR					А			
	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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IN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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								
	39	76810	EACH ADDITIONAL GESTATION		10 59			F	X			
	39	76811	ULTRASOUND, PREG UTER, TRNSAB; FIRST	CCR				F				
	39	76812	ULTRASOUND, PREG UTER, TRNSAB; EACH ADD	CCR				F	Х			
	39	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	CCR				F				
	39	76814	ULTRASOUND, PREGNANT UTERUS, REAL +		10 60			F	х			
	39	76815	ECHO EXAM FOR FETAL GROWTH	CCR				F				
	39	76816	ECHOGRAPHYPG 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	10 FO			-				
	39 39	76820 76821	UMBILICAL ARTERY ECHO		10 59 10 59			F F				
	39	76825	MIDDLE CEREBRAL ARTERY ECHO		00 60			F				
	39	76825	ECHOCARDIOGRAPHY, FETAL HEART-UTERO ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	CCR	00 60			£				
	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				м				
	39	76872	ECHOGRAPHY, TRANSRECTAL	CCR								
	39	76873	ECHOGRAP TRANS R, PROS STUDY	CCR				M				
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	STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE					
	FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025					

COLUMN	

1 :												
1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-M	ΙAΧ	PA	REV	SEX	>001	DATE	OVERS	IND
39	76881	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR									
39	76882	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR									
39	76883	COMPREHENSIVE ULTRASOUND SCAN OF ENT	CCR						Х			
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						х			
39	76945	ULTRASONIC GUIDE/COLL/DRAIN; COM. PROC	CCR									
39	76946	ECHO GUIDE FOR AMNIOCENTESIS	CCR						х			
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 9	9			F				
39	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
39	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR									
39	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-		30 9	9			F				
39	77071	MANUAL APPLICATION OF STRESS PERFORM	CCR		-			_				
39	77072	BONE AGE STUDIES	CCR									

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vi :											
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TS	CODE	DESCRIPTION	FEE	MIN-MAX	PΔ	REV	SEX	>001		OVERS	IND
39	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	CCR	11111 11111				, , , ,	21112	01210	
39	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
39	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
39	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	CCR								
39	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	CCR								
39	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	CCR								
39	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
39	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
39	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
39	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	CCR								
39	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	CCR								
39	77261	SIMPLE TREAT PLAN-THERA RADIOL	CCR								
39	77262	INTER TREAT PLAN-THERA RADIOLO	CCR								
39	77263	COMPLEX TREAT PLAN-THERA RADIO	CCR								
39	77280	SIMPLE, RAD SIMU-AIDED FIELDSET	CCR								
39	77285	INTER, RAD SIMU-AIDED FIELD SET	CCR								
39	77290	COMP, RAD SIMU-AIDED FIELD SET	CCR								
39	77293	Respiratory motion management simula	CCR								
39	77295	MANAGEMENT OF RADIATION THERAPY, 3D	CCR					x			
39	77299	UNLISTED CLINICAL TREAT.PLAN	CCR					^			
39	77300		CCR								
39	77300	BASIC RAD DOSIMETRY CALCULATIO	CCR								
39	77301	RADIOLTHERAPY DOS PLAN, IMRT TELETHERAPY ISODOSE PLAN; SIMPLE (1	CCR								
39	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	CCR								
39	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CCR								
39	77317	BRACHITHERAPI ISODOSE PLAN, SIMPLE (BRACHYTHERAPY ISODOSE PLAN; INTERMED	CCR								
39	77318	BRACHITHERAPI ISODOSE PLAN, INTERMED 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					Λ			
39	77333	TREATMENT DEVICES/DESIGN; CONSIR, SIMP	CCR								
39	77334	TREATMENT DEVICES/DESIGN; INTERMEDIAT TREATMENT DEVICES/DESIGN; COMPLEX	CCR					x			
39	77334	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 TRIMNT DELIVERY SUPFCL/ORTHO	CCR								
39	77402	RADIAT TRIMNT DELIVER SOFFCE ORTHOR	CCR								
39	77407	RADIAT TRIMNT DELIVERY-2AREAS, 3PORTS	CCR								
39	77412	RADIAT TRIMNT DELIVERT-ZAREAS, SPORTS RADIAT TRIMNT DELIV UP TO 5 MEV	CCR								
39	77417	THERAPEUTIC RADIOLOGY PORT FILMS	CCR					x			
39	77423	NEUTRON BEAM TX, COMPLEX	CCR					4.			
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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					AGE	1		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	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						х			
	39	77620	HYPERTHERMIAINTRACACITARY 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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COLU	MN	:

1 :												
1	=	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
Т	'S	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
3	39	78185	NUCLEAR SCAN OF SPLEEN	CCR								
	39	78195	NUCLEAR SCAN OF LYMPH SYSTEM	CCR								
	39	78199	NUCLEAR EXAM BLOOD/LYMPH	CCR								
	39	78201	NUCLEAR SCAN OF LIVER	CCR								
	39	78202	NUCLEAR SCAN OF LIVER	CCR								
	39	78215	NUCLEAR SCAN, LIVER & SPLEEN	CCR								
	39	78216	NUCLEAR SCAN, LIVER/SPLEEN	CCR								
	39	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
	39	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	CCR								
	39	78230	NUCLEAR SCAN, SALIVARY GLAND	CCR								
	39	78231	NUCLEAR SCANS, SALIVARY GLAND	CCR								
	39	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	285.56			х			01/01/20		
	39	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	CCR			**			01/01/20		
	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						01/01/20		
	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	78305	NUCLEAR SCAN OF SKELETON	CCR								
	39	78315		CCR								
	39 39	78399	BONE IMAGING; BY THREE PHASE TECHNIQU	CCR								
			MUSCULOSKELETAL NUCLEAR EXAM									
	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 IMAGINGAT REST; FIRST PASS	CCR								
	39	78469	MYOCARD IMAGINGREST; 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				
3	39	78606	NUCLEAR SCAN OF BRAIN	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

v :												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	DΔ	REV	SEX		DATE	OVERS	IND
	39	78608	BRAIN IMAGING, POSITRON EMISSION TOM	CCR		x					0.1	
	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		х						
	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 39	78999 79005	NUCLEAR DIAGNOSTIC EXAM	CCR CCR								
	39	79005 79101	NUCLEAR RX, ORAL ADMIN	CCR								
	39	79200	NUCLEAR RX, IV ADMIN RADIONUCLIDE THERAPY	CCR								
	39	79300	RADIONUCLIDE THERAPY	CCR								
	39	79403	HEMATOPOETIC NUCLEAR THERAPY	CCR								
	39	79440	RADIONUCLIDE THERAPY	CCR								
	39	79445	NUCLEAR RX, INTRA-ARTERIAL	CCR								
	39	79999	NUCLEAR MEDICINE THERAPY	CCR								
	39	80047	BASIC METABOLIC PANEL (CALCIUM, IONI	11.90						01/01/20		
	39	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
	39	80050	GENERAL HEALTH PANEL	45.69						01/01/20		
	39	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
	39	80053	BLOOD TEST, COMPREHENSIVE GROUP OF B	10.56						01/01/20		
	39	80055	OBSTETRIC BLOOD TEST PANEL	24.10	10 59			F		01/01/20		
	39	80061	LIPID PANEL	13.39						01/01/20		

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4N:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PΔ		SEX	>001		OVERS	IND
39	80069	RENAL FUNCTION PANEL	8.68				02	, , ,	01/01/20		
39	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
39	80074		8.17								
		HEPATIC FUNCTION PANEL					_		01/01/20		
39	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
39	80143	ACETAMINOPHEN	18.64					Х	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 CARBAMAZEPINE; FREE CYCLOSPORINE	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	80171		14.74								
		HALOPERIDOL							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					х	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	80198	TIAGABINE	24.58						01/01/20		
39	80200	TOBRAMYCIN	14.74						08/01/13		
39 39											
	80201	TOPIRAMATE	11.92						01/01/20		
39	80202	VANCOMYCIN	13.54						01/01/20		
39	80203	ZONISAMIDE	13.25						01/01/20		

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1:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX	>001	_	OVERS	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					х	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					х	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			х			06/01/08		_
39	81162	BRCA1, BRCA2 (BREAST CANCER 1 AND 2)	1,824.88	19 70	Х				01/01/20		E

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	STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE		

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:											
1	2	3	4	5 6	; 7	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX P	A F	REV	SEX	>001	DATE	OVERS	IND
39	81163	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	468.00	19 70 X	:				01/01/21		
39	81164	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	584.23	19 70 X					01/01/19	1	
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	1	
39	81167	BRCA2 (BRCA2, DNA REPAIR ASSOCIATED)	282.88	19 70 X					01/01/19	ı	
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	1	
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 81278	KRAS (KRISTEN RATE SARCOMA VIRAL ONC	193.25						01/01/19		
39		IGH@/BCL2 (T(14;18))(EG, FOLLICULAR	207.31						01/01/21		
39	81279	JAK2 (JANUS KINASE 2) (EG, MYELOPROLI	185.20	10 70					01/01/21		
39 39	81307 81308	GENE ANALYSIS (PARTNER AND LOCALIZER	282.88 301.35	19 70 19 70					01/01/20 01/01/20		
39	81309	GENE ANALYSIS (PARTNER AND LOCALIZER GENE ANALYSIS (PARTNER AND LOCALIZER	274.83						01/01/20		
39	81311	NRAS (NEUROBLASTOMA RAS VIRAL V-RAS	295.79	19 /0					01/01/20		
39	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	150.33						01/01/13		
39	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	185.20						01/01/21		
39	81347	SF3B1 (SPLICING FACTOR 3Bì SUBUNIT	193.25						01/01/21		
39	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	175.40						01/01/21		
39	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	641.85						01/01/21		
39	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	329.51						01/01/21		
39	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	308.00						01/01/21		
39	81357	U2AF1 (U2 SMALL NUCULEAR RNA AUXILIA	193.25						01/01/21		
39	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	193.25						01/01/21		
39	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,448.56	00 15					01/01/21		
39	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	759.05	10 59	3	ĸ	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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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	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					х	01/01/20		
39	82013	ACETYLCHOLINESTERASE	12.29					x	01/01/20		
39	82016	AACYLCARNITINE; QUALITATIVE, EACH SP	16.49					х	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					х	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					Х	01/01/20		
39	82128	AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87						01/01/20		
39	82131	AMINO ACIDS; SINGLE, QUANTITATIVE, E	21.37					Х	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					Х	01/01/20		
39	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMET	8.70						08/01/12		
39	82150	AMYLASE	6.48					х	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					х	01/01/20		
39	82232	BETA-2 MICROGLOBULIN	16.18						01/01/20		
39	82239	BILE ACIDS; TOTAL	17.12						01/01/20		

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COLU	JMN:

MN:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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	BILIRUBIN; FECES, QUALITATIVE BIOTINIDASE, EACH SPECIMEN	16.87					x	01/01/20		
	39	82270	TEST FECES FOR BLOOD	4.12						08/01/12		
	39	82271	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.57						01/01/20		
	39	82272	BLOOD, OCCULT, BY PEROXIDASE ACTIVIT	4.12						08/01/12		
	39	82274	BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	15.92						01/01/20		
	39	82286	BRADYKININ	5.16						01/01/20		
	39	82300	CADMIUM	23.64						01/01/20		
	39	82306	VITAMIN D; 25 HYDROXY, INCLUDES FRAC	29.60						01/01/20		
	39	82308	CALCITONIN	26.79						01/01/20		
	39	82310	CALCIUM; TOTAL	5.16					X	01/01/20		
	39	82330	CALCIUM; IONIZED	13.68						01/01/20		
	39	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	7.27						01/01/20		
	39	82340	CALCIUM; URINE QUANTITATIVE, TIMED S	6.03						01/01/20		
	39	82355	CALCULUS; QUALITATIVE ANALYSIS	11.58						01/01/20		
	39	82360	CALCULUS; QUANTITATIVE ANALYSIS, CHE	12.87						01/01/20		
	39	82365	CALCULUS; INFARED SPECTROSCOPY	12.90						01/01/20		
	39	82370	CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
	39	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	18.06						01/01/20		
	39	82374	CARBON DIOXIDE (BICARBONATE)	4.88					X	01/01/20		
	39	82375	CARBOXYHEMOGLOBIN; QUANTITATIVE CARBOXYHEMOGLOBIN; QUALITATIVE	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					х	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 39	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T	4.35						01/01/20		
		82480	CHOLINESTERASE; SERUM	7.87						01/01/20		
	39 30	82482	CHOLINESTERASE; RBC	9.73					x	08/01/12		
	39 39	82485	CHONDROITIN B SULFATE, QUANTITATIVE	20.65						01/01/20		
	39 39	82495 82507	CHROMIUM CITRATE	20.28 27.80						01/01/20 01/01/20		
	39 39	82523		18.68						01/01/20		
	39 39	82525 82525	COLLAGEN CROSS LINKS, ANY METHOD 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		
	33	32333	CONTIDUE, TOTAL	10.50					41	51, 51, 20		

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COLUM	

MN:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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					х	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					х	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					х	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		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						01/01/20		
	39	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
	39	82627	DEHYDROEFIANDROSTERONE (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		22.97								
	39	82656	MEASUREMENT OF PANCREATIC ELASTASE (22.97						01/01/22 01/01/20		
	39	82657	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53 22.17 25.39 48.31						01/01/20		
	39	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.17						01/01/19		
	39		ENZYME ACTIVITY IN BLOOD CELLS, CULT	25.39						· . · .		
	39	82664	ELECTOPHORETIC TECHNIQUE, NOT ELSEWH	18.79						01/01/20		
	39 39	82668	EKITIMOTOTETIN	18.79 27.94						01/01/20		
		82670	ESTRADIOL							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					х	01/01/20		

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COLUMN	

IN:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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					Х	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					х	01/01/20		
	39 39	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	9.70						01/01/20		
	39 39	82960 82962	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G	6.05 2.96					x	01/01/20 08/01/12		
	39	82963	GLUCOSE, BLOOD BY GLUCOSE MONITORING 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 ASSAY HEMOGLORIN	11.94						01/01/20		
	39	83020	ASSAY HEMOGLOBIN	12.87					х	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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		IN	

MN:												
	1	2	3	4	5	6	7	8	9	10	11	12
			DESCRIPTION BLOOD SULFHEMOGLOBIN ASSAY HEMOGLOBIN HEAT ASSAY HEMOGLOBIN STABILITY SCREEN ASSAY URINE HEMOGLOBIN ASSAY URINE HEMOSIDERIN B HEXOSAMINIDASE ASSAY ASSAY HISTAMINE ASSAY OF HOMOCYSTINE ASSAY URINE FOR HVA HYDROXYCORTICOSTEROIDS,17-RIA ASSAY URINE 5-HIAA RIA ASSAY OF PROGESTERONE ASSAY URINE HYDROXYPROLINE ASSAY URINE HYDROXYPROLINE		AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	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					х	01/01/20		
	39	83088	ASSAY HISTAMINE	29.53						01/01/20		
	39	83090	ASSAY OF HOMOCYSTINE	17.92						01/01/20		
	39	83150	ASSAY URINE FOR HVA	22.41						01/01/19		
	39	83491	HYDROXYCORTICOSTEROIDS, 17-RIA	17.90						01/01/20		
	39	83497	ASSAY URINE 5-HIAA	12.90						01/01/20		
	39	83498	RIA ASSAY OF PROGESTERONE	27.17						01/01/20		
	39	83500	ASSAY URINE HYDROXYPROLINE	22.65						01/01/20		
	39	83505	ASSAY URINE HYDROXYPROLINE	24.30						01/01/20		
	39	83516	IMMUNOASSAY, NON ANTIBODY	11.53						01/01/20		
	39	83518	ASSAY OF PROGESTERONE ASSAY URINE HYDROXYPROLINE ASSAY URINE HYDROXYPROLINE IMMUNOASSAY, NON ANTIBODY IMMUNOASSAY, FOR ANALYTE OTHER THAN IMMUNOASSAY, ANALYTE:	6.53						01/01/20		
	39	83519	IMMUNOASSAY, ANALYTE;	6.55						01/01/20		
	39									08/01/12		
	39	83521	MEASUREMENT OF IMMUNOGLOBULIN LIGHT	17.27						01/01/22		
	39	83525	RIA ASSAY OF INSULIN	11.43					х	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 TRON	6.47						01/01/20		
	39	83550	SERUM TRON BINDING TEST	8.74						01/01/20		
	39	83570	UV-ASSAY BLOOD TOH 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					х	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	IMMUNOASSAY, ANALYTE; MEASUREMENT OF IMMUNOGLOBULIN LIGHT RIA ASSAY OF INSULIN INSULIN; INTRINSIC FACTOR LEVEL MEASUREMENT OF INTERLEUKIN-6 ASSAY SERUM IRON SERUM IRON BINDING TEST UV-ASSAY BLOOD IDH ENZYME ASSAY URINE 17-KGS ASSAY BLOOD 17-KETOSTEROIDS CHROMATOGRAPH KETOSTEROIDS LACTIC ACID ASSAY UV-ASSAY BLOOD LDH ENZYME ASSAY BLOOD LDH ENZYME ASSAY BLOOD LDH ENZYMES LACTOFERRIN, FECAL (QUAL) RIA PLACENTAL LACTOGEN TEST URINE FOR LACTOSE ASSAY BLOOD FOR LEAD ASSAY AMNIOTIC L/S RATIO LECITHIN-SPHINGOMYELIN RATIO (L/S RA FLUORO POLARIZE, FETAL LUNG LAMELLAR BDY, FETAL LUNG UV-ASSAY BLOOD LAP ENZYME ASSAY OF LIPOPROTEIN(A) LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE LIPOPROTEIN, BLD, BY NMR BLOOD LIPOPROTEIN ASSAY LIPOPROTEIN, UDL CHOLESTEROL LIPOPROTEIN, UDL CHOLESTEROL LIPOPROTEIN, DIRECT MEASUREMENT; LIPOPROTEIN, DIRECT MEASUREMENT;	14.32						01/01/20		
	39	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE	42.99						08/01/12		
	39	83701	LIPOPROTEIN BLD, HR FRACTION	31.44						08/01/12		
	39	83704	LIPOPROTEIN, BLD, BY NMR	34.19						01/01/20		
	39	83718	BLOOD LIPOPROTEIN ASSAY	8.19						01/01/20		
	39	83719	LIPOPROTEIN, VLDL CHOLESTEROL	12.75						01/01/20		
	39	83721	LIPOPROTEIN, DIRECT MEASUREMENT;	10.50						01/01/20		
	39	83722	LIPOPROTEIN, DIRECT MEASUREMENT	34.19						01/01/20		
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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

41N:											
1	2	DESCRIPTION LUTEINIZING RELEASING FACTOR, RIA ASSAY BLOOD MAGNESIUM UV-ASSAY OF MD ENZYME ASSAY OF MANGANESE MASS SPECTROMETRY QUANT ASSAY BLOOD MERCURY ASSAY WINE METANEPHRINES ASSAY METHEMALBUMIN MICROFLUIDIC ANALYSIS UTILIZING AN I BLOOD MUCOPOLYSACCHARIDES ASSAY SYNOVIAL FLUID MUCIN MYELIN BASIC PROTEIN, CSF, RIA MYOGLOBIN ELECTROPHORESIS MYELOPEROXIDASE (MPO) NATRIURETIC PEPTIDE NEPHELOMETRY, EACH ANALYTE NOT ELSEW ASSAY URINE FOR NICKEL NUCLECTIDASE 5' (ENZYME) LEVEL OLIGOCLONAL IMMUNE GLOBULIN, CSF ASSAY ORGANIC ACIDS ASSAY ORGANIC ACIDS ASSAY ORGANIC ACIDS QUAL ORGANIC ACID, SINGLE, QUANT ASSAY URINE OSMOLALITY OSTEOCALCIN (BONE GIA PROTEIN) ASSAY URINE OSMOLALITY OSTEOCALCIN, HER-2/NEU ONCOPPROTEIN, HER-2/NEU ONCOPROTEIN, DES-GAMMA-CARBOXY-PROTH RIA ASSAY BODY FLUID ACIDITY PH; EXHALED BREATH CONDENSATE ASSAY BOOD PKU ASSAY BLOOD PKU ASSAY ALKALINE PHOSPHATASE PHOSPHATYDYLGLYCEROL ASSAY PHOSPHONUS ASSAY PHOSPHONUS ASSAY BLOOD PHOSPHORUS ASSAY PHOSPHOHEXOSE ENZYMES ASSAY BLOOD PHOSPHORUS ASSAY PHOSPHOHEXOSE ENZYMES ASSAY BLOOD PHOSPHORUS ASSAY PORPHOBILINOGEN ASSAY PORPHOBILINOGEN ASSAY PORPHOBILINOGEN CERVICOVAGINAL SECRETION OF PLACENTA TEST URINE FOR PORPHYRINS ASSAY URINE PORPHYRINS	4	5	6	7	8	9	10	11	12
				AGE		MED		uvs	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	83727	LUTEINIZING RELEASING FACTOR, RIA	17.19						01/01/20		
39	83735	ASSAY BLOOD MAGNESIUM	6.70					Х	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	NATETIERTIC DEDTINE	39 26						01/01/19		
39	83883	NEDHELOMETRY EACH ANALYTE NOT ELSEW	6 53					v	01/01/20		
39	83885	ACCAV HIDTHE FOR NICKEL	24 51					21	01/01/20		
39	83915	NUCLEOUTDACE EL (ENZYME) IEVEL	11 15						01/01/20		
39		OUTCOCLONAL IMMINE CLORULIN CCE	25 47								
39 39	83916	OLIGOCLONAL IMMONE GLOBULIN, CSF	25.47						08/01/12		
	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	ASSAV ATKATITNE DHOSDHATASES	14 78						01/01/20		
39	84081	DHOGDHATVDVI CI VCEDOI	16 52						01/01/20		
39	84085	ASSAV DRC DG6D ENZYME	8 54					v	08/01/12		
39	84087	ACCAY DUCCDUCUEYOOF ENTYMES	10.34					Λ	01/01/20		
39	84100	ACCAY DIOOD DUOCDUODIIC	10.73						01/01/20		
39 39		ACCAY IDINE DUCCDUCUO	4.74								
	84105	ASSAI UKINE PHUSPHUKUS	5.78						01/01/19		
39	84106	TEST FOR PORPHOBILINOGEN	5.42						08/01/12		
39	84110	ASSAY PORPHOBILINOGEN	6.93						01/01/20		
39	84112	CERVICOVAGINAL SECRETION OF PLACENTA	90.55						01/01/20		
39	84119	TEST URINE FOR PORPHYRINS	12.11						01/01/20		
39	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		

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COLUMN	•

JMN :			DESCRIPTION ASSAY FECES PORPHYRINS ASSAY BLOOD POTASSIUM ASSAY URINE POTASSIUM PREALBUMIN PREGNANEDIOL; RIA PREGNANETRIOL; RIA PREGNANETRIOL; RIA PREGNENOLONE 17-HYDROXYPREGNENOLONE ASSAY PROGESTERONE PROCALCITONIN (PCT) RIA ASSAY FOR PROLACTIN RIA ASSAY OF PROLACTIN RIA ASSAY OF PROSTAGLANDIN ASSAY OF PSA, COMPLEXED PROSTATE SPECIFIC ANTIGEN (PSA) PSA FREE ASSAY SERUM PROTEIN ASSAY OF PROTEIN, URINE ASSAY OF PROTEIN, OTHER ASSAY SERUM PROTEIN PAPPA, SERUM ASSAY SERUM PROTEINS PROTEIN E-PHORESIS/URINE/CSF PROTEIN E-PHORESIS/URINE/CSF PROTEIN E-PHORESIS/URINE ASSAY RBC PROTOPORPHYRIN RIA ASSAY OF PROINSULIN ASSAY VITAMIN B-6 ASSAY BLOOD PYRUVATE ASSAY RBC PROTOPORPHYRIN RIA ASSAY OF RENINULIN RECEPTOR ASSAY; ESTROGEN (ESTRADIOL) RECEPTOR ASSAY; PROGESTERONE RECEPTOR ASSAY; PROGESTERONE RECEPTOR ASSAY; ENDOCRINE; OTHER RECEPTOR ASSAY; PROGESTERONE RECEPTOR ASSAY; ENDOCRINE; OTHER RECEPTOR ASSAY; PROGESTERONE RECEPTOR ASSAY; ENDOCRINE; OTHER									
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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 SERIM PROTEIN	3 67						01/01/20		
	39	84156	ASSAY OF PROTEIN URINE	3.67						01/01/20		
	39	84157	ASSAV OF PROTEIN OTHER	4 00						01/01/20		
	39	84160	ACCAV CEDIM DEOTETN	5 61						01/01/20		
	39	84163	DADDA CEDIM	15 05	10 50			F		01/01/20		
	39	84165	ACCAY CEDIM DOCUETNO	10.05	10 39			E		01/01/20		
	39	84166	DECEMBER OF DECEMBERS	10.74								
	39	04100	PROTEIN E-PHORESIS/URINE/CSF	17.03					3.5	01/01/20		
		84182	PROTEIN;	25.31					х	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 BLOOD SIALIC ACID ASSAY SILICA ASSAY BLOOD SODIUM ASSAY URINE SODIUM ASSAY OF SWEAT SODIUM SOMATOMEDIN SOMATOSTATIN	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		8.10						01/01/19		
	39	84315	BODY FLUID SPECIFIC GRAVITY CHROMATOGRAM ASSAY, SUGARS SUGARS SINGLE QUAL	3.18						08/01/12		
	39	84375	CHROMATOGRAM ASSAY, SUGARS	27.56						01/01/20		
	39	84376	SUGARS SINGLE OUAL	5.50					х	01/01/20		
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COLUMN	•

N:												
	1	2	DESCRIPTION SUGARS MULTIPLE QUAL SUGARS SINGLE QUANT SUGARS MULTIPLE QUANT SULFATE, URINE TESTOSTERONE; RIA ASSAY BLOOD TESTOSTERONE TESTOSTERONE; BIOAVAILABLE, DIRECT M ASSAY VITAMIN B-1	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX		DATE	OVERS	IND
	39	84377	SUGARS MULTIPLE OUAL	5.50					x	01/01/20		
	39	84378	SUGARS SINGLE OUANT	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	DIA ACCAV BIOOD TECTOCTEDONE	25.47						01/01/20		
	39	84410	TECTOCTEDONE · RIONVATIABLE DIDECT M	51 28				м		01/01/20		
	39	84425	ACCAY VITTAMIN R-1	21 23				141		01/01/20		
	39	84430	ASSAY VITAMIN B-1 ASSAY BLOOD THIOCYANATE	11.63						01/01/20		
	39	84431	THROMBOYANE METABOLITE (C) INCLIDING	18 53						01/01/20		
	39	84432	TUVECT OF IT IN	16.06						01/01/20		
	39	84433	THIROGEODOLIN	22 17						01/01/23		
	39	84436	MUVDOVING MDIE DIA	6 90						01/01/20		
	39	84437	THIROXINE, TRUE, RIA	6.60								
		04437	THROMBOXANE METABOLITE(S), INCLUDING THYROGLOBULIN EVALUATION OF THIOPURINE S-METHYLTRA THYROXINE, TRUE, RIA THYROXINE, NEONATAL THYROID PANEL THYROID PANEL	0.47						01/01/20		
	39 39	84439 84442	THIROID PANEL	9.02						01/01/20		
	39	04442	THIROID ACTIVITY (TBG) ASSAY	14.78						01/01/20		
		84443	RIA ASSAI 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 x	01/01/20		
	39	84460	UV-ASSAY TRANSAMINASE (SGPT)	5.30					Х	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	THYROXINE, NEONATAL THYROID PANEL THYROID ACTIVITY (TBG) ASSAY RIA ASSAY OF TS HORMONE RIA THYROTROPIN FACTOR ASSAY VITAMIN E TRANSCORTIN (CORTISOL BINDING GLOBUL UV-ASSAY TRANSAMINASE (SGOT) UV-ASSAY TRANSAMINASE (SGOT) TRANSFERRIN ASSAY BLOOD TRIGLYCERIDES TRIIODOTHYRONINE, RESIN UPTAKE RIA ASSAY, T-3 TRIIODOTHYRONINE (T-3); TROPONIN ASSAY DUODENAL FLUID TRYPSIN TEST FECES FOR TRYPSIN ASSAY BLOOD TYROSINE TROPONIN, QUAL ASSAY BUN STICK-ASSAY BUN ASSAY BUN STICK-ASSAY BUN ASSAY URINE UREA-N UREA-N CLEARANCE TEST ASSAY BLOOD URIC ACID ASSAY URINE URIC ACID ASSAY URINE URIC ACID 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	RIA ASSAY VASOPRESSIN ASSAY BLOOD VITAMIN-A ASSAY OF NOS VITAMIN ASSAY VITAMIN-K	13.72						01/01/20		

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1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION ASSAY FOR VOLATILES XYLOSE TOLERANCE TEST, BLOOD ASSAY BLOOD ZINC	FEE	AGE MIN-MAX	PA	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC 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 OHANTITATIVE	15 05						01/01/20		
39	84703	CONADOTROPIN CHORIONIC: OHAT.TTATIVE	7 52						01/01/20		
39	84704	CONADOTROPIN CHORIONIC (HCG) · FREE	15 29						01/01/20		
39	84830	OVIIIATION TESTS BY VISUAL COLOR COM	12 70						01/01/18		
39	84999	INITISTED CHEMISTRY /TOXICOLOGY	MD			x			06/01/08		
39	85002	ASSAY BLOOD ZINC GONADOTROPIN, CHORIONIC; QUANTITATIVE GONADOTROPIN, CHORIONIC; QUALITATIVE GONADOTROPIN, CHORIONIC (HCG); FREE OVULATION TESTS, BY VISUAL COLOR COM UNLISTED CHEMISTRY /TOXICOLOGY BLEEDING TIME TEST AUTOMATED DIFF WBC COUNT DIFFERENTIAL WBC COUNT BLOOD COUNT; BLOOD COUNT; BLOOD COUNT;	4 82					x	01/01/20		
39	85004	AUTOMATED DIFF WRC COUNT	6 47					^	01/01/20		
39	85007	DIFFERENTIAL WEC COUNT	3 53					x	01/01/20		
39	85008	BLOOD COUNT:	3.33					Λ	01/01/20		
39	85009	DIFFEDENTIAL WEC COUNT	J. 1 J					x	08/01/12		
39	85013	DIFFERENTIAL WAS COOKED	2 22					Λ	01/01/20		
39	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR HEMOGLOBIN, COLORIMETRIC BLOOD COUNT; HEMO.PLAT.COUNT, AUTO/AUT HEMOGRAM, AUTOMATED W/PLATELET COUNT MANUAL CELL COUNT, EACH RED BLOOD CELL (RBC) COUNT RETICULOCYTE COUNT	2 37					x	01/01/20		
39	85018	HEMOGLOBIN COLORIMETRIC	2.37					X	01/01/20		
39	85025	BLOOD COUNT HEMO DIAT COUNT AUTO/AUT	7 77					Λ	01/01/20		
39	85027	HEMOCDAM AUTOMATED W/DLATELET COUNT	6 47					x	01/01/20		
39	85032	MANUAL CELL COUNT FACH	0. 1 7					Λ	01/01/20		
39	85041	DED DIOOD CELL (DDC) COINT	3 03					x	01/01/20		
39	85041	RETICULOCYTE COUNT	4.31					^	01/01/20		
39	85045	DESTICUTOCITE COUNT ELON CAMOMENDA	3 00						01/01/20		
39	85045 85046	DEMICYME UCD CONCENTEDATE	5.55						01/01/20		
39	85048	MULTER RICOR CELL (MRC) COLUM	2.57						01/01/20		
39	85048 85049	RETICULOCYTE COUNT RETICULOCYTE COUNT FLOW CYTOMETRY RETICYTE, HGB CONCENTRATE WHITE BLOOD CELL (WBC) COUNT AUTOMATED PLATELET COUNT RETICULATED PLATELET ASSAY BONE MARROW SMEAR INTERPRET CHROMOGENIC SUBSTRATE ASSAY BLOOD CLOT RETRACTION SCREEN BLOOD CLOT RESERVED LINESTEE	4 40						01/01/20		
39	85055	DEMICITATED DIAMETER ACCAV	20 22						01/01/20		
39	85097	DONE MADDOM CMEAD INTEDDET	60.32					x	01/01/20		
39	85130	CUDOMOCENIC CIDCEDATE ACCAY	11 00					^	01/01/21		
39	85170	DIOOD CIOT DETENDANT CODERN	5 00					x	01/01/20		
39	85175	DIOOD CLOT IVELS TIME	6 30					x	01/01/20		
39	85210	BLOOD CLOT EXCHOR II TEST	8.11					X	01/01/20		
39	85220	BLOOD CLOT FACTOR II TEST BLOOD CLOT FACTOR V TEST	17 65					X	01/01/20		
39	85230	BLOOD CLOT FACTOR VII TEST	8.11 17.65 17.90 17.90 20.42					X	01/01/20		
39	85240	BLOOD CLOT FACTOR VII TEST	17.90					X	01/01/20		
39	85244	FACTOR VIII DELATED ANTICEN OHAN	20.42					X	01/01/20		
39	85245	CLOUDING.	22.94					Λ	01/01/20		
39	85246	BLOOD CLOT FACTOR VII TEST BLOOD CLOT FACTOR VII TEST BLOOD CLOT FACTOR VIII TEST FACTOR VIII RELATED ANTIGEN QUAN CLOTTING; CLOTTING; 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						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	BLOOD CLOT FACTOR XI TEST BLOOD CLOT FACTOR XII TEST BLOOD CLOT FACTOR XIII TEST BLOOD CLOT FACTOR XIII TEST CLOTTING; PREKALLIKRIEW ASSAY CLOTTING; H-M-W KINNINOGEN ASSA ANTITHROMBIN III TEST CLOT. INHIB/ANTICOAG/ANTITHROM CLOT INHIBIT/ANTICOAC/PROTEIN C CLOTTING INHIBITORS OR ANTICOAGULANT	18.93						01/01/20		
39	85300	ANTITHROMBIN III TEST	11.85					x	01/01/20		
39	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.81					x	01/01/20		
39	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.01					x	01/01/20		
39	85303	CLOTTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		
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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	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 EUGLOBULIN LYSIS FIBRIN DEGRADATION PRODUCTS FIBRIN (OGEN) DEGRADATION (SPLIT) PRO	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	IIDRIN (OGDN) DEGREENTION (DIDII) INO	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 (OGEN) DEGRADATION (SPLIT) PRO FIBRIN DEGRADATION PRODUCTS, D-DIMER 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	FIBRIN DEGRADATION, VTE FIBRINOGEN; FIBRINOGEN; 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		6.53						01/01/20		
	39	85421	FIBRINOLYTIC PLASMINOGEN FIBRO MECH; PLASM. ANTIGENIC ASS HEINZ BODIES; DIRECT HEINZ BODIES; INDUCED HEMOGLOBIN, FETAL HEMOGLOBIN, FETAL HEMOLYSIN, ACID HEPARIN ASSAY HEPARIN NEUTRALIZATION	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	HEFARIN-PROTABLINE TOLERANCE	13.09						01/01/20		
	39	85536	IRON STAIN PERIPHERAL BLOOD	6.88						01/01/20		
	39	85540		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) PLATELET PHASE MICROSCOPY PLATELET NEUTRALIZATION	24.91					Х	01/01/19		
	39	85590	PLATELET PHASE MICROSCOPY	5.55					Х	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		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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1	2	DESCRIPTION THROMBIN TIME; PLASMA THROMBIN TIME; TITER THROMBOPLASTIN INHIBITION; THROMBOPLASTIN TIME, PARTIAL THROMBOPLASTIN TIME, PARTIAL BLOOD VISCOSITY EXAMINATION HEMATOLOGY PROCEDURE AGGLUTININS; FEBRILE ALLERGEN SPECIFIC IGG ALLERGEN SPECIFIC IGE; MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	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					х	01/01/20		
39	85732	THROMBOPLASTIN TIME, PARTIAL	6.47					х	01/01/20		
39	85810	BLOOD VISCOSITY EXAMINATION	11.67					х	01/01/20		
39	85999	HEMATOLOGY PROCEDURE	MP			х			06/01/08		
39	86000	AGGLUTININS: FEBRILE	6.98						01/01/20		
39	86001	ALLERGEN SPECIFIC IGG	7.34					х	01/01/20		
39	86003	ALLERGEN SPECIFIC IGE;	5.22					х	01/01/20		
39	86005	ALLERGEN SPECIFIC IGE;	7.97						01/01/20		
39	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE MEASUREMENT OF ACTIN (SMOOTH MUSCLE)	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	WBC ANTIBODY IDENTIFICATION PLATELET ANTIBODIES ANTIBODY ID, PLAT.ASS. IMMUNOBLO	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					х	01/01/22		
39	86037	SCREENING TEST FOR ANTINEUTROPHIL CY ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.05					х	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 TEST FOR ACETYLCHOLINE RECEPTOR MODU ELISA DETECTION OF AQUAPORIN-4 (NEUR CELL-BASED IMMUNOFLUORESCENCE (CBA) FLOW CYTOMETRY DETECTION OF AQUAPORI ANTISTREPTOLYSIN O TITER ANTISTREPTOLYSIN O SCREEN C-REACTIVE PROTEIN C-PEACTIVE PROTEIN	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	ANTISTREPTOLYSIN O SCREEN C-REACTIVE PROTEIN C-REACTIVE PROTEIN, HS GLYCOPROTEIN ANTIBODY	5.18						01/01/20		
39	86141								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					х	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	GLYCOPROTEIN ANTIBODY CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY PHOSPHOLIPID ANTIBODY CHEMOTAXIS ASSAY COLD AGGLUTININ; COLD AGGLUTININ; COMPLEMENT; COMPLEMENT; COMPLEMENT; TOTAL (CH 50) COMPLEMENT FIXATION, EACH CCP ANTIBODY DEOXYRIBONUCLEASE, ANTIBODY DNA ANTIBODY	13.74						01/01/20		
39	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY	12.11						01/01/20		
39	86231							x	01/01/22		
39	86235	ENA ANTIBODY	16.36						01/01/20		
39	86255	FLUORESCENT ANTIBODY; SCREEN FLUORESCENT ANTIBODY; TITER	12.05						01/01/20		
39	86256	FLUCKESCENT ANTIBODY; TITER	12.05					v	01/01/20		
39	86258	DETECTION OF GLIADIN (DEAMIDATED) (D	11.53					х	01/01/22		
39	86277	GROWTH HORMONE, HUMAN, ANTIBODY, RIA	15.74						01/01/20		

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				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	86280	HEMAGGLUTINATION INHIBITION	8.19						01/01/20		
39	86300	IMMUNOASSAY FOR TUMOR ANTIGEN QUANTI	20.81						01/01/20		
39	86301	IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
39	86304	IMMUNOASSAY, TUMOR CA 125	20.81						01/01/20		
39	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4) HETEROPHILE ANTIBODIES;	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	INHIBIN A 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	ISLET CELL ANTIBODY 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 NATURAL KILLER (NK) CELLS, TOTAL CT	25.51					x	08/01/12		
39	86357	NATURAL KILLER (NK) CELLS, TOTAL CT	37.73						01/01/20		
39	86359	T CELLS;	37.73						01/01/20		
39	86360	T CELLS;	46.98						01/01/20		
39	86361	T CELL ABSOLUTE COUNT	25.51						08/01/12		
39	86362	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/22		
39	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.05						01/01/22		
39	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.53					x	01/01/22		
39	86366	TEST FOR MUSCLE-SPECIFIC KINASE ANTI	18.40						01/01/24		
39	86367	STEM CELLS, TOTAL COUNT	53.02						01/01/20		
39	86376	MICROSOMAL ANTIBODY (THYROID); RIA	14.55						01/01/20		
39	86381	MEASUREMENT OF MITOCHONDRIAL ANTIBOD	25.45					Х	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 NEUTRALIZING ANTIBODY;TITER	31.60						05/12/23		
39	86409	NEUTRALIZING ANTIBODY;TITER	79.00						05/12/23		
39	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT RHEUMATOID FACTOR LATEX FIXATION	31.60						05/12/23		
39	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		
39	86431	RHEUMATOID FACTOR; TB TEST, CELL IMMUN MEASURE	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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	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	86485	SKIN TEST;	8.05						01/01/20		
	39	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	MP			х			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		
										, . , – -		

LAM5M123	LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM	REPORT NO:	RF-0-76SH
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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

						,						
COLUMN:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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 39	86762	ANTIBODY;	14.39 12.88						01/01/20		
		86765	ANTIBODY;	12.88						01/01/20		
	39 39	86768	ANTIBODY; ANTIBODY,(SARS-COV-2)(COVID-19)							01/01/20		
	39 39	86769	, , , , , , , , , , , , , , , , , , , ,	31.60						05/12/23		
	39 39	86771 86774	ANTIBODY;	18.54 13.75						01/01/20 01/01/20		
	39 39	86774	ANTIBODY;	14.39								
	39	86778	ANTIBODY; ANTIBODY;	14.39						01/01/20 01/01/20		
	39	86780	ANTIBODI; ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
	39 39	86784	ANTIBODI; TREPONEMA PALLIDOM ANTIBODY;	6.54						01/01/20		
	39	86787	ANTIBODY;	12.88						01/01/20		
	39	86788	ANTIBODI, 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 SCREENPRA; STANDARD METHOD	49.82						01/01/20		
				15.52						51, 51, 20		

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	86808	SERUM SCREENPRA; 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					х	01/01/20		
39	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	44.83					х	01/01/20		
39	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	95.52					х	01/01/19		
39	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	81.88					х	01/01/19		
39	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	191.65					х	01/01/20		
39	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	174.24					х	01/01/20		
39	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
39	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
39	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			x			06/01/08		
39	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.78					X	01/01/20		
39	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.59					X	01/01/20		
39	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.00					Х	01/01/20		
39	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.39					Х	01/01/20		
39	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.72					Х	01/01/20		
39	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.18					Х	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					х	01/01/20		
39	86905	BLOOD TYPING;	3.83					х	01/01/20		
39	86906	BLOOD TYPING;	7.75						01/01/20		
39	86910	BLOOD TYPING;	21.73					х	01/01/20		
39	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.76						01/01/20		
39	86920	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
39	86921	COMPATIBILITY TEST EACH UNIT;	51.54						01/01/20		
39	86922	COMPATIBILITY TEST EACH UNIT;	49.11						01/01/20		
39	86923	COMPATIBILITY TEST, ELECTRIC	MP			х			06/01/08		
39	86927	FRESH FROZEN PLASMA, THAWING, EACH U FROZEN BLOOD, PREPARATION FOR FREEZI	11.09					X	01/01/20		
39	86930	FROZEN BLOOD, PREPARATION FOR FREEZI						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 39	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.47					x	01/01/20		
39	86950 86960	LEUKOCYTE TRANSFUSION	43.56 MP			x			01/01/20		
39	86960 86965	VOL REDUCTION OF BLOOD/PROD	мР 15.17			A			06/01/08		
39	86970	POOLING OF PLATELETS OR OTHER BLOOD PRETREATMENT OF RBC'S FOR USE IN RBC	2.76					x	01/01/20 01/01/20		
39	86970 86971	PRETREATMENT OF RBC'S FOR USE IN RBC PRETREATMENT OF RBC'S FOR USE IN RBC	8.28					X	01/01/20		
39	86971 86972	PRETREATMENT OF RBC'S FOR USE IN RBC PRETREATMENT OF RBC'S FOR USE IN RBC	2.76					^	01/01/20		
39	00312	FREIREMINENT OF ADC 5 FOR USE IN ADC	2.76						01/01/20		

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	86975	PRETREATMENT OF SERUM FOR USE IN RBC	2.76					х	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			х			01/01/20		
	39	87003	SMALL ANIMAL INOCULATION	16.84						01/01/20		
	39	87015	SPECIMEN CONCENTRATION	6.68					х	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 CULTE BACTERIA EACH	9 44					x	01/01/20		
	39	87070	CILTURE SPECIMEN BACTERIA	8 62					X	01/01/20		
	39	87071	CILTURE BACTEDI AFPORTO OTHO	9 89						01/01/20		
	39	87073	CHITTIDE DACTEDIA ANAEDODIC	9.69						01/01/20		
	39	87075	CULTURE DACTERIA ANAERODIC	9.00					x	01/01/20		
	39	87076	DACTEDIA IDENTIFICATION	9.47					^	01/01/20		
	39	87077	CHIMIDE AEDORIC IDENMITES	0.00					x	01/01/20		
	39	87077 87081	DACHEDIA CHIMIDE CODERN	6.00					^	01/01/20		
		87081	DREGIN DARRIOG GUI GOD HI/GOLONY EGETM	10.03								
	39 39	87084	PRESUM PATHOG COL SCR; W/COLONY ESTIM	12.11						01/01/20		
		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	DESCRIPTION PRETREATMENT OF SERUM FOR USE IN RBC SPLITTING OF BLOOD OR BLOOD PRODUCTS IMMUNOLOGY PROCEDURE SMALL ANIMAL INOCULATION SPECIMEN CONCENTRATION BLOOD CULTURE FOR BACTERIA STOOL CULTURE FOR BACTERIA STOOL CULTURE FOR BACTERIA STOOL CULTURE FOR BACTERIA CULTURE SPECIMEN, BACTERIA CULTURE BACTERIA ANAENDIC CULTURE SPECIMEN, BACTERIA BACTERIA IDENTIFICATION CULTURE AEROBIC IDENTIFY BACTERIA CULTURE SCREEN PRESUM PATHOG CUL SCR;W/COLONY ESTIM URINE CULTURE, COLONY COUNT URINE BACTERIA CULTURE SKIN FUNGUS CULTURE FUNGUS ISOLATION CULTURE CULTURE, FUNGI, ISOLATION BLOOD FUNGUS IDENTIFICATION, MOLD MYCOPLASMA CULTURE CULTURE CHLAMYDIA MYCOBACTERIA CULTURE MYCOBACTERIA CULTURE MYCOBACTERIA CULTURE MYCOBACTERIA CULTURE CULTURE TYPING, FLUORESCENT CULTURE TYPING, FLUORESCENT CULTURE TYPING, SEROLOGIC CULTURE TYPING; IDENTIFICATION BY N CULTURE TYPING; IDENTIFICATION BY N CULTURE TYPING; IDENTIFICATION BY N CULTURE TYPING; ADDED METHOD DARK FIELD EXAMINATION DARK FIELD EXAMINATION MACROSCOPIC EXAM ARTHROPOD MACACROSCOPIC EXAM ARTHROPOD MACAC	5.88						01/01/20		
	39	87177	OVA AND PARASITES SMEARS	8.90					х	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		
		·								3_, 3_, 20		

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

1N:												
	1	2	3	4	5	6	7	8	9	10	11	12
			DESCRIPTION ANTIBIOTIC SENSITIVITY, EACH TB ANTIBIOTIC SENSITIVITY SERUM BACTERICIDAL TITER CYTOMEGALOVIRUS ANTIBODY DFA SMEAR, STAIN & INTERPRET SMEAR, STAIN & INTERPRET SMEAR, STAIN & INTERPRET SMEAR, COMPLEX STAIN SMEAR, STAIN & INTERPRET TISSUE STAIN & INTERPRET TISSUE EXAMINATION FOR FUNGI TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE VIRUS INOCULATION FOR TEST		AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	87188	ANTIBIOTIC SENSITIVITY, EACH	6.64						01/01/20		
	39	87190	TB ANTIBIOTIC SENSITIVITY	7.16						08/01/12		
	39	87197	SERUM BACTERICIDAL TITER	15.02						01/01/20		
	39	87198	CYTOMEGALOVIRUS ANTIBODY DFA	18.23						01/01/20		
	39	87205	SMEAR, STAIN & INTERPRET	4.27					x	01/01/20		
	39	87206	SMEAR, STAIN & INTERPRET	5.39					X	01/01/20		
	39	87207	SMEAR, STAIN & INTERPRET	5.99					X	01/01/20		
	39	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
	39	87210	SMEAR, STAIN & INTERPRET	5.41					X	08/01/12		
	39	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
	39	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	19.74					X	01/01/20		
	39	87250	VIRUS INOCULATION FOR TEST	19.56					X	01/01/20		
	39	87252	VIRUS ID; TISSUE CULT. INOCULATION/OBS	26.07						01/01/20		
	39	87253	VIRUS ID; TISS CULT, ADD STDY, @ ISOLAT	20.20					X	01/01/20		
	39	87254	VIRUS INOCULATION, SHELL VIA	19.56					X	01/01/20		
	39	87255	GENET VIRUS ISOLATE, HSV	33.86						01/01/20		
	39	87260	ADENOVIRUS AG, DFA	14.43						01/01/19		
	39	87265	PERTUSSIS AG, DFA	11.98						01/01/20		
	39	87267	ENTEROVIRUS ANTIBODY, DFA	13.42						01/01/19		
	39	87269	GIARDIA AG, IF	13.61						01/01/19		
	39	87270	CHYLMD TRACH AG, DFA	11.98						01/01/20		
	39	87271	CYTOMEGALOVIRUS DFA	13.42						01/01/19		
	39	87272	CRYPTOSPORIDUM AG, DFA	11.98						01/01/20		
	39	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
	39	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
	39	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
	39	87276	INFLUENZA AG, DFA	15.19						08/01/12		
	39	87278	LEGION PNEUMO AG, DFA	15.19						08/01/12		
	39	87279	PARAINFLUENZA, AG, IF	15.19						08/01/12		
	39	87280	RESP SYNCYTIAL AG, DFA	13.42						01/01/19		
	39	87281	PNEUMOCYSTIS CARINII, AG, IF	11.98						01/01/20		
	39	87283	RUBEOLA, AG, IF	16.86						01/01/20		
	39	87285	TREPON PALLIDUM AG, DFA	12.18						01/01/20		
	39	87290	VARICELLA AG, DFA	13.42						01/01/19		
	39	87299	AG DETECTION NOS, DFA	15.19						08/01/12		
	39	87300	AG DETECTION, POLYVAL, IF	11.98					X	01/01/20		
	39	87301	ADENOVIRUS AG, EIA	11.98						01/01/20		
	39	87305	INFECTIOUS AGENT ANTIGEN DETECTION B	11.98						01/01/20		
	39	87320	CHYLMD TRACH AG, EIA	15.00						01/01/18		
	39	87324	CLOSTRIDIUM AG, EIA	11.98						01/01/20		
	39	87327	CRYPTOCOCCUS NEOFORM AG, EIA	13.42						01/01/19		
	39	87328	CRYPTOSPOR AG, EIA	13.82						01/01/19		
	39	87329	GIARDIA AG, EIA	11.98						01/01/20		
	39	87332	CYTOMEGALOVIRUS AG, EIA	11.98						01/01/20		
	39	87335	E COLI UIS/ AG, EIA	12.66						01/01/20		
	39	87336	ENTAMOED HIST DISPR, AG, EIA	15.19						08/01/12		
	39	87337	ENTAMOES HIST GROUP, AG, EIA	11.98						01/01/20		
	39	87338	MPILOKI, STOOL, EIA	0.53						01/01/20		
	39 39	87339	HPYLORI AG, EIA HEPATITIS B SURFACE AG, EIA	10.19						08/01/12		
	23	87340	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE VIRUS INOCULATION FOR TEST VIRUS ID; TISSUE CULT. INOCULATION/OBS VIRUS ID; TISSUE CULT. ADD STDY, @ ISOLAT VIRUS INOCULATION, SHELL VIA GENET VIRUS ISOLATE, HSV ADENOVIRUS AG, DFA PERTUSSIS AG, DFA PERTUSSIS AG, DFA ENTEROVIRUS ANTIBODY, DFA GIARDIA AG, IF CHYLMD TRACH AG, DFA CYTOMEGALOVIRUS DFA CRYPTOSPORIDUM AG, DFA INFLUENZA B, AG, IF INFLUENZA B, AG, IF INFLUENZA AG, DFA PARAINFLUENZA, AG, IF RESP SYNCYTIAL AG, DFA PARAINFLUENZA, AG, IF RUBEOLA, AG, IF TREPON PALLIDUM AG, DFA AG DETECTION NOS, DFA AG DETECTION, POLYVAL, IF ADENOVIRUS AG, EIA INFECTIOUS AGENT ANTIGEN DETECTION B CHYLMD TRACH AG, EIA CLOSTRIDIUM AG, EIA CRYPTOSPOR AG, EIA GIARDIA AG, EIA GYTOMEGALOVIRUS AG, EIA GYTOMEGALOVIRUS AG, EIA GYTOMEGALOVIRUS AG, EIA CRYPTOSOCCUS NEOFORM AG, EIA CRYPTOSOCCUS NEOFORM AG, EIA CRYPTOSPOR AG, EIA GIARDIA AG, EIA CYTOMEGALOVIRUS AG, EIA ECOLI 0157 AG, EIA ENTAMOEB HIST DISPR, AG, EIA ENTAMOEB HIST GROUP, AG, EIA HPYLORI, STOOL, EIA HPYLORI AG, EIA	10.33						01/01/20		

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	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION HEPATITIS B SURFACE, AG, EIA HEPATITIS B AG, EIA HEPATITIS DELTA AG, EIA HISTOPLASMA CAPSUL AG, EIA	FEE	MIN-MAX	PA	REV	SEX	>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					х	01/01/19		
	39	87420	HIV-2 AG, EIA INFLUENZA A/B, AG, EIA RESP SYNCYTIAL AG, EIA ROTAVIRUS 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 ETA MILLT	11 98						01/01/20		
	39	87451	AG DETECT POLYVAL, EIA, MULT	6.53						01/01/20		
	39	87467	AG DETECT POLYVAL, EIA, MULT MEASUREMENT OF HEPATITIS B SURFACE A DETECTION OF ANAPLASMA PHAGOCYTOPHIL	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		42.84						01/01/20		
	39	87475	LYME DIS. DNA. DIR PROBE	20.05						01/01/20		
	39	87476	BARTONELLA, DNA, QUANT LYME DIS, DNA, DIR PROBE LYME DIS, DNA, AMP PROBE	35.09						01/01/20		
	39	87478	LYME DIS, DNA, AMP PROBE 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	07400	CINDIDA DIVI OTILIM	FO 00						08/01/12		
	39	87483	INFECTIOUS AGENT DETECTION BY NUCLEI	53.44						01/01/20		
	39	87484	DETECTION OF EHRLICHIA CHAFFEENSIS B	35.09						01/01/23		
	39	87485	CHYLMD PNEUM, DNA, DIR PROBE	20.05						01/01/20		
	39	87486	CHYLMD PNEUM, DNA, AMP PROBE	35.09						01/01/20		
	39	87487	CHYLMD PNEUM, DNA, QUANT	42.84						01/01/20		
	39	87490	CHYLMD TRACH, DNA, DIR PROBE	22.75						01/01/19		
	39	87491	CHYLMD TRACH, DNA, AMP PROBE	35.09					х	01/01/20		
	39	87492	INFECTIOUS AGENT DETECTION BY NUCLEI DETECTION OF EHRLICHIA CHAFFEENSIS B CHYLMD PNEUM, DNA, DIR PROBE CHYLMD PNEUM, DNA, AMP PROBE CHYLMD PNEUM, DNA, QUANT CHYLMD TRACH, DNA, DIR PROBE CHYLMD TRACH, DNA, AMP PROBE CHYLMD TRACH, DNA, QUANT CHYLMD TRACH, DNA, QUANT CHYLMD TRACH, DNA, QUANT CHOSTIDIUM DIETECTICAL TOWN CENE (C)	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 CYTOMEG, DNA, OUANT	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		128.29						01/01/20		
	39	87506	INFECTIOUS AGENT DETECTION BY NUCLEI	262.99						01/01/19		
	39	87507		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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1	_	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
1	'S	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
3	39	87513	DETECTION TEST BY NUCLEIC ACID FOR H	35.09						01/01/25		
3	39	87516	HEPATITIS B , DNA , AMP PROBE	35.09						01/01/20		
3	39	87517	HEDATITIS B DNA OHANT	42.84						01/01/20		
3	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		
3	39	87522	HEPATITIS C , RNA, DIR PROBE DETECTION TEST FOR HEPATITIS C VIRUS DETECTION OF HEPATITIS D (DELTA) HEPATITIS G , DNA, DIR PROBE HEPATITIS G , DNA, AMP PROBE HEPATITIS G , DNA, QUANT HSV, DNA, DIR PROBE HSV, DNA, AMP PROBE HSV, DNA, QUANT HHV-6, DNA, DIR PROBE HHV-6, DNA, AMP PROBE HHV-6, DNA, QUANT HIV-1, DNA, DIR PROBE DETECTION TEST FOR HIV-1 VIRUS DETECTION TEST FOR HIV-1 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 AMD DROBE	35 09						01/01/20		
	39	87530	HCV DNA CHANT	12 81						01/01/20		
	39	87531	HHV-6 DNA DID DDORF	28 10						01/01/20		
	39	87532	HIV O, DNA, DIR FRODE	25.19						01/01/20		
	39	87533	HIV-6, DNA, AMP PROBE	11 76						01/01/20		
	39	87534	HIV-0, DNA, QUANT	21 02						01/01/20		
	39	87535	DEMECHTON MECH FOR HIV 1 WIRING	25.92						01/01/20		
	39 39	87536	DETECTION TEST FOR HIV-1 VIRUS	35.09						*. *.		
		07530	DETECTION TEST FOR HIV-I VIRUS	85.10						01/01/20		
	39	87537	HIV-Z, 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		
3	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		
3	39	87581	M.PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
3	39	87582	M.PNEUMON, DNA, QUANT	58.70						01/01/20		
3	39	87590	N.GONORRHOEAE, DNA, DIR PROB	25.40						08/01/12		
3	39	87591	N.GONORRHOEAE, DNA, AMP PROB	35.09					X	01/01/20		
3	39	87592	N.GONORRHOEAE, DNA, QUANT	42.84						01/01/20		
3	39	87593	DETECTION TEST FOR HIV-1 VIRUS DETECTION TEST FOR HIV-1 VIRUS HIV-2, DNA, DIR PROBE DETECTION TEST FOR HIV-2 VIRUS DETECTION TEST FOR HIV-2 VIRUS DETECTION TEST FOR HIV-2 VIRUS LEGION PNEUMO, DNA, DIR PROB LEGION PNEUMO, DNA, AMP PROB LEGION PNEUMO, DNA, AMP PROB LEGION PNEUMO, DNA, QUANT MYCOBACTERIA, DNA, DIR PROBE MYCOBACTERIA, DNA, AMP PROBE MYCOBACTERIA, DNA, AMP PROBE M.TUBERCULO, DNA, DIR PROBE M.TUBERCULO, DNA, DIR PROBE M.TUBERCULO, DNA, AMP PROBE M.AVIUM-INTRA, DNA, DIR PROB M.AVIUM-INTRA, DNA, AMP PROB M.AVIUM-INTRA, DNA, QUANT DETECTION OF MYCOPLASMA GENITALIUM B DETECTION TEST BY NUCLEIC ACID FOR M M.PNEUMON, DNA, AMP PROBE M.PNEUMON, DNA, QUANT N.GONORRHOEAE, DNA, DIR PROB N.GONORRHOEAE, DNA, AMP PROB N.GONORRHOEAE, DNA, QUANT INFECTIOUS AGENT DETECTION BY NUCLEI	38.48	18 99					07/26/22		
3	39	87594	DETECTION TEST BY NUCLEIC ACID FOR P	35.09						01/01/25		
3	39	87623	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
3	39	87624	INFECTIOUS AGENT DETECTION BY NUCLEI	35.09						01/01/20		
3	39	87625	INFECTIOUS AGENT DETECTION BY NUCLEI	40.55						01/01/19		
3	39	87626	DETECTION TEST BY NUCLEIC ACID FOR H	70.20						01/01/25		
3	39	87631		142.63		х				01/01/19		
3	39	87632	INFECTIOUS AGENT DETECTION BY NUCLEI	218.06		x				01/01/20		

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	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX			OVERS	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				E		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 AMD	35.09						01/01/20		
	39	87799	DETECT AGENT NOS, DNA, AMP DETECT AGENT NOS, DNA, QUANT DETECT AGNT MULT, DNA, DIREC	13.54						01/01/20		
	39	87800	DETECT ACMUMITU DNA DIDEC	43.67						01/01/20		
	39 39	87801	DETECT AGNT MULT, DNA, DIREC DETECT AGNT MULT, DNA, AMPLI	70.20						01/01/20		
	39 39	87802	STREP B ASSAY W/OPTIC	12.73								
	39 39	87802 87803	•							01/01/20		
			CLOSTRIDIUM TOXIN A W/OPTIC	15.19					x	08/01/12		
	39	87804	AGENT NOS ASSAY W/OPTIC	15.19					Α.	08/01/12		
	39 39	87806	INFECTIOUS AGENT ANTIGEN DETECTION B	30.60						01/01/15		
		87807	RSV ASSAY W/OPTIC	13.10				_		01/01/20		
	39	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.19				F		08/01/12		
	39	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.86						01/01/20		
	39	87810	CHYLMD TRACH ASSAY W/OPTIC	16.86						01/01/20		
	39	87811	SARS-COV-2 COVID 19 W/OPTIC	31.04						05/12/23		
	39	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.86						01/01/20		
	39	87880	STREP A ASSAY W/OPTIC	15.19						08/01/12		
	39	87899	AGENT NOS ASSAY W/OPTIC	15.19						08/01/12		
	39	87900	PHENOTYPE, INFECT AGENT DRUG	130.35						01/01/20		
	39	87901	GENOTYPE, DNA, HIV REVERSE T	257.45						01/01/20		
	39	87902	GENOTYPE, DNA, HEPATITIS C	257.45						01/01/20		
	39	87903	PHENOTYPE, DNA HIV W/CULTURE	488.66						01/01/20		
	39	87904	PHENOTYPE, DNA HIV W/CLT ADD	26.07						01/01/20		
	39	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY	12.22						01/01/20		
	39	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS B	128.73						01/01/20		
	39	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
	39	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS B	257.45						01/01/20		
	39	87913	NFCT AGT GNTYP ALYS SARSCOV2	193.09						05/12/23		
	39	87999	MICROBIOLOGY PROCEDURE	MP			х			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	40			_		01/01/21		
	39	88112	CYTOPATHOLOGY, SELECT CELL ENHANCEMNT		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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	1	2	3	4	5			7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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							08/01/12		
	39	88143	CYTPATH C/VAG T/LAYER REDO	19.34							01/01/20		
	39	88147	CYTPATH C/VAG AUTOMATED	14.85							01/01/20		
	39	88148	CYTPATH C/VAG AUTO RESCREEN	14.85							01/01/20		
	39	88150	CYTOPATHOLOGY, PAP SMEAR	14.85					F		01/01/20		
	39	88152	CYTOPATH CERV/VAG AUTO	14.85		99					01/01/20		
	39	88153	CYTOPATH CERV/VAG AUTO CYTPATH C/VAG REDO	14.85							01/01/20		
	39	88155	CYTOPATH, (PAP); W/ DEF. HORMONAL EVAL	8.44					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							01/01/20		
	39	88166	CYTPATH TBS C/VAG AUTO REDO	14.85							01/01/20		
	39	88167	CYTPATH TBS C/VAG SELECT	14.85							01/01/20		
	39	88172	IMMEDIATE EVAL/ASPIRATE, SPEC ADEQUAC								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					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						х	01/01/22		
	39	88187	FLOWCYTOMETRY/READ, 2-8	MP				х			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		89.85							01/01/20		
	39	88233	TISS CULT-CHROMOSOME ANAL;LYMPHOCYTE 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								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		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								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	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	: 77
	STATE HOSDITALS OHTDATIENT SEDVICES FOR SCHEDILE		

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

1 2 3 CONTRIBUTION THE PROPERTY THE PROPERT	COLUMN:											
TS CODE DESCRIPTION FEE MIN-MAX PA REV SEX >01 DATE OVERS IND 39 88263 CHROMOSORE COUNT: ADDITIONAL 31.79 01/01/20 01/01		2	3	4	5	6	7	8	9	10	11	12
39							MED		UVS			
88 88 88 88 SERON ANAL, ADD SPEC BANDING TECH 39.23 01/01/20	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
Second S	39	88280	CHROMOSOME COUNT: ADDITIONAL	31.79						08/01/12		
88289	39	88283	CHROM ANAL; ADD SPEC BANDING TECH.	39.23						01/01/20		
39 88299 CYTOGENETIC STUDY 39 88300 SURGICAL PATHOLOGY, GROSS 3 88300 SURGICAL PATHOLOGY, GROSS 3 88301 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 60.71 X 01/01/21 39 88308 PATHOLOGY EXAMINATION OF TISSUE USIN 60.71 X 01/01/21 39 88309 PATHOLOGY EXAMINATION OF TISSUE USIN 60.71 X 01/01/20 39 88311 SUBGICAL PATHOLOGY, DECALCIFICATION 16.88 01/01/20 39 88312 SUBGICAL STAIN INCLUDING INTERPRETATI 63.70 01/01/20 39 88313 SPECIAL STAIN INCLUDING INTERPRETATI 75.85 01/01/20 39 88314 SPECIAL STAIN INCLUDING INTERPRETATI 75.85 01/01/20 39 88321 MICROSLIDE CONSULTATION DATA 89.80 01/01/20 39 88322 MICROSLIDE CONSULTATION DATA 89.80 01/01/21 39 88323 MICROSLIDE CONSULTATION DATA 145.07 X 01/01/20 39 88321 MICROSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88321 MICROSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88324 MICROSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88344 IMMUNOSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88345 IMMUNOSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.09 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.00 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.00 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.00 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.00 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.00 X 01/01/20 39 88346 MICROSLIDE CONSULTATION DURING SURGERY 31.00 X 01/01/20 39 88346 MICROSLIDE CO	39	88285	CHROMOSOME COUNT: ADDITIONAL	26.72						01/01/20		
Second Color	39	88289	CHROM ANAL; ADD HI RESOLUTION STUDY	34.43						01/01/20		
Second S	39	88299	CYTOGENETIC STUDY	6.45			x			01/01/20		
99 88304 PATROLOGY EXAMINATION OF TISSUE USIN 60.71 X 01/01/21 39 88305 PATROLOGY EXAMINATION OF TISSUE USIN 60.71 X 01/01/21 39 88307 PATROLOGY EXAMINATION OF TISSUE USIN 189.27 01/01/20 39 88309 PATROLOGY EXAMINATION OF TISSUE USIN 189.27 01/01/20 39 88311 SURGICAL PATROLOGY: DECALCIFICATION 16.88 01/01/20 39 88311 SURGICAL PATROLOGY: DECALCIFICATION 16.88 01/01/20 39 88311 SURGICAL STAIN INCLIDING INTERPRETATI 88.10 01/01/20 39 88312 SPECIAL STAIN INCLIDING INTERPRETATI 75.85 01/01/20 39 88314 SPECIAL STAIN INCLIDING 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 COMPREMENSIVE REVIEW OF DATA 145.64 01/01/21 39 88325 COMPREMENSIVE REVIEW OF DATA 145.67 X 01/01/20 39 88331 CONSULTATION DURING SURGERY 45.67 X 01/01/20 39 88332 PATROLOGY CONSULTATION DURING SURGERY 83.09 X 01/01/20 39 88332 PATROLOGY CONSULTATION DURING SURGERY 83.09 X 01/01/20 39 88334 IMMUNOLISTOCHEMISTRY OR INMUNOCYTOCH 51.50 X 01/01/20 39 88346 IMMUNOLISTOCHEMISTRY OR INMUNOCYTOCH 51.50 X 01/01/20 39 88346 IMMUNOCYTOCHEMISTRY (INCLUDING SISSU 89.80 MICROSCOPY 348.87 MICROSCOPY 348.87 UNICLOSCOPY 348.	39	88300	SURGICAL PATHOLOGY, GROSS	13.52					x	01/01/21		
Second	39	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					X	01/01/21		
Second	39	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	35.41					X	01/01/21		
Second S	39	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	60.71					X	01/01/21		
Second	39	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	189.27						01/01/20		
88312 SPECIAL STAIN INCLIDING INTERPRETATI 88.12 01/01/20 39 88313 SPECIAL STAIN INCLIDING INTERPRETATI 75.85 01/01/20 39 88321 MICROSILDE CONSULTATION 83.75 01/01/20 39 88323 MICROSILDE CONSULTATION 98.80 01/01/21 39 88325 COMPRENENSIVE REVIEW OF DATA 145.04 01/01/21 39 88325 COMPRENENSIVE 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 88331 CONSULTATION DURING SURGERY 83.09 X 01/01/20 39 88341 IMMUNOCITOCHEMISTRY OR IMMUNOCYTOCH 51.50 X 01/01/20 39 88342 IMMUNOCITOCHEMISTRY OR IMMUNOCYTOCH 51.50 X 01/01/20 39 88344 IMMUNOCITOCHEMISTRY OR IMMUNOCYTOCH 89.39 X 01/01/20 39 88344 IMMUNOCITOCHEMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88346 IMMUNOCITOCHEMISTRY OR IMMUNOCYTOCH 39 88346 IMMUNOFILORESCENCE PER SPEC: INITIAL 98.09 01/01/21 39 88346 IMMUNOFILORESCENCE PER SPEC: INITIAL 98.09 01/01/20 39 88350 IMMUNOFILORESCENCE PER SPEC: INITIAL 98.09 01/01/20 39 88350 IMMUNOFILORESCENCE PER SPECIEMEN 74.54 X 01/01/20 39 88350 MICROSCOPIC GENETIC ANALYSIS OF TUMO 105.39 01/01/20 39 88361 MICROSCOPIC GENETIC ANALYSIS OF TUMO 105.39 01/01/20 39 88365 INSITU HYBRIDIZATION 62, FISH), PE 73.78 01/01/20 39 88365 INSITU HYBRIDIZATION 62, FISH), PE 73.78 01/01/20 39 88367 INSITU HYBRIDIZATION 62, FISH), PE 73.78 01/01/20 39 88367 INSITU HYBRIDIZATION 62, FISH), PE 73.78 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRID 14.22 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRID 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRID 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRID 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRID 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRID 154.03	39	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	286.34						01/01/20		
Second Stain Including Interpretati	39	88311	SURGICAL PATHOLOGY; DECALCIFICATION	16.88						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 88326 CONSULTATION DURING SURGERY 45.67 X 01/01/20 39 88331 CONSULTATION DURING SURGERY 45.67 X 01/01/20 39 88332 PATHOLOGY CONSULTATION DURING SURGER 37.42 01/01/20 39 88341 IMMUNOHISTOCLEMISTRY OR IMMUNOCYTOCH 51.50 X 01/01/20 39 88342 IMMUNOCYTOCHEMISTRY (INCLUDING TISSU 89.39 X 01/01/20 39 88344 IMMUNOCYTOCHEMISTRY (INCLUDING TISSU 89.39 X 01/01/21 39 88344 IMMUNOCYTOCHEMISTRY (INCLUDING TISSU 89.39 X 01/01/21 39 88346 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88346 IMMUNOCYTOCHEMISTRY (INCLUDING TISSU 89.39 X 01/01/21 39 88346 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88346 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88346 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88346 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88350 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88350 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88351 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88361 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88361 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.21 01/01/20 39 88361 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.21 01/01/20 39 88362 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.24 01/01/20 39 88363 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 98.24 01/01/20 39 88364 IN SITU HYBRIDIZATION (EG, FISH), PE 14.72 01/01/20 39 88367 INSITU HYBRIDIZATION (EG, FISH), PE 14.72 01/01/20 39 88368 INSITU HYBRIDIZATION (EG, FISH), PE 14.72 01/01/20 39 88369 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 156.37 01/01/20 39 88371 PROTEIN ANALYSIS OF TISSUE BY WESTER 26.22 X 01/01/20 39 88372 PROTEIN ANALYSIS OF TISSUE BY WESTER 26.22 X 01/01/20 39 88373 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88378 MACROSC	39	88312	SPECIAL STAIN INCLUDING INTERPRETATI	88.12						01/01/20		
Section	39	88313	SPECIAL STAIN INCLUDING INTERPRETATI	63.70						01/01/20		
39 88325 COMPREHENSIVE REVIEW OF DATA 145.04 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 45.67 X 01/01/20 39 88332 PATHOLOGY CONSULTATION DURING SURGER 37.42 01/01/20 39 88342 PATHOLOGY CONSULTATION DURING SURGER 37.42 01/01/20 39 88342 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 51.50 X 01/01/20 39 88344 IMMUNOHISTOCHEMISTRY (INCLUDING TISSU 89.39 X 01/01/20 39 88344 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88346 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 99.11 01/01/20 39 88346 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/21 39 88346 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 98.09 01/01/20 39 88346 IMMUNOFLUCRESCENCE PER SPECIMEN, E 74.54 X 01/01/20 39 88360 MICROSCOPIC GENETIC ANALYSIS OF TUMO MP X 06/01/08 39 88361 MICROSCOPIC GENETIC ANALYSIS OF TUMO 105.39 01/01/20 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 HYBRIDIZATION (EG, FISH), PE 114.72 01/01/20 39 88366 IN SITU HYBRIDIZATION (EG, FISH), PE 114.72 01/01/20 39 88367 INSITU HYBRIDIZATION, MANUAL 111.21 01/01/20 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, IN SITU HYBRI 56.37 01/01/20 39 88372 PROTEIN ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88373 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88377 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88387 MACROSCOPIC EXAMINATION, DISSECTION, 29.25 01/01/20 39 88387 MACROSCOPIC EXAMINATION, DISSECTION, 29.25 01/01/20 39 88387 MACROSCOPIC EXAMINATION, DISSECTION, 29.25 01/01/20 39 88740 HEMGGLOBIN, QUANTITATIVE, TRANSCUTANA 4.90 01/01/20 39 88740 HEMGGLOBIN, QUANTITATIVE, TRANSCUTANA 4.90 01/01/20 39 88740 UNLISTED IN VIVO (EG, TRANSCUTANA 4.90 01/01/20	39	88314	SPECIAL STAIN INCLUDING INTERPRETATI	75.85								
39 88329 COMPREHENSIVE REVIEW OF DATA 145.04 01/01/20 39 88321 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 IMMUNOCHISTOCHEMISTRY OR IMMUNOCYTOCH 51.50 X 01/01/20 39 88342 IMMUNOCYTOCHEMISTRY (INCLUDING TISSU 89.39 X 01/01/21 39 88344 IMMUNOCHISTOCHEMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88346 ILMUNOCHISTOCHEMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88350 IMMUNOCHIORESCENCE, PER SPECIMEN; 74.54 X 01/01/20 39 88360 MIROSCOPIC GENETIC ANALYSIS OF TUMO MP X 06/01/08 39 88361 MIROSCOPIC GENETIC ANALYSIS OF TUMO 105.39 01/01/21 39 88363 EXAMINATION AND SELECTION OR RETRIEV 20.21 01/01/20 39 88364 IN SITU HYBRIDIZATION (EG, FISR), PE 73.78 01/01/20 39 88365 TISSUE IN SITU HYBRIDI_SINTERPE/REPORT 140.70 X 01/01/20 39 88366 IN SITU HYBRIDI_SINTERP/REPORT 140.70 X 01/01/20 39 88368 INSITU HYBRIDIZATION (EG, FISR), PE 114.72 01/01/20 39 88368 INSITU HYBRIDIZATION, AUTO 111.21 01/01/20 39 88369 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 156.37 01/01/20 39 88371 PROTEIN ANALYSIS OF TISSUE BY WESTER 22.23 01/01/20 39 88371 PROTEIN ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88373 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88378 MACROSCOPIC EXAMINATION, DISSECTION, 29.25 01/01/20 39 88379 SURGICAL PATHOLOGY PROCEDURE MP X 06/01/08 39 88370 HARMOSCOPIC EXAMINATION, DISSECTION, 29.25 01/01/20 39 88378 MEMOGLOBIN QUANTITATIVE, TRANSCUTAN 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 88740 UNLISTED IN VIVO (EG, TRANSCUTAN 4.90 01/01/20	39	88321	MICROSLIDE CONSULTATION	83.75						01/01/20		
39	39	88323	MICROSLIDE CONSULTATION	98.80						01/01/21		
39 88331 CONSULTATION DURING SURGERY 83.09 X 01/01/20 39 88341 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 51.50 X 01/01/20 39 88341 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 51.50 X 01/01/21 39 88342 IMMUNOCYTOCHEMISTRY (INCLUDING TISSU 89.39 X 01/01/21 39 88344 IMMUNOFICOREMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88346 IMMUNOFICOREMISTRY OR IMMUNOCYTOCH 89.11 01/01/20 39 88346 IMMUNOFICORESCENCE PER SPEC; INITIAL 98.09 01/01/21 39 88346 ILMUNOFICORESCENCE, PER SPECIMEN; E 74.54 X 01/01/20 39 88350 IMMUNOFICORESCENCE, PER SPECIMEN; E 74.54 X 01/01/21 39 88361 MICROSCOPIC GENETIC ANALYSIS OF TUMO MP X 06/01/08 39 88361 MICROSCOPIC GENETIC ANALYSIS OF TUMO DEPARTMENT OF TUMO 10/01/20 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 HYBRIDIZATION (EG, FISH), PE 73.78 01/01/20 39 88366 IN SITU HYBRIDIZATION (EG, FISH), PE 114.72 01/01/20 39 88366 IN SITU HYBRIDIZATION, AUTO 98.24 01/01/21 39 88368 INSITU HYBRIDIZATION, AUTO 98.24 01/01/21 39 88369 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 156.37 01/01/20 39 88371 PROTEIN ANALYSIS, IN SITU HYBRI 56.37 01/01/20 39 88371 PROTEIN ANALYSIS, IN SITU HYBRI 56.37 01/01/20 39 88373 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88378 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88379 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88370 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88371 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88373 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88378 HEMOGLOBIN QUANTITATIVE, TRANSCUTAN 4.90 01/01/20 39 88740 HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN 4.90 01/01/20 39 88740 HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN 4.90 01/01/20 39 88740 HEMOGLOBIN, QUANTITATIVE, TRA	39	88325	COMPREHENSIVE REVIEW OF DATA	145.04						01/01/21		
39 88332 PATHOLOGY CONSULTATION DURING SURGER 37.42 01/01/20 39 88341 IMMUNOCYTOCHEMISTRY OR IMMUNOCYTOCH 51.50	39	88329	CONSULTATION DURING SURGERY	45.67					Х	01/01/20		
39	39	88331	CONSULTATION DURING SURGERY	83.09					Х	01/01/20		
39		88332	PATHOLOGY CONSULTATION DURING SURGER	37.42						01/01/20		
39 88344 IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH 89.11 39 88346 IMMUNOFUQURESCENCE PER SPEC; INITIAL 98.09 39 88348 ELECTRON MICROSCOPY 39 88350 IMMUNOFLUQUESCENCE, PER SPECIMEN; E 74.54 X 01/01/21 39 88350 IMMUNOFLUQUESCENCE, 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 88366 IN SITU HYBRIDIZATION, AUTO 98.24 01/01/20 39 88367 INSITU HYBRIDIZATION, AUTO 98.24 01/01/20 39 88368 INSITU HYBRIDIZATION, ANNUAL 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 26.22 X 01/01/20 39 88372 PROTEIN ANALYSIS, IN SITU HYBRI 164.25 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 164.25 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 164.25 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 88390 SURGICAL PATHOLOGY PROCEDURE MP X 06/01/02 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	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	51.50					Х	01/01/20		
39 88346 IMMUNOFLUCRESCENCE PER SPEC; INITIAL 98.09 39 88348 ELECTRON MICROSCOPY 39 88350 IMMUNOFLUCRESCENCE, 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 HYBRIDI.;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 154.33 01/01/20 39 88374 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88375 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88376 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88377 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88378 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88379 MORPHOMETRIC ANALYSIS, IN SITU HYBRI 162.79 01/01/20 39 88378 HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN 4.90 01/01/20 39 88740 HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN 4.90 01/01/20 39 88740 HEMOGLOBIN, QUANTITATIVE, TRANSCUTAN 4.90 01/01/20 39 88749 UNLISTED IN VIVO (EG, TRANSCUTAN 4.90 01/01/20 39 88749 UNLISTED IN VIVO (EG, TRANSCUTAN 4.90 01/01/20	39	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSU	89.39					Х	01/01/21		
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39			ELECTRON MICROSCOPY									
39			IMMUNOFLUORESCENCE, PER SPECIMEN; E	74.54					X	01/01/21		
39							x					
39			MICROSCOPIC GENETIC ANALYSIS OF TUMO							01/01/21		
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 154.33 01/01/20 39 88387 MACROSCOPIC EXAMINATION, DISSECTION, 29.25 01/01/20 39 88387 MACROSCOPIC EXAMINATION, DISSECTION, 29.25 01/01/20 39 88389 SURGICAL PATHOLOGY PROCEDURE MP X 06/01/08 39 88738 HEMOGLOBIN (HGB), QUANTITATIVE, TRANS 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, TRANSCUTAN 4.90 01/01/20 39 88749 UNLISTED IN VIVO (EG, TRANSCUTAN 4.90 01/01/20 39 88749 UNLISTED IN VIVO (EG, TRANSCUTAN 4.90 01/01/20 39 88740 BODY FLUID CELL COUNT 4.72 X 01/01/20			EXAMINATION AND SELECTION OF RETRIEV	20.21								
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39 89051 BODY FLUID CELL COUNT 5.60 X 01/01/20												
	39	89051	BODY FLUID CELL COUNT	5.60					х	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	: 78
	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
-	_	3	-	AGE		•	MED	J	uvs	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	PA	REV	SEX	>001	DATE	OVERS	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				х			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 VACCINESQ	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		99							
39	90632	HEPATITIS A VACCINE (HEPA), ADULT	CCR		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		26							
39	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6	CCR		45							
39	90653	INFLUENZA VACCINE, INACTIVATED, SUBU	CCR		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		21							
39	90660	INFLUENZA VIRUS VACC, INTRANASAL USE	CCR	00	49							

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COLUMN	

N:													
	1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE		-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	90661	INFLUENZA VIRUS VACCINE, DERIVED FRO	CCR	11114	11111		1411	DLA	7001	DALL	OVERD	1112
	39	90662	INFLUENZA VIRUS VACCINE, SPLIT VIRU	CCR	65	99							
	39	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FO	MP	05	,,,		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				Λ.			01/01/11		E
	39	90673	VACCINE FOR INFLUENZA ADMINISTERED I	CCR	19	99							ь
	39	90675	RABIES VACCINE, IM	CCR	19	99							
	39	90676	RABIES VACCINE, IM	CCR									
	39	90680	ROTAVIURS VACCINE, ORAL USE	CCR	00	18							
	39	90682	INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	19	99							
	39	90683		CCR	10	59			F				
	39	90690	RESPIRATORY SYNCYTIAL VIRUS VACCINE	CCR	10	39			r				
	39	90691	TYPHOID VACCINE, ORAL	CCR									
	39	90698	TYPHOID VACCINE, IM DTAP-HIB-IPV VACCINE, IM	CCR	00	20							
	39	90700	•	CCR	00	21							
	39	90702	DTAP, DIPHTH, TETANUS TOXO, PETRUSSIS IMMUNIZATION, DT	CCR	00	21							
	39	90702	MEASLES, MUMPS AND RUBELLA VIRUS-MMR	CCR	00	21							E
	39	90710	•	CCR	00	10							Ŀ
	39	90713	MEASLES, MUMPS, RUBELLA, AND VARICELL	CCR	00	18							
			IMMUNIZATION, POLIO INJECTION		07	00							
	39 39	90714 90715	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR CCR	07 07	99 99							E
			TDAP VACCINE >7 IM		0 /	99							E
	39	90716	VARICELLA VIRUS VACCINE (VAR) LIVE	CCR	00	01							E
	39	90717	IMMUNIZATION, YELLOW FEVER	CCR	00	21							
	39	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	00	20 99							
	39 39	90732	PNEUMOCOCCAL POLYSACC VACCINE, 23-VAL	CCR	02	99							
		90734	MENINGOCOCCAL CONJUGATE VACCINE, IM	CCR	01	00							E 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	00	01							
	39	90743	HEP B VACC, ADOL, 2 DOSE, IM	CCR	00 00	21 20							
	39	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR									E
	39 39	90746	HEPATITIS B VACCINE, ADULT DOSAGE, IM	CCR	19 00	99							E
	39	90748	HEPATITIS B/HIB VACCINE	CCR CCR	00	21							
	39	90749	IMMUNIZATION, UNLISTED PROCEDURE		F 0	00							
		90750	ZOSTER (SHINIGLES) VACCINE (HZV), RE	CCR	50	99							
	39 39	90756 90935	INFLUENZA VIRUS VACCINE, QUADRIVALEN HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR CCR									
	39	90935		CCR									
	39	90940	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES										
	39	90945	HEMODIALYSIS ACCESS STUDY	CCR CCR									
	39	90945	DIAL.PROC(EG,PERITONEAL),SINGLE DIALYSIS PROCEDURE REQUIRING REPEAT	CCR									
	39	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
	39	90952		CCR	00	01							
	39	90952	END-STAGE RENAL DISEASE (ESRD) RELAT END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
	39		· · · · · · · · · · · · · · · · · · ·	CCR	02	11							
	39	90954 90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
	39	90956	END-STAGE RENAL DISEASE (ESRD) RELAT END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
	39	90957	END-STAGE RENAL DISEASE (ESRD) RELAT END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		19							
	33	90931	END SINGE RENAL DISEASE (ESRD) RELAT	CCR	12	13							

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COLUMN:													
COLOMN.	1	2	3	4	5		6	7	8	9	10	11	12
	_	_		-	ĀG	E	•	MED	•	uvs	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MI	N-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
	39	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
	39	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
	39	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
	39	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
	39	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
	39	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
	39	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
	39	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
	39	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
	39	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
	39	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	12	19							
	39	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	20	99							
	39	90989	DIALYSIS TRAIN-PATIENT-COMPLETE	CCR									
	39	90993	DIALYSIS TRAIN-PATIENT-NOT COMPLETE	CCR									
	39	90997	HEMOPERFUSION (EG-CHARCOAL/RESIN)	CCR									
	39	90999	UNLISTED DIALYSIS PROCEDURE	CCR									
	39	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR			x						
	39	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR									
	39	91020	ESOPHAGOGASTRIC MANOMETRIC STUDIES	CCR									
	39	91022	DUODENAL MOTILITY STUDY	CCR									
	39	91030	ACID PERFUSION FOR ESOPHAGITIS	CCR									
	39	91034	GASTROESOPHAGEAL REFLUX TEST	CCR									
	39	91035	G-ESOPH REFLX TST W/ELECTROD	CCR									
	39	91037	ESOPH IMPED FUNCTION TEST	CCR									
	39	91038	ESOPH IMPED FUNCT TEST > 1H	CCR									
	39	91040	ESOPH BALLOON DISTENSION TST	CCR									
	39	91065	MEASUREMENT OF HYDROGEN IN BREATH IN	59.09							01/01/20		
	39	91110	GI TRACT IMAGING, INTRALUMINAL	CCR									
	39	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	CCR									
	39	91120	RECTAL SENSATION TEST	CCR									
	39	91122	ANORECTAL MANOMETRY	CCR									
	39	91132	ELECTROGASTROGRAPHY	CCR									
	39	91133	ELECTROGASTROGRAPHY W/TEST	CCR									
	39	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	CCR									
	39	91299	UNLISTED DX GASTRO. PROC	CCR									
	39	91304	NOVAVAX COVID-19 VACCINE, ADJUVANTED	148.20	12	99					10/03/23		
	39	92002	EYE EXAM; INTERMEDIATE; NEW PT	CCR									
	39	92004	EYE EXAM; COMPREHENSIVE; NEW PT	CCR									
	39	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	CCR									
	39	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	CCR									
	39	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	CCR									
	39	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	CCR									
	39	92060	SENSORIMOTOR EXAM EYE	CCR									
	39	92065	ORTHOPTIC/PLEOPTIC TRAINING	CCR	00	21							
	39	92066	EYE TRAINING EXERCISE UNDER SUPERVIS	CCR									
	39	92081	TANGENT SCREEN; AUTOPLOT	CCR									
	39	92082	QUANTITATIVE PERIMETRY	CCR									
	39	92083	MEASUREMENT OF FIELD OF VISION DURIN	CCR									
	39	92100	SERIAL TONOGRAPHY W/EVALUATION	CCR									

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BEHAVRAL QUALIT ANALYS VOICE

SPONTANEOUS NYSTAGMUS W/GAZE

CALORIC VESTIBULAR TEST; EACH

CALORIC VESTIBULAR TEST WITH RECORDI

CALORIC VESTIBULAR TEST WITH RECORDI

BASIC VESTIBULAR EVALUATION, INCLUDE

SPONTANEOUS NYSTAGMUS W/RECORDING

POSITIONAL NYSTAGMUS W/RECORDING

OSCILLATING TRACKING W/RECORDING

OPTOKINETIC NYSTAGMUS W/RECORDING

POSITIONAL NYSTAGMUS STUDY

OPTOKINETIC NYSTAGMUS

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	STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE		
	FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025		

COLUMN:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MA	K PA	REV	SEX	>001	DATE	OVERS	IND
	39	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR								
	39	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR								
	39	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	CCR								
	39	92136	OPHTHALMIC BIOMETRY	CCR								
	39	92137	IMAGING OF RETINA WITH OPTICAL COHER	CCR								
	39	92145	CORNEAL HYSTERESIS DETERMINATION, BY	CCR								
	39	92201	EXTENDED EXAMINATION OF EYE WITH DRA	CCR								
	39	92202	EXTENDED EXAMINATION OF EYE WITH DRA	CCR								
	39	92227	REMOTE IMAGING FOR DETECTION OF RETI	CCR								
	39	92228	REMOTE IMAGING FOR MONITORING AND MA	CCR								
	39	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	CCR								
	39	92235	OPHTHALMOSCOPY W/ANGIOGRAPHY	CCR					x			
	39	92240	ICG ANGIOGRAPHY	CCR								
	39	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	CCR								
	39	92250	OPHTHALMOSCOPY W/FUNDUS PHOTO	CCR								
	39	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	CCR								
	39	92265	OCULOELECTROMYOGRAPHY	CCR								
	39	92270	ELECTRO-OCULOGRAPHY	CCR								
	39	92283	COLOR VISION EXAMINATION	CCR								
	39	92284	DARK ADAPTATION EXAMINATION	CCR								
	39	92285	EXTERNAL OCULAR PHOTOGRAPHY	CCR								
	39	92286	SPECULAR ENDOTHELIAL MICROSCOPY	CCR								
	39	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY	CCR								
	39	92499	UNLISTED OPHTHALMOLOGICAL SERVICE	CCR								
	39	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	CCR		х						
	20	92507	SPEECH LANGUAGE HEARING THERAPY	49.56	00 02	х				03/01/13	1	
	39	92507	TREATMENT OF SPEECH, LANGUAGE, AUDITOR	32.99	03 99	х				01/01/20	1	
	39	92511	NASOPHARYNGOSCOPY	CCR		х						
	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	ı	
	39	92521	EVALUATION OF SPEECH FLUENCY	86.25	03 99					01/01/20	1	
	20	92522	SPEECH LANGUAGE HEARING EVALUATION	66.74						01/01/14	ı	
	39	92522	EVALUATE SPEECH PRODUCTION	70.27	03 99					01/01/20	1	
	20	92523	SPEECH LANGUAGE HEARING EVALUATION	66.74	00 02					01/01/14	ı	
	39	92523	SPEECH SOUND LANG COMPREHENSION	145.62	03 99					01/01/20	1	
	20	92524	SPEECH LANGUAGE HEARING EVALUATION	66.74						01/01/14		
	-	00504			00 00					01/01/00		

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COLUMN	•

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1	2	3	4	5 AGE		6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39			CCR									
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39			MP				x			01/01/12	•	
39		•	CCR				Λ			01/01/12	•	
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39			CCR CCR									
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39 39		· · · · · · · · · · · · · · · · · · ·	CCR									
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39 39		•	CCR									
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39		•	CCR							01 /01 /00		
39			37.30							01/01/20		
39 39		•	40.49							01/01/20		
39			155.37				x			01/01/20		
39			MP CCR				^			01/01/12	1	
39		•	CCR						x			
39			CCR						^			
39		•	CCR						x			
39		•	CCR						^			
39			CCR	02	99	v						
39			CCR		99	x x			x			
39			CCR	02	23		x		^			
39			CCR	0.2	99	X X	X					
39			CCR	02	23	^	^					
39				00	20							
		•	CCR									
39	92651	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	UU	20							

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1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX	>001		OVERS	IND
39		AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00 20						0.1	
39		AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00 20							
39		ENT PROCEDURE/SERVICE	CCR	00 20							
39		BALLOON DILATION OF NARROWED OR BLOC	CCR								
39		PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39		PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39		PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39		PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR								
39		PERCUTANEOUS TRANSCATHETER PLACEMENT	CCR								
39		PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39		PERCUTANEOUS TRANSLUMINAL CORONARY A	CCR								
39		PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR								
39		PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR								
39			CCR								
39		PERCUTANEOUS TRANSLUMINAL REVASCULAR PERCUTANEOUS TRANSLUMINAL REVASCULAR	CCR								
39		CARDIOPULMONARY RESUSCITATION	CCR					x			
39			CCR					X			
39		ELECTRICAL CARDIOVERSION	CCR					^			
39		CARDIOVERSION, ELECTRIC, INT	CCR								
		SHOCKWAVE DESTRUCTION OF CALCIFIED P									
39 39		PERCUT CORONARY THROMBECTOMY	CCR								
		CATH PLACE, CARDIO BRACHYTX	CCR								
39		INTRAVASCULAR US, HEART	CCR								
39		INTRAVASCULAR US, HEART	CCR					х			
39		PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR								
39		REVISION OF MITRAL VALVE	CCR								
39		PERCUTANEOUS BALLOON VALVULOPLASTY;	CCR								
39		PUL ART BALLOON REPAIR, PERC	CCR								
39		PUL ART BALLOON REPAIR, PERC	CCR					X			
39		ROUTINE ECG W/AT LEAST 12 LEADS	CCR					X			
39		ECG; TRACING ONLY	CCR					X			
39		ECG; INTERPRETATION AND REPORT	CCR					х			
39		CARDIOVASCULAR STRESS TEST	CCR								
39		CARDIOVASCULAR STRESS TEST USING MAX	CCR								
39		CARDIOVASCULAR STRESS TEST; TRACING	CCR								
39		CARDIOVASCULAR STRESS; INTERPRET/REP	CCR								
39		MICROVOLT T-WAVE ASSESS	CCR								
39		RHYTHM ECG;1-3 LEADS W/INTERPRETATIO	CCR					X			
39		RHYTHM ECG; TRACING ONLY	CCR					X			
39		RHYTHM ECG; INTERPRET+REPORT ONLY	CCR					х			
39		ARTERIAL PRESSURE WAVEFORM ANALYSIS	CCR								
39		ACTIVATION OF IMPLANTED PHRENIC NERV	CCR								
39		EVALUATION AND PROGRAMMING OF IMPLAN	CCR								
39		EVALUATION AND PROGRAMMING OF IMPLAN	CCR								
39		EVALUATION OF IMPLANTED PHRENIC NERV	CCR								
39		ECG MONITORING 24 HR BY CONT ORIG	CCR								
39		PHYSICIAN REVIEW & INTERPRETATION	CCR								
39		WEARABLE MOBILE CARDIOVASCULAR TELEM	CCR								
39		EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39		EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
39	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	х-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
	39	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
	39	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
	39	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
	39	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
	39	93260	PROGRAMMING DEVICE EVALUATION (IN PE	CCR								
	39	93261	INTERROGATION DEVICE EVALUATION (IN	CCR								
	39	93268	ECG, PT DEMAND; PRE-SYMPTOM MEM LOOP	CCR								
	39	93272	ECG MONITORING; SCANNING ANALYSIS	CCR								
	39	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	CCR								
	39	93279	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
	39	93280	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
	39	93281	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
	39	93282	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
	39	93283	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
	39	93284	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
	39	93285	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
	39	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
	39	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
	39	93288	INTERROGATION DEVICE EVALUATION (IN	CCR								
	39	93289	INTERROGATION DEVICE EVALUATION (IN	CCR								
	39	93290	INTERROGATION DEVICE EVALUATION (IN	CCR								
	39	93291	INTERROGATION DEVICE EVALUATION (IN	CCR								
	39	93292	INTERROGATION DEVICE EVALUATION (IN	CCR								
	39	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	CCR								
	39	93294	INTERROGATION DEVICE EVALUATION(S) (CCR								
	39	93295	INTERROGATION DEVICE EVALUATION(S) (CCR								
	39	93296	INTERROGATION DEVICE EVALUATION(S) (CCR								
	39	93297	INTERROGATION DEVICE EVALUATION(S),	CCR								
	39	93298	INTERROGATION DEVICE EVALUATION(S),	CCR								
	39	93303	ECHO TRANSTHORACIC	CCR								
	39	93304	ECHO TRANSTHORACIC	CCR								
	39	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
	39	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	CCR								
	39	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	CCR								
	39	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL	CCR								
	39	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
	39	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
	39	93315	ECHO TRANSESOPHAGEAL	CCR								
	39	93316	ECHO TRANSESOPHAGEAL	CCR								
	39	93317	ECHO TRANSESOPHAGEAL	CCR								
	39	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR								
	39	93319	3D ULTRASOUND IMAGING OF HEART FOR E	CCR								
	39	93320	DOPPLER ECHOCARDIOGRAPHY	CCR								
	39	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	CCR								
	39	93325	DOPPLER COLOR FLOW VELOCITY	CCR								
	39	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	CCR								
	39	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
	39	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	CCR								
	39	93356	HEART MUSCLE STRAIN IMAGING	CCR								

#: 1973

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COLUMN	

1 :												
1	2		3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	s co	DE	DESCRIPTION	FEE	MIN-MAX	PA		SEX	>001	DATE	OVERS	IND
39		451	RIGHT HEART CATHETERIZATION INCLUDIN	CCR								
39		452	LEFT HEART CATHETERIZATION INCLUDING	CCR								
39		453	COMBINED RIGHT AND LEFT HEART CATHET	CCR								
39		454	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		455	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		456	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		457	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		458	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		459	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		460	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		461	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
39		462	LEFT HEART CATHETERIZATION BY TRANSS	CCR								
39		463	PHARMACOLOGIC AGENT ADMINISTRATION (CCR								
39		464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	CCR								
39		503	INSERTION AND PLACEMENT OF FLOW DIR	CCR								
39		505	ENDOCARDIAL BIOPSY 000	CCR								
39		563	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39		564	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39		565	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39		566	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39		567	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39		568	INJECTION PROCEDURE DURING CARDIAC C	CCR								
39		569	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
39		571	HEART FLOW RESERVE MEASURE	CCR								
39		572	HEART FLOW RESERVE MEASURE	CCR								
39		573	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
39		574	INJECTION FOR SELECTIVE IMAGING OF P	CCR					x			
39		575	INJECTION FOR SELECTIVE IMAGING OF M	CCR								
39		580	TRANSCATH CLOSURE OF ASD	CCR								
39		581	TRANSCATH CLOSURE OF VSD	CCR								
39		582	Closure of congenital heart defect f	CCR								
39		584	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39		585	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39		586	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39		587	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39		588	REVIEW BY RADIOLOGIST OF VEIN IMAGIN	CCR								
39		590	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
39		591	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR								
39		592	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR					х			
39		593	RIGHT HEART CATHETERIZATION FOR CONG	CCR								
39		594		220.67						01/01/22		
39		595	LEFT HEART CATHETERIZATION FOR CONG	CCR						,,		
39		596	RIGHT AND LEFT HEART CATHETERIZATION	CCR								
39		597	R/L HEART CATHABN NATIVE CONN	CCR								
39		598	CARDIAC OUTPUT MEASUREMENT(S), THERM	CCR								
39		600	BUNDLE OF HIS RECORDING	CCR								
39		602	INTRA-ATRIAL RECORDING	CCR								
39		603	RIGHT VENTRICULAR RECORDING;	CCR			x					
39		609	INTRAVENTRICULAR A/O INTRA-ATRIAL MA	CCR								
39		610	INTRA-ATRIAL PACING	CCR								
٠.												

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

. r												
1	•	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
т	'S	CODE	DESCRIPTION	FEE	MIN-MAX	PΑ	REV	SEX	>001	_	OVERS	IND
	9	93612	INTRAVENTRICULAR PACING	CCR								
	9	93613	ELECTROPHYS MAP, 3D, ADD-ON	CCR								
	9	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	CCR								
	9	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	CCR								
_	9	93619	ELECTROPHYSIOLOGY EVALUATION	CCR								
	9	93620	COMP ELECTROPHYSIO EVAL W R ATRIAL	CCR								
_	9	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	CCR								
	9	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	CCR								
	9	93623	PROGRAMMED ST IMULATION & PACING	CCR								
	9	93624	ELECTROPHYSIO LOGIC FOLLOW-UP STUDY	CCR								
	9	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	CCR								
	9	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	CCR								
	9	93641	ELECTROPHYSIOLOGY EVALUATION	CCR								
_	9	93642	ELECTROPHYSIOLOGY EVALUATION	CCR								
	9	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	CCR								
	9	93650	INTRACARDIAC CATHETER ABLATION OF	CCR								
	9	93653	EVALUATION AND INSERTION OF CATHETER	CCR								
	9	93654	EVALUATION AND INSERTION OF CATHETER	CCR								
	9	93655	INTRACARDIAC CATHETER ABLATION OF A	CCR								
	9	93656	EVALUATION AND INSERTION OF CATHETER	CCR								
	9	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	CCR								
_	9	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	CCR								
	9	93662	INTRACARDIAC ECHO DURING TX/DX	CCR								
_	9	93668	PERIPHERAL VASCULAR REHAB	CCR					x			
	9	93701	BIOIMPEDANCE, THORACIC	CCR					^			
	9	93701	BIOIMPEDANCE, THORACIC BIOIMPEDANCE SPECTROSCOPY (BIS), EXT	CCR								
	9	93724		CCR								
	9	93740	ANALYZE PACEMAKER SYSTEM TEMPERATURE GRADIENT STUDIES	CCR								
	9	93740		CCR					x			
	9	93770	DETERMINATION OF VENOUS PRESSURE PATIENT/CAREGIVER TRAINING FOR INITI	CCR					^			
	9	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	CCR								
_	9	93799	CARDIOVASCULAR PROCEDURE	CCR								
	9	93799		CCR								
	9	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
	9	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
	9	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
	9	93892	TCD, EMBOLI DETECT W/O INJ	CCR								
	9	93893	TCD, EMBOLI DETECT W/O INJ	CCR								
	9	93895	QUANTITATIVE CAROTID INTIMA MEDIA TH	CCR								
_	9	93896	ULTRASOUND OF BLOOD FLOW WITHING BRA	CCR								
	9	93897	ULTRASOUND OF VESSELS IN BRAIN FOR D	CCR								
	9	93898	DETECTION OF ABNORMAL BLOOD FLOW IN	CCR								
	9	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	CCR								
	9	93922	EXTREMITY STUDY	CCR								
	9	93923 93924		CCR								
	9	93924	EXTREMITY STUDY DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
	9	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
_	9	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
	9	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTER DUPLEX SCAN OF UPPER EXTREMITY ARTER	CCR								
_	9	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTER DUPLEX SCAN OF EXTREMITY VEINS INCLU	CCR								
3	9	939/0	DUFLEY SCHN OF EYLKEWILL ARING INCTA	CCR								

GAS DILUTION OR WASHOUT FOR DETERMIN

94727

39

LAM5M123	LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM	REPORT NO:	RF-0-76SH
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	CTATE UCCDITATE CHITDATTENT CEDVICES FEE CCHEDITE		

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:												
00201211	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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							х	
	39	94640	NONPRESSURIZED INHALATION	CCR					Х			
	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					х			
	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					х			
	39	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	CCR								

CCR

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	STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE		
	FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025		

COLUMN	•

N:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
39	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	CCR	PILIN PHIN		141	DLA	7001	DAIL	OVERD	1112
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; MODITIFEE DETERMINATIONS 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	·	CCR					x			
39	95012	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	CCR					^			
39	95012 95017	NITRIC OXIDE EXPIRED GAS DETERMINATI						v			
		ALLERGY TESTING, ANY COMBINATION OF	CCR					х			
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					Х			
39	95125	IMMUNOTHERAPY (RX MD) MULTIPLE ANTIGEN	CCR					Х			
39	95130	IMMUNOTHERAPY (RX MD) 1 INSECT VENOM	CCR					Х			
39	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	CCR					Х			
39	95132	IMMUNOTHERAPY; 3 INSECT VENOMS	CCR								
39	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	CCR			x					
39	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					Х			
39	95145	PROV+1 INSECT VENOM, SING DOSE VIAL	CCR					Х			
39	95146	PROV; 2 INSECT VENOMS, SING. DOSE VIALS	CCR					x			
39	95147	PROV; 3 INSECT VENOMS, SING. DOSE VIALS	CCR					Х			
39	95165	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					Х			
39	95170	MD SUPER/PROV; WHOLE BODY EXTRACT	CCR								
39	95180	RAPID DESENSITIZATION; EACH HOUR	CCR			x		Х			
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							

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CC	LUMN	: 1

N:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	РΆ	REV	SEX	>001		OVERS	IND
39	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEAR	CCR	00 05			02	, , , ,	21112	OVERS	1112
39	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	CCR	00 05							
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	00 33							
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					х			
39	95829	ELECTROCORTICOGRAM AT SURGERY	CCR					Λ			
39	95830	MD INSERT SPHENOIDAL ELECTRODE	CCR								
39	95851	RANGE OF MOTION; @ EXTREMITY, NO HANDS	CCR					х			
39	95852	RANGE OF MOTION; EXTREMITI, NO HANDS	CCR					Λ			
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					Λ			
39	95905	NEEDLE MEASUREMENT AND RECORDING OF	CCR					х			
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	LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM	REPORT NO:	RF-0-76SH
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M:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	95929	C MOTOR EVOKED, LWR LIMBS	CCR								
	39	95930	VISUAL EVOKED POTENTIAL TEST	CCR								
	39	95933	BLINK REFLEX, ELETRODIAGNOSTIC TEST	CCR								
	39	95937	NEUROMUSCULAR JUNC.TEST.;@ NERVE	CCR					x			
	39	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	CCR								
	39	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	CCR								
	39	95940	CONTINUOUS MONITORING OF NERVOUS SYS	CCR								
	39	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSI	CCR								
	39	95957	EEG DIGITAL ANALYSIS	CCR								
	39	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	CCR								
	39	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	CCR								
	39	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	CCR								
	39	95965	MEG, SPONTANEOUS	CCR								
	39	95966	MEG, EVOKED, SINGLE	CCR								
	39	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	CCR					x			
	39	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR								
	39	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR								
	39	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	CCR								
	39	95990	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04 99							
	39	95991	REFILLING AND MAINTENANCE OF IMPLANT	CCR	04 99							
	39	95992	CANALITH REPOSITIONING PROCEDURE(S)	CCR			х					
	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					Х			
	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					х			
	39	96413	CHEMO, IV INFUSION, 1 HR	CCR								
	39	96415	CHEMO, IV INFUSION, ADDL HR	CCR					х			
	39	96416	CHEMO PROLONG INFUSE W/PUMP	CCR								

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#: 1979

CHEMOTHERAPY ADMINISTRATION INTO THE

CHEMOTHERAPY ADMINISTRATION, INTO CN

CHEMOTHERAPY INJECTION, SUBARACHNOID

INTRAOPERATIVE HEATED INTRAPERITONEA

INTRAOPERATIVE HEATED INTRAPERITONEA

PHOTODYNAMIC THERAPY BY EXTERNAL APP

DEBRIBEMENT OF PREMALIGNANT HYPERKER

WHOLE BODY INTEGUMENTARY PHOTOGRAPHY

PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL

REFLECTANCE CONFOCAL MICROSCOPY (RCM

REFLECTANCE CONFOCAL MICROSCOPY (RCM

REFLECTANCE CONFOCAL MICROSCOPY (RCM

REFLECTANCE CONFOCAL MICROSCOPY (RCM)

LOW-LEVEL LASER THERAPY APPLICATION

THERAPEUTIC PROCEDURE, LOR MORE, 15MIN

PHYSICAL THERAPY EVALUATION: LOW COM

PHYSICAL THERAPY EVALUATION: MODERAT

PHYSICAL THERAPY EVALUATION: HIGH CO

RE-EVALUATION OF PHYSICAL THERAPY ES

OCCUPATIONAL THERAPY EVALUATION: LOW

OCCUPATIONAL THERAPY EVALUATION: MOD

OCCUPATIONAL THERAPY EVALUATION: HIG

RE-EVALUATION OF OCCUPATIONAL THERAP

THERAPEUTIC ACTIVITIES, DIRECT 15MIN

LOW FREQUENCY, NON-CONTACT, NON-THER

ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT

CHIROPR MANIP TX-ONE TO TWO REGIONS

THERAPEUTIC ACTIVITIES 15 MINUTES

ORTHOTIC MGMT AND TRAINING

UNLISTED PHYSICAL MED SER/PROC

PROSTHETIC TRAINING

PT-ONE AREA THERAPEUTIC 15 MINUTES

REFILL/MAINT, PORTABLE PUMP

PHOTODYNAMIC TX, SKIN

ACTINOTHERAPY

PHOTODYNAMIC TX, 30 MIN

PHOTOCHEMOTHERAPY/PUVA

LASER TX, SKIN < 250 SQ CM

LASER TX, SKIN > 500 SQ CM

DERMATOLOGICAL PROCEDURE

LASER TX, SKIN 250-500 SQ CM

PHOTOCHEMOTHERAPY

REFILL/MAINT PUMP/RESVR SYST

PHOTODYNAMIC TX, ADDL 15 MIN

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LAM5M123	LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM	REPORT NO:	RF-0-76SH
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	CHAME HOCDINALC OURDANTENM CEDUTCEC FEE COMEDULE		

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COLUMN:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	39	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								

LAM5M123	LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM	REPORT NO:	RF-0-76SH
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	STATE HOSDITALS OUTDATIENT SERVICES FEE SCHEDULE		

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:													
	1	2	3	4	5		6	7	8	9	10	11	12
_	_	_	-	_	AGE		_	MED	_	UVS	EFFECT	x-	SPEC
7	rs	CODE	DESCRIPTION	FEE		I-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
3	39	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00	20		x					
3	39	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00	01				х			
3	39	99151	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		х					
3	39	99152	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		х					
3	39	99153	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		х		х			
3	39	99155	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		х					
3	39	99156	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		х					
3	39	99157	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		х		X			
3	39	99170	EXAMINATION OF GENITAL AND ANAL REGI	CCR						X			
3	39	99172	VISUAL FUNCTION SCREENING	CCR									
3	39	99173	SCREENING TEST VISUAL ACUITY BILAT	CCR									
3	39	99175	EMESIS INDUCTION WITH MEDICATION	CCR									
3	39	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	CCR				X		X			
3	39	99195	PHLEBOTOMY, THERAPEUTIC (SEPAR)	CCR									
3	39	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	34.06							01/01/20		
3	39	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	39.22							01/01/20		
3	39	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	58.83							01/01/20		
3	39	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	58.83							01/01/20		
3	39	99211	OFFICE/OUTPATIENT, EST MINIMAL PROBS	34.06						X	01/01/20		
3	39	99212	ESTABLISHED PATIENT OFFICE OR OTHER	34.06						Х	01/01/20		
3	39	99213	ESTABLISHED PATIENT OFFICE OR OTHER	39.22							01/01/20		
3	39	99214	ESTABLISHED PATIENT OFFICE OR OTHER	58.83							01/01/20		
3	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						37			
	39	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR	0.0	01				х			
	39 30	99381	INIT ESM HEALTHY INDV PRIV CHO 1 4VP	CCR	00 01	01							
	39 30	99382	INIT E&M HEALTHY INDV, ERLY CHD 1-4YR	CCR		04							
-	39	99383	INIT E&M HEALTHY INDV, LTE CHLD 5-11	CCR	US	11							

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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: 93

STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

		IN	

1 2 3	
TS CODE DESCRIPTION FEE MIN-MAX PA REV SEX >001 DATE 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 12 17 39 99395 ESTABLISHED PATIENT PERIODIC PREVENT CCR 18 39	11 12 CT X- SPEC
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	OVERS IND
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20 00206 FCMADITCHED DAMTENM DEDITORIC DESIGNM CCD 40 64	
JJ JJJJU EGIMDHIGHED FMIIENI FERIODIC FREVENT CCK 40 04	
39 99397 ESTABLISHED PATIENT PERIODIC PREVENT CCR 65 99	
39 99401 PREVENTIVE MEDICINE COUNSELING AND/ 21.89 05 99 01/03	L/20 E
39 99402 PREVENTIVE MEDICINE COUNSELING AND/ 37.34 05 99 01/03	L/20 E
39 99403 PREVENTIVE MEDICINE COUNSELING AND/ 45.34 05 99 01/03	L/20 E
39 99404 PREVENTIVE MEDICINE COUNSELING AND/ 55.07 05 99 01/03	L/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 LAM5M123 REPORT NO: RF-0-76SH PAGE:

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STATE HOSPITALS OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN:

2 3 5 6 7 12 1 4 9 10 11 MED UVS x-SPEC AGE EFFECT

TS CODE DESCRIPTION FEE MIN-MAX PA REV SEX >001 DATE OVERS IND

EXHIBIT 103

Small Rural Hospital Outpatient Services Fee Schedule (Effective Jan. 1, 2025)

REPORT NO:

PAGE:

RF-0-76SR

#: 1984

LAM5M122 LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
RUN: 05/27/25 08:22:02 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULI FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025 LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you

need further clarification of an item, please call Gainwell Technologies Provider Relations at 1-800-473-2783.

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

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

- 37 Small Rural Hospital Services
- 20 Enhanced Outpatient Rehab Services (under age 3)
- COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: All revenue (HR) codes will require a valid procedure code (HCPC or CPT). All revenue codes will be reimbursed based on the Hospital Specific Cost-to-Charge Ratio except for Labs, Outpatient Services (Therapies), and Hospital Outpatient Clinic Visits will be paid based on the procedure code fee.

 NOTE: Hospital Outpatient Ambulatory Surgery (490) fees are listed under a separate web based Fee Schedule.
- COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
- COLUMN 6. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.
- COLUMN 7. MED REV: Claims with some codes pend to Medical Review for review of the attachments or to confirm Prior Authorization by the surgeon.
- COLUMN 8. SEX (Restriction): Some procedure codes are restricted to a particular sex.
- COLUMN 9. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.
- COLUMN 10. Effective date: Type of Service (TOS) 37 was created 7/1/08 specifically for Small Rural Hospital Outpatient Services. As the HCPC codes are updated annually, the effective date and fee of a specific code will change if affected.
- COLUMN 11. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.
- COLUMN 12. SPEC IND: This code is associated with a special process. Code E Medicaid Expansion

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: 1

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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, DIAGNOSTIC40	CCR								
37	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOS	CCR		х						
37	A9580	SODIUM FLUORIDE F 18, DIAGNOSTIC30	CCR								
37	A9586	FLORBETAPIR F18, DIAGNOSTIC, UP TO 10M	CCR								
37	A9587	GALLIUM GA-68, DOTATATE, DIAG1 MILL	CCR								
37	A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLI	CCR								
37	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	15.20					х	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					х	0.,0=,=0		
37	G6002	STEROSCOPIC X-RAY GUIDANCE FOR LOCA	CCR					X			
37	HR250	PHARMACY, GENERAL CLASSIFICATION	CCR					x			
37	HR251	PHARMACY, GENERIC DRUGS	CCR					x			
37	HR252	PHARMACY, NON-GENERIC DRUGS	CCR					x			
37	HR258	PHARMACY, IV SOLUTIONS	CCR					x			
37	HR259	PHARMACY, OTHER PHARMACY	CCR					x			
37	HR260	IV THERAPY	CCR					X			
37	HR261	INFUSION PUMP	CCR					X			
37	HR269	OTHER IV THERAPY	CCR					X			
37	HR270	MED/SURG SUPPLY/DEVICE-GEN. CLS	CCR					x			
37	HR271	NON STERILE SUPPLY	CCR					X			
37	HR272	STERILE SUPPPLY	CCR					X			
37	HR273	TAKE HOME SUPPLIES	CCR					X			
37	HR274	PROSTHETIC DEVICES	CCR					X			
37	HR275	PACEMAKER	CCR					X			
37	HR278	OTHER IMPLANTS	CCR					X			
37	HR279	OTHER SUPPLIES DEVICES	CCR					X			
37	HR280	ONCOLOGY-GENERAL CLASSIFICATION	CCR					X			
37 37	HR289	OTHER ONCLOLGY	CCR					X			
37	HR300	LABORATORY-GEN CLASSIFICATION	HCPC					X			
37 37	HR301	LAB/CHEMISTRY	HCPC					X			
37 37	HR301	LAB/IMMUNOLOGY	HCPC					X			
37	HR303	LAB/RENAL PATIENT (HOME)	HCPC					X			
37	HR303	LAB NON ROUTINE DIALYSIS	HCPC					X			
37	HR304 HR305	LAB HEMATOLOGY	HCPC					X			
37 37	HR305	LAB BACTERIOLOGY AND MICROBIOLOGY	HCPC					X			
37 37	HR307		HCPC					X			
37 37	HR307 HR309	LABORATORY-UROLOGY						x X			
37 37		LABORTORY-OTHER LABORATORY	HCPC								
37 37	HR310	LAB PATHOLOGY/GENERAL CLASS	HCPC					X			
_	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					Х			

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:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	HR321	ANGIOCARDIOLOGY	CCR					х			
	37	HR324	CHEST X-RAY	CCR					х			
	37	HR329	RADIOLOGY-DIAGNOSTIC OTHER	CCR					х			
	37	HR330	RADIOLOGY-THERAPEUTIC/GEN CLASS	CCR					х			
	37	HR331	CHEMOTHERAPY-INJECTED	CCR					х			
	37	HR332	CHEMOTHERAPY-ORAL	CCR					х			
	37	HR333	RADIATION THERAPY	CCR					Х			
	37	HR335	CHEMOTHERAPY IV	CCR					Х			
	37	HR339	RADIOLOGY-THERAPEUTIC OTHER	CCR					Х			
	37	HR340	NUCLEAR MEDICINE GENERAL	CCR					х			
	37	HR341	NUCLEAR MEDICINE DIAGNOSTIC	CCR					х			
	37	HR342	NUCLEAR MEDICINE THERAPEUTIC	CCR					х			
	37	HR343	DIAGNOSTIC RADIOPHARMACEUTICALS	CCR					x			
	37	HR349	NUCLEAR MEDICINE OTHER	CCR					х			
	37	HR350	CT SCAN GENERAL CLASSIFICATION	CCR					х			
	37	HR351	CT SCAN-HEAD	CCR					х			
	37	HR352	CT SCAN-BODY	CCR					х			
	37	HR359	OTHER CT SCANS	CCR					х			
	37	HR361	OPERATING ROOM SERVICES MINOR SURGER	CCR					х			
	37	HR370	ANESTHESIA GENERAL	CCR					х			
	37	HR379	OTHER ANESTHESIA	CCR					х			
	37	HR380	BLOOD GENERAL CLASSIFICATION	CCR					x			
	37	HR381	PACKED RED CELLS	CCR					x			
	37	HR382	WHOLE BLOOD	CCR					х			
	37	HR383	PLASMA	CCR					х			
	37	HR384	PLATELETS	CCR					х			
	37	HR385	BLOOD/LEUKOCYTES	CCR					х			
	37	HR386	BLOOD OTHER COMPONENTS	CCR					х			
	37	HR387	BLOOD-OTHER DERIVATIVES	CCR					х			
	37	HR389	OTHER BLOOD	CCR					х			
	37	HR390	BLOOD STORAGE-PROCESSING G C	CCR					х			
	37	HR391	BLOOD ADMINISTRATRION	CCR					х			
	37	HR392	BLOOD PROCESSING STORAGE	CCR					х			
	37	HR399	OTHER BLOOD HANDLING	CCR					х			
	37	HR400	OTHER IMAGING SERVICES	CCR					Х			
	37	HR401	DIAGNOSTIC MAMMOGRAPHY	CCR					Х			
	37	HR402	ULTRASOUND	CCR					Х			
	37	HR403	SCREENING MAMMOGRAPHY	CCR	30 99			F	X			
	37	HR404	POSITRON EMMISSION TOMOGRAPHY	CCR					X			
	37	HR409	OTHER IMAGING SERVICES	CCR					X			
	37	HR410	RESPIRATORY SERVICES GEN CLASS	CCR					X			
	37	HR412	INHALATION SERVICES	CCR					X			
	37	HR413	HYPERBARIC OXYGEN THERAPY	CCR			Х		Х			
	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			Х			

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					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	HR432	OCCUPATIONAL THERAPY-HOURLY	HCPC		x			х			
	37	HR434	OT EVALUATION/RE-EVALUATION	HCPC					х			
	37	HR440	SPEECH/LANGUAGE PATHOLOGY GENERAL	HCPC		x			х			
	37	HR441	SPEECH/LANGUAGE-VISIT CHARGE	HCPC		x			х			
	37	HR442	SPEECH/LANGUAGE HOURLY CHARGE	HCPC		x			х			
	37	HR444	S/L EVALUATION/RE-EVALUATION	HCPC					х			
	37	HR450	EMERGENCY ROOM-GENERAL	CCR					х			
	37	HR459	OTHER EMERGENCY ROOM	CCR					х			
	37	HR460	PULMONARY FUNCTION-GENERAL	CCR					х			
	37	HR469	OTHER PULMONARY	CCR					х			
	37	HR470	AUDIOLOGY-GENERAL	CCR					х			
	37	HR471	AUDIOLGY-DIAGNOSTIC	CCR					х			
	37	HR472	AUDIOLOGY-TREATMENT	CCR					х			
	37	HR479	OTHER AUDIOLOGY	CCR					х			
	37	HR480	CARDIOLOGY-GENERAL	CCR					х			
	37	HR481	CARDIAC CATH LAB	CCR					х			
	37	HR482	STRESS TEST	CCR					х			
	37	HR483	ECHO CARDIOLOGY	CCR					х			
	37	HR489	OTHER CARDIOLOGY	CCR					х			
	37	HR490	AMBULATORY SURGICAL CARE GENERAL	HCPC					х			
	37	HR510	CLINIC-GENERAL	HCPC					х			
	37	HR514	OB-GYN CLINIC	HCPC					х			
	37	HR515	PEDIATRIC CLINIC	HCPC					х			
	37	HR517	FAMILY PRACTICE CLINIC	HCPC					х			
	37	HR519	OTHER CLINIC	HCPC					х			
	37	HR540	AMBULANCE-GENERAL	CCR					х			
	37	HR610	MAGNETIC RESONANCE IMAGE GEN CL	CCR					Х			
	37	HR611	MAGNETIC RESONANCE IMAGE-BRAIN	CCR					Х			
	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					Х			
	37	HR724	LABOR ROOM/DELIVERY BIRTHING CENTER	CCR					Х			
	37	HR730	EKG ECG-GENERAL CLASSIFICATION	CCR					Х			
	37	HR731	HOLTER MONITOR	CCR					Х			
	37	HR732	TELEMETRY	CCR					Х			
	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					х			
	37	HR821	HEMODIALYSIS/COMPOSITE	CCR					х			
	37	HR822	HOME SUPPLIES-HEMODIALYSIS	CCR					x			
	37	HR823	HOME EQUIPMENT-HEMODIALYSIS	CCR					х			
	37	HR824	MAINTENANCE/100%-HEMODIALYSIS	CCR					х			
	37	HR825	SUPPORT SERVICES-HEMODIALYSIS	CCR					Х			
	37	HR829	OTHER OP HEMODIALYSIS	CCR					X			

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:												
1	2	3	4	5		6	7	8	9	10	11	12
				AGE			MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	HR830	PERITONEAL DIALYSIS OP/HM G CLASS	CCR						X			
37	HR831	PERITONEAL/COMPOSITE RATE	CCR						Х			
37	HR832	HOME SUPPLIES-PERITONEAL DIALYSIS	CCR						Х			
37	HR833	HOME EQUIPMENT-PERITONEAL DIALYSIS	CCR						х			
37	HR834	MAINTENANCE/100%-PERITONEAL DIALYSIS	CCR						х			
37	HR839	OTHER OUTPATIENT PERITONEAL DIALYSIS	CCR						х			
37	HR840	CAPD-HOME/OP GEN CLASS	CCR						Х			
37	HR841	CAPD/COMPOSITE OR OTHER RATE	CCR						х			
37	HR850	GEN CLASSIF-CCP DIALYSIS OP/HM	CCR						х			
37	HR851	CCP DIALYSIS/COMPOSITE RATE	CCR						х			
37	HR855	SUPPORT SERVICES CCP DIALYSIS	CCR						х			
37	HR880	MISC DIALYSIS GEN CLASS	CCR						х			
37	HR881	MISC DIALYSIS ULTRAFILTRATION	CCR						х			
37	HR920	OTHER DIAG SERV GEN CLASSIFICATION	CCR						х			
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	-0	,,,				x			
37	J0153	INJECTION, ADENOSINE, 1 MG (NOT TO B	CCR						x			
37	J0171	INJECTION, ADENOSINE, I MG (NOT TO B INJECTION ADRENALIN EPINEPHRINE	CCR						x			
37	J0171	INJECTION ADMENSION EFINEFICINE INJECTION, EPINEPHRINE (BELCHER) NOT	CCR						Λ			
37	J0178	INJECTION, AFLIBERCEPT, 1MG	CCR						x			
37	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	CCR	1Ω	99				x			
37	J0184	INJECTION, AMISULPRIDE, 1 MG	CCR	10	99				Λ			
37	J0185	INJECTION, APPREPITANT, 1 MG	CCR						x			
37	J0202	INJECTION, ALEMTUZUMAB, 1 MG		18	aa				x			
37	J0202	AMIFOSTINE 500MG	CCR	10	99				Λ			
37	J0207	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								Α.	
37	J0217	INJECTION, OLIPUDASE ALFA-RPCP, 1 MG	CCR			х						
37	J0248	INJECTION, CHIFODASE AREA RECE, I MG	6.35			Λ			x	01/01/25		
37	J0275	ALPROSTADIL URETHRAL SUPPOS	CCR						Λ	01/01/23		
37	J0278	AMIKACIN SULFATE INJECTION 100MG	CCR	00	20				x			
37	J0285	AMPHOTERICIN B 50MG	CCR	00					x			
3 <i>7</i> 37	J0283		CCR	00	20				^			
3 <i>1</i> 37	J0287	AMPHOTERICIN B LIPID COMPLEX	CCR									
37 37		AMPHOTERICIN B LIPOSOME INJ		00	20				x			
37 37	J0290	AMPICILLIN SODIUM, 500MG INJECTION	CCR CCR		99							
37 37	J0291	INJECTION, PLAZOMICIN, 5 MG							X			
_	J0295	AMPICILLIN SODIUM PER 1.5 GM INJ	CCR		20				X			
37 27	J0348	INJECTION, ANADULAFUNGIN, 1 MG	CCR CCR		99				x			
37 37	J0349	INJECTION, REZAFUNGIN, 1 MG		18	99						х	
_	J0391	INJECTION, ARTESUNATE, 1 MG	CCR								X.	
37	J0461	INJECTION, ATROPINE SULFATE, 0.01 MG	CCR						X			

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1	2	3	4	5		6	7	8	9	10	11	12
				AGE	:		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	I-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	J0475	BACLOFEN INJ 10MG	CCR	04	99				X			
37	J0476	BACLOFEN INTRATHECAL TRIAL	CCR	04	99							
37	J0485	INJECTION, BELATACEPT, 1MG	CCR						X			
37	J0558	INJECTION PENICILLIN G BENZATHINE A	CCR						X			
37	J0561	INJECTION PENICILLIN G BENZATHINE	CCR						х			
37	J0565	INJECTION, BEZLOTOXUMAB, 10 MG	MP				х			01/01/18	3	
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				х			01/01/18	3	
37	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	MP				х			01/01/18	3	
37	J0636	INJECTION, CALCITRIOL, 0.1 MCG	CCR						х			
37	J0637	CASPOFUNGIN ACETATE	CCR									
37	J0640	CALCIUM LEUCOVORIN INJ. 50MG	CCR						х			
37	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0	CCR						х			
37	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY)	CCR						х			
37	J0666	INJECTION, BUPIVACAINE LIPOSOME, 1 M	CCR									
37	J0687	INJ, CEFAZOLIN SODIUM (WG CRITICAL C	CCR						х			
37	J0688	INJECTION, CEFAZOLIN SODIUM (HIKMA),	CCR									
37	J0689	INJECTION, CEFAZOLIN SODIUM (BAXTER)	CCR	00	20				х			
37	J0690	CEFAZOLIN SODIUM INJ 500MG	CCR	00	20				х			
37	J0691	INJECTION, LEFAMULIN, 1 MG	CCR	18	99				х			
37	J0692	CEFEPIME HCL 500 MG	CCR	00	20				х			
37	J0693	INJECTION, CEFIDEROCOL, 5 MG	CCR	19	99				х			
37	J0694	CEFOXITIN SODIUM, 1GM	CCR	00	20				X			
37	J0695	INJECTION, CEFTOLOZANE 50 MG AND TAZ	MP				Х			01/01/16	5	
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				Х			
37	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM	CCR						x			
37	J0716	INJECTION, CENTRUROIDES IMMUNE F(AB)	CCR						Х			
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				Х			01/01/24		
37	J0751	EMTRICITABINE 200MG AND TENOFOVIR AL	MP				Х			01/01/24	<u> </u>	
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	<u>L</u>	
37	J0840	INJECTION, CROTALIDAE POLYVALENT IMM	CCR									
37	J0872	INJ, DAPTOMYCIN (XELLIA), UNREFRIGER	CCR						x			
37	J0873	INJECTION, DAPTOMYCIN (XELLIA) NOT T	CCR		99				x			
37	J0874	INJECTION, DAPTOMYCIN (BAXTER), NOT	CCR	01	99				X			
37	J0875	INJECTION, DALBAVANCIN, 5MG	CCR						Х			

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					AGE	1		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	J0877	INJECTION, DAPTOMYCIN (HOSPIRA), NOT	CCR	01	99				X			
	37	J0881	DARBEPOETIN ALFA, NON-ESRD 1MCG	CCR	10	99				X			
	37	J0882	INJECTION DARBEPOETIN ALFA 1 MICROGM	CCR						X			
	37	J0885	EPOETIN ALFA, NON-ESRD 1000 U	CCR						X			
	37	J0889	DAPRODUSTAT, ORAL, 1 MG, (FOR ESRD O	CCR								x	
	37	J0893	INJECTION, DECITABINE (SUN PHARMA) N	CCR						X			
	37	J0894	INJECTION, DECITABINE, 1 MG	CCR						X			
	37	J1050	INJECTION, MEDROXYPROGESTERONE ACETA	CCR	10	55			F	X			
	37	J1100	DEXAMETHOSONE INJ, 1MG	CCR						X			
	37	J1105	DEXMEDETOMIDINE, ORAL, 1 MCG	CCR									
	37	J1190	DEXRAZOXANE HCL 250MG	CCR									
	37	J1200	DIPHENHYDRAMINE HCL INJ (BENDARY) 50MG	CCR						X			
	37	J1246	INJECTION, DINUTUXIMAB, 0.1 MG	CCR								x	
	37	J1267	INJECTION, DECITABINE, 1 MG	CCR	00	20				X			
	37	J1307	INJECTION, CROVALIMAB-AKKZ, 10 MG	CCR									
	37	J1364	ERYTHRO LACTOBIONATE 500MG	CCR	00	20				Х			
	37	J1428	INJECTION, ETEPLIRSEN, 10 MG	MP				Х			01/01/18		
	37	J1434	INJ, FOSAPREPITANT (FOCINVEZ), 1 MG	CCR						Х			
	37	J1440	FECAL MICROBIOTA, LIVE - JSLM, 1 ML	CCR	18	99				Х			
	37	J1442	INJECTION, FILGRASTIM (G-CSF), 1 MIC	CCR						Х			
	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						х			
	37	J1454	INJECTION, FOSNETUPITANT 235 MG AND	CCR									
	37	J1456	INJECTION, FOSAPREPITANT (TEVA), NOT	CCR						х			
	37	J1552	INJECTION, IMMUNE GLOBULIN (ALYGLO),	CCR									
	37	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU)	CCR									
	37	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM)	CCR			x			х			
	37	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONI	CCR									
	37	J1580	GENTAMYCIN, UP TO 80MG	CCR	00	20				х			
	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 37	J1644	HEPARIN SODIUM INJ 1000U	CCR						X			
	3 <i>1</i> 37	J1650	ENOXAPARIN SODIUM, 10MG	CCR						х			
	3 <i>1</i> 37	J1652 J1720	FONDAPARINUX SODIUM	CCR CCR						x			
	3 <i>1</i> 37	J1744	HYDROCORTISONE SODIUM 100MG INJECTION, ICATIBANT, 1MG	CCR						x			
	3 <i>1</i> 37	J1745	•	CCR						x			
	3 <i>1</i> 37	J1746	INJ INFLIXIMAB 10MG ONJECTION, IBALIZUMAB-UIYK, 10 MG	CCR						X			
	3 <i>1</i> 37	J1756	·	CCR						X			
	3 <i>1</i> 37	J1815	INJECTION, IRON SUCROSE, 1MG INSULIN INJECTION	CCR						22			
	3 <i>1</i> 37	J1817	INSULIN FOR INSULIN PUMP USE	CCR									
	37 37	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	CCR									
	3 <i>7</i> 37	J1930	INJECTION, LANREOTIDE, 1MG	CCR	21	99	х			х			
	3 <i>7</i>	J1939	INJECTION, BUMETANIDE, 0.5 MG	CCR		99				x			
		-	-, -, -		-								

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	SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE		

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN	:

:													
	1	2	3	4	5		6	7	8	9	10	11	12
					AGE	1		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	J1950	LEUPROLIDE ACETATE /3.75 MG	CCR									
	37	J1956	LEVOFLOXACIN, 250MG	CCR	18	20				Х			
	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						Х			
	37	J2246	INJ, MICAFUNGIN IN SODIUM (BAXTER),	CCR						Х			
	37	J2247	INJECTION, MICAFUNGIN SODIUM (PAR PH	CCR	12	99				X			
	37	J2248	INJECTION, MICAFUNGIN SODIUM, 1 MG	CCR	12	99				Х			
	37	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE	CCR						Х			
	37	J2290	INJECTION, NAFCILLIN SODIUM, 20 MG	CCR	18	99				Х			
	37	J2310	INJ, NALOXONE HYDROCHLORIDE, 1 MG	CCR						Х			
	37	J2323	INJECTION, NATALIZUMAB, 1 MG	CCR						Х			
	37	J2326	INJECTION, NUSINERSEN, 0.1 MG	MP				х			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						Х			
	37	J2355	OPRELVEKIN INJ 5MG	CCR									
	37	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	CCR						х			
	37	J2407	INJECTION, ORITAVANCIN, 10 MG	CCR									
	37	J2425	PALIFERMIN INJECTION 50MCG	CCR						х			
	37	J2430	PAMIDRONATE DISODIUM 30MG	CCR						х			
	37	J2468	INJ, PALONOSETRON HYDROCHLORIDE (AVY	CCR									
	37	J2469	PALONOSETRON HCL	CCR						х			
	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						х			
	37	J2510	PCN G PROCAINE AQ, UP TO 600,000 U	CCR	00	20				х			
	37	J2540	PCN G POTASSIUM, UP TO 600,000U	CCR	00	20				х			
	37	J2547	INJECTION, PERAMIVIR, 1 MG	CCR									
	37	J2550	PHENERGAN INJ, UP TO 50MG	CCR						х			
	37	J2561	INJECTION, PHENOBARBITAL SODIUM (SEZ	CCR	00	00				х			
	37	J2562	INJECTION, PLERIXAFOR, 1 MG	CCR						х			
	37	J2700	OXACILLIN SODIUM, UP TO 250MG	CCR	00	20				х			
	37	J2720	INJECTION PROTAMINE SULFATE PER 10MG	CCR									
	37	J2765	REGLAN INJ, UP TO 10MG	CCR						х			
	37	J2770	QUINUPRISTIN / DALFOPRISTIN, 500MG	CCR	16	20							
	37	J2785	INJECTION, REGADENOSON, 0.1 MG	CCR						х			
	37	J2788	RHO D IMMUNE GLOBULIN 50 MCG	CCR									
	37	J2790	RHOGAM INJ, RHO D IMMUNE GLOBULE	CCR						х			
	37	J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (H	CCR									
	37	Ј2792	RHO(D) IMMUNE GLOBULIN H, SD	CCR									
	37	J2802	INJECTION, ROMIPLOSTIM, 1 MICROGRAM	CCR									
	37	J2820	SARGRAMOSTIM 50MCG	CCR						х			
	37	J2860	INJECTION, SILTUXIMAB, 10 MG	MP				x			01/01/16		
	37	J2916	NA FERRIC GLUCONATE COMPLEX	CCR									
	37	J2941	SOMATROPIN INJ 1MG	CCR									

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5		6	7	8	9	10	11	12
				AGE	:		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	XAM-I	PA	REV	SEX	>001	DATE	OVERS	IND
37	J3000	STREPTOMYCIN, UP TO 1GM	CCR	00	20				Х			
37	J3060	INJECTION, TALIGLUCERACE ALFA, 10 UN	CCR			х			Х			
37	J3070	INJECTION PENTAZOCINE 30 MG	CCR									
37	J3090	INJECTION, TEDIZOLID PHOSPHATE, 1 MG	CCR									
37	J3095	INJECTION TELEVANCIN 10 MG	CCR						Х			
37	J3243	INJECTION, TIGECYCLINE, 1 MG	CCR	00	20				Х			
37	J3244	INJECTION, TIGECYCLINE (ACCORD) NOT	CCR	00	20				Х			
37	J3250	INJECTION TRIMETHOBENZAMIDE HCL	CCR									
37	J3260	TOBRAMYCIN SULFATE, UP TO 80MG	CCR	00	20				Х			
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				Х			
37	J3380	INJECTION, VEDOLIZUMAB, 1 MG	CCR									
37	J3485	ZIDOVUDINE, 10MG	CCR	00	20				X			
37	J3489	INJECTION, ZOLEDRONIC ACID, 1 MG	CCR						X			
37	J3490	UNCLASSIFED DRUGS (17P 250MG IM)	CCR	10	60			F				
37	J3590	UNCLASSIFIED BIOLOGICS	CCR									
37	J7030	NORMAL SALINE SOL INFUSION, 1	CCR						Х			
37	J7040	NORMAL SALINE, 500ML	CCR						Х			
37	J7050	NORMAL SALINE SOL 250 ML	CCR						Х			
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				х			01/01/18	Х	
37	J7296	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
37	J7297	LEVONORGESTREL-RELEASING INTRAUTERIN	749.40	10	60			F		01/01/19		
37	J7298	LEVONORGESTREL-RELEASING INTRAUTERIN	908.97	10	60			F		01/01/18		
37	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	808.50	10	60			F		01/01/18		
37	J7301	LEVONORGESTREL-RELEASING INTRAUTERIN	756.87	10	60			F		01/01/18		
37	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT	890.30	10	60			F		07/01/18		
37	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	CCR									
37	J7320	HYALURONAN OR DERIVITIVE, GENVISC 85	CCR									
37	J7340	CARBIDOPA 5 MG/LEVODOPA 20 MG ENTERA	MP				X			01/01/16		
37	J7503	TACROLIMUS, EXTENDED RELEASE, (ENVAR	CCR									
37	J7512	PREDNISONE, IMMEDIATE RELEASE OR DEL	CCR									
37	J7527	EVEROLIMUS, ORAL, 0.25MG	CCR						X			
37	J7999	COMPOUNDED DRUG, NOT OTHERWISE CLASS	MP				x			01/01/16		
37	J8655	NETUPITANT 300 MG AND PALONOSETRON 0	CCR									
37	J9000	DOXORUBICIN HCL 10MG	CCR						X			
37	J9015	ALDESLEUKIN/SINGLE USE VIAL	CCR									
37	J9017	ARSENIC TRIOXIDE 1MG	CCR						X			
37	J9019	INJECTION, ASPARAGINASE (ERWINAZE)	CCR						X			
37	J9021	INJECTION, ASPARAGINASE, RECOMBINANT	CCR						х			

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SMALL BURAL HOSDITAL OUTDATIENT SERVICES FOR SCHEDULE

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

•	1	2	3	4	5		6	7	8	9	10	11	12
					AGE	G		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	I-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	CCR									
	37	J9023	INJECTION, AVELUMAB, 10 MG	CCR									
	37	J9025	AZACITIDINE INJECTION 1MG	CCR						х			
	37	J9026	INJECTION, TARLATAMAB-DLLE, 1 MG	CCR									
	37	Ј9027	CLOFARABINE INJECTION 1MG	CCR	01	21				х			
	37	J9028	INJECTION, NOGAPENDEKIN ALFA INBAKIC	CCR									
	37	J9030	BCG LIVE INTRAVESICAL INSTILLATION,	CCR	07	99				х			
	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	J9047	INJECTION, CARFILZOMIB, I MG INJECTION, BORTEZOMIB (FRESENIUS KAB	CCR						x			
	37	J9048 J9049	INJECTION, BORTEZOMIB (HOSPIRA), NOT	CCR						x			
	37	J9049 J9050	•	CCR						x			
	37	J9052	CARMUSTINE, 100MG INJECTION, CARMUSTINE (ACCORD), NOT	CCR						x			
	37		•	CCR						x			
	37	J9055 J9056	CETUXIMAB 10 MG	CCR	10	00				x			
	3 <i>1</i> 37		INJECTION, BENDAMUSTINE HYDROCHLORID		10	99				X			
	_	J9057	INJECTION, COPANLISIB, 1 MG	CCR									
	37 37	J9060	CISPLATIN 10MG	CCR						X X			
	37	J9061	INJECTION, AMIVANTAMAB-VMJW, 2 MG	CCR						x			
		J9063	INJECTION, MIRVETUXIMAB SORAVTANSINE	CCR									
	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	00	01				X			
	37	J9118	INJECTION, CALASPARGASE PEGOL-MKNL,	CCR	00	21		x		x			
	37	J9119	INJECTION, CEMIPLIMAB-RWLC, 1 MG	CCR	18	99				x			
	37	J9120	DACTINOMYCIN 0.5MG	CCR						x			
	37	J9130	DTIC-DOME INJ 100MG/10ML	CCR						x			
	37	J9144	INJECTION, DARATUMUMAB, 10 MG AND HY	CCR		99				x			
	37	J9145	INJECTION, DARATUMUMAB, 10 MG	CCR	18	99				x			
	37	J9150	DAUNORUBICIN 10 MG	CCR						x			
	37	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBI	CCR						X			
	37	J9155	INJECTION, DEGARELIX, 1 MG	CCR					M	x			
	37	J9171	INJECTION, DOCETAXEL, 1 MG	CCR						x			
	37	J9172	INJECTION, DOCETAXEL (INGENUS) NOT T	CCR						X			
	37	J9173	INJECTION, DURVALUMAB, 10 MG	CCR						X			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5		6	7	8	9	10	11	12
					AGE	1		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	J9176	INJECTION, ELOTUZUMAB, 1 MG	CCR	18	99				Х			
	37	J9177	INJECTION, ENFORTUMAB VEDOTIN-EJFV,	CCR	18	99				Х			
	37	J9178	INJ, EPIRUBICIN HCL, 2 MG	CCR						х			
	37	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	CCR						x			
	37	J9181	ETOPOSIDE INJ, UP TO 10MG	CCR						х			
	37	J9185	FLUDARABINE PHOSPHATE, 50 MG	CCR						х			
	37	J9190	FLUOROURACIL INJ, 500MG	CCR						х			
	37	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE	CCR	18	99				X			
	37	J9200	FLOXURIDINE, FUDR, 500MG	CCR									
	37	J9201	GEMCITABINE HCL, 200MG	CCR						х			
	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	-0	,,,				x			
	37	J9207	INJECTION, IXABEPILONE, 1MG	CCR						x			
	37	J9208	IFOSFOMIDE, 1GM	CCR						x			
	37	J9209	MESNA, 200MG	CCR						x			
	37	J9210	•	CCR						^			
	37	J9210 J9211	INJECTION, EMAPALUMAB-LZSG, 1 MG							x			
			IDARUBICIN HYDROCHLORIDE 5MG	CCR									
	37	J9214	INTERFERON, ALFA- 2B, RECOMB 1 MIL	CCR						x			
	37	J9217	LEUPROLIDE ACETATE, DEPOT SUSP 7.5MG	CCR	10	00				x			
	37	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	CCR	18	99				x			
	37	J9225	HISTRELIN IMPLANT (VANTAS), 50MG	CCR					M				
	37	J9227	INJECTION, ISATUXIMAB-IRFC, 10 MG	CCR	18	99				X			
	37	J9228	INJECTION, IPILIMUMAB	CCR						X			
	37	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.	CCR						X			
	37	J9230	MUSTARGEN INJ 10MG	CCR						х			
	37	J9245	MELPHALAN HCL INJ 50MG	CCR									
	37	J9246	INJECTION, MELPHALAN (EVOMELA), 1 MG	CCR	18	99				х			
	37	J9250	METHOTREXATE SOD INJ, 5 MG	CCR						x			
	37	J9255	INJECTION, METHOTREXATE (ACCORD) NOT	CCR						х			
	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				Х			
	37	J9266	INJECTION, PEGASPARGASE, SINGLE DOSE	CCR									
	37	Ј9267	INJECTION, PACLITAXEL, 1 MG	CCR						Х			
	37	J9268	PENTOSTATIN, PER 10 MG	CCR						Х			
	37	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICR	CCR	02	99				X			
	37	J9271	INJECTION, PEMBROLIZUMAB, 1 MB	CCR	18	99				X			
	37	Ј9272	INJECTION, DOSTARLIMAB-GXLY, 10 MG	CCR						X			
	37	J9280	MITOMYCIN 5 MG	CCR						Х			
	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	Ј9293	MITOXANTRONE HCL 5MG	CCR						x			
	37	J9294	INJECTION, PEMETREXED (HOSPIRA) NOT	CCR						х			
	37	J9295	INJECTION, NECITUMUMAB, 1 MG	CCR	18	99				x			
			•										

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

		IN	

:	1	2	3	4	5		6	7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	J9296	INJECTION, PEMETREXED (ACCORD) NOT T	CCR						х			
	37	Ј9297	INJECTION, PEMETREXED (SANDOZ), NOT	CCR						х			
	37	J9298	INJECTION, NIVOLUMAB AND RELATLIMAB-	CCR	12	99				х			
	37	J9299	INJECTION, NIVOLUMAB, 1 MG	CCR	18	99				х			
	37	J9301	INJECTION, OBINUTUZUMAB, 10 MG	CCR						х			
	37	J9302	INJECTION OFATUMUMAB 10 MG	CCR						х			
	37	J9303	INJECTION, PANITUMUMAB, 10 MG	CCR						х			
	37	J9304	INJECTION, PEMETREXED (PEMFEXY), 10	CCR	18	99				x			
	37	J9305	PEMETREXED 10 MG	CCR						х			
	37	J9306	INJECTION, PERTUZUMAB, 1 MG	CCR						х			
	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	0	,,,				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	10	99				X			
	3 <i>7</i> 37	J9321	INJECTION, EPCORITAMAB-BYSP, 0.16 MG	CCR						X			
	37	J9321	INJECTION, PEMETREXED (BLUEPOINT) NO	CCR						X			
	3 <i>1</i> 37		,										
	3 <i>1</i> 37	J9323	INJECTION, PEMETREXED DITROMETHAMINE	CCR	10	0.0				x x			
	3 <i>1</i> 37	J9325	INJECTION, TALIMOGENE LAHERPAREPVEC,	CCR	18	99 99				X			
	_	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	CCR	18	99							
	37	J9330	INJECTION, TEMSIROLIMUS, 1 MG	CCR						X			
	37	J9340	THIOTEPA, 15MG	CCR	10	00				X			
	37	J9345	INJECTION, RETIFANLIMAB-DLWR, 1 MG	CCR		99				x			
	37	J9347	INJECTION, TREMELIMUMAB-ACTL, 1 MG	CCR		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						Х			
	37	J9355	TRASTUZUMAB 10MG	CCR						х			
	37	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HY	CCR	18	99				Х			
	37	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	CCR						Х			
	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	Ј9376	INJ, POZELIMAB-BBFG, 1 MG	CCR									
	37	J9380	INJECTION, TECLISTAMAB-CQYV, 0.5 MG	CCR	18	99				Х			
	37	J9390	VINORELDINE TARTRATE 10MG	CCR						X			
	37	J9393	INJECTION, FULVESTRANT (TEVA) NOT TH	CCR						X			
	37	Ј9394	INJECTION, FULVESTRANT (FRESENIUS KA	CCR						Х			
	37	Ј9395	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	5	
	37	Q4101	APLIGRAF, PER SQUARE CENTIMETER	CCR			x			x			
	37	Q4106	DERMAGRAFT, PER SQUARE CENTIMETER	CCR			x			x			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:													
1		2	3	4	5		6	7	8	9	10	11	12
					AGE	2		MED		UVS	EFFECT	x -	SPEC
T	s	CODE	DESCRIPTION	FEE	MIN	XAM-I	PA	PA REV S		>001	DATE	OVERS	IND
3.	7	Q4121	THERASKIN, PER SQUARE CENTIMETER	CCR			х			Х			
3'	7	Q4160	NUSHIELD, PER SQUARE CENTIMETER	CCR			x			X			
3.	7	Q4186	EPIFIX, PER SQUARE CENTIMETER	CCR			х			Х			
3'	7	Q4195	PURAPLY, PER SQUARE CENTIMETER	CCR			х			X			
3'	7	Q4196	PURAPLY AM, PER SQUARE CENTIMETER	CCR			х			X			
3.	7	0094U	GENOME (UNEXPLAINED COSTITUTIONAL)	5,686.65	00	00	х				01/01/23		
3.	7	0421U	ONCOLOGY (COLORECTAL) SCREENING, QUA	380.90							01/01/25		
3.	7	10004	FINE NEEDLE ASPIRATION BIOPSY, WITHO	CCR						Х			
3.	7	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
3'	7	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						X			
3'	7	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
3'	7	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						X			
3'	7	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
3'	7	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						X			
3'	7	10011	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR									
3'	7	10012	FINE NEEDLE ASPIRATION BIOPSY, INCLU	CCR						Х			
3'	7	10021	FNA W/O IMAGE	CCR									
3'	7	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR									
3'	7	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	CCR									
3'	7	11000	DEBRIDE EXT ECZEM/INFECT SKN; TO 10%	CCR									
3'	7	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	CCR						х			
3'	7	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	CCR						х			
3	7	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	CCR						х			
3'	7	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	CCR						х			
3'		11055	TRIM SKIN LESION	CCR									
3'		11056	TRIM 2 TO 4 SKIN LESIONS	CCR									
3		11057	TRIM OVER 4 SKIN LESIONS	CCR									
3		11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR									
3'		11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR						х			
3'		11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR									
3		11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	CCR						х			
3.		11106	IANGENTIAL BIOPSY OF SKIN (EG, SHAVE	CCR									
3.		11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	CCR						х			
3.		11200	EXCISE UP TO 15 SKIN TAGS	CCR									
3.		11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	CCR						x			
3.		11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3'		11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3'		11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3'		11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	CCR									
3.		11600	EXCISE MALIGNANCY TO 0.5 CM	CCR			x			x			
3.		11620	EXCISE MALIGNANCY TO 0.5CM	CCR			x			X			
3.		11621	EXCISE MALIGNANCY 0.6 TO 1CM	CCR			x			X			
3	•	-1021	LACIDE PHILIGHANCE V. O TO TOP	CCR			^			27			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:														
	1	2	3	4	5			6	7	8	9	10	11	12
					AG	E			MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	ΜI	N-MA	X :	PA	REV	SEX	>001	DATE	OVERS	IND
	37	11623	EXCISE MALIGNANCY 2.1 TO 3CM	CCR			3	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			Х			
	37	11740	EVACUATE HEMATOMA UNDER NAIL	CCR				X			Х			
	37	11760	SIMPLE RECONSTRUCTION NAIL BED	CCR				X			Х			
	37	11762	NAIL RECONSTRUCTION; COMPLICATED	CCR			- 3	X			Х			
	37	11765	WEDGE EXCISION, SKIN OF NAIL FOLD	CCR							Х			
	37	11900	INTRALESIONAL INJECTION; UP TO 7	CCR										
	37	11901	INTRALESIONAL INJECTION; OVER 7	CCR										
	37	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	CCR	10	60				F				
	37	11980	IMPLANT HORMONE PELLET(S)	CCR						F				
	37	11981	INSERT DRUG IMPLANT DEVICE	CCR										
	37	11982	REMOVE DRUG IMPLANT DEVICE	CCR										
	37	11983	REMOVE/INSERT DRUG IMPLANT	CCR										
	37	15002	WOUND PREP, TRK/ARM/LEG	CCR										
	37	15003	SURGICAL PREPARATION OR CREATION +	CCR							X			
	37	15004	WOUND PREP, F/N/HF/G	CCR										
	37	15005	SURGICAL PREPARATION OR CREATION +	CCR							Х			
	37	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR										
	37	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	CCR							х			
	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			2	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 37	17004	DESTROY 15 & MORE LESIONS	CCR										
	3 <i>1</i> 37	17106 17107	DESTRUCT CUT AN VASC LESIONS<10SQ CM	CCR CCR										
	3 <i>1</i> 37		DESTRUCT CUT VASC LESIONS 10-50SQ CM											
	3 <i>1</i> 37	17110 17111	DESTROY FLAT WARTS, ANY METHOD, TO 15 DESTRUCT LESION, 15 OR MORE	CCR CCR										
	3 <i>1</i> 37	17250	·											
	3 <i>1</i> 37	17260	CHEMICAL CAUTERY OF WOUND	CCR CCR										
	3 <i>1</i> 37	17261	DESTRUCTION, MALIGNANT LESION, ANY M DESTRUCTION, MALIGNANT LESION, ANY M	CCR										
	3 <i>1</i> 37	17261	DESTRUCTION, MALIGNANT LESION, ANY M DESTRUCTION, MALIGNANT LESION, ANY M	CCR										
	3 <i>1</i> 37	17263	DESTRUCTION, MALIGNANT LESION, ANY M	CCR										
	3 <i>1</i> 37	17264	DESTRUCTION, MALIGNANT LESION, ANY M	CCR										
	٠,	1/204	DESTRUCTION, MALIGNANT LESTON, ANT M	CCR										

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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

•	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		uvs	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX	>001		OVERS	IND
	37	17266	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17270	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17271	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17272	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17273	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17274	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17276	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17280	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17281	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17282	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17283	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17284	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17286	DESTRUCTION, MALIGNANT LESION, ANY M	CCR								
	37	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
	37	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
	37	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	CCR								
	37	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
	37	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	CCR								
	37	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	CCR		x						
	37	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	CCR								
	37	19294	PREPARATION OF TUMOR CAVITY, WITH PL	CCR					X			
	37	19364	RECONSTRUCTION BREAST-FREE FLAP	CCR				F				
	37	20150	EXCISE EPIPHYSEAL BAR	CCR								
	37	20526	THER INJECTION CARPAL TUNNEL	CCR								
	37	20527	INJECTION OF ENZYME IN PALM TISSUE	CCR								
	37	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	CCR					X			
	37	20551	INJECT TENDON ORIGIN/INSERT	CCR								
	37	20552	INJECT TRIGGER POINT, 1 OR 2	CCR								
	37	20553	INJECT TRIGGER POINTS, > 3	CCR								
	37	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR								
	37	20566	BIOPSY FOREMAN SOFT TISSUES; DEEP	CCR								
	37	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	CCR					X			
	37	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	CCR					X			
	37	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	CCR					X			
	37	20661	APPLY HALO;	CCR								
	37	20664	HALO BRACE APPLICATION	CCR								
	37	20696	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
	37	20697	APPLICATION OF MULTIPLANE (PINS OR W	CCR								
	37	20700	PREPARATION AND INSERTION OF DRUG-DE	CCR								
	37	20701	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
	37	20702	PREPARATION AND INSERTION OF DRUG-DE	CCR								
	37	20703	REMOVAL OF DRUG-DELIVERY DEVICES FRO	CCR								
	37	20704	PREPARATION AND INSERTION OF DRUG-DE	CCR								
	37	20705	REMOVAL OF DRUG-DELIVERY DEVICES INT	CCR								
	37	20802	REPLANTATION, ARM, COMPLETE	CCR								
	37	20805	REPLANT FOREARM-COMPLETE AMPUTATION	CCR								
	37	20808	REPLANT HAND; COMPLETE AMPUTATION	CCR								
	37	20816	REPLANT DIGIT, TOTAL AMPUTATION	CCR								
	37	20822	REPLANT DIGIT, EXCLUDE THUMB COMP AMP	CCR					x			
	37	20824	REPLANT THUMB, COMPLETE AMPUTATION	CCR								

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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

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•	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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		х						
	37	20956	ILIAC BONE GRAFT, MICROVASC	CCR								
	37	20957	MT BONE GRAFT, MICROVASC	CCR								
	37	20962	BONE GRAFT/MICROVAS ANASOTHER, SPEC	CCR		х						
	37	20963	SPINAL BONE AUTOGRAFT	CCR					х			
	37	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	CCR		х						
	37	20970	FREE OSTEOCUTAN FLAP; ILIAC CREST	CCR		х						
	37	20972	FREE OSTEOCUTAN FLAP; METATARSAL	CCR		х						
	37	20973	FREE OSTEOCUTAN FLAP; GREAT TOE/WEB	CCR		х						
	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			х					
	37	21076	PREPARE FACE/ORAL PROSTHESIS	CCR								
	37	21077	PREPARE FACE/ORAL PROSTHESIS	CCR								
	37	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	CCR								
	37	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	CCR								
	37	21081	IMPRESS & CUST PREP MAND RESECT PROS	CCR								
	37	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	CCR								
	37	21083	IMPRESS & CUST PREP PALAT LIFT PROST	CCR								
	37	21084	IMPRESS & CUST PREP SPEECH AID PROST	CCR								
	37	21085	IMPRES & CUST PREP ORAL SURG SPLINT	CCR								
	37	21086	IMPRESS & CUST PREP AURICULAR PROSTH	CCR								
	37	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	CCR								
	37	21088	IMPRES & CUST PREP FACIAL PROSTHESIS	CCR								
	37	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	CCR								
	37	21141	RECONSTRUCT MIDFACE, LEFORT	CCR								
	37	21142	RECONSTRUCT MIDFACE, LEFORT	CCR								
	37	21143	RECONSTRUCT MIDFACE, LEFORT	CCR								
	37	21145	RECONSTR MIDFACE, LEFORT I; SING PIECE	CCR								
	37	21146	RECONSTR MIDFACE, 2 PIECES, ANY DIRECT	CCR								
	37	21147	RECONSTR MIDFACE, 3 OR MORE PIECES	CCR								
	37	21150	RECONSTR MIDFAVE LEFORT II, ANT INTRU	CCR								
	37	21151	RECONSTR MIDFACE, LEFORT II, ANY PIECE	CCR								
	37	21154	RECONSTR MIDFACE, LEFORT III, ANY TYPE	CCR								
	37	21155	RECONSTR MIDFACE III W/LEFORT I	CCR								
	37	21159	RECONSTR MIDFACE, LEF III W/FOREHEAD	CCR								
	37	21160	RECONSTR MIDFACE, LEF III, FOREH, LEF I	CCR								
	37	21179	RECON ALL OR MAJ FOREHAND W/GRAFTS	CCR								
	37	21180	RECON ALL OR MAJ FOREHEAD W/AUTO GRA	CCR								
	37	21182	RECON ORB WALLS, RIMS, FOREHEAD < 40CM	CCR								
	37	21183	RECON ORB WALLS, RIMS, FOREHEAD 40-80C	CCR								
	37	21184	RECON ORB WALLS, RIMS, FOREHEAD < 80CM	CCR								
	37	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

i :											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	CCR								
37	21194	RECONSTR MAND RAMUS W/BONE GRAFT	CCR								
37	21195	RECONST MAND RAMUS W/O RIGID FIX	CCR								
37	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	CCR								
37	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	CCR								
37	21199	RECONSTR LWR JAW W/ADVANCE	CCR								
37	21247	RECONS MAND CONDYLE W/BONE, CART AUTO	CCR								
37	21255	RECONS ZYGO ARCH, GLENOID FOSSA W/BON	CCR								
37	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	CCR								
37	21343	OPEN TREATMENT CLOSED OR OPEN DEP	CCR								
37	21344	OPEN TREATMENT OF COMPLICATED (EG,C	CCR								
37	21347	OPEN TREATMENT NASOMAXILLARY FX	CCR								
37	21348	OPEN TREATMENT OF NASOMAILLIARY COMP	CCR								
37	21360	TREAT DEPRESSED MALAR FRACTURE	CCR		x						
37	21365	TREAT COMPLICATED FX MALAR AREA	CCR								
37	21366	OPEN TREATMENT OF COMPLICATED (EG, C	CCR								
37	21422	OPEN TREATMENT OF PALATE/ALVEOLI FX	CCR								
37	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	CCR								
37	21431	TREAT CRANIOFACIAL SEPARATION	CCR								
37	21432	OPEN TX CRANIOFACIAL SEPARATION	CCR								
37	21433	COMPLICATED TX CRANIOFACIAL FX	CCR								
37	21435										
37 37	21436	COMPLICATED TX CRANIOFACIAL FX	CCR								
37 37	21510	OPEN TREATMENT OF CRANIOFACIAL SEPAR	CCR								
37 37	21601	INCISION WITH OPENING OF BONE CORTEX	CCR					x			
		REMOVAL OF TUMOR FROM CHEST WALL INC	CCR					X			
37 37	21602	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
_	21603	REMOVAL OF TUMOR FROM CHEST WALL INC	CCR								
37	21615	EXCISION CERVICAL RIB	CCR								
37	21616	EXCISE RIB WITH SYMPATHECTOMY	CCR								
37	21620	OSTECTOMY OF STERNUM; PARTIAL	CCR								
37	21627	STERNAL DEBRIDEMENT	CCR								
37	21630	RADICAL RESECTOPM PF STERNUM	CCR								
37	21632	MEDIASTINAL LYMPHADENECTOMY	CCR								
37	21685	HYOID MYOTOMY & SUSPENSION	CCR								
37	21705	DIVIDE SCALENUS AND RESECTION RIB	CCR								
37	21740	RECONSTRUCT PECTUS EXCAVATUM	CCR								
37	21742	REPAIR STERN/NUSS W/O SCOPE	CCR								
37	21743	REPAIR STERNUM/NUSS W/SCOPE	CCR								
37	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	CCR								
37	21811	OPEN TREATMENT OF RIB FRACTURE (S) WI	CCR								
37	21812	OPEN TREATMENT OF RIB FRACTURE (S) WI	CCR								
37	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	CCR								
37	21825	TREAT STERNUM FRACTURE; OPEN	CCR								
37	22015	I&D, P-SPINE, L/S/LS	CCR								
37	22102	RESECT VERTEBRA, LUMBAR	CCR								
37	22103	REMOVE EXTRA SPINE SEGMENT	CCR								
37	22110	EXCISE CERVICAL VERTEBRA	CCR								
37	22112	EXCISE THORACIC VERTEBRA	CCR								
37	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	CCR								
37	22116	REMOVE EXTRA SPINE SEGMENT	CCR								

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	SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE	
	FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025	

COLUMN	

:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	CCR								
	37	22210	OSTEOTOMY, SPINE, CORR DEFORM; CERVICAL	CCR								
	37	22212	OSTEOTOMY SPINE, CORR DEFORM; THORACIC	CCR								
	37	22214	OSTEOTOMY SPINE, CORR DEFORM; THORACIC	CCR								
	37	22216	REVISE, EXTRA SPINE SEGMENT	CCR								
	37	22220	OSTEOTOMY SPINE, CORR DEFORM; CERVICAL	CCR								
	37	22222	OSTEOTOMY SPINE, CORR DEFORM; THORACIC	CCR								
	37	22224	OSTEOTOMY SPINE, CORR DEFORM; LUMBAR	CCR								
	37	22226	REVISE, EXTRA SPINE SEGMENT	CCR								
	37	22318	TREAT ODONTOID FX W/O GRAFT	CCR								
	37	22319	TREAT ODONTOID FX W/GRAFT	CCR								
	37	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
	37	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
	37	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
	37	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	CCR								
	37	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	CCR					X			
	37	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	CCR					X			
	37	22526	PERCUTANEOUS INTRADISCAL ELECTROTHER	CCR								
	37	22527	PERCUTANEOUS INTRADISCAL ELECTROTH +	CCR								
	37	22532	LAT THORAX SPINE FUSION	CCR								
	37	22533	LAT LUMBAR SPINE FUSION	CCR								
	37	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	CCR					X			
	37	22548	ANTHRODESIS, W/BONE GRAFT	CCR								
	37	22556	ANTHRODESIS; THORACIC, BONE/BONE ALLOG	CCR								
	37	22558	ARTHRODESIS, LUMBAR, W/BONE ALLOGRAPH	CCR								
	37	22585	ARTHRODESIS-EACH ADD.INTERSPACE	CCR					X			
	37	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	CCR								
	37	22590	ARTHRODESIS, W/BONE ALLO/INT.FIX	CCR								
	37	22595	ARTHRODESIS, W/BONE ALLO/INT FIX	CCR								
	37	22600	ARTHRODESIS, POST. TECH., BELOW C1	CCR								
	37	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
	37	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	CCR								
	37	22614	SPINE FUSION, EXTRA SEGMENT	CCR					X			
	37	22630	ARTHRODESIS,LOC/BONE ALLOLUMBAR	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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:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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					Х			
	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					Х			
	37	23335	REMOVAL OF PROSTHESIS OF SHOULDER	CCR					Х			
	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					х			
	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

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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					Х			
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					Х			
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					х			
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 FXW/O MANIP, EACH	CCR					X			
37 37	26750	TREAT CLSD FXW/O MANIP, EACH	CCR					X			
37 37	26755 26770	TREAT CLSD FXW/ MANIP, EACH TRMT OF CLOS INTERPHAL JOINT DIS SIN	CCR CCR					х			
37 37	26775	TRMT OF CLOS INTERPHAL JOINT DIS SIN TRMT OF SAME W/ ANESTION	CCR								
37 37	26992	DRAINAGE OF BONE LESION	CCR								
37 37	27005	TENOTOMY, ILIOPSOAS, OPEN	CCR								
31	2/003	TENCTOMI, ILLIOPSONS, OPEN	CCR								

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:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001		OVERS	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 & TROCANER OF FE	CCR								
	37	27090	REMOVAL OF HIP PROSTHESIS	CCR								
	37	27091	COMPLICATED HESIS	CCR								
	37	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	CCR								
	37	27096	INJECTION PROCEDURE FOR SACROILIAC J	CCR								
	37	27120	ACETABULOPLASTY P SOCKET	CCR								
	37	27122	RESECTION FEMORAL HEAD	CCR								
	37	27125	HEMIARTHROPLASTY; PROSTHESIS	CCR								
	37	27130	ARTHROPLASTY (TOTAL HIP REPLACEMENT)	CCR								
	37	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	CCR								
	37	27134	REVISE TOT.HIP ARTHROPLASTY; BOTH COM	CCR								
	37	27137	REVISE HIP ARTHROPLASTY; ACETABULAR	CCR								
	37	27138	REVISE HIP ARTHROPLASTY; FEMORAL COMP	CCR								
	37	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	CCR								
	37	27146	OSTEOTOMY, ILIAC	CCR								
	37	27147	WITH OPEN REDUCTION OF HIP	CCR								
	37	27151	WITH FEMORAL OSTEOTOMY	CCR								
	37	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	CCR								
	37	27158	OSTEOTOMY, PELVIS, BILATERAL	CCR								
	37	27161	INCISION OF NECK OF FEMUR	CCR								
	37	27165	INCISION/FIXATION OF FEMUR	CCR								
	37	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	CCR								
	37	27175	TREAT SLIPPED EPIPHYSIS	CCR								
	37	27176	BY SINGLE OR MULTIPLE PINNING, IN SI	CCR								
	37	27177	REPAIR SLIPPED EPIPHYSIS	CCR								
	37	27178	CLOSED MANIPULATION YSIS	CCR								
	37	27179	OSTEOPLASTY OF FEMORAL NECK	CCR								
	37	27181	OSTEOTOMY & INTERNAL FIXATION	CCR								
	37	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	CCR								
	37	27187	PROPHYLACTIC TREAT, FEM. NECK&PROX FEM	CCR								
	37	27200	TRMT OF CLOSED COCCYGEAL FX	CCR								
	37	27215	OPEN TREATMENT OF ILIAC SPINE(S), TU	CCR								
	37	27216	PERCUTANEOUS SKELETAL FIXATION OF PO	CCR								
	37	27217	OPEN TREATMENT OF ANTERIOR RING FRAC	CCR								
	37	27218	OPEN TREATMENT OF POSTERIOR RING FRA	CCR								
	37	27220	TREAT HIP SOCKET FRACTURE	CCR								
	37	27222	WITH MANIPULATION CTURE	CCR								
	37	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	CCR								

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:	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
	37	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	CCR								
	37	27232	WITH MANIPULATION MUR	CCR								
	37	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	CCR								
	37	27240	WITH MANIPULATION RACTURE	CCR								
	37	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	CCR								
	37	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	CCR								
	37	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	CCR								
	37	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	CCR								
	37	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	CCR								
	37	27256	TRMT OF CONGENITAL HIP DISLOCATION	CCR								
	37	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	CCR								
	37	27259	W/ FEMORAL SHAFT SHORTENING	CCR								
	37	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
	37	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	CCR								
	37	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	CCR								
	37	27280	FUSION OF SACROILIAC JOINT	CCR								
	37	27282	FUSION OF PUBIC BONES	CCR								
	37	27284	FUSION OF HIP JOINT	CCR								
	37	27286	WITH SUBTROCHANTERIC OSTEOTOMY	CCR								
	37	27290	AMPUTATION OF LEG AT HIP	CCR								
	37	27295	DISARTICULATION OF HIP	CCR								
	37	27303	INCISION, DEEP W/ OPENING OF BONE CO	CCR								
	37	27325	NEURECTOMY, HAMSTRING MUSCLE	CCR								
	37	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	CCR								
	37	27365	EXTENSIVE LEG SURGERY	CCR								
	37	27369	INJECTION PROCEDURE FOR CONTRAST KNE	CCR								
	37	27412	AUTOCHONDROCYTE IMPLANT KNEE	CCR								
	37	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	CCR			х					
	37	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	CCR			х					
	37	27440	REVISION OF KNEE JOINT	CCR								
	37	27445	REVISE KNEE JOINT, IMPLANT	CCR								
	37	27446	TOTAL KNEE REPLACEMENT	CCR								
	37	27447	TOTAL KNEE REPLACEMENT	CCR								
	37	27448	INCISION OF FEMUR	CCR								
	37	27450	INCISION OF FEMUR	CCR								
	37	27454	REALIGNMENT OF FEMUR	CCR								
	37	27455	REALIGNMENT OF KNEE	CCR								
	37	27457	REALIGNMENT OF KNEE	CCR								
	37	27465	SHORTENING OF FEMUR	CCR								
	37	27466	LENGTHENING OF FEMUR	CCR								
	37	27468	REVISION OF FEMURS	CCR								
	37	27470	REPAIR OF FEMUR	CCR								
	37	27472	REPAIR/GRAFT OF FEMUR	CCR								
	37	27475	REPAIR OF FEMUR EPIPHYSIS	CCR								
	37	27477	REPAIR LOWER LEG EPIPHYSES	CCR								
	37	27479	REPAIR OF LEG EPIPHYSES	CCR								
	37	27485	REPAIR OF LEG EPIPHYSIS	CCR								
	37	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	CCR								
	37	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	CCR								
	-	-										

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5	6	7	8	9	10	11	12
	TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	PΔ	MED REV	SEX	UVS >001	EFFECT DATE	X- OVERS	SPEC IND
	37	27488	REMOVAL OF KNEE PROSTHESIS	CCR				0211	, , , ,	22	01210	1112
	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		CCR								
	37	27557	REPAIR OF KNEE DISLOCATION	CCR								
	37 37	27558	REPAIR OF KNEE DISLOCATION									
	37 37	27580 27580	OPEN TREATMENT OF KNEE DISLOCATION,	CCR CCR								
	3 <i>1</i> 37		FUSION OF KNEE									
		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		х						
	37	28010	INCISION OF TOE TENDON	CCR								
	37	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	CCR								
	37	28220	RELEASE OF FOOT TENDON	CCR								
	37	28272	CAPSULECTOMYINTERPHAL., EACH JOINT	CCR		х			Х			
	37	28360	RECONSTRUCT CLEFT FOOT	CCR								
	37	28430	TREAT CLSD TALUS FX,W/O MANIP	CCR								
	37	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	CCR			х					

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	28450	TREAT CLSD TARSAL FX; W/O MANIP, EACH	CCR					Х			
	37	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	CCR					Х			
	37	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	CCR					x			
	37	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	CCR					Х			
	37	28490	TREAT BIG TOE FRACTURE	CCR								
	37	28495	TREAT BIG TOE FRACTURE	CCR								
	37	28510	TREAT CLSD FXW/O MANIP, EACH	CCR					Х			
	37	28515	TREAT CLSD FXW/ MANIP., EACH	CCR					Х			
	37	28530	TREAT CLOSED SESAMOID FRACTURE	CCR					Х			
	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					х			
	37	29058	APPLICATION OF SHOULDER CAST	CCR					х			
	37	29065	APPLICATION OF LONG ARM CAST	CCR					х			
	37	29075	APPLICATION OF FOREARM CAST	CCR					х			
	37	29085	APPLY HAND/WRIST CAST	CCR					х			
	37	29086	APPLY FINGER CAST	CCR					х			
	37	29105	APPLY LONG ARM SPLINT	CCR					х			
	37	29125	APPLY FOREARM SPLINT	CCR					Х			
	37	29126	APPLY FOREARM SPLINT	CCR					Х			
	37	29130	APPLICATION OF FINGER SPLINT	CCR					х			
	37	29131	APPLICATION OF FINGER SPLINT	CCR					Х			
	37	29200	STRAPPING OF CHEST	CCR								
	37	29240	STRAPPING OF SHOULDER	CCR					Х			
	37	29260	STRAPPING OF ELBOW OR WRIST	CCR					Х			
	37	29280	STRAPPING OF HAND OR FINGER	CCR					Х			
	37	29305	APPLICATION OF HIP CAST	CCR								
	37	29325	APPLICATION OF HIP CASTS	CCR								
	37	29345	APPLICATION OF LONG LEG CAST	CCR					X			
	37	29355	APPLICATION OF LONG LEG CAST	CCR					X			
	37	29358	APPLY LONG LEG CAST BRACE	CCR					X			
	37	29365	APPLICATION OF LONG LEG CAST	CCR					x			
	37	29405	APPLY SHORT LEG CAST	CCR					x			
	37	29425	APPLY SHORT LEG CAST	CCR					x			
	37	29435	APPLY SHORT LEG CAST	CCR					x			
	37	29440	ADDITION OF WALKER TO CAST	CCR					x			
	37	29445	APPLY RIGID LEG CAST	CCR								
	37	29450	APPLICATION OF LEG CAST	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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•	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	29505	APPLICATION LONG LEG SPLINT	CCR					х			
	37	29515	APPLICATION LOWER LEG SPLINT	CCR					х			
	37	29520	STRAPPING OF HIP	CCR					Х			
	37	29530	STRAPPING OF KNEE	CCR					Х			
	37	29540	STRAPPING OF ANKLE	CCR					Х			
	37	29550	STRAPPING OF TOES	CCR					Х			
	37	29580	APPLICATION OF PASTE BOOT	CCR					Х			
	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			х					
	37	29868	MENISCAL TRNSPL, KNEE W/SCPE	CCR			х					
	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					х			
	37	31505	DIAGNOSTIC LARYNGOSCOPY	CCR		Х						
	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 37	31610	INCISION OF WINDPIPE	CCR					x			
	37 37	31626	BRONCHOSCODY RIGID OR FLEXIBLE, INC	CCR					A			
	37 37	31627 31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					x			
	3 <i>1</i> 37		BRONCHOSCOPY, RIGID OR FLEXIBLE, INC BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR					X			
	3 <i>1</i> 37	31633 31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR CCR					^			
	3 <i>1</i> 37	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	CCR								
	3 <i>7</i> 37	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	CCR								
	3 <i>7</i> 37	31785	REMOVE WINDPIPE LESION	CCR								
	٠,	J170J	TOTAL WINDELFE DESIGN	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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-	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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 37	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
	_	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	CCR								
	37 37	33230	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
	37	33231 33234	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
	37	33234	REMOVAL OF PERMANENT PACEMAKER; REMOVAL OF PERMANENT PACEMAKER;	CCR CCR								
	37	33235	INSERTION OF PACING CARDIOVERTER-DEF	CCR								
	37	33240	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
	37	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB REMOVAL OF IMPLANTABLE CARDIOVERTER-	CCR								
	37	33244	INSERTION OR REPLACEMENT OF PERMANEN	CCR								
	37	33249	OPER ABLAITON OF ARRHYTH FOCUS; W CAR	CCR								
	٠,	JJ201	OLDE ADDRITOR OF ARREST FOCUS, W CAR	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	DΛ	MED	SEX	UVS	EFFECT DATE	X- OVERS	SPEC IND
37	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR	MIN MAX	FA	IXE V	SEA	7001	DAIL	OVERS	IND
37 37	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	CCR								
37 37	33264		CCR								
_		REMOVAL OF PACING CARDIOVERTER-DEFIB									
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					х			
37	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	CCR					x			
37	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
37 37	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	CCR					X			
37 37	34717	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					X			
37 37	34717	REPAIR OF GROIN ARTERY ON ONE SIDE W	CCR					x			
37 37	35011	REPAIR OF GROIN ARIERI ON ONE SIDE W	CCR					^			
31	22011	REFAIR DEFECT OF ARTERI	CCR								

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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 37	35372		CCR								
37 37	35500	SEE 35301; DEEP (PROFUNDA) FEMORAL	CCR								
		HARVEST VEIN FOR BYPASS									
37	35572	HARVEST FEMOROPOPLITEAL VEIN	CCR								
37	35685	BYPASS GRAFT PATENCY/PATCH	CCR								
37	35686	BYPASS GRAFT/AV FIST PATENCY	CCR								
37	35702	EXPLORATION OF ARTERY OF ARM	CCR								
37	35703	EXPLORATION OF ARTERY OF LEG	CCR								
37	35800	EXPLORE NECK VESSELS	CCR								
37	35860	EXPLORE LIMB VESSELS	CCR								
37	35879	REVISE GRAFT W/VEIN	CCR								
37	35881	REVISE GRAFT W/VEIN	CCR								
37	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
37	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	CCR								
37	35903	EXCISION OF INFECTED GRAFT;	CCR								
37	36000	ESTABLISH ACCESS TO VEIN	CCR			Х		Х			
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					х			
37	36140	ESTABLISH ACCESS TO ARTERY	CCR					х			
37	36160	ESTABLISH ACCESS TO AORTA	CCR								
37	36200	INTRODUCTION OF CATHETER, AORTA	CCR								
37	36215	INTRODUCE CATHETER; EACH ADD	CCR					х			
37	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
37	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
37	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	CCR								
37	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	CCR								
37 37	36221	SELECTIVE CATHETER PLACEMENT, IN	CCR					x			
37 37	36223	SELECTIVE CATHETER PLACEMENT, COMMON SELECTIVE CATHETER PLACEMENT, COMMON	CCR					x			
37 37	36223	SELECTIVE CATHETER PLACEMENT, COMMON SELECTIVE CATHETER PLACEMENT, INTERN	CCR					X			
_		•									
37	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	CCR					Х			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:													
	1	2	3	4	5		6	7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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						Х			
	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						Х	07/15/91		
	37	36416	CAPILLARY BOOD DRAW	2.65							01/01/03		
	37	36430	TRANSFUSION, BLOOD/BLOOD COMPONENTS	CCR						Х			
	37	36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR <	CCR	00	01				Х			
	37	36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	CCR	00	00				Х			
	37	36455	EXCHANGE TRANSFUSION SERVICE	CCR						Х			
	37	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	CCR	00	00							
	37	36460	TRANSFUSION SERVICE, FETAL	CCR						Х			
	37	36468	INJECTIONS SCLEROSING SOLUTIONS SPID	CCR						Х			
	37	36470	INJECTION THERAPY OF VEIN	CCR									
	37	36471	INJECTION THERAPY OF VEINS	CCR									
	37	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	CCR						Х			
	37	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	CCR									
	37	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	CCR						Х			
	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						Х			
	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 NEEDLEINTRAOSSEOUS INFUSION	CCR									
	37	36838	DIST REVAS LIGATION, HEMO	CCR									
	37	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	CCR									
	37	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	CCR									
	37	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	CCR									
	37	37182	INSERT HEPATIC SHUNT (TIP'S)	CCR									
	37	37184	PRIM ART MECH THROMBECTOMY	CCR									
	37	37185	PRIM ART M-THROMBECT ADD-ON	CCR						x			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

1 :												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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		х						
	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					х			
	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	·						X			
	37	37231	REVASCULARIZATION, ENDOVASCULAR, OPE REVASCULARIZATION, ENDOVASCULAR, OPE	CCR CCR					^			
	37	37232	•									
	37		REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					x			
	37	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR								
	_	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					X			
	37	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	CCR					x			
	37	37236	Insertion of intravascular stents in	CCR								
	37	37237	INSERTION OF INTRAVASCULAR STENTS IN	CCR					x			
	37	37238	INSERTION OF INTRAVASCULAR STENTS IN	CCR								
	37	37239	INSERTION OF INTRAVASCULAR STENTS IN	CCR					x			
	37	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	CCR								
	37	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	CCR								
	37	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	CCR								
	37	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	CCR								
	37	37247	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					X			
	37	37249	TRANSLUMINAL BALLOON ANGIOPLASTY (EX	CCR					x			
	37	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
	37	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	CCR								
	37	37565	LIGATION OF NECK VEIN	CCR								
	37	37600	LIGATION OF NECK ARTERY	CCR								
	37	37605	LIGATION OF NECK ARTERY	CCR								
	37	37606	LIGATION OF NECK ARTERY	CCR								
	37	37615	LIGATION OF NECK ARTERY	CCR								
	37	37617	LIGATION OF ABDOMEN ARTERY	CCR								
	37	37619	LIGATION OF INFERIOR VENA CAVA	CCR								
	37	37765	PHLEB VEINS - EXTREM - TO 20	CCR								
	37	37766	PHLEB VEINS - EXTREM 20+	CCR								
	37	38120	LAPAROSCOPY, SPLENECTOMY	CCR								
	37	38200	INJECTION FOR SPLEEN X-RAY	CCR								
	37	38204	BL DONOR SEARCH MANAGEMENT	CCR								
	37	38207	CRYOPRESERVE STEM CELLS	CCR								

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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

PAGE:

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:												
	1	2	3	4	5 200	6	7	8	9	10	11	12
	TS	CODE	DEGCRIDATON	FEE	AGE	-	MED	OHM	UVS >001	EFFECT	X-	SPEC
	37	CODE 38208	DESCRIPTION TRANSPLANT PREPARATION OF HEMATOPOIE	CCR	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	3 <i>1</i> 37	38208		CCR								
			TRANSPLANT PREPARATION OF HEMATOPOIE									
	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 CONCENTRIE	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		Х						
	37	41000	DRAINAGE OF MOUTH LESION	CCR		Х						
	37	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	CCR								
	37	41105	BIOPSY OF TONGUE	CCR		Х						
	37	41110	EXCISION OF TONGUE LESION	CCR								
	37	41512	TONGUE BASE SUSPENSION, PERMANENT SU	CCR								
	37	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	CCR								
	37	41805	REMOVAL FOREIGN BODY, GUM	CCR								
	37	41806	REMOVAL FOREIGN BODY, JAWBONE	CCR								
	37	41825	EXCISION OF GUM LESION	CCR								
	37	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	CCR					X			
	37	41830	REMOVAL OF GUM TISSUE	CCR								
	37	41850	TREATMENT OF GUM LESION	CCR								
	37	41872	REPAIR GUM	CCR								
	37	42225	RECONSTRUCT CLEFT PALATE	CCR								
	37	42227	LENGTHEN PALATE, WITH ISLAND FLAP	CCR								
	37	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	CCR								
	37	42281	INSERT PIN-RETAINED PALATAL PROSTH.	CCR								
	37	42330	REMOVAL OF SALIVARY STONE	CCR								
	37	42335	REMOVAL OF SALIVARY STONE	CCR								
	37	42400	BIOPSY OF SALIVARY GLAND	CCR					x			
	37	42550	INJECTION FOR SALIVARY X-RAY	CCR					x			
	37	42660	DILATION OF SALIVARY DUCT	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

•											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	42809	REMOVE PHARYNX FOREIGN BODY	CCR								
37	42842	RAD.RESECTTONSIL,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		х						
37	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR	16 99	х						
37	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR		х						
37	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	CCR		х						
37	43831	GASTROSTOMY, OPEN, NEONATAL	CCR	00 00							
37	43840	REPAIR OF STOMACH LESION	CCR								
37	43886	REVISE GASTRIC PORT, OPEN	CCR		x						
37	43887	REMOVE GASTRIC PORT, OPEN	CCR	16 99	X						
37	43888	CHANGE GASTRIC PORT, OPEN	CCR	16 99	х						
37	44050	REDUCE BOWEL OBSTRUCTION	CCR								
37 37	44186 44300	LAP, JEJUNOSTOMY	CCR CCR								
3 <i>1</i> 37	44314	OPEN BOWEL TO SKIN 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		х						
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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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	CCR								
37	46916	CRYSOSURGERY-ANAL LESIONS ,	CCR					Х			
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			х					
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 37	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	CCR								
3 <i>1</i> 37	49084 49185	PERITONEAL LAVAGE, INCLUDING IMAGING	CCR CCR								
3 <i>1</i> 37	49186	SCLEROTHERAPY OF FLUID COLLECTION (E REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49187	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49188	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49189	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49190	REMOVAL OR DESTRUCTION OF GROWTH(S)	CCR								
37	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	CCR								
37	49255	OMENTECTOMY,RESECT OMENTUM	CCR								
37	49323	LAPARO DRAIN LYMPHOCELE	CCR			x					
37	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	CCR								
37	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	CCR								
37	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	CCR								
37	49400	AIR INJECTION INTO ABDOMEN	CCR								
37	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	CCR								
37	49405	Fluid collection drainage by cathete	CCR								
37	49406	Fluid collection drainage by cathete	CCR								
37	49407	Fluid collection drainage by cathete	CCR								
37	49423	EXCHANGE DRAINAGE CATH	CCR								
37	49424	ASSESS CYST, CONTRAST INJ	CCR								
37	49427	INJECTION PROCEDURE (EG, CONTRAST ME	CCR								
37	49429	REMOVAL OF SHUNT	CCR								
37	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	CCR								
37	49436	DELAYED CREATION OF EXIT SITE FROM E	CCR								
37	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE

FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

COLUMN	•

:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	D.7		SEX	>001		OVERS	IND
37	49441		CCR	MIN-MAX	PA	KE V	SEA	7001	DATE	OVERS	IND
37	49442	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	49451	REPLACEMENT OF GASTROSTOMY OR CECOST	CCR								
37	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	CCR								
37	49452		CCR								
37	49465	MECHANICAL REMOVAL OF OBSTRUCTIVE MA 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	50020	PERCUT NEPHRO/PYELO,W/ OR W/O	CCR								
37	50382	CHANGE URETER STENT, PERCUT	CCR								
37	50384	REMOVE URETER STENT, PERCUT	CCR								
37		REMOVE UREIER SIENT, PERCUT REMOVAL (VIA SNARE/CAPTURE) AND REPL	CCR								
37	50385 50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	CCR								
37	50387	CHANGE EXT/INT URETER STENT	CCR								
37	50389	REMOVE RENAL TUBE W/FLUORO	CCR								
37	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	CCR								
37	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
37	50431	INJECTION PROCEDURE FOR ANTEGRADE NE INJECTION PROCEDURE FOR ANTEGRADE NE	CCR								
37	50431	LAPARO ABLATE RENAL CYST	CCR								
37	50541	LAPARO ABLATE RENAL MASS	CCR								
37	50542	LAPARO PARTIAL NEPHRECTOMY	CCR								
37	50543	LAPAROSCOPY, PYELOPLASTY	CCR								
37	50562	RENAL SCOPE W/TUMOR RESECT	CCR								
37	50570	KIDNEY ENDOSCOPY	CCR								
37	50570	KIDNEY ENDOSCOPY	CCR								
37	50574	KIDNEY ENDOSCOPY & BIOPSY	CCR								
37	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	CCR								
37	50576	KIDNEY ENDOSCOPY & TREATMENT	CCR								
37	50580	KIDNEY ENDOSCOPY & TREATMENT	CCR								
37	50592	PERC RF ABLATE RENAL TUMOR	CCR								
37	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	CCR								
37	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	CCR								
37	50686	MEASURE URETER PRESSURE	CCR								
37	50690	INJECTION OF BLADDER AND URINARY DUC	CCR								
37	50705	URETERAL EMBOLIZATION OR OCCLUSION,	CCR								
37	50706	BALLOON DILATION, URETERAL STRICTURE	CCR								
37	50727	REVISION OF URINARY-CUTANEOUS ANASTO	CCR								
37	50945	LAPAROSCOPY URETEROLITHOTOMY	CCR								
37	51060	REMOVAL OF URETER STONE	CCR								
37	51100	ASPIRATION OF BLADDER; BY NEEDLE	CCR								
37	51101	ASPIRATION OF BLADDER; BY TROCAR OR	CCR								
37	51102	ASPIRATION OF BLADDER; WITH INSERTIO	CCR								
37	51535	REPAIR OF URETER LESION	CCR								
37	51600	INJECTION FOR BLADDER X-RAY	CCR								
37	51610	INJECTION FOR BLADDER X-RAY	CCR								
37	51700	IRRIGATION OF BLADDER	CCR					x			
37	51701	INSERTION NON-INDWELLNG BLADDR CATH	CCR								
37	51702	INSERT TEMP INDWELL BLADDER CATHETER	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

4N:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX	>001		OVERS	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				м				
	37	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	CCR				M				
	37	52649	LASER ENUCLEATION OF THE PROSTATE WI	CCR		х		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				
	3 <i>7</i> 37	53865	INSERTION OF A TEMPORARY DEVICE FOR	CCR				141				
	3 <i>1</i> 37	53866		CCR								
	3 <i>1</i> 37	54050	REMOVAL OF TEMPORARY DEVICE FOR PRES TREATMENT OF PENIS LESION	CCR				м				
	3 <i>1</i> 37	54055		CCR				M				
	3 <i>1</i> 37	54056	TREATMENT OF PENIS LESION	CCR				M				
	3 <i>1</i> 37	54200	DESTROY PENILE LESION; CRYOSURGERY TREATMENT OF PENIS LESION	CCR				M				
	3 <i>1</i> 37	54230		CCR				M				
	3 <i>1</i> 37	54230 54231	INJ FOR CORPORA CAVERNOSOGRAPHY									
	_		DYNAMIC CAVERNOSOMETRY, INCLUDING IN	CCR				M				
	37	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	CCR								
	37	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	CCR				M				
	37	54411	REMV/REPLC PENIS PROS, COMP	CCR								
	37	54417	REMV/REPLC PENIS PROS, COMPL	CCR								
	37	54560	EXPLORATION FOR TESTIS	CCR				M				
	37	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	CCR				M				
	37	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	CCR				M				
	37	55600	INCISE SPERM DUCT POUCH	CCR				M				
	37	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	CCR				M				
	37	55752	CONIZATION OF CERVIX	CCR								
	37	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	CCR				M				
	37	55866	LAPARO RADICAL PROSTATECTOMY	CCR				M				
	37	55870	ELECTROEJACULATION	CCR								
	37	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	CCR				M				
	37	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	CCR				M				
	37	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	CCR				_				
	37	56442	HYMENOTOMY, SIMPLE INCISION	CCR				F				
	37	56630	EXTENSIVE VULVA SURGERY	CCR				F				
	37	56820	EXAM OF VULVA W/SCOPE	CCR				F				

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA		SEX		DATE	OVERS	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		х		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			Х	F				
37	58263	VAGN HYST W REM OF TUB A OVARY WITH	CCR			Х	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			Х	F				
37	58292	VAG HYST T/O & REPAIR, COMPL	CCR			Х	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			х	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			х	F				
37	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR				F				
37	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	CCR			х	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					х			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:													
1		2	3	4	5		6	7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x -	SPEC
T		CODE	DESCRIPTION	FEE		-MAX	PA		SEX	>001	DATE	OVERS	IND
3		59020	FETAL OXYTOCIN STRESS TEST	CCR				х	F				
3		59025	FETAL NON-STRESS TEST	CCR	10	60		х	F				
3		59030	FETAL SCALP BLOOD SAMPLE	CCR									
3		59050	INTERNAL FETAL MONITORING/CONSULTAN	CCR	10	60		X	F				
3		59051	FETAL MONITOR/INTERPRET ONL	CCR					F				
3		59070	TRANSABDOM AMNIOINFUS W/ US	CCR	10	59			F				
3		59074	FETAL FLUID DRAINAGE W/ US	CCR		59			F				
3		59076	FETAL SHUNT PLACEMENT, W/ US	CCR	10	59			F				
3		59100	REMOVE UTERUS LESION	CCR	00	60		X	F				
3		59200	INSERTION OF CERVICAL DILATOR	CCR	16	60			F				
3		59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	CCR		60		X	F				
3		59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	CCR		59							
3		59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	CCR	10	60			F				
3	7	59412	EXTERNAL CEPHALIC VERSION, W/WO TOCOL	CCR									
3	7	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	CCR	12	55			F				
3	7	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	CCR	10	59			F				
3	7	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	CCR	10	60			F				
3	7	59515	CESAREAN DELIVERY W POSTPARTUM CARE	CCR	10	60			F				
3	7	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	CCR	10	60			F				
3	7	59612	VBAC DELIVERY ONLY	CCR	10	60			F				
3	7	59614	VBAC DELIVERY INCL POSTPARTUM	CCR	10	60			F				
3	7	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	CCR	10	60			F				
3	7	59620	ATTEMPTED VBAC DELIVERY ONLY	CCR	10	60			F				
3	7	59622	ATTEMPTED VBAC-INCL POSTPARTUM	CCR	10	60			F				
3	7	60210	PARTIAL EXCISION THYROID	CCR									
3	7	60212	PARTIAL THYROID EXCISION	CCR									
3	7	60225	PARTIAL REMOVAL OF THYROID	CCR									
3	7	60252	REMOVAL OF THYROID	CCR									
3	7	60260	REPEAT THYROID SURGERY	CCR									
3	7	60271	REMOVAL OF THYROID	CCR									
3	7	60300	ASPIRATION AND/OR INJECTION, THYROID	CCR									
3	7	60500	EXPLORE PARATHYROID GLANDS	CCR									
3	7	60502	RE-EXPLORE PARATHYROID(S)	CCR									
3	7	60512	AUTOTRANSPLANT, PARATHYROID	CCR									
3	7	60520	REMOVAL OF THYMUS GLAND	CCR									
3	7	60660	DESTRUCTION USING HEAT OF ONE OR MOR	CCR									
3	7	60661	DESTRUCTION USING HEAT OF ONE OR MOR	CCR									
3	7	61000	REMOVE CRANIAL CAVITY FLUID	CCR									
3	7	61001	SUBDURAL TAPSUBSEQUENT TAPS	CCR						x			
3	7	61330	EXPLORATION OF EYE SOCKET	CCR									
3	7	61623	ENDOVASC TEMPORY VESSEL OCCL	CCR									
3	7	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR									
3	7	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	CCR									
3	7	61640	DILATE IC VASOSPASM, INIT	CCR				X					
3	7	61641	DILATE IC VASOSPASM ADD-ON	CCR				x					
3	7	61642	DILATE IC VASOSPASM ADD-ON	CCR				x					
3	7	61715	MRI GUIDED HIGH INTENSITY FOCUSED UL	CCR									
3	7	61720	INCISE SKULL/BRAIN SURGERY	CCR									
3	7	61736	LASER INTERSTITIAL THERMAL THERAPY (CCR									
3	7	61737	LASER INTERSTITIAL THERMAL THERAPY (CCR									

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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		х						
	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					Х			
	37	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH D	CCR					Х			
	37	63045	LAMINECTOMYSING.SEG.; CERVICAL	CCR								
	37	63046	LAMINECTOMYSING.SEG.; THORACIC	CCR								
	37	63047	LAMINECTOMYSING.SEG.;LUMBAR	CCR								
	37	63048	LAMINECTOMY; EACH ADD SEG, CERV, THOR, L	CCR					Х			
	37	63052	PARTIAL REMOVAL OF BONE OF SINGLE SE	CCR								
	37	63053	PARTIAL REMOVAL OF BONE OF ADDITIONA	CCR					х			
	37	63055	DECOMPRESS SP CRD, EQRINA/NRV RT; THOR	CCR								
	37	63056	DECOMPRESS SP CRD, EQUINA/NRV RT; LUMB	CCR								
	37	63057	DECOMPRESSEACH ADD SEG, THOR, LUMB	CCR					х			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	X-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	63064	DECOMPRESS SPN CRD, THORAC, SING. SEG.	CCR								
	37	63066	DECOMPRESSTHORACIC; EACH ADD SEG	CCR					Х			
	37	63075	REMOVAL OF UPPER SPINE DISC AND RELE	CCR								
	37	63076	REMOVAL OF UPPER SPINE DISC AND RELE	CCR					х			
	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 37	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					х			
	_	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	CCR					X			
	37	63655	IMPLANT NEUROELECTRODES	CCR								
	37	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	CCR					v			
	37 37	64400	INJECTION FOR NERVE BLOCK	CCR					X X			
	3 <i>1</i> 37	64405 64408	INJECTION FOR NERVE BLOCK	CCR								
	3 <i>1</i> 37		INJECTION FOR NERVE BLOCK	CCR CCR					х			
	3 <i>1</i> 37	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF						x			
	3 <i>1</i> 37	64418	INJECTION FOR NERVE BLOCK	CCR CCR					X			
		64425	INJECTION FOR NERVE BLOCK									
	37 37	64435 64445	INJECTION FOR NERVE BLOCK	CCR CCR					x x			
	3 <i>1</i> 37	64446	INJECTION FOR NERVE BLOCK INJEC.NERV.BLK; SCIATIC, CONT.INFU.CAT	CCR					^			
	3 <i>1</i> 37	64447	•	CCR								
	3 <i>1</i> 37	64448	INJEC.NERV.BLK; FEMORAL NERVE, SINGLE INJECT.BLK; FEMORAL NERV.CONT.INFU CA	CCR								
	3 <i>7</i> 37	64449	N BLOCK INJ, LUMBAR PLEXUS	CCR								
	3 <i>1</i> 37	64455	INJECTIONS OF ANESTHETIC AND/OR STER	CCR								
	3 <i>7</i> 37	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	CCR								
	3 <i>7</i> 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					х			
	37	64493	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
	37	64494	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR								
	37	64495	INJECTION(S), DIAGNOSTIC OR THERAPEU	CCR					x			
	37	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	CCR								
	37	64611	CHEMODENERVATION OF PAROTID AND SUBM	CCR								
	37	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	CCR								
	37	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	CCR			x					
	37	64629	HEAT DESTRUCTION OF INTRAOSSEOUS BAS	CCR					x			
	37	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

v :												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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		х			X			
	37	65220	REMOVE FOREIGN BODY FROM EYE	CCR		х			X			
	37	65222	REMOVE FOREIGN BODY FROM EYE	CCR		х			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		Х						
	37	68020	INCISE/DRAIN EYELID LINING	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

N:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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					х			
	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					х			
	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					х			
	37	70134	X-RAY INTERNAL AUDITORY MEATI	CCR					х			
	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					х			
	37	70200	X-RAY ORBITS, COMPLETE, 4+ VIEWS	CCR					х			
	37	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	CCR								
	37	70220	X-RAY SINUSES; PARANASAL; COMPLETE	CCR								
	37	70240	X-RAY SELLA TURCICA	CCR								
	37	70250	X-RAY SKULL; LESS THAN 4 VIEWS	CCR								
	37	70260	X-RAY SKULL; COMPLETE	CCR								
	37	70300	X-RAY TEETH; SINGLE VIEW	CCR								
	37	70310	X-RAY TEETH; PARTIAL EXAM	CCR								
	37	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	CCR								
	37	70328	X-RAY TEMPOROMAN DIBULAR JNT; UNIL	CCR								
	37	70330	ARTHROTOMOGRAPHY; TEMPOROMANDCOMPLT	CCR								
	37	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

1 :												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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					х			
	37	71046	RADIOLOGICAL EXAMINATION, CHEST; 2 V	CCR					х			
	37	71047	RADIOLOGICAL EXAMINATION, CHEST; 3 V	CCR					х			
	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								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

: 1	2	3	4	5	6	7	8	9	10	11	12
	COD=	DESCRIPTION		AGE		MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37 37	71552	MRI CHEST W/O&W DYE	CCR								
_	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES									
37	72020	X-RAY SPINE, SINGLE VIEW	CCR								
37	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	CCR								
37 37	72050	X-RAY EXAM OF NECK SPINE	CCR								
_	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 37	72141 72142	MRI,SPINAL CANAL; CERVICAL	CCR								
37 37		MRI, SPINAL CANAL & CONTENTD, CERVICAL	CCR								
37 37	72146 72147	MRI,SPINAL CANAL W/O CONTRAST MATERI									
37 37		MRI,SPINAL CANAL, THORACIC W CONTRAS MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	CCR								
37 37	72148	•	CCR								
37 37	72149	MRI,SPINAL CANAL, LUMBAR W CONTRAST	CCR								
37 37	72156 72157	MAGNETIC RESONANCE (EG, PROTON) IMAG MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR CCR								
37 37	72157	MAGNETIC RESONANCE (EG, PROTON) IMAG	CCR								
37 37	72156	MAGNETIC RESONANCE (EG, PROTON) IMAG MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	CCR								
37 37	72139	X-RAY EXAM OF PELVIS	CCR								
37	72170	X-RAY EXAM OF PELVIS	CCR								
37	72190	CT ANGIOGRAPH PELV W/O&W DYE	CCR								
37	72191	CAT, PELVIS; W/OUT CONTRAST MATERIAL	CCR								
37	72192	CAT, PELVIS; W/ CONTRAST MATERIAL	CCR								
37	72193	CAT, PELVIS; W/OUT-W/ CONTRAST MATER.	CCR								
37	72194	MRI PELVIS W/O DYE	CCR								
37	72195	MRI, PELVIS	CCR								
37	72190	MRI PELVIS W/O & W DYE	CCR								
37	72197	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	CCR								
37	72200	X-RAY EXAM SACROILIAC JOINTS	CCR								
37	72202	X-RAY EXAM SACROILIAC JOINTS X-RAY EXAM SACROILIAC JOINTS	CCR								
37	72202	X-RAY EXAM OF TAILBONE	CCR								
٥,		01	CCA								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	72240	CONTRAST X-RAY OF NECK SPINE	CCR								
	37	72255	CONTRAST X-RAY THORAX SPINE	CCR								
	37	72265	CONTRAST X-RAY LOWER SPINE	CCR								
	37	72270	RADIOLOGICAL SUPERVISION AND INTERPR	CCR								
	37	72285	X-RAY OF NECK SPINE DISK	CCR								
	37	72295	X-RAY OF LOWER SPINE DISK	CCR								
	37	73000	X-RAY EXAM OF COLLARBONE	CCR					X			
	37	73010	X-RAY EXAM OF SHOULDER BLADE	CCR					Х			
	37	73020	X-RAY EXAM OF SHOULDER	CCR					Х			
	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					Х			
	37	73070	X-RAY EXAM OF ELBOW	CCR					X			
	37	73080	X-RAY EXAM OF ELBOW	CCR					х			
	37	73085	X-RAY, ELBOW, ARTHROGRAPHY; SUPER/INTER	CCR					Х			
	37	73090	X-RAY EXAM OF FOREARM	CCR					Х			
	37	73092	X-RAY EXAM OF ARM, INFANT	CCR					Х			
	37	73100	X-RAY EXAM OF WRIST	CCR					Х			
	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					Х			
	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					х			
	37	73590	X-RAY EXAM OF LOWER LEG	CCR					x			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	DΛ		SEX	>005	DATE	A- OVERS	IND
	37	73592		CCR	MIN-MAX	PA	KEV	SEA	X >001	DATE	OVERS	IND
	3 <i>1</i> 37	73600	X-RAY EXAM OF LEG, INFANT	CCR					X			
	_		X-RAY EXAM OF ANKLE									
	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					х			
	37	73702	CAT.,LOWER EXT.;W/OUT-W/CONTRAST	CCR								
	37	73706	CT ANGIO LWR EXTR W/O&W DYE	CCR					х			
	37	73718	MRI LOWER EXTREMITY W/O DYE	CCR					х			
	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					х			
	37	73723	MRI JOINT LWR EXTR W/O&W DYE	CCR					Х			
	37	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	CCR					х			
	37	74018	RADIOLOGICAL EXAMINATION, ABDOMEN; 1	CCR					Х			
	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					Х			
	37	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					Х			
	37	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	CCR					х			
	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								
		•		5011								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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								
3 <i>7</i> 37	74425	CONTRAST X-RAY URINARY TRACT	CCR								
3 <i>7</i> 37	74430	CONTRAST X-RAY OF BLADDER	CCR								
3 <i>1</i> 37	74440	XRAY EXAM MALE GENITAL TRACT	CCR								
3 <i>1</i> 37											
37 37	74445	COPORA CAVERNOSOGRAPHY; SUPER/INTERP	CCR								
37 37	74450	X-RAY EXAM URETHRA/BLADDER	CCR								
_	74455	X-RAY EXAM URETHRA/BLADDER	CCR								
37	74470	X-RAY-RENAL CYST STUDY	CCR								
37	74485	DILATE NEPHROL./URETERS;SUPER/INTERP	CCR						01/01/16		
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		х						
37	75625	CONTRAST X-RAY EXAM OF AORTA	CCR								
37	75630	AORTOGRAPH; ABDOMEN-BILAT	CCR								
37 37	75635	CT ANGIO ABDOMINAL ARTERIES	CCR								
37 37	75705	ARTERY X-RAYS, SPINE	CCR								
37	75710	ARTERY X-RAYS, ARM/LEG	CCR								
37 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								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
1	_	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
т	'S	CODE	DESCRIPTION	FEE	MIN-MAX	DΔ		SEX	>001	DATE	A- OVERS	IND
	37	75741	ARTERY X-RAYS, LUNG	CCR	MIN PAR		141	OL11	7001	DAIL	OVERD	1110
	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 RAI, EIE SOCKEI VEIN X-RAY, LIVER	CCR								
	, , 37	75887	VEIN X RAI, BIVER 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.GUIDESUPERVISION/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	76014	ASSESSMENT BY TRAINED CLINICAL STAFF	CCR								
	, , 37	76016	DETERMINATION OF MR SAFETY BY A PHYS	CCR								
	, , 37	76017	MEDICAL PHYSICS EXAMINATION CUSTOMIZ	CCR								
	, , 37	76017	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					22			
	37	76120	CINEMATIC X-RAYS	CCR								
	, , 37	76125	CINEMATIC X-RAYS	CCR								
	, , 37	76125	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								
	• •	. 5550	COLLUI TERREDO TOROGIANTINI, DIRITIDO OR	CCA								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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	Х			
	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	ECHOGRAPHYPG 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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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
1	L	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	rs	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	76872	ECHOGRAPHY, TRANSRECTAL	CCR								
3	37	76873	ECHOGRAP TRANS R, PROS STUDY	CCR				M				
3	37	76881	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR								
3	37	76882	ULTRASOUND, EXTREMITY, NONVASCULAR,	CCR								
3	37	76883	COMPREHENSIVE ULTRASOUND SCAN OF ENT	CCR					x			
3	37	76885	ECHO EXAM, INFANT HIPS	CCR								
3	37	76886	ECHO EXAM, INFANT HIPS	CCR								
3	37	76932	ULTRA GUIDANCE ENDOMYOCARD BIOPSY	CCR								
3	37	76936	ECHO GUIDE FOR ARTERY REPAIR	CCR								
3	37	76937	US GUIDE, VASCULAR ACCESS	CCR								
3	37	76940	US GUIDE, TISSUE ABLATION	CCR								
3	37	76941	ECHO GUIDE FOR TRANSFUSION	CCR								
3	37	76942	ECHO GUIDE FOR BIOPSY	CCR					x			
3	37	76945	ULTRASONIC GUIDE/COLL/DRAIN; COM. PROC	CCR								
3	37	76946	ECHO GUIDE FOR AMNIOCENTESIS	CCR					х			
3	37	76965	ECHO GUIDANCE RADIOTHERAPY	CCR								
3	37	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	CCR								
3	37	76977	US BONE DENSITY MEASURE	CCR								
3	37	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR								
3	37	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	CCR								
3	37	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	CCR								
3	37	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LESI	CCR								
3	37	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	CCR								
3	37	76984	ULTRASOUND OF CHEST AORTA DURING SUR	CCR								
3	37	76987	ULTRASOUND OF HEART DURING SURGERY T	CCR								
3	37	76988	ULTRASOUND OF HEART DURING SURGERY T	CCR								
3	37	76989	ULTRASOUND OF HEART DURING SURGERY T	CCR								
3	37	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	CCR								
3	37	76999	ECHO EXAMINATION PROCEDURE	CCR								
3	37	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	CCR								
3	37	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	CCR								
3	37	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	CCR								
3	37	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	CCR								
3	37	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	CCR								
3	37	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	CCR								
3	37	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	CCR								
3	37	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	CCR								
3	37	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND	CCR								
3	37	77046	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
3	37	77047	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
3	37	77048	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
3	37	77049	MAGNETIC RESONANCE IMAGING, BREAST	CCR								
3	37	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	CCR								
3	37	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	CCR								
3	37	77061	DIGITAL BREAST TOMOSYNTHESIS; UNILAT	CCR								
3	37	77062	DIGITAL BREAST TOMOSYNTHESIS; BILATE	CCR								
3	37	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	CCR	30 99			F				
3	37	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR								
3	37	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	CCR								
3	37	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	CCR	30 99			F				

#: 2033

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: 49

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

1 :												
••	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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					Х			
	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					х			
	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 37	77373 77385	STEREOTACTIC BODY RADIATION THERAPY,	CCR								
	37 37	77385 77386	INTENSITY MODULATED RADIATION TREATM INTENSITY MODULATED RADIATION TREATM	CCR CCR								
	37 37	77399		CCR								
	37 37	77399 77401	UNLISTED RAD THER/PHYSICS CONS	CCR								
	37 37	77401 77402	RADIAT TRTMNT DELIVERY SUPFCL/ORTHO RADIAT TRTMNT DELIVER-SING AREA/PORT	CCR								
	37 37	77402 77407	RADIAT TRIMNT DELIVER-SING AREA/PORT RADIAT TRIMNT DELIVERY-2AREAS, 3PORTS	CCR								
	37 37	77412	RADIAT TRIMNT DELIVERI-ZAREAS, SPORTS RADIAT TRIMNT DELIV UP TO 5 MEV	CCR								
	37 37	77417	THERAPEUTIC RADIOLOGY PORT FILMS	CCR					x			
	37 37	77423	NEUTRON BEAM TX, COMPLEX	CCR					Λ.			
	37	77424	INTRAOPERATIVE RADIATION TREATMENT D	MP			x			01/01/12		
	٥.	,,,24								32, 32, 12		

#: 2034

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: 50

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
1	2	3	4	5	_	6	7	8	9	10	11	12
	G0D=	DEGCD TREETON		AGE			MED		UVS	EFFECT	X-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	I-MAX	PA		SEX	>001	DATE	OVERS	IND
37	77425 77427	INTRAOPERATIVE RADIATION TREATMENT D	MP				х			01/01/12		
37		RADIATION TX MANAGEMENT, X5	CCR									
37	77431	RADIATION THERAPY MANAGEMENT W COMPL	CCR						Х			
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	00	00				х			
37	77520	PROTON BEAM DELIVERY	CCR	00								
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						Х			
37	77620	HYPERTHERMIAINTRACACITARY 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 37	78103	NUCLEAR SCAN OF BONE MARROW	CCR									
37	78104	NUCLEAR SCAN OF BONE MARROW	CCR									
37	78110 78111	NUCLEAR EXAM, PLASMA VOLUME	CCR									
37	78111	NUCLEAR EXAM, PLASMA VOLUME	CCR									
37 37	78120	NUCLEAR EXAM OF RBC MASS	CCR									
37 37	78121 78122	NUCLEAR EXAM OF RBC MASS	CCR									
31	10122	WHOLE BLOOD VOLUME DETERMINATION	CCR									

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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: 51

SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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			х			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					А			
37	78466	MYOCARD IMAGING; AT REST, QUAL.	CCR								
37	78468	MYOCARD IMAGINGAT REST; FIRST PASS	CCR								
37	78469	MYOCARD IMAGINGREST; 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 37	78580	· · · · · · · · · · · · · · · · · · ·	CCR								
37 37	78582	PULMONARY PERFUSION IMAGING (EG, PAR PULMONARY VENTILATION (EG, AEROSOL O	CCR								
37	78597										
37 37	78597 78598	QUANTITATIVE DIFFERENTIAL PULMONARY	CCR CCR								
37 37	78598 78599	QUANTITATIVE DIFFERENTIAL PULMONARY									
37 37	78599 78600	RESPIRATORY NUCLEAR EXAM NUCLEAR SCAN OF BRAIN	CCR CCR								
37 37											
31	78601	NUCLEAR SCAN OF BRAIN	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	78605	NUCLEAR SCAN OF BRAIN	CCR								
	37	78606	NUCLEAR SCAN OF BRAIN	CCR								
	37	78608	BRAIN IMAGING, POSITRON EMISSION TOM	CCR		х						
	37	78609	BRAIN IMAGING, POSITRON EMISSION	CCR		х						
	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					х			
	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		х						
	37	78812	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		х						
	37	78813	POSITRON EMISSON TOMOGRAPHY (PET)	CCR		х						
	37	78814	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		х						
	37	78815	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		х						
	37	78816	POSITRON EMISSION TOMOGRAPHY (PET)	CCR		х						
	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	i	
	37	80048	BASIC METABOLIC PANEL (CALCIUM, TOTA	8.46						01/01/20		
	37	80050	GENERAL HEALTH PANEL	45.73						01/01/09)	
	37	80051	BLOOD TEST PANEL FOR ELECTROLYTES (S	7.01						01/01/20		
	37	80053	COMPREHENSIVE METABOLIC PANEL	10.56						01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1 :												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001		OVERS	IND
	37	80055	OBSTETRIC BLOOD TEST PANEL	24.12	10 59			F		01/01/09		
	37	80061	LIPID PANEL	13.39						01/01/20		
	37	80069	RENAL FUNCTION PANEL	8.68						01/01/20		
	37	80074	ACUTE HEPATITIS PANEL	47.63						01/01/20		
	37	80076	HEPATIC FUNCTION PANEL	8.17						01/01/20		
	37	80081	OBSTETRIC PANEL (INCLUDES HIV)	74.86				F		01/01/20		
	37	80143	ACETAMINOPHEN	18.64					х	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					х	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		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
:	37	80202	VANCOMYCIN	13.54						01/01/20		
:	37	80203	ZONISAMIDE	13.25						01/01/20		
:	37	80204	METHOTREXATE	38.57						01/01/21		
:	37	80210	RUFINAMINDE	27.11						01/01/21		
:	37	80220	MEASUREMENT OF HYDROXYCHLOROQUINE	18.64						01/01/22		
:	37	80230	MEASUREMENT OF INFLIXIMAB	38.57						01/01/20		
:	37	80235	MEASUREMENT OF LACOSAMIDE	27.11						01/01/20		
:	37	80280	MEASUREMENT OF VEDOLIZUMAB	38.57						01/01/20		
:	37	80285	MEASUREMENT OF VORICONAZOLE	27.11						01/01/20		
	37	80299	QUANTITATION OF THERAPEUTIC DRUG, NO	18.64						01/01/15		
	37	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	12.60						01/01/19		
:	37	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	17.14						01/01/19		
:	37	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBE	62.14						01/01/20		
:	37	80400	ACTH STIMULATION PANEL; FOR ADRENAL	32.62						01/01/20		
:	37	80402	ACTH STIMULATION PANEL; FOR 21 HYDRO	86.96						01/01/20		
:	37	80406	ACTH STIMULATION PANEL; FOR 3 BETA-H	78.26						01/01/20		
:	37	80408	ALDOSTERONE SUPPRESSION EVALUATION P	125.50						01/01/20		
:	37	80410	CALCITONIN STIMULATION PANEL	29.77						01/01/19		
:	37	80412	CORTICOTROPIC RELEASING HOMRONE (CRH	448.57						01/01/15		
:	37	80414	CHORIONIC GONADOTROPIN STIMULATION P	51.64						01/01/20		
:	37	80415	CHORIONIC GONADOTROPIN STIMULATION P	55.89						01/01/20		
:	37	80416	RENAL VEIN RENIN STIMULATION PANEL	179.58						01/01/15		
:	37	80417	PERIPHERAL VEIN RENIN STIMULATION PA	43.99						01/01/20		
:	37	80418	COMBINED RAPID ANTERIOR PITUITARY EV	579.48						01/01/20		
:	37	80420	DEXAMETHASONE SUPPRESSION PANEL, 48	98.04						01/01/15		
:	37	80422	GLUCAGON TOLERANCE PANEL FOR INSULIN	46.07						01/01/20		
:	37	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCH	50.50						01/01/20		
:	37	80426	GONADOTROPIN RELEASING HORMONE STIMU	148.41						01/01/20		
:	37	80428	GROWTH HORMONE STIMULATION PANEL (EG	66.70						01/01/20		
:	37	80430	GROWTH HORMONE SUPPRESSION PANEL (GL	106.80						01/01/15		
:	37	80432	INSULIN-INDUCED C-PEPTIDE SUSPENSION	165.61						01/01/19		
:	37	80434	INSULIN TOLERANCE PANEL; FOR ACTH IN	137.68						01/01/15		
:	37	80435	INSULIN TOLERANCE PANEL; FOR GROWTH	103.00						01/01/20		
:	37	80436	METYRAPONE PANEL	91.16						01/01/20		
:	37	80438	THYROTROPIN RELEASING HORMONE (TRH)	50.41						01/01/20		
:	37	80439	THYROTROPIN RELEASING HORMONE (TRH)	67.21						01/01/20		
	37	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	19.08						01/01/22		
	37	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	38.45						01/01/22		
	37	80505	PATHOLOGY CLINICAL CONSULT; 41-60 MIN	69.95						01/01/22		
	37	80506	PATHOLOGY CLINICAL CONSULT; ADD'L 30"	31.40						01/01/22		
	37	81000	URINALYSIS, BY DIP STICK OR TABLET	4.02					Х	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					Х	01/01/15		
	37	81003	URINALYSIS, BY DIP STICK OR TABLET	2.25						01/01/20		
	37	81005	URINALYSIS; QUALITATIVE RO SEMIQUANT	2.17					х	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		

#: 2039

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
1	2	3	4	5		6	7	8	9	10	11	12
				AGE	1		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	81099	URINALYSIS TEST PROCEDURE	MP				x			06/01/08		
37	81162	BRCA1,BRCA2 (BREAST CANCER 1 AND 2)	1,824.88		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		70	x				01/01/19		
37	81165	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	282.88		70	x				01/01/19		
37	81166	BRCA1 (BRCA1, DNA REPAIR ASSOCIATED)	301.35		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	х				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		70					01/01/20		
37	81311	NRAS (NEUROBLASTOMA RAS VIRAL V-RAS	295.79							01/01/19		
37	81338	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	150.33							01/01/21		
37	81339	MPL (MPL PROTO-ONCOGENE, THROMBOPOIE	185.20							01/01/21		
37	81347	SF3B1 (SPLICING FACTOR 3Bì SUBUNIT	193.25							01/01/21		
37	81348	SRSF2 (SERINE AND ARGININE-RICH SPLI	175.40							01/01/21		
37	81351	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	641.85							01/01/21		
37	81352	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	329.51							01/01/21		
37	81353	TP53 (TUMOR PROTEIN 53) (EG, LI-FRAUM	308.00							01/01/21		
37	81357	U2AF1 (U2 SMALL NUCULEAR RNA AUXILIA	193.25							01/01/21		
37	81360	ZRSR2 (ZINC FINGER CCCH-TYPE, RNA BI	193.25							01/01/21		
37	81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS P	2,448.56	00	15					01/01/21		
37	81420	FETAL CHROMOSOMAL ANEUPLOIDY (EG, TR	759.05	10	59		x	F		02/01/19		
37	81425	GENOME (EG, UNEXPLAINED CONSTITUTION	3,773.40	00	00	х				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							: =, :=, = 0		
37	81458	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									
37	81459	GENOMIC SEQUENCE ANALYSIS PANEL OF D	CCR									

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	•	2	3	4	5		6	7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x-	SPEC
T	'S	CODE	DESCRIPTION	FEE	MIN-MA	X	PA	REV	SEX	>001	DATE	OVERS	IND
3	37	81460	WHOLE MITOCHONDRIAL GENOME (EG, LEIG	965.25			x				01/01/23		
3	37	81462	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR									
3	37	81463	GENOMIC SEQUENCE ANALYSIS OF DNA IN	CCR									
3	37	81464	GENOMIC SEQUENCE ANALYSIS OF DNA OR	CCR									
3	37	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND	795.00	10 59)			F		07/01/19		
3	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 ALPHA-1-ANTITRYPSIN; PHENOTYPE ALPHA-FETOPROTEIN (AFP); SERUM	13.44							01/01/20		
	37	82104	ALPHA-I-ANTITRYPSIN; PHENOTYPE	14.46							01/01/20		
_	37 37	82105		16.77							01/01/20		
_	57 57	82106 82107	ALPHA-FETOPROTEIN (AFP); AMNIOTIC FL	17.00 64.41							01/01/20		
	5 7 5 7	82107 82108	ALPHA-FETOPROTEIN (AFP); AFP-L3 FRAC	11.53							01/01/20		
	5 7 5 7	82108	ALUMINUM	5.12					F		01/01/15		
	, , 37	82127	AMINES, VAGINAL FLUID, QUALITATIVE AMINO ACIDS; SINGLE, QUALITATIVE, EA	14.18					£	x	01/01/15 01/01/20		
	. <i>,</i> 37	82128	AMINO ACIDS; SINGLE, QUALITATIVE, EA AMINO ACIDS; MULTIPLE, QUALITATIVE E	13.87						^	01/01/20		
	. <i>,</i> 37	82131	AMINO ACIDS; MULTIPLE, QUALITATIVE E AMINO ACIDS; SINGLE, QUANTITATIVE, E	22.95						x	01/01/20		
	37	82135	AMINOLEVULINIC ACID, DELTA (ALA)	16.45						^	01/01/13		
_	37	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUA	19.61						x	01/01/20		
	, , 37	82139	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QOA	16.87						x	01/01/19		
	, , 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	01/01/10		
	, , 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		
3	37	82180	ASCORBIC ACID (VITAMIN C), BLOOD	9.89							01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH						X	01/01/15		
37	82232	BETA-2 MICROGLOBULIN BILE ACIDS; TOTAL BILE ACIDS; CHOLYLGLYCINE	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	BILE ACIDS; CHOLYLGLYCINE BILIRUBIN; TOTAL BILIRUBIN; DIRECT BILIRUBIN; FECES, QUALITATIVE BIOTINIDASE, EACH SPECIMEN	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 OCCULT BLOOD, FECES, SINGLE BLOOD, OCCULT, BY PEROXIDASE ACTIVIT BLOOD, OCCULT, BY FECEL HEMOGLOBIN D	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					х	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: OHALTTATIVE ANALYSIS	11 58						01/01/20		
37	82360	CALCULUS: QUANTITATIVE ANALYSIS CHE	12.87						01/01/20		
37	82365	CALCULUS: INFARED SPECTROSCODY	12.90						01/01/20		
37	82370	CALCULUS; QUANTITATIVE ANALYSIS, CHE CALCULUS; INFARED SPECTROSCOPY CALCULUS; X-RAY DIFFRACTION	12.52						01/01/20		
37	82373	CADROUVEDATE DEFICIENT TRANSFERREN	18.06						01/01/20		
37	82374	CARBOHYDRATE DEFICIENT TRANSFERRIN CARBON DIOXIDE (BICARBONATE)	4.88					x	01/01/20		
37	82375	CARBON DIGATE (DICARDONALE)	12 32					X	01/01/20		
37	82376	CARROYVHEMOGLOBIN: QUANTITATIVE	Ω 15					X	01/01/15		
37	82378	CARBON DIGHTE (BICARBONATE) CARBOXYHEMOGLOBIN; QUANTITATIVE CARCINOEMBRYONIC ANTIGEN (CEA) CARNITINE (TOTAL AND FREE), QUANTITA	18 96					Λ	01/01/10		
37	82379	CARCINOLIDATIONIC ANTIGEN (CEA)	16.90					х	01/01/20		
37	82380	CAROTENE	9.22					Λ	01/01/20		
37	82382	CAMECHOLAMINES, MOMAI LIDINE	22 40						01/01/20		
37	82383	CATECHOLAMINES, ICIAL ORINE	20.40						01/01/19		
37	82384	CAMECHOLAMINES, BLOOD	25.00						01/01/19		
37	82387	CAMUEDOIN D	10 40						01/01/20		
37 37	82390	CEDIT OD ACMIN	10.40						01/01/19		
_		CAROTENE CATECHOLAMINES; TOTAL URINE CATECHOLAMINES; BLOOD CATECHOLAMINES; FRACTIONATED CATHEPSIN-D CERULOPLASMIN CHEMILUMINESCENT ASSAY CHLORAMPHENICOL CHLORIDE; BLOOD CHLORIDE; UTINE CHLORIDE; OTHER SOURCE CHLORINATED HYDROCAPBONS SCREEN	10.74								
37 37	82397 82415	CHI ODAMDHENI COI	12 67						01/01/15 01/01/20		
37 37		CHLORAMPHENICOL CHLORIDE: DLOOD	12.67					v			
37 37	82435	CHLORIDE; BLOOD	4.60					х	01/01/20		
_	82436	CHLORIDE; URINE	5.75						01/01/19		
37 37	82438	CHLORIDE; OTHER SOURCE	5.00						01/01/20		
_	82441								01/01/20		
37	82465	CHOLESTEROL, SERUM OR WHOLE BLOOD, T							01/01/20		
37	82480	CHOLINESTERASE; SERUM CHOLINESTERASE; RBC	7.87					v	01/01/20		
37	82482		9.81					х	01/01/18		
37	82485	CHONDROITIN B SULFATE, QUANTITATIVE							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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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5	6	7	8	9	10	11	12
	_				AGE		MED		UVS	EFFECT	X-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	82528	CORTICOSTERONE	22.52						01/01/20		
	37	82530	CORTISOL; FREE	16.71						01/01/20		
	37	82533	CORTISOL; TOTAL	16.30					х	01/01/20		
	37	82540	CREATINE	4.64						01/01/20		
	37	82542	COLUMN CHROMATOGRAPHY/MASS SPECTOMET	24.09						01/01/18		
	37	82550	CREATINE KINASE (CK), (CPK); TOTAL	6.51					X	01/01/20		
	37	82552	CREATINE KINASE (CK), (CPK); ISOENZY	13.39					X	01/01/20		
	37	82553	CREATINE KINASE (CK), (CPK); MB FRAC	11.55						01/01/20		
	37	82554	CREATINE KINASE (CK), (CPK); ISOFORM	11.87						01/01/20		
	37	82565	CREATININE; BLOOD	5.12					X	01/01/20		
	37	82570	CREATININE; OTHER SOURCE	5.18						01/01/20		
	37	82575	CREATININE; CLEARANCE	9.46						01/01/20		
	37	82585	CRYOFIBRINOGEN	11.68					x	01/01/15		
	37	82595	CRYOGLOBULIN, QUALITATIVE OR SEMI-QU	6.47						01/01/20		
	37	82600	CYANIDE	19.40						01/01/20		
	37	82607	CYANOCOBALAMIN (VITAMIN B-12);	15.08						01/01/20		
	37	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSAT	14.32						01/01/20		
	37	82610	CYSTATIN C	6.31						01/01/15		
	37	82615	CYSTINE AND HOMOCYSTINE, URINE, QUAL	9.55						01/01/19		
	37	82626	DEHYDROEPIANDROSTERONE (DHEA)	25.27						01/01/20		
	37	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA	22.23						01/01/20		
	37	82633	DESOXYCORTICOSTERONE, 11 -	30.98						01/01/20		
	37	82634	DEOXYCORTISOL, 11 -	29.28						01/01/20		
	37	82638	DIBUCAINE NUMBER	12.25						01/01/20		
	37	82642	DIHYDROTESTOSTERONE (DHT)	29.28						01/01/20		
	37	82652	VITAMIN D; 1, 25 DIHYDROXY, INCLUDES	38.50						01/01/20		
	37	82653	MEASUREMENT OF PANCREATIC ELASTASE (22.97						01/01/22		
	37	82656	ELASTASE, PANCREATIC (EL-1), FECAL,	11.53						01/01/20		
	37	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULT	22.17						01/01/19		
	37	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULT	24.58						01/01/15		
	37	82664	ELECTOPHORETIC TECHNIQUE, NOT ELSEWH	46.75						01/01/15		
	37	82668	ERYTHROPOIETIN	18.79						01/01/20		
	37	82670	ESTRADIOL	27.94						01/01/20		
	37	82671	ESTROGENS; FRACTIONATED	32.30						01/01/20		
	37	82672	ESTROGENS; TOTAL	21.70						01/01/20		
	37	82677	ESTRIOL	24.18						01/01/20		
	37	82679	ESTRONE	24.95						01/01/20		
	37	82681	ESTRADIOL; FREE, DIRECT MEASUREMENT	27.94						01/01/21		
	37	82693	ETHYLENE GLYCOL	14.90						01/01/20		
	37	82696	ETIOCHOLANOLONE	26.24						01/01/19		
	37	82705	FAT OR LIPIDS, FECES; QUALITATIVE	5.10						01/01/20		
	37	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	16.80						01/01/20		
	37	82715	FAT DIFFERENTIAL, FECES, QUANTITATIV	22.97						01/01/18		
	37	82725	FATTY ACIDS, NONESTERIFIED	18.12						01/01/15		
	37	82726	VERY LONG CHAIN FATTY ACIDS	19.75						01/01/20		
	37	82728	FERRITIN	13.63						01/01/20		
	37	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SE	64.41						01/01/20		
	37	82735	FLUORIDE	18.54						01/01/20		
	37	82746	FOLIC ACID; SERUM	14.70						01/01/20		
	37	82747	FOLIC ACID; RBC	17.65						01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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		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	i	
37	83013	HELICOBACTER PYLORI; BREATH TEST ANA	39.38						01/01/15	i	
37	83014	HELICOBACTER PYLORI; DRUG ADMINISTRA	7.86						01/01/20)	
37	83015	HEAVY METAL SCREENING	15.45						01/01/15	•	
37		CHROMATOGRAPH SCREEN, METALS	11.56						01/01/15	•	
37		ASSAY HEMOGLOBIN	12.87					х	01/01/20		
37		HEMOGLOBIN CHROMOTOGRAPHY	18.06						01/01/20		
37		HEMOGLOBIN;	3.22						01/01/15		
37		FETAL HEMOGLOBIN ASSAY	4.70						01/01/15	i	
37		FETAL FECAL HEMOGLOBIN ASSAY	8.00						01/01/18		
37	83036	GLYCOSYLATED HEMOGLOBIN ASSAY	9.71						01/01/20)	

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:			DESCRIPTION BLOOD METHEMOGLOBIN TEST BLOOD METHEMOGLOBIN ASSAY ASSAY PLASMA HEMOGLOBIN BLOOD SULFHEMOGLOBIN ASSAY HEMOGLOBIN HEAT ASSAY HEMOGLOBIN HEAT ASSAY HEMOGLOBIN HEAT ASSAY HEMOGLOBIN HEAT ASSAY HEMOGLOBIN STABILITY SCREEN ASSAY URINE HEMOGLOBIN ASSAY URINE HEMOSIDERIN B HEXOSAMINIDASE ASSAY ASSAY HISTAMINE ASSAY OF HOMOCYSTINE ASSAY URINE FOR HVA HYDROXYCORTICOSTEROIDS,17-RIA ASSAY URINE 5-HIAA RIA ASSAY OF PROGESTERONE ASSAY URINE HYDROXYPROLINE IMMUNOASSAY, NON ANTIBODY IMMUNOASSAY, NON ANTIBODY IMMUNOASSAY, ANALYTE; MEASUREMENT OF IMMUNOGLOBULIN LIGHT RIA ASSAY OF INSULIN INSULIN; INTRINSIC FACTOR LEVEL MEASUREMENT OF INTERLEUKIN-6 ASSAY SERUM IRON SERUM IRON BINDING TEST UV-ASSAY BLOOD 1DH ENZYME ASSAY BLOOD 17-KETOSTEROIDS CHROMATOGRAPH KETOSTEROIDS LACTIC ACID ASSAY UV-ASSAY BLOOD LDH ENZYME ASSAY BLOOD LOP ERAD ASSAY AMNIOTIC L/S RATIO LECITHIN-SPHINGOMYELIN RATIO (L/S RA FLUORO POLARIZE, FETAL LUNG LAMELLAR BDY, FETAL LUNG UV-ASSAY BLOOD LIPASE ASSAY BLOOD LIPASE LIPOPROTEIN BLD, HY FRACTION LIPOPROTEIN BLD, HY FRACTION LIPOPROTEIN BLD, HY MRR BLOOD LIPOPROTEIN ASSAY									
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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 IMMINE GLOBILLIN CSF	27 37						01/01/15		
37	83918	ASSAY ORGANIC ACIDS	22 39						01/01/15		
37	83919	ASSAY ORGANIC ACIDS OHAT.	16 45						01/01/20		
37	83921	OPCANTO ACTO SINGLE OHANT	21 21						01/01/18		
37	83930	ACCAV BLOOD OCMOLALITY	6 61					v	01/01/10		
37	83935	ASSAI BEOOD OSMOLALIII	6.82					v	01/01/20		
37	83937	OSTEOCALCIN (RONE C1A DROTEIN)	29.85					Λ	01/01/20		
37	83945	ACCAV HIDING OVALATE	14 45						01/01/19		
37	83950	ONCODDOTETN HED-2/NEII	64 41						01/01/19		
37	83951	ONCORPOTEIN, DEC_CAMMA_CARROYY_DROWU	64 41						01/01/20		
37	83970	DIA ACCAY OF DADATHODMONE	41 20						01/01/20		
37	83986	ACCAY DODY FILLD ACTOURY	2 50					v	01/01/20		
3 <i>7</i> 37	83987	DU. EVUNTED DDENMU CONDENCAME	3.50					^	01/01/20		
3 <i>1</i> 37		ACCAY FOR DUENCYCLIDING	3.36								
37 37	83992 83993	CALDDOMECHIN EECAL	10.63						01/01/15 01/01/20		
37 37	84030	ACCAY BLOOD DVII	19.03					v	01/01/20		
3 <i>1</i> 37	84035	ASSAI BLOOD PHENVI PERONEC	3.50					•	01/01/20		
3 <i>1</i> 37		ASSAI BLOOD PRENILATIONES	7.90					^			
37 37	84060 84066	ASSAI BLOOD ACID PROSPRATASE	0.66						01/01/20 01/01/20		
37 37	84075	ASSAI PROSIATE PROSPRATASE, RIA	9.00 E 10						01/01/20		
37 37	84078	ASSAI ALKALINE PHOSPHATASE	7.10						01/01/20		
_		ASSAI ALKALINE PHOSPHATASE	14.70								
37 37	84080	DESCRIPTION LIPOPROTEIN, VLDL CHOLESTEROL LIPOPROTEIN, DIRECT MEASUREMENT; LIPOPROTEIN, DIRECT MEASUREMENT; LIPOPROTEIN, DIRECT MEASUREMENT LUTEINIZING RELEASING FACTOR, RIA ASSAY BLOOD MAGNESIUM UV-ASSAY OF MD ENZYME ASSAY OF MANGANESE MASS SPECTROMETRY QUANT ASSAY BLOOD MERCURY ASSAY URINE METANEPHRINES ASSAY METHEMALBUMIN MICROFLUIDIC ANALYSIS UTILIZING AN I BLOOD MUCOPOLYSACCHARIDES ASSAY SYNOVIAL FLUID MUCIN MYELIN BASIC PROTEIN, CSF, RIA MYOGLOBIN ELECTROPHORESIS MYELOPEROXIDASE (MPO) NATRIURETIC PEPTIDE NEPHELOMETRY, EACH ANALYTE NOT ELSEW ASSAY URINE FOR NICKEL NUCLEOTIDASE 5' (ENZYME) LEVEL OLIGOCLONAL IMMUNE GLOBULIN, CSF ASSAY ORGANIC ACIDS ASSAY ORGANIC ACIDS SASAY ORGANIC ACIDS ASSAY URINE OSMOLALITY OSTEOCALCIN (BONE GIA PROTEIN) ASSAY URINE OSMOLALITY OSTEOCALCIN (BONE GIA PROTEIN) ASSAY URINE OXALATE ONCOPROTEIN, HER-2/NEU ONCOPROTEIN, DES-GAMMA-CARBOXY-PROTH RIA ASSAY BLOOD PKU ASSAY BLOOD PKOPHATASE PHOSPHATASE PHOSPHATASE PHOSPHATASE PHOSPHATASE PHOSPHATASE PHOSPHATASE PHOSPHATASE PHOSPHATASE PHOSPHOHEXOSE ENZYMES ASSAY BLOOD PHOSPHORUS ASSAY BLOOD PHOSPHORUS ASSAY PROFHOBILINOGEN ASSAY PORPHOBILINOGEN	14./8						01/01/20		
37 37	84081	PROSPRATIVILGLICEROL	10.52					v	01/01/20		
_	84085	ASSAI KBC PGOD ENZIME	9.18					A.	01/01/15		
37	84087	ASSAI PHUSPHUHEAUSE ENZYMES	10./3						01/01/20		
37	84100	ASSAI BLOOD PHOSPHOKUS	4./4						01/01/20		
37	84105	ASSAI UKINE PHOSPHORUS	5.78						01/01/19		
37	84106	TEST FOR PORPHOBILINGEN	5.82						01/01/15		
37	84110	ASSAY PORPHOBILINOGEN	6.70						01/01/15		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

. 1		2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
T	s	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
3	7	84112	CERVICOVAGINAL SECRETION OF PLACENTA	87.65						01/01/15		
3	7	84119	TEST URINE FOR PORPHYRINS	11.72						01/01/15		
3	7	84120	ASSAY URINE PORPHYRINS	14.71						01/01/20		
3	7	84126	ASSAY FECES PORPHYRINS	34.66						01/01/15		
3	7	84132	ASSAY BLOOD POTASSIUM	4.76					х	01/01/20		
3	7	84133	ASSAY URINE POTASSIUM	4.73					х	01/01/20		
3	7	84134	PREALBUMIN	7.59						01/01/15		
3	7	84135	PREGNANEDIOL; RIA	21.27						01/01/19	ı	
3	7	84138	PREGNANETRIOL; RIA	21.05						01/01/19	ı	
3	7	84140	PREGNENOLONE	20.67						01/01/20		
3	7	84143	17-HYDROXYPREGNENOLONE	22.81						01/01/20		
3	7	84144	ASSAY PROGESTERONE	20.86						01/01/20		
3	7	84145	PROCALCITONIN (PCT)	27.22						01/01/20		
3	7	84146	RIA ASSAY FOR PROLACTIN	19.38						01/01/20		
3	7	84150	RIA ASSAY OF PROSTAGLANDIN	33.96						01/01/15		
3	7	84152	ASSAY OF PSA, COMPLEXED	18.39						01/01/20		
3	7	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	18.39						01/01/20		
3	7	84154	PSA FREE	18.39						01/01/20		
3	7	84155	ASSAY SERUM PROTEIN	3.67						01/01/20		
3	7	84156	ASSAY OF PROTEIN, URINE	3.67						01/01/20		
3	7	84157	ASSAY OF PROTEIN, OTHER	4.00						01/01/20		
3	7	84160	ASSAY SERUM PROTEIN	5.61						01/01/20		
3	7	84163	PAPPA, SERUM	15.05	10 59			F		01/01/20		
3	7	84165	ASSAY SERUM PROTEINS	10.74						01/01/20		
3	7	84166	PROTEIN E-PHORESIS/URINE/CSF	17.83						01/01/20		
3	7	84182	PROTEIN;	24.49					Х	01/01/15		
3	7	84202	ASSAY RBC PROTOPORPHYRIN	14.35						01/01/20		
3	7	84203	TEST RBC PROTOPORPHYRIN	9.74						01/01/19		
3	7	84206	RIA ASSAY OF PROINSULIN	24.24						01/01/15		
3	7	84207	ASSAY VITAMIN B-6	19.24						01/01/15		
3	7	84210	ASSAY BLOOD PYRUVATE	14.48						01/01/18		
3	7	84220	ASSAY RBC PYRUVIC KINASE	9.44						01/01/20		
3	7	84228	ASSAY QUININE	11.63						01/01/20		
3		84233	RECEPTOR ASSAY; ESTROGEN (ESTRADIOL)	87.65						01/01/15		
3	7	84234	RECEPTOR ASSAY; PROGESTERONE	64.88						01/01/20		
3	7	84235	RECEPTOR ASSAY; ENDOCRINE; OTHER	71.23						01/01/15		
3		84238	RECEPTOR ASSAY;	36.57						01/01/20		
3		84244	RIA ASSAY OF RENIN	21.99					Х	01/01/20		
3		84252	ASSAY VITAMIN B-2	20.24						01/01/20		
3		84255	ASSAY SELENIUM	25.53						01/01/20		
3		84260	ASSAY BLOOD SEROTONIN	30.98						01/01/20		
3		84270	SEX HORMONE BINDING GLOBULIN (SHBG)	21.73						01/01/20		
3		84275	DESCRIPTION CERVICOVAGINAL SECRETION OF PLACENTA TEST URINE FOR PORPHYRINS ASSAY URINE PORPHYRINS ASSAY URINE PORPHYRINS ASSAY BLOOD POTASSIUM ASSAY URINE POTASSIUM PREALBUMIN PREGNANEDIOL; RIA PREGNANETRIOL; RIA PREGNENOLONE 17-HYDROXYPREGNENOLONE ASSAY PROGESTERONE PROCALCITONIN (PCT) RIA ASSAY FOR PROLACTIN RIA ASSAY OF PROSTAGLANDIN ASSAY OF PSA, COMPLEXED PROSTATE SPECIFIC ANTIGEN (PSA) PSA FREE ASSAY SERUM PROTEIN ASSAY OF PROTEIN, URINE ASSAY OF PROTEIN, OTHER ASSAY OF PROTEIN, OTHER ASSAY SERUM PROTEIN PAPPA, SERUM ASSAY SERUM PROTEIN PAPPA, SERUM ASSAY SERUM PROTEINS PROTEIN: ASSAY REC PROTOPORPHYRIN TEST REC PROTOPORPHYRIN TEST REC PROTOPORPHYRIN TEST REC PROTOPORPHYRIN ASSAY VITAMIN B-6 ASSAY BLOOD PYRUVATE ASSAY BLOOD PYRUVATE ASSAY REC PROTOPORPHYRIN RECEPTOR ASSAY; ESTROGEN (ESTRADIOL) RECEPTOR ASSAY; ESTROGEN (ESTRADIOL) RECEPTOR ASSAY; ENDOCRINE; OTHER RECEPTOR ASSAY; FNOGESTERONE RECEPTOR ASSAY; FNOGESTERONE RECEPTOR ASSAY; PROGESTERONE RECEPTOR ASSAY; PROGESTERONE RECEPTOR ASSAY; PROGESTERONE RECEPTOR ASSAY; ENDOCRINE; OTHER RECEPTOR ASSAY; ENDOCRINE; OTH	13.44						01/01/20		
3		84285	ASSAY SILICA	25.21						01/01/20		
3		84295	ASSAY BLOOD SODIUM	4.81					Х	01/01/20		
3		84300	ASSAY URINE SODIUM	5.06					Х	01/01/20		
3		84302	ASSAY OF SWEAT SODIUM	4.86						01/01/20		
3		84305	SOMATOMEDIN	21.26						01/01/20		
3		84307	SOMATOSTATIN	18.28						01/01/20		
3	7	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEW	8.10						01/01/19		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
•	1	2	DESCRIPTION BODY FLUID SPECIFIC GRAVITY CHROMATOGRAM ASSAY, SUGARS SUGARS SINGLE QUAL SUGARS MULTIPLE QUAL SUGARS MULTIPLE QUANT SUGARS MULTIPLE QUANT SULFATE, URINE TESTOSTERONE; RIA ASSAY BLOOD TESTOSTERONE TESTOSTERONE; BIOAVAILABLE, DIRECT M ASSAY VITAMIN B-1 ASSAY BLOOD THIOCYANATE THROMBOXANE METABOLITE(S), INCLUDING	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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					х	01/01/20		
	37	84377	SUGARS MULTIPLE QUAL	5.50					х	01/01/20		
	37	84378	SUGARS SINGLE QUANT	11.02					х	01/01/15		
	37	84379	SUGARS MULTIPLE QUANT	11.02					х	01/01/15		
	37	84392	SULFATE, URINE	5.49					х	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				М		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					х	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. OUAL	10.09						01/01/18		
	37	84520	ASSAY BUN	3.95					х	01/01/20		
	37	84525	STICK-ASSAY BUN	5.12					х	01/01/15		
	37	84540	ASSAY URINE UREA-N	5.56					х	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	DESCRIPTION BODY FLUID SPECIFIC GRAVITY CHROMATOGRAM ASSAY, SUGARS SUGARS SINGLE QUAL SUGARS MULTIPLE QUAL SUGARS MULTIPLE QUANT SUGARS MULTIPLE QUANT SUGARS MULTIPLE QUANT SUGARS MULTIPLE QUANT SUFATE, URINE TESTOSTERONE; RIA ASSAY BLOOD TESTOSTERONE TESTOSTERONE; RIA ASSAY BLOOD TESTOSTERONE TESTOSTERONE; RIA ASSAY UTAMIN B-1 ASSAY BLOOD THIOCYANATE THROMBOXANE METABOLITE(S), INCLUDING THYROGLOBULIN EVALUATION OF THIOPURINE S-METHYLTRA THYROXINE, TRUE, RIA THYROXINE, NEONATAL THYROID ACTIVITY (TBG) ASSAY RIA ASSAY OF TS HORMONE RIA THYROTOPIN FACTOR ASSAY VITAMIN E TRANSCORTIN (CORTISOL BINDING GLOBUL UV-ASSAY TRANSAMINASE (SGOT) UV-ASSAY TRANSAMINASE (SGOT) UV-ASSAY TRANSAMINASE (SGOT) TRANSFERRIN ASSAY BLOOD TRIGLYCERIDES TRIIODOTHYRONINE, RESIN UPTAKE RIA ASSAY, T-3 TRIIODOTHYRONINE (T-3); TROPONIN ASSAY DUODENAL FLUID TRYPSIN TEST FECES FOR TRYPSIN ASSAY BLOOD TYROSINE TROPONIN, QUAL ASSAY BUN STICK-ASSAY BUN ASSAY URINE UREA-N UREA-N CLEARANCE TEST ASSAY BUNO STICK-ASSAY BUN ASSAY URINE UROBILINOGEN	5.08						01/01/20		
	37	84577	ASSAY FECES UROBILINOGEN	16.80						01/01/20		
	37	84578	TEST URINE UROBILINOGEN	4.43						01/01/15		
	37	84580	ASSAY URINE UROBILINOGEN	9.55						01/01/19		
	37	84583	ASSAY URINE UROBILINOGEN	6.05						01/01/19		
	37	84585	ASSAY URINE VMA	15.50						01/01/20		
	37	84586	VASOACTIVE INTESTINAL PEPTIDE (VIP)	35.33						01/01/20		
	37	84588	RIA ASSAY VASOPRESSIN	33.94						01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

•	1	2	3	4	5	6	7	8	9	10	11	12
	_	_		_	AGE	-	MED	_	uvs	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION ASSAY BLOOD VITAMIN-A ASSAY OF NOS VITAMIN ASSAY VITAMIN-K ASSAY FOR VOLATILES XYLOSE TOLERANCE TEST, BLOOD ASSAY BLOOD ZINC	FEE	MIN-MAX	PA		SEX			OVERS	IND
	37	84590	ASSAY BLOOD VITAMIN-A	11.61						01/01/20		
	37	84591	ASSAY OF NOS VITAMIN	15.79						01/01/15		
	37	84597	ASSAY VTTAMIN-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							01/01/20		
	37	84702	GONADOTROPIN CHORIONIC ON ONTERTIVE	15 05						01/01/20		
	37	84703	GONADOTROPIN CHORIONIC:OHALITATIVE	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			х			06/01/08		
	37	85002	BLEEDING TIME TEST	4.82					х	01/01/20		
	37	85004	AUTOMATED DIFF WBC COUNT	6.47						01/01/20		
	37	85007	DIFFERENTIAL WBC COUNT	3 41					х	01/01/15		
	37	85008	ASSAY BLOOD ZINC GONADOTROPIN, CHORIONIC; QUANTITATIVE GONADOTROPIN, CHORIONIC; QUALITATIVE GONADOTROPIN, CHORIONIC (HCG); FREE OVULATION TESTS, BY VISUAL COLOR COM UNLISTED CHEMISTRY /TOXICOLOGY BLEEDING TIME TEST AUTOMATED DIFF WBC COUNT DIFFERENTIAL WBC COUNT BLOOD COUNT; BLOOD COUNT; BLOOD COUNT;	3 43						01/01/20		
	37	85009	DIFFERENTIAL WBC COUNT	5.06					х	01/01/15		
	37	85013	BLOOD COUNT:	3.23						01/01/15		
	37	85014	BLOOD COUNT OTHER THAN SPUN HEMATOCR	2.37					х	01/01/20		
	37	85018							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					х	01/01/20		
	37	85032	HEMOGLOBIN, COLORIMETRIC BLOOD COUNT; HEMO. PLAT. COUNT, AUTO/AUT HEMOGRAM, AUTOMATED W/PLATELET COUNT MANUAL CELL COUNT, EACH RED BLOOD CELL (RBC) COUNT RETICULOCYTE COUNT	4 31						01/01/20		
	37	85041	RED BLOOD CELL (RBC) COUNT	3 02					х	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					х	01/01/21		
	37	85130	CHROMOGENIC SUBSTRATE ASSAY	11.89						01/01/20		
	37	85170	BLOOD CLOT RETRACTION SCREEN	4.92					х	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	RETICULOCYTE COUNT RETICULOCYTE COUNT FLOW CYTOMETRY RETICYTE, HGB CONCENTRATE WHITE BLOOD CELL (WBC) COUNT AUTOMATED PLATELET COUNT RETICULATED PLATELET ASSAY BONE MARROW SMEAR INTERPRET CHROMOGENIC SUBSTRATE ASSAY BLOOD CLOT RETRACTION SCREEN BLOOD CLOT LYSIS TIME BLOOD CLOT FACTOR II TEST BLOOD CLOT FACTOR V TEST BLOOD CLOT FACTOR VIII TEST BLOOD CLOT FACTOR VIII TEST FACTOR VIII RELATED ANTIGEN QUAN CLOTTING;	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					х	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					х	01/01/20		
	37	85260	BLOOD CLOT FACTOR X TEST	17.90					х	01/01/20		
	37	85270	BLOOD CLOT FACTOR XI TEST	17.90					х	01/01/20		
	37	85280	BLOOD CLOT FACTOR XII TEST	10 24					х	01/01/15		
	37	85290	BLOOD CLOT FACTOR XIII TEST	16.34					х	01/01/20		
	37	85291	BLOOD CLOT FACTOR XIII TEST	9.11					х	01/01/20		
	37	85292	CLOTTING; PREKALLIKRIEW ASSAY	18.93						01/01/20		
	37	85293	CLOTTING; H-M-W KINNINOGEN ASSA	18.93						01/01/20		
	37	85300	CLOTTING; BLOOD CLOT FACTOR IX TEST BLOOD CLOT FACTOR X TEST BLOOD CLOT FACTOR XI TEST BLOOD CLOT FACTOR XII TEST BLOOD CLOT FACTOR XIII TEST BLOOD CLOT FACTOR XIII TEST CLOTTING; PREKALLIKRIEW ASSAY CLOTTING; H-M-W KINNINOGEN ASSA ANTITHROMBIN III TEST	11.85					x	01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

•	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	85301	CLOT. INHIB/ANTICOAG/ANTITHROM	10.81					х	01/01/20		
	37	85302	CLOT INHIBIT/ANTICOAC/PROTEIN C	12.01					х	01/01/20		
	37	85303	CLOTING INHIBITORS OR ANTICOAGULANT	13.84						01/01/20		
	37	85305	CLOTTING INHIBITORS OR ANTICOAGULANT	11.61						01/01/20		
	37	85306								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					х	01/01/20		
	37	85347	COAGULATION TIME	3.92					х	01/01/15		
	37	85348	COAGULATION TIME	4.49					х	01/01/19		
	37	85360	EUGLOBULIN LYSIS	8.41						01/01/20		
	37	85362	FIBRIN DEGRADATION PRODUCTS	6.89					х	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	FIBRINGEN:	9.72						01/01/19		
	37	85385	FIBRINGEN:	11.56						01/01/15		
	37	85390	FIBRINOLYSINS SCREEN	7 04						01/01/15		
	37	85397	CLOTTING INHIBITORS OR ANTICOAGULANT ASSAY ACTIVATED PROTEIN C FACTOR INHIBITOR TEST THROMBOMODULIN COAGULATION TIME COAGULATION TIME COAGULATION TIME EUGLOBULIN LYSIS FIBRIN DEGRADATION PRODUCTS FIBRIN (OGEN) DEGRADATION (SPLIT) PRO FIBRIN (OGEN) DEGRADATION (SPLIT) PRO FIBRIN DEGRADATION PRODUCTS, D-DIMER FIBRIN DEGRADATION PRODUCTS, D-DIMER FIBRIN DEGRADATION, VTE FIBRINOGEN; FIBRINOGEN; FIBRINOGEN; FIBRINOLYSINS SCREEN COAGULATION AND FIBRINOLYSIS, FUNCTI	30.86						01/01/18		
	37	85400	FIRRINGLYTIC PLASMIN	7 71						01/01/20		
	37	85410	FIBRINGLYTIC ANTIPLASMIN	7 71						01/01/20		
	37	85415	FIBRINGLYTIC FACTORS AND INHIBITORS:	17 19						01/01/20		
	37	85420	FIBRINGLYTIC PLASMINGEN	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	HEPARTN 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	TRON STAIN PERIPHERAL BLOOD	6 88						01/01/20		
	37	85540	WRC ALKALINE DHOSDHATASE	8 60						01/01/20		
	37	85547	RBC MECHANICAL FRAGILITY	8 60						01/01/20		
	37	85549	SERIM MIRAMIDASE	18 75						01/01/20		
	37	85555	BBC OSMOTIC FRACTITTY	6 32						01/01/15		
	37	85557	RBC OSMOTIC FRACILITY	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	COAGULATION AND FIBRINOLYSIS, FUNCTI FIBRINOLYTIC PLASMIN FIBRINOLYTIC ANTIPLASMIN FIBRINOLYTIC FACTORS AND INHIBITORS; FIBRINOLYTIC FLASMINOGEN FIBRO MECH; PLASM. ANTIGENIC ASS HEINZ BODIES; DIRECT HEINZ BODIES; INDUCED HEMOGLOBIN, FETAL HEMOGLOBIN, FETAL HEMOGLOBIN, FETAL HEMOLYSIN, ACID HEPARIN ASSAY HEPARIN NEUTRALIZATION HEPARIN PROTAMINE TOLERANCE IRON STAIN PERIPHERAL BLOOD WBC ALKALINE PHOSPHATASE RBC MECHANICAL FRAGILITY SERUM MURAMIDASE RBC OSMOTIC FRAGILITY RBC OSMOTIC FRAGILITY PLATELET; AGGREGATION (IN VITRO) PLATELET PHASE MICROSCOPY PLATELET NEUTRALIZATION PHOSPHOLIPID NEUTRALIZATION; HEXAGON	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						01/01/10		
	37	85635	REPTILASE TEST	9.85						01/01/20		
				2.00						,, 20		

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#: 2050

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

•	1	2	3	4	5	6	7	8	9	10	11	12
			DESCRIPTION RBC SEDIMENTATION RATE RBC SED RATE, AUTO RBC SICKLE CELL TEST THROMBIN TIME; PLASMA THROMBIN TIME; TITER THROMBOPLASTIN INHIBITION; THROMBOPLASTIN TIME, PARTIAL THROMBOPLASTIN TIME, PARTIAL BLOOD VISCOSITY EXAMINATION HEMATOLOGY PROCEDURE AGGLUTININS; FEBRILE ALLERGEN SPECIFIC IGG; ALLERGEN SPECIFIC IGE; ALLERGEN SPECIFIC IGE; ALLERGEN SPECIFIC IGE; ALLERGEN SPECIFIC IGE; MEASUREMENT OF ACTIN (SMOOTH MUSCLE) WBC ANTIBODY IDENTIFICATION		AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	85651	RBC SEDIMENTATION RATE	4.27						01/01/19		
	37	85652	RBC SED RATE. AUTO	2.70						01/01/20		
	37	85660	RBC SICKLE CELL TEST	5.51					x	01/01/20		
	37	85670	THROMBIN TIME: PLASMA	5 77						01/01/20		
	37	85675	THROMBIN TIME: TITER	6.85						01/01/20		
	37	85705	THROMBODIASTIN INHIBITION:	9 35						01/01/15		
	37	85730	THROMBODIASTIN TIME DARTIAL.	6 01					х	01/01/20		
	37	85732	THROMBODIASTIN TIME DARTIAL	6 47					x	01/01/20		
	37	85810	BLOOD VISCOSITY EXAMINATION	11 67					x	01/01/20		
	37	85999	HEMATOLOGY DROCEDIBE	MD			x			06/01/08		
	37	86000	ACCLUTINING · FEBRILE	6 98						01/01/20		
	37	86001	ALLEDGEN SDECTETC TCC	7 10					х	01/01/15		
	37	86003	ALLEDGEN SPECIFIC IGG	5 22					X	01/01/10		
	37	86005	ALLERGEN SPECIFIC IGE,	7 97					Λ.	01/01/20		
	37	86008	ALLERGEN SPECIFIC IGE,	17 02					x	01/01/20		
	3 <i>7</i> 37	86015	MEASIDEMENT OF ACTIN (SMOOTH MISCLE)	11.53					^	01/01/20		
	37	86021	WBC ANTIBODY IDENTIFICATION	15.05						01/01/22		
	37	86022	PLATELET ANTIBODIES	18.37						01/01/20		
	3 <i>7</i> 37	86023	ANTIBODY ID, PLAT.ASS. IMMUNOBLO	12.46						01/01/20		
	37	86036	SCREENING TEST FOR ANTINEUTROPHIL CY	12.40					x	01/01/20		
	3 <i>1</i> 37	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY	12.05					X	01/01/22		
	3 <i>1</i> 37	86038		12.03					^	01/01/22		
	3 <i>1</i> 37	86039	ANTINUCLEAR ANTIBODIES (ANA), RIA									
	3 <i>1</i> 37	86041	ANTINUCLEAR ANTIBODIES (ANA); TEST FOR ACETYLCHOLINE RECEPTOR BIND	11.16 18.40						01/01/20 01/01/24		
	37 37	86041		18.40								
			TEST FOR ACETYLCHOLINE RECEPTOR BLOC							01/01/24		
	37 37	86043	TEST FOR ACETYLCHOLINE RECEPTOR MODU	12.05						01/01/24		
	3 <i>1</i> 37	86051	ELISA DETECTION OF AQUAPORIN-4 (NEUR	11.53						01/01/22		
	3 <i>1</i> 37	86052 86053	CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05 12.05						01/01/22		
	_		FLOW CYTOMETRY DETECTION OF AQUAPORI							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	ANTISTREPTOLYSIN O TITER ANTISTREPTOLYSIN O SCREEN C-REACTIVE PROTEIN C-REACTIVE PROTEIN, HS GLYCOPROTEIN ANTIBODY	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; COMPLEMENT; TOTAL (CH 50) COMPLEMENT FIXATION, EACH CCP ANTIBODY DEOXYRIBONUCLEASE, ANTIBODY DNA ANTIBODY	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					Х	01/01/22		
	37	86235	ENA ANTIBODY	15.84						01/01/15		
	37	86255	FLUORESCENT ANTIBODY; SCREEN	12.05						01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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 FOR TUMOR ANTIGEN QUANTI IMMUNOASSAY, TUMOR, CA 19-9	20.81						01/01/20		
37	86304	IMMUNOASSAY, TUMOR, CA 19-9 IMMUNOASSAY, TUMOR CA 125 HUMAN EPIDIDYMIS PROTEIN 4 (HE4) HETEROPHILE ANTIBODIES; HETEROPHILE ANTIBODIES; HETEROPHILE ANTIBODIES	20.81						01/01/20		
37	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	20.81				F		01/01/20		
37	86308	HETEROPHILE ANTIBODIES;	5.18						01/01/20		
37	86309	HETEROPHILE ANTIBODIES;	6.47						01/01/20		
37	86310	HEIDIGIHID INTIDODIDO	7.37						01/01/20		
37	86316	IMMUNOASSAY FOR TUMOR ANTIGEN IMMUNOASSAY/INFECTIOUS AGENT	20.81					Х	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 IMMUNODIFFUSION OUCHTERLONY	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 INTRINSIC FACTOR ANTIBODIES, RIA ISLET CELL ANTIBODY LEUKOCYTE PHAGOCYTOSIS	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		10.39						01/01/18		
37	86352	CELLULAR FUNCTION ASSAY INVOLVING ST	97.30						01/01/10		
37 37	86353	LYMPHOCYTE TRANSFORMATION	49.03						01/01/20		
37 37	86355	B CELLS, TOTAL COUNT	37.73 26.78						01/01/20		
37 37	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATI						x	01/01/20		
37 37	86357	NATURAL KILLER (NK) CELLS, TOTAL CT							01/01/20		
37 37	86359	T CELLS;	37.73 46.98						01/01/20		
37 37	86360 86361	T CELLS;	46.98 26.78						01/01/20 01/01/20		
37 37	86362	T CELL ABSOLUTE COUNT CELL-BASED IMMUNOFLUORESCENCE (CBA)	12.05						01/01/20		
37 37	86363	FLOW CYTOMETRY DETECTION OF MYELIN O	12.05						01/01/22		
3 <i>7</i> 37	86364	MEASUREMENT OF TISSUE TRANSGLUTAMINA	11.53					x	01/01/22		
3 <i>7</i> 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		31.60						05/12/23		
37	86409	NEUTRALIZING ANTIBODY;SCREEN NEUTRALIZING ANTIBODY;TITER	79.00						05/12/23		
37	86413	SARS-COV-2.COVID-19,ANTIBODY,QUANT	31.60						05/12/23		
37	86430	RHEUMATOID FACTOR LATEX FIXATION	6.14						01/01/20		
_									, . , = -		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	86431	RHEUMATOID FACTOR;	5.67						01/01/20	1	
37	86480	TB TEST, CELL IMMUN MEASURE	61.98						01/01/20	1	
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			х			06/01/08	1	
37	86510	HISTOPLASMOSIS SKIN TEST	5.51						01/01/15	i	
37	86580	TB PATCH OR INTRADERMAL TEST	6.34						01/01/09)	
37	86590	STREPTOKINASE, ANTIBODY	7.73						01/01/15	i	
37	86592	SYPHILIS TEST(S), QUALITATIVE	4.27						01/01/20	1	
37	86593	SYPHILIS TEST, QUANTITATIVE	4.40						01/01/20	1	
37	86602	ANTIBODY;	10.18						01/01/20	1	
37	86603	ANTIBODY;	12.87						01/01/20	ı	
37	86606	ANTIBODY;	15.05						01/01/20	ı	
37	86609	ANTIBODY;	12.88						01/01/20	ı	
37	86611	BARTONELLA ANTIBODY	10.18						01/01/20	ı	
37	86612	ANTIBODY;	12.90						01/01/20	ı	
37	86615	ANTIBODY;	13.19						01/01/20	ı	
37	86617	LYME DISEASE ANTIBODY	15.49						01/01/20	1	
37	86618	ANTIBODY;	17.03						01/01/20	1	
37	86619	ANTIBODY;	13.38						01/01/20	1	
37	86622	ANTIBODY;	8.93						01/01/20	1	
37	86625	ANTIBODY;	13.12						01/01/20	1	
37	86628	ANTIBODY;	12.01						01/01/20	1	
37	86631	ANTIBODY;	11.82						01/01/20	1	
37	86632	ANTIBODY;	12.68						01/01/20	1	
37	86635	ANTIBODY;	11.47						01/01/20		
37	86638	ANTIBODY;	12.12						01/01/20	1	
37	86641	ANTIBODY;	14.41						01/01/20		
37	86644	ANTIBODY;	14.39						01/01/20	1	
37	86645	ANTIBODY;	16.85						01/01/20		
37	86648	ANTIBODY;	15.21						01/01/20	1	
37	86651	ANTIBODY;	13.19						01/01/20		
37	86652	ANTIBODY;	13.19						01/01/20		
37	86653	ANTIBODY;	13.19						01/01/20		
37	86654	ANTIBODY;	13.19						01/01/20		
37	86658	ANTIBODY;	13.03						01/01/20		
37	86663	ANTIBODY;	13.12						01/01/20		
37	86664	ANTIBODY;	15.29						01/01/20		
37	86665	ANTIBODY;	18.14						01/01/20		
37	86666	EHRLICHIA ANTIBODY	10.18						01/01/20		
37	86668	ANTIBODY;	14.16						01/01/15		
37	86671	ANTIBODY;	12.25						01/01/20		
37	86674	ANTIBODY;	14.72						01/01/20		
37	86677	ANTIBODY;	15.82						01/01/15		
37	86682	ANTIBODY;	13.01						01/01/20		
37	86684	ANTIBODY;	15.84						01/01/20		
37	86687	HTLVI, ANTIBODY DETECTION; IMMUNOASSA	9.09						01/01/20		
37	86688	ANTIBODY;	14.00						01/01/20		
37	86689	CONFIRMATORY TEST	19.35						01/01/20		
37	86692	ANTIBODY;	17.16						01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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						01/01/20		
37	86713	ANTIBODY;	15.30						01/01/19		
37	86717	ANTIBODY;	12.25						01/01/20		
37	86720	ANTIBODY;	16.20						01/01/20		
_		•	13.19								
37 37	86723	ANTIBODY;							01/01/20		
_	86727	ANTIBODY;	12.87						01/01/20		
37	86732	ANTIBODY;	15.00						01/01/19		
37	86735	ANTIBODY;	13.05						01/01/20		
37	86738	ANTIBODY;	13.24						01/01/20		
37	86741	ANTIBODY;	13.19						01/01/20		
37	86744	ANTIBODY;	15.99						01/01/19		
37	86747	ANTIBODY;	15.03						01/01/20		
37	86750	ANTIBODY;	13.19						01/01/20		
37	86753	ANTIBODY;	12.39						01/01/20		
37	86756	ANTIBODY;	15.89						01/01/19		
37	86757	RICKETTSIA ANTIBODY	19.35						01/01/20		
37	86759	ANTIBODY;	17.95						01/01/15		
37	86762	ANTIBODY;	14.39						01/01/20		
37	86765	ANTIBODY;	12.88						01/01/20		
37	86768	ANTIBODY;	13.19						01/01/20		
37	86769	ANTIBODY, (SARS-COV-2) (COVID-19)	31.60						05/12/23		
37	86771	ANTIBODY;	17.95						01/01/15		
37	86774	ANTIBODY;	13.32						01/01/15		
37	86777	ANTIBODY;	14.39						01/01/20		
37	86778	ANTIBODY;	14.41						01/01/20		
37	86780	ANTIBODY; TREPONEMA PALLIDUM	13.24						01/01/20		
37	86784	ANTIBODY;	6.32						01/01/15		
37	86787	ANTIBODY;	12.88						01/01/20		
37	86788	ANTIBODY; WEST NILE VIRUS, IGM	16.85						01/01/20		
37	86789	ANTIBODY; WEST NILE VIRUS	14.39						01/01/20		
37	86790	ANTIBODY;	12.88						01/01/20		
37	86793	ANTIBODY;	13.19						01/01/20		
37	86794	ZIKA VIRUS, IGM	16.85						01/01/20		
37	86800	THYROGLOBULIN ANTIBODY, RIA	15.91						01/01/20		
37	86803	HEPATITIS C AB TEST	14.27						01/01/20		
37	86804	HEP C AB TEST, CONFIRM	15.49						01/01/20		
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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	86805	LYMPHOCYTOTOXICITY ASSAY; W/TITRATION	71.16						01/01/15		
37	86806	SEE 86805; WITHOUT TITRATION	47.59						01/01/20		
37	86807	SERUM SCREENPRA; STANDARD METHOD	48.22						01/01/15		
37	86808	SERUM SCREENPRA; 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 37	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	81.88					x	01/01/19		
37 37	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS						x			
3 <i>1</i> 37			172.66						01/01/15		
	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	156.97					х	01/01/15		
37	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	357.56						01/01/20		
37	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS	322.96						01/01/20		
37	86849	UNLISTED IMMUNOLOGY PROCEDURE	MP			x			06/01/08		
37	86850	ANTIBODY SCREEN, RBC, EACH SERUM TEC	5.21					х	01/01/16		
37	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	14.60					Х	01/01/09		
37	86870	ANTIBODY IDENTIFICATION, RBC ANTIBOD	44.04					Х	01/01/09		
37	86880	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.39					Х	01/01/20		
37	86885	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.72					Х	01/01/20		
37	86886	ANTIHUMAN GLOBULIN TEST (COOMBS TEST	5.18					Х	01/01/20		
37	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLE	13.94						01/01/09	1	
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					Х	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					Х	01/01/09		
37	86911	BLOOD TYPING, FOR PATERNITY TESTING,	6.77						01/01/09	ı	
37	86920	COMPATIBILITY TEST EACH UNIT;	51.59						01/01/09	ı	
37	86921	COMPATIBILITY TEST EACH UNIT;	51.59						01/01/09	ı	
37	86922	COMPATIBILITY TEST EACH UNIT;	49.15						01/01/09	ı	
37	86923	COMPATIBILITY TEST, ELECTRIC	MP			х			06/01/08		
37	86927	FRESH FROZEN PLASMA, THAWING, EACH U FROZEN BLOOD, PREPARATION FOR FREEZI	11.10					Х	01/01/09		
37	86930	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					х	01/01/09		
37	86931	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86932	FROZEN BLOOD, PREPARATION FOR FREEZI	13.06					X	01/01/09		
37	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SC	8.77					x	01/01/20		
37	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SC	12.11					x	01/01/20		
37	86945	IRRADIATION OF BLOOD PRODUCT, EACH U	47.52					x	01/01/09		
37	86950	LEUKOCYTE TRANSFUSION	43.60						01/01/09		
37	86960	VOL REDUCTION OF BLOOD/PROD	MP			x			06/01/08		
37	86965	POOLING OF PLATELETS OR OTHER BLOOD	15.19						01/01/09		
٥,	00703	10021110 OF TEMPEDED ON OTHER BEOOD	10.19						51,51,63		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS		DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001		OVERS	IND
37	86970		2.77					Х	01/01/09		
37		PRETREATMENT OF RBC'S FOR USE IN RBC	8.29					x	01/01/09		
37		PRETREATMENT OF RBC'S FOR USE IN RBC	2.77						01/01/09		
37		PRETREATMENT OF SERUM FOR USE IN RBC	2.77					X	01/01/09		
37		PRETREATMENT OF SERUM FOR USE IN RBC	2.77						01/01/09		
37		PRETREATMENT OF SERUM FOR USE IN RBC	8.29					x	01/01/09		
37		PRETREATMENT OF SERUM FOR USE IN RBC	10.60					x	01/01/09		
37		SPLITTING OF BLOOD OR BLOOD PRODUCTS	15.24					Х	01/01/09		
37		IMMUNOLOGY PROCEDURE	50.49			x			06/01/08		
37		SMALL ANIMAL INOCULATION	16.84						01/01/20		
37		SPECIMEN CONCENTRATION	6.68					Х	01/01/20		
37		BLOOD CULTURE FOR BACTERIA	10.32					Х	01/01/20		
37		STOOL CULTURE FOR BACTERIA	9.44					Х	01/01/20		
37		STOOL CULTR, BACTERIA, EACH	9.44					X	01/01/20		
37		CULTURE SPECIMEN, BACTERIA	8.62					x	01/01/20		
37		CULTURE BACTERI AEROBIC OTHR	9.89						01/01/20		
37		CULTURE BACTERIA ANAEROBIC	9.66						01/01/20		
37		CULTURE SPECIMEN, BACTERIA	9.47					Х	01/01/20		
37		BACTERIA IDENTIFICATION	8.08						01/01/20		
37		CULTURE AEROBIC IDENTIFY	8.08					Х	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	PRETREATMENT OF RBC'S FOR USE IN RBC PRETREATMENT OF RBC'S FOR USE IN RBC PRETREATMENT OF SERUM FOR USE IN RBC SPLITTING OF BLOOD OR BLOOD PRODUCTS IMMUNOLOGY PROCEDURE SMALL ANIMAL INOCULATION SPECIMEN CONCENTRATION BLOOD CULTURE FOR BACTERIA STOOL CULTURE FOR BACTERIA STOOL CULTURE FOR BACTERIA STOOL CULTURE FOR BACTERIA CULTURE SPECIMEN, BACTERIA CULTURE BACTERIA ANAEROBIC CULTURE SPECIMEN, BACTERIA BACTERIA IDENTIFICATION CULTURE AEROBIC IDENTIFY BACTERIA CULTURE SCREEN PRESUM PATHOG CUL SCR; W/COLONY ESTIM URINE CULTURE, COLONY COUNT URINE BACTERIA CULTURE SKIN FUNGUS CULTURE FUNGUS ISOLATION CULTURE CULTURE, FUNGI, ISOLATION BLOOD FUNGUS IDENTIFICATION MYCOPLASMA CULTURE CULTURE CHLAMYDIA MYCOBACTERIA CULTURE MYCOBACTERIA CULTURE MYCOBACTERIA CULTURE CULTURE TYPING, FLUORESCENT CULTURE TYPING, SEROLOGIC CULTURE TYPING, SEROLOGIC CULTURE TYPING; IDENTIFICATION BY N CULTURE TYPE, NUCLEIC ACID CULTURE, TYPING; IDENTIFICATION BY N CULTURE TYPE, SEROLOGIC CULTURE TYPE, SEROLOGIC CULTURE TYPING; IDENTIFICATION BY N CULTURE TYPING; ADDED METHOD DARK FIELD EXAMINATION MACROSCOPIC EXAM PARASITE PINWORM EXAM ENDOTOXIN, BACTERIAL OVA AND PARASITES SMEARS ANTIBIOTIC SENSITIVITY, EACH	7.48					x	01/01/20		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	87185	MICROBE SUSCEPTIBLE, ENZYME	4.75					X	01/01/20		
37	87186	MICROBE SUSCEPTIBLE, ENZYME 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					Х	01/01/20		
37	87207	SMEAR, STAIN & INTERPRET	5.99					Х	01/01/20		
37	87209	SMEAR, COMPLEX STAIN	17.98						01/01/20		
37	87210	SMEAR, STAIN & INTERPRET	5.81					Х	01/01/15		
37	87220	TISSUE EXAMINATION FOR FUNGI	4.27						01/01/20		
37	87230	TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE	19.74					Х	01/01/20		
37	87250	VIRUS INOCULATION FOR TEST	19.56					Х	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	MICROBE SUSCEPTIBLE, ENZYME ANTIBIOTIC SENSITIVITY, MIC SENSITIVITY STUDIES, ANTIBIOTIC; MCB ANTIBIOTIC SENSITIVITY, EACH TB ANTIBIOTIC SENSITIVITY SERUM BACTERICIDAL TITER CYTOMEGALOVIRUS ANTIBODY DFA SMEAR, STAIN & INTERPRET TISSUE EXAMINATION FOR FUNGI TOXIN/ANTITOXIN ASSAY, TISSUE CULTURE VIRUS ID;TISSUE CULT.INOCULATION/OBS VIRUS ID;TISSUE CULT.ADD STDY,@ ISOLAT VIRUS ID;TISS CULT, ADD STDY,@ ISOLAT VIRUS INOCULATION, SHELL VIA GENET VIRUS ISOLATE, HSV ADENOVIRUS AG, DFA PERTUSSIS AG, DFA ENTEROVIRUS ANTIBODY, DFA GIARDIA AG, IF CHYLMD TRACH AG, DFA CYTOMEGALOVIRUS DFA CRYPTOSPORIDUM AG, DFA HERPES SIMPLEX 2, AG, IF HERPES SIMPLEX AG, DFA INFLUENZA B, AG, IF INFLUENZA B, AG, IF INFLUENZA AG, IF RESP SYNCYTIAL AG, DFA PARAINFLUENZA, AG, IF RESP SYNCYTIAL AG, DFA PARAINFLUENZA, AG, IF RESP SYNCYTIAL AG, DFA PARAINFLUENZA, AG, IF RESPON PALLIDUM AG, DFA VARICELLA AG, DFA VARICELLA AG, DFA AG DETECTION NOS, DFA AG DETECTION NOS, DFA AG DETECTION POLYVAL, IF ADENOVIRUS AG, EIA INFECTIOUS AGENT ANTIGEN DETECTION B CHYLMD TRACH AG, EIA	13.42						01/01/19		
37	87269	GIARDIA AG, IF	13.61						01/01/19		
37	87270	CHYLMD TRACH AG, DFA	11.98						01/01/20		
37	87271	CYTOMEGALOVIRUS DFA	13.42						01/01/19		
37	87272	CRYPTOSPORIDUM AG, DFA	11.98						01/01/20		
37	87273	HERPES SIMPLEX 2, AG, IF	11.98						01/01/20		
37 37	87274	HERPES SIMPLEX AG, DFA	11.98						01/01/20		
_	87275	INFLUENZA B, AG, IF	12.25						01/01/20		
37	87276	INFLUENZA AG, DFA	15.07						01/01/18		
37 37	87278	DADAINELUENZA AC IE	15.60						01/01/18		
_	87279	PARAINFLUENZA, AG, IF	10.32						01/01/15		
37 37	87280 87281	RESP SINCITIAL AG, DFA	13.42						01/01/19 01/01/20		
37	87283	PREUMOCISTIS CARINII, AG, IF	16 22						01/01/20		
37	87285	MDEDON DALLTDIM AC DEA	10.32						01/01/19		
37	87290	VADICELLA AC DEA	12.10						01/01/20		
37	87299	AC DETECTION NOS DEA	16 10						01/01/19		
37	87300	AC DETECTION NOS, DEA	11 00					x	01/01/10		
37	87301	ADENOVIRUS AC ETA	11 98					Λ	01/01/20		
37	87305	THERCTIOUS AGENT ANTICEN DETECTION B	11.98						01/01/20		
37	87320	INFECTIOUS AGENT ANTIGEN DETECTION B	15 00						01/01/18		
37	87324	CLOSTRIDIUM AG. EIA	11 98						01/01/10		
37	87327	CRYPTOCOCCUS NEOFORM AG. ETA	13.42						01/01/20		
37	87328	CRYPTOSPOR AG. ETA	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	INFECTIOUS AGENT ANTIGEN DETECTION B CHYLMD TRACH AG, EIA CLOSTRIDIUM AG, EIA CRYPTOCOCCUS NEOFORM AG, EIA CRYPTOSPOR AG, EIA GIARDIA AG, EIA CYTOMEGALOVIRUS AG, EIA E COLI 0157 AG, EIA ENTAMOEB HIST DISPR, AG, EIA ENTAMOEB HIST GROUP, 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		
-		· · · · · · · · · · · · · · · · · ·									

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
		DESCRIPTION HPYLORI, STOOL, EIA HPYLORI AG, EIA HEPATITIS B SURFACE AG, EIA HEPATITIS B SURFACE, AG, EIA HEPATITIS B AG, EIA HEPATITIS DELTA AG, EIA HISTOPLASMA CAPSUL AG, EIA INFECTIOUS AGENT ANTIGEN DETECTION B HIV-1 AG, EIA		AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	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	INFECTIOUS AGENT ANTIGEN DETECTION B HIV-1 AG, EIA HIV-2 AG, EIA INFLUENZA A/B, AG, EIA RESP SYNCYTIAL AG, EIA ROTAVIRUS AG, EIA INF AGT DETECTION BY IMMUNO-COVID-19 SHIGA-LIKE TOXIN AG, EIA INF AGT BY IA;SARSCOV & INFL VIR A&B STREP A AG, EIA	24.01						01/01/15		
37	87391	HTV-2 AG ETA	21 90						01/01/18		
37	87400	TNFLUENZA A/B AG ETA	14 13					х	01/01/19		
37	87420	RESD SYNCYTIAL AC ELA	13 91					^	01/01/19		
37	87425	POTANTRIC AC ETA	11 00						01/01/20		
37	87426	THE ACT DETECTION BY IMMINO-COULD-10	21 52						05/12/23		
37	87427	CUTCALITE TOVIN AC ETA	11 00						01/01/20		
37 37	87428	THE ACT BY TAICABCON C THET WITH ACE	22 21						05/12/23		
37	87430	CODED A AC ETA	16.32						01/01/15		
37	87449	AC DEMECH NOC ETA MILIT	10.32						01/01/19		
_		STREP A AG, EIA AG DETECT NOS, EIA, MULT AG DETECT POLYVAL, EIA, MULT	11.98						· . · .		
37	87451	AG DETECT POLIVAL, EIA, MOLT	5.31						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	INF AGT BY IA; SARSCOV & INFL VIR A&B STREP A AG, EIA AG DETECT NOS, EIA, MULT AG DETECT POLYVAL, EIA, MULT MEASUREMENT OF HEPATITIS B SURFACE A DETECTION OF ANAPLASMA PHAGOCYTOPHIL DETECTION OF BABESIA MICROTIM BY AMP BARTONELLA, DNA, AMP PROBE BARTONELLA, DNA, QUANT LYME DIS, DNA, DIR PROBE LYME DIS, DNA, AMP PROBE DETECTION OF BABESIA BORRELIA MIYAMO CANDIDA, DNA, AMP PROBE CANDIDA, DNA, AMP PROBE CANDIDA, DNA, QUANT INFECTIOUS AGENT DETECTION BY NUCLEI DETECTION OF EHRLICHIA CHAFFEENSIS B CHYLMD PNEUM, DNA, DIR PROBE CHYLMD PNEUM, DNA, AMP PROBE CHYLMD PNEUM, DNA, AMP PROBE CHYLMD TRACH, DNA, QUANT CHYLMD TRACH, DNA, QUANT CLOSTRIDIUM DIFFICILE, TOXIN GENE(S) CYTOMEG, DNA, AMP PROBE CYTOMEG, DNA, AMP PROBE CYTOMEG, DNA, QUANT DETECTION TEST FOR ENTEROVIRUS (INTE	42.84						01/01/20		
37	87490	CHYLMD TRACH, DNA, DIR PROBE	22.75						01/01/19	1	
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	CYTOMEG, DNA, QUANT DETECTION TEST FOR ENTEROVIRUS (INTE INFECTIOUS AGENT DETECTION BY NUCLEI	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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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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	HEDAUTUTO D. DNA OHANU	42.84						01/01/20		
	37	87520	HEPATITIS C , RNA, QUANT HEPATITIS C , RNA, DIR PROBE	27.29						01/01/15		
	37		DETECTION TEST FOR HEPATITIS C VIRUS							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 OHANT	41 76						01/01/20		
	37	87528	HSV DNA DTR DRORE	20 05						01/01/20		
	37	87529	HSV DNA AMD DRORE	35 09						01/01/20		
	37	87530	HSV DNA OHANT	42 84						01/01/20		
	37	87531	HHV-6 DNA DIR DRORE	27 29						01/01/15		
	37	87532	HHV-6 DNA AMD DRORE	35 09						01/01/10		
	37	87533	HHV-6 DNA OHANT	41 76						01/01/20		
	37	87534	HIV 0, DNA, QUANT	21.70						01/01/20		
	37	87535	DETECTION TEST FOR HIV-1 VIDIS	35 09						01/01/20		
	37	87536	DETECTION TEST FOR HEPATITIS C VIRUS DETECTION TEST FOR HEPATITIS C VIRUS DETECTION OF HEPATITIS D (DELTA) HEPATITIS G, DNA, DIR PROBE HEPATITIS G, DNA, AMP PROBE HEPATITIS G, DNA, QUANT HSV, DNA, DIR PROBE HSV, DNA, AMP PROBE HSV, DNA, QUANT HHV-6, DNA, DIR PROBE HHV-6, DNA, DIR PROBE HHV-6, DNA, AMP PROBE HHV-1, DNA, QUANT HIV-1, DNA, DIR PROBE DETECTION TEST FOR HIV-1 VIRUS DETECTION TEST FOR HIV-1 VIRUS	85.10						01/01/20		
	37	87537	HIV-2, DNA, DIR PROBE	21.92						01/01/20		
	37									01/01/20		
	37	87539	DETECTION TEST FOR HIV-2 VIRUS DETECTION TEST FOR HIV-2 VIRUS LEGION PNEUMO, DNA, DIR PROB LEGION PNEUMO, DNA, AMP PROB LEGION PNEUMO, DNA, QUANT MYCOBACTERIA, DNA, DIR PROBE MYCOBACTERIA, DNA, AMP PROBE MYCOBACTERIA, DNA, AMP PROBE MYCOBACTERIA, DNA, QUANT M.TUBERCULO, DNA, DIR PROBE M.TUBERCULO, DNA, AMP PROBE M.TUBERCULO, DNA, QUANT M.AVIUM-INTRA, DNA, DIR PROB M.AVIUM-INTRA, DNA, DIR PROB M.AVIUM-INTRA, DNA, QUANT DETECTION OF MYCOPLASMA GENITALIUM B DETECTION TEST BY NUCLEIC ACID FOR M M.PNEUMON, DNA, DIR PROBE	55.09						01/01/20		
	3 <i>1</i> 37	875 4 0	DETECTION TEST FOR HIV-2 VIRUS	20.29						01/01/15		
	37	87541	LECTON DNEUMO, DNA, DIR PROD	20.03						01/01/20		
	3 <i>1</i> 37	87541 87542	LECTON DNEUMO, DNA, AMP PROB	35.09						01/01/20		
	3 <i>1</i> 37	87550	MYCODACHEDIA DNA DID DDODE	20 05						01/01/20		
	3 <i>1</i> 37	87551	MYCODACTERIA, DNA, DIR PRODE	47 76						01/01/20		
	3 <i>1</i> 37	87552	MYCODACTERIA, DNA, AMP PRODE	47.76						*. *.		
	3 <i>1</i> 37	87555	M MIDERCII O DNA DID DODE	26.04						01/01/20		
	_	07555	M.TUBERCULO, DNA, DIR PROBE	41 60						01/01/18		
	37 37	87556	M.TUBERCULO, DNA, AMP PROBE	41.68						01/01/19		
		87557	M. TUBERCULU, DNA, QUANT	42.04						01/01/20		
	37 37	87560 87561	M.AVIUM-INTRA, DNA, DIR PROB	27.29						01/01/15		
		87561	M.AVIUM-INTRA, DNA, AMP PROB	35.09						01/01/20		
	37 37	87562	M.AVIUM-INTRA, DNA, QUANT	42.84						01/01/20		
	3 <i>1</i> 37	87563	DETECTION OF MICOPLASMA GENITALION B	35.09						01/01/20		
	_	87564	DETECTION TEST BY NUCLEIC ACID FOR M	76.77						01/01/25		
	37 37	87580	M.PNEUMON, DNA, DIR PROBE	20.05						01/01/20		
	_	87581	M. PNEUMON, DNA, AMP PROBE	35.09						01/01/20		
	37	87582	M.PNEUMON, DNA, DIR PROBE M.PNEUMON, DNA, AMP PROBE M.PNEUMON, DNA, QUANT N.GONORRHOEAE, DNA, DIR PROB	56.82						01/01/15		
	37	87590	N.GONORRIOEAE, DNA, DIK PROB	26.88					v	01/01/18		
	37	87591	N.GONORRHOEAE, DNA, AMP PROB N.GONORRHOEAE, DNA, QUANT	35.09					X	01/01/20		
	37	87592		42.84	10 00					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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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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		х				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					х	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 AGENT NOS, DNA, AMP DETECT AGENT NOS, DNA, QUANT DETECT AGNT MULT, DNA, DIREC DETECT AGNT MULT, DNA, AMPLI STREP B ASSAY W/OPTIC	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					х	01/01/15		
37	87806	INFECTIOUS AGENT ANTIGEN DETECTION B							01/01/15		
37	87807	RSV ASSAY W/OPTIC	13.10						01/01/20		
37	87808	INFECTIOUS AGENT ANTIGEN DETECTION B	15.29				F		01/01/18		
37	87809	INFECTIOUS AGENT ANTIGEN DETECTION B	16.32				_		01/01/15		
37	87810	CHYLMD TRACH ASSAY W/OPTIC	16.32						01/01/15		
37	87811	SARS-COV-2 COVID 19 W/OPTIC	31.04						05/12/23		
37	87850	N. GONORRHOEAE ASSAY W/OPTIC	16.32						01/01/15		
37	87880	STREP A ASSAY W/OPTIC	16.32						01/01/15		
37	87899		16.07						01/01/18		
37	87900	AGENT NOS ASSAY W/OPTIC PHENOTYPE, INFECT AGENT DRUG GENOTYPE, DNA, HIV REVERSE T	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	THERCHTOUS AGENT ENZYMATTC ACTIVITY	12.22						01/01/20		
37	87906	INFECTIOUS AGENT ENZYMATIC ACTIVITY 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 37	88104	CYTOPATHOLOGY	55.68			Λ.			01/01/08		
3 <i>1</i> 37	88106	CYTOPATHOLOGY	56.20						01/01/09		
3 <i>1</i> 37	88108	CAMUDAMMUTUCA ETILDS MYSHINGS OF B	54.14						01/01/21		
37 37	88112	CYTOPATHOLOGY, FLUIDS, WASHINGS OR B CYTOPATHOLOGY, SELECT CELL ENHANCEMNT	57 22	10 59			F		01/01/21		
37 37	88120	CYTOPATHOLOGY, SELECT CELL ENHANCEMNI CYTOPATHOLOGY, IN SITU HYBRIDIZATION	241.97	10 39			£		01/01/21		
۱ د	99120	CITCEATHOLOGI, IN SITU HIBRIDIZATION	241.9/						01/01/11		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5		6	7	8	9	10	11	12
				AGE	1		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION								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	SEX CHROMATIN IDENTIFICATION SEX CHROMATIN IDENTIFICATION CYTOPATH CERV/VAG INTERPRET CYTOPATH CERV/VAG THIN LAYER CYTPATH C/VAG T/LAYER REDO CYTPATH C/VAG AUTOMATED CYTPATH C/VAG AUTO RESCREEN CYTOPATHOLOGY, PAP SMEAR CYTOPATH C/VAG REDO CYTOPATH C/VAG REDO CYTOPATH, (PAP); W/ DEF.HORMONAL EVAL CYTOPATHOLOGY	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	CYTOPATHOLOGY CYTOPATH; PREP, SCREEN, INTERP. CYTOPATH; EXT.STUDY, +5 SLIDES, MULTI CYTPATH TBS C/VAG MANUAL CYTPATH TBS C/VAG REDO CYTPATH TBS C/VAG AUTO REDO CYTPATH TBS C/VAG SELECT IMMEDIATE EVAL/ASPIRATE, SPEC ADEQUAC	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	CYTPATH TBS C/VAG AUTO REDO CYTPATH TBS C/VAG SELECT IMMEDIATE EVAL/ASPIRATE, SPEC ADEQUAC FINE NEEDLE ASPIRATE.; INTERP/REPORT CYTOPATHOLOGY, VAGINAL OR CERVICAL CO CYTOPATHOLOGY, WITH SCREENING CYTOPATHOLOGY, EVALUATION OF FINE NE FLOW CYTOMETRY; FLOWCYTOMETRY, TC, 1 MARKER	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 FLOWCYTOMETRY/TC, ADD-ON FLOWCYTOMETRY/READ, 2-8 FLOWCYTOMETRY/READ, 9-15 FLOWCYTOMETRY/READ, 16 & > CYTOPATHOLOGY PROCEDURE	54.87							01/01/17		
37	88185	FLOWCYTOMETRY/TC, ADD-ON	19.31						х	01/01/22		
37	88187	FLOWCYTOMETRY/READ, 2-8	MP				х			06/01/08		
37	88188	FLOWCYTOMETRY/READ, 9-15	MP				х			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	CYTOPATHOLOGY PROCEDURE TISS CULT-CHROMOSOME ANAL; LYMPHOCYTE TISS CULT, CHROM. ANAL; SKIN/OTHER BX TISS CULT, CHROM ANAL; BONE MARROW TISS CULT, CHROM ANAL; OTHER TISSUE CELL CRYOPRESERVE/STORAGE FROZEN CELL PREPARATION CHROM ANAL/BREAKAGE SYND; 25 CELLS CHROM ANAL/BREAKAGE SYND; 100 CELLS CHROMOSOME ANALYSIS 100	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 ANALYSIS, 100 CHROMOSOME COUNT: 1-4 CELLS CHROMOSOME COUNT: 1-20 CELLS CHROM ANAL;45 CELL-MOSAICISM, CHROMOSOME ANALYSIS, 20-25 CHROMOSOME COUNT: AMNIOTIC	240.51							01/01/15		
37	88262	CHROMOSOME COUNT: 1-20 CELLS	125.49							01/01/20		
37	88263	CHROM ANAL; 45 CELL-MOSAICISM,	86.97							01/01/15		
37	88264	CHROMOSOME ANALYSIS, 20-25	144.61							01/01/19		
37	88267	CHROMOSOME COUNT: AMNIOTIC	188.57							01/01/20		
37	88269	CHROM ANALY; IN SITU AMNIOTIC FLUID	173.66							01/01/20		
37	88271	CYTOGENETICS, DNA PROBE	21.42							01/01/20		
37	88272	CYTOGENETICS, 3-5	36.44							01/01/15		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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			х			06/01/08		
	37	88300	SURGICAL PATHOLOGY, GROSS	13.52					х	01/01/21		
	37	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	26.95					х	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					х	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					х	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					х	01/01/21		
	37	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	MP			х			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					х	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		
			, going the	15						,,		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

•	1	2	3	4	5		6	7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-M	IAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS	MP				Х			01/01/11		
	37	89050	BODY FLUID CELL COUNT	4.72						x	01/01/20		
	37	89051	BODY FLUID CELL COUNT	5.60						Х	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						Х	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				х			01/01/18		
	37	90611	SMALLPOX AND MONKEYPOX VACCINESQ	270.00	18 9	9					04/01/24		
	37	90620	MENINGOCOCCAL RECOMBINANT PROTEIN	CCR	10 9								E
	37	90621	MENINGOCOCCAL RECOMBINANT LIPOPROTEI	CCR	10 9	9							E
	37	90623	MENINGOCOCCAL CONJUGATE VACCINE SERO	CCR	19 9	9							
	37	90632	HEPATITIS A VACCINE (HEPA), ADULT	CCR									E
	37	90633	HEPA VACCINE PED/ADOL-2 DOSE	CCR		1							
	37	90636	HEPATITIS A AND HEPATITIS B VAC	CCR	_								
	37	90647	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR	00 2	1							
	37	90648	HAEMOPHILUS INFLUENZA TYPE B (HIB)	CCR									E
	37	90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE	CCR	09 2	6							
	37	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6	CCR	09 4								
	37	90653	INFLUENZA VACCINE, INACTIVATED, SUBU	CCR	65 9								
	37	90655	FLU VACCINE, 6-35 MO, IM	CCR	00 0								
	37	90656	FLU VACCINE NO PRESERV 3 & >	CCR									
	-												

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	SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE		
	FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025		

·:												
1	2	3	4	5 AGE	:	6	7 MED	8	9 UVS	10 EFFECT	11 X-	12 SPEC
TS	CODE	DESCRIPTION	FEE		- I-MAX	PA	REV	SEX	>001		OVERS	IND
37	90657	FLU VACCINE, 6-35 MO, IM	CCR					~			0.1	
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	00	,,,		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							01,01,11		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	-0	33			-				
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	90702	MEASLES, MUMPS AND RUBELLA VIRUS-MMR	CCR	00	21							E
37	90710	MEASLES, MUMPS AND ROBELLA VIRUS-MAR MEASLES, MUMPS, RUBELLA, AND VARICELL	CCR	00	18							E
37	90713	· · · · · · · · · · · · · · · · · · ·	CCR	00	10							
37	90714	IMMUNIZATION, POLIO INJECTION	CCR	07	99							
37	90715	TD VACCINE, PRES FREE, 7 YRS OR OLDE	CCR	07	99							E
37		TDAP VACCINE >7 IM	CCR	0 /	99							E
37	90716 90717	VARICELLA VIRUS VACCINE (VAR) LIVE	CCR	00	21							Ŀ
37	90717	IMMUNIZATION, YELLOW FEVER	CCR	00	20							
37	90723	DTAP-HEP B-IPV VACCINE, IM	CCR	02	99							
37		PNEUMOCOCCAL POLYSACC VACCINE, 23-VAL		02	99							E
37	9073 4 90736	MENINGOCOCCAL CONJUGATE VACCINE, IM	CCR	21	00							E
37		ZOSTER (SHINGLES) VACCINE	CCR CCR	21	99							E.
37	90739	HEPATITIS B VACCINE, ADULT DOSAGE (2										
37	90740 90743	HEPB VACC, ILL PAT 3 DOSE IM	CCR CCR	00	21							
37	90743	HEP B VACC, ADOL, 2 DOSE, IM HEPATITIS B VACCINE, PED/ADOL DOSAGE	CCR	00	20							
37	90744	HEPATITIS B VACCINE, PED/ADOL DOSAGE, IM	CCR	19	99							E
37	90748	HEPATITIS B VACCINE, ADULT DOSAGE, IM HEPATITIS B/HIB VACCINE	CCR	00	21							Ŀ
37	90748	IMMUNIZATION, UNLISTED PROCEDURE	CCR	00	21							
37	90750	•	CCR	50	99							
37	90756	ZOSTER (SHINIGLES) VACCINE (HZV), RE INFLUENZA VIRUS VACCINE, QUADRIVALEN	CCR	30	99							
37	90735	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	CCR									
37	90937	HEMODIALISIS PROC W/ SINGLE MD EVAL. HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	CCR									
37	90940		CCR									
37		HEMODIALYSIS ACCESS STUDY										
37	90945 90947	DIAL.PROC(EG,PERITONEAL),SINGLE	CCR CCR									
37	90951	DIALYSIS PROCEDURE REQUIRING REPEAT END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
37	90951	END-STAGE RENAL DISEASE (ESRD) RELAT 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							
31	90934	THE STAGE VENUT PISCUSE (FOUR) VETWI	CCR	02	11							

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5		6	7	8	9	10	11	12
				AGE	AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	I-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
37	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	02	11							
37	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR									
37	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		19							
37	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR									
37	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		99							
37	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR									
37	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		99							
37	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR	00	01							
37	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR									
37	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		19							
37	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		99							
37	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		01							
37	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR		11							
37	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	CCR									
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 37	90997 90999	HEMOPERFUSION (EG-CHARCOAL/RESIN)	CCR CCR									
37 37		UNLISTED DIALYSIS PROCEDURE				v						
3 <i>1</i> 37	91010 91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING MEASUREMENT OF ESOPHAGEAL SWALLOWING	CCR CCR			Х						
3 <i>1</i> 37	91013	ESOPHAGOGASTRIC MANOMETRIC STUDIES	CCR									
37	91020	DUODENAL MOTILITY STUDY	CCR									
37	91022	ACID PERFUSION FOR ESOPHAGITIS	CCR									
37	91034	GASTROESOPHAGEAL REFLUX TEST	CCR									
37	91035	G-ESOPH REFLX TST W/ELECTROD	CCR									
37	91033	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	l.	
37	91110	GI TRACT IMAGING, INTRALUMINAL	CCR							0-, 0-, -	='	
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	3	
37	92002	EYE EXAM; INTERMEDIATE; NEW PT	CCR									
37	92004	EYE EXAM; COMPREHENSIVE; NEW PT	CCR									
37	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	CCR									
37	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	CCR									
37	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	CCR									
37	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	CCR									
37	92060	SENSORIMOTOR EXAM EYE	CCR									
37	92065	ORTHOPTIC/PLEOPTIC TRAINING	CCR	00	21							
37	92066	EYE TRAINING EXERCISE UNDER SUPERVIS	CCR									
37	92081	TANGENT SCREEN; AUTOPLOT	CCR									

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5		6	7	8	9	10	11	12
					AGE			MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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	00	00	X				02/01/12		
	20	92507	SPEECH LANGUAGE HEARING THERAPY	49.56		02	X				03/01/13		
	37 37	92507	TREATMENT OF SPEECH, LANGUAGE, AUDITOR	33.00	03	99	X				03/01/13		
	_	92511	NASOPHARYNGOSCOPY	CCR			х						
	37 37	92517 92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR									
	37	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL VESTIBULAR EVOKED MYOGENIC POTENTIAL	CCR CCR									
	20	92521	SPEECH LANGUAGE HEARING EVALUATION	66.74	00	0.2					01/01/14		
	37	92521	EVALUATION OF SPEECH FLUENCY	77.70	03						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		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						01/01/14		
	37	92531	SPONTANEOUS NYSTAGMUS W/GAZE	CCR	0.5	,					01,01,11		
	37	92532	POSITIONAL NYSTAGMUS STUDY	CCR									
	37	92533	CALORIC VESTIBULAR TEST; EACH	CCR						x			
	37	92534	OPTOKINETIC NYSTAGMUS	CCR									
	37	92537	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
	37	92538	CALORIC VESTIBULAR TEST WITH RECORDI	CCR									
	37	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	CCR									
	37	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	CCR									
	-												

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
1	2	3	4	5		6	7	8	9	10	11	12
				AGE	:		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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	1	
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				22			01/01/12		
37	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	CCR						x			
37 37	92622	ANALYSIS, PROGRAMMING, AND VERIFICAT	CCR						^			
37	92623	ANALYSIS, PROGRAMMING, AND VERIFICAT	CCR						x			
37 37	92625	TINNITUS ASSESSMENT	CCR						Λ.			
37 37	92626	EVAL AUD REHAB STATUS	CCR	02	ga	х						
37 37	92627	EVAL AUD STATUS REHAB ADD-ON	CCR		99	x			x			
37 37	92630	AUD REHAB PRE-LING HEAR LOSS	CCR	02	99	x	x		^			
37 37	92633	AUD REHAB POSTLING HEAR LOSS	CCR	0.3	99	x	x					
31	92033	NOD VEHIND LOSITING LEWY TOSS	CCR	02	22	^	^					

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
1	2	3	4	5	5		7	8	9	10	11	12
				AGE	3		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	XAM-I	PA	REV	SEX	>001	DATE	OVERS	IND
37	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	CCR									
37	92650	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00	20							
37	92651	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR	00								
37	92652	AUDITORY EVOKED POTENTIALS; SCREENIN	CCR									
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						Х			
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						х			
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						х			
37	93015	CARDIOVASCULAR STRESS TEST	CCR									
37	93016	CARDIOVASCULAR STRESS TEST USING MAX	CCR									
37 37	93017	CARDIOVASCULAR STRESS TEST; TRACING	CCR									
37 37	93018 93025	CARDIOVASCULAR STRESS; INTERPRET/REP	CCR									
3 <i>1</i> 37		MICROVOLT T-WAVE ASSESS							x			
37 37	93040	RHYTHM ECG: TRACING ONLY	CCR									
3 <i>1</i> 37	93041	RHYTHM ECG; TRACING ONLY	CCR						x x			
3 <i>1</i> 37	93042 93050	RHYTHM ECG; INTERPRET+REPORT ONLY	CCR CCR						^			
3 <i>1</i> 37	93150	ARTERIAL PRESSURE WAVEFORM ANALYSIS	CCR									
3 <i>1</i> 37	93150	ACTIVATION OF IMPLANTED PHRENIC NERV	CCR									
3 <i>1</i> 37	93151	EVALUATION AND PROGRAMMING OF IMPLAN EVALUATION AND PROGRAMMING OF IMPLAN	CCR									
3 <i>1</i> 37	93152	EVALUATION AND PROGRAMMING OF IMPLAN EVALUATION OF IMPLANTED PHRENIC NERV	CCR									
3 <i>1</i> 37	93133	ECG MONITORING 24 HR BY CONT ORIG	CCR									
3 <i>1</i> 37	93224	PHYSICIAN REVIEW & INTERPRETATION	CCR									
3 <i>7</i> 37	93228	WEARABLE MOBILE CARDIOVASCULAR TELEM	CCR									
٥,	33220		CC1									

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	93241	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93242	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93243	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93245	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93246	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93247	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	CCR								
37	93260	PROGRAMMING DEVICE EVALUATION (IN PE	CCR								
37	93261	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93268	ECG, PT DEMAND; PRE-SYMPTOM MEM LOOP	CCR								
37	93272	ECG MONITORING; SCANNING ANALYSIS	CCR								
37	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY	CCR								
37	93279	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93280	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93281	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93282	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93283	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93284	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93285	PROGRAMMING DEVICE EVALUATION WITH I	CCR								
37	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
37	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	CCR								
37	93288	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93289	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93290	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93291	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93292	INTERROGATION DEVICE EVALUATION (IN	CCR								
37	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	CCR								
37	93294	INTERROGATION DEVICE EVALUATION(S) (CCR								
37	93295	INTERROGATION DEVICE EVALUATION(S) (CCR								
37	93296	INTERROGATION DEVICE EVALUATION(S) (CCR								
37	93297	INTERROGATION DEVICE EVALUATION(S),	CCR								
37	93298	INTERROGATION DEVICE EVALUATION(S),	CCR								
37	93303	ECHO TRANSTHORACIC	CCR								
37	93304	ECHO TRANSTHORACIC	CCR								
37	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
37	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	CCR								
37	93308	ECHOCARDIOGRAPHY; REAL-TIME SCAN, LI	CCR								
37	93312	ECHOCARDIOGRAPHY,TRANSESOPHAGEAL	CCR								
37	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
37	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	CCR								
37	93315	ECHO TRANSESOPHAGEAL	CCR								
37	93316	ECHO TRANSESOPHAGEAL	CCR								
37	93317	ECHO TRANSESOPHAGEAL	CCR								
37	93318	ECHO TRANSESOPHAGEAL INTRAOP	CCR								
37	93319	3D ULTRASOUND IMAGING OF HEART FOR E	CCR								
37	93320	DOPPLER ECHOCARDIOGRAPHY	CCR								
37	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAV	CCR								
37	93325	DOPPLER COLOR FLOW VELOCITY	CCR								
37	93350	ECHOCARDIOGAPHY, REAL-TIME W IMAGE	CCR								

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1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x -	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	CCR								
37	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	CCR								
37	93356	HEART MUSCLE STRAIN IMAGING	CCR								
37	93451	RIGHT HEART CATHETERIZATION INCLUDIN	CCR								
37	93452	LEFT HEART CATHETERIZATION INCLUDING	CCR								
37	93453	COMBINED RIGHT AND LEFT HEART CATHET	CCR								
37	93454	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93455	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93456	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93457	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93458	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93459	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93460	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93461	CATHETER PLACEMENT IN CORONARY ARTER	CCR								
37	93462	LEFT HEART CATHETERIZATION BY TRANSS	CCR								
37	93463	PHARMACOLOGIC AGENT ADMINISTRATION (CCR								
37	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	CCR								
37	93503	INSERTION AND PLACEMENT OF FLOW DIR	CCR								
37	93505	ENDOCARDIAL BIOPSY 000	CCR								
37	93563	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93564	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93565	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93566	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93567	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93568	INJECTION PROCEDURE DURING CARDIAC C	CCR								
37	93569	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
37	93571	HEART FLOW RESERVE MEASURE	CCR								
37	93572	HEART FLOW RESERVE MEASURE	CCR								
37	93573	INJECTION FOR SELECTIVE IMAGING OF P	CCR								
37	93574	INJECTION FOR SELECTIVE IMAGING OF P	CCR					х			
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					x			
37 37	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	CCR					X			
_	93593	RIGHT HEART CATHETERIZATION FOR CONG	CCR						01 /01 /01		
37	93594	RIGHT HEART CATHABN NATIVE CONN	220.67						01/01/22	4	
37 37	93595 93596	LEFT HEART CATHETERIZATION FOR CONG RIGHT AND LEFT HEART CATHETERIZATION	CCR CCR								
37 37	93596 93597	R/L HEART CATHABN NATIVE CONN	CCR								
37 37	93597	CARDIAC OUTPUT MEASUREMENT(S), THERM	CCR								
37 37	93598	BUNDLE OF HIS RECORDING	CCR								
37 37	93602	INTRA-ATRIAL RECORDING	CCR								
٠, د	93002	INTER AIRTHU RECORDING	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5 AGE	6	7 MED	8	9 UVS	10 EFFECT	11 x-	12 SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	93603	RIGHT VENTRICULAR RECORDING;	CCR			х					
	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 37	93793 93799	ANTICOAGULANT MANAGEMENT FOR A PATIE CARDIOVASCULAR PROCEDURE	CCR CCR								
	3 <i>1</i> 37	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
	37	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES DUPLEX SCAN OF EXTRACRANIAL ARTERIES	CCR								
	37	93886	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
	37	93888	TRANSCRANIAL DOPPLER STUDY OF THE IN	CCR								
	37	93892	TCD, EMBOLI DETECT W/O INJ	CCR								
	37	93893	TCD, EMBOLI DETECT W/INJ	CCR								
	37	93895	QUANTITATIVE CAROTID INTIMA MEDIA TH	CCR								
	37	93896	ULTRASOUND OF BLOOD FLOW WITHING BRA	CCR								
	37	93897	ULTRASOUND OF VESSELS IN BRAIN FOR D	CCR								
	37	93898	DETECTION OF ABNORMAL BLOOD FLOW IN	CCR								
	37	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	CCR								
	37	93923	EXTREMITY STUDY	CCR								
	37	93924	EXTREMITY STUDY	CCR								
	37	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								
	37	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x -	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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							Х	
	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					х			
	37	94669	Mechanical chest wall manipulation f	CCR								
	37	94680	OXYGEN UPTAKE; DIRECT; SIMPLE	CCR					X			
	37	94681	OXYGEN UPTAKE W/CO2 OUTPUT	CCR					x			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:											
1	2	3	4	5	6	7	8	9	10	11	12
				AGE		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	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					х			
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					х			
37	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	CCR					х			
37	95065	NASAL MUCOUS MEMBRANE TEST	CCR								
37	95070	INHALATION BRONCH CHALLENGE TESTING	CCR								
37	95115	ALLER.INJ.W/OUT EXTRACT PROV ONE INJ	CCR								
37	95117	ALLER.INJ.W/OUT EXTRACT PROV-+1 INJ	CCR								
37	95120	IMMUNOTHERAPY(RX MD)-SINGLE ANTIGEN	CCR								
37	95125	IMMUNOTHERAPY (RX MD) MULTIPLE ANTIGEN	CCR								
37	95130	IMMUNOTHERAPY (RX MD) 1 INSECT VENOM	CCR								
37	95131	IMMUNOTHERAPY(RX MD),2 INSECT VENOM	CCR								
37	95132	IMMUNOTHERAPY; 3 INSECT VENOMS	CCR								
37	95133	IMMUNOTHERAPY; 4 INSCT VENOMS	CCR			X					
37	95144	PROFESSIONAL SERVICES FOR THE SUPERV	CCR					х			
37	95145	PROV+1 INSECT VENOM, SING DOSE VIAL	CCR					х			
37	95146	PROV; 2 INSECT VENOMS, SING. DOSE VIALS	CCR					х			
37	95147	PROV; 3 INSECT VENOMS, SING. DOSE VIALS	CCR					Х			
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		Х			
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 27	95721	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37 37	95722 95723	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								
37 37	95723 95724	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR CCR								
31	93/24	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR								

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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-	1	2	3	4	5	_		6	7	8	9	10	11	12
					AG				MED		UVS	EFFECT	X-	SPEC
	TS	CODE	DESCRIPTION	FEE	МТ	N-MA	ΔX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	95725	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR										
	37	95726	CONTINUOUS MEASUREMENT OF BRAIN WAVE	CCR	~ ~	٥.								
	37	95782	SLEEP MONITORING OF PATIENT (YOUNGER	CCR	00									
	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	~ ~	00								
	37	95810	POLYSOMNOGRAPHY, 4 OR MORE	CCR	06									
	37	95811	POLYSOMNOGRAPHY W/CPAP	CCR	06	99	,							
	37	95812	ELECTROENCEPHALOGRAM (EEG)	CCR										
	37	95813	ELECTROENCEPHALOGRAM (EEG)	CCR										
	37	95816	EEG W/RECORD AWAKE/DROWSY-STND/PORT	CCR										
	37	95819	EEG-STD/PORT; SAME FACILITY	CCR										
	37	95822	EEG; SLEEP ONLY	CCR										
	37	95824	EEG; CEREBRAL DEATH RECORDING	CCR							х			
	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 37	95919	MEASUREMENT OF PUPIL WITH HEALTHCARE	CCR										
	<i>31</i>	95925	SOMATOSENSORY TESTING, ONE > NERVES	CCR										

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

•	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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					х			
	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	•	CCR								
	37 37	95967	MEG, EVOKED, SINGLE	CCR					x			
	_		MAGNETOENCEPHALOGRAPHY (MEG), RECORD						х			
	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			х					
	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					Х			
	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					х			
	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					х			
	37	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR								
	37	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	CCR					х			
	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								
	3 <i>1</i> 37	96411	CHEMO, IV PUSH, SNGL DRUG CHEMO, IV PUSH, ADDL DRUG	CCR					x			
	31	20411	CREMO, IV PUSE, ADDL DRUG	CCR					^			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
	1	2	3	4	5	6	7	8	9	10	11	12
					AGE		MED		UVS	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	96413	CHEMO, IV INFUSION, 1 HR	CCR								
	37	96415	CHEMO, IV INFUSION, ADDL HR	CCR					Х			
	37	96416	CHEMO PROLONG INFUSE W/PUMP	CCR								
	37	96417	CHEMO IV INFUS EACH ADDL SEQ	CCR								
	37	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR								
	37	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR								
	37	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR								
	37	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-A	CCR								
	37	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	CCR								
	37	96446	CHEMOTHERAPY ADMINISTRATION INTO THE	CCR								
	37	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	CCR								
	37	96521	REFILL/MAINT, PORTABLE PUMP	CCR								
	37	96522	REFILL/MAINT PUMP/RESVR SYST	CCR								
	37	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	CCR								
	37	96547	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR								
	37	96548	INTRAOPERATIVE HEATED INTRAPERITONEA	CCR					x			
	37	96567	PHOTODYNAMIC TX, SKIN	CCR								
	37	96570	PHOTODYNAMIC TX, 30 MIN	CCR								
	37	96571	PHOTODYNAMIC TX, ADDL 15 MIN	CCR					x			
	37	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	CCR								
	37	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	CCR								
	37	96900	ACTINOTHERAPY	CCR								
	37	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY	CCR								
	37	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOL	CCR								
	37	96912	PHOTOCHEMOTHERAPY/PUVA	CCR								
	37	96913	PHOTOCHEMOTHERAPY	CCR								
	37	96920	LASER TX, SKIN < 250 SQ CM	CCR								
	37	96921	LASER TX, SKIN 250-500 SQ CM	CCR								
	37	96922	LASER TX, SKIN > 500 SQ CM	CCR								
	37	96931	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR								
	37	96932	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR								
	37	96934	REFLECTANCE CONFOCAL MICROSCOPY (RCM	CCR					x			
	37	96935	REFLECTANCE CONFOCAL MICROSCOPY (RCM)	CCR					X			
	37	96999	DERMATOLOGICAL PROCEDURE	CCR								
	37	97037	LOW-LEVEL LASER THERAPY APPLICATION	CCR								
	20	97110	PT-ONE AREA THERAPEUTIC 15 MINUTES	16.21	00 02				x	02/01/13		
	37	97110	THERAPEUTIC PROCEDURE, LOR MORE, 15MIN	11.00	03 99	x			x	05/01/03		
	37	97161	PHYSICAL THERAPY EVALUATION: LOW COM	58.94						01/01/17		
	37	97162	PHYSICAL THERAPY EVALUATION: MODERAT	58.94						01/01/17		
	37	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	58.94						01/01/17		
	37	97164	RE-EVALUATION OF PHYSICAL THERAPY ES	39.88						01/01/17		
	37	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	57.26						01/01/17		
	37	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	57.26						01/01/17		
	37	97167	OCCUPATIONAL THERAPY EVALUATION: HIG	57.26						01/01/17		
	37	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	37.65						01/01/17		
	20	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	13.35	00 02				x	02/01/13		
	37	97530	THERAPEUTIC ACTIVITIES, DIRECT 15MIN	8.80	03 99	х			Х	05/01/03		
	37	97610	LOW FREQUENCY, NON-CONTACT, NON-THER	CCR								
	37	97760	ORTHOTIC MGMT AND TRAINING	21.65					Х	01/01/18		
	37	97761	PROSTHETIC TRAINING	19.37					x	01/01/18		

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

:												
1	2	3	4	5		6	7	8	9	10	11	12
				AGE	1		MED		UVS	EFFECT	x-	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
37	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	34.15						X	01/01/18		
37	97799	UNLISTED PHYSICAL MED SER/PROC	CCR									
37	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	CCR	00	20		х					
37	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	CCR	00	20		х					
37	99082	NEO-NATAL ESCORT-PER HOUR	CCR	00	01				Х			
37	99151	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		Х					
37	99152	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		Х					
37	99153	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		Х		Х			
37	99155	MODERATE SEDATION SERVICES PROVIDED	CCR	00	04		Х					
37	99156	MODERATE SEDATION SERVICES PROVIDED	CCR	05	20		Х					
37	99157	MODERATE SEDATION SERVICES PROVIDED	CCR	00	20		Х		Х			
37	99170	EXAMINATION OF GENITAL AND ANAL REGI	CCR						Х			
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				Х		Х			
37	99195	PHLEBOTOMY, THERAPEUTIC (SEPAR)	CCR									
37	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	33.00							10/21/02		
37	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	38.00							10/21/02		
37	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00							10/21/02		
37	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	57.00							10/21/02		
37	99211	OFFICE/OUTPATIENT, EST MINIMAL PROBS	33.00						X	10/21/02		
37	99212	ESTABLISHED PATIENT OFFICE OR OTHER	33.00						X	10/21/02		
37	99213	ESTABLISHED PATIENT OFFICE OR OTHER	38.00							10/21/02		
37	99214	ESTABLISHED PATIENT OFFICE OR OTHER	57.00							10/21/02		
37	99215	ESTABLISHED PATIENT OFFICE OR OTHER	57.00							10/21/02		
37	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	CCR									
37	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	CCR									
37	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	CCR									
37	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR									
37	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	CCR									
37	99291	CRITICAL CARE, FIRST HOUR	CCR				x					
37	99304	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
37	99305	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
37	99306	INITIAL NURSING FACILITY VISIT, TYPI	CCR									
37	99307	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99308	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99309	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99310	SUBSEQUENT NURSING FACILITY VISIT, T	CCR									
37	99315	NURSING FAC DISCHARGE DAY	CCR									
37	99316	NURSING FAC DISCHARGE DAY	CCR									
37	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	CCR									
37	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	CCR									
37	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	CCR									
37	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	CCR									
37	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	CCR									
37	99360	PHYSICIAN STANDBY SERVICE, REQUIRING	CCR						x			

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SMALL RURAL HOSPITAL OUTPATIENT SERVICES FEE SCHEDULE FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 1, 2025

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	1	2	3	4	5		6	7	8	9	10	11	12
					AGE			MED		uvs	EFFECT	x-	SPEC
	TS	CODE	DESCRIPTION	FEE	MIN	-MAX	PA	REV	SEX	>001	DATE	OVERS	IND
	37	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									

#: 2078

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RUN: 05/27/25 08:22:02 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

COLUMN:

2 3 5 7 9 1 4 6 8 10 11 12 MED UVS EFFECT SPEC AGE x-

TS CODE DESCRIPTION FEE MIN-MAX PA REV SEX >001 DATE OVERS IND

EXHIBIT 104

Louisiana Medicaid Hospital Provider Inpatient Per Diem Rates (Effective 7/1/2024)

Medicaid Prov. #	Facility Name	Hospital Type	Rate Type	Rural State SCH	IP Name	IP Rate			GME is in OPer Diem	GME Part of Per Diem	Non GME Part of Per	GME Effective	Outpatient CCR	OP CCR Effective
700359		Peer Group 3	Acute				\$2,579.09	9/17/2024	FALSE	\$0.00	\$2,579.09		0.1890	9/17/202
700359	Acadian Medical Center	Peer Group 3	Default Psychiatric				\$1,059.89	9/17/2024	FALSE	\$0.00	\$1,059.89			
700359		Peer Group 3 Rural	Nursery/Boarder Baby Acute	Rural			\$850.53 \$3,034.22	9/17/2024 7/1/2024	FALSE	\$0.00 \$0.00	\$850.53 \$3,034.22		0.3851	7/1/202
733741		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			.,,,
733741 1705586	· · · · · · · · · · · · · · · · · · ·	Rural Rural DPP	Nursery/Boarder Baby Distinct Part Psychiatric	Rural Rural			\$1,000.62 \$1,246.93	7/1/2024 7/1/2024	FALSE	\$0.00 \$0.00	\$1,000.62 \$1,246.93			
1734314	·	Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		1.0000	7/1/201
734314	Acadia St Landry Hospital	Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
1734314 1705284		Rural Rural DPP	Nursery/Boarder Baby Distinct Part Psychiatric	Rural Rural			\$1,000.62 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,000.62 \$1,246.93			
700801	Accord Rehabilitaion Hospital (Pay to: MMO Rehab & Well		Acute/Rehab				\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.2947	1/1/202
700801 1700801	Accord Rehabilitaion Hospital (Pay to: MMO Rehab & Well Accord Rehabilitaion Hospital (Pay to: MMO Rehab & Well		Default Psychiatric Nursery/Boarder Baby				\$737.63 \$213.60	1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00	\$737.63 \$213.60			
734691	Allen Parish Hospital	Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.2837	7/1/202
734691		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
734691 1705268		Rural Rural DPP	Nursery/Boarder Baby Distinct Part Psychiatric	Rural			\$1,000.62 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,000.62 \$1,246.93			
700201		FS Psychiatric	Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
700070	7	Rural	Acute	Rural			\$1,173.72	1/1/2021	FALSE	\$0.00	\$1,173.72		0.7228 0.1405	7/1/202 1/1/202
704466 1704466		Peer Group 3 Peer Group 3	Acute Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63		0.1403	1/1/202
704466	Avala (formerly: Fairway Medical Center, LLC)	Peer Group 3	Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
1730530 1730530	-,	Rural	Acute Default Psychiatric	Rural			\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.2245	7/1/202
1730530		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
700294	Avoyelles Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
700219		FS Psychiatric Peer Group 1	Free Standing Psychiatric Acute				\$737.63	1/1/2021	FALSE	\$0.00 \$0.00	\$737.63 \$1,211.29		0.1519	7/1/202
720020		Peer Group 1	Burn Specialty Unit				\$1,211.29 \$1,921.40	1/1/2021 1/1/2021	TRUE	\$23.22	\$1,211.29	1/1/2021	0.1519	//1/202
720020	Baton Rouge General Medical Center	Peer Group 1	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
720020		Peer Group 1	NICU 3 Specialty Unit				\$913.75 \$213.60	7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$913.75 \$213.60			
1720020 1705012		Peer Group 1 DP Psychiatric	Nursery/Boarder Baby Distinct Part Psychiatric				\$737.63	1/1/2021 1/1/2021	FALSE	\$0.00	\$737.63			
747670	Baton Rouge Rehab Hospital	Rehab	Acute/Rehab				\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.0988	7/1/202
.747670 .747670	Baton Rouge Rehab Hospital Baton Rouge Rehab Hospital	Rehab Rehab	Default Psychiatric Nursery/Boarder Baby				\$737.63 \$213.60	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$213.60			
700227	Beacon Behavioral Hospital - Central	FS Psychiatric	Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
184164	Beacon Behavioral Hospital, LLC	FS Psychiatric	Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
455181 1709549	Beacon Behavioral Hospital-New Orleans Beacon Behavioral Hospital-Northshore (formerly: Magnol	FS Psychiatric	Free Standing Psychiatric Free Standing Psychiatric				\$737.63 \$737.63	1/1/2021	FALSE	\$0.00 \$0.00	\$737.63 \$737.63			
720038	Beauregard Memorial Hospital	Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.4003	7/1/202
720038		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
720038 720038		Rural	NICU 2 Specialty Unit Nursery/Boarder Baby	Rural Rural			\$3,034.22 \$1,000.62	7/1/2024 7/1/2024	FALSE	\$0.00 \$0.00	\$3,034.22 \$1,000.62			
704237		Rehab	Acute/Rehab	Kurai			\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.2483	1/1/202
704237		Rehab	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1704237 1707023		Rehab Rural	Nursery/Boarder Baby Acute	Rural			\$213.60 \$3,034.22	1/1/2021 7/1/2024	FALSE	\$0.00 \$0.00	\$213.60 \$3,034.22		0.6957	7/1/202
707023		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93		0.0337	7,1,202
707023		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			- / /
700332	Bogalusa Rehabilitation Hospital Bogalusa Rehabilitation Hospital	Rehab Rehab	Acute/Rehab Default Psychiatric				\$852.89 \$737.63	1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00	\$852.89 \$737.63		0.2407	3/24/202
700332		Rehab	Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
749826		FS Psychiatric	Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
.764582 .764582	Bridgepoint Continuing Care Hospital (formerly: LA Continu Bridgepoint Continuing Care Hospital (formerly: LA Continu		Acute Default Psychiatric				\$1,037.29 \$737.63	1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00	\$1,037.29 \$737.63		0.2947	1/1/202
735167		Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.4809	7/1/202
735167		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
735167 1745618		Rural Rural	Nursery/Boarder Baby Acute	Rural Rural			\$1,000.62 \$3,034.22	7/1/2024 7/1/2024	FALSE	\$0.00 \$0.00	\$1,000.62 \$3,034.22		0.1416	7/1/202
745618		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
745618 1740641	Byrd Regional Hospital	Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00 \$0.00	\$1,000.62		0.3692	7/1/202
740641	Caldwell Memorial Hospital Caldwell Memorial Hospital	Rural	Acute Default Psychiatric	Rural			\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00	\$3,034.22 \$1,246.93		0.3032	7/1/202
740641		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
1710555 1734489		State FSP Childrens	Free Standing Psychiatric Acute	State			\$737.63 \$2,061.14	1/1/2021 1/1/2021	FALSE TRUE	\$0.00 \$162.11	\$737.63 \$1,899.03	1/1/2021	0.4153	7/1/202
1734489		Childrens	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63	1/1/2021	0.4155	7/1/202
1734489		Childrens	NICU 3 Regional Specialty Unit	:			\$2,243.65	1/1/2021	TRUE	\$154.85	\$2,088.80	1/1/2021		
1734489 1734489		Childrens Childrens	Nursery/Boarder Baby PICU 1 Specialty Unit				\$221.33 \$4,190.82	1/1/2021 1/1/2021	FALSE TRUE	\$0.00 \$169.82	\$221.33 \$4,021.00	1/1/2021		
700851	Children's Hospital - New Orleans DPP	DP Psychiatric	Distinct Part Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
700014		Peer Group 3	Acute				\$1,173.72	1/1/2021	FALSE	\$0.00	\$1,173.72		0.0986	7/1/202
2700014 2700014		Peer Group 3 Peer Group 3	Default Psychiatric Nursery/Boarder Baby	 			\$737.63 \$213.60	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$213.60			
1766283	Christus Coushatta Health Care Center	Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.3509	7/1/202
766283		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
1766283 1704415		Rural LTAC	Nursery/Boarder Baby Acute	Rural			\$1,000.62 \$1,037.29	7/1/2024 1/1/2021	FALSE	\$0.00 \$0.00	\$1,000.62 \$1,037.29		0.2483	1/1/202
1704415	Christus Dubuis Hospital of Alexandria	LTAC	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
744379		Peer Group 5	Acute Default Bouchistric				\$1,173.72	1/1/2021	FALSE	\$0.00 \$0.00	\$1,173.72		0.1423	7/1/202
744379 1744379		Peer Group 5 Peer Group 5	Default Psychiatric NICU 3 Specialty Unit				\$737.63 \$1,554.55	1/1/2021 7/1/2024	FALSE	\$0.00	\$737.63 \$1,554.55			
744379	Christus Health Shreveport-Bossier	Peer Group 5	Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
767671 1767671	Christus Ochsner Lake Area Hospital	Peer Group 4	Acute Default Psychiatric				\$1,173.72 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,173.72 \$737.63		0.0810	7/1/202
767671	Christus Ochsner Lake Area Hospital Christus Ochsner Lake Area Hospital	Peer Group 4 Peer Group 4	Default Psychiatric NICU 3 Specialty Unit				\$1,365.91	1/1/2021	FALSE	\$0.00	\$1,365.91			
767671	Christus Ochsner Lake Area Hospital	Peer Group 4	Nursery/Boarder Baby				\$221.33	1/1/2021	FALSE	\$0.00	\$221.33			
720241	Christus Ochsner St Patrick Hospital Christus Ochsner St Patrick Hospital	Peer Group 5 Peer Group 5	Acute Default Psychiatric				\$1,173.72 \$737.63	1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00	\$1,173.72 \$737.63		0.1357	7/1/202
		Peer Group 5	Nursery/Boarder Baby				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
720241		DP Psychiatric	Distinct Part Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
720241 1705799		Peer Group 5	Acute Default Psychiatric				\$1,173.72 \$737.63	1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00	\$1,173.72 \$737.63		0.1201	7/1/202
705799 1720208	Christus St Frances Cabrini Hospital						\$1,161.88	7/1/2021	FALSE	\$0.00	\$1,161.88			
705799 720208 720208	Christus St Frances Cabrini Hospital Christus St Frances Cabrini Hospital	Peer Group 5 Peer Group 5	NICU 3 Specialty Unit											
.705799 .720208 .720208 .720208 .720208	Christus St Frances Cabrini Hospital Christus St Frances Cabrini Hospital Christus St Frances Cabrini Hospital Christus St Frances Cabrini Hospital	Peer Group 5 Peer Group 5 Peer Group 5	NICU 3 Specialty Unit Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
.705799 .720208 .720208 .720208 .720208 .720208	Christus St Frances Cabrini Hospital Citizens Medical Center	Peer Group 5 Peer Group 5 Peer Group 5 Rural	NICU 3 Specialty Unit Nursery/Boarder Baby Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.4471	7/1/202
.705799 .720208 .720208 .720208 .720208	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medical Center	Peer Group 5 Peer Group 5 Peer Group 5	NICU 3 Specialty Unit Nursery/Boarder Baby	Rural Rural Rural									0.4471	7/1/202
1705799 1720208 1720208 1720208 1720208 1720208 1740764 1740764 1740764 1734403	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medical Center Citizens Medical Center Citaborne Memorial Medical Ctr. (PayTo: Homer Memorial Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial	Peer Group 5 Peer Group 5 Peer Group 5 Rural Rural Rural Rural	NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute	Rural Rural Rural			\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22	7/1/2024 7/1/2024 7/1/2024 7/1/2024	FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22		0.4471	
705799 720208 720208 720208 720208 720208 740764 740764 740764 734403 734403	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medical Center Citizens Medical Center Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial	Peer Group 5 Peer Group 5 Peer Group 5 Rural Rural Rural Rural Rural Rural Rural	NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric	Rural Rural Rural Rural			\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93	7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024	FALSE FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93			
705799 720208 720208 720208 720208 720208 740764 740764 740764 734403 734403	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medical Center Citizens Medical Center Citaborne Memorial Medical Ctr. (PayTo: Homer Memorial Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial	Peer Group 5 Peer Group 5 Peer Group 5 Rural Rural Rural Rural Rural Rural Rural Rural	NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute	Rural Rural Rural			\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22	7/1/2024 7/1/2024 7/1/2024 7/1/2024	FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22			7/1/20
.705799 .720208 .720208 .720208 .720208 .720208 .740764 .740764 .740764 .734403 .734403 .734403 .766577	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medical Center Citizens Medical Center Citizens Medical Center Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial Claiborne Memorial Medical Ctr. (PayTo: Homer)	Peer Group 5 Peer Group 5 Peer Group 5 Peer Group 5 Rural Rehab	NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute/Rehab Default Psychiatric	Rural Rural Rural Rural			\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63	7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63		0.4297	7/1/202
705799 720208 720208 720208 720208 720208 740764 740764 734403 734403 734403 766577 766577	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medical Center Citizens Medical Center Citaborne Memorial Medical Ctr. (PayTo: Homer Memorial Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial Clacarsky Rehabilitation Hospital (Formerly: Tri Parish Rehal Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehal Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehal	Peer Group 5 Peer Group 5 Peer Group 5 Peer Group 5 Rural Rehab Rehab	NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute/Rehab Default Psychiatric Nursery/Boarder Baby Acute/Behab	Rural Rural Rural Rural			\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63 \$213.60	7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63 \$213.60		0.4297	7/1/202 7/1/202 1/1/202
1705799 1720208 1720208 1720208 1720208 1740764 1740764 1740764 1734403 1734403 1734403 1766577 1766577 1766577	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medi	Peer Group 5 Peer Group 5 Peer Group 5 Rural Rehab Rehab Rehab FS Psychiatric	NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute/Rehab Default Psychiatric Nursery/Boarder Baby Acute/Rehab Default Psychiatric Nursery/Boarder Baby Free Standing Psychiatric	Rural Rural Rural Rural			\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63 \$213.60 \$737.63	7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63 \$213.60 \$737.63		0.4297	7/1/202
705799 720208 720208 720208 720208 720208 740764 740764 734403 734403 734403 766577 766577	Christus St Frances Cabrini Hospital Citizens Medical Center Citizens Medical Center Citizens Medical Center Claiborne Memorial Medical Ctr. (PayTo: Homer Memorial Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehal Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehal Clearsky Rehabilitation Hospital (Formerly: Tri Parish Rehal Community Care Hospital	Peer Group 5 Peer Group 5 Peer Group 5 Peer Group 5 Rural Rehab Rehab	NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute/Rehab Default Psychiatric Nursery/Boarder Baby Acute/Behab	Rural Rural Rural Rural			\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63 \$213.60	7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021	FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62 \$3,034.22 \$1,246.93 \$1,000.62 \$852.89 \$737.63 \$213.60		0.4297	7/1/202

02536	Cornerstone Hospital - West Monroe	LTAC	Acute				\$1,037.29	1/1/2021	FALSE	\$0.00	\$1,037.29		0.0740	7/1/20
02536	Cornerstone Hospital - West Monroe	LTAC	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
49044		LTAC LTAC	Acute				\$1,037.29 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,037.29 \$737.63		0.2160	1/1/20
62296		LTAC	Default Psychiatric Acute				\$1,037.29	1/1/2021	FALSE	\$0.00	\$1,037.29		0.2483	1/1/20
62296	Cornerstone Hospital of Southwest Louisiana	LTAC	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
00235		Rehab Rehab	Acute/Rehab Default Psychiatric				\$852.89	1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$852.89 \$737.63		0.2952	1/1/20
00235 00235		Rehab	Nursery/Boarder Baby				\$737.63 \$213.60	1/1/2021 1/1/2021	FALSE	\$0.00	\$213.60			
60536	Covington Behavioral Health (formerly: Greenbrier Hospita		Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
09581	Freedom Behavioral Hospital of Bastrop (formerly: Cypress		Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63		0.1201	7/1/20
00022		Peer Group 3 Peer Group 3	Acute Default Psychiatric				\$1,173.72 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,173.72 \$737.63		0.1301	7/1/20
00022		Peer Group 3	Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
41795		Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.5946	7/1/20
41795		Rural Rural	Default Psychiatric Nursery/Boarder Baby	Rural			\$1,246.93 \$1,000.62	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93 \$1,000.62			
05161		Rural DPP	Distinct Part Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
43283		Rural	Acute	Rural		SCH	\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.4772	7/1/20
43283		Rural	Default Psychiatric	Rural		SCH	\$1,246.93	7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93			
43283		Rural Rural	Nursery/Boarder Baby Acute	Rural		SCH	\$1,000.62 \$3,034.22	7/1/2024 7/1/2024	FALSE	\$0.00	\$1,000.62 \$3,034.22		0.6759	7/1/2
46550		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
46550		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
10016	Tulane University Hospital and Clinic DPP - Lakeside Psychia Eastern La State Hospital	State FSP	Distinct Part Psychiatric Free Standing Psychiatric		State		\$737.63 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$737.63			
62890		Rehab	Acute/Rehab				\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.3065	1/1/2
62890		Rehab	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
62890 00421		Rehab Rehab	Nursery/Boarder Baby Acute/Rehab				\$213.60 \$852.89	1/1/2021 8/20/2021	FALSE	\$0.00 \$0.00	\$213.60 \$852.89		0.2407	8/20/2
00421		Rehab	Default Psychiatric				\$737.63	8/20/2021	FALSE	\$0.00	\$737.63		0.2407	0/20/2
00421		Rehab	Nursery/Boarder Baby				\$213.60	8/20/2021	FALSE	\$0.00	\$213.60			
00499	Freedom Behavioral Hospital of Ferriday (formerly: Ferrida		Free Standing Psychiatric				\$737.63	12/20/2022	FALSE	\$0.00	\$737.63			
00511 20062	Freedom Behavioral Hospital of Leesville, LLC Bayou Bend Health System (formerly: Franklin Foundation	FS Psychiatric Rural	Free Standing Psychiatric Acute	Rural			\$737.63 \$3,034.22	6/26/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$3,034.22		0.7170	7/1/2
20062	Bayou Bend Health System (formerly: Franklin Foundation	Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			, -
20062	Bayou Bend Health System (formerly: Franklin Foundation	Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62		0.0:	77
34888	Franklin Medical Center Franklin Medical Center	Rural Rural	Acute Default Psychiatric	Rural			\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.3162	7/1/2
34888		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
10831	Freedom Behavioral Hospital of Monroe (formerly: Allegian		Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
00537 02633		FS Psychiatric FS Psychiatric	Free Standing Psychiatric				\$737.63 \$737.63	5/1/2025 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$737.63			
31382		Peer Group 5	Free Standing Psychiatric Acute				\$1,173.72	1/1/2021	FALSE	\$0.00	\$1,173.72		0.0904	7/1/2
31382	-	Peer Group 5	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			-,,-,
31382		Peer Group 5	NICU 2 Specialty Unit				\$870.02	1/1/2021	FALSE	\$0.00	\$870.02			
31382 05845		Peer Group 5 DP Psychiatric	Nursery/Boarder Baby				\$213.60 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$737.63			
30114		Rural	Distinct Part Psychiatric Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.5430	7/1/2
30114		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
30114		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
05926 35116		Rural DPP Rural	Distinct Part Psychiatric Acute	Rural			\$1,246.93 \$3,034.22	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93 \$3,034.22		0.7079	7/1/
35116		Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
35116		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
03371 03371		LTAC LTAC	Acute Default Psychiatric				\$1,037.29 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,037.29 \$737.63		0.2483	1/1/
20330		Peer Group 4	Acute				\$1,173.72	1/1/2021	FALSE	\$0.00	\$1,173.72		0.1274	7/1/2
20330		Peer Group 4	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
20330		Peer Group 4	Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
32192 10822	Iberia General Hospital and Medical Center DPP Acadiana Rehabilitation (formerly: IBERIA REHABILITATION	DP Psychiatric Rehab	Distinct Part Psychiatric Acute/Rehab				\$737.63 \$852.89	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$852.89		0.2483	1/1/2
10822	Acadiana Rehabilitation (formerly: IBERIA REHABILITATION		Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
10822	Acadiana Rehabilitation (formerly: IBERIA REHABILITATION		Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
60935	Intensive Specialty Hospital (formerly: Promise Hospital of Intensive Specialty Hospital (formerly: Promise Hospital of		Acute/Rehab Default Psychiatric				\$1,037.29 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,037.29 \$737.63		0.3051	1/1/
39293		DP Psychiatric	Distinct Part Psychiatric				\$737.63	9/1/2023	FALSE	\$0.00	\$737.63			
31072		Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.7092	7/1/
31072		Rural Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93			
31072 48285	Jackson Parish Hospital KPC Promise Hospital of Baton Rouge (formerly: Promise H		Nursery/Boarder Baby Acute	Rural			\$1,000.62 \$1,037.29	7/1/2024 1/1/2021	FALSE	\$0.00	\$1,000.62 \$1,037.29		0.8584	1/1/
48285	KPC Promise Hospital of Baton Rouge (formerly: Promise H		Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
20089		Rural	Acute	Rural			\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.8204	7/1/2
20089 20089		Rural Rural	Default Psychiatric	Rural			\$1,246.93 \$1,000.62	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93 \$1,000.62			
05951		DP Psychiatric	Nursery/Boarder Baby Distinct Part Psychiatric	itulal			\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
04253	Lafayette Physical Rehab Hospital	Rehab	Acute/Rehab				\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.2483	1/1/2
04253	7	Rehab	Default Psychiatric			H	\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
04253 03036		Rehab Peer Group 3	Nursery/Boarder Baby Acute			\vdash	\$213.60 \$1,173.72	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$1,173.72		0.2584	7/1/2
03036	Lafayette Surgical Specialty Hospital	Peer Group 3	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
03036		Peer Group 3	Nursery/Boarder Baby				\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
52326 52326	Lafayette-AMG Specialty Hospital (PayTo:LTAC of Louisiana Lafayette-AMG Specialty Hospital (PayTo:LTAC of Louisiana		Acute Default Psychiatric				\$1,037.29 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,037.29 \$737.63		0.4224	1/1/2
20461		Peer Group 1	Acute				\$1,211.29	1/1/2021	FALSE	\$0.00	\$1,211.29		0.1548	7/1/2
20461	Lake Charles Memorial Hospital	Peer Group 1	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
20461		Peer Group 1	NICU 3 Specialty Unit				\$1,554.55	1/1/2021	FALSE	\$0.00	\$1,554.55			
20461	Lake Charles Memorial Hospital Lake Charles Memorial Hospital	Peer Group 1 Peer Group 1	Nursery/Boarder Baby PICU 2 Specialty Unit			\vdash	\$221.33 \$1,400.64	1/1/2021 7/1/2021	FALSE	\$0.00 \$0.00	\$221.33 \$1,400.64			
05578	Lake Charles Memorial Hospital DPP	DP Psychiatric	Distinct Part Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
0411		State Hospital	Acute		State		\$4,382.07	7/1/2024	TRUE	\$10.63	\$4,371.44	7/1/2024	0.5518	7/1/
20411		State Hospital Peer Group 5	Default Psychiatric Acute		State		\$714.76 \$1,173.72	1/1/2020 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$714.76 \$1,173.72		0.1245	7/1/
20101	Lane Regional Medical Center	Peer Group 5	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$1,173.72		3.1243	,/1/
20101	Lane Regional Medical Center	Peer Group 5	NICU 2 Specialty Unit				\$870.02	1/1/2021	FALSE	\$0.00	\$870.02			
0101		Peer Group 5	Nursery/Boarder Baby	D			\$213.60	1/1/2021	FALSE	\$0.00	\$213.60		0.577	7/4
34977 34977		Rural Rural	Acute Default Psychiatric	Rural		\vdash	\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.5773	7/1/
34977		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
33857	Lasalle General Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural			\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
02951		Rehab	Acute/Rehab				\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.2483	1/1/
02951		Rehab Rehab	Default Psychiatric Nursery/Boarder Baby				\$737.63 \$213.60	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$213.60			
39227	Leonard J Chabert Medical Center	Peer Group 1	Acute				\$1,394.38	1/1/2021	TRUE	\$183.07	\$1,211.31	1/1/2021	0.2844	7/1/
39227		Peer Group 1	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
39227 05136		Peer Group 1 DP Psychiatric	Nursery/Boarder Baby Distinct Part Psychiatric			\vdash	\$213.60 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$737.63			
)5136)9417		FS Psychiatric	Free Standing Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
00413	Louisiana Behavioral Health	FS Psychiatric	Free Standing Psychiatric				\$737.63	1/5/2021	FALSE	\$0.00	\$737.63			
00665		LTAC	Acute				\$1,037.29	1/1/2021	FALSE	\$0.00	\$1,037.29		0.2840	1/1/
00665		LTAC	Default Psychiatric				\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
00398		LTAC LTAC	Acute/Rehab Default Psychiatric				\$1,037.29 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,037.29 \$737.63		0.2947	1/1/
00398									FALSE	JU.UU				

and after 7/1/2024)		
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1720119	Madison Parish Hospital	Rural	Default Psychiatric	Rural		\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
1720119		Rural	Nursery/Boarder Baby	Rural		\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
2700464		FS Psychiatric	Free Standing Psychiatric			\$737.63	8/20/2021	FALSE	\$0.00	\$737.63			0/47/2024
1700525 1700525		Peer Group 4 Peer Group 4	Acute Default Psychiatric			\$2,579.09 \$1,059.89	9/17/2024 9/17/2024	FALSE FALSE	\$0.00 \$0.00	\$2,579.09 \$1,059.89		0.1209	9/17/2024
1700525	Mercy Regional Medical Center	Peer Group 4	Nursery/Boarder Baby			\$850.53	9/17/2024	FALSE	\$0.00	\$850.53			
2700472 1767085		DP Psychiatric Peer Group 5	Distinct Part Psychiatric Acute			\$1,059.89 \$2,579.09	9/17/2024 9/17/2024	FALSE FALSE	\$0.00 \$0.00	\$1,059.89 \$2,579.09		0.1419	9/17/2024
1767085		Peer Group 5	Default Psychiatric			\$1,059.89	9/17/2024	FALSE	\$0.00	\$1,059.89		0.1415	3/17/2024
1767085 1767085		Peer Group 5	NICU 2 Specialty Unit Nursery/Boarder Baby			\$2,579.09	9/17/2024 9/17/2024	FALSE FALSE	\$0.00 \$0.00	\$2,579.09 \$850.53			
1700657		Peer Group 5 Peer Group 3	Acute			\$850.53 \$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 1720135		Peer Group 3 Rural	Nursery/Boarder Baby Acute	Rural		\$213.60 \$3,034.22	1/1/2021 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$3,034.22		0.4202	7/1/2024
1720135		Rural	Default Psychiatric	Rural		\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93		0.4202	77272024
1720135		Rural	Nursery/Boarder Baby	Rural		\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
1705781 1720143		Rural DPP Rural	Distinct Part Psychiatric Acute	Rural	SCH	\$1,246.93 \$3,034.22	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93 \$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 1705705		Rural Rural DPP	Nursery/Boarder Baby Distinct Part Psychiatric	Rural	SCH	\$1,000.62 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,000.62 \$1,246.93			
2700189		Peer Group 4	Acute	Narai		\$2,882.51	7/1/2024	FALSE	\$0.00	\$2,882.51		0.2999	1/1/2023
2700189 2700189		Peer Group 4	Default Psychiatric			\$1,184.58 \$950.59	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,184.58 \$950.59			
1733199		Peer Group 4 Rural	Nursery/Boarder Baby 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 1720267	·	Rural Peer Group 5	Nursery/Boarder Baby Acute	Rural		\$1,000.62 \$1,174.55	7/1/2024 1/1/2021	FALSE TRUE	\$0.00 \$0.83	\$1,000.62 \$1,173.72	1/1/2021	0.0867	7/1/2024
1720267		Peer Group 5	Default Psychiatric			\$737.63	1/1/2021	FALSE	\$0.00	\$737.63	1/1/2021	0.0007	7/2/2024
1720267		Peer Group 5	NICU 3 Specialty Unit			\$1,554.55	1/1/2021	FALSE	\$0.00	\$1,554.55			
1720267 1702871		Peer Group 5 Rehab	Nursery/Boarder Baby Acute/Rehab			\$221.33 \$852.89	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$221.33 \$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			, _, _5_0
1702871		Rehab	Nursery/Boarder Baby	\Box		\$213.60	1/1/2021	FALSE	\$0.00	\$213.60		0.1435	0/17/2024
1765627 1765627		Peer Group 5 Peer Group 5	Acute Default Psychiatric			\$2,579.09 \$1,059.89	9/17/2024 9/17/2024	FALSE FALSE	\$0.00 \$0.00	\$2,579.09 \$1,059.89		0.1430	9/17/2024
1765627	Northern Louisiana Medical Center	Peer Group 5	Nursery/Boarder Baby			\$850.53	9/17/2024	FALSE	\$0.00	\$850.53			
2700111 2700316		FS Psychiatric Rehab	Free Standing Psychiatric Acute/Rehab			\$737.63 \$852.89	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$852.89		0.2407	1/1/2020
2700316	·	Rehab	Default Psychiatric			\$737.63	1/1/2021	FALSE	\$0.00	\$737.63		0.2407	1/1/2020
2700316		Rehab	Nursery/Boarder Baby			\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
1734233 1734233		Rural Rural	Acute Default Psychiatric	Rural		\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.2964	7/1/2024
1734233		Rural	Nursery/Boarder Baby	Rural		\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
2700367		Rural DPP	Distinct Part Psychiatric	Rural		\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
1704474 1709603		FS Psychiatric FS Psychiatric	Free Standing Psychiatric Free Standing Psychiatric			\$737.63 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$737.63			
1523879		FS Psychiatric	Free Standing Psychiatric			\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1704482	Oceans Behavioral Hospital of Greater New Orleans, LLC	FS Psychiatric	Free Standing Psychiatric			\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1702153	Oceans Behavioral Hospital of Hammond (Kentwood Offsit		Free Standing Psychiatric			\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1700100 1704440		FS Psychiatric FS Psychiatric	Free Standing Psychiatric Free Standing Psychiatric			\$737.63 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$737.63			
1704717	Oceans Hospital of Broussard	FS Psychiatric	Free Standing Psychiatric			\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1720011 1720011		Rural Rural	Acute Default Psychiatric	Rural Rural		\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.8622	7/1/2024
1720011		Rural	Nursery/Boarder Baby	Rural		\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
1705616		Rural DPP	Distinct Part Psychiatric	Rural		4	7/4/2024		40.00	44 245 02			
1730254				Iturai		\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			-1.1
1730254	Ochsner Acadia General Hospital (formerly: American Legic		Acute	Italai		\$1,173.72	1/1/2021	FALSE	\$0.00	\$1,173.72		0.1518	7/1/2024
1730254 1730254	Ochsner Acadia General Hospital (formerly: American Legio Ochsner Acadia General Hospital (formerly: American Legio Ochsner Acadia General Hospital (formerly: American Legio	Peer Group 5		Kurai		\$1,173.72 \$737.63 \$221.33	1/1/2021 1/1/2021 1/1/2021	FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33			
1730254 1720071	Ochsner Acadia General Hospital (formerly: American Legio Ochsner Acadia General Hospital (formerly: American Legio Ochsner American Legion Hospital (formerly: Jennings Ame	Peer Group 5 Peer Group 5 Rural	Acute Default Psychiatric Nursery/Boarder Baby Acute	Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22	1/1/2021 1/1/2021 1/1/2021 7/1/2024	FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22		0.1518	7/1/2024
1730254 1720071 1720071	Ochsner Acadia General Hospital (formerly: American Legic Ochsner Acadia General Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame	Peer Group 5 Peer Group 5 Rural Rural	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024	FALSE FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93			
1730254 1720071 1720071 1720071 1702293	Ochsner Acadia General Hospital (formerly: American Legic Ochsner Acadia General Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: Jennings American Legion Hospital)	Peer Group 5 Peer Group 5 Rural Rural Rural LTAC	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute	Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 7/1/2024 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29			
1730254 1720071 1720071 1720071 1702293 1702293	Ochsner Acadia General Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital	Peer Group 5 Peer Group 5 Rural Rural Rural LTAC LTAC	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63	1/1/2021	0.4311	7/1/2024
1730254 1720071 1720071 1720071 1702293	Ochsner Acadia General Hospital (formerly: American Legio Ochsner Acadia General Hospital (formerly: American Legio Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital	Peer Group 5 Peer Group 5 Rural Rural Rural LTAC	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 7/1/2024 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29	1/1/2021	0.4311	7/1/2024
1730254 1720071 1720071 1720071 1702293 1702293 1730351 1730351 1730351	Ochsner Acadia General Hospital (formerly: American Legio Ochsner Acadia General Hospital (formerly: American Legio Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Foundation Hospital Ochsner Foundation Hospital	Peer Group 5 Peer Group 5 Rural Rural Rural LTAC LTAC Peer Group 1 Peer Group 1 Peer Group 1	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Acute Default Psychiatric Acute Default Psychiatric MICU 3 Regional Specialty Unit	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,094.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,740.10 \$737.63 \$2,030.60	1/1/2021 1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE TRUE FALSE TRUE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$10.58	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$737.63 \$2,020.02	1/1/2021	0.4311	7/1/2024
1730254 1720071 1720071 1720071 1702071 1702293 1702293 1730351 1730351 1730351	Ochsner Acadia General Hospital (formerly: American Legic Ochsner Acadia General Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital	Peer Group 5 Peer Group 5 Rural Rural Rural LTAC LTAC Peer Group 1 Peer Group 1 Peer Group 1 Peer Group 1	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Acute Default Psychiatric NICU3 Regional Specialty Unit Nursery/Boarder Baby	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,740.10 \$737.63 \$2,030.60 \$213.60	1/1/2021 1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE TRUE FALSE TRUE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$737.63 \$2,020.02 \$213.60	1/1/2021	0.4311	7/1/2024
1730254 1720071 1720071 1720071 1702293 1702293 1730351 1730351 1730351	Ochsner Acadia General Hospital (formerly: American Legic Ochsner Aracia General Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital	Peer Group 5 Peer Group 5 Rural Rural Rural LTAC LTAC Peer Group 1 Peer Group 1 Peer Group 1	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Acute Default Psychiatric Acute Default Psychiatric MICU 3 Regional Specialty Unit	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,094.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,740.10 \$737.63 \$2,030.60	1/1/2021 1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE TRUE FALSE TRUE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$10.58	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$737.63 \$2,020.02		0.4311	7/1/2024
1730254 1720071 1720071 1720071 1700271 1702293 1703251 1730351 1730351 1730351 1730351 1730351 1730351	Ochsner Acadia General Hospital (formerly: American Legic Ochsner Acadia General Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Lafayette General Medical Center	Peer Group 5 Peer Group 5 Peer Group 5 Rural Rural LTAC LTAC Peer Group 1	Acute Default Psychiatric Nursen/JBoarder Baby Acute Default Psychiatric Nursen/JBoarder Baby Acute Default Psychiatric Acute Default Psychiatric Acute Nefault Psychiatric Acute NICU 3 Regional Specialty Unit Nursen/JBoarder Baby PICU 1 Specialty Unit Well Baby Acute	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,740.10 \$737.63 \$2,030.60 \$213.60 \$3,500.34 \$213.60 \$1,211.29	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE TRUE FALSE TRUE FALSE TRUE FALSE TRUE FALSE TRUE FALSE TRUE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$225.97 \$0.00 \$10.58 \$0.00 \$32.97 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$737.63 \$2,020.02 \$213.60 \$3,467.37 \$213.60 \$1,211.29	1/1/2021	0.4311	7/1/2024
1730254 1720071 1720071 1720071 1700271 1702293 1703251 1730351 1730351 1730351 1730351 1730351 173092 1730092	Ochsner Acadia General Hospital (formerly: American Legio Chesner Acadia General Hospital (formerly: American Legio Chesner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Lafayette General Medical Center Ochsner Lafayette General Medical Center	Peer Group 5 Peer Group 5 Peer Group 5 Rural Rural LTAC LTAC Peer Group 1	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Acute Loefault Psychiatric NICU 3 Regional Specialty Unit Nursery/Boarder Baby NICU 1 Specialty Unit Well Baby Acute Default Psychiatric	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,740.10 \$737.63 \$2,030.60 \$213.60 \$3,003.4	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE TRUE FALSE TRUE FALSE TRUE FALSE TRUE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$10.58 \$0.00 \$10.58 \$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$737.63 \$2,020.02 \$213.60 \$3,467.37 \$213.60	1/1/2021	0.4311 0.2483 0.1989	7/1/2024 1/1/2020 7/1/2024
1730254 1720071 1720071 1720071 1702293 1702293 1730351 1730351 1730351 1730351 1730351 1730092 1730092 1730092	Ochsner Acadia General Hospital (formerly: American Legic Ochsner Acadia General Hospital (formerly: American Legic Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Idagvette General Medical Center Ochsner Lafayette General Medical Center	Peer Group 5 Peer Group 5 Peer Group 5 Peer Group 5 Rural Rural LTAC LTAC LTAC Peer Group 1	Acute Default Psychiatric Nurseny/Boarder Baby Acute Default Psychiatric Nurseny/Boarder Baby Acute Default Psychiatric Acute Default Psychiatric Acute Default Psychiatric Acute NICU 3 Regional Specialty Unit Nurseny/Boarder Baby PICU 1 Specialty Unit Well Baby Acute Default Psychiatric NICU 3 Specialty Unit Nurseny/Boarder Baby NICU 3 Specialty Unit Nurseny/Boarder Baby	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$2,030.60 \$213.60 \$3,500.34 \$213.60 \$3,500.34 \$213.60 \$1,211.29 \$737.63 \$1,211.29 \$737.63	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 1/1/2021	FALSE TRUE FALSE TRUE FALSE TRUE FALSE TRUE FALSE	\$0.00 \$0.00	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$2,020.02 \$213.60 \$3,467.37 \$213.60 \$1,211.29 \$737.63	1/1/2021	0.4311 0.2483 0.1989	7/1/2024 1/1/2020 7/1/2024 7/1/2024
1730254 1720071 1720071 1720071 1702071 1702293 1702293 1730351 1730351 1730351 1730351 1730351 173092 1730092 1730092 1730092 1730092	Ochsner Acadia General Hospital (formerly: American Legio Ochsner Acadia General Hospital (formerly: American Legio Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Lafayette General Medical Center Ochsner La	Peer Group 5 Rural Rural Rural Rural LTAC LTAC LTAC Peer Group 1	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Acute Default Psychiatric NICU 3 Regional Specialty Unit Nursery/Boarder Baby PICU 1 Specialty Unit Well Baby Acute Default Psychiatric NICU 3 Specialty Unit Well Baby Acute Default Psychiatric NICU 3 Specialty Unit NICU Specialty Unit Acute	Rural Rural		\$1,174.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$2,030.60 \$213.60 \$213.60 \$3,500.34 \$213.60 \$1,211.29 \$737.63 \$1,313.60 \$1,211.29	1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE FALSE TRUE FALSE FALSE FALSE FALSE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$225,97 \$0.00 \$32,97 \$0.00 \$0.	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$2,020.02 \$213.60 \$3,467.37 \$213.60 \$3,467.37 \$213.60 \$3,467.37 \$213.60 \$3,41.211.29 \$737.63 \$2,200.02 \$213.60 \$3,467.37 \$213.60 \$4,211.31	1/1/2021	0.4311 0.2483 0.1989	7/1/2024 1/1/2020 7/1/2024
1730254 1720071 1720071 1720071 1702293 1730351 1730351 1730351 1730351 1730351 1730351 1730351 173092 1730092 1730092 1730092 1730092 1730092 1730092	Ochsner Acadia General Hospital (formerly: American Legio Chsner Acadia General Hospital (formerly: American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Lafayette General Medical Center Ochsner List Health Monroe (formerly: University Health Ochsner LSU Health Monroe (formerly: University Health Ochsner LSU Health Monroe [Pormerly: University Health M	Peer Group 5 Rural Rural Rural LTAC LTAC Peer Group 1	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric NICU 3 Regional Specialty Unit Nursery/Boarder Baby NICU 1 Specialty Unit Well Baby Acute Default Psychiatric NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Default Psychiatric Distinct Part Psychiatric	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$2,030.60 \$213.60 \$2,030.60 \$213.60 \$3,500.34 \$211.60 \$1,211.29 \$737.63 \$1,331.97 \$2,136.00 \$1,331.97 \$2,136.00 \$1,331.61 \$737.63	1/1/2021 1/1/2021 1/1/2021 1/1/2021 7/1/2024 7/1/2024 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	FALSE TRUE FALSE TRUE FALSE TRUE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$10.58 \$0.00 \$10.58 \$0.00 \$0.0	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$737.63 \$2,020.02 \$2,13.60 \$3,467.37 \$2,13.60 \$1,211.29 \$737.63 \$1,331.97 \$2,13.60 \$1,211.29 \$737.63 \$1,211.29 \$737.63 \$1,211.29	1/1/2021	0.4311 0.2483 0.1989	7/1/2024 1/1/2020 7/1/2024 7/1/2024
1730254 1720071 1720071 1720071 1702293 1702293 1702293 1730351 1730351 1730351 1730351 1730351 1730351 173092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092	Ochsner Acadia General Hospital (formerly: American Legic Ochsner Acadia General Hospital (formerly: American Legion Hospital (formerly: American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Lafayette General Medical Center Ochsner Ligheatth Monroe (formerly: University Health Ochsner LSU Health Monroe (formerly: University Health Och	Peer Group 5 Peer Group 5 Rural Rural LTAC LTAC LTAC Peer Group 1	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric NICU 3 Regional Specialty Unit Nursery/Boarder Baby PICU 1 Specialty Unit Well Baby Acute Default Psychiatric NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Default Psychiatric Distinct Part Psychiatric Distinct Part Psychiatric Distinct Part Psychiatric	Rural Rural		\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$2,030.60 \$2,136.60 \$3,500.34 \$213.60 \$1,211.29 \$737.63 \$1,211.29 \$737.63 \$1,331.97 \$2,13.60 \$1,31.61 \$737.63 \$1,331.97	1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2024 1/1/2021	FALSE FALSE FALSE FALSE FALSE FALSE FALSE TRUE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$225.97 \$0.00 \$310.58 \$0.00 \$0	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,000.62 \$1,037.29 \$737.63 \$1,514.13 \$737.63 \$2,020.02 \$213.60 \$3,467.37 \$213.60 \$1,211.29 \$737.63 \$1,311.27 \$737.63 \$1,211.30 \$737.63 \$1,211.31 \$737.63 \$1,211.31 \$737.63 \$737.63	1/1/2021	0.4311 0.2483 0.1989	7/1/2024 1/1/2020 7/1/2024 7/1/2024
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1730254 1720071 1720071 1720071 1720071 1720071 1720293 1702293 1730351 1730351 1730351 1730351 1730351 1730351 1730351 1730351 173092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730092 1730097 1700372 1700341 2700341 2700341 1737712	Ochsner Acadia General Hospital (formerly: American Legio Ochsner Acadia General Hospital (formerly: American Legio Ochsner American Legion Hospital (formerly: Jennings Ame Ochsner Extended Care Hospital Ochsner Extended Care Hospital Ochsner Foundation Hospital Ochsner Lafayette General Medical Center Ochsner LSU Health Monroe (formerly: University Health Cohsner LSU Health Monroe (formerly: University Health Ochsner LSU Health Shreveport - St. Mary Medical Center Ochsner LSU Health Shreveport - St. Mary Medical Center Ochsner LSU Health Shreveport - St. Mary Medical Center Ochsner LSU Health Shreveport - St. Mary Medical Center Ochsner LSU Health Shreveport - St. Mary Medical Center Ochsner LSU Health Shreveport - St. Mary Medical Center Ochsner LSU Health Shreveport (formerly: University Healt Ochsner Medical Center Renor LLC Ochsner Medical Center Renor	Peer Group 5 Rural Rural Rural Rural Rural Rural Rural Rural LTAC Peer Group 1 Peer Group 5	Acute Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Default Psychiatric Nursery/Boarder Baby Acute Default Psychiatric Acute Default Psychiatric NICU 3 Regional Specialty Unit Nursery/Boarder Baby PICU 1 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric Distinct Part Psychiatric NICU 2 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric NICU 1 Level 3 Nursery/Boarder Baby PICU - Level 2 Well Baby Acute Burn Specialty Unit Default Psychiatric NICU 2 Specialty Unit Nursery/Boarder Baby PICU - Level 2 Acute Default Psychiatric NICU 3 Specialty Unit Default Psychiatric NICU 3 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric NICU 2 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric NICU 2 Specialty Unit Nursery/Boarder Baby Acute Default Psychiatric	Rural	SCH	\$1,173.72 \$737.63 \$221.33 \$3,034.22 \$1,246.93 \$1,000.62 \$1,037.63 \$1,000.62 \$737.63 \$2,030.60 \$2,350.34 \$213.60 \$3,500.34 \$213.60 \$1,211.29 \$737.63 \$737.63 \$3,31.61 \$737.63	11/1/2021 11/1/2024 9/1/1/2024 9/1/1/2024	FALSE TRUE FALSE	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$10.58 \$0.00	\$1,173.72 \$737.63 \$2,213.35 \$3,934.22 \$1,246.93 \$1,000.62 \$1,037.29 \$737.63 \$2,020.02 \$2,13.60 \$2,121.29 \$737.63 \$2,020.02 \$2,13.60 \$1,211.29 \$737.63 \$1,211.29 \$737.63 \$1,211.29 \$737.63 \$1,211.29 \$737.63 \$1,211.29 \$737.63	1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021 1/1/2021	0.4311 0.2483 0.1989 0.1325 0.1678 0.2064 0.2338 0.1927 0.1777 0.2484 0.3419	7/1/2024 1/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 7/1/2024 9/17/2024

1706540	Ochsner St. Anne General Hospital DPP	Rural DPP	Distinct Part Psychiatric	Rural			\$1,246.93	7/1/2024		\$0.00	\$1,246.93	4 /4 /2024	0.2140	7/4/202
1720429 1720429	Ochsner University Hospitals & Clinic Ochsner University Hospitals & Clinic	Peer Group 1 Peer Group 1	Acute Default Psychiatric				\$1,343.52 \$737.63			\$132.20 \$0.00	\$1,211.32 \$737.63	1/1/2021	0.2148	7/1/2024
1720429	Ochsner University Hospitals & Clinic	Peer Group 1	Nursery/Boarder Baby				\$213.60			\$0.00	\$213.60		0.4533	7/4/202
1720151 1720151	Opelousas General Hospital Opelousas General Hospital	Peer Group 5 Peer Group 5	Acute Default Psychiatric				\$1,173.72 \$737.63			\$0.00 \$0.00	\$1,173.72 \$737.63		0.1633	7/1/2024
1720151	Opelousas General Hospital	Peer Group 5	Nursery/Boarder Baby				\$213.60			\$0.00 \$0.00	\$213.60 \$737.63			
1704539 1720445	Opelousas General Hospital DPP Our Lady of Lourdes Regional Medical Center	DP Psychiatric Peer Group 5	Distinct Part Psychiatric Acute				\$737.63 \$1,173.72			\$0.00	\$1,173.72		0.1561	7/1/202
1720445 1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5 Peer Group 5	Burn Specialty Unit Default Psychiatric				\$1,898.16 \$737.63			\$0.00 \$0.00	\$1,898.16 \$737.63			
1720445	Our Lady of Lourdes Regional Medical Center Our Lady of Lourdes Regional Medical Center	Peer Group 5	NICU 3 Regional Specialty Unit				\$1,765.57			\$0.00	\$1,765.57			
1720445	Our Lady of Lourdes Regional Medical Center	Peer Group 5	Nursery/Boarder Baby				\$213.60			\$0.00	\$213.60			
1720445 1720445	Our Lady of Lourdes Regional Medical Center Our Lady of Lourdes Regional Medical Center	Peer Group 5 Peer Group 5	PICU 2 Specialty Unit Well Baby				\$1,765.86 \$213.60			\$0.00 \$0.00	\$1,765.86 \$213.60			
2700146 2700146	Our Lady of the Angels Hospital	Peer Group 2 Peer Group 2	Acute Default Boughistric				\$2,579.09 \$1,059.89			\$0.20 \$0.00	\$2,578.89 \$1,059.89	1/1/2021	0.4459	9/17/202
2700146	Our Lady of the Angels Hospital Our Lady of the Angels Hospital	Peer Group 2	Default Psychiatric Nursery/Boarder Baby				\$850.53			\$0.00	\$850.53			
2700154		DP Psychiatric	Distinct Part Psychiatric				\$1,059.89			\$0.00	\$1,059.89	7/4/2024	0.2142	7/1/202
1720160 1720160	Our Lady of the Lake Regional Our Lady of the Lake Regional	Peer Group 1 Peer Group 1	Acute Default Psychiatric				\$2,792.56 \$1,316.20			\$133.50 \$184.93	\$2,659.06 \$1,131.27	7/1/2024 7/1/2024	0.3143	7/1/202
1720160	Our Lady of the Lake Regional	Peer Group 1	NICU 3 Regional Specialty Unit				\$2,792.56			\$133.50	\$2,659.06	7/1/2024		
1720160 1720160	Our Lady of the Lake Regional Our Lady of the Lake Regional	Peer Group 1 Peer Group 1	Nursery/Boarder Baby PICU 1 Specialty Unit				\$187.39 \$2,792.56			\$0.00 \$133.50	\$187.39 \$2,659.06	7/1/2024		
1705331	Our Lady of the Lake Regional DPP	DP Psychiatric	Distinct Part Psychiatric				\$1,316.20			\$184.93	\$1,131.27	7/1/2024	0.1033	7/1/202
1704261 1704261	Our Lady of the Lake Surgical Hospital (formerly: Southern Our Lady of the Lake Surgical Hospital (formerly: Southern		Acute Default Psychiatric				\$1,173.72 \$737.63			\$0.00 \$0.00	\$1,173.72 \$737.63		0.1833	7/1/202
1704261	Our Lady of the Lake Surgical Hospital (formerly: Southern		Nursery/Boarder Baby				\$213.60			\$0.00	\$213.60		0.2020	7/4/202
1703176 1703176	PAM Specialty Hospital of Covington (formerly: Northshore PAM Specialty Hospital of Covington (formerly: Northshore		Acute Default Psychiatric				\$1,037.29 \$737.63			\$0.00 \$0.00	\$1,037.29 \$737.63		0.2038	7/1/202
1710814	Pam Specialty Hospital of Hammond	LTAC	Acute				\$1,037.29	1/1/2021	1 FALSE	\$0.00	\$1,037.29		0.2483	1/1/202
1710814 1761044	Pam Specialty Hospital of Hammond PAM Specialty Hospital of Shreveport (formerly: Lifecare H	LTAC	Default Psychiatric Acute				\$737.63 \$1,037.29			\$0.00 \$0.00	\$737.63 \$1,037.29		0.2947	1/1/202
1761044	PAM Specialty Hospital of Shreveport (formerly: Lifecare H	LTAC	Default Psychiatric				\$737.63	1/1/2021	1 FALSE	\$0.00	\$737.63			
1700819 1700819	Park Place Surgery Center, LLC Park Place Surgery Center, LLC	Peer Group 3 Peer Group 3	Acute Default Psychiatric				\$1,173.72 \$737.63			\$0.00 \$0.00	\$1,173.72 \$737.63		0.1601	7/1/202
1700819	Park Place Surgery Center, LLC	Peer Group 3	Nursery/Boarder Baby				\$213.60	1/1/2021	1 FALSE	\$0.00	\$213.60			
2700006 2700006	Pathway Rehabilitation Hospital of Bossier Pathway Rehabilitation Hospital of Bossier	Rehab Rehab	Acute/Rehab Default Psychiatric	\vdash			\$852.89 \$737.63			\$0.00 \$0.00	\$852.89 \$737.63		0.2964	1/1/202
2700006	Pathway Rehabilitation Hospital of Bossier	Rehab	Nursery/Boarder Baby				\$213.60			\$0.00	\$213.60			
2700260 1703427	Perimeter Behavioral Hospital of New Orleans (Formerly: L Physicians Behavioral Hospital	FS Psychiatric FS Psychiatric	Free Standing Psychiatric Free Standing Psychiatric				\$737.63 \$737.63			\$0.00 \$0.00	\$737.63 \$737.63			
1767611	Physicians Medical Center	Peer Group 3	Acute				\$1,173.72			\$0.00	\$1,173.72		0.3293	7/1/202
1767611	Physicians Medical Center	Peer Group 3	Default Psychiatric				\$737.63			\$0.00	\$737.63			
1767611 1730521	Physicians Medical Center Pointe Coupee General Hospital	Peer Group 3 Rural	Nursery/Boarder Baby Acute	Rural			\$213.60 \$3,034.22			\$0.00 \$0.00	\$213.60 \$3,034.22		0.5666	7/1/202
1730521	Pointe Coupee General Hospital	Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	4 FALSE	\$0.00	\$1,246.93			
1730521 1743291	Pointe Coupee General Hospital Prevost Memorial Hospital	Rural	Nursery/Boarder Baby Acute	Rural			\$1,000.62 \$3,034.22			\$0.00 \$0.00	\$1,000.62 \$3,034.22		1.0000	7/1/202
1743291	Prevost Memorial Hospital	Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	4 FALSE	\$0.00	\$1,246.93			
1743291 1730106	Prevost Memorial Hospital Rapides Regional Medical Center	Rural Peer Group 1	Nursery/Boarder Baby Acute	Rural			\$1,000.62 \$1,211.29			\$0.00 \$9.11	\$1,000.62 \$1,202.18	1/1/2021	0.0512	7/1/202
1730106	Rapides Regional Medical Center	Peer Group 1	Default Psychiatric				\$737.63			\$0.00	\$737.63	1/1/2021	0.0312	7/1/202
1730106 1730106	Rapides Regional Medical Center Rapides Regional Medical Center	Peer Group 1 Peer Group 1	NICU 3 Specialty Unit Nursery/Boarder Baby				\$1,331.96 \$221.33			\$0.00 \$0.00	\$1,331.96 \$221.33			
1730106	Rapides Regional Medical Center	Peer Group 1	PICU 2 Specialty Unit				\$1,451.44			\$0.00	\$1,451.44			
1709565		FS Psychiatric	Free Standing Psychiatric	Durant			\$737.63			\$0.00	\$737.63		0.0202	7/1/202
1734853 1734853		Rural Rural	Acute Default Psychiatric	Rural Rural			\$3,034.22 \$1,246.93			\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.8282	7/1/202
1734853		Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	4 FALSE	\$0.00	\$1,000.62			
2700286 1700088	Regions Behavioral Hospital Rehabilitation Hospital of Jennings	FS Rehab	Free Standing Psychiatric Acute/Rehab				\$737.63 \$852.89			\$0.00 \$0.00	\$737.63 \$852.89		0.2947	1/1/202
1700088	Rehabilitation Hospital of Jennings	Rehab	Default Psychiatric				\$737.63	1/1/2021	1 FALSE	\$0.00	\$737.63			
1700088 1735370	Rehabilitation Hospital of Jennings Richardson Medical Center	Rehab Rural	Nursery/Boarder Baby Acute	Rural			\$213.60 \$3,034.22			\$0.00 \$0.00	\$213.60 \$3,034.22		0.4189	7/1/202
1735370	Richardson Medical Center	Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	4 FALSE	\$0.00	\$1,246.93			.,,,,
1735370 1735299		Rural	Nursery/Boarder Baby Acute	Rural			\$1,000.62 \$3.034.22	7/1/2024		\$0.00 \$0.00	\$1,000.62 \$3,034.22		0.6916	7/1/202
1735299	Richland Parish Hospital	Rural	Default Psychiatric	Rural			\$1,246.93	7/1/2024	4 FALSE	\$0.00	\$1,246.93		0.0510	,,1,202
1735299	Richland Parish Hospital River Oaks Hospital	Rural FS Psychiatric	Nursery/Boarder Baby Free Standing Psychiatric	Rural			\$1,000.62 \$737.63	7/1/2024 1/1/2021		\$0.00	\$1,000.62 \$737.63			
1761672 2700251	The state of the s	FS Psychiatric	Free Standing Psychiatric				\$737.63			\$0.00	\$737.63			
1700517	Riverbend Rehabilitation Hospital (formerly: Bastrop Rehab		Acute/Rehab				\$852.89			\$0.00	\$852.89		0.4642	1/1/202
1700517 1700517	Riverbend Rehabilitation Hospital (formerly: Bastrop Rehab Riverbend Rehabilitation Hospital (formerly: Bastrop Rehab		Default Psychiatric Nursery/Boarder Baby				\$737.63 \$213.60			\$0.00 \$0.00	\$737.63 \$213.60			
1764914	Riverbridge Specialty Hospital (formerly: Promise Hospital of		Acute/Rehab				\$1,037.29			\$0.00	\$1,037.29		0.2140	7/1/202
1764914 1704512	Riverbridge Specialty Hospital (formerly: Promise Hospital of Riverside Hospital of Louisiana, Inc.	LTAC	Default Psychiatric Acute				\$737.63 \$1,037.29			\$0.00 \$0.00	\$737.63 \$1,037.29		0.2964	1/1/202
1704512	Riverside Hospital of Louisiana, Inc.	LTAC	Default Psychiatric				\$737.63	1/1/2021	1 FALSE	\$0.00	\$737.63			
1734047 1734047	Riverside Medical Center - Franklinton Riverside Medical Center - Franklinton	Rural Rural	Acute Default Psychiatric	Rural Rural			\$3,034.22 \$1,246.93			\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.4717	7/1/202
1734047	Riverside Medical Center - Franklinton	Rural	Nursery/Boarder Baby	Rural			\$1,000.62	7/1/2024	4 FALSE	\$0.00	\$1,000.62		<u>.</u> .	
1763152 1763152	Ruston Regional Specialty Hospital (formerly: Lifecare Spec Ruston Regional Specialty Hospital (formerly: Lifecare Spec		Acute Default Psychiatric		-		\$1,037.29 \$737.63			\$0.00 \$0.00	\$1,037.29 \$737.63		0.1856	7/1/202
1760811	Sabine Medical Center	Rural	Acute	Rural	-	CH	\$3,034.22	7/1/2024	4 FALSE	\$0.00	\$3,034.22		0.3651	7/1/202
1760811 1760811	Sabine Medical Center Sabine Medical Center	Rural Rural	Default Psychiatric Nursery/Boarder Baby	Rural		CH CH	\$1,246.93 \$1,000.62			\$0.00 \$0.00	\$1,246.93 \$1,000.62			
2700308	Sabine Medical Center DPP - Allegiance Hospital of Many	Rural DPP	Distinct Part Psychiatric	Rural			\$1,246.93	7/1/2024	4 FALSE	\$0.00	\$1,246.93			
1749036 1749036	Sage LTAC LLC (Formerly: Baton Rouge AMG Specialty Hosp Sage LTAC LLC (Formerly: Baton Rouge AMG Specialty Hosp		Acute Default Psychiatric		-		\$1,037.29 \$737.63			\$0.00 \$0.00	\$1,037.29 \$737.63		0.0782	1/1/202
1700576	Sage Rehab Institute	Rehab	Acute/Rehab				\$852.89	1/1/2021	1 FALSE	\$0.00	\$852.89		0.4215	7/1/202
1700576 1700576	Sage Rehab Institute Sage Rehab Institute	Rehab Rehab	Default Psychiatric Nursery/Boarder Baby				\$737.63 \$213.60			\$0.00 \$0.00	\$737.63 \$213.60			
2700448	Sage Specialty and Rehab Center of Lafayette (formerly: Sa		Acute				\$1,037.29	5/17/2022	2 FALSE	\$0.00	\$1,037.29		0.2407	5/10/202
2700448	Sage Specialty and Rehab Center of Lafayette (formerly: Sa	LTAC	Default Psychiatric		$-\top$		\$737.63			\$0.00 \$0.00	\$737.63			
2700375 1766062	Sage Specialty Hospital Psych DPP Savoy Medical Center	DP Psychiatric Peer Group 5	Distinct Part Psychiatric Acute				\$737.63 \$2,579.09			\$0.00	\$737.63 \$2,579.09		0.2039	9/17/202
1766062	Savoy Medical Center	Peer Group 5	Default Psychiatric				\$1,059.89	9/17/2024	4 FALSE	\$0.00	\$1,059.89			
1766062 1705772	Savoy Medical Center Savoy Medical Center DPP	Peer Group 5 DP Psychiatric	Nursery/Boarder Baby Distinct Part Psychiatric				\$850.53 \$1,059.89			\$0.00 \$0.00	\$850.53 \$1,059.89			
2700081	Seaside Health System	FS Psychiatric	Free Standing Psychiatric				\$737.63	1/1/2021	1 FALSE	\$0.00	\$737.63			
1704865 2700481	Serenity Springs Specialty Hospital Shreveport Rehabilitation Hospital	FS Psychiatric Rehab	Free Standing Psychiatric Acute/Rehab		-		\$737.63 \$852.89			\$0.00 \$0.00	\$737.63 \$852.89		0.2407	2/18/202
2700481	Shreveport Rehabilitation Hospital	Rehab	Default Psychiatric				\$737.63	2/18/2022	2 FALSE	\$0.00	\$737.63		/	, _5, _5,
2700481 1720313	Shreveport Rehabilitation Hospital Slidell Memorial Hospital	Rehab Peer Group 5	Nursery/Boarder Baby Acute				\$213.60 \$1,173.72			\$0.00 \$0.00	\$213.60 \$1,173.72		0.1103	7/1/202
1720313	Slidell Memorial Hospital	Peer Group 5	Default Psychiatric				\$1,173.72	1/1/2021	1 FALSE	\$0.00	\$737.63		3.1103	,,1/202
1720313	Slidell Memorial Hospital Slidell Memorial Hospital	Peer Group 5	NICU 3 Specialty Unit				\$1,161.89	1/1/2021		\$0.00	\$1,161.89			
1720313 1700169	Southeast Regional Medical Center	Peer Group 5 LTAC	Nursery/Boarder Baby Acute				\$213.60 \$1,037.29			\$0.00 \$0.00	\$213.60 \$1,037.29		0.2947	1/1/202
1700169	Southeast Regional Medical Center	LTAC Peer Group 3	Default Psychiatric				\$737.63	1/1/2021	1 FALSE	\$0.00 \$0.00	\$737.63		0.1993	7/1/202
1702439 1702439	Specialists Hospital Shreveport Specialists Hospital Shreveport	Peer Group 3 Peer Group 3	Acute Default Psychiatric				\$1,173.72 \$737.63			\$0.00	\$1,173.72 \$737.63		0.1993	//1/202
1702439	Specialists Hospital Shreveport	Peer Group 3	Nursery/Boarder Baby				\$213.60			\$0.00	\$213.60			

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 1702021	Specialty Rehabilitation Hospital Specialty Rehabilitation Hospital	Rehab Rehab	Acute/Rehab Default Psychiatric		\$852.89 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$852.89 \$737.63		0.2947	1/1/202
1702021		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	7/1/202
1767930 1767930		Rural	Default Psychiatric	Rural	\$1,246.93	7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93 \$1,000.62			
1704458		Rural DPP	Nursery/Boarder Baby Distinct Part Psychiatric	Rural	\$1,000.62 \$1,246.93	7/1/2024 7/1/2024	FALSE	\$0.00	\$1,000.62			
2700103		Rural	Acute	Rural	\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.3093	7/1/202
2700103		Rural	Default Psychiatric	Rural	\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
2700103 1720186	·	Rural	Nursery/Boarder Baby Acute	Rural Rural	\$1,000.62 \$3,034.22	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,000.62 \$3,034.22		0.5304	7/1/202
1720186		Rural	Default Psychiatric	Rural	\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93		0.5504	7/1/202
1720186	St Charles Hospital - Luling	Rural	Nursery/Boarder Baby	Rural	\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
1705322		Rural DPP	Distinct Part Psychiatric	Rural	\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93		0.4242	7/4/202
1739570 1739570		Peer Group 2 Peer Group 2	Acute Default Psychiatric		\$1,173.72 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,173.72 \$737.63		0.1242	7/1/202
1739570		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		Peer Group 2	PICU 2 Specialty Unit		\$1,400.64	1/1/2021	FALSE	\$0.00	\$1,400.64		4 0000	7/4/202
1734055 1734055	·	Rural	Acute Default Psychiatric	Rural	\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		1.0000	7/1/202
1734055	St Helena Parish Hospital	Rural	Nursery/Boarder Baby	Rural	\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
1703320		FS Psychiatric	Free Standing Psychiatric		\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1720224		Rural	Acute	Rural	\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.4964	7/1/202
1720224 1720224	St James Parish Hospital St James Parish Hospital	Rural Rural	Default Psychiatric Nursery/Boarder Baby	Rural	\$1,246.93 \$1,000.62	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93 \$1,000.62			
1720259	St Tammany Parish Hospital	Peer Group 5	Acute	1.0.0	\$1,173.72	1/1/2021	FALSE	\$0.00	\$1,173.72		0.1297	7/1/202
1720259	St Tammany Parish Hospital	Peer Group 5	Default Psychiatric		\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1720259		Peer Group 5	NICU 3 Specialty Unit		\$1,161.89	1/1/2021	FALSE	\$0.00	\$1,161.89			
1720259 1720259		Peer Group 5 Peer Group 5	Nursery/Boarder Baby PICU 2 Specialty Unit		\$213.60 \$1,400.64	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$1,400.64			
1702749		Peer Group 3	Acute		\$1,173.72	1/1/2021	FALSE	\$0.00	\$1,400.64		0.0817	7/1/202
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			41:1-
1700495 1700495		Rehab Rehab	Acute/Rehab Default Psychiatric		\$852.89 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$852.89 \$737.63		0.3149	1/1/202
1700495		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	7/1/202
1702358		Peer Group 3	Default Psychiatric		\$737.63 \$213.60	1/1/2021	FALSE	\$0.00	\$737.63			
1702358 1720275		Peer Group 3 Peer Group 5	Nursery/Boarder Baby Acute		\$213.60 \$1,173.72	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$1,173.72		0.1859	7/1/202
1720275		Peer Group 5	Default Psychiatric		\$737.63	1/1/2021	FALSE	\$0.00	\$737.63		0.1033	7/1/202
1720275	Terrebonne General Medical Center	Peer Group 5	NICU 3 Specialty Unit		\$875.71	1/1/2021	FALSE	\$0.00	\$875.71			
1720275		Peer Group 5	Nursery/Boarder Baby		\$213.60	1/1/2021	FALSE	\$0.00	\$213.60		0.4447	7/1/202
2700324 2700324	The General The General	Peer Group 5 Peer Group 5	Acute Default Psychiatric		\$2,882.51 \$1,184.58	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$2,882.51 \$1,184.58		0.4447	7/1/202
1704059	The Neuro Medical Center Rehab Hospital	Rehab	Acute/Rehab		\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.2483	1/1/202
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 1707082	The Spine Hospital of Louisiana (PayTo: The Neuro Medica The Spine Hospital of Louisiana (PayTo: The Neuro Medica		Acute Default Psychiatric		\$1,173.72 \$737.63	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,173.72 \$737.63		0.1263	1/1/202
1707082	The Spine Hospital of Louisiana (PayTo: The Neuro Medica		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	7/1/202
1736848	Thibodaux Regional Medical Center	Peer Group 5	Default Psychiatric		\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1736848		Peer Group 5	Nursery/Boarder Baby		\$213.60	1/1/2021	FALSE	\$0.00 \$0.00	\$213.60			
1736848 1720470		Peer Group 5 Peer Group 1	NICU 2 Specialty Unit Acute		\$870.02 \$1,428.48	7/1/2023 1/1/2021	FALSE TRUE	\$25.11	\$870.02 \$1,403.37	1/1/2021	0.1105	7/1/202
1720470		Peer Group 1	Default Psychiatric		\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1720470		Peer Group 1	NICU 3 Specialty Unit		\$1,333.10	1/1/2021	TRUE	\$1.11	\$1,331.99	1/1/2021		
1720470		Peer Group 1	Nursery/Boarder Baby		\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
1720470 1732231		Peer Group 1 Rural	Well Baby Acute	Rural	\$213.60 \$3,034.22	1/1/2021 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$3,034.22		0.2696	7/1/202
1732231	Trinity Medical (formerly: Riverland Medical Center)	Rural	Default Psychiatric	Rural	\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93		0.2030	7/1/202
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		Acute		\$1,878.84	1/1/2021	TRUE	\$297.15	\$1,581.69	1/1/2021	0.0839	7/1/202
1763799 1763799	Tulane University Hospital and Clinic (CHOW/Name Change Tulane University Hospital and Clinic (CHOW/Name Change		Default Psychiatric NICU 3 Specialty Unit		\$737.63 \$1,526.41	1/1/2021 7/1/2024	FALSE TRUE	\$0.00 \$194.45	\$737.63 \$1,331.96	1/1/2021		
1763799	Tulane University Hospital and Clinic (CHOW/Name Change		Nursery/Boarder Baby		\$221.33	1/1/2024	FALSE	\$0.00	\$221.33	1/1/2021		
1763799	Tulane University Hospital and Clinic (CHOW/Name Change		Well Baby		\$221.33	1/1/2021	FALSE	\$0.00	\$221.33			
1763799	Tulane University Hospital and Clinic (CHOW/Name Change		PICU 2 Specialty Unit		\$2,167.82	9/11/2023	TRUE	\$312.55		9/11/2023		
1743577	Union General Hospital	Rural	Acute Default Bouchistric	Rural	\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		0.7647	7/1/202
1743577 1743577	Union General Hospital Union General Hospital	Rural Rural	Default Psychiatric Nursery/Boarder Baby	Rural Rural	\$1,246.93 \$1,000.62	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$1,246.93 \$1,000.62			
1700223	United Medical Healthwest	Rehab	Acute/Rehab		\$852.89	1/1/2021	FALSE	\$0.00	\$852.89		0.2947	1/1/202
1700223	United Medical Healthwest	Rehab	Default Psychiatric		\$737.63	1/1/2021	FALSE	\$0.00	\$737.63			
1700223 1700711	United Medical Healthwest Oasis Point Rehabilitation Hospital (formerly United Medic	Rehab	Nursery/Boarder Baby Acute/Rehab		\$213.60 \$852.89	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$213.60 \$852.89		0.2947	1/1/202
1700711	Oasis Point Renabilitation Hospital (formerly United Medic		Default Psychiatric		\$852.89 \$737.63	1/1/2021	FALSE	\$0.00	\$852.89		J.2347	1/1/202
1700711	Oasis Point Rehabilitation Hospital (formerly United Medic	Rehab	Nursery/Boarder Baby		\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
2700430		FS Psychiatric	Free Standing Psychiatric		\$737.63	3/24/2021	FALSE	\$0.00	\$737.63	7/4/		
1765651 1765651		Peer Group 1 Peer Group 1	Burn Specialty Unit Default Psychiatric		\$3,880.73 \$1,705.76	7/1/2024 7/1/2024	TRUE FALSE	\$271.12 \$0.00	\$3,609.61 \$1,705.76	7/1/2024		
1765651		Peer Group 1	Nursery/Boarder Baby		\$213.60	1/1/2024	FALSE	\$0.00	\$213.60			
1765651	University Medical Center New Orleans	Peer Group 1	Acute		\$3,880.73	7/1/2024	TRUE	\$271.12	\$3,609.61	7/1/2024	0.3634	7/1/202
1705748		DP Psychiatric	Distinct Part Psychiatric		\$1,705.76	7/1/2024	FALSE	\$0.00	\$1,705.76			
1709981 1730483	Vermillion Behavioral Health (PayTo: Acadia Hospital of Laf West Calcasieu Cameron Hospital	FS Psychiatric Peer Group 4	Free Standing Psychiatric Acute		\$737.63 \$1,173.72	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$1,173.72		0.1798	7/1/202
1730483	West Calcasieu Cameron Hospital	Peer Group 4	Default Psychiatric		\$1,173.72	1/1/2021	FALSE	\$0.00	\$737.63		0.1/38	,,1,202
1730483	West Calcasieu Cameron Hospital	Peer Group 4	NICU 2 Specialty Unit		\$870.02	1/1/2021	FALSE	\$0.00	\$870.02			
1730483		Peer Group 4	Nursery/Boarder Baby	D	\$213.60	1/1/2021	FALSE	\$0.00	\$213.60		0.55	7/4 /
1733725 1733725	· · · · · · · · · · · · · · · · · · ·	Rural Rural	Acute Default Psychiatric	Rural Rural	\$3,034.22 \$1,246.93	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.5957	7/1/202
1733725		Rural	Nursery/Boarder Baby	Rural	\$1,000.62	7/1/2024	FALSE	\$0.00	\$1,000.62			
1734811	West Feliciana Parish Hospital	Rural	Acute	Rural	\$3,034.22	7/1/2024	FALSE	\$0.00	\$3,034.22		1.0000	7/1/202
1734811		Rural	Default Psychiatric	Rural	\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93			
1734811 1732788	West Feliciana Parish Hospital West Jefferson Medical Center	Rural Peer Group 1	Nursery/Boarder Baby Acute	Rural	\$1,000.62 \$1,211.29	7/1/2024 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$1,000.62 \$1,211.29		0.1154	7/1/202
1732788	West Jefferson Medical Center	Peer Group 1	Default Psychiatric		\$1,211.29	1/1/2021	FALSE	\$0.00	\$1,211.29		J.1134	.,1/202
1732788	West Jefferson Medical Center	Peer Group 1	NICU 3 Specialty Unit		\$1,161.89	1/1/2021	FALSE	\$0.00	\$1,161.89			
1732788	West Jefferson Medical Center	Peer Group 1	Nursery/Boarder Baby		\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
1747572	Willis Knighton Medical Center	Peer Group 1	Acute Default Bouchistric		\$1,211.29	1/1/2021	FALSE	\$0.00	\$1,211.29		0.1652	7/1/202
1747572 1747572	Willis Knighton Medical Center Willis Knighton Medical Center	Peer Group 1 Peer Group 1	Default Psychiatric NICU 3 Regional Specialty Unit		\$737.63 \$1,567.62	1/1/2021 1/1/2021	FALSE FALSE	\$0.00 \$0.00	\$737.63 \$1,567.62			
		Peer Group 1	Nursery/Boarder Baby		\$213.60	1/1/2021	FALSE	\$0.00	\$213.60			
1747572	Willis Knighton Medical Center	Peer Group 1	PICU 1 Specialty Unit		\$2,960.54	1/1/2021	FALSE	\$0.00	\$2,960.54			
1747572		DP Psychiatric	Distinct Part Psychiatric		\$737.63	1/1/2021 7/1/2024	FALSE	\$0.00	\$737.63			7/1/202
1747572 1705519						//1/2024						
1747572 1705519 1730246	Winn Parish Medical Center	Rural	Acute Default Psychiatric	Rural	\$3,034.22 \$1,246.93		FALSE FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93		0.3871	7/1/202
1747572 1705519	Winn Parish Medical Center Winn Parish Medical Center		Acute Default Psychiatric Nursery/Boarder Baby	Rural Rural Rural	\$1,246.93 \$1,000.62	7/1/2024 7/1/2024	FALSE FALSE	\$0.00 \$0.00	\$3,034.22 \$1,246.93 \$1,000.62		0.3871	7/1/202
1747572 1705519 1730246 1730246	Winn Parish Medical Center Winn Parish Medical Center Winn Parish Medical Center Womans Hospital	Rural Rural	Default Psychiatric	Rural	\$1,246.93	7/1/2024	FALSE	\$0.00	\$1,246.93		0.3871	7/1/202

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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
1702012	Zachany AMC Engrishty Hospital /Formorby Foliciana AMC	LTAC	Dofault Bouchistric			\$737.63	1/1/2021	EALSE	¢n nn	\$737.63		

Page 6 of 6 updated 4/30/2025

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)

Nation/World

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NEWS/NATION/WORLD

Texas has a new abortion pill law. But at least one provider plans to keep shipping them there



Dr. Angel Foster, co-founder of Massachusetts Medication Abortion Access Project, points out on a map of the United States on May 13, 2025, in Somerville, Mass., to show where her organization provides care. Credit: AP/Charles Krupa

By The Associated Press

September 18, 2025 11:41 am

SHARE

Republican Texas Gov. Greg Abbott has signed a first-of-its-kind law that lets anyone sue prescribers and others responsible for getting abortion pills into the state.

Supporters are heralding the law, which Abbott signed Wednesday, as a way to enforce an existing ban. Abortion-rights advocates are bashing the law, saying it has the potential to turn abortion opponents, aggrieved former lovers and others into bounty hunters.

But it doesn't mean that organizations will stop sending pills into Texas.

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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 McKensey Smith, the group's deputy director.

Texas, the nation's second most populous state, accounts for about one-third of the pills The MAP prescribes.

Foster said that she expects other prescribers to keep sending the pills to Texas, too.

She still anticipates the law will have an impact: Women seeking abortion in Texas could stop telling others that they are planning to seek pills from out-of-state providers lest those confidants use the information to launch lawsuits.

"One of the effects will be to isolate abortion patients in fexas," oster 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







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02:17

'The most rewarding hobby I've ever had'

03:33

What's up on LI: Green Maritime Festival, Great 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)

ER The Washington Post

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This article was published more than **1 year ago**

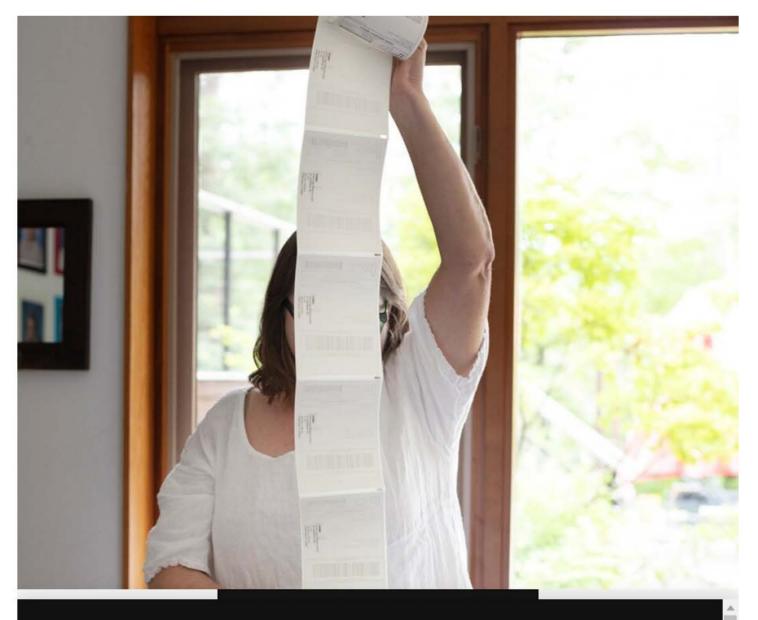
Abortion Tracking abortion laws by state Abortion on the ballot Before Roe Dobbs v. Jackson Women's Hea

Blue-state doctors launch abortion pill pipeline into states with bans

At least 3,500 doses have been shipped to antiabortion states since mid-June, a process enabled by new shield laws

July 19, 2023

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A doctor reviews mailing labels as she prepares to ship abortion pills from her home in New York's Hudson Valley. (Nadia Sablin for The Washington Post)



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.

Adv	ertisement	

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

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 — <u>have</u>

<u>mailed</u> 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.



"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."



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 misopristone 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 <u>history</u> 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 Valloy (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

Case 6:25-cv-01491-DCJ-DJA Document 1-107 Filed 10/06/25 Page 10 of 14 PageID

unsealed.



The doctor carries two boxes full of packages of abortion medication up from the basement of her home to

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 <u>Self-managed Abortion</u> 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.

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 Sablir for The Washington Post)



"They know me at the post office," says the doctor, who drops off packages of abortion medication daily

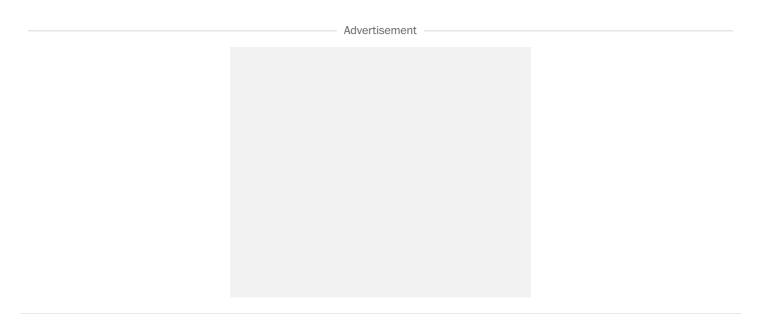
Providers also recognize that many patients prefer or require a surgical procedure to end their pregnancy instead of pills.

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.

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Prine founded the <u>Miscarriage and Abortion Hotline</u>, 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.



Eventually, the Aid Access providers fully expect Republicans to take a swing at their efforts.

"We're all like, 'Okay which one of us is going to be the case?" said the doctor in the Hudson Valley. "It's not if there will be lawsuits, it's when."

Jacobson said she trusts the Massachusetts courts to protect her.

"We have seven American providers who are stepping in and saying, 'You know what, we're not going to be intimidated," Jacobson said.

The providers are eagerly waiting for the shield law to pass in California.

Once that passes, the Hudson Valley doctor may no longer have to run a complex shipping operation from her basement. She'll likely be able to send her prescriptions to the pharmacy, just like she used to, she said.

For now, she said, she doesn't mind staying up until 1 a.m. to finish the packing.

"It feels like I'm giving a big middle finger to that part of the country that has

done this," she said.

U.S. abortion access, reproductive rights

Tracking abortion access in the United States: Since the Supreme Court struck down Roe v. Wade, the legality of abortion has been left to individual states. The Washington Post is tracking states where abortion is legal, banned or under threat.

Document 1-107

New report: The number of people who traveled across state lines to obtain an abortion declined in 2024 even as the total number of abortions remained steady, according to a report published by a research and advocacy group that favors abortion rights.

Abortion pills: A decision by a federal judge has revived the effort to limit access to the abortion pill mifepristone. The first legal swipe at the drug failed at the Supreme Court in 2024. Here's how mifepristone is used and the states where abortion pills are legal.

Abortion and the election: Here's how Americans in 10 states voted on ballot measures relating to abortion access and reproductive rights. Here's where President Donald Trump stands on abortion.

What readers are saying

The comments reflect strong support for reproductive rights and criticism of abortion restrictions, particularly in red states. Many commenters express admiration for the physicians and volunteers aiding women in accessing abortion pills, likening their efforts to a modern... Show more

This summary is Al-generated. Al can make mistakes and this summary is not a replacement for reading the comments.

All comments 2786

The U.S. fight over abortion

(III) HAND CURATED

States where abortion is legal, banned or under threat

March 5, 2025

EXHIBIT 108

Secretary Kennedy (@SecKennedy), X (Oct. 2, 2025, 5:44 PM)

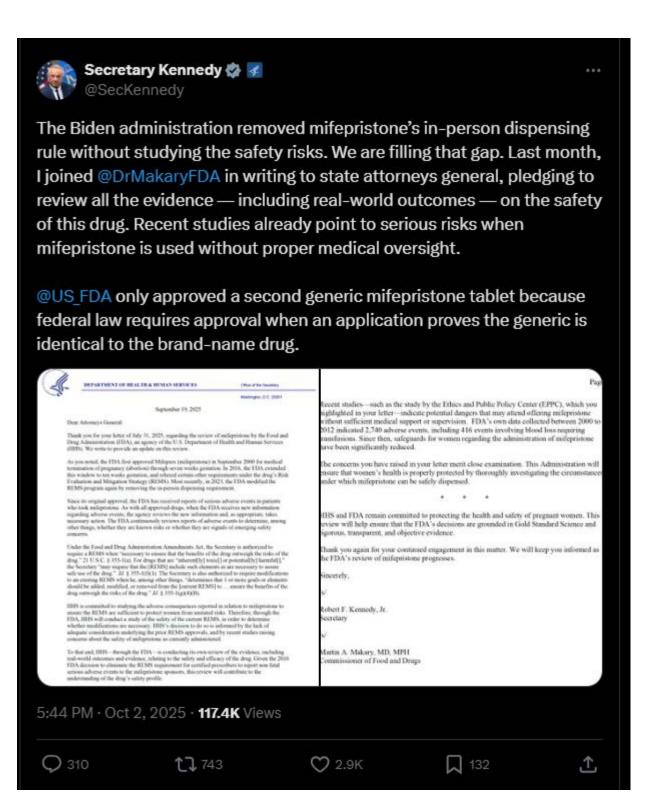


EXHIBIT 109

Evita Solutions,

Making Generic

Mifepristone Available

and Accessible Today

FDA Approved September 2025

Making generic mifepristone available and accessible today

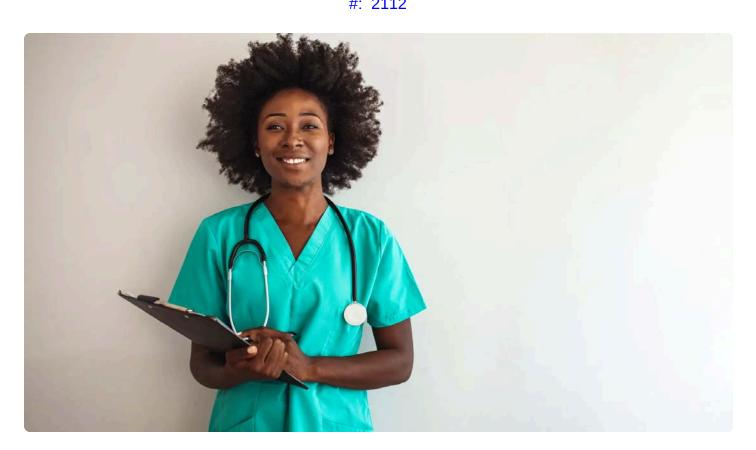
A new generic mifepristone product is coming soon. Evita Solutions LLC's Mifepristone Tablets, 200 mg was approved for use by the US Food and Drug Administration (FDA) in September 2025 for terminating an early pregnancy, up to 70 days from the first day of the last menstrual period.

Learn About Mifepristone

About Evita Solutions

FOR MEDIA & PRESCRIBER INQUIRIES

customerservice@evitasolutionsllc.com 866-718-0098



FDA Approved

A new FDA-approved generic mifepristone product coming soon

Mifepristone Tablets, 200 mg is used in combination with misoprostol for safe, effective medical abortion.

Medical abortion is 97% effective when Mifepristone Tablets, 200 mg is taken in combination with misoprostol. Mifepristone blocks the hormone needed for pregnancy to continue, and misoprostol causes contractions to expel the pregnancy from the body. Mifepristone has been approved for use in the U.S. since 2000.



For Providers

Mifepristone Tablets, 200 mg is only available under the FDA approved Mifepristone Risk Evaluation and Mitigation Strategy (REMS) Program. In order to prescribe Mifepristone Tablets, 200 mg, all providers are required to complete and sign our Prescriber Agreement and return a copy to our distributor to dispense Mifepristone Tablets, 200 mg directly, or to the certified pharmacy of your choice for pharmacy dispensing. Providers must meet the requirements of the Mifepristone REMS Program, which ensures certified prescribers will properly dispense and supervise dispensing of mifepristone.



For Pharmacists

Mifepristone is available only under the FDA approved Mifepristone Risk Evaluation and Mitigation Strategy (REMS) Program. To become a certified pharmacy and begin filling prescriptions for Evita Solutions LLC's Mifepristone Tablets, 200 mg, a pharmacy must be able to meet the requirements of the Mifepristone REMS Program. Certified pharmacies will be able to better serve their clients with pharmacy friendly packaging, simple ordering processes, and timely order fulfillment.



For Patients

Evita Solutions supports your decision about your pregnancy. If you choose to end a pregnancy, you have several options available. Medical abortion with mifepristone is an effective, safe way to terminate early pregnancy. Mifepristone Tablets, 200 mg is available with a prescription from certified healthcare providers, which you may obtain from an in-person visit or by telemedicine, if it's permitted where you seek abortion care. Your healthcare provider may give you a dose of Mifepristone Tablets, 200 mg or they may write a prescription to be filled by a certified pharmacy. Your prescription may require in-store pick-up or may be shipped by mail, depending on the certified pharmacy. Mifepristone Tablets, 200 mg is not available over the counter.



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We know reproductive rights are human rights

Medical abortion care is rife with medically unnecessary restrictions and social stigma in the United States. As a result, many people who choose to end a pregnancy may struggle to get the necessary care they need.

Evita Solutions believes that all people should have access to safe, affordable, high-quality, effective, and compassionate abortion care, regardless of their race, sex, gender, age, sexuality, income, or where they live. We know that you can make the best choice for your body.



Our Mission

We are committed to supporting individuals in making health care decisions by ensuring high-quality and affordable products, accurate information, and a trusted network of prescribers are available, when and where they are needed. Through our work, we assist the medical community in recognizing the utility and freedom that medical abortion provides patients, we seek to normalize abortion care, and we commit to making care accessible to all.



Our Vision

#: 2116
We envision a world where all people are empowered to exercise choice and self determination.

Accessible healthcare for all

Empowered decision making

Global reproductive rights

Important Safety Information

Mifepristone tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation.

WARNING: SERIOUS AND SOMETIMES FATAL INFECTIONS OR BLEEDING

Serious and sometimes fatal infections and bleeding occur very rarely following spontaneous, surgical, and medical abortions, including Mifepristone Tablets, 200 mg use. No causal relationship between the use of Mifepristone Tablets, 200 mg and misoprostol and these events has been established.

- Atypical Presentation of Infection. Patients with serious bacterial infections (e.g., Clostridium sordellii) and sepsis can present without fever, bacteremia or significant findings on pelvic examination. Very rarely, deaths have been reported in patients who presented without fever, with or without abdominal pain, but with leukocytosis with a marked left shift, tachycardia, hemoconcentration, and general malaise. A high index of suspicion is needed to rule out serious infection and sepsis.
- **Bleeding.** Prolonged and heavy bleeding may be a sign of incomplete abortion or other complications and prompt medical or surgical intervention may be needed. Advise patients to seek immediate medical attention if they experience prolonged heavy vaginal bleeding.

Because of the risks of serious complications detailed above, Mifepristone Tablets, 200 mg is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the Mifepristone REMS Program.

Before prescribing mifepristone, inform the patient about the risk of these serious events. Ensure the patient knows whom to call and what to do, including going to an Emergency Room if none of the provided contacts are reachable, if they experience sustained fever, severe abdominal pain, prolonged heavy bleeding, or syncope, or if they experience abdominal pain or discomfort, or general malaise (including weakness, nausea, vomiting, or diarrhea) for more than 24 hours after taking misoprostol.

Contraindications

Administration of Mifepristone Tablets, 200 mg and misoprostol for the termination of pregnancy (the "treatment procedure") is contraindicated in patients with any of the following conditions:

- Confirmed or suspected ectopic pregnancy or undiagnosed adnexal mass (the treatment procedure will not be effective to terminate an ectopic pregnancy)
- Chronic adrenal failure (risk of acute adrenal insufficiency)
- Concurrent long term corticosteroid therapy (risk of acute adrenal insufficiency)
- History of allergy to mifepristone, misoprostol, or other prostaglandins (allergic reactions including anaphylaxis, angioedema, rash, hives, and itching have been reported)
- Hemorrhagic disorders or concurrent anticoagulant therapy (risk of heavy bleeding)
- Inherited porphyrias (risk of worsening or of precipitation of attacks)

Use of Mifepristone Tablets, 200 mg and misoprostol for termination of intrauterine pregnancy is contraindicated in patients with an intrauterine device ("IUD") in place (the IUD might interfere with pregnancy termination). If the IUD is removed, mifepristone tablets, 200 mg may be used.

Warnings and Precautions

Infection and Sepsis

As with other types of abortion, cases of serious bacterial infection, including very rare cases of fatal septic shock, have been reported following the use of mifepristone tablets, 200 mg. Healthcare providers evaluating a patient who is undergoing a medical abortion should be alert to the possibility of this rare event. A sustained (> 4 hours) fever of 100.4°F or higher, severe abdominal pain, or pelvic tenderness in the days after a medical abortion may be an indication of infection.

A high index of suspicion is needed to rule out sepsis (e.g., from Clostridium sordellii if a patient reports abdominal pain or discomfort or general malaise (including weakness, nausea, vomiting, or diarrhea) more than 24 hours after taking misoprostol. Very rarely, deaths have been reported in patients who presented without fever, with or without abdominal pain, but with leukocytosis with a marked left shift, tachycardia, hemoconcentration, and general malaise. No causal relationship between Mifepristone Tablets, 200 mg and misoprostol use and an increased risk of infection or death has been established. Clostridium sordellii infections have also been reported very rarely following childbirth (vaginal delivery and caesarian section), and in other gynecologic and non gynecologic conditions.

Uterine Bleeding

Uterine bleeding occurs in almost all patients during a medical abortion. Prolonged heavy bleeding (soaking through two thick, full size sanitary pads per hour for two consecutive hours) may be a sign of incomplete abortion or other complications, and prompt medical or surgical intervention may be needed to prevent the development of hypovolemic shock. Counsel patients to seek immediate medical attention if they experience prolonged heavy vaginal bleeding following a medical abortion.

Women should expect to experience vaginal bleeding or spotting for an average of 9 to 16 days. Women report experiencing heavy bleeding for a median direction of 2 days. Up to 8% of all subjects may experience some type of bleeding for 30 days or more. In general, the duration of bleeding and spotting increased as the duration of the pregnancy increased.

Decreases in hemoglobin concentration, hematocrit, and red blood cell count may occur in patients who bleed heavily.

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Excessive uterine bleeding usually requires treatment by uterotonics, vasoconstrictor drugs, surgical uterine evacuation, administration of saline infusions, and/or blood transfusions. Based on data from several large clinical trials, vasoconstrictor drugs were used in 4.3% of all subjects, there was a decrease in hemoglobin of more than 2 g/dL in 5.5% of subjects, and blood transfusions were administered to \leq 0.1% of subjects. Because heavy bleeding requiring surgical uterine evacuation occurs in about 1% of patients, special care should be given to patients with hemostatic disorders, hypocoagulability, or severe anemia.

Mifepristone REMS Program

Mifepristone tablets, 200 mg is available only through a restricted program under a REMS called the Mifepristone REMS Program, because of the risks of serious complications.

Notable requirements of the Mifepristone REMS Program include the following:

- Prescribers must be certified with the program by completing the Prescriber Agreement Form.
- Patients must sign a Patient Agreement Form.
- Mifepristone tablets, 200 mg must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices and hospitals by or under the supervision of a certified prescriber.

Further information is available at 866 718 0098.

Ectopic Pregnancy

Mifepristone tablets, 200 mg is contraindicated in patients with a confirmed or suspected ectopic pregnancy because mifepristone is not effective for terminating ectopic pregnancies. Healthcare providers should remain alert to the possibility that a patient who is undergoing a medical abortion could have an undiagnosed ectopic pregnancy because some of the expected symptoms experienced with a medical abortion (abdominal pain, uterine bleeding) may be similar to those of a ruptured ectopic pregnancy. The presence of an ectopic pregnancy may have been missed even if the patient underwent ultrasonography prior to being prescribed Mifepristone tablets, 200 mg.

Patients who became pregnant with an IUD in place should be assessed for ectopic pregnancy.

Rhesus Immunization

The use of Mifepristone Tablets, 200 mg is assumed to require the same preventive measures as those taken prior to and during surgical abortion to prevent rhesus immunization.

Adverse Reactions

Most common adverse reactions (>15%) are nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness.

For additional information about mifepristone, see the <u>Full Prescribing Information</u>, including Boxed Warning.

EXHIBIT 110

Letter from Robert F. Kennedy, Jr., Secretary of Health and Human Services, to Attorneys General (Sept. 19, 2025)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the Secretary

Washington, D.C. 20201

September 19, 2025

Dear Attorneys General:

Thank you for your letter of July 31, 2025, regarding the review of mifepristone by the Food and Drug Administration (FDA), an agency of the U.S. Department of Health and Human Services (HHS). We write to provide an update on this review.

As you noted, the FDA first approved Mifeprex (mifepristone) in September 2000 for medical termination of pregnancy (abortion) through seven weeks gestation. In 2016, the FDA extended this window to ten weeks gestation, and relaxed certain other requirements under the drug's Risk Evaluation and Mitigation Strategy (REMS). Most recently, in 2023, the FDA modified the REMS program again by removing the in-person dispensing requirement.

Since its original approval, the FDA has received reports of serious adverse events in patients who took mifepristone. As with all approved drugs, when the FDA receives new information regarding adverse events, the agency reviews the new information and, as appropriate, takes necessary action. The FDA continuously reviews reports of adverse events to determine, among other things, whether they are known risks or whether they are signals of emerging safety concerns.

Under the Food and Drug Administration Amendments Act, the Secretary is authorized to require a REMS when "necessary to ensure that the benefits of the drug outweigh the risks of the drug." 21 U.S.C. § 355-1(a). For drugs that are "inherent[ly] toxic[] or potential[ly] harmful[]," the Secretary "may require that the [REMS] include such elements as are necessary to assure safe use of the drug." Id. § 355-1(f)(1). The Secretary is also authorized to require modifications to an existing REMS when he, among other things, "determines that 1 or more goals or elements should be added, modified, or removed from the [current REMS] to ... ensure the benefits of the drug outweigh the risks of the drug." Id. § 355-1(g)(4)(B).

HHS is committed to studying the adverse consequences reported in relation to mifepristone to ensure the REMS are sufficient to protect women from unstated risks. Therefore, through the FDA, HHS will conduct a study of the safety of the current REMS, in order to determine whether modifications are necessary. HHS's decision to do so is informed by the lack of adequate consideration underlying the prior REMS approvals, and by recent studies raising concerns about the safety of mifepristone as currently administered.

To that end, HHS-through the FDA-is conducting its own review of the evidence, including real-world outcomes and evidence, relating to the safety and efficacy of the drug. Given the 2016 FDA decision to eliminate the REMS requirement for certified prescribers to report non-fatal serious adverse events to the mifepristone sponsors, this review will contribute to the understanding of the drug's safety profile.

Page 2

Recent studies—such as the study by the Ethics and Public Policy Center (EPPC), which you highlighted in your letter-indicate potential dangers that may attend offering mifepristone without sufficient medical support or supervision. FDA's own data collected between 2000 to 2012 indicated 2,740 adverse events, including 416 events involving blood loss requiring transfusions. Since then, safeguards for women regarding the administration of mifepristone have been significantly reduced.

#: 2121

The concerns you have raised in your letter merit close examination. This Administration will ensure that women's health is properly protected by thoroughly investigating the circumstances under which mifepristone can be safely dispensed.

HHS and FDA remain committed to protecting the health and safety of pregnant women. This review will help ensure that the FDA's decisions are grounded in Gold Standard Science and rigorous, transparent, and objective evidence.

Thank you again for your continued engagement in this matter. We will keep you informed as the FDA's review of mifepristone progresses.

Sincerely,

/s/

Robert F. Kennedy, Jr. Secretary

/s/

Martin A. Makary, MD, MPH Commissioner of Food and Drugs