

## 2022 Kentucky Medicaid ASC Fee Schedule



Attached is the list of procedure codes that are covered for provider type 36.

If the procedure code has an ASC Payment Group the group is listed with the effective date and the allowed amount for the group.

A reminder, the dental procedure codes have an ASC Payment Group listed, but the reimbursement rule is not set up to use the ASC Payment group

The reimbursement rule is set up to look for a ASD rate (a provider percent rate found on the provider panel.

If the provider does not have a ASD percent rate, default pricing (45% of billed amount) is applied.)

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
00100	ANESTH SALIVARY GLAND	19941213	22991231		
00102	ANESTH REPAIR OF CLEFT LIP	19941213	22991231		
00103	ANESTH BLEPHAROPLASTY	19941213	22991231		
00104	ANESTH ELECTROSHOCK	19941213	22991231		
00120	ANESTH EAR SURGERY	19941213	22991231		
00124	ANESTH EAR EXAM	19941213	22991231		
00126	ANESTH TYMPANOTOMY	19941213	22991231		
00140	ANESTH PROCEDURES ON EYE	19941213	22991231		
00142	ANESTH LENS SURGERY	19941213	22991231		
00144	ANESTH CORNEAL TRANSPLANT	19941213	22991231		
00145	ANESTH VITREORETINAL SURG	19941213	22991231		
00147	ANESTH IRIDECTOMY	19941213	22991231		
00148	ANESTH EYE EXAM	19941213	22991231		
00160	ANESTH NOSE/SINUS SURGERY	19941213	22991231		
00162	ANESTH NOSE/SINUS SURGERY	19941213	22991231		
00164	ANESTH BIOPSY OF NOSE	19941213	22991231		
00170	ANESTH PROCEDURE ON MOUTH	19941213	22991231		
00172	ANESTH CLEFT PALATE REPAIR	19941213	22991231		
00174	ANESTH PHARYNGEAL SURGERY	19941213	22991231		
00190	ANESTH FACE/SKULL BONE SURG	19941213	22991231		
00210	ANESTH CRANIAL SURG NOS	19941213	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
00216	ANESTH HEAD VESSEL SURGERY	19941213	22991231		
00218	ANESTH SPECIAL HEAD SURGERY	19941213	22991231		
00220	ANESTH INTRCRN NERVE	19941213	22991231		
00222	ANESTH HEAD NERVE SURGERY	19941213	22991231		
00300	ANESTH HEAD/NECK/PTRUNK	19941213	22991231		
00320	ANESTH NECK ORGAN 1YR/>	19941213	22991231		
00322	ANESTH BIOPSY OF THYROID	19941213	22991231		
00350	ANESTH NECK VESSEL SURGERY	19941213	22991231		
00352	ANESTH NECK VESSEL SURGERY	19941213	22991231		
00400	ANESTH SKIN EXT/PER/ATRUNK	19941213	22991231		
00402	ANESTH SURGERY OF BREAST	19941213	22991231		
00404	ANESTH SURGERY OF BREAST	19941213	22991231		
00406	ANESTH SURGERY OF BREAST	19941213	22991231		
00410	ANESTH CORRECT HEART RHYTHM	19941213	22991231		
00450	ANESTH SURGERY OF SHOULDER	19941213	22991231		
00454	ANESTH COLLAR BONE BIOPSY	19941213	22991231		
00470	ANESTH REMOVAL OF RIB	19941213	22991231		
00472	ANESTH CHEST WALL REPAIR	19941213	22991231		
00500	ANESTH ESOPHAGEAL SURGERY	19941213	22991231		
00520	ANESTH CHEST PROCEDURE	19941213	22991231		
00522	ANESTH CHEST LINING BIOPSY	19941213	22991231		
00528	ANES MEDIASCPY & DX THORSCPY	19941213	22991231		
00530	ANESTH PACEMAKER INSERTION	19941213	22991231		
00532	ANESTH VASCULAR ACCESS	19941213	22991231		
00534	ANESTH CARDIOVERTER/DEFIB	19941213	22991231		
00548	ANESTH TRACHEA BRONCHI SURG	19941213	22991231		
00600	ANESTH SPINE CORD SURGERY	19941213	22991231		
00620	ANESTH SPINE CORD SURGERY	19941213	22991231		
00630	ANESTH SPINE CORD SURGERY	19941213	22991231		
00670	ANESTH SPINE CORD SURGERY	19941213	22991231		
00700	ANESTH ABDOMINAL WALL SURG	19941213	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
00702	ANESTH FOR LIVER BIOPSY	19941213	22991231		
00730	ANESTH ABDOMINAL WALL SURG	19941213	22991231		
00731	ANES UPR GI NDSC PX NOS	20180101	22991231		
00732	ANES UPR GI NDSC PX ERCP	20180101	22991231		
00750	ANESTH REPAIR OF HERNIA	19941213	22991231		
00752	ANESTH REPAIR OF HERNIA	19941213	22991231		
00754	ANESTH REPAIR OF HERNIA	19941213	22991231		
00756	ANESTH REPAIR OF HERNIA	19941213	22991231		
00770	ANESTH BLOOD VESSEL REPAIR	19941213	22991231		
00790	ANESTH SURG UPPER ABDOMEN	19941213	22991231		
00800	ANESTH ABDOMINAL WALL SURG	19941213	22991231		
00811	ANES LWR INTST NDSC NOS	20180101	22991231		
00812	ANES LWR INTST SCR COLSC	20180101	22991231		
00813	ANES UPR LWR GI NDSC PX	20180101	22991231		
00820	ANESTH ABDOMINAL WALL SURG	19941213	22991231		
00830	ANESTH REPAIR OF HERNIA	19941213	22991231		
00832	ANESTH REPAIR OF HERNIA	19941213	22991231		
00840	ANESTH SURG LOWER ABDOMEN	19941213	22991231		
00842	ANESTH AMNIOCENTESIS	19941213	22991231		
00860	ANESTH SURGERY OF ABDOMEN	19941213	22991231		
00862	ANESTH KIDNEY/URETER SURG	19941213	22991231		
00870	ANESTH BLADDER STONE SURG	19941213	22991231		
00872	ANESTH KIDNEY STONE DESTRUCT	19941213	22991231		
00873	ANESTH KIDNEY STONE DESTRUCT	19941213	22991231		
00880	ANESTH ABDOMEN VESSEL SURG	19941213	22991231		
00902	ANESTH ANORECTAL SURGERY	19941213	22991231		
00906	ANESTH REMOVAL OF VULVA	19941213	22991231		
00910	ANESTH BLADDER SURGERY	19941213	22991231		
00912	ANESTH BLADDER TUMOR SURG	19941213	22991231		
00914	ANESTH REMOVAL OF PROSTATE	19941213	22991231		
00916	ANESTH BLEEDING CONTROL	19941213	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
00918	ANESTH STONE REMOVAL	19941213	22991231		
00920	ANESTH GENITALIA SURGERY	19941213	22991231		
00922	ANESTH SPERM DUCT SURGERY	19941213	22991231		
00924	ANESTH TESTIS EXPLORATION	19941213	22991231		
00926	ANESTH REMOVAL OF TESTIS	19941213	22991231		
00928	ANESTH REMOVAL OF TESTIS	19941213	22991231		
00930	ANESTH TESTIS SUSPENSION	19941213	22991231		
00938	ANESTH INSERT PENIS DEVICE	19941213	22991231		
00940	ANESTH VAGINAL PROCEDURES	19941213	22991231		
00942	ANESTH SURG ON VAG/URETHRAL	19941213	22991231		
00948	ANESTH REPAIR OF CERVIX	19941213	22991231		
00950	ANESTH VAGINAL ENDOSCOPY	19941213	22991231		
00952	ANESTH HYSTEROSCOPE/GRAPH	19941213	22991231		
01120	ANESTH PELVIS SURGERY	19941213	22991231		
01130	ANESTH BODY CAST PROCEDURE	19941213	22991231		
01160	ANESTH PELVIS PROCEDURE	19941213	22991231		
01170	ANESTH PELVIS SURGERY	19941213	22991231		
01200	ANESTH HIP JOINT PROCEDURE	19941213	22991231		
01202	ANESTH ARTHROSCOPY OF HIP	19941213	22991231		
01210	ANESTH HIP JOINT SURGERY	19941213	22991231		
01220	ANESTH PROCEDURE ON FEMUR	19941213	22991231		
01230	ANESTH SURGERY OF FEMUR	19941213	22991231		
01250	ANESTH UPPER LEG SURGERY	19941213	22991231		
01260	ANESTH UPPER LEG VEINS SURG	19941213	22991231		
01270	ANESTH THIGH ARTERIES SURG	19941213	22991231		
01320	ANESTH KNEE AREA SURGERY	19941213	22991231		
01340	ANESTH KNEE AREA PROCEDURE	19941213	22991231		
01360	ANESTH KNEE AREA SURGERY	19941213	22991231		
01380	ANESTH KNEE JOINT PROCEDURE	19941213	22991231		
01382	ANESTH DX KNEE ARTHROSCOPY	19941213	22991231		
01390	ANESTH KNEE AREA PROCEDURE	19941213	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
01392	ANESTH KNEE AREA SURGERY	19941213	22991231		
01400	ANESTH KNEE JOINT SURGERY	19941213	22991231		
01420	ANESTH KNEE JOINT CASTING	19941213	22991231		
01430	ANESTH KNEE VEINS SURGERY	19941213	22991231		
01432	ANESTH KNEE VESSEL SURG	19941213	22991231		
01440	ANESTH KNEE ARTERIES SURG	19941213	22991231		
01462	ANESTH LOWER LEG PROCEDURE	19941213	22991231		
01464	ANESTH ANKLE/FT ARTHROSCOPY	19941213	22991231		
01470	ANESTH LOWER LEG SURGERY	19941213	22991231		
01472	ANESTH ACHILLES TENDON SURG	19941213	22991231		
01474	ANESTH LOWER LEG SURGERY	19941213	22991231		
01480	ANESTH LOWER LEG BONE SURG	19941213	22991231		
01482	ANESTH RADICAL LEG SURGERY	19941213	22991231		
01484	ANESTH LOWER LEG REVISION	19941213	22991231		
01490	ANESTH LOWER LEG CASTING	19941213	22991231		
01500	ANESTH LEG ARTERIES SURG	19941213	22991231		
01520	ANESTH LOWER LEG VEIN SURG	19941213	22991231		
01522	ANESTH LOWER LEG VEIN SURG	19941213	22991231		
01610	ANESTH SURGERY OF SHOULDER	19941213	22991231		
01620	ANESTH SHOULDER PROCEDURE	19941213	22991231		
01622	ANES DX SHOULDER ARTHROSCOPY	19941213	22991231		
01630	ANESTH SURGERY OF SHOULDER	19941213	22991231		
01650	ANESTH SHOULDER ARTERY SURG	19941213	22991231		
01670	ANESTH SHOULDER VEIN SURG	19941213	22991231		
01680	ANESTH SHOULDER CASTING	19941213	22991231		
01710	ANESTH ELBOW AREA SURGERY	19941213	22991231		
01712	ANESTH UPPR ARM TENDON SURG	19941213	22991231		
01714	ANESTH UPPR ARM TENDON SURG	19941213	22991231		
01716	ANESTH BICEPS TENDON REPAIR	19941213	22991231		
01730	ANESTH UPPR ARM PROCEDURE	19941213	22991231		
01732	ANESTH DX ELBOW ARTHROSCOPY	19941213	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
01740	ANESTH UPPER ARM SURGERY	19941213	22991231		
01742	ANESTH HUMERUS SURGERY	19941213	22991231		
01744	ANESTH HUMERUS REPAIR	19941213	22991231		
01758	ANESTH HUMERAL LESION SURG	19941213	22991231		
01760	ANESTH ELBOW REPLACEMENT	19941213	22991231		
01770	ANESTH UPPR ARM ARTERY SURG	19941213	22991231		
01772	ANESTH UPPR ARM EMBOLECTOMY	19941213	22991231		
01780	ANESTH UPPER ARM VEIN SURG	19941213	22991231		
01782	ANESTH UPPR ARM VEIN REPAIR	19941213	22991231		
01810	ANESTH LOWER ARM SURGERY	19941213	22991231		
01820	ANESTH LOWER ARM PROCEDURE	19941213	22991231		
01830	ANESTH LOWER ARM SURGERY	19941213	22991231		
01832	ANESTH WRIST REPLACEMENT	19941213	22991231		
01840	ANESTH LWR ARM ARTERY SURG	19941213	22991231		
01842	ANESTH LWR ARM EMBOLECTOMY	19941213	22991231		
01844	ANESTH VASCULAR SHUNT SURG	19941213	22991231		
01850	ANESTH LOWER ARM VEIN SURG	19941213	22991231		
01852	ANESTH LWR ARM VEIN REPAIR	19941213	22991231		
01860	ANESTH LOWER ARM CASTING	19941213	22991231		
01916	ANESTH DX ARTERIOGRAPHY	19941213	22991231		
01920	ANESTH CATHETERIZE HEART	19941213	22991231		
01922	ANESTH CAT OR MRI SCAN	19941213	22991231		
01935	ANESTH PERC IMG DX SP PROC	20080101	22991231		
01936	ANESTH PERC IMG TX SP PROC	20080101	22991231		
01996	HOSP MANAGE CONT DRUG ADMIN	19941213	22991231		
01999	UNLISTED ANESTH PROCEDURE	19850501	22991231		
10004	FNA BX W/O IMG GDN EA ADDL	20190101	22991231		
10005	FNA BX W/US GDN 1ST LES	20190101	22991231		
10006	FNA BX W/US GDN EA ADDL	20190101	22991231		
10007	FNA BX W/FLUOR GDN 1ST LES	20190101	22991231		
10008	FNA BX W/FLUOR GDN EA ADDL	20190101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
10009	FNA BX W/CT GDN 1ST LES	20190101	22991231		
10010	FNA BX W/CT GDN EA ADDL	20190101	22991231		
10011	FNA BX W/MR GDN 1ST LES	20190101	22991231		
10012	FNA BX W/MR GDN EA ADDL	20190101	22991231		
10021	FNA BX W/O IMG GDN 1ST LES	20020101	22991231	1	307.38
10040	ACNE SURGERY	19780101	22991231	1	307.38
10060	DRAINAGE OF SKIN ABSCESS	19780101	22991231	1	307.38
10061	DRAINAGE OF SKIN ABSCESS	19780101	22991231	1	307.38
10080	DRAINAGE OF PILONIDAL CYST	19780101	22991231	1	307.38
10081	DRAINAGE OF PILONIDAL CYST	19780101	22991231	4	582.25
10120	REMOVE FOREIGN BODY	19780101	22991231	1	307.38
10121	REMOVE FOREIGN BODY	19780101	22991231	2	412.79
10140	DRAINAGE OF HEMATOMA/FLUID	19780101	22991231	1	307.38
10160	PUNCTURE DRAINAGE OF LESION	19780101	22991231	1	307.38
10180	COMPLEX DRAINAGE WOUND	19811001	22991231	2	412.79
11000	DEBRIDE INFECTED SKIN	19780101	22991231		
11001	DEBRIDE INFECTED SKIN ADD-ON	19780101	22991231	1	307.38
11010	DEBRIDE SKIN AT FX SITE	19970101	22991231	2	412.79
11011	DEBRIDE SKIN MUSC AT FX SITE	19970101	22991231	2	412.79
11012	DEB SKIN BONE AT FX SITE	19970101	22991231	2	412.79
11042	DEB SUBQ TISSUE 20 SQ CM/<	19840501	22991231	2	412.79
11043	DEB MUSC/FASCIA 20 SQ CM/<	19811001	22991231	2	412.79
11044	DEB BONE 20 SQ CM/<	19811001	22991231	2	412.79
11045	DEB SUBQ TISSUE ADD-ON	20110101	22991231	2	412.79
11046	DEB MUSC/FASCIA ADD-ON	20110101	22991231	2	412.79
11047	DEB BONE ADD-ON	20110101	22991231	2	412.79
11055	TRIM SKIN LESION	19980101	22991231	1	307.38
11056	TRIM SKIN LESIONS 2 TO 4	19980101	22991231	1	307.38
11057	TRIM SKIN LESIONS OVER 4	19980101	22991231	1	307.38
11102	TANGNTL BX SKIN SINGLE LES	20190101	22991231		
11103	TANGNTL BX SKIN EA SEP/ADDL	20190101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
11104	PUNCH BX SKIN SINGLE LESION	20190101	22991231		
11105	PUNCH BX SKIN EA SEP/ADDL	20190101	22991231		
11106	INCAL BX SKN SINGLE LES	20190101	22991231		
11107	INCAL BX SKN EA SEP/ADDL	20190101	22991231		
11200	REMOVAL OF SKIN TAGS <W/15	19840501	22991231	1	307.38
11201	REMOVE SKIN TAGS ADD-ON	19811001	22991231	1	307.38
11300	SHAVE SKIN LESION 0.5 CM/<	19930101	22991231	1	307.38
11301	SHAVE SKIN LESION 0.6-1.0 CM	19930101	22991231	1	307.38
11302	SHAVE SKIN LESION 1.1-2.0 CM	19930101	22991231	1	307.38
11303	SHAVE SKIN LESION >2.0 CM	19930101	22991231	1	307.38
11305	SHAVE SKIN LESION 0.5 CM/<	19930101	22991231	1	307.38
11306	SHAVE SKIN LESION 0.6-1.0 CM	19930101	22991231	1	307.38
11307	SHAVE SKIN LESION 1.1-2.0 CM	19930101	22991231	2	412.79
11308	SHAVE SKIN LESION >2.0 CM	19930101	22991231	1	307.38
11310	SHAVE SKIN LESION 0.5 CM/<	19930101	22991231	1	307.38
11311	SHAVE SKIN LESION 0.6-1.0 CM	19930101	22991231	1	307.38
11312	SHAVE SKIN LESION 1.1-2.0 CM	19930101	22991231	1	307.38
11313	SHAVE SKIN LESION >2.0 CM	19930101	22991231	1	307.38
11400	EXC TR-EXT B9+MARG 0.5 CM<	19780101	22991231	1	307.38
11401	EXC TR-EXT B9+MARG 0.6-1 CM	19780101	22991231	1	307.38
11402	EXC TR-EXT B9+MARG 1.1-2 CM	19780101	22991231	3	471.9
11403	EXC TR-EXT B9+MARG 2.1-3CM	19780101	22991231		
11404	EXC TR-EXT B9+MARG 3.1-4 CM	19780101	22991231	1	307.38
11406	EXC TR-EXT B9+MARG >4.0 CM	19780101	22991231	2	412.79
11420	EXC H-F-NK-SP B9+MARG 0.5/<	19780101	22991231	1	307.38
11421	EXC H-F-NK-SP B9+MARG 0.6-1	19780101	22991231	1	307.38
11422	EXC H-F-NK-SP B9+MARG 1.1-2	19780101	22991231		
11423	EXC H-F-NK-SP B9+MARG 2.1-3	19780101	22991231		
11424	EXC H-F-NK-SP B9+MARG 3.1-4	19780101	22991231	2	412.79
11426	EXC H-F-NK-SP B9+MARG >4 CM	19780101	22991231	2	412.79
11440	EXC FACE-MM B9+MARG 0.5 CM/<	19780101	22991231		



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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
11441	EXC FACE-MM B9+MARG 0.6-1 CM	19780101	22991231	3	471.9
11442	EXC FACE-MM B9+MARG 1.1-2 CM	19780101	22991231	3	471.9
11443	EXC FACE-MM B9+MARG 2.1-3 CM	19780101	22991231	3	471.9
11444	EXC FACE-MM B9+MARG 3.1-4 CM	19780101	22991231	1	307.38
11446	EXC FACE-MM B9+MARG >4 CM	19780101	22991231	2	412.79
11450	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11451	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11462	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11463	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11470	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11471	REMOVAL SWEAT GLAND LESION	19811001	22991231	2	412.79
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	19780101	22991231	3	471.9
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	19780101	22991231	3	471.9
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	19780101	22991231	4	582.25
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	19780101	22991231	1	307.38
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	19780101	22991231	2	412.79
11606	EXC TR-EXT MAL+MARG >4 CM	19780101	22991231	2	412.79
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	19780101	22991231	3	471.9
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	19780101	22991231	3	471.9
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	19780101	22991231	4	582.25
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	19780101	22991231	4	582.25
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	19780101	22991231	2	412.79
11626	EXC S/N/H/F/G MAL+MRG >4 CM	19780101	22991231	2	412.79
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	19780101	22991231	3	471.9
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	19780101	22991231	4	582.25
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	19780101	22991231	4	582.25
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	19780101	22991231	1	307.38
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	19780101	22991231	2	412.79
11646	EXC F/E/E/N/L MAL+MRG >4 CM	19780101	22991231	2	412.79
11719	TRIM NAIL(S) ANY NUMBER	19980101	22991231	1	307.38
11720	DEBRIDE NAIL 1-5	19970101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
11721	DEBRIDE NAIL 6 OR MORE	19970101	22991231	1	307.38
11730	REMOVAL OF NAIL PLATE	19780101	22991231	1	307.38
11732	REMOVE NAIL PLATE ADD-ON	19811001	22991231	1	307.38
11740	DRAIN BLOOD FROM UNDER NAIL	19811001	22991231	1	307.38
11750	REMOVAL OF NAIL BED	19780101	22991231	3	471.9
11755	BIOPSY NAIL UNIT	19940101	22991231	1	307.38
11760	REPAIR OF NAIL BED	19811001	22991231	2	412.79
11762	RECONSTRUCTION OF NAIL BED	19811001	22991231		
11765	EXCISION OF NAIL FOLD TOE	19890401	22991231	1	307.38
11770	REMOVE PILONIDAL CYST SIMPLE	19811001	22991231	3	471.9
11771	REMOVE PILONIDAL CYST EXTEN	19831001	22991231	3	471.9
11772	REMOVE PILONIDAL CYST COMPL	19811001	22991231	3	471.9
11920	CORRECT SKIN COLOR 6.0 CM/<	20050101	22991231	3	471.9
11954	TX CONTOUR DEFECTS >10.0 CC	19880912	22991231	1	307.38
11960	INSERT TISSUE EXPANDER(S)	19780101	22991231	2	412.79
11970	REPLACE TISSUE EXPANDER	19811001	22991231	3	471.9
11971	REMOVE TISSUE EXPANDER(S)	19880501	22991231	1	307.38
11976	REMOVE CONTRACEPTIVE CAPSULE	19910701	22991231	1	307.38
11980	IMPLANT HORMONE PELLETT(S)	20000101	22991231	1	307.38
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	19780101	22991231	1	307.38
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM	19781001	22991231	1	307.38
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM	19781001	22991231	1	307.38
12005	RPR S/N/A/GEN/TRK12.6-20.0CM	19811001	22991231	1	307.38
12006	RPR S/N/A/GEN/TRK20.1-30.0CM	19811001	22991231	1	307.38
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	19781001	22991231	1	307.38
12011	RPR F/E/E/N/L/M 2.5 CM/<	19780101	22991231	1	307.38
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	19811001	22991231	1	307.38
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	19811001	22991231	1	307.38
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	19811001	22991231	1	307.38
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	19811001	22991231		
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	19811001	22991231	1	307.38

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
12018	RPR F/E/E/N/L/M >30.0 CM	19811001	22991231	2	412.79
12020	CLOSURE OF SPLIT WOUND	19811001	22991231	1	307.38
12021	CLOSURE OF SPLIT WOUND	19811001	22991231	1	307.38
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	19811001	22991231	3	471.9
12032	INTMD RPR S/A/T/EXT 2.6-7.5	19811001	22991231	3	471.9
12034	INTMD RPR S/TR/EXT 7.6-12.5	19811001	22991231	2	412.79
12035	INTMD RPR S/A/T/EXT 12.6-20	19811001	22991231	2	412.79
12036	INTMD RPR S/A/T/EXT 20.1-30	19811001	22991231	2	412.79
12037	INTMD RPR S/TR/EXT >30.0 CM	19811001	22991231	2	412.79
12041	INTMD RPR N-HF/GENIT 2.5CM/<	19811001	22991231		
12042	INTMD RPR N-HF/GENIT2.6-7.5	19811001	22991231	3	471.9
12044	INTMD RPR N-HF/GENIT7.6-12.5	19811001	22991231	2	412.79
12045	INTMD RPR N-HF/GENIT12.6-20	19811001	22991231	2	412.79
12046	INTMD RPR N-HF/GENIT20.1-30	19811001	22991231	2	412.79
12047	INTMD RPR N-HF/GENIT >30.0CM	19900701	22991231	2	412.79
12051	INTMD RPR FACE/MM 2.5 CM/<	19811001	22991231	3	471.9
12052	INTMD RPR FACE/MM 2.6-5.0 CM	19811001	22991231	3	471.9
12053	INTMD RPR FACE/MM 5.1-7.5 CM	19811001	22991231	3	471.9
12054	INTMD RPR FACE/MM 7.6-12.5CM	19811001	22991231	2	412.79
12055	INTMD RPR FACE/MM 12.6-20 CM	19811001	22991231	2	412.79
12056	INTMD RPR FACE/MM 20.1-30.0	19811001	22991231	2	412.79
12057	INTMD RPR FACE/MM >30.0 CM	19811001	22991231	2	412.79
13100	CMPLX RPR TRUNK 1.1-2.5 CM	19780101	22991231	2	412.79
13101	CMPLX RPR TRUNK 2.6-7.5 CM	19780101	22991231	3	471.9
13102	CMPLX RPR TRUNK ADDL 5CM/<	20000101	22991231	1	307.38
13120	CMPLX RPR S/A/L 1.1-2.5 CM	19780101	22991231		
13121	CMPLX RPR S/A/L 2.6-7.5 CM	19780101	22991231	3	471.9
13122	CMPLX RPR S/A/L ADDL 5 CM/>	20000101	22991231	1	307.38
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	19780101	22991231	2	412.79
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	19780101	22991231	3	471.9
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	20000101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	19780101	22991231	3	471.9
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	19780101	22991231	3	471.9
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	20000101	22991231	3	471.9
13160	LATE CLOSURE OF WOUND	19811001	22991231	2	412.79
14000	TIS TRNFR TRUNK 10 SQ CM/<	19780101	22991231	2	412.79
14001	TIS TRNFR TRUNK 10.1-30SQCM	19811001	22991231	3	471.9
14020	TIS TRNFR S/A/L 10 SQ CM/<	19811001	22991231	3	471.9
14021	TIS TRNFR S/A/L 10.1-30 SQCM	19811001	22991231	3	471.9
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	19780101	22991231	2	412.79
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	19811001	22991231	3	471.9
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	19811001	22991231	3	471.9
14061	TIS TRNFR E/N/E/L10.1-30SQCM	19811001	22991231	3	471.9
14301	TIS TRNFR ANY 30.1-60 SQ CM	20100101	22991231	3	471.9
14302	TIS TRNFR ADDL 30 SQ CM	20100101	22991231	3	471.9
14350	FILLETED FINGER/TOE FLAP	19811001	22991231	3	471.9
15002	WOUND PREP TRK/ARM/LEG	20070101	22991231	2	412.79
15004	WOUND PREP F/N/HF/G	20070101	22991231	3	471.9
15050	SKIN PINCH GRAFT	19780101	22991231	2	412.79
15100	SKIN SPLT GRFT TRNK/ARM/LEG	19780101	22991231	2	412.79
15101	SKIN SPLT GRFT T/A/L ADD-ON	19780101	22991231	3	471.9
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	20060101	22991231	2	412.79
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	20060101	22991231	1	307.38
15115	EPIDRM A-GRFT FACE/NCK/HF/G	20060101	22991231	2	412.79
15116	EPIDRM A-GRFT F/N/HF/G ADDL	20060101	22991231	1	307.38
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	19780101	22991231	2	412.79
15121	SKN SPLT A-GRFT F/N/HF/G ADD	19780101	22991231	3	471.9
15130	DERM AUTOGRAFT TRNK/ARM/LEG	20060101	22991231	2	412.79
15131	DERM AUTOGRAFT T/A/L ADD-ON	19971101	22991231	8	911.55
15135	DERM AUTOGRAFT FACE/NCK/HF/G	20060101	22991231	2	412.79
15150	CULT SKIN GRFT T/ARM/LEG	20060101	22991231	2	412.79
15151	CULT SKIN GRFT T/A/L ADDL	20060101	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
15152	CULT SKIN GRAFT T/A/L +%	20060101	22991231	1	307.38
15155	CULT SKIN GRAFT F/N/HF/G	20060101	22991231	2	412.79
15156	CULT SKIN GRFT F/N/HFG ADD	20060101	22991231	1	307.38
15157	CULT EPIDERM GRFT F/N/HFG +%	20060101	22991231	1	307.38
15200	SKIN FULL GRAFT TRUNK	19780101	22991231	3	471.9
15201	SKIN FULL GRAFT TRUNK ADD-ON	19811001	22991231	2	412.79
15220	SKIN FULL GRAFT SCLP/ARM/LEG	19780101	22991231		
15221	SKIN FULL GRAFT ADD-ON	19811001	22991231	2	412.79
15240	SKIN FULL GRFT FACE/GENIT/HF	19780101	22991231	3	471.9
15241	SKIN FULL GRAFT ADD-ON	19811001	22991231	3	471.9
15260	SKIN FULL GRAFT EEN & LIPS	19780101	22991231	2	412.79
15261	SKIN FULL GRAFT ADD-ON	19811001	22991231		
15271	SKIN SUB GRAFT TRNK/ARM/LEG	20120101	22991231	2	412.79
15272	SKIN SUB GRAFT T/A/L ADD-ON	20120101	22991231	2	412.79
15273	SKIN SUB GRFT T/ARM/LG CHILD	20120101	22991231	1	307.38
15274	SKN SUB GRFT T/A/L CHILD ADD	20120101	22991231	2	412.79
15275	SKIN SUB GRAFT FACE/NK/HF/G	20120101	22991231	2	412.79
15276	SKIN SUB GRAFT F/N/HF/G ADDL	20120101	22991231	2	412.79
15277	SKN SUB GRFT F/N/HF/G CHILD	20120101	22991231	4	582.25
15278	SKN SUB GRFT F/N/HF/G CH ADD	20120101	22991231	2	412.79
15570	SKIN PEDICLE FLAP TRUNK	19920115	22991231	3	471.9
15572	SKIN PEDICLE FLAP ARMS/LEGS	19920115	22991231	3	471.9
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	19920115	22991231	3	471.9
15576	PEDICLE E/N/E/L/NTRORAL	19920115	22991231	3	471.9
15600	DELAY FLAP TRUNK	19780101	22991231	3	471.9
15610	DELAY FLAP ARMS/LEGS	19780101	22991231	3	471.9
15620	DELAY FLAP F/C/C/N/AX/G/H/F	19780101	22991231	4	582.25
15630	DELAY FLAP EYE/NOS/EAR/LIP	19780101	22991231	3	471.9
15650	TRANSFER SKIN PEDICLE FLAP	19811001	22991231	5	664.02
15730	MDFC FLAP W/PRSRV VASC PEDCL	20180101	22991231		
15731	FOREHEAD FLAP W/VASC PEDICLE	20070101	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
15733	MUSC MYOQ/FSCQ FLP H&N PEDCL	20180101	22991231		
15734	MUSCLE-SKIN GRAFT TRUNK	19900401	22991231	3	471.9
15736	MUSCLE-SKIN GRAFT ARM	19900401	22991231	3	471.9
15738	MUSCLE-SKIN GRAFT LEG	19900401	22991231	3	471.9
15740	ISLAND PEDICLE FLAP GRAFT	19811001	22991231	2	412.79
15750	NEUROVASCULAR PEDICLE FLAP	19811001	22991231	2	412.79
15760	COMPOSITE SKIN GRAFT	19780101	22991231	2	412.79
15769	GRFG AUTOL SOFT TISS DIR EXC	20200101	22991231		
15770	DERMA-FAT-FASCIA GRAFT	19780101	22991231	3	471.9
15771	GRFG AUTOL FAT LIPO 50 CC/<	20200101	22991231		
15772	GRFG AUTOL FAT LIPO EA ADDL	20200101	22991231		
15773	GRFG AUTOL FAT LIPO 25 CC/<	20200101	22991231		
15774	GFRG AUTOL FAT LIPO EA ADDL	20200101	22991231		
15777	ACELLULAR DERM MATRIX IMPLT	20120101	22991231	8	911.55
15780	DERMABRASION TOTAL FACE	19780101	22991231	7	921.15
15781	DERMABRASION SEGMENTAL FACE	19900701	22991231	4	582.25
15783	DERMABRASION SUPRFL ANY SITE	19880501	22991231	3	471.9
15786	ABRASION LESION SINGLE	19811001	22991231	1	307.38
15787	ABRASION LESIONS ADD-ON	19811001	22991231	1	307.38
15788	CHEMICAL PEEL FACE EPIDERM	19940101	22991231	1	307.38
15789	CHEMICAL PEEL FACE DERMAL	19940101	22991231	1	307.38
15792	CHEMICAL PEEL NONFACIAL	19940101	22991231	1	307.38
15793	CHEMICAL PEEL NONFACIAL	19940101	22991231	1	307.38
15819	PLASTIC SURGERY NECK	19811001	22991231	3	471.9
15820	REVISION OF LOWER EYELID	19780101	22991231	3	471.9
15821	REVISION OF LOWER EYELID	19811001	22991231	3	471.9
15822	REVISION OF UPPER EYELID	19780101	22991231	3	471.9
15823	REVISION OF UPPER EYELID	19811001	22991231	5	664.02
15824	REMOVAL OF FOREHEAD WRINKLES	19780101	22991231	3	471.9
15825	REMOVAL OF NECK WRINKLES	19811001	22991231		
15826	REMOVAL OF BROW WRINKLES	19780101	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
15828	REMOVAL OF FACE WRINKLES	19780101	22991231	3	471.9
15829	REMOVAL OF SKIN WRINKLES	19811001	22991231	5	664.02
15830	EXC SKIN ABD	20070101	22991231	3	471.9
15832	EXCISE EXCESSIVE SKIN THIGH	19811001	22991231	3	471.9
15833	EXCISE EXCESSIVE SKIN LEG	19811001	22991231	3	471.9
15834	EXCISE EXCESSIVE SKIN HIP	19811001	22991231	3	471.9
15835	EXCISE EXCESSIVE SKIN BUTTCK	19811001	22991231		
15836	EXCISE EXCESSIVE SKIN ARM	19811001	22991231	8	911.55
15837	EXCISE EXCESS SKIN ARM/HAND	19811001	22991231	8	911.55
15838	EXCISE EXCESS SKIN FAT PAD	19811001	22991231	8	911.55
15839	EXCISE EXCESS SKIN & TISSUE	19811001	22991231	8	911.55
15840	NERVE PALSY FASCIAL GRAFT	19780101	22991231	4	582.25
15841	NERVE PALSY MUSCLE GRAFT	19811001	22991231	4	582.25
15842	NERVE PALSY MICROSURG GRAFT	19811001	22991231	4	582.25
15845	SKIN AND MUSCLE REPAIR FACE	19780101	22991231	4	582.25
15847	EXC SKIN ABD ADD-ON	20070101	22991231	3	471.9
15850	REMOVE SUTURES SAME SURGEON	19890401	22991231	3	471.9
15851	REMOVE SUTURES DIFF SURGEON	19811001	22991231	1	307.38
15852	DRESSING CHANGE NOT FOR BURN	19890401	22991231	1	307.38
15860	TEST FOR BLOOD FLOW IN GRAFT	19811001	22991231	1	307.38
15876	SUCTION LIPECTOMY HEAD&NECK	20020101	22991231	3	471.9
15877	SUCTION LIPECTOMY TRUNK	20030401	22991231	3	471.9
15878	SUCTION LIPECTOMY UPR EXTREM	20030401	22991231	3	471.9
15879	SUCTION LIPECTOMY LWR EXTREM	20030401	22991231	3	471.9
15920	REMOVAL OF TAIL BONE ULCER	19780101	22991231	3	471.9
15922	REMOVAL OF TAIL BONE ULCER	19811001	22991231	4	582.25
15931	REMOVE SACRUM PRESSURE SORE	19811001	22991231	3	471.9
15933	REMOVE SACRUM PRESSURE SORE	19811001	22991231	3	471.9
15934	REMOVE SACRUM PRESSURE SORE	19780101	22991231	3	471.9
15935	REMOVE SACRUM PRESSURE SORE	19811001	22991231	4	582.25
15936	REMOVE SACRUM PRESSURE SORE	19811001	22991231	4	582.25

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
15937	REMOVE SACRUM PRESSURE SORE	19811001	22991231	4	582.25
15940	REMOVE HIP PRESSURE SORE	19780101	22991231	3	471.9
15941	REMOVE HIP PRESSURE SORE	19811001	22991231	3	471.9
15944	REMOVE HIP PRESSURE SORE	19811001	22991231	3	471.9
15945	REMOVE HIP PRESSURE SORE	19811001	22991231	4	582.25
15946	REMOVE HIP PRESSURE SORE	19811001	22991231	4	582.25
15950	REMOVE THIGH PRESSURE SORE	19811001	22991231	3	471.9
15951	REMOVE THIGH PRESSURE SORE	19811001	22991231	4	582.25
15952	REMOVE THIGH PRESSURE SORE	19811001	22991231	3	471.9
15953	REMOVE THIGH PRESSURE SORE	19811001	22991231	4	582.25
15956	REMOVE THIGH PRESSURE SORE	19811001	22991231	3	471.9
15958	REMOVE THIGH PRESSURE SORE	19811001	22991231		
16000	INITIAL TREATMENT OF BURN(S)	19780101	22991231	1	307.38
16020	DRESS/DEBRID P-THICK BURN S	19780101	22991231	1	307.38
16025	DRESS/DEBRID P-THICK BURN M	19780101	22991231	2	412.79
16030	DRESS/DEBRID P-THICK BURN L	19780101	22991231	2	412.79
16035	INCISION OF BURN SCAB INITI	19811001	22991231	2	412.79
17000	DESTRUCT PREMALG LESION	19780101	22991231	1	307.38
17003	DESTRUCT PREMALG LES 2-14	19980101	22991231	1	307.38
17004	DESTROY PREMAL LESIONS 15/>	19980101	22991231	1	307.38
17106	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17107	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17108	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17110	DESTRUCT B9 LESION 1-14	19780101	22991231	1	307.38
17111	DESTRUCT LESION 15 OR MORE	20140101	22991231	1	307.38
17250	CHEM CAUT OF GRANLTJ TISSUE	19811001	22991231	1	307.38
17260	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17261	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17262	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17263	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17264	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
17266	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17270	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17271	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17272	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17273	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17274	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17276	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17280	DESTRUCTION OF SKIN LESIONS	19920115	22991231	1	307.38
17281	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17282	DESTRUCTION OF SKIN LESIONS	19920115	22991231		
17283	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17284	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17286	DESTRUCTION OF SKIN LESIONS	19920115	22991231	3	471.9
17340	CRYOTHERAPY OF SKIN	19780101	22991231	1	307.38
17360	SKIN PEEL THERAPY	19811001	22991231	1	307.38
17999	SKIN TISSUE PROCEDURE	19831115	22991231		
19000	DRAINAGE OF BREAST LESION	19780101	22991231	1	307.38
19001	DRAIN BREAST LESION ADD-ON	19811001	22991231	1	307.38
19020	INCISION OF BREAST LESION	19780101	22991231	2	412.79
19030	INJECTION FOR BREAST X-RAY	19811001	22991231	1	307.38
19100	BX BREAST PERCUT W/O IMAGE	19811001	22991231	1	307.38
19101	BIOPSY OF BREAST OPEN	19780101	22991231	2	412.79
19110	NIPPLE EXPLORATION	19871201	22991231	2	412.79
19112	EXCISE BREAST DUCT FISTULA	19871201	22991231	3	471.9
19120	REMOVAL OF BREAST LESION	19780101	22991231	3	471.9
19125	EXCISION BREAST LESION	19940101	22991231	3	471.9
19126	EXCISION ADDL BREAST LESION	19940101	22991231	3	471.9
19294	PREP TUM CAV IORT PRTL MAST	20180101	22991231		
19300	REMOVAL OF BREAST TISSUE	20070101	22991231	4	582.25
19301	PARTIAL MASTECTOMY	20070101	22991231	3	471.9
19302	P-MASTECTOMY W/LN REMOVAL	20070101	22991231	7	921.15

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
19303	MAST SIMPLE COMPLETE	20070101	22991231	4	582.25
19316	SUSPENSION OF BREAST	19811001	22991231	4	582.25
19318	REDUCTION OF LARGE BREAST	19840501	22991231	4	582.25
19325	ENLARGE BREAST WITH IMPLANT	19811001	22991231		
19328	REMOVAL OF BREAST IMPLANT	19811001	22991231	1	307.38
19330	REMOVAL OF IMPLANT MATERIAL	19811001	22991231	1	307.38
19340	IMMEDIATE BREAST PROSTHESIS	19811001	22991231	2	412.79
19342	DELAYED BREAST PROSTHESIS	19811001	22991231	3	471.9
19350	BREAST RECONSTRUCTION	19811001	22991231	4	582.25
19355	CORRECT INVERTED NIPPLE(S)	20030401	22991231	4	582.25
19357	BREAST RECONSTRUCTION	19920115	22991231	5	664.02
19370	SURGERY OF BREAST CAPSULE	19811001	22991231	4	582.25
19371	REMOVAL OF BREAST CAPSULE	19811001	22991231	4	582.25
19380	REVISE BREAST RECONSTRUCTION	19811001	22991231	5	664.02
19396	DESIGN CUSTOM BREAST IMPLANT	19811001	22991231	4	582.25
19499	BREAST SURGERY PROCEDURE	19831115	22991231		
20100	EXPLORE WOUND NECK	19960101	22991231	3	471.9
20101	EXPLORE WOUND CHEST	19960101	22991231		
20102	EXPLORE WOUND ABDOMEN	19960101	22991231		
20103	EXPLORE WOUND EXTREMITY	19960101	22991231	2	412.79
20150	EXCISE EPIPHYSEAL BAR	19970101	22991231	4	582.25
20200	MUSCLE BIOPSY	19780101	22991231	2	412.79
20205	DEEP MUSCLE BIOPSY	19780101	22991231	3	471.9
20220	BONE BIOPSY TROCAR/NEEDLE	19811001	22991231	6	775.59
20225	BONE BIOPSY TROCAR/NEEDLE	19780101	22991231	2	412.79
20240	BONE BIOPSY OPEN SUPERFICIAL	19811001	22991231	2	412.79
20245	BONE BIOPSY OPEN DEEP	19811001	22991231	3	471.9
20250	OPEN BONE BIOPSY	19811001	22991231	3	471.9
20251	OPEN BONE BIOPSY	19811001	22991231	3	471.9
20500	INJECTION OF SINUS TRACT	19780101	22991231	1	307.38
20501	INJECT SINUS TRACT FOR X-RAY	19811001	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
20520	REMOVAL OF FOREIGN BODY	19811001	22991231	3	471.9
20525	REMOVAL OF FOREIGN BODY	19811001	22991231	3	471.9
20526	THER INJECTION CARP TUNNEL	20020101	22991231	1	307.38
20527	INJ DUPUYTREN CORD W/ENZYME	20120101	22991231	1	307.38
20550	INJ TENDON SHEATH/LIGAMENT	19780101	22991231	1	307.38
20552	INJ TRIGGER POINT 1/2 MUSCL	20020101	22991231	1	307.38
20555	PLACE NDL MUSC/TIS FOR RT	20080101	22991231		
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	20200101	22991231		
20561	NDL INSJ W/O NJX 3+ MUSC	20200101	22991231		
20600	DRAIN/INJ JOINT/BURSA W/O US	19780101	22991231	1	307.38
20605	DRAIN/INJ JOINT/BURSA W/O US	19780101	22991231	1	307.38
20610	DRAIN/INJ JOINT/BURSA W/O US	19811001	22991231	1	307.38
20615	TREATMENT OF BONE CYST	19811001	22991231	3	471.9
20650	INSERT AND REMOVE BONE PIN	19780101	22991231	3	471.9
20660	APPLY REM FIXATION DEVICE	19780101	22991231	2	412.79
20662	APPLICATION OF PELVIS BRACE	19780101	22991231	3	471.9
20663	APPLICATION OF THIGH BRACE	19780101	22991231	3	471.9
20665	REMOVAL OF FIXATION DEVICE	19780101	22991231	1	307.38
20670	REMOVAL OF SUPPORT IMPLANT	19780101	22991231	1	307.38
20680	REMOVAL OF SUPPORT IMPLANT	19780101	22991231	3	471.9
20690	APPLY BONE FIXATION DEVICE	19811001	22991231	2	412.79
20692	APPLY BONE FIXATION DEVICE	19910401	22991231	3	471.9
20693	ADJUST BONE FIXATION DEVICE	19910401	22991231	3	471.9
20694	REMOVE BONE FIXATION DEVICE	19910401	22991231	1	307.38
20696	COMP MULTIPLANE EXT FIXATION	20090101	22991231	5	664.02
20697	COMP EXT FIXATE STRUT CHANGE	20090101	22991231	2	412.79
20700	MNL PREP&INSJ DP RX DLVR DEV	20200101	22991231		
20701	RMVL DEEP RX DELIVERY DEVICE	20200101	22991231		
20702	MNL PREP&INSJ IMED RX DEV	20200101	22991231		
20703	RMVL IMED RX DELIVERY DEVICE	20200101	22991231		
20704	MNL PREP&INSJ I-ARTIC RX DEV	20200101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
20705	RMVL I-ARTIC RX DELIVERY DEV	20200101	22991231		
20900	REMOVAL OF BONE FOR GRAFT	19811001	22991231	3	471.9
20902	REMOVAL OF BONE FOR GRAFT	19811001	22991231	4	582.25
20910	REMOVE CARTILAGE FOR GRAFT	19811001	22991231	3	471.9
20912	REMOVE CARTILAGE FOR GRAFT	19811001	22991231	3	471.9
20920	REMOVAL OF FASCIA FOR GRAFT	19811001	22991231	4	582.25
20922	REMOVAL OF FASCIA FOR GRAFT	19811001	22991231	3	471.9
20924	REMOVAL OF TENDON FOR GRAFT	19811001	22991231	4	582.25
20930	SP BONE ALGRFT MORSEL ADD-ON	19960101	22991231	6	775.59
20931	SP BONE ALGRFT STRUCT ADD-ON	19960101	22991231	7	921.15
20932	OSTEOART ALGRFT W/SURF & B1	20190101	22991231		
20933	HEMICRT INTRCLRY ALGRFT PRTL	20190101	22991231		
20934	INTERCALARY ALGRFT COMPL	20190101	22991231		
20936	SP BONE AGRFT LOCAL ADD-ON	19960101	22991231	8	911.55
20937	SP BONE AGRFT MORSEL ADD-ON	19960101	22991231		
20938	SP BONE AGRFT STRUCT ADD-ON	19960101	22991231		
20939	BONE MARROW ASPIR BONE GRFG	20180101	22991231		
20950	FLUID PRESSURE MUSCLE	19811001	22991231	1	307.38
20972	BONE/SKIN GRAFT METATARSAL	19811001	22991231	4	582.25
20973	BONE/SKIN GRAFT GREAT TOE	19811001	22991231	4	582.25
20974	ELECTRICAL BONE STIMULATION	19821101	22991231		
20975	ELECTRICAL BONE STIMULATION	19821101	22991231	1	307.38
20979	US BONE STIMULATION	20000101	22991231	1	307.38
20985	CPTR-ASST DIR MS PX	20080101	22991231		
21010	INCISION OF JAW JOINT	19780101	22991231	2	412.79
21011	EXC FACE LES SC <2 CM	20100101	22991231	4	582.25
21012	EXC FACE LES SBQ 2 CM/>	20100101	22991231	6	775.59
21013	EXC FACE TUM DEEP < 2 CM	20100101	22991231	6	775.59
21014	EXC FACE TUM DEEP 2 CM/>	20100101	22991231	6	775.59
21015	RESECT FACE/SCALP TUM < 2 CM	19910401	22991231	2	412.79
21016	RESECT FACE/SCALP TUM 2 CM/>	20100101	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
21025	EXCISION OF BONE LOWER JAW	19880501	22991231	2	412.79
21026	EXCISION OF FACIAL BONE(S)	19880501	22991231	2	412.79
21029	CONTOUR OF FACE BONE LESION	19910401	22991231	2	412.79
21030	EXCISE MAX/ZYGOMA B9 TUMOR	19811001	22991231	6	775.59
21031	REMOVE EXOSTOSIS MANDIBLE	19900401	22991231		
21032	REMOVE EXOSTOSIS MAXILLA	19900401	22991231	5	664.02
21034	EXCISE MAX/ZYGOMA MAL TUMOR	19811001	22991231	3	471.9
21040	EXCISE MANDIBLE LESION	19780101	22991231	2	412.79
21044	REMOVAL OF JAW BONE LESION	19780101	22991231	2	412.79
21046	REMOVE MANDIBLE CYST COMPLEX	20030101	22991231	2	412.79
21047	EXCISE LWR JAW CYST W/REPAIR	20030101	22991231	2	412.79
21048	REMOVE MAXILLA CYST COMPLEX	20030101	22991231		
21050	REMOVAL OF JAW JOINT	19780101	22991231	3	471.9
21060	REMOVE JAW JOINT CARTILAGE	19780101	22991231	2	412.79
21070	REMOVE CORONOID PROCESS	19811001	22991231	3	471.9
21073	MNPJ OF TMJ W/ANESTH	20080101	22991231	4	582.25
21079	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21080	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21081	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21082	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21083	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21084	PREPARE FACE/ORAL PROSTHESIS	19991231	22991231		
21085	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231	6	775.59
21086	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21087	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21088	PREPARE FACE/ORAL PROSTHESIS	19910401	22991231		
21100	MAXILLOFACIAL FIXATION	19811001	22991231	2	412.79
21110	INTERDENTAL FIXATION	19811001	22991231	6	775.59
21116	INJECTION JAW JOINT X-RAY	19811001	22991231	1	307.38
21120	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15
21121	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
21122	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15
21123	RECONSTRUCTION OF CHIN	19910401	22991231	7	921.15
21125	AUGMENTATION LOWER JAW BONE	19910401	22991231	7	921.15
21127	AUGMENTATION LOWER JAW BONE	19910401	22991231	8	911.55
21137	REDUCTION OF FOREHEAD	19910401	22991231	3	471.9
21138	REDUCTION OF FOREHEAD	19910401	22991231	7	921.15
21139	REDUCTION OF FOREHEAD	19910401	22991231	7	921.15
21150	LEFORT II ANTERIOR INTRUSION	19910401	22991231	7	921.15
21172	RECONSTRUCT ORBIT/FOREHEAD	19910401	22991231		
21175	RECONSTRUCT ORBIT/FOREHEAD	19910401	22991231		
21181	CONTOUR CRANIAL BONE LESION	19910401	22991231	7	921.15
21193	RECONST LWR JAW W/O GRAFT	19910401	22991231		
21195	RECONST LWR JAW W/O FIXATION	19910401	22991231	6	775.59
21198	RECONSTR LWR JAW SEGMENT	19910401	22991231	7	921.15
21199	RECONSTR LWR JAW W/ADVANCE	20010101	22991231	7	921.15
21206	RECONSTRUCT UPPER JAW BONE	19811001	22991231	5	664.02
21208	AUGMENTATION OF FACIAL BONES	19880501	22991231	7	921.15
21209	REDUCTION OF FACIAL BONES	19880501	22991231	5	664.02
21210	FACE BONE GRAFT	19780101	22991231	7	921.15
21215	LOWER JAW BONE GRAFT	19780101	22991231	7	921.15
21230	RIB CARTILAGE GRAFT	19811001	22991231	7	921.15
21235	EAR CARTILAGE GRAFT	19780101	22991231	7	921.15
21240	RECONSTRUCTION OF JAW JOINT	19811001	22991231	4	582.25
21242	RECONSTRUCTION OF JAW JOINT	19811001	22991231	5	664.02
21243	RECONSTRUCTION OF JAW JOINT	19880501	22991231	5	664.02
21244	RECONSTRUCTION OF LOWER JAW	19880501	22991231	7	921.15
21245	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21246	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21248	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21249	RECONSTRUCTION OF JAW	19880501	22991231	7	921.15
21256	RECONSTRUCTION OF ORBIT	19910401	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
21260	REVISE EYE SOCKETS	19811001	22991231	7	921.15
21261	REVISE EYE SOCKETS	19811001	22991231		
21263	REVISE EYE SOCKETS	19811001	22991231		
21267	REVISE EYE SOCKETS	19811001	22991231	7	921.15
21270	AUGMENTATION CHEEK BONE	19811001	22991231	5	664.02
21275	REVISION ORBITOFACIAL BONES	19811001	22991231	7	921.15
21280	REVISION OF EYELID	19811001	22991231	5	664.02
21282	REVISION OF EYELID	19811001	22991231	5	664.02
21295	REVISION OF JAW MUSCLE/BONE	19811001	22991231	1	307.38
21296	REVISION OF JAW MUSCLE/BONE	19811001	22991231	1	307.38
21310	CLOSED TX NOSE FX W/O MANJ	19780101	22991231	2	412.79
21315	CLOSED TX NOSE FX W/O STABLJ	19780101	22991231	2	412.79
21320	CLOSED TX NOSE FX W/ STABLJ	19780101	22991231	2	412.79
21325	OPEN TX NOSE FX UNCOMPLICATD	19780101	22991231	4	582.25
21330	OPEN TX NOSE FX W/SKELE FIXJ	19780101	22991231	5	664.02
21335	OPEN TX NOSE & SEPTAL FX	19780101	22991231	7	921.15
21336	OPEN TX SEPTAL FX W/WO STABJ	19930101	22991231	4	582.25
21337	CLOSED TX SEPTAL&NOSE FX	19811001	22991231	2	412.79
21338	OPEN NASOETHMOID FX W/O FIXJ	19811001	22991231	4	582.25
21339	OPEN NASOETHMOID FX W/ FIXJ	19811001	22991231	5	664.02
21340	PERQ TX NASOETHMOID FX	19811001	22991231	4	582.25
21345	CLOSED TX NOSE/JAW FX	19811001	22991231	7	921.15
21346	OPN TX NASOMAX FX W/FIXJ	19811001	22991231	6	775.59
21355	PERQ TX MALAR FRACTURE	19780101	22991231	3	471.9
21356	OPN TX DPRSD ZYGOMATIC ARCH	19930101	22991231	3	471.9
21360	OPN TX DPRSD MALAR FRACTURE	19780101	22991231	3	471.9
21365	OPN TX COMPLX MALAR FX	19780101	22991231	5	664.02
21385	OPN TX ORBIT FX TRANSANTRAL	19811001	22991231	5	664.02
21386	OPN TX ORBIT FX PERIORBITAL	19811001	22991231	5	664.02
21387	OPN TX ORBIT FX COMBINED	19811001	22991231	5	664.02
21390	OPN TX ORBIT PERIORBTL IMPLT	19811001	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
21395	OPN TX ORBIT PERIORBT W/GRFT	19811001	22991231	7	921.15
21400	CLOSED TX ORBIT W/O MANIPULJ	19811001	22991231	2	412.79
21401	CLOSED TX ORBIT W/MANIPULJ	19811001	22991231	3	471.9
21406	OPN TX ORBIT FX W/O IMPLANT	19811001	22991231	7	921.15
21407	OPN TX ORBIT FX W/IMPLANT	19811001	22991231	7	921.15
21408	OPN TX ORBIT FX W/BONE GRFT	19930101	22991231	7	921.15
21421	TREAT MOUTH ROOF FRACTURE	19811001	22991231	4	582.25
21440	TREAT DENTAL RIDGE FRACTURE	19811001	22991231	7	921.15
21445	TREAT DENTAL RIDGE FRACTURE	19811001	22991231	4	582.25
21450	TREAT LOWER JAW FRACTURE	19780101	22991231	3	471.9
21451	TREAT LOWER JAW FRACTURE	19811001	22991231	4	582.25
21452	TREAT LOWER JAW FRACTURE	19811001	22991231	2	412.79
21453	TREAT LOWER JAW FRACTURE	19811001	22991231	3	471.9
21454	TREAT LOWER JAW FRACTURE	19780101	22991231	5	664.02
21461	TREAT LOWER JAW FRACTURE	19780101	22991231	4	582.25
21462	TREAT LOWER JAW FRACTURE	19780101	22991231	5	664.02
21465	TREAT LOWER JAW FRACTURE	19811001	22991231	4	582.25
21470	TREAT LOWER JAW FRACTURE	19811001	22991231	5	664.02
21480	RESET DISLOCATED JAW	19780101	22991231	1	307.38
21485	RESET DISLOCATED JAW	19811001	22991231	2	412.79
21490	REPAIR DISLOCATED JAW	19811001	22991231	3	471.9
21497	INTERDENTAL WIRING	19811001	22991231	2	412.79
21501	DRAIN NECK/CHEST LESION	19780101	22991231	2	412.79
21502	DRAIN CHEST LESION	19811001	22991231	2	412.79
21550	BIOPSY OF NECK/CHEST	19811001	22991231	1	307.38
21552	EXC NECK LES SC 3 CM/>	20100101	22991231	3	471.9
21554	EXC NECK TUM DEEP 5 CM/>	20100101	22991231	3	471.9
21555	EXC NECK LES SC < 3 CM	19811001	22991231	2	412.79
21556	EXC NECK TUM DEEP < 5 CM	19811001	22991231	2	412.79
21557	RESECT NECK THORAX TUMOR<5CM	19880501	22991231	2	412.79
21558	RESECT NECK TUMOR 5 CM/>	20100101	22991231	3	471.9



# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
21600	PARTIAL REMOVAL OF RIB	19780101	22991231	2	412.79
21601	EXC CHEST WALL TUMOR W/RIBS	20200101	22991231		
21610	PARTIAL REMOVAL OF RIB	19811001	22991231	2	412.79
21700	REVISION OF NECK MUSCLE	19780101	22991231	2	412.79
21720	REVISION OF NECK MUSCLE	19780101	22991231	3	471.9
21725	REVISION OF NECK MUSCLE	19780101	22991231	3	471.9
21820	TREAT STERNUM FRACTURE	19780101	22991231	1	307.38
21920	BIOPSY SOFT TISSUE OF BACK	19880501	22991231	4	582.25
21925	BIOPSY SOFT TISSUE OF BACK	19880501	22991231	2	412.79
21930	EXC BACK LES SC < 3 CM	19880501	22991231	2	412.79
21931	EXC BACK LES SC 3 CM/>	20100101	22991231	3	471.9
21932	EXC BACK TUM DEEP < 5 CM	20100101	22991231	2	412.79
21933	EXC BACK TUM DEEP 5 CM/>	20100101	22991231	3	471.9
21935	RESECT BACK TUM < 5 CM	19880501	22991231	3	471.9
21936	RESECT BACK TUM 5 CM/>	20100101	22991231	3	471.9
22100	REMOVE PART OF NECK VERTEBRA	19811001	22991231	4	582.25
22101	REMOVE PART THORAX VERTEBRA	19811001	22991231	3	471.9
22102	REMOVE PART LUMBAR VERTEBRA	19811001	22991231	4	582.25
22103	REMOVE EXTRA SPINE SEGMENT	19960101	22991231	4	582.25
22310	CLOSED TX VERT FX W/O MANJ	19811001	22991231	1	307.38
22315	CLOSED TX VERT FX W/MANJ	19780101	22991231		
22505	MANIPULATION OF SPINE	19780101	22991231	2	412.79
22551	NECK SPINE FUSE&REMOV BEL C2	20110101	22991231	7	921.15
22552	ADDL NECK SPINE FUSION	20110101	22991231	1	307.38
22614	SPINE FUSION EXTRA SEGMENT	19960101	22991231		
22840	INSERT SPINE FIXATION DEVICE	19780101	22991231		
22842	INSERT SPINE FIXATION DEVICE	19840501	22991231		
22845	INSERT SPINE FIXATION DEVICE	19780101	22991231		
22846	INSERT SPINE FIXATION DEVICE	19960101	22991231		
22850	REMOVE SPINE FIXATION DEVICE	19811001	22991231		
22853	INSJ BIOMECHANICAL DEVICE	20170101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
22854	INSJ BIOMECHANICAL DEVICE	20170101	22991231		
22859	INSJ BIOMECHANICAL DEVICE	20170101	22991231		
22867	INSJ STABLI DEV W/DCMPRN	20170101	22991231		
22868	INSJ STABLI DEV W/DCMPRN	20170101	22991231		
22869	INSJ STABLI DEV W/O DCMRPN	20170101	22991231		
22870	INSJ STABLI DEV W/O DCMRPN	20170101	22991231		
22899	SPINE SURGERY PROCEDURE	19831115	22991231		
22900	EXC ABDL TUM DEEP < 5 CM	19811001	22991231	4	582.25
22901	EXC ABDL TUM DEEP 5 CM/>	20100101	22991231	3	471.9
22902	EXC ABD LES SC < 3 CM	20100101	22991231	2	412.79
22903	EXC ABD LES SC 3 CM/>	20100101	22991231	3	471.9
22904	RADICAL RESECT ABD TUMOR<5CM	20100101	22991231	2	412.79
22905	RAD RESECT ABD TUMOR 5 CM/>	20100101	22991231	3	471.9
22999	ABDOMEN SURGERY PROCEDURE	19831115	22991231		
23000	REMOVAL OF CALCIUM DEPOSITS	19780101	22991231		
23020	RELEASE SHOULDER JOINT	19811001	22991231	2	412.79
23031	DRAIN SHOULDER BURSA	19780101	22991231	3	471.9
23035	DRAIN SHOULDER BONE LESION	19811001	22991231	3	471.9
23040	EXPLORATORY SHOULDER SURGERY	19780101	22991231	3	471.9
23044	EXPLORATORY SHOULDER SURGERY	19780101	22991231	4	582.25
23065	BIOPSY SHOULDER TISSUES	19811001	22991231	3	471.9
23066	BIOPSY SHOULDER TISSUES	19811001	22991231	2	412.79
23071	EXC SHOULDER LES SC 3 CM/>	20100101	22991231	3	471.9
23073	EXC SHOULDER TUM DEEP 5 CM/>	20100101	22991231	3	471.9
23075	EXC SHOULDER LES SC < 3 CM	19811001	22991231	2	412.79
23076	EXC SHOULDER TUM DEEP < 5 CM	19811001	22991231	2	412.79
23077	RESECT SHOULDER TUMOR < 5 CM	19880501	22991231	3	471.9
23078	RESECT SHOULDER TUMOR 5 CM/>	20100101	22991231	3	471.9
23100	BIOPSY OF SHOULDER JOINT	19811001	22991231	2	412.79
23101	SHOULDER JOINT SURGERY	19811001	22991231	7	921.15
23105	REMOVE SHOULDER JOINT LINING	19811001	22991231	4	582.25

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
23106	INCISION OF COLLARBONE JOINT	19811001	22991231	4	582.25
23107	EXPLORE TREAT SHOULDER JOINT	19890401	22991231	4	582.25
23120	PARTIAL REMOVAL COLLAR BONE	19780101	22991231	5	664.02
23125	REMOVAL OF COLLAR BONE	19780101	22991231	5	664.02
23130	REMOVE SHOULDER BONE PART	19811001	22991231	5	664.02
23140	REMOVAL OF BONE LESION	19811001	22991231	4	582.25
23145	REMOVAL OF BONE LESION	19811001	22991231	5	664.02
23146	REMOVAL OF BONE LESION	19811001	22991231	5	664.02
23150	REMOVAL OF HUMERUS LESION	19780101	22991231	4	582.25
23155	REMOVAL OF HUMERUS LESION	19811001	22991231	5	664.02
23156	REMOVAL OF HUMERUS LESION	19811001	22991231	5	664.02
23170	REMOVE COLLAR BONE LESION	19811001	22991231	2	412.79
23172	REMOVE SHOULDER BLADE LESION	19811001	22991231	2	412.79
23174	REMOVE HUMERUS LESION	19811001	22991231	2	412.79
23180	REMOVE COLLAR BONE LESION	19780101	22991231	4	582.25
23182	REMOVE SHOULDER BLADE LESION	19780101	22991231	4	582.25
23184	REMOVE HUMERUS LESION	19780101	22991231	4	582.25
23190	PARTIAL REMOVAL OF SCAPULA	19811001	22991231	4	582.25
23195	REMOVAL OF HEAD OF HUMERUS	19811001	22991231	5	664.02
23330	REMOVE SHOULDER FOREIGN BODY	19811001	22991231	1	307.38
23350	INJECTION FOR SHOULDER X-RAY	19780101	22991231	1	307.38
23395	MUSCLE TRANSFER SHOULDER/ARM	19811001	22991231	5	664.02
23397	MUSCLE TRANSFERS	19811001	22991231	7	921.15
23400	FIXATION OF SHOULDER BLADE	19780101	22991231	7	921.15
23405	INCISION OF TENDON & MUSCLE	19811001	22991231	2	412.79
23406	INCISE TENDON(S) & MUSCLE(S)	19811001	22991231	2	412.79
23410	REPAIR ROTATOR CUFF ACUTE	19780101	22991231	5	664.02
23412	REPAIR ROTATOR CUFF CHRONIC	19811001	22991231	7	921.15
23415	RELEASE OF SHOULDER LIGAMENT	19811001	22991231	5	664.02
23420	REPAIR OF SHOULDER	19780101	22991231	7	921.15
23430	REPAIR BICEPS TENDON	19811001	22991231	4	582.25

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
23440	REMOVE/TRANSPLANT TENDON	19811001	22991231	4	582.25
23450	REPAIR SHOULDER CAPSULE	19780101	22991231	5	664.02
23455	REPAIR SHOULDER CAPSULE	19780101	22991231	7	921.15
23460	REPAIR SHOULDER CAPSULE	19811001	22991231	5	664.02
23462	REPAIR SHOULDER CAPSULE	19811001	22991231	7	921.15
23465	REPAIR SHOULDER CAPSULE	19811001	22991231	5	664.02
23466	REPAIR SHOULDER CAPSULE	19871201	22991231	7	921.15
23470	RECONSTRUCT SHOULDER JOINT	19780101	22991231		
23472	RECONSTRUCT SHOULDER JOINT	19780101	22991231		
23480	REVISION OF COLLAR BONE	19780101	22991231	4	582.25
23485	REVISION OF COLLAR BONE	19811001	22991231	7	921.15
23490	REINFORCE CLAVICLE	19871201	22991231	3	471.9
23491	REINFORCE SHOULDER BONES	19871201	22991231	3	471.9
23500	TREAT CLAVICLE FRACTURE	19780101	22991231	1	307.38
23505	TREAT CLAVICLE FRACTURE	19780101	22991231		
23515	TREAT CLAVICLE FRACTURE	19780101	22991231	3	471.9
23520	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23525	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23530	TREAT CLAVICLE DISLOCATION	19780101	22991231	3	471.9
23532	TREAT CLAVICLE DISLOCATION	19811001	22991231	4	582.25
23540	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23545	TREAT CLAVICLE DISLOCATION	19780101	22991231	1	307.38
23550	TREAT CLAVICLE DISLOCATION	19780101	22991231	3	471.9
23552	TREAT CLAVICLE DISLOCATION	19811001	22991231	4	582.25
23570	TREAT SHOULDER BLADE FX	19780101	22991231	1	307.38
23575	TREAT SHOULDER BLADE FX	19811001	22991231	1	307.38
23585	TREAT SCAPULA FRACTURE	19780101	22991231	3	471.9
23600	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
23605	TREAT HUMERUS FRACTURE	19780101	22991231		
23615	TREAT HUMERUS FRACTURE	19780101	22991231	4	582.25
23616	TREAT HUMERUS FRACTURE	19930101	22991231	4	582.25

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
23620	TREAT HUMERUS FRACTURE	19811001	22991231	1	307.38
23625	TREAT HUMERUS FRACTURE	19811001	22991231		
23630	TREAT HUMERUS FRACTURE	19811001	22991231	5	664.02
23650	TREAT SHOULDER DISLOCATION	19780101	22991231	1	307.38
23655	TREAT SHOULDER DISLOCATION	19780101	22991231	1	307.38
23660	TREAT SHOULDER DISLOCATION	19780101	22991231	3	471.9
23665	TREAT DISLOCATION/FRACTURE	19811001	22991231		
23670	TREAT DISLOCATION/FRACTURE	19811001	22991231	3	471.9
23675	TREAT DISLOCATION/FRACTURE	19811001	22991231	2	412.79
23680	TREAT DISLOCATION/FRACTURE	19811001	22991231	3	471.9
23700	FIXATION OF SHOULDER	19780101	22991231	1	307.38
23800	FUSION OF SHOULDER JOINT	19780101	22991231	4	582.25
23802	FUSION OF SHOULDER JOINT	19811001	22991231	7	921.15
23921	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
23929	SHOULDER SURGERY PROCEDURE	19831115	22991231		
23930	DRAINAGE OF ARM LESION	19780101	22991231	1	307.38
23931	DRAINAGE OF ARM BURSA	19780101	22991231	2	412.79
23935	DRAIN ARM/ELBOW BONE LESION	19811001	22991231	2	412.79
24000	EXPLORATORY ELBOW SURGERY	19780101	22991231	4	582.25
24006	RELEASE ELBOW JOINT	19930101	22991231	4	582.25
24065	BIOPSY ARM/ELBOW SOFT TISSUE	19811001	22991231	4	582.25
24066	BIOPSY ARM/ELBOW SOFT TISSUE	19811001	22991231	2	412.79
24071	EXC ARM/ELBOW LES SC 3 CM/>	20100101	22991231	3	471.9
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	20100101	22991231	3	471.9
24075	EXC ARM/ELBOW LES SC < 3 CM	19811001	22991231	2	412.79
24076	EX ARM/ELBOW TUM DEEP < 5 CM	19811001	22991231	2	412.79
24077	RESECT ARM/ELBOW TUM < 5 CM	19880501	22991231	3	471.9
24079	RESECT ARM/ELBOW TUM 5 CM/>	20100101	22991231	3	471.9
24100	BIOPSY ELBOW JOINT LINING	19811001	22991231	1	307.38
24101	EXPLORE/TREAT ELBOW JOINT	19811001	22991231	4	582.25
24102	REMOVE ELBOW JOINT LINING	19780101	22991231	4	582.25

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
24105	REMOVAL OF ELBOW BURSA	19780101	22991231	3	471.9
24110	REMOVE HUMERUS LESION	19780101	22991231	2	412.79
24115	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24116	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24120	REMOVE ELBOW LESION	19811001	22991231	3	471.9
24125	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24126	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
24130	REMOVAL OF HEAD OF RADIUS	19780101	22991231	3	471.9
24134	REMOVAL OF ARM BONE LESION	19811001	22991231	2	412.79
24136	REMOVE RADIUS BONE LESION	19811001	22991231	2	412.79
24138	REMOVE ELBOW BONE LESION	19811001	22991231	2	412.79
24140	PARTIAL REMOVAL OF ARM BONE	19780101	22991231	3	471.9
24145	PARTIAL REMOVAL OF RADIUS	19780101	22991231	3	471.9
24147	PARTIAL REMOVAL OF ELBOW	19780101	22991231	2	412.79
24149	RADICAL RESECTION OF ELBOW	19970101	22991231	3	471.9
24150	RESECT DISTAL HUMERUS TUMOR	19811001	22991231	3	471.9
24152	RESECT RADIUS TUMOR	19811001	22991231	4	582.25
24155	REMOVAL OF ELBOW JOINT	19780101	22991231	3	471.9
24160	REMOVE ELBOW JOINT IMPLANT	19780101	22991231	2	412.79
24164	REMOVE RADIUS HEAD IMPLANT	19780101	22991231	3	471.9
24200	REMOVAL OF ARM FOREIGN BODY	19811001	22991231	3	471.9
24201	REMOVAL OF ARM FOREIGN BODY	19811001	22991231	2	412.79
24220	INJECTION FOR ELBOW X-RAY	19780101	22991231		
24301	MUSCLE/TENDON TRANSFER	19780101	22991231	4	582.25
24305	ARM TENDON LENGTHENING	19780101	22991231	4	582.25
24310	REVISION OF ARM TENDON	19780101	22991231	3	471.9
24320	REPAIR OF ARM TENDON	19811001	22991231	3	471.9
24330	REVISION OF ARM MUSCLES	19780101	22991231	3	471.9
24331	REVISION OF ARM MUSCLES	19811001	22991231	3	471.9
24340	REPAIR OF BICEPS TENDON	19780101	22991231	3	471.9
24341	REPAIR ARM TENDON/MUSCLE	19970101	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
24342	REPAIR OF RUPTURED TENDON	19811001	22991231	3	471.9
24345	REPR ELBW MED LIGMNT W/TISSU	20020101	22991231	2	412.79
24357	REPAIR ELBOW PERC	20080101	22991231	3	471.9
24358	REPAIR ELBOW W/DEB OPEN	20080101	22991231	3	471.9
24359	REPAIR ELBOW DEB/ATTCH OPEN	20080101	22991231	3	471.9
24360	RECONSTRUCT ELBOW JOINT	19780101	22991231	5	664.02
24361	RECONSTRUCT ELBOW JOINT	19780101	22991231	5	664.02
24362	RECONSTRUCT ELBOW JOINT	19811001	22991231	5	664.02
24363	REPLACE ELBOW JOINT	19780101	22991231	7	921.15
24365	RECONSTRUCT HEAD OF RADIUS	19811001	22991231	5	664.02
24366	RECONSTRUCT HEAD OF RADIUS	19811001	22991231	5	664.02
24370	REVISE RECONST ELBOW JOINT	20130101	22991231		
24371	REVISE RECONST ELBOW JOINT	20130101	22991231		
24400	REVISION OF HUMERUS	19780101	22991231	4	582.25
24410	REVISION OF HUMERUS	19780101	22991231	4	582.25
24420	REVISION OF HUMERUS	19780101	22991231	3	471.9
24430	REPAIR OF HUMERUS	19811001	22991231	3	471.9
24435	REPAIR HUMERUS WITH GRAFT	19811001	22991231	4	582.25
24470	REVISION OF ELBOW JOINT	19811001	22991231	3	471.9
24495	DECOMPRESSION OF FOREARM	19811001	22991231	2	412.79
24498	REINFORCE HUMERUS	19871201	22991231	3	471.9
24500	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24505	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24515	TREAT HUMERUS FRACTURE	19780101	22991231	4	582.25
24516	TREAT HUMERUS FRACTURE	19930101	22991231	4	582.25
24530	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24535	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24538	TREAT HUMERUS FRACTURE	19811001	22991231	2	412.79
24545	TREAT HUMERUS FRACTURE	19780101	22991231	4	582.25
24546	TREAT HUMERUS FRACTURE	19930101	22991231	5	664.02
24560	TREAT HUMERUS FRACTURE	19811001	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
24565	TREAT HUMERUS FRACTURE	19811001	22991231	2	412.79
24566	TREAT HUMERUS FRACTURE	19940101	22991231	2	412.79
24575	TREAT HUMERUS FRACTURE	19811001	22991231	3	471.9
24576	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24577	TREAT HUMERUS FRACTURE	19780101	22991231	1	307.38
24579	TREAT HUMERUS FRACTURE	19780101	22991231	3	471.9
24582	TREAT HUMERUS FRACTURE	19940101	22991231	2	412.79
24586	TREAT ELBOW FRACTURE	19811001	22991231	4	582.25
24587	TREAT ELBOW FRACTURE	19811001	22991231	5	664.02
24600	TREAT ELBOW DISLOCATION	19811001	22991231	1	307.38
24605	TREAT ELBOW DISLOCATION	19780101	22991231	2	412.79
24615	TREAT ELBOW DISLOCATION	19780101	22991231	3	471.9
24620	TREAT ELBOW FRACTURE	19780101	22991231		
24635	TREAT ELBOW FRACTURE	19780101	22991231	3	471.9
24640	TREAT ELBOW DISLOCATION	19811001	22991231		
24650	TREAT RADIUS FRACTURE	19780101	22991231		
24655	TREAT RADIUS FRACTURE	19780101	22991231		
24665	TREAT RADIUS FRACTURE	19780101	22991231	4	582.25
24666	TREAT RADIUS FRACTURE	19811001	22991231	4	582.25
24670	TREAT ULNAR FRACTURE	19780101	22991231	1	307.38
24675	TREAT ULNAR FRACTURE	19811001	22991231	1	307.38
24685	TREAT ULNAR FRACTURE	19780101	22991231	3	471.9
24800	FUSION OF ELBOW JOINT	19780101	22991231	4	582.25
24802	FUSION/GRAFT OF ELBOW JOINT	19811001	22991231	5	664.02
24925	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
24935	REVISION OF AMPUTATION	19811001	22991231		
25000	INCISION OF TENDON SHEATH	19811001	22991231	3	471.9
25020	DECOMPRESS FOREARM 1 SPACE	19811001	22991231	3	471.9
25023	DECOMPRESS FOREARM 1 SPACE	19811001	22991231	3	471.9
25024	DECOMPRESS FOREARM 2 SPACES	20020101	22991231	3	471.9
25025	DECOMPRESS FOREARM 2 SPACES	20020101	22991231	3	471.9



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
25028	DRAINAGE OF FOREARM LESION	19780101	22991231	1	307.38
25031	DRAINAGE OF FOREARM BURSA	19780101	22991231	2	412.79
25035	TREAT FOREARM BONE LESION	19811001	22991231	2	412.79
25040	EXPLORE/TREAT WRIST JOINT	19780101	22991231	5	664.02
25065	BIOPSY FOREARM SOFT TISSUES	19811001	22991231	4	582.25
25066	BIOPSY FOREARM SOFT TISSUES	19811001	22991231	2	412.79
25071	EXC FOREARM LES SC 3 CM/>	20100101	22991231	3	471.9
25073	EXC FOREARM TUM DEEP 3 CM/>	20100101	22991231	3	471.9
25075	EXC FOREARM LES SC < 3 CM	19811001	22991231	2	412.79
25076	EXC FOREARM TUM DEEP < 3 CM	19811001	22991231	3	471.9
25077	RESECT FOREARM/WRIST TUM<3CM	19880501	22991231	3	471.9
25078	RESECT FORARM/WRIST TUM 3CM>	20100101	22991231	3	471.9
25085	INCISION OF WRIST CAPSULE	19780101	22991231	3	471.9
25100	BIOPSY OF WRIST JOINT	19811001	22991231	2	412.79
25101	EXPLORE/TREAT WRIST JOINT	19811001	22991231	3	471.9
25105	REMOVE WRIST JOINT LINING	19811001	22991231	4	582.25
25107	REMOVE WRIST JOINT CARTILAGE	19780101	22991231	3	471.9
25110	REMOVE WRIST TENDON LESION	19780101	22991231	3	471.9
25111	REMOVE WRIST TENDON LESION	19780101	22991231	3	471.9
25112	REREMOVE WRIST TENDON LESION	19811001	22991231	4	582.25
25115	REMOVE WRIST/FOREARM LESION	19780101	22991231	4	582.25
25116	REMOVE WRIST/FOREARM LESION	19811001	22991231	4	582.25
25118	EXCISE WRIST TENDON SHEATH	19811001	22991231	2	412.79
25119	PARTIAL REMOVAL OF ULNA	19811001	22991231	3	471.9
25120	REMOVAL OF FOREARM LESION	19780101	22991231	3	471.9
25125	REMOVE/GRAFT FOREARM LESION	19811001	22991231	3	471.9
25126	REMOVE/GRAFT FOREARM LESION	19811001	22991231	3	471.9
25130	REMOVAL OF WRIST LESION	19811001	22991231	3	471.9
25135	REMOVE & GRAFT WRIST LESION	19811001	22991231	3	471.9
25136	REMOVE & GRAFT WRIST LESION	19811001	22991231	3	471.9
25145	REMOVE FOREARM BONE LESION	19780101	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
25150	PARTIAL REMOVAL OF ULNA	19780101	22991231	2	412.79
25151	PARTIAL REMOVAL OF RADIUS	19780101	22991231	2	412.79
25170	RESECT RADIUS/ULNAR TUMOR	19780101	22991231	3	471.9
25210	REMOVAL OF WRIST BONE	19780101	22991231	3	471.9
25215	REMOVAL OF WRIST BONES	19780101	22991231	4	582.25
25230	PARTIAL REMOVAL OF RADIUS	19811001	22991231	4	582.25
25240	PARTIAL REMOVAL OF ULNA	19811001	22991231	4	582.25
25246	INJECTION FOR WRIST X-RAY	19780101	22991231	1	307.38
25248	REMOVE FOREARM FOREIGN BODY	19811001	22991231	2	412.79
25250	REMOVAL OF WRIST PROSTHESIS	19811001	22991231	1	307.38
25251	REMOVAL OF WRIST PROSTHESIS	19811001	22991231	1	307.38
25260	REPAIR FOREARM TENDON/MUSCLE	19780101	22991231	4	582.25
25263	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	2	412.79
25265	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	3	471.9
25270	REPAIR FOREARM TENDON/MUSCLE	19780101	22991231	4	582.25
25272	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	3	471.9
25274	REPAIR FOREARM TENDON/MUSCLE	19811001	22991231	4	582.25
25275	REPAIR FOREARM TENDON SHEATH	20020101	22991231	4	582.25
25280	REVISE WRIST/FOREARM TENDON	19780101	22991231	4	582.25
25290	INCISE WRIST/FOREARM TENDON	19780101	22991231	3	471.9
25295	RELEASE WRIST/FOREARM TENDON	19780101	22991231	3	471.9
25300	FUSION OF TENDONS AT WRIST	19811001	22991231	3	471.9
25301	FUSION OF TENDONS AT WRIST	19811001	22991231	3	471.9
25310	TRANSPLANT FOREARM TENDON	19811001	22991231	3	471.9
25312	TRANSPLANT FOREARM TENDON	19811001	22991231	4	582.25
25315	REVISE PALSY HAND TENDON(S)	19811001	22991231	3	471.9
25316	REVISE PALSY HAND TENDON(S)	19811001	22991231	3	471.9
25320	REPAIR/REVISE WRIST JOINT	19811001	22991231	3	471.9
25332	REVISE WRIST JOINT	19811001	22991231	5	664.02
25335	REALIGNMENT OF HAND	19811001	22991231	3	471.9
25337	RECONSTRUCT ULNA/RADIOULNAR	19950101	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
25350	REVISION OF RADIUS	19780101	22991231	3	471.9
25355	REVISION OF RADIUS	19780101	22991231	3	471.9
25360	REVISION OF ULNA	19780101	22991231	3	471.9
25365	REVISE RADIUS & ULNA	19811001	22991231	3	471.9
25370	REVISE RADIUS OR ULNA	19780101	22991231	3	471.9
25375	REVISE RADIUS & ULNA	19811001	22991231	4	582.25
25390	SHORTEN RADIUS OR ULNA	19780101	22991231	3	471.9
25391	LENGTHEN RADIUS OR ULNA	19811001	22991231	4	582.25
25392	SHORTEN RADIUS & ULNA	19780101	22991231	3	471.9
25393	LENGTHEN RADIUS & ULNA	19811001	22991231	4	582.25
25400	REPAIR RADIUS OR ULNA	19811001	22991231	3	471.9
25405	REPAIR/GRAFT RADIUS OR ULNA	19811001	22991231	4	582.25
25415	REPAIR RADIUS & ULNA	19811001	22991231	3	471.9
25420	REPAIR/GRAFT RADIUS & ULNA	19811001	22991231	4	582.25
25425	REPAIR/GRAFT RADIUS OR ULNA	19811001	22991231	3	471.9
25426	REPAIR/GRAFT RADIUS & ULNA	19811001	22991231	4	582.25
25440	REPAIR/GRAFT WRIST BONE	19811001	22991231	4	582.25
25441	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25442	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25443	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25444	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25445	RECONSTRUCT WRIST JOINT	19780101	22991231	5	664.02
25446	WRIST REPLACEMENT	19780101	22991231	7	921.15
25447	REPAIR WRIST JOINTS	19871201	22991231	5	664.02
25449	REMOVE WRIST JOINT IMPLANT	19811001	22991231	5	664.02
25450	REVISION OF WRIST JOINT	19811001	22991231	3	471.9
25455	REVISION OF WRIST JOINT	19811001	22991231	3	471.9
25490	REINFORCE RADIUS	19871201	22991231	3	471.9
25491	REINFORCE ULNA	19871201	22991231	3	471.9
25492	REINFORCE RADIUS AND ULNA	19871201	22991231	3	471.9
25500	TREAT FRACTURE OF RADIUS	19780101	22991231	1	307.38

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
25505	TREAT FRACTURE OF RADIUS	19780101	22991231	1	307.38
25515	TREAT FRACTURE OF RADIUS	19780101	22991231	3	471.9
25520	TREAT FRACTURE OF RADIUS	19930101	22991231	1	307.38
25525	TREAT FRACTURE OF RADIUS	19930101	22991231	4	582.25
25526	TREAT FRACTURE OF RADIUS	19930101	22991231	5	664.02
25530	TREAT FRACTURE OF ULNA	19780101	22991231	1	307.38
25535	TREAT FRACTURE OF ULNA	19780101	22991231	1	307.38
25545	TREAT FRACTURE OF ULNA	19780101	22991231	3	471.9
25560	TREAT FRACTURE RADIUS & ULNA	19780101	22991231	1	307.38
25565	TREAT FRACTURE RADIUS & ULNA	19780101	22991231	2	412.79
25574	TREAT FRACTURE RADIUS & ULNA	19930101	22991231	3	471.9
25575	TREAT FRACTURE RADIUS/ULNA	19780101	22991231	3	471.9
25600	TREAT FRACTURE RADIUS/ULNA	19780101	22991231	1	307.38
25605	TREAT FRACTURE RADIUS/ULNA	19780101	22991231	3	471.9
25606	TREAT FX DISTAL RADIAL	20070101	22991231	3	471.9
25607	TREAT FX RAD EXTRA-ARTICUL	20070101	22991231	5	664.02
25608	TREAT FX RAD INTRA-ARTICUL	20070101	22991231	5	664.02
25609	TREAT FX RADIAL 3+ FRAG	20070101	22991231	5	664.02
25622	TREAT WRIST BONE FRACTURE	19811001	22991231	1	307.38
25624	TREAT WRIST BONE FRACTURE	19811001	22991231	2	412.79
25628	TREAT WRIST BONE FRACTURE	19811001	22991231	3	471.9
25630	TREAT WRIST BONE FRACTURE	19811001	22991231	1	307.38
25635	TREAT WRIST BONE FRACTURE	19780101	22991231	1	307.38
25645	TREAT WRIST BONE FRACTURE	19780101	22991231	3	471.9
25650	TREAT WRIST BONE FRACTURE	19811001	22991231	1	307.38
25660	TREAT WRIST DISLOCATION	19780101	22991231	1	307.38
25670	TREAT WRIST DISLOCATION	19780101	22991231	3	471.9
25671	PIN RADIOULNAR DISLOCATION	20020101	22991231	1	307.38
25675	TREAT WRIST DISLOCATION	19811001	22991231	1	307.38
25676	TREAT WRIST DISLOCATION	19811001	22991231	2	412.79
25680	TREAT WRIST FRACTURE	19811001	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
25685	TREAT WRIST FRACTURE	19811001	22991231	3	471.9
25690	TREAT WRIST DISLOCATION	19811001	22991231		
25695	TREAT WRIST DISLOCATION	19811001	22991231	2	412.79
25800	FUSION OF WRIST JOINT	19780101	22991231	4	582.25
25805	FUSION/GRAFT OF WRIST JOINT	19811001	22991231	5	664.02
25810	FUSION/GRAFT OF WRIST JOINT	19811001	22991231	5	664.02
25820	FUSION OF HAND BONES	19871201	22991231	4	582.25
25825	FUSE HAND BONES WITH GRAFT	19871201	22991231	5	664.02
25830	FUSION RADIOULNAR JNT/ULNA	19950101	22991231	5	664.02
25907	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231	3	471.9
25909	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231		
25922	AMPUTATE HAND AT WRIST	19811001	22991231	3	471.9
25929	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
25931	AMPUTATION FOLLOW-UP SURGERY	19811001	22991231	3	471.9
26010	DRAINAGE OF FINGER ABSCESS	19780101	22991231	1	307.38
26011	DRAINAGE OF FINGER ABSCESS	19780101	22991231	1	307.38
26020	DRAIN HAND TENDON SHEATH	19780101	22991231	2	412.79
26025	DRAINAGE OF PALM BURSA	19780101	22991231	1	307.38
26030	DRAINAGE OF PALM BURSAS	19780101	22991231	2	412.79
26034	TREAT HAND BONE LESION	19811001	22991231	2	412.79
26035	DECOMPRESS FINGERS/HAND	19811001	22991231	3	471.9
26037	DECOMPRESS FINGERS/HAND	19900401	22991231	2	412.79
26040	RELEASE PALM CONTRACTURE	19780101	22991231	4	582.25
26045	RELEASE PALM CONTRACTURE	19811001	22991231	3	471.9
26055	INCISE FINGER TENDON SHEATH	19811001	22991231	2	412.79
26060	INCISION OF FINGER TENDON	19811001	22991231	2	412.79
26070	EXPLORE/TREAT HAND JOINT	19780101	22991231	2	412.79
26075	EXPLORE/TREAT FINGER JOINT	19780101	22991231	4	582.25
26080	EXPLORE/TREAT FINGER JOINT	19780101	22991231	4	582.25
26100	BIOPSY HAND JOINT LINING	19811001	22991231	2	412.79
26105	BIOPSY FINGER JOINT LINING	19811001	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
26110	BIOPSY FINGER JOINT LINING	19811001	22991231	1	307.38
26111	EXC HAND LES SC 1.5 CM/>	20100101	22991231	3	471.9
26113	EXC HAND TUM DEEP 1.5 CM/>	20100101	22991231	3	471.9
26115	EXC HAND LES SC < 1.5 CM	19811001	22991231	2	412.79
26116	EXC HAND TUM DEEP < 1.5 CM	19811001	22991231	2	412.79
26117	RAD RESECT HAND TUMOR < 3 CM	19880501	22991231	3	471.9
26118	RAD RESECT HAND TUMOR 3 CM/>	20100101	22991231	3	471.9
26121	RELEASE PALM CONTRACTURE	19900401	22991231	4	582.25
26123	RELEASE PALM CONTRACTURE	19900401	22991231	4	582.25
26125	RELEASE PALM CONTRACTURE	19900401	22991231	4	582.25
26130	REMOVE WRIST JOINT LINING	19811001	22991231	3	471.9
26135	REVISE FINGER JOINT EACH	19811001	22991231	4	582.25
26140	REVISE FINGER JOINT EACH	19811001	22991231	2	412.79
26145	TENDON EXCISION PALM/FINGER	19811001	22991231	3	471.9
26160	REMOVE TENDON SHEATH LESION	19780101	22991231	3	471.9
26170	REMOVAL OF PALM TENDON EACH	19811001	22991231	3	471.9
26180	REMOVAL OF FINGER TENDON	19811001	22991231	3	471.9
26185	REMOVE FINGER BONE	19970101	22991231	4	582.25
26200	REMOVE HAND BONE LESION	19811001	22991231	2	412.79
26205	REMOVE/GRAFT BONE LESION	19811001	22991231	3	471.9
26210	REMOVAL OF FINGER LESION	19811001	22991231	2	412.79
26215	REMOVE/GRAFT FINGER LESION	19811001	22991231	3	471.9
26230	PARTIAL REMOVAL OF HAND BONE	19780101	22991231	7	921.15
26235	PARTIAL REMOVAL FINGER BONE	19780101	22991231	3	471.9
26236	PARTIAL REMOVAL FINGER BONE	19780101	22991231	3	471.9
26250	EXTENSIVE HAND SURGERY	19780101	22991231	3	471.9
26260	RESECT PROX FINGER TUMOR	19780101	22991231	3	471.9
26262	RESECT DISTAL FINGER TUMOR	19780101	22991231	2	412.79
26320	REMOVAL OF IMPLANT FROM HAND	19780101	22991231	2	412.79
26341	MANIPULAT PALM CORD POST INJ	20120101	22991231	1	307.38
26350	REPAIR FINGER/HAND TENDON	19780101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
26352	REPAIR/GRAFT HAND TENDON	19811001	22991231	4	582.25
26356	REPAIR FINGER/HAND TENDON	19811001	22991231	4	582.25
26357	REPAIR FINGER/HAND TENDON	19880501	22991231	4	582.25
26358	REPAIR/GRAFT HAND TENDON	19811001	22991231	4	582.25
26370	REPAIR FINGER/HAND TENDON	19811001	22991231	4	582.25
26372	REPAIR/GRAFT HAND TENDON	19811001	22991231	4	582.25
26373	REPAIR FINGER/HAND TENDON	19811001	22991231	3	471.9
26390	REVISE HAND/FINGER TENDON	19811001	22991231	4	582.25
26392	REPAIR/GRAFT HAND TENDON	19811001	22991231	3	471.9
26410	REPAIR HAND TENDON	19811001	22991231	3	471.9
26412	REPAIR/GRAFT HAND TENDON	19811001	22991231	3	471.9
26415	EXCISION HAND/FINGER TENDON	19890401	22991231	4	582.25
26416	GRAFT HAND OR FINGER TENDON	19890401	22991231	3	471.9
26418	REPAIR FINGER TENDON	19811001	22991231	4	582.25
26420	REPAIR/GRAFT FINGER TENDON	19811001	22991231	4	582.25
26426	REPAIR FINGER/HAND TENDON	19811001	22991231	3	471.9
26428	REPAIR/GRAFT FINGER TENDON	19811001	22991231	3	471.9
26432	REPAIR FINGER TENDON	19811001	22991231	3	471.9
26433	REPAIR FINGER TENDON	19811001	22991231	3	471.9
26434	REPAIR/GRAFT FINGER TENDON	19811001	22991231	3	471.9
26437	REALIGNMENT OF TENDONS	19811001	22991231	3	471.9
26440	RELEASE PALM/FINGER TENDON	19780101	22991231	3	471.9
26442	RELEASE PALM & FINGER TENDON	19780101	22991231	3	471.9
26445	RELEASE HAND/FINGER TENDON	19780101	22991231	3	471.9
26449	RELEASE FOREARM/HAND TENDON	19780101	22991231	3	471.9
26450	INCISION OF PALM TENDON	19811001	22991231	3	471.9
26455	INCISION OF FINGER TENDON	19811001	22991231	3	471.9
26460	INCISE HAND/FINGER TENDON	19811001	22991231	3	471.9
26471	FUSION OF FINGER TENDONS	19811001	22991231	2	412.79
26474	FUSION OF FINGER TENDONS	19811001	22991231	2	412.79
26476	TENDON LENGTHENING	19780101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
26477	TENDON SHORTENING	19780101	22991231	1	307.38
26478	LENGTHENING OF HAND TENDON	19880501	22991231	1	307.38
26479	SHORTENING OF HAND TENDON	19880501	22991231	1	307.38
26480	TRANSPLANT HAND TENDON	19811001	22991231	3	471.9
26483	TRANSPLANT/GRAFT HAND TENDON	19811001	22991231	3	471.9
26485	TRANSPLANT PALM TENDON	19811001	22991231	2	412.79
26489	TRANSPLANT/GRAFT PALM TENDON	19811001	22991231	3	471.9
26490	REVISE THUMB TENDON	19811001	22991231	3	471.9
26492	TENDON TRANSFER WITH GRAFT	19811001	22991231	3	471.9
26494	HAND TENDON/MUSCLE TRANSFER	19811001	22991231	3	471.9
26496	REVISE THUMB TENDON	19811001	22991231	3	471.9
26497	FINGER TENDON TRANSFER	19811001	22991231	3	471.9
26498	FINGER TENDON TRANSFER	19811001	22991231	4	582.25
26499	REVISION OF FINGER	19811001	22991231	3	471.9
26500	HAND TENDON RECONSTRUCTION	19811001	22991231	4	582.25
26502	HAND TENDON RECONSTRUCTION	19780101	22991231	4	582.25
26508	RELEASE THUMB CONTRACTURE	19811001	22991231	3	471.9
26510	THUMB TENDON TRANSFER	19871201	22991231	3	471.9
26516	FUSION OF KNUCKLE JOINT	19811001	22991231	1	307.38
26517	FUSION OF KNUCKLE JOINTS	19811001	22991231	3	471.9
26518	FUSION OF KNUCKLE JOINTS	19811001	22991231	3	471.9
26520	RELEASE KNUCKLE CONTRACTURE	19811001	22991231	3	471.9
26525	RELEASE FINGER CONTRACTURE	19811001	22991231	3	471.9
26530	REVISE KNUCKLE JOINT	19811001	22991231	3	471.9
26531	REVISE KNUCKLE WITH IMPLANT	19811001	22991231	7	921.15
26535	REVISE FINGER JOINT	19811001	22991231	5	664.02
26536	REVISE/IMPLANT FINGER JOINT	19811001	22991231	5	664.02
26540	REPAIR HAND JOINT	19811001	22991231		
26541	REPAIR HAND JOINT WITH GRAFT	19811001	22991231	7	921.15
26542	REPAIR HAND JOINT WITH GRAFT	19871201	22991231	4	582.25
26545	RECONSTRUCT FINGER JOINT	19780101	22991231	4	582.25



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
26546	REPAIR NONUNION HAND	19970101	22991231	4	582.25
26548	RECONSTRUCT FINGER JOINT	19880501	22991231	4	582.25
26550	CONSTRUCT THUMB REPLACEMENT	19811001	22991231	2	412.79
26555	POSITIONAL CHANGE OF FINGER	19811001	22991231	3	471.9
26560	REPAIR OF WEB FINGER	19780101	22991231	2	412.79
26561	REPAIR OF WEB FINGER	19780101	22991231	3	471.9
26562	REPAIR OF WEB FINGER	19780101	22991231	4	582.25
26565	CORRECT METACARPAL FLAW	19811001	22991231	5	664.02
26567	CORRECT FINGER DEFORMITY	19811001	22991231	5	664.02
26568	LENGTHEN METACARPAL/FINGER	19871210	22991231	3	471.9
26580	REPAIR HAND DEFORMITY	19811001	22991231	5	664.02
26587	RECONSTRUCT EXTRA FINGER	19890401	22991231		
26590	REPAIR FINGER DEFORMITY	19811001	22991231	5	664.02
26591	REPAIR MUSCLES OF HAND	19811001	22991231	3	471.9
26593	RELEASE MUSCLES OF HAND	19811001	22991231	3	471.9
26596	EXCISION CONSTRICTING TISSUE	19871201	22991231	2	412.79
26600	TREAT METACARPAL FRACTURE	19780101	22991231	1	307.38
26605	TREAT METACARPAL FRACTURE	19811001	22991231	2	412.79
26607	TREAT METACARPAL FRACTURE	19811001	22991231	2	412.79
26608	TREAT METACARPAL FRACTURE	19930101	22991231	4	582.25
26615	TREAT METACARPAL FRACTURE	19780101	22991231	4	582.25
26641	TREAT THUMB DISLOCATION	19780101	22991231	1	307.38
26645	TREAT THUMB FRACTURE	19780101	22991231	1	307.38
26650	TREAT THUMB FRACTURE	19811001	22991231	2	412.79
26665	TREAT THUMB FRACTURE	19811001	22991231	4	582.25
26670	TREAT HAND DISLOCATION	19811001	22991231	1	307.38
26675	TREAT HAND DISLOCATION	19780101	22991231	1	307.38
26676	PIN HAND DISLOCATION	19871201	22991231	2	412.79
26685	TREAT HAND DISLOCATION	19780101	22991231	3	471.9
26686	TREAT HAND DISLOCATION	19811001	22991231	3	471.9
26700	TREAT KNUCKLE DISLOCATION	19811001	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
26705	TREAT KNUCKLE DISLOCATION	19780101	22991231	2	412.79
26706	PIN KNUCKLE DISLOCATION	19871201	22991231	2	412.79
26715	TREAT KNUCKLE DISLOCATION	19780101	22991231	4	582.25
26720	TREAT FINGER FRACTURE EACH	19780101	22991231	1	307.38
26725	TREAT FINGER FRACTURE EACH	19780101	22991231	1	307.38
26727	TREAT FINGER FRACTURE EACH	19811001	22991231	7	921.15
26735	TREAT FINGER FRACTURE EACH	19780101	22991231	4	582.25
26740	TREAT FINGER FRACTURE EACH	19811001	22991231	1	307.38
26742	TREAT FINGER FRACTURE EACH	19811001	22991231	2	412.79
26746	TREAT FINGER FRACTURE EACH	19811001	22991231	5	664.02
26750	TREAT FINGER FRACTURE EACH	19780101	22991231	1	307.38
26755	TREAT FINGER FRACTURE EACH	19811001	22991231	1	307.38
26756	PIN FINGER FRACTURE EACH	19871201	22991231	2	412.79
26765	TREAT FINGER FRACTURE EACH	19780101	22991231	4	582.25
26770	TREAT FINGER DISLOCATION	19811001	22991231	1	307.38
26775	TREAT FINGER DISLOCATION	19780101	22991231	4	582.25
26776	PIN FINGER DISLOCATION	19871201	22991231	2	412.79
26785	TREAT FINGER DISLOCATION	19780101	22991231	2	412.79
26820	THUMB FUSION WITH GRAFT	19811001	22991231	5	664.02
26841	FUSION OF THUMB	19811001	22991231	4	582.25
26842	THUMB FUSION WITH GRAFT	19811001	22991231	4	582.25
26843	FUSION OF HAND JOINT	19811001	22991231	3	471.9
26844	FUSION/GRAFT OF HAND JOINT	19811001	22991231	3	471.9
26850	FUSION OF KNUCKLE	19811001	22991231	4	582.25
26852	FUSION OF KNUCKLE WITH GRAFT	19811001	22991231	4	582.25
26860	FUSION OF FINGER JOINT	19811001	22991231	3	471.9
26861	FUSION OF FINGER JNT ADD-ON	19811001	22991231	2	412.79
26862	FUSION/GRAFT OF FINGER JOINT	19811001	22991231	4	582.25
26863	FUSE/GRAFT ADDED JOINT	19811001	22991231	3	471.9
26910	AMPUTATE METACARPAL BONE	19780101	22991231	3	471.9
26951	AMPUTATION OF FINGER/THUMB	19780101	22991231	2	412.79

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
26952	AMPUTATION OF FINGER/THUMB	19811001	22991231	4	582.25
26989	HAND/FINGER SURGERY	19831115	22991231		
26990	DRAINAGE OF PELVIS LESION	19780101	22991231	1	307.38
26991	DRAINAGE OF PELVIS BURSA	19780101	22991231	1	307.38
27000	INCISION OF HIP TENDON	19780101	22991231	2	412.79
27001	INCISION OF HIP TENDON	19811001	22991231	3	471.9
27003	INCISION OF HIP TENDON	19811001	22991231	3	471.9
27006	INCISION OF HIP TENDONS	19811001	22991231	7	921.15
27033	EXPLORATION OF HIP JOINT	19780101	22991231	3	471.9
27035	DENERVATION OF HIP JOINT	19811001	22991231	4	582.25
27040	BIOPSY OF SOFT TISSUES	19811001	22991231	1	307.38
27041	BIOPSY OF SOFT TISSUES	19811001	22991231	2	412.79
27043	EXC HIP PELVIS LES SC 3 CM/>	20100101	22991231	3	471.9
27045	EXC HIP/PELV TUM DEEP 5 CM/>	20100101	22991231	3	471.9
27047	EXC HIP/PELVIS LES SC < 3 CM	19811001	22991231	2	412.79
27048	EXC HIP/PELV TUM DEEP < 5 CM	19811001	22991231	3	471.9
27049	RESECT HIP/PELV TUM < 5 CM	19880501	22991231	3	471.9
27050	BIOPSY OF SACROILIAC JOINT	19811001	22991231	3	471.9
27052	BIOPSY OF HIP JOINT	19811001	22991231	3	471.9
27059	RESECT HIP/PELV TUM 5 CM/>	20100101	22991231	3	471.9
27060	REMOVAL OF ISCHIAL BURSA	19811001	22991231	5	664.02
27062	REMOVE FEMUR LESION/BURSA	19780101	22991231	5	664.02
27065	REMOVE HIP BONE LES SUPER	19811001	22991231	5	664.02
27066	REMOVE HIP BONE LES DEEP	19811001	22991231	5	664.02
27067	REMOVE/GRAFT HIP BONE LESION	19811001	22991231	5	664.02
27080	REMOVAL OF TAIL BONE	19780101	22991231	2	412.79
27086	REMOVE HIP FOREIGN BODY	19811001	22991231	1	307.38
27087	REMOVE HIP FOREIGN BODY	19811001	22991231	3	471.9
27093	INJECTION FOR HIP X-RAY	19811001	22991231	1	307.38
27095	INJECTION FOR HIP X-RAY	19780101	22991231	1	307.38
27096	INJECT SACROILIAC JOINT	20000101	22991231	7	921.15

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27097	REVISION OF HIP TENDON	19811001	22991231	3	471.9
27098	TRANSFER TENDON TO PELVIS	19811001	22991231	3	471.9
27100	TRANSFER OF ABDOMINAL MUSCLE	19811001	22991231	4	582.25
27105	TRANSFER OF SPINAL MUSCLE	19811001	22991231	4	582.25
27110	TRANSFER OF ILIOPSOAS MUSCLE	19811001	22991231	4	582.25
27111	TRANSFER OF ILIOPSOAS MUSCLE	19811001	22991231	4	582.25
27130	TOTAL HIP ARTHROPLASTY	19780101	22991231		
27176	TREAT SLIPPED EPIPHYSIS	19811001	22991231		
27179	REVISE HEAD/NECK OF FEMUR	19811001	22991231		
27197	CLSD TX PELVIC RING FX	20170101	22991231		
27198	CLSD TX PELVIC RING FX	20170101	22991231		
27200	TREAT TAIL BONE FRACTURE	19780101	22991231	1	307.38
27202	TREAT TAIL BONE FRACTURE	19811001	22991231	2	412.79
27220	TREAT HIP SOCKET FRACTURE	19780101	22991231	1	307.38
27230	TREAT THIGH FRACTURE	19780101	22991231	1	307.38
27235	TREAT THIGH FRACTURE	19780101	22991231	2	412.79
27238	TREAT THIGH FRACTURE	19780101	22991231	1	307.38
27246	TREAT THIGH FRACTURE	19811001	22991231	1	307.38
27250	TREAT HIP DISLOCATION	19811001	22991231	1	307.38
27252	TREAT HIP DISLOCATION	19780101	22991231	2	412.79
27256	TREAT HIP DISLOCATION	19780101	22991231	3	471.9
27257	TREAT HIP DISLOCATION	19780101	22991231		
27265	TREAT HIP DISLOCATION	19890401	22991231	2	412.79
27266	TREAT HIP DISLOCATION	19890401	22991231	2	412.79
27267	CLTX THIGH FX	20080101	22991231	1	307.38
27275	MANIPULATION OF HIP JOINT	19780101	22991231	2	412.79
27299	PELVIS/HIP JOINT SURGERY	19831115	22991231	8	911.55
27301	DRAIN THIGH/KNEE LESION	19811001	22991231	3	471.9
27305	INCISE THIGH TENDON & FASCIA	19811001	22991231	2	412.79
27306	INCISION OF THIGH TENDON	19811001	22991231	3	471.9
27307	INCISION OF THIGH TENDONS	19811001	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27310	EXPLORATION OF KNEE JOINT	19780101	22991231	4	582.25
27323	BIOPSY THIGH SOFT TISSUES	19811001	22991231	1	307.38
27324	BIOPSY THIGH SOFT TISSUES	19811001	22991231	1	307.38
27325	NEURECTOMY HAMSTRING	20070101	22991231	2	412.79
27326	NEURECTOMY POPLITEAL	20070101	22991231	2	412.79
27327	EXC THIGH/KNEE LES SC < 3 CM	19811001	22991231	2	412.79
27328	EXC THIGH/KNEE TUM DEEP <5CM	19811001	22991231	3	471.9
27329	RESECT THIGH/KNEE TUM < 5 CM	19880501	22991231	4	582.25
27330	BIOPSY KNEE JOINT LINING	19811001	22991231	4	582.25
27331	EXPLORE/TREAT KNEE JOINT	19780101	22991231	4	582.25
27332	REMOVAL OF KNEE CARTILAGE	19780101	22991231	4	582.25
27333	REMOVAL OF KNEE CARTILAGE	19780101	22991231	4	582.25
27334	REMOVE KNEE JOINT LINING	19780101	22991231	4	582.25
27335	REMOVE KNEE JOINT LINING	19811001	22991231	4	582.25
27337	EXC THIGH/KNEE LES SC 3 CM/>	20100101	22991231	3	471.9
27339	EXC THIGH/KNEE TUM DEP 5CM/>	20100101	22991231	3	471.9
27340	REMOVAL OF KNEECAP BURSA	19780101	22991231	3	471.9
27345	REMOVAL OF KNEE CYST	19780101	22991231	4	582.25
27347	REMOVE KNEE CYST	19990101	22991231	4	582.25
27350	REMOVAL OF KNEECAP	19780101	22991231	4	582.25
27355	REMOVE FEMUR LESION	19780101	22991231	3	471.9
27356	REMOVE FEMUR LESION/GRAFT	19811001	22991231	4	582.25
27357	REMOVE FEMUR LESION/GRAFT	19811001	22991231	5	664.02
27358	REMOVE FEMUR LESION/FIXATION	19811001	22991231	5	664.02
27360	PARTIAL REMOVAL LEG BONE(S)	19780101	22991231	5	664.02
27364	RESECT THIGH/KNEE TUM 5 CM/>	20100101	22991231	3	471.9
27369	NJX CNTRST KNE ARTHG/CT/MRI	20190101	22991231		
27372	REMOVAL OF FOREIGN BODY	19811001	22991231	7	921.15
27380	REPAIR OF KNEECAP TENDON	19811001	22991231	1	307.38
27381	REPAIR/GRAFT KNEECAP TENDON	19811001	22991231	3	471.9
27385	REPAIR OF THIGH MUSCLE	19811001	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27386	REPAIR/GRAFT OF THIGH MUSCLE	19811001	22991231	3	471.9
27390	INCISION OF THIGH TENDON	19780101	22991231	1	307.38
27391	INCISION OF THIGH TENDONS	19780101	22991231	2	412.79
27392	INCISION OF THIGH TENDONS	19811001	22991231	3	471.9
27393	LENGTHENING OF THIGH TENDON	19780101	22991231	2	412.79
27394	LENGTHENING OF THIGH TENDONS	19811001	22991231	3	471.9
27395	LENGTHENING OF THIGH TENDONS	19811001	22991231	3	471.9
27396	TRANSPLANT OF THIGH TENDON	19811001	22991231	3	471.9
27397	TRANSPLANTS OF THIGH TENDONS	19811001	22991231	3	471.9
27400	REVISE THIGH MUSCLES/TENDONS	19811001	22991231	3	471.9
27403	REPAIR OF KNEE CARTILAGE	19871201	22991231	4	582.25
27405	REPAIR OF KNEE LIGAMENT	19780101	22991231	4	582.25
27407	REPAIR OF KNEE LIGAMENT	19780101	22991231	4	582.25
27409	REPAIR OF KNEE LIGAMENTS	19780101	22991231	4	582.25
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	20050101	22991231	4	582.25
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	20080101	22991231	4	582.25
27418	REPAIR DEGENERATED KNEECAP	19811001	22991231	3	471.9
27420	REVISION OF UNSTABLE KNEECAP	19780101	22991231	3	471.9
27422	REVISION OF UNSTABLE KNEECAP	19780101	22991231	7	921.15
27424	REVISION/REMOVAL OF KNEECAP	19811001	22991231	3	471.9
27425	LAT RETINACULAR RELEASE OPEN	19811001	22991231	7	921.15
27427	RECONSTRUCTION KNEE	19871201	22991231	3	471.9
27428	RECONSTRUCTION KNEE	19871201	22991231	4	582.25
27429	RECONSTRUCTION KNEE	19871201	22991231	4	582.25
27430	REVISION OF THIGH MUSCLES	19811001	22991231	4	582.25
27435	INCISION OF KNEE JOINT	19811001	22991231	4	582.25
27437	REVISE KNEECAP	19811001	22991231	4	582.25
27438	REVISE KNEECAP WITH IMPLANT	19811001	22991231	5	664.02
27440	REVISION OF KNEE JOINT	19780101	22991231	5	664.02
27441	REVISION OF KNEE JOINT	19780101	22991231	5	664.02
27442	REVISION OF KNEE JOINT	19780101	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27443	REVISION OF KNEE JOINT	19780101	22991231	5	664.02
27446	REVISION OF KNEE JOINT	19780101	22991231	3	471.9
27447	TOTAL KNEE ARTHROPLASTY	19780101	22991231		
27475	SURGERY TO STOP LEG GROWTH	19780101	22991231	3	471.9
27477	SURGERY TO STOP LEG GROWTH	19780101	22991231		
27479	SURGERY TO STOP LEG GROWTH	19780101	22991231	3	471.9
27485	SURGERY TO STOP LEG GROWTH	19780101	22991231		
27496	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	5	664.02
27497	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	3	471.9
27498	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	3	471.9
27499	DECOMPRESSION OF THIGH/KNEE	19930101	22991231	3	471.9
27500	TREATMENT OF THIGH FRACTURE	19780101	22991231	1	307.38
27502	TREATMENT OF THIGH FRACTURE	19780101	22991231		
27508	TREATMENT OF THIGH FRACTURE	19780101	22991231	1	307.38
27509	TREATMENT OF THIGH FRACTURE	19930101	22991231	3	471.9
27510	TREATMENT OF THIGH FRACTURE	19780101	22991231	1	307.38
27514	TREATMENT OF THIGH FRACTURE	19780101	22991231		
27516	TREAT THIGH FX GROWTH PLATE	19811001	22991231	1	307.38
27517	TREAT THIGH FX GROWTH PLATE	19811001	22991231	1	307.38
27520	TREAT KNEECAP FRACTURE	19780101	22991231	1	307.38
27524	TREAT KNEECAP FRACTURE	19780101	22991231		
27530	TREAT KNEE FRACTURE	19780101	22991231	2	412.79
27532	TREAT KNEE FRACTURE	19780101	22991231	1	307.38
27538	TREAT KNEE FRACTURE(S)	19780101	22991231	1	307.38
27540	TREAT KNEE FRACTURE	19811001	22991231	7	921.15
27550	TREAT KNEE DISLOCATION	19811001	22991231	1	307.38
27552	TREAT KNEE DISLOCATION	19780101	22991231	1	307.38
27557	TREAT KNEE DISLOCATION	19811001	22991231		
27560	TREAT KNEECAP DISLOCATION	19811001	22991231	1	307.38
27562	TREAT KNEECAP DISLOCATION	19780101	22991231	8	911.55
27566	TREAT KNEECAP DISLOCATION	19780101	22991231	2	412.79

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27570	FIXATION OF KNEE JOINT	19780101	22991231	3	471.9
27594	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231	3	471.9
27599	LEG SURGERY PROCEDURE	19831115	22991231	4	582.25
27600	DECOMPRESSION OF LOWER LEG	19811001	22991231	3	471.9
27601	DECOMPRESSION OF LOWER LEG	19871201	22991231	3	471.9
27602	DECOMPRESSION OF LOWER LEG	19811001	22991231	3	471.9
27603	DRAIN LOWER LEG LESION	19780101	22991231	2	412.79
27604	DRAIN LOWER LEG BURSA	19780101	22991231	2	412.79
27605	INCISION OF ACHILLES TENDON	19811001	22991231	1	307.38
27606	INCISION OF ACHILLES TENDON	19811001	22991231	1	307.38
27607	TREAT LOWER LEG BONE LESION	19811001	22991231	2	412.79
27610	EXPLORE/TREAT ANKLE JOINT	19780101	22991231	2	412.79
27612	EXPLORATION OF ANKLE JOINT	19811001	22991231	3	471.9
27613	BIOPSY LOWER LEG SOFT TISSUE	19811001	22991231	4	582.25
27614	BIOPSY LOWER LEG SOFT TISSUE	19811001	22991231	2	412.79
27615	RESECT LEG/ANKLE TUM < 5 CM	19880501	22991231	3	471.9
27616	RESECT LEG/ANKLE TUM 5 CM/>	20100101	22991231	3	471.9
27618	EXC LEG/ANKLE TUM < 3 CM	19811001	22991231	2	412.79
27619	EXC LEG/ANKLE TUM DEEP <5 CM	19811001	22991231	3	471.9
27620	EXPLORE/TREAT ANKLE JOINT	19811001	22991231	4	582.25
27625	REMOVE ANKLE JOINT LINING	19780101	22991231	4	582.25
27626	REMOVE ANKLE JOINT LINING	19811001	22991231	4	582.25
27630	REMOVAL OF TENDON LESION	19780101	22991231	3	471.9
27632	EXC LEG/ANKLE LES SC 3 CM/>	20100101	22991231	3	471.9
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	20100101	22991231	3	471.9
27635	REMOVE LOWER LEG BONE LESION	19780101	22991231	3	471.9
27637	REMOVE/GRAFT LEG BONE LESION	19811001	22991231	3	471.9
27638	REMOVE/GRAFT LEG BONE LESION	19811001	22991231	3	471.9
27640	PARTIAL REMOVAL OF TIBIA	19780101	22991231	2	412.79
27641	PARTIAL REMOVAL OF FIBULA	19780101	22991231	2	412.79
27647	RESECT TALUS/CALCANEUS TUM	19780101	22991231	3	471.9



# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27648	INJECTION FOR ANKLE X-RAY	19780101	22991231	1	307.38
27650	REPAIR ACHILLES TENDON	19811001	22991231	3	471.9
27652	REPAIR/GRAFT ACHILLES TENDON	19811001	22991231	3	471.9
27654	REPAIR OF ACHILLES TENDON	19811001	22991231	3	471.9
27656	REPAIR LEG FASCIA DEFECT	19811001	22991231	2	412.79
27658	REPAIR OF LEG TENDON EACH	19811001	22991231	1	307.38
27659	REPAIR OF LEG TENDON EACH	19811001	22991231	2	412.79
27664	REPAIR OF LEG TENDON EACH	19811001	22991231	2	412.79
27665	REPAIR OF LEG TENDON EACH	19811001	22991231	2	412.79
27675	REPAIR LOWER LEG TENDONS	19811001	22991231	2	412.79
27676	REPAIR LOWER LEG TENDONS	19811001	22991231	3	471.9
27680	RELEASE OF LOWER LEG TENDON	19780101	22991231	3	471.9
27681	RELEASE OF LOWER LEG TENDONS	19780101	22991231	2	412.79
27685	REVISION OF LOWER LEG TENDON	19780101	22991231	3	471.9
27686	REVISE LOWER LEG TENDONS	19780101	22991231	3	471.9
27687	REVISION OF CALF TENDON	19811001	22991231	3	471.9
27690	REVISE LOWER LEG TENDON	19811001	22991231	4	582.25
27691	REVISE LOWER LEG TENDON	19811001	22991231	4	582.25
27692	REVISE ADDITIONAL LEG TENDON	19811001	22991231	3	471.9
27695	REPAIR OF ANKLE LIGAMENT	19780101	22991231	2	412.79
27696	REPAIR OF ANKLE LIGAMENTS	19780101	22991231	2	412.79
27698	REPAIR OF ANKLE LIGAMENT	19811001	22991231	2	412.79
27700	REVISION OF ANKLE JOINT	19780101	22991231	5	664.02
27704	REMOVAL OF ANKLE IMPLANT	19780101	22991231	2	412.79
27705	INCISION OF TIBIA	19780101	22991231	2	412.79
27707	INCISION OF FIBULA	19780101	22991231	2	412.79
27709	INCISION OF TIBIA & FIBULA	19811001	22991231	2	412.79
27720	REPAIR OF TIBIA	19811001	22991231	3	471.9
27722	REPAIR/GRAFT OF TIBIA	19811001	22991231		
27726	REPAIR FIBULA NONUNION	20080101	22991231	3	471.9
27730	REPAIR OF TIBIA EPIPHYSIS	19811001	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27732	REPAIR OF FIBULA EPIPHYSIS	19811001	22991231	2	412.79
27734	REPAIR LOWER LEG EPIPHYSES	19780101	22991231	2	412.79
27740	REPAIR OF LEG EPIPHYSES	19780101	22991231	2	412.79
27742	REPAIR OF LEG EPIPHYSES	19780101	22991231	2	412.79
27745	REINFORCE TIBIA	19871201	22991231	3	471.9
27750	TREATMENT OF TIBIA FRACTURE	19780101	22991231		
27752	TREATMENT OF TIBIA FRACTURE	19780101	22991231		
27756	TREATMENT OF TIBIA FRACTURE	19780101	22991231	3	471.9
27758	TREATMENT OF TIBIA FRACTURE	19780101	22991231	4	582.25
27759	TREATMENT OF TIBIA FRACTURE	19930101	22991231	4	582.25
27760	CLTX MEDIAL ANKLE FX	19780101	22991231		
27762	CLTX MED ANKLE FX W/MNPJ	19780101	22991231		
27766	OPTX MEDIAL ANKLE FX	19780101	22991231	3	471.9
27767	CLTX POST ANKLE FX	20080101	22991231	1	307.38
27768	CLTX POST ANKLE FX W/MNPJ	20080101	22991231	1	307.38
27769	OPTX POST ANKLE FX	20080101	22991231	3	471.9
27780	TREATMENT OF FIBULA FRACTURE	19780101	22991231	1	307.38
27781	TREATMENT OF FIBULA FRACTURE	19811001	22991231		
27784	TREATMENT OF FIBULA FRACTURE	19780101	22991231	3	471.9
27786	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27788	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27792	TREATMENT OF ANKLE FRACTURE	19780101	22991231	3	471.9
27808	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27810	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27814	TREATMENT OF ANKLE FRACTURE	19780101	22991231	3	471.9
27816	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27818	TREATMENT OF ANKLE FRACTURE	19780101	22991231	1	307.38
27822	TREATMENT OF ANKLE FRACTURE	19780101	22991231	3	471.9
27823	TREATMENT OF ANKLE FRACTURE	19840501	22991231	3	471.9
27824	TREAT LOWER LEG FRACTURE	19930101	22991231	1	307.38
27826	TREAT LOWER LEG FRACTURE	19930101	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
27827	TREAT LOWER LEG FRACTURE	19930101	22991231	3	471.9
27828	TREAT LOWER LEG FRACTURE	19930101	22991231	4	582.25
27829	TREAT LOWER LEG JOINT	19930101	22991231	2	412.79
27830	TREAT LOWER LEG DISLOCATION	19811001	22991231		
27831	TREAT LOWER LEG DISLOCATION	19811001	22991231		
27832	TREAT LOWER LEG DISLOCATION	19811001	22991231	2	412.79
27840	TREAT ANKLE DISLOCATION	19811001	22991231	1	307.38
27842	TREAT ANKLE DISLOCATION	19780101	22991231	1	307.38
27846	TREAT ANKLE DISLOCATION	19780101	22991231	3	471.9
27848	TREAT ANKLE DISLOCATION	19811001	22991231	3	471.9
27860	FIXATION OF ANKLE JOINT	19780101	22991231	1	307.38
27870	FUSION OF ANKLE JOINT OPEN	19780101	22991231	4	582.25
27871	FUSION OF TIBIOFIBULAR JOINT	19811001	22991231	4	582.25
27884	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231	3	471.9
27886	AMPUTATION FOLLOW-UP SURGERY	19780101	22991231		
27889	AMPUTATION OF FOOT AT ANKLE	19811001	22991231	3	471.9
27892	DECOMPRESSION OF LEG	19930101	22991231	3	471.9
27893	DECOMPRESSION OF LEG	19930101	22991231	3	471.9
27894	DECOMPRESSION OF LEG	19930101	22991231	3	471.9
28001	DRAINAGE OF BURSA OF FOOT	19780101	22991231	4	582.25
28002	TREATMENT OF FOOT INFECTION	19811001	22991231	3	471.9
28003	TREATMENT OF FOOT INFECTION	19811001	22991231	3	471.9
28005	TREAT FOOT BONE LESION	19811001	22991231	3	471.9
28008	INCISION OF FOOT FASCIA	19811001	22991231	3	471.9
28010	INCISION OF TOE TENDON	19811001	22991231	3	471.9
28011	INCISION OF TOE TENDONS	19811001	22991231	3	471.9
28020	EXPLORATION OF FOOT JOINT	19780101	22991231	2	412.79
28022	EXPLORATION OF FOOT JOINT	19780101	22991231	2	412.79
28024	EXPLORATION OF TOE JOINT	19780101	22991231	2	412.79
28035	DECOMPRESSION OF TIBIA NERVE	19811001	22991231	4	582.25
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	20100101	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	20100101	22991231	2	412.79
28043	EXC FOOT/TOE TUM SC < 1.5 CM	19811001	22991231	2	412.79
28045	EXC FOOT/TOE TUM DEEP <1.5CM	19811001	22991231	2	412.79
28046	RESECT FOOT/TOE TUMOR < 3 CM	19880501	22991231	2	412.79
28047	RESECT FOOT/TOE TUMOR 3 CM/>	20100101	22991231	3	471.9
28050	BIOPSY OF FOOT JOINT LINING	19811001	22991231	2	412.79
28052	BIOPSY OF FOOT JOINT LINING	19811001	22991231	2	412.79
28054	BIOPSY OF TOE JOINT LINING	19811001	22991231	2	412.79
28055	NEURECTOMY FOOT	20070101	22991231	4	582.25
28060	PARTIAL REMOVAL FOOT FASCIA	19811001	22991231	2	412.79
28062	REMOVAL OF FOOT FASCIA	19811001	22991231	3	471.9
28070	REMOVAL OF FOOT JOINT LINING	19811001	22991231	3	471.9
28072	REMOVAL OF FOOT JOINT LINING	19811001	22991231	3	471.9
28080	REMOVAL OF FOOT LESION	19811001	22991231	3	471.9
28086	EXCISE FOOT TENDON SHEATH	19811001	22991231	2	412.79
28088	EXCISE FOOT TENDON SHEATH	19811001	22991231	2	412.79
28090	REMOVAL OF FOOT LESION	19780101	22991231	3	471.9
28092	REMOVAL OF TOE LESIONS	19780101	22991231	3	471.9
28100	REMOVAL OF ANKLE/HEEL LESION	19811001	22991231	2	412.79
28102	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28103	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28104	REMOVAL OF FOOT LESION	19811001	22991231	2	412.79
28106	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28107	REMOVE/GRAFT FOOT LESION	19811001	22991231	3	471.9
28108	REMOVAL OF TOE LESIONS	19780101	22991231		
28110	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9
28111	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9
28112	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9
28113	PART REMOVAL OF METATARSAL	19811001	22991231	3	471.9
28114	REMOVAL OF METATARSAL HEADS	19811001	22991231	3	471.9
28116	REVISION OF FOOT	19811001	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
28118	REMOVAL OF HEEL BONE	19780101	22991231	4	582.25
28119	REMOVAL OF HEEL SPUR	19780101	22991231	4	582.25
28120	PART REMOVAL OF ANKLE/HEEL	19780101	22991231	7	921.15
28122	PARTIAL REMOVAL OF FOOT BONE	19780101	22991231	3	471.9
28124	PARTIAL REMOVAL OF TOE	19780101	22991231	1	307.38
28126	PARTIAL REMOVAL OF TOE	19811001	22991231	3	471.9
28130	REMOVAL OF ANKLE BONE	19780101	22991231	3	471.9
28140	REMOVAL OF METATARSAL	19780101	22991231	3	471.9
28150	REMOVAL OF TOE	19811001	22991231	3	471.9
28153	PARTIAL REMOVAL OF TOE	19811001	22991231	3	471.9
28160	PARTIAL REMOVAL OF TOE	19811001	22991231	3	471.9
28171	RESECT TARSAL TUMOR	19811001	22991231	3	471.9
28173	RESECT METATARSAL TUMOR	19811001	22991231	3	471.9
28175	RESECT PHALANX OF TOE TUMOR	19811001	22991231	3	471.9
28190	REMOVAL OF FOOT FOREIGN BODY	19811001	22991231	4	582.25
28192	REMOVAL OF FOOT FOREIGN BODY	19811001	22991231	2	412.79
28193	REMOVAL OF FOOT FOREIGN BODY	19811001	22991231		
28202	REPAIR/GRAFT OF FOOT TENDON	19811001	22991231	3	471.9
28208	REPAIR OF FOOT TENDON	19811001	22991231	3	471.9
28210	REPAIR/GRAFT OF FOOT TENDON	19811001	22991231	3	471.9
28220	RELEASE OF FOOT TENDON	19780101	22991231		
28222	RELEASE OF FOOT TENDONS	19780101	22991231	1	307.38
28225	RELEASE OF FOOT TENDON	19780101	22991231	1	307.38
28226	RELEASE OF FOOT TENDONS	19780101	22991231	1	307.38
28230	INCISION OF FOOT TENDON(S)	19811001	22991231		
28232	INCISION OF TOE TENDON	19811001	22991231	5	664.02
28234	INCISION OF FOOT TENDON	19811001	22991231	2	412.79
28238	REVISION OF FOOT TENDON	19811001	22991231	3	471.9
28240	RELEASE OF BIG TOE	19811001	22991231	2	412.79
28250	REVISION OF FOOT FASCIA	19811001	22991231	3	471.9
28260	RELEASE OF MIDFOOT JOINT	19811001	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
28261	REVISION OF FOOT TENDON	19811001	22991231	3	471.9
28262	REVISION OF FOOT AND ANKLE	19811001	22991231	4	582.25
28264	RELEASE OF MIDFOOT JOINT	19811001	22991231	1	307.38
28270	RELEASE OF FOOT CONTRACTURE	19811001	22991231	3	471.9
28272	RELEASE OF TOE JOINT EACH	19811001	22991231	4	582.25
28280	FUSION OF TOES	19811001	22991231	2	412.79
28285	REPAIR OF HAMMERTOES	19780101	22991231	3	471.9
28286	REPAIR OF HAMMERTOES	19811001	22991231	4	582.25
28288	PARTIAL REMOVAL OF FOOT BONE	19811001	22991231	3	471.9
28289	CORR HALUX RIGDUS W/O IMPLT	19990101	22991231	3	471.9
28291	CORR HALUX RIGDUS W/IMPLT	20170101	22991231		
28292	CORRECTION HALLUX VALGUS	19780101	22991231	2	412.79
28295	CORRECTION HALLUX VALGUS	20170101	22991231		
28296	CORRECTION HALLUX VALGUS	19811001	22991231	3	471.9
28297	CORRECTION HALLUX VALGUS	19871201	22991231	3	471.9
28298	CORRECTION HALLUX VALGUS	19811001	22991231	3	471.9
28299	CORRECTION HALLUX VALGUS	19811001	22991231	5	664.02
28300	INCISION OF HEEL BONE	19780101	22991231	2	412.79
28302	INCISION OF ANKLE BONE	19811001	22991231	2	412.79
28304	INCISION OF MIDFOOT BONES	19780101	22991231	2	412.79
28305	INCISE/GRAFT MIDFOOT BONES	19811001	22991231	3	471.9
28306	INCISION OF METATARSAL	19780101	22991231	4	582.25
28307	INCISION OF METATARSAL	19890401	22991231	4	582.25
28308	INCISION OF METATARSAL	19780101	22991231	2	412.79
28309	INCISION OF METATARSALS	19780101	22991231	4	582.25
28310	REVISION OF BIG TOE	19780101	22991231	3	471.9
28312	REVISION OF TOE	19780101	22991231	3	471.9
28313	REPAIR DEFORMITY OF TOE	19890401	22991231	2	412.79
28315	REMOVAL OF SESAMOID BONE	19780101	22991231	4	582.25
28320	REPAIR OF FOOT BONES	19811001	22991231	4	582.25
28322	REPAIR OF METATARSALS	19811001	22991231	4	582.25

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
28340	RESECT ENLARGED TOE TISSUE	19890401	22991231	4	582.25
28341	RESECT ENLARGED TOE	19890401	22991231	4	582.25
28344	REPAIR EXTRA TOE(S)	19890401	22991231	4	582.25
28345	REPAIR WEBBED TOE(S)	19890401	22991231	4	582.25
28360	RECONSTRUCT CLEFT FOOT	19890401	22991231	7	921.15
28400	TREATMENT OF HEEL FRACTURE	19780101	22991231	1	307.38
28405	TREATMENT OF HEEL FRACTURE	19780101	22991231		
28406	TREATMENT OF HEEL FRACTURE	19780101	22991231	2	412.79
28415	TREAT HEEL FRACTURE	19780101	22991231	3	471.9
28420	TREAT/GRAFT HEEL FRACTURE	19811001	22991231	4	582.25
28430	TREATMENT OF ANKLE FRACTURE	19780101	22991231	2	412.79
28435	TREATMENT OF ANKLE FRACTURE	19780101	22991231	2	412.79
28436	TREATMENT OF ANKLE FRACTURE	19871201	22991231	2	412.79
28445	TREAT ANKLE FRACTURE	19780101	22991231	3	471.9
28446	OSTEOCHONDRAL TALUS AUTOGRFT	20080101	22991231	3	471.9
28450	TREAT MIDFOOT FRACTURE EACH	19780101	22991231	2	412.79
28455	TREAT MIDFOOT FRACTURE EACH	19780101	22991231	2	412.79
28456	TREAT MIDFOOT FRACTURE	19871201	22991231	2	412.79
28465	TREAT MIDFOOT FRACTURE EACH	19780101	22991231	3	471.9
28470	TREAT METATARSAL FRACTURE	19780101	22991231	2	412.79
28475	TREAT METATARSAL FRACTURE	19780101	22991231	2	412.79
28476	TREAT METATARSAL FRACTURE	19871201	22991231	2	412.79
28485	TREAT METATARSAL FRACTURE	19780101	22991231	4	582.25
28490	TREAT BIG TOE FRACTURE	19780101	22991231	2	412.79
28495	TREAT BIG TOE FRACTURE	19780101	22991231	2	412.79
28496	TREAT BIG TOE FRACTURE	19871201	22991231	2	412.79
28505	TREAT BIG TOE FRACTURE	19780101	22991231	3	471.9
28510	TREATMENT OF TOE FRACTURE	19780101	22991231	2	412.79
28515	TREATMENT OF TOE FRACTURE	19780101	22991231	2	412.79
28525	TREAT TOE FRACTURE	19780101	22991231	3	471.9
28530	TREAT SESAMOID BONE FRACTURE	19890401	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
28531	TREAT SESAMOID BONE FRACTURE	19930101	22991231	3	471.9
28540	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28545	TREAT FOOT DISLOCATION	19780101	22991231	1	307.38
28546	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28555	REPAIR FOOT DISLOCATION	19780101	22991231	2	412.79
28570	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28575	TREAT FOOT DISLOCATION	19780101	22991231		
28576	TREAT FOOT DISLOCATION	19930101	22991231	3	471.9
28585	REPAIR FOOT DISLOCATION	19780101	22991231	3	471.9
28600	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28605	TREAT FOOT DISLOCATION	19780101	22991231	1	307.38
28606	TREAT FOOT DISLOCATION	19811001	22991231	2	412.79
28615	REPAIR FOOT DISLOCATION	19780101	22991231	3	471.9
28630	TREAT TOE DISLOCATION	19811001	22991231	2	412.79
28635	TREAT TOE DISLOCATION	19780101	22991231	1	307.38
28636	TREAT TOE DISLOCATION	19930101	22991231	3	471.9
28645	REPAIR TOE DISLOCATION	19780101	22991231	3	471.9
28660	TREAT TOE DISLOCATION	19780101	22991231	2	412.79
28665	TREAT TOE DISLOCATION	19811001	22991231	1	307.38
28666	TREAT TOE DISLOCATION	19930101	22991231	3	471.9
28675	REPAIR OF TOE DISLOCATION	19780101	22991231	3	471.9
28705	FUSION OF FOOT BONES	19811001	22991231	4	582.25
28715	FUSION OF FOOT BONES	19780101	22991231	4	582.25
28725	FUSION OF FOOT BONES	19811001	22991231	4	582.25
28730	FUSION OF FOOT BONES	19780101	22991231	2	412.79
28735	FUSION OF FOOT BONES	19811001	22991231	4	582.25
28737	REVISION OF FOOT BONES	19811001	22991231	5	664.02
28740	FUSION OF FOOT BONES	19780101	22991231	4	582.25
28750	FUSION OF BIG TOE JOINT	19780101	22991231	4	582.25
28755	FUSION OF BIG TOE JOINT	19780101	22991231	4	582.25
28760	FUSION OF BIG TOE JOINT	19811001	22991231	4	582.25



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
28805	AMPUTATION THRU METATARSAL	19780101	22991231		
28810	AMPUTATION TOE & METATARSAL	19780101	22991231	2	412.79
28820	AMPUTATION OF TOE	19811001	22991231	2	412.79
28825	PARTIAL AMPUTATION OF TOE	19811001	22991231	2	412.79
28890	HI ENRGY ESWT PLANTAR FASCIA	20060101	22991231	4	582.25
29000	APPLICATION OF BODY CAST	19780101	22991231	1	307.38
29010	APPLICATION OF BODY CAST	19780101	22991231	3	471.9
29015	APPLICATION OF BODY CAST	19780101	22991231	3	471.9
29035	APPLICATION OF BODY CAST	19780101	22991231	3	471.9
29040	APPLICATION OF BODY CAST	19780101	22991231	1	307.38
29044	APPLICATION OF BODY CAST	19811001	22991231	3	471.9
29046	APPLICATION OF BODY CAST	19811001	22991231	1	307.38
29049	APPLICATION OF FIGURE EIGHT	19811001	22991231	1	307.38
29055	APPLICATION OF SHOULDER CAST	19780101	22991231	3	471.9
29058	APPLICATION OF SHOULDER CAST	19811001	22991231	1	307.38
29065	APPLICATION OF LONG ARM CAST	19780101	22991231	2	412.79
29075	APPLICATION OF FOREARM CAST	19780101	22991231	2	412.79
29085	APPLY HAND/WRIST CAST	19780101	22991231	1	307.38
29105	APPLY LONG ARM SPLINT	19811001	22991231	1	307.38
29125	APPLY FOREARM SPLINT	19780101	22991231	1	307.38
29126	APPLY FOREARM SPLINT	19811001	22991231	1	307.38
29130	APPLICATION OF FINGER SPLINT	19811001	22991231	1	307.38
29131	APPLICATION OF FINGER SPLINT	19811001	22991231	1	307.38
29200	STRAPPING OF CHEST	19811001	22991231	1	307.38
29240	STRAPPING OF SHOULDER	19811001	22991231	1	307.38
29260	STRAPPING OF ELBOW OR WRIST	19811001	22991231	1	307.38
29280	STRAPPING OF HAND OR FINGER	19811001	22991231	1	307.38
29305	APPLICATION OF HIP CAST	19780101	22991231	3	471.9
29325	APPLICATION OF HIP CASTS	19780101	22991231	3	471.9
29345	APPLICATION OF LONG LEG CAST	19780101	22991231	2	412.79
29355	APPLICATION OF LONG LEG CAST	19811001	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
29358	APPLY LONG LEG CAST BRACE	19811001	22991231	2	412.79
29365	APPLICATION OF LONG LEG CAST	19811001	22991231	2	412.79
29405	APPLY SHORT LEG CAST	19780101	22991231	2	412.79
29425	APPLY SHORT LEG CAST	19780101	22991231	1	307.38
29435	APPLY SHORT LEG CAST	19840501	22991231	2	412.79
29440	ADDITION OF WALKER TO CAST	19811001	22991231	1	307.38
29445	APPLY RIGID LEG CAST	19950101	22991231		
29450	APPLICATION OF LEG CAST	19780101	22991231	1	307.38
29505	APPLICATION LONG LEG SPLINT	19780101	22991231	1	307.38
29515	APPLICATION LOWER LEG SPLINT	19780101	22991231	1	307.38
29520	STRAPPING OF HIP	19811001	22991231	1	307.38
29530	STRAPPING OF KNEE	19811001	22991231	1	307.38
29540	STRAPPING OF ANKLE AND/OR FT	19811001	22991231	1	307.38
29550	STRAPPING OF TOES	19811001	22991231	1	307.38
29580	APPLICATION OF PASTE BOOT	19780101	22991231	1	307.38
29581	APPLY MULTLAY COMPRS LWR LEG	20100101	22991231	1	307.38
29584	APPL MULTLAY COMPRS ARM/HAND	20120101	22991231		
29700	REMOVAL/REVISION OF CAST	19780101	22991231	1	307.38
29705	REMOVAL/REVISION OF CAST	19780101	22991231	1	307.38
29710	REMOVAL/REVISION OF CAST	19780101	22991231	2	412.79
29720	REPAIR OF BODY CAST	19780101	22991231	1	307.38
29730	WINDOWING OF CAST	19780101	22991231	1	307.38
29740	WEDGING OF CAST	19780101	22991231	1	307.38
29750	WEDGING OF CLUBFOOT CAST	19780101	22991231	1	307.38
29800	JAW ARTHROSCOPY/SURGERY	19910401	22991231	3	471.9
29804	JAW ARTHROSCOPY/SURGERY	19910401	22991231	3	471.9
29805	SHOULDER ARTHROSCOPY DX	20020101	22991231	3	471.9
29806	SHOULDER ARTHROSCOPY/SURGERY	20020101	22991231	3	471.9
29807	SHOULDER ARTHROSCOPY/SURGERY	20020101	22991231	3	471.9
29819	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29820	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
29821	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29822	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29823	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29824	SHOULDER ARTHROSCOPY/SURGERY	20020101	22991231	5	664.02
29825	SHOULDER ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29826	SHOULDER ARTHROSCOPY/SURGERY	19900401	22991231	3	471.9
29827	ARTHROSCOP ROTATOR CUFF REPR	20030101	22991231	5	664.02
29828	ARTHROSCOPY BICEPS TENODESIS	20080101	22991231	3	471.9
29830	ELBOW ARTHROSCOPY	19871201	22991231	3	471.9
29834	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29835	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29836	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29837	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29838	ELBOW ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29840	WRIST ARTHROSCOPY	19880501	22991231	3	471.9
29843	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29844	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29845	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29846	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29847	WRIST ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29848	WRIST ENDOSCOPY/SURGERY	19920115	22991231	8	911.55
29850	KNEE ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29851	KNEE ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29855	TIBIAL ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29856	TIBIAL ARTHROSCOPY/SURGERY	19930101	22991231	4	582.25
29860	HIP ARTHROSCOPY DX	19980101	22991231	4	582.25
29861	HIP ARTHRO W/FB REMOVAL	19980101	22991231	4	582.25
29862	HIP ARTHRO W/DEBRIDEMENT	19980101	22991231		
29863	HIP ARTHRO W/SYNOVECTOMY	19980101	22991231	4	582.25
29870	KNEE ARTHROSCOPY DX	19871201	22991231	3	471.9
29871	KNEE ARTHROSCOPY/DRAINAGE	19871201	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
29873	KNEE ARTHROSCOPY/SURGERY	20030101	22991231	3	471.9
29874	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29875	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29876	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29877	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29879	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29880	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	4	582.25
29881	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	4	582.25
29882	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29883	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29884	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29885	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29886	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29887	KNEE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29888	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29889	KNEE ARTHROSCOPY/SURGERY	19880501	22991231	3	471.9
29891	ANKLE ARTHROSCOPY/SURGERY	19980101	22991231	3	471.9
29892	ANKLE ARTHROSCOPY/SURGERY	19980101	22991231	3	471.9
29893	SCOPE PLANTAR FASCIOTOMY	19980101	22991231	8	911.55
29894	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29895	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29897	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29898	ANKLE ARTHROSCOPY/SURGERY	19871201	22991231	3	471.9
29899	ANKLE ARTHROSCOPY/SURGERY	20030101	22991231	3	471.9
29900	MCP JOINT ARTHROSCOPY DX	20020101	22991231	3	471.9
29901	MCP JOINT ARTHROSCOPY SURG	20020101	22991231	3	471.9
29902	MCP JOINT ARTHROSCOPY SURG	20020101	22991231	3	471.9
29904	SUBTALAR ARTHRO W/FB RMVL	20080101	22991231	3	471.9
29905	SUBTALAR ARTHRO W/EXC	20080101	22991231	3	471.9
29906	SUBTALAR ARTHRO W/DEB	20080101	22991231	3	471.9
29907	SUBTALAR ARTHRO W/FUSION	20080101	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
29914	HIP ARTHRO W/FEMOROPLASTY	20110101	22991231	3	471.9
29915	HIP ARTHRO ACETABULOPLASTY	20110101	22991231	3	471.9
29916	HIP ARTHRO W/LABRAL REPAIR	20110101	22991231	3	471.9
30000	DRAINAGE OF NOSE LESION	19780101	22991231	3	471.9
30020	DRAINAGE OF NOSE LESION	19780101	22991231	3	471.9
30100	INTRANASAL BIOPSY	19780101	22991231	3	471.9
30110	REMOVAL OF NOSE POLYP(S)	19780101	22991231	4	582.25
30115	REMOVAL OF NOSE POLYP(S)	19780101	22991231	2	412.79
30117	REMOVAL OF INTRANASAL LESION	19811001	22991231	3	471.9
30118	REMOVAL OF INTRANASAL LESION	19811001	22991231	3	471.9
30120	REVISION OF NOSE	19780101	22991231	1	307.38
30124	REMOVAL OF NOSE LESION	19811001	22991231	1	307.38
30125	REMOVAL OF NOSE LESION	19811001	22991231	2	412.79
30130	EXCISE INFERIOR TURBINATE	19811001	22991231	3	471.9
30140	RESECT INFERIOR TURBINATE	19780101	22991231	2	412.79
30150	PARTIAL REMOVAL OF NOSE	19811001	22991231	3	471.9
30160	REMOVAL OF NOSE	19811001	22991231	4	582.25
30200	INJECTION TREATMENT OF NOSE	19811001	22991231	2	412.79
30210	NASAL SINUS THERAPY	19811001	22991231	3	471.9
30220	INSERT NASAL SEPTAL BUTTON	19811001	22991231	3	471.9
30300	REMOVE NASAL FOREIGN BODY	19811001	22991231	1	307.38
30310	REMOVE NASAL FOREIGN BODY	19780101	22991231	3	471.9
30320	REMOVE NASAL FOREIGN BODY	19780101	22991231	8	911.55
30400	RECONSTRUCTION OF NOSE	19780101	22991231	4	582.25
30410	RECONSTRUCTION OF NOSE	19780101	22991231	5	664.02
30420	RECONSTRUCTION OF NOSE	19780101	22991231	5	664.02
30430	REVISION OF NOSE	19780101	22991231	3	471.9
30435	REVISION OF NOSE	19811001	22991231	5	664.02
30450	REVISION OF NOSE	19811001	22991231	7	921.15
30460	REVISION OF NOSE	19930101	22991231	7	921.15
30462	REVISION OF NOSE	19930101	22991231	8	911.55

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
30465	REPAIR NASAL STENOSIS	20010101	22991231		
30520	REPAIR OF NASAL SEPTUM	19780101	22991231	4	582.25
30540	REPAIR NASAL DEFECT	19780101	22991231	5	664.02
30545	REPAIR NASAL DEFECT	19780101	22991231	5	664.02
30560	RELEASE OF NASAL ADHESIONS	19780101	22991231	2	412.79
30580	REPAIR UPPER JAW FISTULA	19780101	22991231	4	582.25
30600	REPAIR MOUTH/NOSE FISTULA	19780101	22991231	4	582.25
30620	INTRANASAL RECONSTRUCTION	19780101	22991231	7	921.15
30630	REPAIR NASAL SEPTUM DEFECT	19811001	22991231	7	921.15
30801	ABLATE INF TURBINATE SUPERF	19920115	22991231	1	307.38
30802	ABLATE INF TURBINATE SUBMUC	19920115	22991231	1	307.38
30901	CONTROL OF NOSEBLEED	19780101	22991231	1	307.38
30903	CONTROL OF NOSEBLEED	19811001	22991231	1	307.38
30905	CONTROL OF NOSEBLEED	19780101	22991231	1	307.38
30906	REPEAT CONTROL OF NOSEBLEED	19780101	22991231	1	307.38
30915	LIGATION NASAL SINUS ARTERY	19780101	22991231	2	412.79
30920	LIGATION UPPER JAW ARTERY	19780101	22991231	3	471.9
30930	THER FX NASAL INF TURBINATE	19811001	22991231	8	911.55
30999	NASAL SURGERY PROCEDURE	19831115	22991231	6	775.59
31000	IRRIGATION MAXILLARY SINUS	19780101	22991231	3	471.9
31002	IRRIGATION SPHENOID SINUS	19811001	22991231	6	775.59
31020	EXPLORATION MAXILLARY SINUS	19780101	22991231	2	412.79
31030	EXPLORATION MAXILLARY SINUS	19780101	22991231	3	471.9
31032	EXPLORE SINUS REMOVE POLYPS	19811001	22991231	4	582.25
31040	EXPLORATION BEHIND UPPER JAW	19811001	22991231	3	471.9
31050	EXPLORATION SPHENOID SINUS	19780101	22991231	2	412.79
31051	SPHENOID SINUS SURGERY	19880501	22991231	4	582.25
31070	EXPLORATION OF FRONTAL SINUS	19780101	22991231	2	412.79
31075	EXPLORATION OF FRONTAL SINUS	19780101	22991231	4	582.25
31080	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25
31081	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
31084	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25
31085	REMOVAL OF FRONTAL SINUS	19780101	22991231	4	582.25
31086	REMOVAL OF FRONTAL SINUS	19811001	22991231	4	582.25
31087	REMOVAL OF FRONTAL SINUS	19811001	22991231	4	582.25
31090	EXPLORATION OF SINUSES	19780101	22991231	5	664.02
31200	REMOVAL OF ETHMOID SINUS	19811001	22991231	2	412.79
31201	REMOVAL OF ETHMOID SINUS	19811001	22991231	5	664.02
31205	REMOVAL OF ETHMOID SINUS	19811001	22991231	3	471.9
31225	REMOVAL OF UPPER JAW	19780101	22991231		
31231	NASAL ENDOSCOPY DX	19940101	22991231	2	412.79
31233	NSL/SINS NDSC DX MAX SINUSC	19940101	22991231	2	412.79
31235	NSL/SINS NDSC DX SPHN SINUSC	19940101	22991231	1	307.38
31237	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	2	412.79
31238	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	1	307.38
31239	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	4	582.25
31240	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	2	412.79
31241	NSL/SINS NDSC W/ARTERY LIG	20180101	22991231		
31253	NSL/SINS NDSC TOTAL	20180101	22991231		
31254	NSL/SINS NDSC W/PRTL ETHMDCT	19880501	22991231	3	471.9
31255	NSL/SINS NDSC W/TOT ETHMDCT	19880501	22991231	5	664.02
31256	EXPLORATION MAXILLARY SINUS	19880501	22991231	3	471.9
31257	NSL/SINS NDSC TOT W/SPHENDT	20180101	22991231		
31259	NSL/SINS NDSC SPHN TISS RMVL	20180101	22991231		
31267	ENDOSCOPY MAXILLARY SINUS	19880501	22991231	3	471.9
31276	NSL/SINS NDSC FRNT TISS RMVL	19950101	22991231	3	471.9
31287	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	3	471.9
31288	NASAL/SINUS ENDOSCOPY SURG	19940101	22991231	3	471.9
31292	NSL/SINS NDSC MED/INF DCMPRN	19940101	22991231	7	921.15
31293	NSL/SINS NDSC MED&INF DCMPRN	19940101	22991231	7	921.15
31294	NSL/SINS NDSC SURG ON DCMPRN	19940101	22991231	7	921.15
31295	NSL/SINS NDSC SURG MAX SINS	20110101	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
31296	NSL/SINS NDSC SURG FRNT SINS	20110101	22991231	3	471.9
31297	NSL/SINS NDSC SURG SPHN SINS	20110101	22991231	3	471.9
31298	NSL/SINS NDSC SURG FRNT&SPHN	20180101	22991231		
31300	REMOVAL OF LARYNX LESION	19780101	22991231	5	664.02
31400	REVISION OF LARYNX	19780101	22991231	2	412.79
31420	REMOVAL OF EPIGLOTTIS	19780101	22991231	2	412.79
31500	INSERT EMERGENCY AIRWAY	19780101	22991231	1	307.38
31502	CHANGE OF WINDPIPE AIRWAY	19910401	22991231	1	307.38
31505	DIAGNOSTIC LARYNGOSCOPY	19780101	22991231	1	307.38
31510	LARYNGOSCOPY WITH BIOPSY	19780101	22991231	2	412.79
31511	REMOVE FOREIGN BODY LARYNX	19811001	22991231	2	412.79
31512	REMOVAL OF LARYNX LESION	19811001	22991231	2	412.79
31513	INJECTION INTO VOCAL CORD	19811001	22991231	2	412.79
31515	LARYNGOSCOPY FOR ASPIRATION	19811001	22991231	1	307.38
31520	DX LARYNGOSCOPY NEWBORN	19811001	22991231	1	307.38
31525	DX LARYNGOSCOPY EXCL NB	19780101	22991231	1	307.38
31526	DX LARYNGOSCOPY W/OPER SCOPE	19811001	22991231	2	412.79
31527	LARYNGOSCOPY FOR TREATMENT	19811001	22991231	1	307.38
31528	LARYNGOSCOPY AND DILATION	19811001	22991231	2	412.79
31529	LARYNGOSCOPY AND DILATION	19811001	22991231	2	412.79
31530	LARYNGOSCOPY W/FB REMOVAL	19780101	22991231	2	412.79
31531	LARYNGOSCOPY W/FB & OP SCOPE	19811001	22991231	3	471.9
31535	LARYNGOSCOPY W/BIOPSY	19780101	22991231	2	412.79
31536	LARYNGOSCOPY W/BX & OP SCOPE	19780101	22991231	3	471.9
31540	LARYNGOSCOPY W/EXC OF TUMOR	19811001	22991231	3	471.9
31541	LARYNSCOP W/TUMR EXC + SCOPE	19780101	22991231	4	582.25
31545	REMOVE VC LESION W/SCOPE	20050101	22991231	4	582.25
31546	REMOVE VC LESION SCOPE/GRAFT	20050101	22991231	4	582.25
31551	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		
31552	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		
31553	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		



# Kentucky Medicaid ASC Fee Schedule

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
31554	LARYNGOPLASTY LARYNGEAL STEN	20170101	22991231		
31560	LARYNGOSCOPE W/ARYTENOIDECTOM	19780101	22991231	5	664.02
31561	LARYNSCOP REMVE CART + SCOP	19811001	22991231	5	664.02
31570	LARYNGOSCOPE W/VC INJ	19780101	22991231	2	412.79
31571	LARYNGOSCOPE W/VC INJ + SCOPE	19811001	22991231	2	412.79
31572	LARGSC W/LASER DSTRJ LES	20170101	22991231		
31573	LARGSC W/THER INJECTION	20170101	22991231		
31574	LARGSC W/NJX AUGMENTATION	20170101	22991231		
31575	DIAGNOSTIC LARYNGOSCOPY	19811001	22991231	2	412.79
31576	LARYNGOSCOPY WITH BIOPSY	19811001	22991231	2	412.79
31577	LARGSC W/RMVL FOREIGN BDY(S)	19811001	22991231	2	412.79
31578	LARGSC W/REMOVAL LESION	19811001	22991231	2	412.79
31579	LARYNGOSCOPY TELESCOPIC	19890401	22991231	3	471.9
31580	LARYNGOPLASTY LARYNGEAL WEB	19780101	22991231	5	664.02
31584	LARYNGOPLASTY FX RDCTJ FIXJ	19811001	22991231	4	582.25
31587	LARYNGOPLASTY CRICOID SPLIT	19890401	22991231		
31590	REINNERVATE LARYNX	19811001	22991231	5	664.02
31591	LARYNGOPLASTY MEDIALIZATION	20170101	22991231		
31592	CRICOTRACHEAL RESECTION	20170101	22991231		
31600	INCISION OF WINDPIPE	19811001	22991231		
31601	INCISION OF WINDPIPE	19811001	22991231	5	664.02
31603	INCISION OF WINDPIPE	19811001	22991231	1	307.38
31605	INCISION OF WINDPIPE	19811001	22991231	1	307.38
31610	INCISION OF WINDPIPE	19780101	22991231		
31611	SURGERY/SPEECH PROSTHESIS	19900401	22991231	3	471.9
31612	PUNCTURE/CLEAR WINDPIPE	19811001	22991231	1	307.38
31613	REPAIR WINDPIPE OPENING	19811001	22991231	2	412.79
31614	REPAIR WINDPIPE OPENING	19811001	22991231	2	412.79
31615	VISUALIZATION OF WINDPIPE	19811001	22991231	1	307.38
31622	DX BRONCHOSCOPE/WASH	19871201	22991231	1	307.38
31623	DX BRONCHOSCOPE/BRUSH	19990101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
31624	DX BRONCHOSCOPE/LAVAGE	19990101	22991231	2	412.79
31625	BRONCHOSCOPY W/BIOPSY(S)	19780101	22991231	2	412.79
31628	BRONCHOSCOPY/LUNG BX EACH	19811001	22991231	2	412.79
31629	BRONCHOSCOPY/NEEDLE BX EACH	19871201	22991231		
31630	BRONCHOSCOPY DILATE/FX REPR	19811001	22991231	2	412.79
31631	BRONCHOSCOPY DILATE W/STENT	19871201	22991231	2	412.79
31632	BRONCHOSCOPY/LUNG BX ADDL	20031001	22991231	7	921.15
31634	BRONCH W/BALLOON OCCLUSION	20110101	22991231	2	412.79
31635	BRONCHOSCOPY W/FB REMOVAL	19780101	22991231	2	412.79
31640	BRONCHOSCOPY W/TUMOR EXCISE	19780101	22991231	2	412.79
31641	BRONCHOSCOPY TREAT BLOCKAGE	19871201	22991231	2	412.79
31643	DIAG BRONCHOSCOPE/CATHETER	19990101	22991231	2	412.79
31645	BRNCHSC W/THER ASPIR 1ST	19780101	22991231	1	307.38
31646	BRNCHSC W/THER ASPIR SBSQ	19811001	22991231	1	307.38
31647	BRONCHIAL VALVE INIT INSERT	20130101	22991231		
31648	BRONCHIAL VALVE REMOV INIT	20130101	22991231		
31649	BRONCHIAL VALVE REMOV ADDL	20130101	22991231	7	921.15
31651	BRONCHIAL VALVE ADDL INSERT	20130101	22991231		
31717	BRONCHIAL BRUSH BIOPSY	19811001	22991231	1	307.38
31720	CLEARANCE OF AIRWAYS	19811001	22991231	1	307.38
31750	REPAIR OF WINDPIPE	19780101	22991231	5	664.02
31755	REPAIR OF WINDPIPE	19811001	22991231	2	412.79
31785	REMOVE WINDPIPE LESION	19811001	22991231	4	582.25
31820	CLOSURE OF WINDPIPE LESION	19780101	22991231	1	307.38
31825	REPAIR OF WINDPIPE DEFECT	19811001	22991231	2	412.79
31830	REVISE WINDPIPE SCAR	19811001	22991231	2	412.79
32400	NEEDLE BIOPSY CHEST LINING	19811001	22991231	1	307.38
32550	INSERT PLEURAL CATH	20080101	22991231		
32551	INSERTION OF CHEST TUBE	20080101	22991231	8	911.55
32554	ASPIRATE PLEURA W/O IMAGING	20130101	22991231	1	307.38
32555	ASPIRATE PLEURA W/ IMAGING	20130101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
32556	INSERT CATH PLEURA W/O IMAGE	20130101	22991231	1	307.38
32557	INSERT CATH PLEURA W/ IMAGE	20130101	22991231	1	307.38
32560	TREAT PLEURODESIS W/AGENT	20080101	22991231		
32601	THORACOSCOPY DIAGNOSTIC	19940101	22991231		
32604	THORACOSCOPY WBX SAC	19940101	22991231		
32606	THORACOSCOPY W/BX MED SPACE	19940101	22991231		
32960	THERAPEUTIC PNEUMOTHORAX	19780101	22991231	1	307.38
32994	ABLATE PULM TUMOR PERQ CRYBL	20180101	22991231		
33016	PERICARDIOCENTESIS W/IMAGING	20200101	22991231		
33206	INSERT HEART PM ATRIAL	19811001	22991231		
33207	INSERT HEART PM VENTRICULAR	19811001	22991231		
33208	INSRT HEART PM ATRIAL & VENT	19811001	22991231		
33210	INSERT ELECTRD/PM CATH SNGL	19780101	22991231		
33211	INSERT CARD ELECTRODES DUAL	19940101	22991231		
33212	INSERT PULSE GEN SNGL LEAD	19811001	22991231	3	471.9
33213	INSERT PULSE GEN DUAL LEADS	19940101	22991231	3	471.9
33214	UPGRADE OF PACEMAKER SYSTEM	19940101	22991231	7	921.15
33216	INSERT 1 ELECTRODE PM-DEFIB	19780101	22991231	7	921.15
33217	INSERT 2 ELECTRODE PM-DEFIB	19940101	22991231	7	921.15
33218	REPAIR LEAD PACE-DEFIB ONE	19780101	22991231	2	412.79
33220	REPAIR LEAD PACE-DEFIB DUAL	19940101	22991231	2	412.79
33221	INSERT PULSE GEN MULT LEADS	20120101	22991231		
33222	RELOCATION POCKET PACEMAKER	19890401	22991231	2	412.79
33223	RELOCATE POCKET FOR DEFIB	19940101	22991231	2	412.79
33227	REMOVE&REPLACE PM GEN SINGL	20120101	22991231		
33228	REMOV&REPLC PM GEN DUAL LEAD	20120101	22991231		
33229	REMOV&REPLC PM GEN MULT LEADS	20120101	22991231		
33230	INSRT PULSE GEN W/DUAL LEADS	20120101	22991231		
33231	INSRT PULSE GEN W/MULT LEADS	20120101	22991231		
33233	REMOVAL OF PM GENERATOR	19940101	22991231	2	412.79
33234	REMOVAL OF PACEMAKER SYSTEM	19940101	22991231	2	412.79

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
33235	REMOVAL PACEMAKER ELECTRODE	19940101	22991231	2	412.79
33240	INSRT PULSE GEN W/SINGL LEAD	19940101	22991231	7	921.15
33241	REMOVE PULSE GENERATOR	19940101	22991231		
33244	REMOVE ELCTRD TRANSVENOUSLY	19940101	22991231		
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	19940101	22991231		
33262	RMVL& REPLC PULSE GEN 1 LEAD	20120101	22991231		
33263	RMVL & RPLCMT DFB GEN 2 LEAD	20120101	22991231		
33264	RMVL & RPLCMT DFB GEN MLT LD	20120101	22991231		
33275	TCAT RMVL PERM LDLS PM W/IMG	20190101	22991231		
33475	REPLACEMENT PULMONARY VALVE	19940101	22991231		
34101	REMOVAL OF ARTERY CLOT	19780101	22991231	3	471.9
34201	REMOVAL OF ARTERY CLOT	19780101	22991231		
34203	REMOVAL OF LEG ARTERY CLOT	19871201	22991231		
34421	REMOVAL OF VEIN CLOT	19780101	22991231		
34471	REMOVAL OF VEIN CLOT	19811001	22991231		
34490	REMOVAL OF VEIN CLOT	19811001	22991231	5	664.02
34713	PERQ ACCESS & CLSR FEM ART	20180101	22991231		
34714	OPN FEM ART EXPOS CNDT CRTJ	20180101	22991231		
34715	OPN AX/SUBCLA ART EXPOS	20180101	22991231		
34716	OPN AX/SUBCLA ART EXPOS CNDT	20180101	22991231		
35011	REPAIR DEFECT OF ARTERY	19811001	22991231		
35188	REPAIR BLOOD VESSEL LESION	19871201	22991231	4	582.25
35201	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35206	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35207	REPAIR BLOOD VESSEL LESION	19811001	22991231	4	582.25
35226	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35231	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35236	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35256	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35261	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35266	REPAIR BLOOD VESSEL LESION	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
35286	REPAIR BLOOD VESSEL LESION	19811001	22991231		
35321	RECHANNELING OF ARTERY	19811001	22991231		
35500	HARVEST VEIN FOR BYPASS	19990101	22991231		
35860	EXPLORE LIMB VESSELS	19811001	22991231		
35876	REMOVAL OF CLOT IN GRAFT	19940101	22991231	8	911.55
35879	REVISE GRAFT W/VEIN	20000101	22991231		
35881	REVISE GRAFT W/VEIN	20000101	22991231		
35903	EXCISION GRAFT EXTREMITY	19940101	22991231		
36000	PLACE NEEDLE IN VEIN	19811001	22991231	1	307.38
36010	PLACE CATHETER IN VEIN	19811001	22991231	1	307.38
36011	PLACE CATHETER IN VEIN	19920115	22991231	1	307.38
36012	PLACE CATHETER IN VEIN	19920115	22991231	1	307.38
36013	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
36014	PLACE CATHETER IN ARTERY	19920115	22991231		
36015	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
36100	ESTABLISH ACCESS TO ARTERY	19811001	22991231	1	307.38
36140	INTRO NDL ICATH UPR/LXTR ART	19811001	22991231	1	307.38
36160	ESTABLISH ACCESS TO AORTA	19780101	22991231	1	307.38
36200	PLACE CATHETER IN AORTA	19780101	22991231	1	307.38
36215	PLACE CATHETER IN ARTERY	19871201	22991231	1	307.38
36216	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
36217	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
36218	PLACE CATHETER IN ARTERY	19920115	22991231	1	307.38
36221	PLACE CATH THORACIC AORTA	20130101	22991231		
36222	PLACE CATH CAROTID/INOM ART	20130101	22991231		
36223	PLACE CATH CAROTID/INOM ART	20130101	22991231		
36224	PLACE CATH CAROTD ART	20130101	22991231		
36225	PLACE CATH SUBCLAVIAN ART	20130101	22991231		
36226	PLACE CATH VERTEBRAL ART	20130101	22991231		
36227	PLACE CATH XTRNL CAROTID	20130101	22991231		
36228	PLACE CATH INTRACRANIAL ART	20130101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
36245	INS CATH ABD/L-EXT ART 1ST	19871201	22991231		
36246	INS CATH ABD/L-EXT ART 2ND	19920115	22991231	1	307.38
36247	INS CATH ABD/L-EXT ART 3RD	19920115	22991231	1	307.38
36248	INS CATH ABD/L-EXT ART ADDL	19920115	22991231	1	307.38
36251	INS CATH REN ART 1ST UNILAT	20120101	22991231	1	307.38
36252	INS CATH REN ART 1ST BILAT	20120101	22991231	1	307.38
36253	INS CATH REN ART 2ND+ UNILAT	20120101	22991231	1	307.38
36254	INS CATH REN ART 2ND+ BILAT	20120101	22991231	1	307.38
36260	INSERTION OF INFUSION PUMP	19811001	22991231	3	471.9
36261	REVISION OF INFUSION PUMP	19811001	22991231	2	412.79
36262	REMOVAL OF INFUSION PUMP	19811001	22991231	1	307.38
36400	BL DRAW < 3 YRS FEM/JUGULAR	19780101	22991231	1	307.38
36405	BL DRAW <3 YRS SCALP VEIN	19780101	22991231	1	307.38
36406	BL DRAW <3 YRS OTHER VEIN	19871201	22991231	1	307.38
36410	NON-ROUTINE BL DRAW 3/> YRS	19811001	22991231	1	307.38
36415	ROUTINE VENIPUNCTURE	19840501	22991231		
36420	VEIN ACCESS CUTDOWN < 1 YR	19770901	22991231	1	307.38
36425	VEIN ACCESS CUTDOWN > 1 YR	19770901	22991231	1	307.38
36430	BLOOD TRANSFUSION SERVICE	19780101	22991231	1	307.38
36440	BL PUSH TRANSFUSE 2 YR/<	19770901	22991231	3	471.9
36450	BL EXCHANGE/TRANSFUSE NB	19780101	22991231	3	471.9
36455	BL EXCHANGE/TRANSFUSE NON-NB	19811001	22991231	1	307.38
36456	PRTL EXCHANGE TRANSFUSE NB	20170101	22991231		
36460	TRANSFUSION SERVICE FETAL	19811001	22991231		
36465	NJX NONCMPND SCLRSNT 1 VEIN	20180101	22991231		
36466	NJX NONCMPND SCLRSNT MLT VN	20180101	22991231		
36470	NJX SCLRSNT 1 INCMPTNT VEIN	19780101	22991231	2	412.79
36471	NJX SCLRSNT MLT INCMPTNT VN	19780101	22991231	2	412.79
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	20170101	22991231		
36474	ENDOVENOUS MCHNCHEM ADD-ON	20170101	22991231		
36475	ENDOVENOUS RF 1ST VEIN	20050101	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
36478	ENDOVENOUS LASER 1ST VEIN	20051001	22991231	3	471.9
36481	INSERTION OF CATHETER VEIN	19920115	22991231	1	307.38
36482	ENDOVEN THER CHEM ADHES 1ST	20180101	22991231		
36483	ENDOVEN THER CHEM ADHES SBSQ	20180101	22991231		
36500	INSERTION OF CATHETER VEIN	19811001	22991231	1	307.38
36510	INSERTION OF CATHETER VEIN	19811001	22991231	1	307.38
36555	INSERT NON-TUNNEL CV CATH	20031001	22991231	1	307.38
36556	INSERT NON-TUNNEL CV CATH	20031001	22991231	1	307.38
36557	INSERT TUNNELED CV CATH	20031001	22991231	2	412.79
36558	INSERT TUNNELED CV CATH	20031001	22991231	2	412.79
36560	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36561	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36563	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36565	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36566	INSERT TUNNELED CV CATH	20031001	22991231	3	471.9
36568	INSJ PICC <5 YR W/O IMAGING	20031001	22991231	1	307.38
36569	INSJ PICC 5 YR+ W/O IMAGING	20031001	22991231	1	307.38
36570	INSERT PICVAD CATH	20031001	22991231	3	471.9
36571	INSERT PICVAD CATH	20031001	22991231	3	471.9
36575	REPAIR TUNNELED CV CATH	20031001	22991231	2	412.79
36576	REPAIR TUNNELED CV CATH	20031001	22991231	7	921.15
36578	REPLACE TUNNELED CV CATH	20031001	22991231	2	412.79
36580	REPLACE CVAD CATH	20031001	22991231	1	307.38
36581	REPLACE TUNNELED CV CATH	20031001	22991231	2	412.79
36582	REPLACE TUNNELED CV CATH	20031001	22991231	3	471.9
36583	REPLACE TUNNELED CV CATH	20031001	22991231	1	307.38
36584	COMPL RPLCMT PICC RS&I	20031001	22991231	7	921.15
36585	REPLACE PICVAD CATH	20031001	22991231	3	471.9
36589	REMOVAL TUNNELED CV CATH	20031001	22991231	1	307.38
36590	REMOVAL TUNNELED CV CATH	20031001	22991231	1	307.38
36591	DRAW BLOOD OFF VENOUS DEVICE	20080101	22991231	1	307.38

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
36592	COLLECT BLOOD FROM PICC	20080101	22991231	1	307.38
36593	DECLOT VASCULAR DEVICE	20080101	22991231	1	307.38
36597	REPOSITION VENOUS CATHETER	20031001	22991231		
36600	WITHDRAWAL OF ARTERIAL BLOOD	19780101	22991231	1	307.38
36620	INSERTION CATHETER ARTERY	19780101	22991231		
36625	INSERTION CATHETER ARTERY	19811001	22991231	1	307.38
36640	INSERTION CATHETER ARTERY	19811001	22991231	1	307.38
36800	INSERTION OF CANNULA	19811001	22991231	3	471.9
36810	INSERTION OF CANNULA	19811001	22991231	3	471.9
36815	INSERTION OF CANNULA	19780101	22991231	3	471.9
36818	AV FUSE UPPR ARM CEPHALIC	20050101	22991231	3	471.9
36819	AV FUSE UPPR ARM BASILIC	20000101	22991231	3	471.9
36820	AV FUSION/FOREARM VEIN	19780101	22991231	3	471.9
36821	AV FUSION DIRECT ANY SITE	19780101	22991231	3	471.9
36825	ARTERY-VEIN AUTOGRAFT	19811001	22991231	4	582.25
36830	ARTERY-VEIN NONAUTOGRAFT	19811001	22991231	4	582.25
36831	OPEN THROMBECT AV FISTULA	19990101	22991231	8	911.55
36832	AV FISTULA REVISION OPEN	19900401	22991231	4	582.25
36833	AV FISTULA REVISION	19990101	22991231	4	582.25
36835	ARTERY TO VEIN SHUNT	19780101	22991231	4	582.25
36860	EXTERNAL CANNULA DECLOTTING	19811001	22991231	2	412.79
36861	CANNULA DECLOTTING	19811001	22991231	3	471.9
36901	INTRO CATH DIALYSIS CIRCUIT	20170101	22991231		
36902	INTRO CATH DIALYSIS CIRCUIT	20170101	22991231		
36903	INTRO CATH DIALYSIS CIRCUIT	20170101	22991231		
36904	THRMBC/NFS DIALYSIS CIRCUIT	20170101	22991231		
36905	THRMBC/NFS DIALYSIS CIRCUIT	20170101	22991231		
36906	THRMBC/NFS DIALYSIS CIRCUIT	20170101	22991231		
36907	BALO ANGIOP CTR DIALYSIS SEG	20170101	22991231		
36908	STENT PLMT CTR DIALYSIS SEG	20170101	22991231		
36909	DIALYSIS CIRCUIT EMBOLJ	20170101	22991231		



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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
37195	THROMBOLYTIC THERAPY STROKE	19980101	22991231		
37197	REMOVE INTRVAS FOREIGN BODY	20130101	22991231	3	471.9
37200	TRANSCATHETER BIOPSY	19920115	22991231	3	471.9
37211	THROMBOLYTIC ART THERAPY	20130101	22991231	7	921.15
37212	THROMBOLYTIC VENOUS THERAPY	20130101	22991231		
37220	ILIAC REVASC	20110101	22991231	4	582.25
37221	ILIAC REVASC W/STENT	20110101	22991231	4	582.25
37222	ILIAC REVASC ADD-ON	20110101	22991231	4	582.25
37223	ILIAC REVASC W/STENT ADD-ON	20110101	22991231	4	582.25
37246	TRLUML BALO ANGIOP 1ST ART	20170101	22991231		
37247	TRLUML BALO ANGIOP ADDL ART	20170101	22991231		
37248	TRLUML BALO ANGIOP 1ST VEIN	20170101	22991231		
37249	TRLUML BALO ANGIOP ADDL VEIN	20170101	22991231		
37565	LIGATION OF NECK VEIN	19811001	22991231	3	471.9
37600	LIGATION OF NECK ARTERY	19780101	22991231	4	582.25
37605	LIGATION OF NECK ARTERY	19780101	22991231		
37606	LIGATION OF NECK ARTERY	19811001	22991231		
37607	LIGATION OF A-V FISTULA	19940101	22991231	3	471.9
37609	TEMPORAL ARTERY PROCEDURE	19780101	22991231	2	412.79
37615	LIGATION OF NECK ARTERY	19811001	22991231		
37650	REVISION OF MAJOR VEIN	19780101	22991231	2	412.79
37700	REVISE LEG VEIN	19780101	22991231	2	412.79
37718	LIGATE/STRIP SHORT LEG VEIN	20060101	22991231	3	471.9
37722	LIGATE/STRIP LONG LEG VEIN	20060101	22991231	3	471.9
37735	REMOVAL OF LEG VEINS/LESION	19811001	22991231	3	471.9
37760	LIGATE LEG VEINS RADICAL	19811001	22991231	3	471.9
37761	LIGATE LEG VEINS OPEN	20100101	22991231	3	471.9
37765	STAB PHLEB VEINS XTR 10-20	20140101	22991231	6	775.59
37766	PHLEB VEINS – EXTREM 20+,	20140101	22991231	7	921.15
37780	REVISION OF LEG VEIN	19780101	22991231	3	471.9
37785	LIGATE/DIVIDE/EXCISE VEIN	19780101	22991231	3	471.9

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
37790	PENILE VENOUS OCCLUSION	19940101	22991231	3	471.9
37799	VASCULAR SURGERY PROCEDURE	19831115	22991231		
38120	LAPAROSCOPY SPLENECTOMY	20000101	22991231		
38200	INJECTION FOR SPLEEN X-RAY	19780101	22991231	1	307.38
38222	DX BONE MARROW BX & ASPIR	20180101	22991231		
38230	BONE MARROW HARVEST ALLOGEN	19811001	22991231		
38232	BONE MARROW HARVEST AUTOLOG	20120101	22991231		
38240	TRANSPLT ALLO HCT/DONOR	19811001	22991231		
38241	TRANSPLT AUTOL HCT/DONOR	19920115	22991231		
38243	TRANSPLJ HEMATOPOIETIC BOOST	20130101	22991231	7	921.15
38300	DRAINAGE LYMPH NODE LESION	19780101	22991231	1	307.38
38305	DRAINAGE LYMPH NODE LESION	19780101	22991231	2	412.79
38308	INCISION OF LYMPH CHANNELS	19811001	22991231	2	412.79
38500	BIOPSY/REMOVAL LYMPH NODES	19780101	22991231	2	412.79
38505	NEEDLE BIOPSY LYMPH NODES	19871201	22991231	6	775.59
38510	BIOPSY/REMOVAL LYMPH NODES	19811001	22991231	2	412.79
38520	BIOPSY/REMOVAL LYMPH NODES	19780101	22991231	2	412.79
38525	BIOPSY/REMOVAL LYMPH NODES	19871201	22991231	2	412.79
38530	BIOPSY/REMOVAL LYMPH NODES	19811001	22991231	2	412.79
38542	EXPLORE DEEP NODE(S) NECK	19811001	22991231	2	412.79
38550	REMOVAL NECK/ARMPIT LESION	19811001	22991231	3	471.9
38555	REMOVAL NECK/ARMPIT LESION	19811001	22991231	4	582.25
38570	LAPAROSCOPY LYMPH NODE BIOP	20000101	22991231	8	911.55
38571	LAPAROSCOPY LYMPHADENECTOMY	20000101	22991231	8	911.55
38572	LAPAROSCOPY LYMPHADENECTOMY	20000101	22991231	8	911.55
38573	LAPS PELVIC LYMPHADEC	20180101	22991231		
38700	REMOVAL OF LYMPH NODES NECK	19780101	22991231	2	412.79
38720	REMOVAL OF LYMPH NODES NECK	19780101	22991231	8	911.55
38724	REMOVAL OF LYMPH NODES NECK	19811001	22991231	8	911.55
38740	REMOVE ARMPIT LYMPH NODES	19780101	22991231	2	412.79
38745	REMOVE ARMPIT LYMPH NODES	19780101	22991231	4	582.25

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
38760	REMOVE GROIN LYMPH NODES	19780101	22991231	2	412.79
38790	INJECT FOR LYMPHATIC X-RAY	19780101	22991231	1	307.38
38792	RA TRACER ID OF SENTINL NODE	19990101	22991231	1	307.38
38794	ACCESS THORACIC LYMPH DUCT	19811001	22991231	1	307.38
38900	IO MAP OF SENT LYMPH NODE	20110101	22991231		
40490	BIOPSY OF LIP	19780101	22991231	2	412.79
40500	PARTIAL EXCISION OF LIP	19780101	22991231	2	412.79
40510	PARTIAL EXCISION OF LIP	19780101	22991231	2	412.79
40520	PARTIAL EXCISION OF LIP	19780101	22991231	2	412.79
40525	RECONSTRUCT LIP WITH FLAP	19811001	22991231	2	412.79
40527	RECONSTRUCT LIP WITH FLAP	19811001	22991231	2	412.79
40530	PARTIAL REMOVAL OF LIP	19780101	22991231	2	412.79
40650	REPAIR LIP	19780101	22991231	3	471.9
40652	REPAIR LIP	19780101	22991231	3	471.9
40654	REPAIR LIP	19780101	22991231	3	471.9
40700	REPAIR CLEFT LIP/NASAL	19780101	22991231	7	921.15
40701	REPAIR CLEFT LIP/NASAL	19780101	22991231	7	921.15
40702	REPAIR CLEFT LIP/NASAL	19780101	22991231	6	775.59
40720	REPAIR CLEFT LIP/NASAL	19780101	22991231	7	921.15
40761	REPAIR CLEFT LIP/NASAL	19780101	22991231	3	471.9
40800	DRAINAGE OF MOUTH LESION	19780101	22991231	2	412.79
40801	DRAINAGE OF MOUTH LESION	19780101	22991231	2	412.79
40804	REMOVAL FOREIGN BODY MOUTH	19811001	22991231	1	307.38
40805	REMOVAL FOREIGN BODY MOUTH	19811001	22991231	5	664.02
40806	INCISION OF LIP FOLD	19811001	22991231	3	471.9
40808	BIOPSY OF MOUTH LESION	19811001	22991231	3	471.9
40810	EXCISION OF MOUTH LESION	19811001	22991231	4	582.25
40812	EXCISE/REPAIR MOUTH LESION	19811001	22991231	4	582.25
40814	EXCISE/REPAIR MOUTH LESION	19811001	22991231	2	412.79
40816	EXCISION OF MOUTH LESION	19811001	22991231	2	412.79
40818	EXCISE ORAL MUCOSA FOR GRAFT	19811001	22991231	1	307.38

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
40819	EXCISE LIP OR CHEEK FOLD	19811001	22991231	1	307.38
40820	TREATMENT OF MOUTH LESION	19811001	22991231	4	582.25
40830	REPAIR MOUTH LACERATION	19780101	22991231	3	471.9
40831	REPAIR MOUTH LACERATION	19780101	22991231	1	307.38
40840	RECONSTRUCTION OF MOUTH	19811001	22991231	2	412.79
40842	RECONSTRUCTION OF MOUTH	19811001	22991231	3	471.9
40843	RECONSTRUCTION OF MOUTH	19811001	22991231	3	471.9
40844	RECONSTRUCTION OF MOUTH	19811001	22991231	5	664.02
40845	RECONSTRUCTION OF MOUTH	19811001	22991231	5	664.02
41000	DRAINAGE OF MOUTH LESION	19780101	22991231	3	471.9
41005	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41006	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41007	DRAINAGE OF MOUTH LESION	19811001	22991231	8	911.55
41008	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41009	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41010	INCISION OF TONGUE FOLD	19811001	22991231	1	307.38
41015	DRAINAGE OF MOUTH LESION	19780101	22991231	1	307.38
41016	DRAINAGE OF MOUTH LESION	19780101	22991231	1	307.38
41017	DRAINAGE OF MOUTH LESION	19780101	22991231	1	307.38
41018	DRAINAGE OF MOUTH LESION	19811001	22991231	1	307.38
41019	PLACE NEEDLES H&N FOR RT	20080101	22991231	2	412.79
41100	BIOPSY OF TONGUE	19780101	22991231	3	471.9
41105	BIOPSY OF TONGUE	19780101	22991231	3	471.9
41108	BIOPSY OF FLOOR OF MOUTH	19780101	22991231	3	471.9
41110	EXCISION OF TONGUE LESION	19811001	22991231	4	582.25
41112	EXCISION OF TONGUE LESION	19811001	22991231	2	412.79
41113	EXCISION OF TONGUE LESION	19811001	22991231	2	412.79
41114	EXCISION OF TONGUE LESION	19811001	22991231	2	412.79
41115	EXCISION OF TONGUE FOLD	19811001	22991231	4	582.25
41116	EXCISION OF MOUTH LESION	19811001	22991231	1	307.38
41120	PARTIAL REMOVAL OF TONGUE	19780101	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
41250	REPAIR TONGUE LACERATION	19811001	22991231	2	412.79
41251	REPAIR TONGUE LACERATION	19811001	22991231	2	412.79
41252	REPAIR TONGUE LACERATION	19811001	22991231	2	412.79
41510	TONGUE TO LIP SURGERY	19811001	22991231	1	307.38
41512	TONGUE SUSPENSION	20090101	22991231	1	307.38
41520	RECONSTRUCTION TONGUE FOLD	19811001	22991231	2	412.79
41800	DRAINAGE OF GUM LESION	19780101	22991231	1	307.38
41805	REMOVAL FOREIGN BODY GUM	19780101	22991231	4	582.25
41806	REMOVAL FOREIGN BODY JAWBONE	19811001	22991231	5	664.02
41820	EXCISION GUM EACH QUADRANT	19811001	22991231	6	775.59
41821	EXCISION OF GUM FLAP	19811001	22991231	1	307.38
41822	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41823	EXCISION OF GUM LESION	19811001	22991231	5	664.02
41825	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41826	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41827	EXCISION OF GUM LESION	19811001	22991231	2	412.79
41828	EXCISION OF GUM LESION	19811001	22991231	4	582.25
41830	REMOVAL OF GUM TISSUE	19811001	22991231	5	664.02
41850	TREATMENT OF GUM LESION	19811001	22991231	8	911.55
41870	GUM GRAFT	19780101	22991231	2	412.79
41872	REPAIR GUM	19811001	22991231	5	664.02
41874	REPAIR TOOTH SOCKET	19811001	22991231		
41899	DENTAL SURGERY PROCEDURE	19831115	22991231		
42000	DRAINAGE MOUTH ROOF LESION	19780101	22991231	2	412.79
42100	BIOPSY ROOF OF MOUTH	19780101	22991231	3	471.9
42104	EXCISION LESION MOUTH ROOF	19811001	22991231	4	582.25
42106	EXCISION LESION MOUTH ROOF	19811001	22991231	4	582.25
42107	EXCISION LESION MOUTH ROOF	19811001	22991231	2	412.79
42120	REMOVE PALATE/LESION	19780101	22991231	4	582.25
42140	EXCISION OF UVULA	19780101	22991231	2	412.79
42145	REPAIR PALATE PHARYNX/UVULA	19871201	22991231	5	664.02

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
42160	TREATMENT MOUTH ROOF LESION	19811001	22991231	4	582.25
42180	REPAIR PALATE	19811001	22991231	1	307.38
42182	REPAIR PALATE	19811001	22991231	2	412.79
42200	RECONSTRUCT CLEFT PALATE	19780101	22991231	5	664.02
42205	RECONSTRUCT CLEFT PALATE	19780101	22991231	5	664.02
42210	RECONSTRUCT CLEFT PALATE	19811001	22991231	5	664.02
42215	RECONSTRUCT CLEFT PALATE	19780101	22991231	7	921.15
42220	RECONSTRUCT CLEFT PALATE	19780101	22991231	5	664.02
42225	RECONSTRUCT CLEFT PALATE	19780101	22991231	7	921.15
42226	LENGTHENING OF PALATE	19811001	22991231	5	664.02
42227	LENGTHENING OF PALATE	19811001	22991231	7	921.15
42235	REPAIR PALATE	19780101	22991231	5	664.02
42260	REPAIR NOSE TO LIP FISTULA	19811001	22991231	4	582.25
42280	PREPARATION PALATE MOLD	19811001	22991231	3	471.9
42281	INSERTION PALATE PROSTHESIS	19811001	22991231	1	307.38
42300	DRAINAGE OF SALIVARY GLAND	19780101	22991231	1	307.38
42305	DRAINAGE OF SALIVARY GLAND	19780101	22991231	2	412.79
42310	DRAINAGE OF SALIVARY GLAND	19780101	22991231	1	307.38
42320	DRAINAGE OF SALIVARY GLAND	19780101	22991231	1	307.38
42330	REMOVAL OF SALIVARY STONE	19780101	22991231	4	582.25
42335	REMOVAL OF SALIVARY STONE	19780101	22991231	5	664.02
42340	REMOVAL OF SALIVARY STONE	19780101	22991231	2	412.79
42400	BIOPSY OF SALIVARY GLAND	19811001	22991231	2	412.79
42405	BIOPSY OF SALIVARY GLAND	19780101	22991231	2	412.79
42408	EXCISION OF SALIVARY CYST	19811001	22991231	3	471.9
42409	DRAINAGE OF SALIVARY CYST	19780101	22991231	8	911.55
42410	EXCISE PAROTID GLAND/LESION	19780101	22991231	3	471.9
42415	EXCISE PAROTID GLAND/LESION	19780101	22991231	7	921.15
42420	EXCISE PAROTID GLAND/LESION	19780101	22991231	7	921.15
42425	EXCISE PAROTID GLAND/LESION	19780101	22991231	7	921.15
42440	EXCISE SUBMAXILLARY GLAND	19780101	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
42450	EXCISE SUBLINGUAL GLAND	19811001	22991231	2	412.79
42500	REPAIR SALIVARY DUCT	19780101	22991231	3	471.9
42505	REPAIR SALIVARY DUCT	19780101	22991231	4	582.25
42507	PAROTID DUCT DIVERSION	19811001	22991231	3	471.9
42509	PAROTID DUCT DIVERSION	19811001	22991231	4	582.25
42510	PAROTID DUCT DIVERSION	19811001	22991231	4	582.25
42550	INJECTION FOR SALIVARY X-RAY	19780101	22991231	1	307.38
42600	CLOSURE OF SALIVARY FISTULA	19780101	22991231	1	307.38
42650	DILATION OF SALIVARY DUCT	19780101	22991231	2	412.79
42660	DILATION OF SALIVARY DUCT	19811001	22991231	2	412.79
42665	LIGATION OF SALIVARY DUCT	19811001	22991231	7	921.15
42699	SALIVARY SURGERY PROCEDURE	19831115	22991231		
42700	DRAINAGE OF TONSIL ABSCESS	19780101	22991231	1	307.38
42720	DRAINAGE OF THROAT ABSCESS	19780101	22991231	1	307.38
42725	DRAINAGE OF THROAT ABSCESS	19780101	22991231	2	412.79
42800	BIOPSY OF THROAT	19780101	22991231	3	471.9
42804	BIOPSY OF UPPER NOSE/THROAT	19780101	22991231	1	307.38
42806	BIOPSY OF UPPER NOSE/THROAT	19780101	22991231	2	412.79
42808	EXCISE PHARYNX LESION	19811001	22991231	2	412.79
42809	REMOVE PHARYNX FOREIGN BODY	19811001	22991231	1	307.38
42810	EXCISION OF NECK CYST	19780101	22991231	3	471.9
42815	EXCISION OF NECK CYST	19780101	22991231	5	664.02
42820	REMOVE TONSILS AND ADENOIDS	19780101	22991231	3	471.9
42821	REMOVE TONSILS AND ADENOIDS	19770901	22991231	5	664.02
42825	REMOVAL OF TONSILS	19780101	22991231	4	582.25
42826	REMOVAL OF TONSILS	19770901	22991231	4	582.25
42830	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42831	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42835	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42836	REMOVAL OF ADENOIDS	19780101	22991231	4	582.25
42842	EXTENSIVE SURGERY OF THROAT	19811001	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
42844	EXTENSIVE SURGERY OF THROAT	19811001	22991231	7	921.15
42860	EXCISION OF TONSIL TAGS	19780101	22991231	3	471.9
42870	EXCISION OF LINGUAL TONSIL	19780101	22991231	3	471.9
42890	PARTIAL REMOVAL OF PHARYNX	19811001	22991231	7	921.15
42892	REVISION OF PHARYNGEAL WALLS	19811001	22991231	7	921.15
42900	REPAIR THROAT WOUND	19780101	22991231	1	307.38
42950	RECONSTRUCTION OF THROAT	19780101	22991231	2	412.79
42955	SURGICAL OPENING OF THROAT	19811001	22991231	2	412.79
42960	CONTROL THROAT BLEEDING	19811001	22991231	1	307.38
42962	CONTROL THROAT BLEEDING	19811001	22991231	2	412.79
42970	CONTROL NOSE/THROAT BLEEDING	19780101	22991231	1	307.38
42972	CONTROL NOSE/THROAT BLEEDING	19811001	22991231	3	471.9
42975	DISE EVAL SLP DO BRTH FLX DX	20220101	22991231		
43020	INCISION OF ESOPHAGUS	19780101	22991231		
43030	THROAT MUSCLE SURGERY	19780101	22991231	2	412.79
43130	REMOVAL OF ESOPHAGUS POUCH	19780101	22991231	7	921.15
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	19780101	22991231	1	307.38
43201	ESOPH SCOPE W/SUBMUCOUS INJ	20030101	22991231	1	307.38
43202	ESOPHAGOSCOPY FLEX BIOPSY	19780101	22991231	1	307.38
43204	ESOPH SCOPE W/SCLEROSIS INJ	19811001	22991231	1	307.38
43205	ESOPHAGUS ENDOSCOPY/LIGATION	19940101	22991231	1	307.38
43206	ESOPH OPTICAL ENDOMICROSCOPY	20130101	22991231	7	921.15
43215	ESOPHAGOSCOPY FLEX REMOVE FB	19780101	22991231	1	307.38
43216	ESOPHAGOSCOPY LESION REMOVAL	19940101	22991231	1	307.38
43217	ESOPHAGOSCOPY SNARE LES REMV	19811001	22991231	1	307.38
43220	ESOPHAGOSCOPY BALLOON <30MM	19780101	22991231	1	307.38
43226	ESOPH ENDOSCOPY DILATION	19811001	22991231	1	307.38
43227	ESOPHAGOSCOPY CONTROL BLEED	19811001	22991231	7	921.15
43231	ESOPHAGOSCOPI ULTRASOUND EXAM	20010101	22991231	2	412.79
43232	ESOPHAGOSCOPY W/US NEEDLE BX	20010101	22991231	2	412.79
43235	EGD DIAGNOSTIC BRUSH WASH	19780101	22991231	1	307.38



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
43236	UPPR GI SCOPE W/SUBMUC INJ	20030101	22991231	2	412.79
43239	EGD BIOPSY SINGLE/MULTIPLE	19780101	22991231	2	412.79
43240	EGD W/TRANSMURAL DRAIN CYST	20010101	22991231	2	412.79
43241	EGD TUBE/CATH INSERTION	19871201	22991231	2	412.79
43242	EGD US FINE NEEDLE BX/ASPIR	20010101	22991231	2	412.79
43243	EGD INJECTION VARICES	19890401	22991231	2	412.79
43244	EGD VARICES LIGATION	19940101	22991231	2	412.79
43245	EGD DILATE STRICTURE	19811001	22991231	2	412.79
43246	EGD PLACE GASTROSTOMY TUBE	19811001	22991231	2	412.79
43247	EGD REMOVE FOREIGN BODY	19780101	22991231	2	412.79
43248	EGD GUIDE WIRE INSERTION	19940101	22991231	2	412.79
43249	ESOPH EGD DILATION <30 MM	19950101	22991231	2	412.79
43250	EGD CAUTERY TUMOR POLYP	19940101	22991231	2	412.79
43251	EGD REMOVE LESION SNARE	19780101	22991231	2	412.79
43252	EGD OPTICAL ENDOMICROSCOPY	20130101	22991231	7	921.15
43255	EGD CONTROL BLEEDING ANY	19811001	22991231	1	307.38
43257	EGD W/THRML TXMNT GERD	20050101	22991231	3	471.9
43259	EGD US EXAM DUODENUM/JEJUNUM	19940101	22991231	3	471.9
43260	ERCP W/SPECIMEN COLLECTION	19780101	22991231	2	412.79
43261	ENDO CHOLANGIOPANCREATOGRAPH	19940101	22991231	2	412.79
43262	ENDO CHOLANGIOPANCREATOGRAPH	19811001	22991231	2	412.79
43263	ERCP SPHINCTER PRESSURE MEAS	19811001	22991231	2	412.79
43264	ERCP REMOVE DUCT CALCULI	19811001	22991231	2	412.79
43265	ERCP LITHOTRIPSY CALCULI	19890401	22991231	2	412.79
43273	ENDOSCOPIC PANCREATOSCOPY	20090101	22991231	4	582.25
43280	LAPAROSCOPY FUNDOPLASTY	20000101	22991231		
43281	LAP PARAESOPHAG HERN REPAIR	20100101	22991231		
43282	LAP PARAESOPH HER RPR W/MESH	20100101	22991231		
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	20170101	22991231		
43285	RMVL ESOPHGL SPHNCTR DEV	20170101	22991231		
43420	REPAIR ESOPHAGUS OPENING	19780101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
43450	DILATE ESOPHAGUS 1/MULT PASS	19780101	22991231	1	307.38
43453	DILATE ESOPHAGUS	19811001	22991231	1	307.38
43510	SURGICAL OPENING OF STOMACH	19811001	22991231		
43651	LAPAROSCOPY VAGUS NERVE	20000101	22991231		
43652	LAPAROSCOPY VAGUS NERVE	20000101	22991231		
43653	LAPAROSCOPY GASTROSTOMY	20000101	22991231	8	911.55
43659	LAPAROSCOPE PROC STOM	20010101	22991231		
43752	NASAL/OROGASTRIC W/TUBE PLMT	20010101	22991231	1	307.38
43753	TX GASTRO INTUB W/ASP	20110101	22991231	1	307.38
43754	DX GASTR INTUB W/ASP SPEC	20110101	22991231	1	307.38
43755	DX GASTR INTUB W/ASP SPECS	20110101	22991231	1	307.38
43756	DX DUOD INTUB W/ASP SPEC	20110101	22991231	1	307.38
43757	DX DUOD INTUB W/ASP SPECS	20110101	22991231	1	307.38
43761	REPOSITION GASTROSTOMY TUBE	19920115	22991231	1	307.38
43762	RPLC GTUBE NO REVJ TRC	20190101	22991231		
43763	RPLC GTUBE REVJ GSTRST TRC	20190101	22991231		
43770	LAP PLACE GASTR ADJ DEVICE	20060101	22991231		
43772	LAP RMVL GASTR ADJ DEVICE	20060101	22991231		
43773	LAP REPLACE GASTR ADJ DEVICE	20060101	22991231		
43774	LAP RMVL GASTR ADJ ALL PARTS	20060101	22991231		
43830	PLACE GASTROSTOMY TUBE	19780101	22991231		
43831	PLACE GASTROSTOMY TUBE	19780101	22991231		
43870	REPAIR STOMACH OPENING	19780101	22991231	1	307.38
43886	REVISE GASTRIC PORT OPEN	20060101	22991231	4	582.25
43888	CHANGE GASTRIC PORT OPEN	20060101	22991231	4	582.25
44100	BIOPSY OF BOWEL	19780101	22991231	1	307.38
44145	PARTIAL REMOVAL OF COLON	19780101	22991231		
44180	LAP ENTEROLYSIS	20060101	22991231		
44186	LAP JEJUNOSTOMY	20060101	22991231		
44310	ILEOSTOMY/JEJUNOSTOMY	19780101	22991231	6	775.59
44312	REVISION OF ILEOSTOMY	19811001	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
44340	REVISION OF COLOSTOMY	19780101	22991231	3	471.9
44360	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	19811001	22991231	2	412.79
44363	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44364	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44365	SMALL BOWEL ENDOSCOPY	19940101	22991231	2	412.79
44366	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44369	SMALL BOWEL ENDOSCOPY	19811001	22991231	2	412.79
44370	SMALL BOWEL ENDOSCOPY/STENT	20010101	22991231	8	911.55
44372	SMALL BOWEL ENDOSCOPY	19890401	22991231	2	412.79
44373	SMALL BOWEL ENDOSCOPY	19890401	22991231	2	412.79
44376	SMALL BOWEL ENDOSCOPY	19940101	22991231	2	412.79
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	19940101	22991231	2	412.79
44378	SMALL BOWEL ENDOSCOPY	19940101	22991231	2	412.79
44379	S BOWEL ENDOSCOPE W/STENT	20010101	22991231	8	911.55
44380	SMALL BOWEL ENDOSCOPY BR/WA	19811001	22991231	1	307.38
44382	SMALL BOWEL ENDOSCOPY	19811001	22991231	1	307.38
44385	ENDOSCOPY OF BOWEL POUCH	19811001	22991231		
44386	ENDOSCOPY BOWEL POUCH/BIOP	19811001	22991231	1	307.38
44388	COLONOSCOPY THRU STOMA SPX	19811001	22991231	1	307.38
44389	COLONOSCOPY WITH BIOPSY	19811001	22991231	1	307.38
44390	COLONOSCOPY FOR FOREIGN BODY	19811001	22991231	1	307.38
44391	COLONOSCOPY FOR BLEEDING	19811001	22991231	1	307.38
44392	COLONOSCOPY & POLYPECTOMY	19811001	22991231	1	307.38
44394	COLONOSCOPY W/SNARE	19940101	22991231	1	307.38
44500	INTRO GASTROINTESTINAL TUBE	19940101	22991231	1	307.38
44602	SUTURE SMALL INTESTINE	19940101	22991231		
44950	APPENDECTOMY	19780101	22991231		
44955	APPENDECTOMY ADD-ON	19811001	22991231	7	921.15
44970	LAPAROSCOPY APPENDECTOMY	20000101	22991231		
45000	DRAINAGE OF PELVIC ABSCESS	19780101	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
45005	DRAINAGE OF RECTAL ABSCESS	19811001	22991231	2	412.79
45020	DRAINAGE OF RECTAL ABSCESS	19780101	22991231	2	412.79
45100	BIOPSY OF RECTUM	19811001	22991231	1	307.38
45108	REMOVAL OF ANORECTAL LESION	19811001	22991231	2	412.79
45150	EXCISION OF RECTAL STRICTURE	19780101	22991231	2	412.79
45160	EXCISION OF RECTAL LESION	19811001	22991231	2	412.79
45171	EXC RECT TUM TRANSANAL PART	20100101	22991231	1	307.38
45172	EXC RECT TUM TRANSANAL FULL	20100101	22991231	3	471.9
45190	DESTRUCTION RECTAL TUMOR	19950101	22991231	8	911.55
45300	PROCTOSIGMOIDOSCOPY DX	19780101	22991231	2	412.79
45303	PROCTOSIGMOIDOSCOPY DILATE	19811001	22991231	7	921.15
45305	PROCTOSIGMOIDOSCOPY W/BX	19780101	22991231	1	307.38
45307	PROCTOSIGMOIDOSCOPY FB	19780101	22991231	1	307.38
45308	PROCTOSIGMOIDOSCOPY REMOVAL	19940101	22991231	1	307.38
45309	PROCTOSIGMOIDOSCOPY REMOVAL	19940101	22991231	1	307.38
45315	PROCTOSIGMOIDOSCOPY REMOVAL	19780101	22991231	1	307.38
45317	PROCTOSIGMOIDOSCOPY BLEED	19780101	22991231	1	307.38
45320	PROCTOSIGMOIDOSCOPY ABLATE	19880501	22991231	1	307.38
45321	PROCTOSIGMOIDOSCOPY VOLVUL	19811001	22991231	1	307.38
45327	PROCTOSIGMOIDOSCOPY W/STENT	20010101	22991231	1	307.38
45330	DIAGNOSTIC SIGMOIDOSCOPY	19780101	22991231	3	471.9
45331	SIGMOIDOSCOPY AND BIOPSY	19780101	22991231		
45332	SIGMOIDOSCOPY W/FB REMOVAL	19780101	22991231	1	307.38
45333	SIGMOIDOSCOPY & POLYPECTOMY	19780101	22991231	1	307.38
45334	SIGMOIDOSCOPY FOR BLEEDING	19780101	22991231	1	307.38
45337	SIGMOIDOSCOPY & DECOMPRESS	19880501	22991231	1	307.38
45338	SIGMOIDOSCOPY W/TUMR REMOVE	19940101	22991231	1	307.38
45340	SIG W/TNDSC BALLOON DILATION	20030101	22991231	1	307.38
45341	SIGMOIDOSCOPY W/ULTRASOUND	20010101	22991231	1	307.38
45342	SIGMOIDOSCOPY W/US GUIDE BX	20010101	22991231	1	307.38
45378	DIAGNOSTIC COLONOSCOPY	19811001	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
45379	COLONOSCOPY W/FB REMOVAL	19811001	22991231	2	412.79
45380	COLONOSCOPY AND BIOPSY	19811001	22991231	2	412.79
45381	COLONOSCOPY SUBMUCOUS NJX	20030101	22991231	2	412.79
45382	COLONOSCOPY W/CONTROL BLEED	19811001	22991231	2	412.79
45384	COLONOSCOPY W/LESION REMOVAL	19940101	22991231	2	412.79
45385	COLONOSCOPY W/LESION REMOVAL	19811001	22991231	2	412.79
45386	COLONOSCOPY W/BALLOON DILAT	20030101	22991231	6	775.59
45391	COLONOSCOPY W/ENDOSCOPE US	20050101	22991231	2	412.79
45392	COLONOSCOPY W/ENDOSCOPIC FNB	20050101	22991231	2	412.79
45500	REPAIR OF RECTUM	19780101	22991231	2	412.79
45505	REPAIR OF RECTUM	19780101	22991231	2	412.79
45520	TREATMENT OF RECTAL PROLAPSE	19811001	22991231	2	412.79
45541	CORRECT RECTAL PROLAPSE	19811001	22991231	3	471.9
45560	REPAIR OF RECTOCELE	19780101	22991231	2	412.79
45900	REDUCTION OF RECTAL PROLAPSE	19780101	22991231	1	307.38
45905	DILATION OF ANAL SPHINCTER	19811001	22991231	1	307.38
45910	DILATION OF RECTAL NARROWING	19811001	22991231	1	307.38
45915	REMOVE RECTAL OBSTRUCTION	19780101	22991231	1	307.38
45990	SURG DX EXAM ANORECTAL	20060101	22991231	2	412.79
45999	RECTUM SURGERY PROCEDURE	19831115	22991231	7	921.15
46020	PLACEMENT OF SETON	20020101	22991231	3	471.9
46030	REMOVAL OF RECTAL MARKER	19780101	22991231	3	471.9
46040	INCISION OF RECTAL ABSCESS	19780101	22991231	3	471.9
46045	INCISION OF RECTAL ABSCESS	19811001	22991231	2	412.79
46050	INCISION OF ANAL ABSCESS	19780101	22991231	1	307.38
46060	INCISION OF RECTAL ABSCESS	19780101	22991231	2	412.79
46070	INCISION OF ANAL SEPTUM	19811001	22991231	1	307.38
46080	INCISION OF ANAL SPHINCTER	19780101	22991231	3	471.9
46083	INCISE EXTERNAL HEMORRHOID	19811001	22991231	2	412.79
46200	REMOVAL OF ANAL FISSURE	19780101	22991231	2	412.79
46220	EXCISE ANAL EXT TAG/PAPILLA	19780101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
46221	LIGATION OF HEMORRHOID(S)	19780101	22991231	4	582.25
46230	REMOVAL OF ANAL TAGS	19780101	22991231	1	307.38
46250	REMOVE EXT HEM GROUPS 2+	19780101	22991231	3	471.9
46255	REMOVE INT/EXT HEM 1 GROUP	19780101	22991231	3	471.9
46257	REMOVE IN/EX HEM GRP & FISS	19780101	22991231	3	471.9
46258	REMOVE IN/EX HEM GRP W/FISTU	19811001	22991231	3	471.9
46260	REMOVE IN/EX HEM GROUPS 2+	19780101	22991231	3	471.9
46261	REMOVE IN/EX HEM GRPS & FISS	19811001	22991231	4	582.25
46262	REMOVE IN/EX HEM GRPS W/FIST	19811001	22991231	4	582.25
46270	REMOVE ANAL FIST SUBQ	19780101	22991231	3	471.9
46275	REMOVE ANAL FIST INTER	19780101	22991231	3	471.9
46280	REMOVE ANAL FIST COMPLEX	19780101	22991231	4	582.25
46285	REMOVE ANAL FIST 2 STAGE	19780101	22991231	1	307.38
46288	REPAIR ANAL FISTULA	19950101	22991231	4	582.25
46320	REMOVAL OF HEMORRHOID CLOT	19780101	22991231	3	471.9
46500	INJECTION INTO HEMORRHOID(S)	19780101	22991231	4	582.25
46505	CHEMODENERVATION ANAL MUSC	20060101	22991231	1	307.38
46600	DIAGNOSTIC ANOSCOPY SPX	19780101	22991231	1	307.38
46604	ANOSCOPY AND DILATION	19811001	22991231	7	921.15
46606	ANOSCOPY AND BIOPSY	19780101	22991231	4	582.25
46608	ANOSCOPY REMOVE FOR BODY	19780101	22991231	1	307.38
46610	ANOSCOPY REMOVE LESION	19811001	22991231	1	307.38
46611	ANOSCOPY	19940101	22991231	1	307.38
46612	ANOSCOPY REMOVE LESIONS	19811001	22991231	1	307.38
46614	ANOSCOPY CONTROL BLEEDING	19780101	22991231		
46615	ANOSCOPY	19940101	22991231	2	412.79
46700	REPAIR OF ANAL STRICTURE	19780101	22991231	3	471.9
46706	REPR OF ANAL FISTULA W/GLUE	20030101	22991231	1	307.38
46707	REPAIR ANORECTAL FIST W/PLUG	20100101	22991231	3	471.9
46750	REPAIR OF ANAL SPHINCTER	19780101	22991231	3	471.9
46753	RECONSTRUCTION OF ANUS	19780101	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
46754	REMOVAL OF SUTURE FROM ANUS	19811001	22991231	2	412.79
46760	REPAIR OF ANAL SPHINCTER	19780101	22991231	2	412.79
46761	REPAIR OF ANAL SPHINCTER	19880501	22991231	3	471.9
46900	DESTRUCTION ANAL LESION(S)	19780101	22991231	3	471.9
46910	DESTRUCTION ANAL LESION(S)	19780101	22991231		
46916	CRYOSURGERY ANAL LESION(S)	19871201	22991231		
46917	LASER SURGERY ANAL LESIONS	19871201	22991231	1	307.38
46922	EXCISION OF ANAL LESION(S)	19871201	22991231	1	307.38
46924	DESTRUCTION ANAL LESION(S)	19871201	22991231	1	307.38
46930	DESTROY INTERNAL HEMORRHOIDS	20090101	22991231	3	471.9
46940	TREATMENT OF ANAL FISSURE	19811001	22991231	3	471.9
46942	TREATMENT OF ANAL FISSURE	19811001	22991231	3	471.9
46945	INT HRHC LIG 1 HROID W/O IMG	19811001	22991231	4	582.25
46946	INT HRHC LIG 2+HROID W/O IMG	19811001	22991231	1	307.38
46947	HEMORRHOIDOPEXY BY STAPLING	20050101	22991231	3	471.9
46948	INT HRHC TRANAL DARTLZJ 2+	20200101	22991231		
46999	ANUS SURGERY PROCEDURE	19831115	22991231	8	911.55
47000	NEEDLE BIOPSY OF LIVER	19780101	22991231	1	307.38
47100	WEDGE BIOPSY OF LIVER	19780101	22991231	8	911.55
47379	LAPAROSCOPE PROCEDURE LIVER	20010101	22991231		
47490	INCISION OF GALLBLADDER	19871201	22991231		
47552	BILIARY ENDO PERQ DX W/SPECI	19811001	22991231	2	412.79
47553	BILIARY ENDOSCOPY THRU SKIN	19811001	22991231	3	471.9
47554	BILIARY ENDOSCOPY THRU SKIN	19811001	22991231	3	471.9
47555	BILIARY ENDOSCOPY THRU SKIN	19811001	22991231	3	471.9
47556	BILIARY ENDOSCOPY THRU SKIN	19920115	22991231	8	911.55
47562	LAPAROSCOPIC CHOLECYSTECTOMY	20000101	22991231	5	664.02
47563	LAPARO CHOLECYSTECTOMY/GRAPH	20000101	22991231	5	664.02
47564	LAPARO CHOLECYSTECTOMY/EXPLR	20000101	22991231	5	664.02
47600	REMOVAL OF GALLBLADDER	19780101	22991231		
47605	REMOVAL OF GALLBLADDER	19780101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
48102	NEEDLE BIOPSY PANCREAS	19811001	22991231	1	307.38
48160	PANCREAS REMOVAL/TRANSPLANT	19811001	22991231		
49002	REOPENING OF ABDOMEN	19811001	22991231	8	911.55
49082	ABD PARACENTESIS	20120101	22991231	1	307.38
49083	ABD PARACENTESIS W/IMAGING	20120101	22991231	1	307.38
49084	PERITONEAL LAVAGE	20120101	22991231	1	307.38
49180	BIOPSY ABDOMINAL MASS	19811001	22991231	1	307.38
49220	MULTIPLE SURGERY ABDOMEN	19811001	22991231		
49250	EXCISION OF UMBILICUS	19811001	22991231	4	582.25
49320	DIAG LAPARO SEPARATE PROC	20000101	22991231	3	471.9
49321	LAPAROSCOPY BIOPSY	20000101	22991231	4	582.25
49322	LAPAROSCOPY ASPIRATION	20000101	22991231	4	582.25
49323	LAPARO DRAIN LYMPHOCELE	20000101	22991231		
49327	LAP INS DEVICE FOR RT	20110101	22991231	5	664.02
49329	LAPARO PROC ABDM/PER/OMENT	20000101	22991231		
49400	AIR INJECTION INTO ABDOMEN	19780101	22991231	3	471.9
49402	REMOVE FOREIGN BODY ADBOMEN	20070101	22991231	2	412.79
49418	INSERT TUN IP CATH PERC	20110101	22991231	3	471.9
49419	INSERT TUN IP CATH W/PORT	20030101	22991231	1	307.38
49421	INS TUN IP CATH FOR DIAL OPN	19801001	22991231	1	307.38
49422	REMOVE TUNNELED IP CATH	19950101	22991231	1	307.38
49423	EXCHANGE DRAINAGE CATHETER	19980101	22991231	1	307.38
49424	ASSESS CYST CONTRAST INJECT	19980101	22991231	3	471.9
49426	REVISE ABDOMEN-VENOUS SHUNT	19871201	22991231	2	412.79
49427	INJECTION ABDOMINAL SHUNT	19930101	22991231	3	471.9
49429	REMOVAL OF SHUNT	19950101	22991231	2	412.79
49440	PLACE GASTROSTOMY TUBE PERC	20080101	22991231	1	307.38
49441	PLACE DUOD/JEJ TUBE PERC	20080101	22991231	1	307.38
49442	PLACE CECOSTOMY TUBE PERC	20080101	22991231	1	307.38
49446	CHANGE G-TUBE TO G-J PERC	20080101	22991231	1	307.38
49450	REPLACE G/C TUBE PERC	20080101	22991231	1	307.38



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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
49451	REPLACE DUOD/JEJ TUBE PERC	20080101	22991231	1	307.38
49452	REPLACE G-J TUBE PERC	20080101	22991231	1	307.38
49460	FIX G/COLON TUBE W/DEVICE	20080101	22991231	1	307.38
49465	FLUORO EXAM OF G/COLON TUBE	20080101	22991231	2	412.79
49495	RPR ING HERNIA BABY REDUC	19940101	22991231	4	582.25
49496	RPR ING HERNIA BABY BLOCKED	19940101	22991231	4	582.25
49500	RPR ING HERNIA INIT REDUCE	19811001	22991231	4	582.25
49501	RPR ING HERNIA INIT BLOCKED	19940101	22991231	8	911.55
49505	PRP I/HERN INIT REDUC >5 YR	19780101	22991231	4	582.25
49507	PRP I/HERN INIT BLOCK >5 YR	19940101	22991231	8	911.55
49520	REREPAIR ING HERNIA REDUCE	19780101	22991231	7	921.15
49521	REREPAIR ING HERNIA BLOCKED	19940101	22991231	8	911.55
49525	REPAIR ING HERNIA SLIDING	19811001	22991231	4	582.25
49540	REPAIR LUMBAR HERNIA	19811001	22991231	2	412.79
49550	RPR REM HERNIA INIT REDUCE	19780101	22991231	5	664.02
49553	RPR FEM HERNIA INIT BLOCKED	19940101	22991231	8	911.55
49555	REREPAIR FEM HERNIA REDUCE	19780101	22991231	5	664.02
49557	REREPAIR FEM HERNIA BLOCKED	19940101	22991231	8	911.55
49560	RPR VENTRAL HERN INIT REDUC	19780101	22991231	4	582.25
49561	RPR VENTRAL HERN INIT BLOCK	19940101	22991231	8	911.55
49565	REREPAIR VENTRL HERN REDUCE	19780101	22991231	4	582.25
49566	REREPAIR VENTRL HERN BLOCK	19940101	22991231	8	911.55
49568	HERNIA REPAIR W/MESH	19940101	22991231	7	921.15
49570	RPR EPIGASTRIC HERN REDUCE	19780101	22991231	4	582.25
49572	RPR EPIGASTRIC HERN BLOCKED	19940101	22991231	8	911.55
49580	RPR UMBIL HERN REDUC < 5 YR	19770901	22991231	4	582.25
49582	RPR UMBIL HERN BLOCK < 5 YR	19940101	22991231	8	911.55
49585	RPR UMBIL HERN REDUC > 5 YR	19940101	22991231	4	582.25
49587	RPR UMBIL HERN BLOCK > 5 YR	19940101	22991231	8	911.55
49590	REPAIR SPIGELIAN HERNIA	19811001	22991231	3	471.9
49600	REPAIR UMBILICAL LESION	19780101	22991231	4	582.25

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
49650	LAP ING HERNIA REPAIR INIT	20000101	22991231	4	582.25
49651	LAP ING HERNIA REPAIR RECUR	20000101	22991231	7	921.15
49652	LAP VENT/ABD HERNIA REPAIR	20090101	22991231	7	921.15
49653	LAP VENT/ABD HERN PROC COMP	20090101	22991231	7	921.15
49654	LAP INC HERNIA REPAIR	20090101	22991231	7	921.15
49655	LAP INC HERN REPAIR COMP	20090101	22991231	7	921.15
49656	LAP INC HERNIA REPAIR RECUR	20090101	22991231	7	921.15
49657	LAP INC HERN RECUR COMP	20090101	22991231	7	921.15
50020	RENAL ABSCESS OPEN DRAIN	19780101	22991231	2	412.79
50080	REMOVAL OF KIDNEY STONE	19840501	22991231	5	664.02
50081	REMOVAL OF KIDNEY STONE	19811001	22991231	5	664.02
50200	RENAL BIOPSY PERQ	19780101	22991231	1	307.38
50382	CHANGE URETER STENT PERCUT	20060101	22991231	2	412.79
50384	REMOVE URETER STENT PERCUT	20060101	22991231	2	412.79
50385	CHANGE STENT VIA TRANSURETH	20080101	22991231	2	412.79
50386	REMOVE STENT VIA TRANSURETH	20080101	22991231	5	664.02
50387	CHANGE NEPHROURETERAL CATH	20060101	22991231	1	307.38
50389	REMOVE RENAL TUBE W/FLUORO	20060101	22991231	1	307.38
50390	DRAINAGE OF KIDNEY LESION	19780101	22991231	1	307.38
50436	DILAT XST TRC NDURLGC PX	20190101	22991231		
50437	DILAT XST TRC NEW ACCESS RCS	20190101	22991231		
50541	LAPARO ABLATE RENAL CYST	20000101	22991231		
50544	LAPAROSCOPY PYELOPLASTY	20000101	22991231		
50551	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
50553	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
50555	KIDNEY ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38
50557	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
50561	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
50570	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
50572	KIDNEY ENDOSCOPY	19811001	22991231	1	307.38
50574	KIDNEY ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
50575	KIDNEY ENDOSCOPY	19940101	22991231	8	911.55
50576	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	2	412.79
50580	KIDNEY ENDOSCOPY & TREATMENT	19811001	22991231	2	412.79
50590	FRAGMENTING OF KIDNEY STONE	19871201	22991231	8	911.55
50592	PERC RF ABLATE RENAL TUMOR	20060101	22991231		
50593	PERC CRYO ABLATE RENAL TUM	20080101	22991231		
50684	INJECTION FOR URETER X-RAY	19811001	22991231	1	307.38
50686	MEASURE URETER PRESSURE	19811001	22991231	1	307.38
50688	CHANGE OF URETER TUBE/STENT	19811001	22991231	1	307.38
50690	INJECTION FOR URETER X-RAY	19811001	22991231	3	471.9
50693	PLMT URETERAL STENT PRQ	20160101	22991231		
50694	PLMT URETERAL STENT PRQ	20160101	22991231		
50695	PLMT URETERAL STENT PRQ	20160101	22991231		
50705	URETERAL EMBOLIZATION/OCCL	20160101	22991231		
50706	BALLOON DILATE URTRL STRIX	20160101	22991231		
50945	LAPAROSCOPY URETEROLITHOTOMY	20000101	22991231		
50947	LAPARO NEW URETER/BLADDER	20010101	22991231	8	911.55
50948	LAPARO NEW URETER/BLADDER	20010101	22991231	8	911.55
50951	ENDOSCOPY OF URETER	19811001	22991231	1	307.38
50953	ENDOSCOPY OF URETER	19811001	22991231	1	307.38
50955	URETER ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38
50957	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
50961	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
50970	URETER ENDOSCOPY	19811001	22991231	1	307.38
50972	URETER ENDOSCOPY & CATHETER	19811001	22991231	1	307.38
50974	URETER ENDOSCOPY & BIOPSY	19811001	22991231	1	307.38
50976	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
50980	URETER ENDOSCOPY & TREATMENT	19811001	22991231	1	307.38
51020	INCISE & TREAT BLADDER	19780101	22991231	4	582.25
51030	INCISE & TREAT BLADDER	19811001	22991231	4	582.25
51040	INCISE & DRAIN BLADDER	19780101	22991231	4	582.25

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
51045	INCISE BLADDER/DRAIN URETER	19811001	22991231	4	582.25
51050	REMOVAL OF BLADDER STONE	19780101	22991231	4	582.25
51060	REMOVAL OF URETER STONE	19811001	22991231		
51065	REMOVE URETER CALCULUS	19811001	22991231	4	582.25
51080	DRAINAGE OF BLADDER ABSCESS	19780101	22991231	1	307.38
51100	DRAIN BLADDER BY NEEDLE	20080101	22991231	1	307.38
51101	DRAIN BLADDER BY TROCAR/CATH	20080101	22991231	1	307.38
51102	DRAIN BL W/CATH INSERTION	20080101	22991231	1	307.38
51500	REMOVAL OF BLADDER CYST	19811001	22991231	4	582.25
51520	REMOVAL OF BLADDER LESION	19780101	22991231	4	582.25
51535	REPAIR OF URETER LESION	19811001	22991231	3	471.9
51600	INJECTION FOR BLADDER X-RAY	19780101	22991231	2	412.79
51605	PREPARATION FOR BLADDER XRAY	19811001	22991231	2	412.79
51610	INJECTION FOR BLADDER X-RAY	19811001	22991231	4	582.25
51700	IRRIGATION OF BLADDER	19780101	22991231	2	412.79
51705	CHANGE OF BLADDER TUBE	19780101	22991231	2	412.79
51710	CHANGE OF BLADDER TUBE	19780101	22991231	1	307.38
51715	ENDOSCOPIC INJECTION/IMPLANT	19940101	22991231	3	471.9
51720	TREATMENT OF BLADDER LESION	19811001	22991231	2	412.79
51725	SIMPLE CYSTOMETROGRAM	19780101	22991231	3	471.9
51726	COMPLEX CYSTOMETROGRAM	19811001	22991231	1	307.38
51736	URINE FLOW MEASUREMENT	19780101	22991231	1	307.38
51741	ELECTRO-UROFLOWMETRY FIRST	19811001	22991231	1	307.38
51785	ANAL/URINARY MUSCLE STUDY	19811001	22991231	1	307.38
51792	URINARY REFLEX STUDY	19811001	22991231		
51797	INTRAABDOMINAL PRESSURE TEST	19811001	22991231	2	412.79
51845	REPAIR BLADDER NECK	19811001	22991231	8	911.55
51860	REPAIR OF BLADDER WOUND	19780101	22991231		
51880	REPAIR OF BLADDER OPENING	19780101	22991231	1	307.38
51990	LAPARO URETHRAL SUSPENSION	20000101	22991231		
51992	LAPARO SLING OPERATION	20000101	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
52000	CYSTOSCOPY	19780101	22991231	1	307.38
52005	CYSTOSCOPY & URETER CATHETER	19780101	22991231	2	412.79
52007	CYSTOSCOPY AND BIOPSY	19811001	22991231	2	412.79
52010	CYSTOSCOPY & DUCT CATHETER	19811001	22991231	2	412.79
52204	CYSTOSCOPY W/BIOPSY(S)	19780101	22991231	2	412.79
52214	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52224	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52234	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52235	CYSTOSCOPY AND TREATMENT	19780101	22991231	3	471.9
52240	CYSTOSCOPY AND TREATMENT	19780101	22991231	3	471.9
52250	CYSTOSCOPY AND RADIOTRACER	19780101	22991231	4	582.25
52260	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52265	CYSTOSCOPY AND TREATMENT	19811001	22991231	5	664.02
52270	CYSTOSCOPY & REVISE URETHRA	19780101	22991231	2	412.79
52275	CYSTOSCOPY & REVISE URETHRA	19780101	22991231	2	412.79
52276	CYSTOSCOPY AND TREATMENT	19780101	22991231	3	471.9
52277	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52281	CYSTOSCOPY AND TREATMENT	19840501	22991231	2	412.79
52282	CYSTOSCOPY IMPLANT STENT	19980101	22991231	8	911.55
52283	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52285	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52287	CYSTOSCOPY CHEMODENERVATION	20130101	22991231	2	412.79
52290	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52300	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52301	CYSTOSCOPY AND TREATMENT	19970101	22991231	3	471.9
52305	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52310	CYSTOSCOPY AND TREATMENT	19780101	22991231		
52315	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52317	REMOVE BLADDER STONE	19811001	22991231	1	307.38
52318	REMOVE BLADDER STONE	19811001	22991231	2	412.79
52320	CYSTOSCOPY AND TREATMENT	19780101	22991231	5	664.02

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
52325	CYSTOSCOPY STONE REMOVAL	19811001	22991231	4	582.25
52327	CYSTOSCOPY INJECT MATERIAL	19950101	22991231	2	412.79
52330	CYSTOSCOPY AND TREATMENT	19780101	22991231	2	412.79
52332	CYSTOSCOPY AND TREATMENT	19811001	22991231	2	412.79
52334	CREATE PASSAGE TO KIDNEY	19811001	22991231	3	471.9
52341	CYSTO W/URETER STRICTURE TX	20010101	22991231	3	471.9
52342	CYSTO W/UP STRICTURE TX	20010101	22991231	3	471.9
52343	CYSTO W/RENAL STRICTURE TX	20010101	22991231	3	471.9
52344	CYSTO/URETERO STRICTURE TX	20010101	22991231	3	471.9
52345	CYSTO/URETERO W/UP STRICTURE	20010101	22991231	3	471.9
52346	CYSTOURETERO W/RENAL STRICT	20010101	22991231	3	471.9
52351	CYSTOURETERO & OR PYELOSCOPE	20010101	22991231	3	471.9
52352	CYSTOURETERO W/STONE REMOVE	20010101	22991231	4	582.25
52353	CYSTOURETERO W/LITHOTRIPSY	20010101	22991231	4	582.25
52354	CYSTOURETERO W/BIOPSY	20010101	22991231	4	582.25
52355	CYSTOURETERO W/EXCISE TUMOR	20010101	22991231	4	582.25
52400	CYSTOURETERO W/CONGEN REPR	20010101	22991231	3	471.9
52402	CYSTOURETHRO CUT EJACUL DUCT	20050101	22991231	3	471.9
52450	INCISION OF PROSTATE	19920115	22991231	3	471.9
52500	REVISION OF BLADDER NECK	19811001	22991231	3	471.9
52601	PROSTATECTOMY (TURP)	19780101	22991231	4	582.25
52630	REMOVE PROSTATE REGROWTH	19811001	22991231	2	412.79
52640	RELIEVE BLADDER CONTRACTURE	19780101	22991231	2	412.79
52649	PROSTATE LASER ENUCLEATION	20080101	22991231	3	471.9
52700	DRAINAGE OF PROSTATE ABSCESS	19780101	22991231	2	412.79
53000	INCISION OF URETHRA	19780101	22991231	1	307.38
53010	INCISION OF URETHRA	19780101	22991231	1	307.38
53020	INCISION OF URETHRA	19780101	22991231	1	307.38
53025	INCISION OF URETHRA	19811001	22991231	6	775.59
53040	DRAINAGE OF URETHRA ABSCESS	19780101	22991231	2	412.79
53060	DRAINAGE OF URETHRA ABSCESS	19811001	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
53080	DRAINAGE OF URINARY LEAKAGE	19780101	22991231	3	471.9
53085	DRAINAGE OF URINARY LEAKAGE	19780101	22991231	2	412.79
53200	BIOPSY OF URETHRA	19811001	22991231	1	307.38
53210	REMOVAL OF URETHRA	19811001	22991231	5	664.02
53215	REMOVAL OF URETHRA	19811001	22991231	5	664.02
53220	TREATMENT OF URETHRA LESION	19780101	22991231	2	412.79
53230	REMOVAL OF URETHRA LESION	19780101	22991231	2	412.79
53235	REMOVAL OF URETHRA LESION	19780101	22991231	3	471.9
53240	SURGERY FOR URETHRA POUCH	19811001	22991231	2	412.79
53250	REMOVAL OF URETHRA GLAND	19811001	22991231	2	412.79
53260	TREATMENT OF URETHRA LESION	19780101	22991231	2	412.79
53265	TREATMENT OF URETHRA LESION	19780101	22991231	2	412.79
53270	REMOVAL OF URETHRA GLAND	19780101	22991231	2	412.79
53275	REPAIR OF URETHRA DEFECT	19780101	22991231	2	412.79
53400	REVISE URETHRA STAGE 1	19780101	22991231	3	471.9
53405	REVISE URETHRA STAGE 2	19780101	22991231	2	412.79
53410	RECONSTRUCTION OF URETHRA	19780101	22991231	2	412.79
53420	RECONSTRUCT URETHRA STAGE 1	19780101	22991231	3	471.9
53425	RECONSTRUCT URETHRA STAGE 2	19780101	22991231	2	412.79
53430	RECONSTRUCTION OF URETHRA	19780101	22991231	2	412.79
53431	RECONSTRUCT URETHRA/BLADDER	20020101	22991231	2	412.79
53440	MALE SLING PROCEDURE	19811001	22991231	2	412.79
53442	REMOVE/REVISE MALE SLING	19811001	22991231	1	307.38
53444	INSERT TANDEM CUFF	20020101	22991231	2	412.79
53445	INSERT URO/VES NCK SPHINCTER	19811001	22991231	1	307.38
53446	REMOVE URO SPHINCTER	20020101	22991231	1	307.38
53447	REMOVE/REPLACE UR SPHINCTER	19811001	22991231	1	307.38
53449	REPAIR URO SPHINCTER	19811001	22991231	1	307.38
53450	REVISION OF URETHRA	19811001	22991231	1	307.38
53451	TPRNL BALO CNTNC DEV BI	20220101	22991231		
53452	TPRNL BALO CNTNC DEV UNI	20220101	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
53453	TPRNL BALO CNTNC DEV RMVL EA	20220101	22991231		
53454	TPRNL BALO CNTNC DEV ADJMT	20220101	22991231		
53460	REVISION OF URETHRA	19811001	22991231	1	307.38
53502	REPAIR OF URETHRA INJURY	19780101	22991231	2	412.79
53505	REPAIR OF URETHRA INJURY	19780101	22991231	2	412.79
53510	REPAIR OF URETHRA INJURY	19780101	22991231	2	412.79
53515	REPAIR OF URETHRA INJURY	19811001	22991231	2	412.79
53520	REPAIR OF URETHRA DEFECT	19780101	22991231	2	412.79
53600	DILATE URETHRA STRICTURE	19780101	22991231	1	307.38
53601	DILATE URETHRA STRICTURE	19780101	22991231	1	307.38
53605	DILATE URETHRA STRICTURE	19811001	22991231	2	412.79
53620	DILATE URETHRA STRICTURE	19780101	22991231		
53621	DILATE URETHRA STRICTURE	19780101	22991231	2	412.79
53660	DILATION OF URETHRA	19780101	22991231	1	307.38
53661	DILATION OF URETHRA	19780101	22991231	1	307.38
53665	DILATION OF URETHRA	19811001	22991231	1	307.38
53850	PROSTATIC MICROWAVE THERMOTX	19980101	22991231		
53852	PROSTATIC RF THERMOTX	19980101	22991231		
53854	TRURL DSTRJ PRST8 TISS RF WV	20190101	22991231		
53855	INSERT PROST URETHRAL STENT	20100101	22991231	2	412.79
53860	TRANSURETHRAL RF TREATMENT	20110101	22991231		
54000	SLITTING OF PREPUCE	19780101	22991231	2	412.79
54001	SLITTING OF PREPUCE	19780101	22991231	2	412.79
54015	DRAIN PENIS LESION	19811001	22991231	4	582.25
54050	DESTRUCTION PENIS LESION(S)	19811001	22991231	2	412.79
54055	DESTRUCTION PENIS LESION(S)	19811001	22991231	2	412.79
54056	CRYOSURGERY PENIS LESION(S)	19871201	22991231	1	307.38
54057	LASER SURG PENIS LESION(S)	19871201	22991231	1	307.38
54060	EXCISION OF PENIS LESION(S)	19811001	22991231	1	307.38
54065	DESTRUCTION PENIS LESION(S)	19811001	22991231	1	307.38
54100	BIOPSY OF PENIS	19780101	22991231	1	307.38



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
54105	BIOPSY OF PENIS	19811001	22991231	1	307.38
54110	TREATMENT OF PENIS LESION	19780101	22991231	2	412.79
54111	TREAT PENIS LESION GRAFT	19811001	22991231	2	412.79
54112	TREAT PENIS LESION GRAFT	19811001	22991231	2	412.79
54115	TREATMENT OF PENIS LESION	19811001	22991231	1	307.38
54120	PARTIAL REMOVAL OF PENIS	19780101	22991231	2	412.79
54150	CIRCUMCISION W/REGIONL BLOCK	19780101	22991231	1	307.38
54160	CIRCUMCISION NEONATE	19811001	22991231	2	412.79
54161	CIRCUM 28 DAYS OR OLDER	19780101	22991231	2	412.79
54162	LYSIS PENIL CIRCUMIC LESION	20020101	22991231	2	412.79
54163	REPAIR OF CIRCUMCISION	20020101	22991231	2	412.79
54164	FRENULOTOMY OF PENIS	20020101	22991231	2	412.79
54200	TREATMENT OF PENIS LESION	19811001	22991231	2	412.79
54205	TREATMENT OF PENIS LESION	19811001	22991231	4	582.25
54220	TREATMENT OF PENIS LESION	19811001	22991231	1	307.38
54230	PREPARE PENIS STUDY	19811001	22991231		
54231	DYNAMIC CAVERNOSOMETRY	19940101	22991231	2	412.79
54240	PENIS STUDY	19811001	22991231	1	307.38
54250	PENIS STUDY	19811001	22991231	1	307.38
54300	REVISION OF PENIS	19780101	22991231	3	471.9
54304	REVISION OF PENIS	19811001	22991231	3	471.9
54308	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54312	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54316	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54318	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54322	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54324	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54326	RECONSTRUCTION OF URETHRA	19811001	22991231	3	471.9
54328	REVISE PENIS/URETHRA	19811001	22991231	3	471.9
54332	REVISE PENIS/URETHRA	19811001	22991231		
54336	REVISE PENIS/URETHRA	19811001	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
54340	SECONDARY URETHRAL SURGERY	19811001	22991231	3	471.9
54344	SECONDARY URETHRAL SURGERY	19811001	22991231	3	471.9
54348	SECONDARY URETHRAL SURGERY	19811001	22991231	3	471.9
54352	RECONSTRUCT URETHRA/PENIS	19811001	22991231	3	471.9
54360	PENIS PLASTIC SURGERY	19811001	22991231	3	471.9
54380	REPAIR PENIS	19780101	22991231	3	471.9
54385	REPAIR PENIS	19811001	22991231	3	471.9
54400	INSERT SEMI-RIGID PROSTHESIS	19900701	22991231	3	471.9
54401	INSERT SELF-CONTD PROSTHESIS	19890401	22991231	3	471.9
54405	INSERT MULTI-COMP PENIS PROS	19780101	22991231	3	471.9
54406	REMOVE MUTI-COMP PENIS PROS	20020101	22991231	3	471.9
54408	REPAIR MULTI-COMP PENIS PROS	20020101	22991231	3	471.9
54410	REMOVE/REPLACE PENIS PROSTH	20020101	22991231	3	471.9
54415	REMOVE SELF-CONTD PENIS PROS	20020101	22991231	3	471.9
54416	REMOV/REPL PENIS CONTAIN PROS	20020101	22991231	3	471.9
54420	REVISION OF PENIS	19811001	22991231	4	582.25
54435	REVISION OF PENIS	19811001	22991231	4	582.25
54440	REPAIR OF PENIS	19780101	22991231	4	582.25
54450	PREPUTIAL STRETCHING	19811001	22991231	1	307.38
54500	BIOPSY OF TESTIS	19780101	22991231	1	307.38
54505	BIOPSY OF TESTIS	19780101	22991231	1	307.38
54512	EXCISE LESION TESTIS	20010101	22991231	2	412.79
54520	REMOVAL OF TESTIS	19780101	22991231	3	471.9
54522	ORCHIECTOMY PARTIAL	20010101	22991231	3	471.9
54530	REMOVAL OF TESTIS	19811001	22991231	4	582.25
54535	EXTENSIVE TESTIS SURGERY	19811001	22991231		
54550	EXPLORATION FOR TESTIS	19811001	22991231	4	582.25
54560	EXPLORATION FOR TESTIS	19811001	22991231	2	412.79
54600	REDUCE TESTIS TORSION	19780101	22991231	4	582.25
54620	SUSPENSION OF TESTIS	19780101	22991231	3	471.9
54640	ORCHIOPEXY INGUN/SCROT APPR	19780101	22991231	4	582.25

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
54650	ORCHIOPEXY (FOWLER-STEPHENS)	19940101	22991231	5	664.02
54660	REVISION OF TESTIS	19811001	22991231	2	412.79
54670	REPAIR TESTIS INJURY	19811001	22991231	3	471.9
54680	RELOCATION OF TESTIS(ES)	19811001	22991231	3	471.9
54690	LAPAROSCOPY ORCHIECTOMY	20000101	22991231	8	911.55
54692	LAPAROSCOPY ORCHIOPEXY	20000101	22991231	8	911.55
54700	DRAINAGE OF SCROTUM	19780101	22991231	2	412.79
54800	BIOPSY OF EPIDIDYMIS	19780101	22991231	1	307.38
54830	REMOVE EPIDIDYMIS LESION	19811001	22991231	3	471.9
54840	REMOVE EPIDIDYMIS LESION	19780101	22991231	4	582.25
54860	REMOVAL OF EPIDIDYMIS	19780101	22991231	3	471.9
54861	REMOVAL OF EPIDIDYMIS	19780101	22991231	4	582.25
54865	EXPLORE EPIDIDYMIS	20070101	22991231	1	307.38
55000	DRAINAGE OF HYDROCELE	19780101	22991231	2	412.79
55040	REMOVAL OF HYDROCELE	19780101	22991231	3	471.9
55041	REMOVAL OF HYDROCELES	19811001	22991231	5	664.02
55060	REPAIR OF HYDROCELE	19780101	22991231	4	582.25
55100	DRAINAGE OF SCROTUM ABSCESS	19780101	22991231	1	307.38
55110	EXPLORE SCROTUM	19811001	22991231	2	412.79
55120	REMOVAL OF SCROTUM LESION	19780101	22991231	2	412.79
55150	REMOVAL OF SCROTUM	19780101	22991231	1	307.38
55175	REVISION OF SCROTUM	19811001	22991231	1	307.38
55180	REVISION OF SCROTUM	19811001	22991231	2	412.79
55200	INCISION OF SPERM DUCT	19780101	22991231	2	412.79
55250	REMOVAL OF SPERM DUCT(S)	19780101	22991231	2	412.79
55300	PREPARE SPERM DUCT X-RAY	19811001	22991231	2	412.79
55400	REPAIR OF SPERM DUCT	19780101	22991231	1	307.38
55500	REMOVAL OF HYDROCELE	19780101	22991231	3	471.9
55520	REMOVAL OF SPERM CORD LESION	19811001	22991231	4	582.25
55530	REVISE SPERMATIC CORD VEINS	19780101	22991231	4	582.25
55535	REVISE SPERMATIC CORD VEINS	19811001	22991231	4	582.25

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
55540	REVISE HERNIA & SPERM VEINS	19780101	22991231	5	664.02
55550	LAPARO LIGATE SPERMATIC VEIN	20000101	22991231	8	911.55
55600	INCISE SPERM DUCT POUCH	19780101	22991231	1	307.38
55680	REMOVE SPERM POUCH LESION	19811001	22991231	1	307.38
55700	BIOPSY OF PROSTATE	19780101	22991231	2	412.79
55705	BIOPSY OF PROSTATE	19780101	22991231	2	412.79
55706	PROSTATE SATURATION SAMPLING	20090101	22991231	1	307.38
55720	DRAINAGE OF PROSTATE ABSCESS	19780101	22991231	1	307.38
55725	DRAINAGE OF PROSTATE ABSCESS	19811001	22991231	2	412.79
55860	SURGICAL EXPOSURE PROSTATE	19811001	22991231	2	412.79
55870	ELECTROEJACULATION	19920115	22991231	2	412.79
55873	CRYOABLATE PROSTATE	20010101	22991231	8	911.55
55874	TPRNL PLMT BIODEGRDABL MATRL	20180101	22991231		
55899	GENITAL SURGERY PROCEDURE	19831115	22991231	8	911.55
55920	PLACE NEEDLES PELVIC FOR RT	20080101	22991231	1	307.38
56405	I & D OF VULVA/PERINEUM	19930101	22991231	2	412.79
56420	DRAINAGE OF GLAND ABSCESS	19780101	22991231	2	412.79
56440	SURGERY FOR VULVA LESION	19780101	22991231	2	412.79
56441	LYSIS OF LABIAL LESION(S)	19910401	22991231	1	307.38
56442	HYMENOTOMY	20070101	22991231	1	307.38
56501	DESTROY VULVA LESIONS SIM	19871201	22991231	2	412.79
56515	DESTROY VULVA LESION/S COMPL	19811001	22991231	3	471.9
56605	BIOPSY OF VULVA/PERINEUM	19930101	22991231	1	307.38
56606	BIOPSY OF VULVA/PERINEUM	19930101	22991231	1	307.38
56620	PARTIAL REMOVAL OF VULVA	19780101	22991231	5	664.02
56625	COMPLETE REMOVAL OF VULVA	19780101	22991231	7	921.15
56700	PARTIAL REMOVAL OF HYMEN	19780101	22991231	1	307.38
56740	REMOVE VAGINA GLAND LESION	19780101	22991231	3	471.9
56800	REPAIR OF VAGINA	19811001	22991231	3	471.9
56805	REPAIR CLITORIS	19920115	22991231	2	412.79
56810	REPAIR OF PERINEUM	19930101	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
57000	EXPLORATION OF VAGINA	19780101	22991231	1	307.38
57010	DRAINAGE OF PELVIC ABSCESS	19780101	22991231	2	412.79
57020	DRAINAGE OF PELVIC FLUID	19780101	22991231	2	412.79
57022	I & D VAGINAL HEMATOMA PP	20010101	22991231	7	921.15
57023	I & D VAG HEMATOMA NON-OB	20010101	22991231	1	307.38
57061	DESTROY VAG LESIONS SIMPLE	19871201	22991231	2	412.79
57065	DESTROY VAG LESIONS COMPLEX	19871201	22991231	1	307.38
57100	BIOPSY OF VAGINA	19780101	22991231	1	307.38
57105	BIOPSY OF VAGINA	19840501	22991231	2	412.79
57106	REMOVE VAGINA WALL PARTIAL	19990101	22991231		
57107	REMOVE VAGINA TISSUE PART	19990101	22991231		
57109	VAGINECTOMY PARTIAL W/NODES	19990101	22991231		
57120	CLOSURE OF VAGINA	19780101	22991231	4	582.25
57130	REMOVE VAGINA LESION	19780101	22991231	2	412.79
57135	REMOVE VAGINA LESION	19811001	22991231	2	412.79
57150	TREAT VAGINA INFECTION	19780101	22991231	1	307.38
57155	INSERT UTERI TANDEM/OVOIDS	20020101	22991231	2	412.79
57156	INS VAG BRACHYTX DEVICE	20110101	22991231	1	307.38
57160	INSERT PESSARY/OTHER DEVICE	19811001	22991231	1	307.38
57170	FITTING OF DIAPHRAGM/CAP	19811001	22991231	1	307.38
57180	TREAT VAGINAL BLEEDING	19871201	22991231	1	307.38
57200	REPAIR OF VAGINA	19780101	22991231	1	307.38
57210	REPAIR VAGINA/PERINEUM	19780101	22991231	2	412.79
57220	REVISION OF URETHRA	19780101	22991231	3	471.9
57230	REPAIR OF URETHRAL LESION	19780101	22991231	3	471.9
57240	ANTERIOR COLPORRHAPHY	19780101	22991231	5	664.02
57250	REPAIR RECTUM & VAGINA	19780101	22991231	5	664.02
57260	CMBN ANT PST COLPRHY	19780101	22991231	5	664.02
57265	CMBN AP COLPRHY W/NTRCL RPR	19811001	22991231	7	921.15
57267	INSERT MESH/PELVIC FLR ADDON	20050101	22991231	7	921.15
57268	REPAIR OF BOWEL BULGE	19811001	22991231	3	471.9

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
57282	COLPOPEXY EXTRAPERITONEAL	19871201	22991231	5	664.02
57284	REPAIR PARAVAG DEFECT OPEN	19960101	22991231	5	664.02
57285	REPAIR PARAVAG DEFECT VAG	20080101	22991231		
57287	REVISE/REMOVE SLING REPAIR	20010101	22991231	4	582.25
57288	REPAIR BLADDER DEFECT	19811001	22991231	5	664.02
57289	REPAIR BLADDER & VAGINA	19811001	22991231	5	664.02
57291	CONSTRUCTION OF VAGINA	19780101	22991231	5	664.02
57292	CONSTRUCT VAGINA WITH GRAFT	19780101	22991231	6	775.59
57295	REVISE VAG GRAFT VIA VAGINA	20060101	22991231		
57300	REPAIR RECTUM-VAGINA FISTULA	19780101	22991231	3	471.9
57310	REPAIR URETHROVAGINAL LESION	19780101	22991231	3	471.9
57320	REPAIR BLADDER-VAGINA LESION	19811001	22991231	3	471.9
57330	REPAIR BLADDER-VAGINA LESION	19811001	22991231	4	582.25
57335	REPAIR VAGINA	19920115	22991231		
57400	DILATION OF VAGINA	19780101	22991231	2	412.79
57410	PELVIC EXAMINATION	19780101	22991231	2	412.79
57415	REMOVE VAGINAL FOREIGN BODY	19930101	22991231	2	412.79
57423	REPAIR PARAVAG DEFECT LAP	20080101	22991231	5	664.02
57426	REVISE PROSTH VAG GRAFT LAP	20100101	22991231	2	412.79
57452	EXAM OF CERVIX W/SCOPE	19811001	22991231	2	412.79
57454	BX/CURETT OF CERVIX W/SCOPE	19811001	22991231	2	412.79
57460	BX OF CERVIX W/SCOPE LEEP	19930101	22991231	4	582.25
57500	BIOPSY OF CERVIX	19780101	22991231	2	412.79
57505	ENDOCERVICAL CURETTAGE	19811001	22991231	2	412.79
57510	CAUTERIZATION OF CERVIX	19780101	22991231	2	412.79
57511	CRYOCAUTERY OF CERVIX	19811001	22991231	2	412.79
57513	LASER SURGERY OF CERVIX	19811001	22991231	2	412.79
57520	CONIZATION OF CERVIX	19780101	22991231	2	412.79
57522	CONIZATION OF CERVIX	19950101	22991231	2	412.79
57530	REMOVAL OF CERVIX	19780101	22991231	3	471.9
57550	REMOVAL OF RESIDUAL CERVIX	19780101	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
57555	REMOVE CERVIX/REPAIR VAGINA	19811001	22991231	5	664.02
57556	REMOVE CERVIX REPAIR BOWEL	19811001	22991231	5	664.02
57558	D&C OF CERVICAL STUMP	20070101	22991231	3	471.9
57700	REVISION OF CERVIX	19780101	22991231	1	307.38
57720	REVISION OF CERVIX	19780101	22991231	3	471.9
57800	DILATION OF CERVICAL CANAL	19780101	22991231	1	307.38
58100	BIOPSY OF UTERUS LINING	19780101	22991231	2	412.79
58110	BX DONE W/COLPOSCOPY ADD-ON	20060101	22991231	2	412.79
58120	DILATION AND CURETTAGE	19780101	22991231	2	412.79
58145	MYOMECTOMY VAG METHOD	19780101	22991231	5	664.02
58260	VAGINAL HYSTERECTOMY	19780101	22991231		
58270	VAG HYST W/ENTEROCELE REPAIR	19780101	22991231		
58300	INSERT INTRAUTERINE DEVICE	19780101	22991231	7	921.15
58301	REMOVE INTRAUTERINE DEVICE	19811001	22991231	1	307.38
58340	CATHETER FOR HYSTEROGRAPHY	19780101	22991231		
58346	INSERT HEYMAN UTERI CAPSULE	20020101	22991231	2	412.79
58350	REOPEN FALLOPIAN TUBE	19811001	22991231	3	471.9
58353	ENDOMETR ABLATE THERMAL	20010101	22991231	7	921.15
58400	SUSPENSION OF UTERUS	19780101	22991231		
58545	LAPAROSCOPIC MYOMECTOMY	20030101	22991231	8	911.55
58550	LAPARO-ASST VAG HYSTERECTOMY	20000101	22991231	8	911.55
58555	HYSTEROSCOPY DX SEP PROC	20000101	22991231	1	307.38
58558	HYSTEROSCOPY BIOPSY	20000101	22991231	3	471.9
58559	HYSTEROSCOPY LYSIS	20000101	22991231	2	412.79
58560	HYSTEROSCOPY RESECT SEPTUM	20000101	22991231	3	471.9
58561	HYSTEROSCOPY REMOVE MYOMA	20000101	22991231	3	471.9
58562	HYSTEROSCOPY REMOVE FB	20000101	22991231		
58563	HYSTEROSCOPY ABLATION	20000101	22991231		
58565	HYSTEROSCOPY STERILIZATION	20050101	22991231	7	921.15
58570	TLH UTERUS 250 G OR LESS	20080101	22991231	5	664.02
58571	TLH W/T/O 250 G OR LESS	20080101	22991231	5	664.02

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
58572	TLH UTERUS OVER 250 G	20080101	22991231		
58573	TLH W/T/O UTERUS OVER 250 G	20080101	22991231		
58600	DIVISION OF FALLOPIAN TUBE	19780101	22991231	4	582.25
58615	OCCLUDE FALLOPIAN TUBE(S)	19811001	22991231	5	664.02
58660	LAPAROSCOPY LYSIS	20000101	22991231	5	664.02
58661	LAPAROSCOPY REMOVE ADNEXA	20000101	22991231	5	664.02
58662	LAPAROSCOPY EXCISE LESIONS	20000101	22991231	5	664.02
58670	LAPAROSCOPY TUBAL CAUTERY	20000101	22991231	3	471.9
58671	LAPAROSCOPY TUBAL BLOCK	20000101	22991231	3	471.9
58673	LAPAROSCOPY SALPINGOSTOMY	20000101	22991231	5	664.02
58674	LAPS ABLTJ UTERINE FIBROIDS	20170101	22991231		
58700	REMOVAL OF FALLOPIAN TUBE	19780101	22991231		
58770	CREATE NEW TUBAL OPENING	19811001	22991231		
58800	DRAINAGE OF OVARIAN CYST(S)	19780101	22991231	3	471.9
58805	DRAINAGE OF OVARIAN CYST(S)	19780101	22991231	4	582.25
58820	DRAIN OVARY ABSCESS OPEN	19780101	22991231	3	471.9
58900	BIOPSY OF OVARY(S)	19780101	22991231	3	471.9
58920	PARTIAL REMOVAL OF OVARY(S)	19811001	22991231	8	911.55
58925	REMOVAL OF OVARIAN CYST(S)	19811001	22991231	8	911.55
58999	GENITAL SURGERY PROCEDURE	19811001	22991231		
59015	CHORION BIOPSY	19871201	22991231	2	412.79
59051	FETAL MONITOR/INTERPRET ONLY	19950101	22991231		
59150	TREAT ECTOPIC PREGNANCY	19900401	22991231	5	664.02
59160	D & C AFTER DELIVERY	19780101	22991231	3	471.9
59200	INSERT CERVICAL DILATOR	19871201	22991231	1	307.38
59300	EPISIOTOMY OR VAGINAL REPAIR	19811001	22991231	2	412.79
59320	REVISION OF CERVIX	19900401	22991231	1	307.38
59612	VBAC DELIVERY ONLY	19960101	22991231		
59614	VBAC CARE AFTER DELIVERY	19960101	22991231		
59622	ATTEMPTED VBAC AFTER CARE	19960101	22991231		
59812	TREATMENT OF MISCARRIAGE	19900401	22991231	5	664.02



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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
59820	CARE OF MISCARRIAGE	19780101	22991231	5	664.02
59821	TREATMENT OF MISCARRIAGE	19900401	22991231	5	664.02
59840	ABORTION	19780101	22991231	5	664.02
59841	ABORTION	19811001	22991231	5	664.02
59866	ABORTION (MPR)	19970101	22991231	3	471.9
59870	EVACUATE MOLE OF UTERUS	19900401	22991231	5	664.02
59871	REMOVE CERCLAGE SUTURE	19980101	22991231	5	664.02
60000	DRAIN THYROID/TONGUE CYST	19780101	22991231	1	307.38
60100	BIOPSY OF THYROID	19811001	22991231	2	412.79
60200	REMOVE THYROID LESION	19780101	22991231	2	412.79
60220	PARTIAL REMOVAL OF THYROID	19780101	22991231		
60225	PARTIAL REMOVAL OF THYROID	19811001	22991231	5	664.02
60240	REMOVAL OF THYROID	19780101	22991231	3	471.9
60252	REMOVAL OF THYROID	19780101	22991231		
60260	REPEAT THYROID SURGERY	19780101	22991231		
60280	REMOVE THYROID DUCT LESION	19780101	22991231	4	582.25
60281	REMOVE THYROID DUCT LESION	19780101	22991231	4	582.25
60300	ASPIR/INJ THYROID CYST	20080101	22991231	2	412.79
60500	EXPLORE PARATHYROID GLANDS	19780101	22991231		
60520	REMOVAL OF THYMUS GLAND	19811001	22991231		
60699	ENDOCRINE SURGERY PROCEDURE	19831115	22991231		
61000	REMOVE CRANIAL CAVITY FLUID	19811001	22991231	6	775.59
61001	REMOVE CRANIAL CAVITY FLUID	19811001	22991231	6	775.59
61020	REMOVE BRAIN CAVITY FLUID	19780101	22991231	1	307.38
61026	INJECTION INTO BRAIN CANAL	19811001	22991231	1	307.38
61050	REMOVE BRAIN CANAL FLUID	19780101	22991231	1	307.38
61055	INJECTION INTO BRAIN CANAL	19811001	22991231	1	307.38
61070	BRAIN CANAL SHUNT PROCEDURE	19811001	22991231	1	307.38
61215	INSERT BRAIN-FLUID DEVICE	19811001	22991231	3	471.9
61330	DECOMPRESS EYE SOCKET	19811001	22991231	7	921.15
61500	REMOVAL OF SKULL LESION	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
61516	REMOVAL OF BRAIN LESION	19780101	22991231		
61518	REMOVAL OF BRAIN LESION	19811001	22991231		
61626	TRANSCATH OCCLUSION NON-CNS	19920115	22991231		
61720	INCISE SKULL/BRAIN SURGERY	19811001	22991231		
61781	SCAN PROC CRANIAL INTRA	20110101	22991231		
61782	SCAN PROC CRANIAL EXTRA	20110101	22991231		
61783	SCAN PROC SPINAL	20110101	22991231		
61790	TREAT TRIGEMINAL NERVE	19811001	22991231	3	471.9
61791	TREAT TRIGEMINAL TRACT	19811001	22991231	3	471.9
61796	SRS CRANIAL LESION SIMPLE	20090101	22991231		
61797	SRS CRAN LES SIMPLE ADDL	20090101	22991231		
61798	SRS CRANIAL LESION COMPLEX	20090101	22991231		
61799	SRS CRAN LES COMPLEX ADDL	20090101	22991231		
61800	APPLY SRS HEADFRAME ADD-ON	20090101	22991231		
61880	REVISE/REMOVE NEUROELECTRODE	19811001	22991231	1	307.38
61885	INSRT/REDO NEUROSTIM 1 ARRAY	19811001	22991231	2	412.79
61886	IMPLANT NEUROSTIM ARRAYS	20000101	22991231	3	471.9
61888	REVISE/REMOVE NEURORECEIVER	19811001	22991231	3	471.9
62000	TREAT SKULL FRACTURE	19780101	22991231	3	471.9
62194	REPLACE/IRRIGATE CATHETER	19811001	22991231	1	307.38
62225	REPLACE/IRRIGATE CATHETER	19780101	22991231	1	307.38
62230	REPLACE/REVISE BRAIN SHUNT	19780101	22991231	2	412.79
62252	CSF SHUNT REPROGRAM	20010101	22991231	1	307.38
62263	EPIDURAL LYSIS MULT SESSIONS	20000101	22991231	1	307.38
62264	EPIDURAL LYSIS ON SINGLE DAY	20030101	22991231	1	307.38
62267	INTERDISCAL PERQ ASPIR DX	20090101	22991231	1	307.38
62268	DRAIN SPINAL CORD CYST	19900701	22991231	1	307.38
62269	NEEDLE BIOPSY SPINAL CORD	19900701	22991231	1	307.38
62270	DX LMBR SPI PNXR	19780101	22991231	1	307.38
62272	THER SPI PNXR DRG CSF	19811001	22991231	1	307.38
62273	INJECT EPIDURAL PATCH	19811001	22991231	1	307.38

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
62280	TREAT SPINAL CORD LESION	19780101	22991231	1	307.38
62281	TREAT SPINAL CORD LESION	19920115	22991231	1	307.38
62282	TREAT SPINAL CANAL LESION	19811001	22991231		
62284	INJECTION FOR MYELOGRAM	19780101	22991231	1	307.38
62287	PERCUTANEOUS DISKECTOMY	19910401	22991231	8	911.55
62290	NJX PX DISCOGRAPHY LUMBAR	19780101	22991231	1	307.38
62291	NJX PX DISCOGRAPHY CRV/THRC	19811001	22991231	1	307.38
62292	NJX CHEMONUCLEOLYSIS LMBR	19811001	22991231	6	775.59
62294	INJECTION INTO SPINAL ARTERY	19811001	22991231	3	471.9
62320	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62321	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62322	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62323	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62324	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62325	NJX INTERLAMINAR CRV/THRC	20170101	22991231		
62326	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62327	NJX INTERLAMINAR LMBR/SAC	20170101	22991231		
62328	DX LMBR SPI PNXR W/FLUOR/CT	20200101	22991231		
62329	THER SPI PNXR CSF FLUOR/CT	20200101	22991231		
62350	IMPLANT SPINAL CANAL CATH	19960101	22991231	2	412.79
62351	IMPLANT SPINAL CANAL CATH	19960101	22991231	2	412.79
62355	REMOVE SPINAL CANAL CATHETER	19960101	22991231	2	412.79
62360	INSERT SPINE INFUSION DEVICE	19960101	22991231	2	412.79
62361	IMPLANT SPINE INFUSION PUMP	19960101	22991231	2	412.79
62362	IMPLANT SPINE INFUSION PUMP	19960101	22991231	2	412.79
62365	REMOVE SPINE INFUSION DEVICE	19960101	22991231	2	412.79
62369	ANAL SP INF PMP W/REPRG&FILL	20120101	22991231	2	412.79
62370	ANL SP INF PMP W/MDREPRG&FIL	20120101	22991231	2	412.79
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	20170101	22991231		
63001	REMOVE SPINE LAMINA 1/2 CRVL	19780101	22991231	3	471.9
63003	REMOVE SPINE LAMINA 1/2 THRC	19780101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
63005	REMOVE SPINE LAMINA 1/2 LMBR	19780101	22991231	3	471.9
63011	REMOVE SPINE LAMINA 1/2 SCRL	19811001	22991231		
63012	REMOVE LAMINA/FACETS LUMBAR	19910401	22991231		
63015	REMOVE SPINE LAMINA >2 CRVCL	19811001	22991231		
63016	REMOVE SPINE LAMINA >2 THRC	19811001	22991231		
63017	REMOVE SPINE LAMINA >2 LMBR	19811001	22991231		
63020	NECK SPINE DISK SURGERY	19780101	22991231		
63030	LOW BACK DISK SURGERY	19780101	22991231		
63035	SPINAL DISK SURGERY ADD-ON	19811001	22991231		
63040	LAMINOTOMY SINGLE CERVICAL	19811001	22991231		
63042	LAMINOTOMY SINGLE LUMBAR	19811001	22991231		
63043	LAMINOTOMY ADDL CERVICAL	20010101	22991231		
63044	LAMINOTOMY ADDL LUMBAR	20010101	22991231		
63064	DECOMPRESS SPINAL CORD THRC	19811001	22991231		
63075	NECK SPINE DISK SURGERY	19811001	22991231		
63076	NECK SPINE DISK SURGERY	19811001	22991231		
63600	REMOVE SPINAL CORD LESION	19811001	22991231	2	412.79
63610	STIMULATION OF SPINAL CORD	19811001	22991231	1	307.38
63620	SRS SPINAL LESION	20090101	22991231		
63621	SRS SPINAL LESION ADDL	20090101	22991231		
63650	IMPLANT NEUROELECTRODES	19811001	22991231	2	412.79
63655	IMPLANT NEUROELECTRODES	19811001	22991231	3	471.9
63661	REMOVE SPINE ELTRD PERQ ARAY	20100101	22991231	2	412.79
63662	REMOVE SPINE ELTRD PLATE	20100101	22991231		
63663	REVISE SPINE ELTRD PERQ ARAY	20100101	22991231		
63664	REVISE SPINE ELTRD PLATE	20100101	22991231		
63685	INSRT/REDO SPINE N GENERATOR	19811001	22991231	2	412.79
63688	REVISE/REMOVE NEURORECEIVER	19811001	22991231	1	307.38
63741	INSTALL SPINAL SHUNT	19910401	22991231		
63744	REVISION OF SPINAL SHUNT	19811001	22991231	3	471.9
63746	REMOVAL OF SPINAL SHUNT	19811001	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
64400	NJX AA&/STRD TRIGEMINAL NRV	19780101	22991231	2	412.79
64405	NJX AA&/STRD GR OCPL NRV	19811001	22991231	2	412.79
64408	NJX AA&/STRD VAGUS NRV	19811001	22991231	2	412.79
64415	NJX AA&/STRD BRACH PLEXUS	19780101	22991231	1	307.38
64416	NJX AA&/STRD BRACH PLEX NFS	20030101	22991231	1	307.38
64417	NJX AA&/STRD AXILLARY NRV	19811001	22991231	1	307.38
64418	NJX AA&/STRD SPRSCAP NRV	19811001	22991231	2	412.79
64420	NJX AA&/STRD NTRCOST NRV 1	19780101	22991231	4	582.25
64421	NJX AA&/STRD NTRCOST NRV EA	19780101	22991231	1	307.38
64425	NJX AA&/STRD II IH NERVES	19780101	22991231	1	307.38
64430	NJX AA&/STRD PUDENDAL NERVE	19780101	22991231	6	775.59
64435	NJX AA&/STRD PARACRV NRV	19811001	22991231	2	412.79
64445	NJX AA&/STRD SCIATIC NERVE	19780101	22991231	2	412.79
64446	NJX AA&/STRD SCIATIC NRV NFS	20030101	22991231	1	307.38
64447	NJX AA&/STRD FEMORAL NERVE	20030101	22991231	2	412.79
64448	NJX AA&/STRD FEM NERVE NFS	20030101	22991231	1	307.38
64449	NJX AA&/STRD LMBR PLEX NFS	20031001	22991231	1	307.38
64450	NJX AA&/STRD OTHER PN/BRANCH	19780101	22991231	2	412.79
64451	NJX AA&/STRD NRV NRVTG SI JT	20200101	22991231		
64454	NJX AA&/STRD GNCLR NRV BRNCH	20200101	22991231		
64455	N BLOCK INJ PLANTAR DIGIT	20090101	22991231	1	307.38
64479	INJ FORAMEN EPIDURAL C/T	20000101	22991231	1	307.38
64480	INJ FORAMEN EPIDURAL ADD-ON	20000101	22991231	1	307.38
64483	INJ FORAMEN EPIDURAL L/S	20000101	22991231	1	307.38
64484	INJ FORAMEN EPIDURAL ADD-ON	20000101	22991231	1	307.38
64490	INJ PARAVERT F JNT C/T 1 LEV	20100101	22991231	1	307.38
64491	INJ PARAVERT F JNT C/T 2 LEV	20100101	22991231	1	307.38
64492	INJ PARAVERT F JNT C/T 3 LEV	20100101	22991231	1	307.38
64493	INJ PARAVERT F JNT L/S 1 LEV	20100101	22991231	1	307.38
64494	INJ PARAVERT F JNT L/S 2 LEV	20100101	22991231	1	307.38
64495	INJ PARAVERT F JNT L/S 3 LEV	20100101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
64505	N BLOCK SPENOPALATINE GANGL	19811001	22991231	2	412.79
64510	N BLOCK STELLATE GANGLION	19811001	22991231	1	307.38
64517	N BLOCK INJ HYPOGAS PLXS	20031001	22991231	2	412.79
64520	N BLOCK LUMBAR/THORACIC	19811001	22991231	1	307.38
64530	N BLOCK INJ CELIAC PELUS	19811001	22991231		
64553	IMPLANT NEUROELECTRODES	19811001	22991231	1	307.38
64555	IMPLANT NEUROELECTRODES	19811001	22991231	2	412.79
64561	IMPLANT NEUROELECTRODES	20020101	22991231	3	471.9
64566	NEUROELTRD STIM POST TIBIAL	20110101	22991231	2	412.79
64568	INC FOR VAGUS N ELECT IMPL	20110101	22991231	8	911.55
64569	REVISE/REPL VAGUS N ELTRD	20110101	22991231	2	412.79
64570	REMOVE VAGUS N ELTRD	20110101	22991231	2	412.79
64575	IMPLANT NEUROELECTRODES	19811001	22991231	1	307.38
64580	IMPLANT NEUROELECTRODES	19811001	22991231	1	307.38
64581	IMPLANT NEUROELECTRODES	20020101	22991231	3	471.9
64585	REVISE/REMOVE NEUROELECTRODE	19811001	22991231	1	307.38
64590	INSRT/REDO PN/GASTR STIMUL	19811001	22991231	2	412.79
64595	REVISE/RMV PN/GASTR STIMUL	19811001	22991231	1	307.38
64600	INJECTION TREATMENT OF NERVE	19811001	22991231	1	307.38
64605	INJECTION TREATMENT OF NERVE	19811001	22991231	1	307.38
64610	INJECTION TREATMENT OF NERVE	19801201	22991231	1	307.38
64611	CHEMODENERV SALIV GLANDS	20110101	22991231	2	412.79
64612	DESTROY NERVE FACE MUSCLE	19920115	22991231	2	412.79
64615	CHEMODENERV MUSC MIGRAINE	20130101	22991231	1	307.38
64620	INJECTION TREATMENT OF NERVE	19811001	22991231	1	307.38
64624	DSTRJ NULYT AGT GNCLR NRV	20200101	22991231		
64625	RF ABLTJ NRV NRVTG SI JT	20200101	22991231		
64630	INJECTION TREATMENT OF NERVE	19811001	22991231	2	412.79
64632	N BLOCK INJ COMMON DIGIT	20090101	22991231	1	307.38
64633	DESTROY CERV/THOR FACET JNT	20120101	22991231	1	307.38
64634	DESTROY C/TH FACET JNT ADDL	20120101	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
64635	DESTROY LUMB/SAC FACET JNT	20120101	22991231	2	412.79
64636	DESTROY L/S FACET JNT ADDL	20120101	22991231	1	307.38
64640	INJECTION TREATMENT OF NERVE	19811001	22991231	3	471.9
64680	INJECTION TREATMENT OF NERVE	19811001	22991231	2	412.79
64702	REVISE FINGER/TOE NERVE	19780101	22991231	1	307.38
64704	REVISE HAND/FOOT NERVE	19780101	22991231	1	307.38
64708	REVISE ARM/LEG NERVE	19780101	22991231	2	412.79
64712	REVISION OF SCIATIC NERVE	19780101	22991231	2	412.79
64713	REVISION OF ARM NERVE(S)	19780101	22991231	2	412.79
64714	REVISE LOW BACK NERVE(S)	19780101	22991231	2	412.79
64716	REVISION OF CRANIAL NERVE	19780101	22991231	3	471.9
64718	REVISE ULNAR NERVE AT ELBOW	19780101	22991231	2	412.79
64719	REVISE ULNAR NERVE AT WRIST	19811001	22991231	2	412.79
64721	CARPAL TUNNEL SURGERY	19780101	22991231	2	412.79
64722	RELIEVE PRESSURE ON NERVE(S)	19811001	22991231	1	307.38
64726	RELEASE FOOT/TOE NERVE	19811001	22991231	1	307.38
64727	INTERNAL NERVE REVISION	19811001	22991231	1	307.38
64732	INCISION OF BROW NERVE	19811001	22991231	2	412.79
64734	INCISION OF CHEEK NERVE	19780101	22991231	2	412.79
64736	INCISION OF CHIN NERVE	19811001	22991231	2	412.79
64738	INCISION OF JAW NERVE	19811001	22991231	2	412.79
64740	INCISION OF TONGUE NERVE	19811001	22991231	2	412.79
64742	INCISION OF FACIAL NERVE	19780101	22991231	2	412.79
64744	INCISE NERVE BACK OF HEAD	19780101	22991231	2	412.79
64746	INCISE DIAPHRAGM NERVE	19780101	22991231	2	412.79
64763	INCISE HIP/THIGH NERVE	19811001	22991231	2	412.79
64766	INCISE HIP/THIGH NERVE	19811001	22991231	3	471.9
64771	SEVER CRANIAL NERVE	19811001	22991231	2	412.79
64772	INCISION OF SPINAL NERVE	19780101	22991231	2	412.79
64774	REMOVE SKIN NERVE LESION	19780101	22991231	2	412.79
64776	REMOVE DIGIT NERVE LESION	19780101	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
64778	DIGIT NERVE SURGERY ADD-ON	19811001	22991231	2	412.79
64782	REMOVE LIMB NERVE LESION	19780101	22991231	3	471.9
64783	LIMB NERVE SURGERY ADD-ON	19780101	22991231	2	412.79
64784	REMOVE NERVE LESION	19811001	22991231	3	471.9
64786	REMOVE SCIATIC NERVE LESION	19811001	22991231	3	471.9
64787	IMPLANT NERVE END	19811001	22991231	2	412.79
64788	REMOVE SKIN NERVE LESION	19811001	22991231	3	471.9
64790	REMOVAL OF NERVE LESION	19811001	22991231	3	471.9
64792	REMOVAL OF NERVE LESION	19811001	22991231	3	471.9
64795	BIOPSY OF NERVE	19780101	22991231	2	412.79
64802	SYMPATHECTOMY CERVICAL	19780101	22991231	2	412.79
64804	REMOVE SYMPATHETIC NERVES	19780101	22991231	4	582.25
64821	REMOVE SYMPATHETIC NERVES	20020101	22991231	4	582.25
64831	REPAIR OF DIGIT NERVE	19780101	22991231	4	582.25
64832	REPAIR NERVE ADD-ON	19811001	22991231	1	307.38
64834	REPAIR OF HAND OR FOOT NERVE	19780101	22991231	2	412.79
64835	REPAIR OF HAND OR FOOT NERVE	19780101	22991231	3	471.9
64836	REPAIR OF HAND OR FOOT NERVE	19780101	22991231	3	471.9
64837	REPAIR NERVE ADD-ON	19811001	22991231	1	307.38
64840	REPAIR OF LEG NERVE	19811001	22991231	2	412.79
64856	REPAIR/TRANSPOSE NERVE	19811001	22991231	2	412.79
64857	REPAIR ARM/LEG NERVE	19780101	22991231	2	412.79
64858	REPAIR SCIATIC NERVE	19780101	22991231	2	412.79
64859	NERVE SURGERY	19780101	22991231	1	307.38
64861	REPAIR OF ARM NERVES	19780101	22991231	3	471.9
64862	REPAIR OF LOW BACK NERVES	19780101	22991231	3	471.9
64864	REPAIR OF FACIAL NERVE	19780101	22991231	3	471.9
64865	REPAIR OF FACIAL NERVE	19780101	22991231	4	582.25
64872	SUBSEQUENT REPAIR OF NERVE	19811001	22991231	2	412.79
64874	REPAIR & REVISE NERVE ADD-ON	19811001	22991231	3	471.9
64876	REPAIR NERVE/SHORTEN BONE	19811001	22991231	3	471.9



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
64885	NERVE GRAFT HEAD/NECK </4 CM	19920115	22991231	2	412.79
64886	NERVE GRAFT HEAD/NECK >4 CM	19920115	22991231	2	412.79
64890	NERVE GRAFT HAND/FOOT </4 CM	19811001	22991231	2	412.79
64891	NERVE GRAFT HAND/FOOT >4 CM	19811001	22991231	2	412.79
64892	NERVE GRAFT ARM/LEG <4 CM	19811001	22991231	2	412.79
64893	NERVE GRAFT ARM/LEG >4 CM	19811001	22991231	2	412.79
64895	NERVE GRAFT HAND/FOOT </4 CM	19811001	22991231	3	471.9
64896	NERVE GRAFT HAND/FOOT >4 CM	19811001	22991231	3	471.9
64897	NERVE GRAFT ARM/LEG </4 CM	19811001	22991231	3	471.9
64898	NERVE GRAFT ARM/LEG >4 CM	19811001	22991231	3	471.9
64901	NERVE GRAFT ADD-ON	19811001	22991231	2	412.79
64902	NERVE GRAFT ADD-ON	19811001	22991231	2	412.79
64905	NERVE PEDICLE TRANSFER	19811001	22991231	2	412.79
64907	NERVE PEDICLE TRANSFER	19811001	22991231	1	307.38
64912	NRV RPR W/NRV ALGRFT 1ST	20180101	22991231		
64913	NRV RPR W/NRV ALGRFT EA ADDL	20180101	22991231		
64999	NERVOUS SYSTEM SURGERY	19831115	22991231		
65091	REVISE EYE	19780101	22991231	3	471.9
65093	REVISE EYE WITH IMPLANT	19780101	22991231	3	471.9
65101	REMOVAL OF EYE	19780101	22991231	3	471.9
65103	REMOVE EYE/INSERT IMPLANT	19811001	22991231	3	471.9
65105	REMOVE EYE/ATTACH IMPLANT	19780101	22991231	4	582.25
65110	REMOVAL OF EYE	19780101	22991231	5	664.02
65112	REMOVE EYE/REVISE SOCKET	19780101	22991231	7	921.15
65114	REMOVE EYE/REVISE SOCKET	19811001	22991231	7	921.15
65125	REVISE OCULAR IMPLANT	19920115	22991231	4	582.25
65130	INSERT OCULAR IMPLANT	19811001	22991231	3	471.9
65135	INSERT OCULAR IMPLANT	19811001	22991231	2	412.79
65140	ATTACH OCULAR IMPLANT	19811001	22991231	3	471.9
65150	REVISE OCULAR IMPLANT	19811001	22991231	2	412.79
65155	REINSERT OCULAR IMPLANT	19811001	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
65175	REMOVAL OF OCULAR IMPLANT	19780101	22991231	1	307.38
65205	REMOVE FOREIGN BODY FROM EYE	19780101	22991231	1	307.38
65210	REMOVE FOREIGN BODY FROM EYE	19780101	22991231	1	307.38
65220	REMOVE FOREIGN BODY FROM EYE	20140101	22991231	1	307.38
65222	REMOVE FOREIGN BODY FROM EYE	19780101	22991231		
65235	REMOVE FOREIGN BODY FROM EYE	19811001	22991231	2	412.79
65260	REMOVE FOREIGN BODY FROM EYE	19811001	22991231	3	471.9
65265	REMOVE FOREIGN BODY FROM EYE	19811001	22991231	4	582.25
65270	REPAIR OF EYE WOUND	19780101	22991231	2	412.79
65272	REPAIR OF EYE WOUND	19811001	22991231	2	412.79
65275	REPAIR OF EYE WOUND	19811001	22991231	4	582.25
65280	REPAIR OF EYE WOUND	19811001	22991231	4	582.25
65285	REPAIR OF EYE WOUND	19811001	22991231	4	582.25
65286	REPAIR OF EYE WOUND	19890401	22991231		
65290	REPAIR OF EYE SOCKET WOUND	19811001	22991231	3	471.9
65400	REMOVAL OF EYE LESION	19780101	22991231	1	307.38
65410	BIOPSY OF CORNEA	19811001	22991231	2	412.79
65420	REMOVAL OF EYE LESION	19780101	22991231	2	412.79
65426	REMOVAL OF EYE LESION	19811001	22991231	5	664.02
65430	CORNEAL SMEAR	19811001	22991231		
65435	CURETTE/TREAT CORNEA	19780101	22991231	1	307.38
65436	CURETTE/TREAT CORNEA	19811001	22991231	4	582.25
65450	TREATMENT OF CORNEAL LESION	19871201	22991231	2	412.79
65600	REVISION OF CORNEA	19780101	22991231	4	582.25
65710	CORNEAL TRANSPLANT	19780101	22991231	7	921.15
65730	CORNEAL TRANSPLANT	19780101	22991231	7	921.15
65750	CORNEAL TRANSPLANT	19780101	22991231	7	921.15
65755	CORNEAL TRANSPLANT	19910401	22991231	7	921.15
65756	CORNEAL TRNSPL ENDOTHELIAL	20090101	22991231	7	921.15
65757	PREP CORNEAL ENDO ALLOGRAFT	20090101	22991231	2	412.79
65760	REVISION OF CORNEA	19811001	22991231	1	307.38

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
65765	REVISION OF CORNEA	19811001	22991231		
65767	CORNEAL TISSUE TRANSPLANT	19871201	22991231		
65770	REVISE CORNEA WITH IMPLANT	19811001	22991231	7	921.15
65772	CORRECTION OF ASTIGMATISM	19880501	22991231	4	582.25
65775	CORRECTION OF ASTIGMATISM	19880501	22991231	4	582.25
65778	COVER EYE W/MEMBRANE	20110101	22991231		
65779	COVER EYE W/MEMBRANE SUTURE	20110101	22991231	1	307.38
65780	OCULAR RECONST TRANSPLANT	20040101	22991231	5	664.02
65781	OCULAR RECONST TRANSPLANT	20040101	22991231	5	664.02
65782	OCULAR RECONST TRANSPLANT	20040101	22991231	5	664.02
65800	DRAINAGE OF EYE	19780101	22991231	1	307.38
65810	DRAINAGE OF EYE	19811001	22991231	3	471.9
65815	DRAINAGE OF EYE	19811001	22991231	2	412.79
65820	RELIEVE INNER EYE PRESSURE	19780101	22991231	1	307.38
65850	INCISION OF EYE	19811001	22991231	4	582.25
65855	TRABECULOPLASTY LASER SURG	19811001	22991231	4	582.25
65865	INCISE INNER EYE ADHESIONS	19811001	22991231	1	307.38
65870	INCISE INNER EYE ADHESIONS	19811001	22991231	4	582.25
65875	INCISE INNER EYE ADHESIONS	19811001	22991231	4	582.25
65880	INCISE INNER EYE ADHESIONS	19811001	22991231	4	582.25
65900	REMOVE EYE LESION	19811001	22991231	5	664.02
65920	REMOVE IMPLANT OF EYE	19811001	22991231	7	921.15
65930	REMOVE BLOOD CLOT FROM EYE	19811001	22991231	5	664.02
66020	INJECTION TREATMENT OF EYE	19811001	22991231	1	307.38
66030	INJECTION TREATMENT OF EYE	19811001	22991231	1	307.38
66130	REMOVE EYE LESION	19811001	22991231	7	921.15
66150	GLAUCOMA SURGERY	19780101	22991231	4	582.25
66155	GLAUCOMA SURGERY	19811001	22991231	4	582.25
66160	GLAUCOMA SURGERY	19811001	22991231	2	412.79
66170	GLAUCOMA SURGERY	19780101	22991231	4	582.25
66172	INCISION OF EYE	19940101	22991231	4	582.25

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
66174	TRANSLUM DIL EYE CANAL	20110101	22991231	7	921.15
66175	TRNSLUM DIL EYE CANAL W/STNT	20110101	22991231	7	921.15
66180	AQUEOUS SHUNT EYE W/GRAFT	19910401	22991231	5	664.02
66185	REVISE AQUEOUS SHUNT EYE	19910401	22991231	2	412.79
66225	REPAIR/GRAFT EYE LESION	19811001	22991231	4	582.25
66250	FOLLOW-UP SURGERY OF EYE	19811001	22991231	2	412.79
66500	INCISION OF IRIS	19780101	22991231	1	307.38
66505	INCISION OF IRIS	19780101	22991231	1	307.38
66600	REMOVE IRIS AND LESION	19780101	22991231	3	471.9
66605	REMOVAL OF IRIS	19780101	22991231	3	471.9
66625	REMOVAL OF IRIS	19780101	22991231	3	471.9
66630	REMOVAL OF IRIS	19811001	22991231	3	471.9
66635	REMOVAL OF IRIS	19780101	22991231	3	471.9
66680	REPAIR IRIS & CILIARY BODY	19790101	22991231	3	471.9
66682	REPAIR IRIS & CILIARY BODY	19811001	22991231	2	412.79
66710	CILIARY TRANSSLERAL THERAPY	19920115	22991231	2	412.79
66711	ECP CILIARY BODY DESTRUCTION	20050101	22991231	2	412.79
66720	DESTRUCTION CILIARY BODY	19811001	22991231	2	412.79
66740	DESTRUCTION CILIARY BODY	19780101	22991231	2	412.79
66761	REVISION OF IRIS	19811001	22991231	4	582.25
66762	REVISION OF IRIS	19811001	22991231	4	582.25
66770	REMOVAL OF INNER EYE LESION	19811001	22991231	4	582.25
66820	INCISION SECONDARY CATARACT	19811001	22991231	1	307.38
66821	AFTER CATARACT LASER SURGERY	19871201	22991231	2	412.79
66825	REPOSITION INTRAOCULAR LENS	19930101	22991231	4	582.25
66830	REMOVAL OF LENS LESION	19811001	22991231	4	582.25
66840	REMOVAL OF LENS MATERIAL	19780101	22991231	4	582.25
66850	REMOVAL OF LENS MATERIAL	19780101	22991231	7	921.15
66852	REMOVAL OF LENS MATERIAL	19910401	22991231	4	582.25
66920	EXTRACTION OF LENS	19780101	22991231	4	582.25
66930	EXTRACTION OF LENS	19811001	22991231	5	664.02

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
66940	EXTRACTION OF LENS	19811001	22991231	5	664.02
66982	XCAPSL CTRC RMVL CPLX WO ECP	20010101	22991231	8	911.55
66983	CATARACT SURG W/IOL 1 STAGE	19780101	22991231	8	911.55
66984	XCAPSL CTRC RMVL W/O ECP	19811001	22991231	8	911.55
66985	INSERT LENS PROSTHESIS	19811001	22991231	6	775.59
66986	EXCHANGE LENS PROSTHESIS	19920115	22991231	6	775.59
66987	XCAPSL CTRC RMVL CPLX W/ECP	20200101	22991231		
66988	XCAPSL CTRC RMVL W/ECP	20200101	22991231		
66999	EYE SURGERY PROCEDURE	19831115	22991231	7	921.15
67005	PARTIAL REMOVAL OF EYE FLUID	19811001	22991231	4	582.25
67010	PARTIAL REMOVAL OF EYE FLUID	19811001	22991231	4	582.25
67015	RELEASE OF EYE FLUID	19811001	22991231	1	307.38
67025	REPLACE EYE FLUID	19811001	22991231	1	307.38
67027	IMPLANT EYE DRUG SYSTEM	19980101	22991231	4	582.25
67028	INJECTION EYE DRUG	19910401	22991231	2	412.79
67030	INCISE INNER EYE STRANDS	19811001	22991231	1	307.38
67031	LASER SURGERY EYE STRANDS	19871201	22991231	2	412.79
67036	REMOVAL OF INNER EYE FLUID	19811001	22991231	4	582.25
67039	LASER TREATMENT OF RETINA	19910401	22991231	7	921.15
67040	LASER TREATMENT OF RETINA	19880501	22991231	7	921.15
67041	VIT FOR MACULAR PUCKER	20080101	22991231	7	921.15
67042	VIT FOR MACULAR HOLE	20080101	22991231	7	921.15
67043	VIT FOR MEMBRANE DISSECT	20080101	22991231	7	921.15
67101	REPAIR DETACHED RETINA CRTX	19871201	22991231	7	921.15
67105	REPAIR DETACHED RETINA PC	19871201	22991231	4	582.25
67107	REPAIR DETACHED RETINA	19811001	22991231	5	664.02
67108	REPAIR DETACHED RETINA	19811001	22991231	7	921.15
67110	REPAIR DETACHED RETINA	19910401	22991231	7	921.15
67113	REPAIR RETINAL DETACH CPLX	20080101	22991231	7	921.15
67115	RELEASE ENCIRCLING MATERIAL	19811001	22991231	2	412.79
67120	REMOVE EYE IMPLANT MATERIAL	19811001	22991231	2	412.79

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
67121	REMOVE EYE IMPLANT MATERIAL	19811001	22991231	2	412.79
67141	TREATMENT OF RETINA	19871201	22991231	2	412.79
67145	TREATMENT OF RETINA	19871201	22991231	4	582.25
67208	TREATMENT OF RETINAL LESION	19871201	22991231	4	582.25
67210	TREATMENT OF RETINAL LESION	19871201	22991231	4	582.25
67218	TREATMENT OF RETINAL LESION	19811001	22991231	5	664.02
67220	TREATMENT OF CHOROID LESION	19990101	22991231		
67221	OCULAR PHOTODYNAMIC THER	20010101	22991231	4	582.25
67227	DSTRJ EXTENSIVE RETINOPATHY	19871201	22991231	1	307.38
67228	TREATMENT X10SV RETINOPATHY	19871201	22991231	4	582.25
67229	TR RETINAL LES PRETERM INF	20080101	22991231	4	582.25
67250	REINFORCE EYE WALL	19811001	22991231	3	471.9
67255	REINFORCE/GRAFT EYE WALL	19811001	22991231	3	471.9
67311	REVISE EYE MUSCLE	19811001	22991231	3	471.9
67312	REVISE TWO EYE MUSCLES	19811001	22991231	4	582.25
67314	REVISE EYE MUSCLE	19910401	22991231	4	582.25
67316	REVISE TWO EYE MUSCLES	19910401	22991231	4	582.25
67318	REVISE EYE MUSCLE(S)	19910401	22991231	4	582.25
67320	REVISE EYE MUSCLE(S) ADD-ON	19780101	22991231	4	582.25
67331	EYE SURGERY FOLLOW-UP ADD-ON	19811001	22991231	4	582.25
67332	REREVISE EYE MUSCLES ADD-ON	19811001	22991231	4	582.25
67334	REVISE EYE MUSCLE W/SUTURE	19910401	22991231	4	582.25
67335	EYE SUTURE DURING SURGERY	19880501	22991231	4	582.25
67340	REVISE EYE MUSCLE ADD-ON	19910401	22991231	4	582.25
67343	RELEASE EYE TISSUE	19910401	22991231	7	921.15
67346	BIOPSY EYE MUSCLE	20070101	22991231	1	307.38
67400	EXPLORE/BIOPSY EYE SOCKET	19811001	22991231	3	471.9
67405	EXPLORE/DRAIN EYE SOCKET	19811001	22991231	4	582.25
67412	EXPLORE/TREAT EYE SOCKET	19811001	22991231	5	664.02
67413	EXPLORE/TREAT EYE SOCKET	19780101	22991231	5	664.02
67414	EXPLR/DECOMPRESS EYE SOCKET	19920115	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
67415	ASPIRATION ORBITAL CONTENTS	19811001	22991231	1	307.38
67420	EXPLORE/TREAT EYE SOCKET	19811001	22991231	5	664.02
67430	EXPLORE/TREAT EYE SOCKET	19811001	22991231	5	664.02
67440	EXPLORE/DRAIN EYE SOCKET	19811001	22991231	5	664.02
67445	EXPLR/DECOMPRESS EYE SOCKET	19920115	22991231	5	664.02
67450	EXPLORE/BIOPSY EYE SOCKET	19811001	22991231	5	664.02
67500	INJECT/TREAT EYE SOCKET	19811001	22991231		
67505	INJECT/TREAT EYE SOCKET	19780101	22991231	1	307.38
67515	INJECT/TREAT EYE SOCKET	19811001	22991231	1	307.38
67550	INSERT EYE SOCKET IMPLANT	19811001	22991231	4	582.25
67560	REVISE EYE SOCKET IMPLANT	19811001	22991231	2	412.79
67570	DECOMPRESS OPTIC NERVE	19920115	22991231	4	582.25
67700	DRAINAGE OF EYELID ABSCESS	19780101	22991231	3	471.9
67710	INCISION OF EYELID	19811001	22991231	4	582.25
67715	INCISION OF EYELID FOLD	19811001	22991231	1	307.38
67800	REMOVE EYELID LESION	19780101	22991231	2	412.79
67801	REMOVE EYELID LESIONS	19780101	22991231	2	412.79
67805	REMOVE EYELID LESIONS	19780101	22991231	3	471.9
67808	REMOVE EYELID LESION(S)	19811001	22991231	2	412.79
67810	BIOPSY EYELID & LID MARGIN	19811001	22991231	3	471.9
67820	REVISE EYELASHES	19811001	22991231	1	307.38
67825	REVISE EYELASHES	19811001	22991231	2	412.79
67830	REVISE EYELASHES	19811001	22991231	2	412.79
67835	REVISE EYELASHES	19811001	22991231	2	412.79
67840	REMOVE EYELID LESION	19811001	22991231	4	582.25
67850	TREAT EYELID LESION	19811001	22991231	3	471.9
67875	CLOSURE OF EYELID BY SUTURE	19910401	22991231	1	307.38
67880	REVISION OF EYELID	19811001	22991231	3	471.9
67882	REVISION OF EYELID	19811001	22991231	3	471.9
67900	REPAIR BROW DEFECT	19990101	22991231	4	582.25
67901	REPAIR EYELID DEFECT	19811001	22991231	5	664.02

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
67902	REPAIR EYELID DEFECT	19811001	22991231	5	664.02
67903	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67904	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67906	REPAIR EYELID DEFECT	19811001	22991231	5	664.02
67908	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67909	REVISE EYELID DEFECT	19811001	22991231	4	582.25
67911	REVISE EYELID DEFECT	19811001	22991231	3	471.9
67912	CORRECTION EYELID W/IMPLANT	20031001	22991231	3	471.9
67914	REPAIR EYELID DEFECT	19811001	22991231	3	471.9
67915	REPAIR EYELID DEFECT	19780101	22991231	4	582.25
67916	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67917	REPAIR EYELID DEFECT	19780101	22991231	4	582.25
67921	REPAIR EYELID DEFECT	19811001	22991231	3	471.9
67922	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67923	REPAIR EYELID DEFECT	19811001	22991231	4	582.25
67924	REPAIR EYELID DEFECT	19780101	22991231	4	582.25
67930	REPAIR EYELID WOUND	19811001	22991231	4	582.25
67935	REPAIR EYELID WOUND	19811001	22991231	2	412.79
67938	REMOVE EYELID FOREIGN BODY	19811001	22991231	2	412.79
67950	REVISION OF EYELID	19811001	22991231	2	412.79
67961	REVISION OF EYELID	19780101	22991231	3	471.9
67966	REVISION OF EYELID	19780101	22991231	3	471.9
67971	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
67973	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
67974	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
67975	RECONSTRUCTION OF EYELID	19780101	22991231	3	471.9
68020	INCISE/DRAIN EYELID LINING	19811001	22991231	2	412.79
68040	TREATMENT OF EYELID LESIONS	19811001	22991231	1	307.38
68100	BIOPSY OF EYELID LINING	19780101	22991231	3	471.9
68110	REMOVE EYELID LINING LESION	19780101	22991231	4	582.25
68115	REMOVE EYELID LINING LESION	19811001	22991231	2	412.79



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
68130	REMOVE EYELID LINING LESION	19811001	22991231	2	412.79
68135	REMOVE EYELID LINING LESION	19811001	22991231	2	412.79
68200	TREAT EYELID BY INJECTION	19811001	22991231	1	307.38
68320	REVISE/GRAFT EYELID LINING	19780101	22991231	4	582.25
68325	REVISE/GRAFT EYELID LINING	19780101	22991231	4	582.25
68326	REVISE/GRAFT EYELID LINING	19811001	22991231	4	582.25
68328	REVISE/GRAFT EYELID LINING	19811001	22991231	4	582.25
68330	REVISE EYELID LINING	19811001	22991231	4	582.25
68335	REVISE/GRAFT EYELID LINING	19811001	22991231	4	582.25
68340	SEPARATE EYELID ADHESIONS	19811001	22991231	4	582.25
68360	REVISE EYELID LINING	19780101	22991231	2	412.79
68362	REVISE EYELID LINING	19811001	22991231	2	412.79
68371	HARVEST EYE TISSUE ALOGRAFT	20040101	22991231	2	412.79
68399	EYELID LINING SURGERY	19831115	22991231	6	775.59
68400	INCISE/DRAIN TEAR GLAND	19780101	22991231	3	471.9
68420	INCISE/DRAIN TEAR SAC	19780101	22991231	4	582.25
68440	INCISE TEAR DUCT OPENING	19780101	22991231	2	412.79
68500	REMOVAL OF TEAR GLAND	19780101	22991231	3	471.9
68505	PARTIAL REMOVAL TEAR GLAND	19811001	22991231	3	471.9
68510	BIOPSY OF TEAR GLAND	19811001	22991231	1	307.38
68520	REMOVAL OF TEAR SAC	19780101	22991231	3	471.9
68525	BIOPSY OF TEAR SAC	19811001	22991231	1	307.38
68530	CLEARANCE OF TEAR DUCT	19811001	22991231	3	471.9
68540	REMOVE TEAR GLAND LESION	19811001	22991231	3	471.9
68550	REMOVE TEAR GLAND LESION	19811001	22991231	3	471.9
68700	REPAIR TEAR DUCTS	19780101	22991231	2	412.79
68705	REVISE TEAR DUCT OPENING	19811001	22991231	3	471.9
68720	CREATE TEAR SAC DRAIN	19780101	22991231	4	582.25
68745	CREATE TEAR DUCT DRAIN	19811001	22991231	4	582.25
68750	CREATE TEAR DUCT DRAIN	19811001	22991231	4	582.25
68760	CLOSE TEAR DUCT OPENING	19780101	22991231	3	471.9

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
68770	CLOSE TEAR SYSTEM FISTULA	19811001	22991231	4	582.25
68801	DILATE TEAR DUCT OPENING	19970101	22991231	1	307.38
68810	PROBE NASOLACRIMAL DUCT	19970101	22991231	1	307.38
68811	PROBE NASOLACRIMAL DUCT	19970101	22991231	2	412.79
68815	PROBE NASOLACRIMAL DUCT	19970101	22991231	2	412.79
68816	PROBE NL DUCT W/BALLOON	20080101	22991231	3	471.9
68840	EXPLORE/IRRIGATE TEAR DUCTS	19780101	22991231	2	412.79
68850	INJECTION FOR TEAR SAC X-RAY	19780101	22991231	1	307.38
68899	TEAR DUCT SYSTEM SURGERY	19831115	22991231	7	921.15
69000	DRAIN EXTERNAL EAR LESION	19780101	22991231	2	412.79
69005	DRAIN EXTERNAL EAR LESION	19780101	22991231	3	471.9
69020	DRAIN OUTER EAR CANAL LESION	19780101	22991231	2	412.79
69100	BIOPSY OF EXTERNAL EAR	19780101	22991231	2	412.79
69105	BIOPSY OF EXTERNAL EAR CANAL	19780101	22991231	3	471.9
69110	REMOVE EXTERNAL EAR PARTIAL	19780101	22991231	1	307.38
69120	REMOVAL OF EXTERNAL EAR	19780101	22991231	2	412.79
69140	REMOVE EAR CANAL LESION(S)	19780101	22991231	2	412.79
69145	REMOVE EAR CANAL LESION(S)	19811001	22991231	2	412.79
69150	EXTENSIVE EAR CANAL SURGERY	19780101	22991231	3	471.9
69200	CLEAR OUTER EAR CANAL	19811001	22991231		
69205	CLEAR OUTER EAR CANAL	19780101	22991231	1	307.38
69210	REMOVE IMPACTED EAR WAX UNI	19811001	22991231	1	307.38
69220	CLEAN OUT MASTOID CAVITY	19811001	22991231		
69222	CLEAN OUT MASTOID CAVITY	19811001	22991231	4	582.25
69300	REVISE EXTERNAL EAR	19780101	22991231	3	471.9
69310	REBUILD OUTER EAR CANAL	19811001	22991231	3	471.9
69320	REBUILD OUTER EAR CANAL	19780101	22991231	7	921.15
69399	OUTER EAR SURGERY PROCEDURE	19831115	22991231		
69420	INCISION OF EARDRUM	19780101	22991231	3	471.9
69421	INCISION OF EARDRUM	19790101	22991231	3	471.9
69424	REMOVE VENTILATING TUBE	19811001	22991231	3	471.9

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
69433	CREATE EARDRUM OPENING	19811001	22991231	3	471.9
69436	CREATE EARDRUM OPENING	19811001	22991231	3	471.9
69440	EXPLORATION OF MIDDLE EAR	19811001	22991231	3	471.9
69450	EARDRUM REVISION	19780101	22991231	1	307.38
69501	MASTOIDECTOMY	19780101	22991231	7	921.15
69502	MASTOIDECTOMY	19780101	22991231	7	921.15
69505	REMOVE MASTOID STRUCTURES	19780101	22991231	7	921.15
69511	EXTENSIVE MASTOID SURGERY	19780101	22991231	7	921.15
69530	EXTENSIVE MASTOID SURGERY	19780101	22991231	7	921.15
69540	REMOVE EAR LESION	19780101	22991231	4	582.25
69550	REMOVE EAR LESION	19811001	22991231	5	664.02
69552	REMOVE EAR LESION	19811001	22991231	7	921.15
69601	MASTOID SURGERY REVISION	19780101	22991231	7	921.15
69602	MASTOID SURGERY REVISION	19811001	22991231	7	921.15
69603	MASTOID SURGERY REVISION	19811001	22991231	7	921.15
69604	MASTOID SURGERY REVISION	19811001	22991231	7	921.15
69605	MASTOID SURGERY REVISION	19811001	22991231	7	921.15
69610	REPAIR OF EARDRUM	19811001	22991231	2	412.79
69620	REPAIR OF EARDRUM	19780101	22991231	2	412.79
69631	REPAIR EARDRUM STRUCTURES	19811001	22991231	5	664.02
69632	REBUILD EARDRUM STRUCTURES	19780101	22991231	5	664.02
69633	REBUILD EARDRUM STRUCTURES	19811001	22991231	5	664.02
69635	REPAIR EARDRUM STRUCTURES	19811001	22991231	7	921.15
69636	REBUILD EARDRUM STRUCTURES	19811001	22991231	7	921.15
69637	REBUILD EARDRUM STRUCTURES	19811001	22991231	7	921.15
69641	REVISE MIDDLE EAR & MASTOID	19780101	22991231	7	921.15
69642	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69643	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69644	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69645	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15
69646	REVISE MIDDLE EAR & MASTOID	19811001	22991231	7	921.15

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
69650	RELEASE MIDDLE EAR BONE	19780101	22991231	7	921.15
69660	REVISE MIDDLE EAR BONE	19780101	22991231	5	664.02
69661	REVISE MIDDLE EAR BONE	19811001	22991231	5	664.02
69662	REVISE MIDDLE EAR BONE	19900401	22991231	5	664.02
69666	REPAIR MIDDLE EAR STRUCTURES	19811001	22991231	4	582.25
69667	REPAIR MIDDLE EAR STRUCTURES	19811001	22991231	4	582.25
69670	REMOVE MASTOID AIR CELLS	19780101	22991231	3	471.9
69676	REMOVE MIDDLE EAR NERVE	19811001	22991231	3	471.9
69700	CLOSE MASTOID FISTULA	19780101	22991231	3	471.9
69710	IMPLANT/REPLACE HEARING AID	19880501	22991231	3	471.9
69711	REMOVE/REPAIR HEARING AID	19960701	22991231	1	307.38
69714	IMPLANT TEMPLE BONE W/STIMUL	20010101	22991231	8	911.55
69715	TEMPLE BNE IMPLNT W/STIMULAT	20010101	22991231	8	911.55
69720	RELEASE FACIAL NERVE	19780101	22991231	5	664.02
69725	RELEASE FACIAL NERVE	19811001	22991231		
69740	REPAIR FACIAL NERVE	19780101	22991231	5	664.02
69745	REPAIR FACIAL NERVE	19780101	22991231	5	664.02
69799	MIDDLE EAR SURGERY PROCEDURE	19831115	22991231		
69801	INCISE INNER EAR	19780101	22991231	5	664.02
69805	EXPLORE INNER EAR	19780101	22991231	7	921.15
69806	EXPLORE INNER EAR	19780101	22991231	7	921.15
69905	REMOVE INNER EAR	19780101	22991231	7	921.15
69910	REMOVE INNER EAR & MASTOID	19780101	22991231	7	921.15
69915	INCISE INNER EAR NERVE	19811001	22991231	7	921.15
69930	IMPLANT COCHLEAR DEVICE	19871201	22991231	7	921.15
69955	RELEASE FACIAL NERVE	19811001	22991231		
69960	RELEASE INNER EAR CANAL	19811001	22991231		
69970	REMOVE INNER EAR LESION	19811001	22991231		
70010	CONTRAST X-RAY OF BRAIN	19811001	22991231		
70015	CONTRAST X-RAY OF BRAIN	19811001	22991231		
70030	X-RAY EYE FOR FOREIGN BODY	19791001	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
70100	X-RAY EXAM OF JAW <4VIEWS	19780101	22991231		
70110	X-RAY EXAM OF JAW 4/> VIEWS	19780101	22991231		
70120	X-RAY EXAM OF MASTOIDS	19780101	22991231		
70130	X-RAY EXAM OF MASTOIDS	19780101	22991231		
70134	X-RAY EXAM OF MIDDLE EAR	19780101	22991231		
70140	X-RAY EXAM OF FACIAL BONES	19780101	22991231		
70150	X-RAY EXAM OF FACIAL BONES	19780101	22991231		
70160	X-RAY EXAM OF NASAL BONES	19780101	22991231		
70170	X-RAY EXAM OF TEAR DUCT	19780101	22991231		
70190	X-RAY EXAM OF EYE SOCKETS	19780101	22991231		
70200	X-RAY EXAM OF EYE SOCKETS	19780101	22991231		
70210	X-RAY EXAM OF SINUSES	19780101	22991231		
70220	X-RAY EXAM OF SINUSES	19780101	22991231		
70240	X-RAY EXAM PITUITARY SADDLE	19780101	22991231		
70250	X-RAY EXAM OF SKULL	19780101	22991231		
70260	X-RAY EXAM OF SKULL	19780101	22991231		
70300	X-RAY EXAM OF TEETH	19780101	22991231		
70310	X-RAY EXAM OF TEETH	19780101	22991231		
70320	FULL MOUTH X-RAY OF TEETH	19780101	22991231		
70328	X-RAY EXAM OF JAW JOINT	19780101	22991231		
70330	X-RAY EXAM OF JAW JOINTS	19780101	22991231		
70332	X-RAY EXAM OF JAW JOINT	19811001	22991231		
70336	MAGNETIC IMAGE JAW JOINT	19890401	22991231		
70350	X-RAY HEAD FOR ORTHODONTIA	19780101	22991231		
70355	PANORAMIC X-RAY OF JAWS	19811001	22991231		
70360	X-RAY EXAM OF NECK	19780101	22991231		
70370	THROAT X-RAY & FLUOROSCOPY	19780101	22991231		
70380	X-RAY EXAM OF SALIVARY GLAND	19780101	22991231		
70390	X-RAY EXAM OF SALIVARY DUCT	19780101	22991231		
70450	CT HEAD/BRAIN W/O DYE	19780101	22991231		
70460	CT HEAD/BRAIN W/DYE	19780101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
70470	CT HEAD/BRAIN W/O & W/DYE	19840501	22991231		
70480	CT ORBIT/EAR/FOSSA W/O DYE	19780101	22991231		
70481	CT ORBIT/EAR/FOSSA W/DYE	19780101	22991231		
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	19811001	22991231		
70486	CT MAXILLOFACIAL W/O DYE	19780101	22991231		
70487	CT MAXILLOFACIAL W/DYE	19780101	22991231		
70488	CT MAXILLOFACIAL W/O & W/DYE	19841001	22991231		
70490	CT SOFT TISSUE NECK W/O DYE	19811001	22991231		
70491	CT SOFT TISSUE NECK W/DYE	19841001	22991231		
70492	CT SFT TSUE NCK W/O & W/DYE	19811001	22991231		
70540	MRI ORBIT/FACE/NECK W/O DYE	19811001	22991231		
70544	MR ANGIOGRAPHY HEAD W/O DYE	20010101	22991231		
70548	MR ANGIOGRAPHY NECK W/DYE	20010101	22991231		
70549	MR ANGIOGRAPH NECK W/O&W/DYE	20010101	22991231		
70551	MRI BRAIN STEM W/O DYE	19811001	22991231		
70552	MRI BRAIN STEM W/DYE	19811001	22991231		
70553	MRI BRAIN STEM W/O & W/DYE	19920115	22991231		
71045	X-RAY EXAM CHEST 1 VIEW	20180101	22991231		
71046	X-RAY EXAM CHEST 2 VIEWS	20180101	22991231		
71047	X-RAY EXAM CHEST 3 VIEWS	20180101	22991231		
71048	X-RAY EXAM CHEST 4+ VIEWS	20180101	22991231		
71100	X-RAY EXAM RIBS UNI 2 VIEWS	19780101	22991231		
71101	X-RAY EXAM UNILAT RIBS/CHEST	19840501	22991231		
71110	X-RAY EXAM RIBS BIL 3 VIEWS	19840501	22991231		
71111	X-RAY EXAM RIBS/CHEST4/> VWS	19780101	22991231		
71120	X-RAY EXAM BREASTBONE 2/>VWS	19780101	22991231		
71130	X-RAY STRENOCLAVIC JT 3/>VWS	19780101	22991231		
71250	CT THORAX W/O DYE	19780101	22991231		
71260	CT THORAX W/DYE	19811001	22991231		
71270	CT THORAX W/O & W/DYE	19811001	22991231		
71275	CT ANGIOGRAPHY CHEST	20010101	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
71550	MRI CHEST W/O DYE	19811001	22991231		
71551	MRI CHEST W/DYE	20010101	22991231		
71552	MRI CHEST W/O & W/DYE	20010101	22991231		
71555	MRI ANGIO CHEST W OR W/O DYE	19940101	22991231		
72020	X-RAY EXAM OF SPINE 1 VIEW	19811001	22991231		
72040	X-RAY EXAM NECK SPINE 2-3 VW	19780101	22991231		
72050	X-RAY EXAM NECK SPINE 4/5VWS	19780101	22991231		
72052	X-RAY EXAM NECK SPINE 6/>VWS	19780101	22991231		
72070	X-RAY EXAM THORAC SPINE 2VWS	19780101	22991231		
72072	X-RAY EXAM THORAC SPINE 3VWS	19840501	22991231		
72074	X-RAY EXAM THORAC SPINE4/>VW	19840501	22991231		
72080	X-RAY EXAM THORACOLMB 2/> VW	19780101	22991231		
72100	X-RAY EXAM L-S SPINE 2/3 VWS	19780101	22991231		
72110	X-RAY EXAM L-2 SPINE 4/>VWS	19780101	22991231		
72114	X-RAY EXAM L-S SPINE BENDING	19811001	22991231		
72120	X-RAY BEND ONLY L-S SPINE	19780101	22991231		
72125	CT NECK SPINE W/O DYE	19840501	22991231		
72126	CT NECK SPINE W/DYE	19811001	22991231		
72127	CT NECK SPINE W/O & W/DYE	19871201	22991231		
72128	CT CHEST SPINE W/O DYE	19811001	22991231		
72129	CT CHEST SPINE W/DYE	19811001	22991231		
72130	CT CHEST SPINE W/O & W/DYE	19871201	22991231		
72131	CT LUMBAR SPINE W/O DYE	19811001	22991231		
72132	CT LUMBAR SPINE W/DYE	19811001	22991231		
72133	CT LUMBAR SPINE W/O & W/DYE	19871201	22991231		
72141	MRI NECK SPINE W/O DYE	19811001	22991231		
72142	MRI NECK SPINE W/DYE	19900401	22991231		
72146	MRI CHEST SPINE W/O DYE	19900401	22991231		
72147	MRI CHEST SPINE W/DYE	19900401	22991231		
72148	MRI LUMBAR SPINE W/O DYE	19900401	22991231		
72149	MRI LUMBAR SPINE W/DYE	19900401	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
72156	MRI NECK SPINE W/O & W/DYE	19920115	22991231		
72157	MRI CHEST SPINE W/O & W/DYE	19920115	22991231		
72158	MRI LUMBAR SPINE W/O & W/DYE	19920115	22991231		
72159	MR ANGIO SPINE W/O&W/DYE	19940101	22991231		
72170	X-RAY EXAM OF PELVIS	19780101	22991231		
72190	X-RAY EXAM OF PELVIS	19780101	22991231		
72192	CT PELVIS W/O DYE	19780101	22991231		
72193	CT PELVIS W/DYE	19780101	22991231		
72194	CT PELVIS W/O & W/DYE	19840501	22991231		
72196	MRI PELVIS W/DYE	19880501	22991231		
72197	MRI PELVIS W/O & W/DYE	20010101	22991231		
72198	MR ANGIO PELVIS W/O & W/DYE	19940101	22991231		
72200	X-RAY EXAM SI JOINTS	19780101	22991231		
72202	X-RAY EXAM SI JOINTS 3/> VWS	19780101	22991231		
72220	X-RAY EXAM SACRUM TAILBONE	19780101	22991231		
72240	MYELOGRAPHY NECK SPINE	19780101	22991231		
72255	MYELOGRAPHY THORACIC SPINE	19780101	22991231		
72265	MYELOGRAPHY L-S SPINE	19780101	22991231		
72270	MYELOGPHY 2/> SPINE REGIONS	19780101	22991231		
72275	EPIDUROGRAPHY	20000101	22991231		
72285	DISCOGRAPHY CERV/THOR SPINE	19780101	22991231		
72295	X-RAY OF LOWER SPINE DISK	19780101	22991231		
73000	X-RAY EXAM OF COLLAR BONE	19780101	22991231		
73010	X-RAY EXAM OF SHOULDER BLADE	19780101	22991231		
73020	X-RAY EXAM OF SHOULDER	19780101	22991231		
73030	X-RAY EXAM OF SHOULDER	19780101	22991231		
73040	CONTRAST X-RAY OF SHOULDER	19811001	22991231		
73050	X-RAY EXAM OF SHOULDERS	19780101	22991231		
73060	X-RAY EXAM OF HUMERUS	19780101	22991231		
73070	X-RAY EXAM OF ELBOW	19780101	22991231		
73080	X-RAY EXAM OF ELBOW	19780101	22991231		



# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
73085	CONTRAST X-RAY OF ELBOW	19811001	22991231		
73090	X-RAY EXAM OF FOREARM	19780101	22991231	7	921.15
73092	X-RAY EXAM OF ARM INFANT	19811001	22991231		
73100	X-RAY EXAM OF WRIST	19780101	22991231		
73110	X-RAY EXAM OF WRIST	19780101	22991231		
73115	CONTRAST X-RAY OF WRIST	19811001	22991231		
73120	X-RAY EXAM OF HAND	19780101	22991231		
73130	X-RAY EXAM OF HAND	19840501	22991231		
73140	X-RAY EXAM OF FINGER(S)	19780101	22991231		
73200	CT UPPER EXTREMITY W/O DYE	19780101	22991231		
73201	CT UPPER EXTREMITY W/DYE	19780101	22991231		
73202	CT UPPR EXTREMITY W/O&W/DYE	19811001	22991231		
73220	MRI UPPR EXTREMITY W/O&W/DYE	19871201	22991231		
73221	MRI JOINT UPR EXTREM W/O DYE	19890401	22991231		
73225	MR ANGIO UPR EXTR W/O&W/DYE	19940101	22991231		
73525	CONTRAST X-RAY OF HIP	19811001	22991231		
73560	X-RAY EXAM OF KNEE 1 OR 2	19780101	22991231		
73562	X-RAY EXAM OF KNEE 3	19780101	22991231		
73564	X-RAY EXAM KNEE 4 OR MORE	19780101	22991231		
73565	X-RAY EXAM OF KNEES	19910401	22991231		
73580	CONTRAST X-RAY OF KNEE JOINT	19811001	22991231		
73590	X-RAY EXAM OF LOWER LEG	19780101	22991231		
73592	X-RAY EXAM OF LEG INFANT	19811001	22991231		
73600	X-RAY EXAM OF ANKLE	19780101	22991231		
73610	X-RAY EXAM OF ANKLE	19780101	22991231		
73615	CONTRAST X-RAY OF ANKLE	19811001	22991231		
73620	X-RAY EXAM OF FOOT	19780101	22991231		
73630	X-RAY EXAM OF FOOT	19780101	22991231	1	307.38
73650	X-RAY EXAM OF HEEL	19780101	22991231		
73660	X-RAY EXAM OF TOE(S)	19780101	22991231		
73700	CT LOWER EXTREMITY W/O DYE	19780101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
73701	CT LOWER EXTREMITY W/DYE	19780101	22991231		
73702	CT LWR EXTREMITY W/O&W/DYE	19811001	22991231		
73720	MRI LWR EXTREMITY W/O&W/DYE	19871201	22991231		
73721	MRI JNT OF LWR EXTRE W/O DYE	19890401	22991231		
73725	MR ANG LWR EXT W OR W/O DYE	19940101	22991231		
74018	X-RAY EXAM ABDOMEN 1 VIEW	20180101	22991231		
74019	X-RAY EXAM ABDOMEN 2 VIEWS	20180101	22991231		
74021	X-RAY EXAM ABDOMEN 3+ VIEWS	20180101	22991231		
74022	X-RAY EXAM COMPLETE ABDOMEN	19811001	22991231		
74150	CT ABDOMEN W/O DYE	19780101	22991231		
74160	CT ABDOMEN W/DYE	19780101	22991231		
74170	CT ABDOMEN W/O & W/DYE	19840501	22991231		
74181	MRI ABDOMEN W/O DYE	19871201	22991231		
74185	MRI ANGIO ABDOM W ORW/O DYE	19940101	22991231		
74190	X-RAY EXAM OF PERITONEUM	19940101	22991231		
74210	X-RAY XM PHRNX&/CRV ESOPH C+	19780101	22991231		
74220	X-RAY XM ESOPHAGUS 1CNTRST	19780101	22991231		
74221	X-RAY XM ESOPHAGUS 2CNTRST	20200101	22991231		
74230	X-RAY XM SWLNG FUNCJ C+	19811001	22991231		
74235	REMOVE ESOPHAGUS OBSTRUCTION	19811001	22991231		
74240	X-RAY XM UPR GI TRC 1CNTRST	19780101	22991231		
74246	X-RAY XM UPR GI TRC 2CNTRST	19811001	22991231		
74248	X-RAY SM INT F-THRU STD	20200101	22991231		
74250	X-RAY XM SM INT 1CNTRST STD	19780101	22991231		
74251	X-RAY XM SM INT 2CNTRST STD	19940101	22991231		
74270	X-RAY XM COLON 1CNTRST STD	19780101	22991231		
74280	X-RAY XM COLON 2CNTRST STD	19780101	22991231		
74290	CONTRAST X-RAY GALLBLADDER	19780101	22991231		
74300	X-RAY BILE DUCTS/PANCREAS	19780101	22991231		
74301	X-RAYS AT SURGERY ADD-ON	19780101	22991231		
74328	X-RAY BILE DUCT ENDOSCOPY	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
74329	X-RAY FOR PANCREAS ENDOSCOPY	19840501	22991231		
74330	X-RAY BILE/PANC ENDOSCOPY	19811001	22991231		
74340	X-RAY GUIDE FOR GI TUBE	19811001	22991231		
74355	X-RAY GUIDE INTESTINAL TUBE	19871201	22991231		
74360	X-RAY GUIDE GI DILATION	19811202	22991231		
74363	X-RAY BILE DUCT DILATION	19910401	22991231		
74400	CONTRST X-RAY URINARY TRACT	19811202	22991231		
74410	CONTRST X-RAY URINARY TRACT	19811001	22991231		
74415	CONTRST X-RAY URINARY TRACT	19811001	22991231		
74420	CONTRST X-RAY URINARY TRACT	19780101	22991231		
74425	CONTRST X-RAY URINARY TRACT	19811001	22991231		
74430	CONTRAST X-RAY BLADDER	19780101	22991231		
74440	X-RAY MALE GENITAL TRACT	19811001	22991231		
74445	X-RAY EXAM OF PENIS	19811001	22991231		
74450	X-RAY URETHRA/BLADDER	19780101	22991231		
74455	X-RAY URETHRA/BLADDER	19780101	22991231		
74470	X-RAY EXAM OF KIDNEY LESION	19780101	22991231		
74485	DILATION URTR/URT RS&I	19871201	22991231		
74740	X-RAY FEMALE GENITAL TRACT	19780101	22991231		
74775	X-RAY EXAM OF PERINEUM	19811001	22991231		
75557	CARDIAC MRI FOR MORPH	20080101	22991231		
75559	CARDIAC MRI W/STRESS IMG	20080101	22991231		
75561	CARDIAC MRI FOR MORPH W/DYE	20080101	22991231		
75563	CARD MRI W/STRESS IMG & DYE	20080101	22991231		
75600	CONTRAST EXAM THORACIC AORTA	19811001	22991231		
75605	CONTRAST EXAM THORACIC AORTA	19811001	22991231		
75625	CONTRAST EXAM ABDOMINL AORTA	19811001	22991231		
75630	X-RAY AORTA LEG ARTERIES	19811001	22991231		
75705	ARTERY X-RAYS SPINE	19811001	22991231		
75710	ARTERY X-RAYS ARM/LEG	19811001	22991231		
75716	ARTERY X-RAYS ARMS/LEGS	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
75726	ARTERY X-RAYS ABDOMEN	19811001	22991231		
75731	ARTERY X-RAYS ADRENAL GLAND	19811001	22991231		
75733	ARTERY X-RAYS ADRENALS	19811001	22991231		
75736	ARTERY X-RAYS PELVIS	19830101	22991231		
75741	ARTERY X-RAYS LUNG	19811001	22991231		
75743	ARTERY X-RAYS LUNGS	19811001	22991231		
75746	ARTERY X-RAYS LUNG	19811001	22991231		
75756	ARTERY X-RAYS CHEST	19811001	22991231		
75774	ARTERY X-RAY EACH VESSEL	19871201	22991231		
75801	LYMPH VESSEL X-RAY ARM/LEG	19811001	22991231		
75803	LYMPH VESSEL X-RAY ARMS/LEGS	19811001	22991231		
75805	LYMPH VESSEL X-RAY TRUNK	19811001	22991231		
75807	LYMPH VESSEL X-RAY TRUNK	19811001	22991231		
75810	VEIN X-RAY SPLEEN/LIVER	19811001	22991231		
75820	VEIN X-RAY ARM/LEG	19811001	22991231		
75822	VEIN X-RAY ARMS/LEGS	19811001	22991231		
75825	VEIN X-RAY TRUNK	19780101	22991231		
75827	VEIN X-RAY CHEST	19780101	22991231		
75831	VEIN X-RAY KIDNEY	19811001	22991231		
75833	VEIN X-RAY KIDNEYS	19811001	22991231		
75840	VEIN X-RAY ADRENAL GLAND	19811001	22991231		
75842	VEIN X-RAY ADRENAL GLANDS	19811001	22991231		
75860	VEIN X-RAY NECK	19811001	22991231		
75870	VEIN X-RAY SKULL	19811001	22991231		
75872	VEIN X-RAY SKULL EPIDURAL	19811001	22991231		
75880	VEIN X-RAY EYE SOCKET	19811001	22991231		
75885	VEIN X-RAY LIVER W/HEMODYNAM	19811001	22991231		
75887	VEIN X-RAY LIVER W/O HEMODYN	19811001	22991231		
75889	VEIN X-RAY LIVER W/HEMODYNAM	19811001	22991231		
75891	VEIN X-RAY LIVER	19811001	22991231		
75893	VENOUS SAMPLING BY CATHETER	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
75894	X-RAYS TRANSCATH THERAPY	19811001	22991231		
75898	FOLLOW-UP ANGIOGRAPHY	19811001	22991231		
75970	VASCULAR BIOPSY	19811001	22991231		
75984	XRAY CONTROL CATHETER CHANGE	19811001	22991231		
75989	ABSCESS DRAINAGE UNDER X-RAY	19890401	22991231		
76000	FLUOROSCOPY <1 HR PHYS/QHP	19780101	22991231	1	307.38
76010	X-RAY NOSE TO RECTUM	19811001	22991231		
76080	X-RAY EXAM OF FISTULA	19780101	22991231		
76098	X-RAY EXAM SURGICAL SPECIMEN	19871201	22991231		
76100	X-RAY EXAM OF BODY SECTION	19780101	22991231		
76101	COMPLEX BODY SECTION X-RAY	19811001	22991231		
76102	COMPLEX BODY SECTION X-RAYS	19811001	22991231		
76120	CINE/VIDEO X-RAYS	19811001	22991231		
76125	CINE/VIDEO X-RAYS ADD-ON	19811001	22991231		
76140	X-RAY CONSULTATION	19780101	22991231		
76380	CAT SCAN FOLLOW-UP STUDY	19920115	22991231		
76390	MR SPECTROSCOPY	19980101	22991231		
76391	MR ELASTOGRAPHY	20190101	22991231		
76499	RADIOGRAPHIC PROCEDURE	19831115	22991231		
76506	ECHO EXAM OF HEAD	19811001	22991231		
76519	ECHO EXAM OF EYE	19871201	22991231		
76536	US EXAM OF HEAD AND NECK	19871201	22991231		
76604	US EXAM CHEST	19780101	22991231		
76700	US EXAM ABDOM COMPLETE	19811001	22991231		
76705	ECHO EXAM OF ABDOMEN	19811001	22991231		
76706	US ABDL AORTA SCREEN AAA	20170101	22991231		
76770	US EXAM ABDO BACK WALL COMP	19780101	22991231		
76775	US EXAM ABDO BACK WALL LIM	19840501	22991231		
76810	OB US >= 14 WKS ADDL FETUS	19920115	22991231		
76816	OB US FOLLOW-UP PER FETUS	19871201	22991231		
76819	FETAL BIOPHYS PROFIL W/O NST	20010101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
76825	ECHO EXAM OF FETAL HEART	19871201	22991231		
76831	ECHO EXAM UTERUS	19980101	22991231		
76856	US EXAM PELVIC COMPLETE	19840501	22991231		
76857	US EXAM PELVIC LIMITED	19871201	22991231		
76870	US EXAM SCROTUM	19811001	22991231		
76873	ECHOGRAP TRANS R PROS STUDY	20000101	22991231		
76885	US EXAM INFANT HIPS DYNAMIC	19980101	22991231		
76886	US EXAM INFANT HIPS STATIC	19980101	22991231		
76942	ECHO GUIDE FOR BIOPSY	19811001	22991231		
76946	ECHO GUIDE FOR AMNIOCENTESIS	19811001	22991231		
76965	ECHO GUIDANCE RADIOTHERAPY	19960101	22991231		
76970	ULTRASOUND EXAM FOLLOW-UP	19811001	22991231		
76975	GI ENDOSCOPIC ULTRASOUND	19940101	22991231		
76977	US BONE DENSITY MEASURE	19990101	22991231		
76978	US TRGT DYN MBUBB 1ST LES	20190101	22991231		
76979	US TRGT DYN MBUBB EA ADDL	20190101	22991231		
76981	USE PARENCHYMA	20190101	22991231		
76982	USE 1ST TARGET LESION	20190101	22991231		
76983	USE EA ADDL TARGET LESION	20190101	22991231		
77046	MRI BREAST C- UNILATERAL	20190101	22991231		
77047	MRI BREAST C- BILATERAL	20190101	22991231		
77048	MRI BREAST C-+ W/CAD UNI	20190101	22991231		
77049	MRI BREAST C-+ W/CAD BI	20190101	22991231		
77065	DX MAMMO INCL CAD UNI	20170101	22991231		
77066	DX MAMMO INCL CAD BI	20170101	22991231		
77067	SCR MAMMO BI INCL CAD	20170101	22991231		
77261	RADIATION THERAPY PLANNING	19811001	22991231		
77262	RADIATION THERAPY PLANNING	19811001	22991231		
77263	RADIATION THERAPY PLANNING	19801001	22991231		
77280	SET RADIATION THERAPY FIELD	19801001	22991231		
77285	SET RADIATION THERAPY FIELD	19801001	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
77290	SET RADIATION THERAPY FIELD	19801001	22991231		
77295	3-D RADIOTHERAPY PLAN	19940101	22991231		
77299	RADIATION THERAPY PLANNING	19811001	22991231		
77300	RADIATION THERAPY DOSE PLAN	19801001	22991231		
77321	SPECIAL TELETX PORT PLAN	19811001	22991231		
77331	SPECIAL RADIATION DOSIMETRY	19811001	22991231		
77332	RADIATION TREATMENT AID(S)	19811001	22991231		
77333	RADIATION TREATMENT AID(S)	19811001	22991231		
77334	RADIATION TREATMENT AID(S)	19811001	22991231		
77336	RADIATION PHYSICS CONSULT	19811001	22991231		
77370	RADIATION PHYSICS CONSULT	19811001	22991231		
77399	EXTERNAL RADIATION DOSIMETRY	19831115	22991231		
77417	RADIOLOGY PORT IMAGES(S)	19910401	22991231		
77427	RADIATION TX MANAGEMENT X5	20000101	22991231		
77431	RADIATION THERAPY MANAGEMENT	19910401	22991231		
77432	STEREOTACTIC RADIATION TRMT	19940101	22991231		
77470	SPECIAL RADIATION TREATMENT	19811001	22991231		
77499	RADIATION THERAPY MANAGEMENT	19831115	22991231		
77600	HYPERTHERMIA TREATMENT	19871201	22991231		
77605	HYPERTHERMIA TREATMENT	19871201	22991231		
77610	HYPERTHERMIA TREATMENT	19871201	22991231		
77615	HYPERTHERMIA TREATMENT	19871201	22991231		
77750	INFUSE RADIOACTIVE MATERIALS	19811001	22991231		
77761	APPLY INTRCAV RADIAT SIMPLE	19811001	22991231		
77762	APPLY INTRCAV RADIAT INTERM	19811001	22991231		
77763	APPLY INTRCAV RADIAT COMPL	19811001	22991231		
77778	APPLY INTERSTIT RADIAT COMPL	19811001	22991231		
77789	APPLY SURF LDR RADIONUCLIDE	19811001	22991231		
77790	RADIATION HANDLING	19811001	22991231		
77799	RADIUM/RADIOISOTOPE THERAPY	19831115	22991231		
78015	THYROID MET IMAGING	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
78016	THYROID MET IMAGING/STUDIES	19811001	22991231		
78018	THYROID MET IMAGING BODY	19811001	22991231		
78020	THYROID MET UPTAKE	19990101	22991231		
78070	PARATHYROID PLANAR IMAGING	19890401	22991231		
78075	ADRENAL CORTEX & MEDULLA IMG	19811001	22991231		
78099	ENDOCRINE NUCLEAR PROCEDURE	19831115	22991231		
78102	BONE MARROW IMAGING LTD	19811001	22991231		
78103	BONE MARROW IMAGING MULT	19811001	22991231		
78104	BONE MARROW IMAGING BODY	19790101	22991231		
78110	PLASMA VOLUME SINGLE	19780101	22991231		
78111	PLASMA VOLUME MULTIPLE	19811001	22991231		
78120	RED CELL MASS SINGLE	19780101	22991231		
78121	RED CELL MASS MULTIPLE	19811001	22991231		
78122	BLOOD VOLUME	19871201	22991231		
78130	RED CELL SURVIVAL STUDY	19780101	22991231		
78135	RED CELL SURVIVAL KINETICS	19790101	22991231		
78140	RED CELL SEQUESTRATION	19811001	22991231		
78185	SPLEEN IMAGING	19780101	22991231		
78191	PLATELET SURVIVAL	19811001	22991231		
78195	LYMPH SYSTEM IMAGING	19811001	22991231		
78199	BLOOD/LYMPH NUCLEAR EXAM	19831115	22991231		
78201	LIVER IMAGING	19780101	22991231		
78202	LIVER IMAGING WITH FLOW	19811001	22991231		
78215	LIVER AND SPLEEN IMAGING	19780101	22991231		
78216	LIVER & SPLEEN IMAGE/FLOW	19811001	22991231		
78230	SALIVARY GLAND IMAGING	19811001	22991231		
78231	SERIAL SALIVARY IMAGING	19811001	22991231		
78232	SALIVARY GLAND FUNCTION EXAM	19811001	22991231		
78258	ESOPHAGEAL MOTILITY STUDY	19871201	22991231		
78261	GASTRIC MUCOSA IMAGING	19811001	22991231		
78262	GASTROESOPHAGEAL REFLUX EXAM	19811001	22991231		



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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
78264	GASTRIC EMPTYING IMAG STUDY	19811001	22991231		
78267	BREATH TST ATTAIN/ANAL C-14	20000101	22991231		
78268	BREATH TEST ANALYSIS C-14	20000101	22991231		
78278	ACUTE GI BLOOD LOSS IMAGING	19811001	22991231		
78282	GI PROTEIN LOSS EXAM	19780101	22991231		
78290	MECKELS DIVERT EXAM	19811001	22991231		
78291	LEVEEN/SHUNT PATENCY EXAM	19811001	22991231		
78299	GI NUCLEAR PROCEDURE	19831115	22991231		
78300	BONE IMAGING LIMITED AREA	19811001	22991231		
78305	BONE IMAGING MULTIPLE AREAS	19811001	22991231		
78306	BONE IMAGING WHOLE BODY	19811001	22991231		
78315	BONE IMAGING 3 PHASE	19871201	22991231		
78350	BONE MINERAL SINGLE PHOTON	19871201	22991231		
78351	BONE MINERAL DUAL PHOTON	19871201	22991231		
78399	MUSCULOSKELETAL NUCLEAR EXAM	19831115	22991231		
78414	NON-IMAGING HEART FUNCTION	19811001	22991231		
78428	CARDIAC SHUNT IMAGING	19811001	22991231		
78429	MYOCDR IMG PET 1 STD W/CT	20200101	22991231		
78430	MYOCDR IMG PET RST/STRS W/CT	20200101	22991231		
78431	MYOCDR IMG PET RST&STRS CT	20200101	22991231		
78432	MYOCDR IMG PET 2RTRACER	20200101	22991231		
78433	MYOCDR IMG PET 2RTRACER CT	20200101	22991231		
78434	AQMBF PET REST & RX STRESS	20200101	22991231		
78445	VASCULAR FLOW IMAGING	19811001	22991231		
78456	ACUTE VENOUS THROMBUS IMAGE	20000101	22991231		
78457	VENOUS THROMBOSIS IMAGING	19811001	22991231		
78458	VEN THROMBOSIS IMAGES BILAT	19811001	22991231		
78459	MYOCDR IMG PET SINGLE STUDY	19960101	22991231		
78473	GATED HEART MULTIPLE	19920115	22991231		
78483	HEART FIRST PASS MULTIPLE	19920115	22991231		
78491	MYOCDR IMG PET 1STD RST/STRS	19980101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
78492	MYOCDR IMG PET MLT RST&STRS	19980101	22991231		
78494	HEART IMAGE SPECT	19990101	22991231		
78496	HEART FIRST PASS ADD-ON	19990101	22991231		
78499	CARDIOVASCULAR NUCLEAR EXAM	19831115	22991231		
78580	LUNG PERFUSION IMAGING	19811001	22991231		
78599	RESPIRATORY NUCLEAR EXAM	19831115	22991231		
78600	BRAIN IMAGE < 4 VIEWS	19811001	22991231		
78601	BRAIN IMAGE W/FLOW < 4 VIEWS	19780101	22991231		
78605	BRAIN IMAGE 4+ VIEWS	19811001	22991231		
78606	BRAIN IMAGE W/FLOW 4 + VIEWS	19811001	22991231		
78608	BRAIN IMAGING (PET)	19940101	22991231		
78609	BRAIN IMAGING (PET)	19940101	22991231		
78610	BRAIN FLOW IMAGING ONLY	19811001	22991231		
78630	CEREBROSPINAL FLUID SCAN	19780101	22991231		
78635	CSF VENTRICULOGRAPHY	19811001	22991231		
78645	CSF SHUNT EVALUATION	19811001	22991231		
78650	CSF LEAKAGE IMAGING	19811001	22991231		
78660	NUCLEAR EXAM OF TEAR FLOW	19811001	22991231		
78699	NERVOUS SYSTEM NUCLEAR EXAM	19831115	22991231		
78700	KIDNEY IMAGING MORPHOL	19811001	22991231		
78701	KIDNEY IMAGING WITH FLOW	19811001	22991231		
78707	K FLOW/FUNCT IMAGE W/O DRUG	19811001	22991231		
78708	K FLOW/FUNCT IMAGE W/DRUG	19980101	22991231		
78709	K FLOW/FUNCT IMAGE MULTIPLE	19980101	22991231		
78725	KIDNEY FUNCTION STUDY	19811001	22991231		
78730	URINARY BLADDER RETENTION	19811001	22991231		
78740	URETERAL REFLUX STUDY	19811001	22991231		
78761	TESTICULAR IMAGING W/FLOW	19811001	22991231		
78799	GENITOURINARY NUCLEAR EXAM	19831115	22991231		
78800	RP LOCLZJ TUM 1 AREA 1 D IMG	19811001	22991231		
78801	RP LOCLZJ TUM 2+AREA 1+D IMG	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
78802	RP LOCLZJ TUM WHBDY 1 D IMG	19811001	22991231		
78803	RP LOCLZJ TUM SPECT 1 AREA	19880501	22991231		
78804	RP LOCLZJ TUM WHBDY 2+D IMG	20031001	22991231		
78830	RP LOCLZJ TUM SPECT W/CT 1	20200101	22991231		
78831	RP LOCLZJ TUM SPECT 2 AREAS	20200101	22991231		
78832	RP LOCLZJ TUM SPECT W/CT 2	20200101	22991231		
78835	RP QUAN MEAS SINGLE AREA	20200101	22991231		
78999	NUCLEAR DIAGNOSTIC EXAM	19831115	22991231		
79200	NUCLEAR RX INTRACAV ADMIN	19780101	22991231		
79300	NUCLR RX INTERSTIT COLLOID	19780101	22991231		
79440	NUCLEAR RX INTRA-ARTICULAR	19811001	22991231		
79999	NUCLEAR MEDICINE THERAPY	19831115	22991231		
80047	METABOLIC PANEL IONIZED CA	20080101	22991231		
80048	METABOLIC PANEL TOTAL CA	20000101	22991231		
80069	RENAL FUNCTION PANEL	20000101	22991231		
80074	ACUTE HEPATITIS PANEL	20000101	22991231		
80076	HEPATIC FUNCTION PANEL	20000101	22991231		
80150	ASSAY OF AMIKACIN	19930101	22991231		
80156	ASSAY CARBAMAZEPINE TOTAL	19930101	22991231		
80157	ASSAY CARBAMAZEPINE FREE	20010101	22991231		
80158	DRUG ASSAY CYCLOSPORINE	19930101	22991231		
80162	ASSAY OF DIGOXIN TOTAL	19930101	22991231		
80164	ASSAY DIPROPYLACETIC ACD TOT	19930101	22991231		
80168	ASSAY OF ETHOSUXIMIDE	19930101	22991231		
80170	ASSAY OF GENTAMICIN	19930101	22991231		
80173	ASSAY OF HALOPERIDOL	20010101	22991231		
80176	ASSAY OF LIDOCAINE	19930101	22991231		
80178	ASSAY OF LITHIUM	19930101	22991231		
80184	ASSAY OF PHENOBARBITAL	19930101	22991231		
80185	ASSAY OF PHENYTOIN TOTAL	19930101	22991231		
80186	ASSAY OF PHENYTOIN FREE	19930101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
80188	ASSAY OF PRIMIDONE	19930101	22991231		
80190	ASSAY OF PROCAINAMIDE	19930101	22991231		
80192	ASSAY OF PROCAINAMIDE	19930101	22991231		
80194	ASSAY OF QUINIDINE	19930101	22991231		
80197	ASSAY OF TACROLIMUS	19970101	22991231		
80198	ASSAY OF THEOPHYLLINE	19930101	22991231		
80200	ASSAY OF TOBRAMYCIN	19930101	22991231		
80202	ASSAY OF VANCOMYCIN	19930101	22991231		
80299	QUANTITATIVE ASSAY DRUG	19930101	22991231		
80305	DRUG TEST PRSMV DIR OPT OBS	20170101	22991231		
80306	DRUG TEST PRSMV INSTRMNT	20170101	22991231		
80307	DRUG TEST PRSMV CHEM ANLYZR	20170101	22991231		
80400	ACTH STIMULATION PANEL	19940101	22991231		
80402	ACTH STIMULATION PANEL	19940101	22991231		
80406	ACTH STIMULATION PANEL	19940101	22991231		
80408	ALDOSTERONE SUPPRESSION EVAL	19940101	22991231		
80410	CALCITONIN STIMUL PANEL	19940101	22991231		
80412	CRH STIMULATION PANEL	19940101	22991231		
80414	TESTOSTERONE RESPONSE	19940101	22991231		
80415	ESTRADIOL RESPONSE PANEL	19940101	22991231		
80416	RENIN STIMULATION PANEL	19960101	22991231		
80417	RENIN STIMULATION PANEL	19960101	22991231		
80418	PITUITARY EVALUATION PANEL	19940101	22991231		
80420	DEXAMETHASONE PANEL	19940101	22991231		
80422	GLUCAGON TOLERANCE PANEL	19940101	22991231		
80424	GLUCAGON TOLERANCE PANEL	19940101	22991231		
80426	GONADOTROPIN HORMONE PANEL	19940101	22991231		
80428	GROWTH HORMONE PANEL	19940101	22991231		
80430	GROWTH HORMONE PANEL	19940101	22991231		
80432	INSULIN SUPPRESSION PANEL	19940101	22991231		
80434	INSULIN TOLERANCE PANEL	19940101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
80435	INSULIN TOLERANCE PANEL	19940101	22991231		
80436	METYRAPONE PANEL	19940101	22991231		
80438	TRH STIMULATION PANEL	19940101	22991231		
80439	TRH STIMULATION PANEL	19940101	22991231		
80500	LAB PATHOLOGY CONSULTATION	19811001	22991231		
80502	LAB PATHOLOGY CONSULTATION	19811001	22991231		
81000	URINALYSIS NONAUTO W/SCOPE	19771015	22991231		
81001	URINALYSIS AUTO W/SCOPE	19960101	22991231		
81003	URINALYSIS AUTO W/O SCOPE	19930101	22991231		
81005	URINALYSIS	19780101	22991231		
81015	MICROSCOPIC EXAM OF URINE	19780101	22991231		
81020	URINALYSIS GLASS TEST	19811001	22991231		
81025	URINE PREGNANCY TEST	19930101	22991231		
81050	URINALYSIS VOLUME MEASURE	19930101	22991231		
81099	URINALYSIS TEST PROCEDURE	19831115	22991231		
81163	BRCA1&2 GENE FULL SEQ ALYS	20190101	22991231		
81164	BRCA1&2 GEN FUL DUP/DEL ALYS	20190101	22991231		
81165	BRCA1 GENE FULL SEQ ALYS	20190101	22991231		
81166	BRCA1 GENE FULL DUP/DEL ALYS	20190101	22991231		
81167	BRCA2 GENE FULL DUP/DEL ALYS	20190101	22991231		
81171	AFF2 GENE DETC ABNOR ALLELES	20190101	22991231		
81172	AFF2 GENE CHARAC ALLELES	20190101	22991231		
81173	AR GENE FULL GENE SEQUENCE	20190101	22991231		
81174	AR GENE KNOWN FAMIL VARIANT	20190101	22991231		
81177	ATN1 GENE DETC ABNOR ALLELES	20190101	22991231		
81178	ATXN1 GENE DETC ABNOR ALLELE	20190101	22991231		
81179	ATXN2 GENE DETC ABNOR ALLELE	20190101	22991231		
81180	ATXN3 GENE DETC ABNOR ALLELE	20190101	22991231		
81181	ATXN7 GENE DETC ABNOR ALLELE	20190101	22991231		
81182	ATXN8OS GEN DETC ABNOR ALLEL	20190101	22991231		
81183	ATXN10 GENE DETC ABNOR ALLEL	20190101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
81184	CACNA1A GEN DETC ABNOR ALLEL	20190101	22991231		
81185	CACNA1A GENE FULL GENE SEQ	20190101	22991231		
81186	CACNA1A GEN KNOWN FAMIL VRNT	20190101	22991231		
81187	CNBP GENE DETC ABNOR ALLELE	20190101	22991231		
81188	CSTB GENE DETC ABNOR ALLELE	20190101	22991231		
81189	CSTB GENE FULL GENE SEQUENCE	20190101	22991231		
81190	CSTB GENE KNOWN FAMIL VRNT	20190101	22991231		
81204	AR GENE CHARAC ALLELES	20190101	22991231		
81227	CYP2C9 GENE COM VARIANTS	20120101	22991231		
81233	BTK GENE COMMON VARIANTS	20190101	22991231		
81234	DMPK GENE DETC ABNOR ALLELE	20190101	22991231		
81236	EZH2 GENE FULL GENE SEQUENCE	20190101	22991231		
81237	EZH2 GENE COMMON VARIANTS	20190101	22991231		
81239	DMPK GENE CHARAC ALLELES	20190101	22991231		
81271	HTT GENE DETC ABNOR ALLELES	20190101	22991231		
81274	HTT GENE CHARAC ALLELES	20190101	22991231		
81284	FXN GENE DETC ABNOR ALLELES	20190101	22991231		
81285	FXN GENE CHARAC ALLELES	20190101	22991231		
81286	FXN GENE FULL GENE SEQUENCE	20190101	22991231		
81289	FXN GENE KNOWN FAMIL VARIANT	20190101	22991231		
81305	MYD88 GENE P.LEU265PRO VRNT	20190101	22991231		
81306	NUDT15 GENE COMMON VARIANTS	20190101	22991231		
81312	PABPN1 GENE DETC ABNOR ALLEL	20190101	22991231		
81320	PLCG2 GENE COMMON VARIANTS	20190101	22991231		
81327	SEPT9 GEN PRMTR MTHYLTN ALYS	20170101	22991231		
81329	SMN1 GENE DOS/DELETION ALYS	20190101	22991231		
81333	TGFBI GENE COMMON VARIANTS	20190101	22991231		
81336	SMN1 GENE FULL GENE SEQUENCE	20190101	22991231		
81337	SMN1 GEN NOWN FAMIL SEQ VRNT	20190101	22991231		
81343	PPP2R2B GEN DETC ABNOR ALLEL	20190101	22991231		
81344	TBP GENE DETC ABNOR ALLELES	20190101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
81345	TERT GENE TARGETED SEQ ALYS	20190101	22991231		
81413	CAR ION CHNNLPATH INC 10 GNS	20170101	22991231		
81414	CAR ION CHNNLPATH INC 2 GNS	20170101	22991231		
81422	FETAL CHRMOML MICRODELTA	20170101	22991231		
81439	HRDTRY CARDMPY GENE PANEL	20170101	22991231		
81539	ONCOLOGY PROSTATE PROB SCORE	20170101	22991231		
81596	NFCT DS CHRNC HCV 6 ASSAYS	20190101	22991231		
82009	TEST FOR ACETONE/KETONES	19811001	22991231		
82010	ACETONE ASSAY	19811001	22991231		
82013	ACETYLCHOLINESTERASE ASSAY	19811001	22991231		
82024	ASSAY OF ACTH	19811001	22991231		
82030	ASSAY OF ADP & AMP	19811001	22991231		
82040	ASSAY OF SERUM ALBUMIN	19811001	22991231		
82042	OTHER SOURCE ALBUMIN QUAN EA	19811001	22991231		
82043	UR ALBUMIN QUANTITATIVE	19930101	22991231		
82044	UR ALBUMIN SEMIQUANTITATIVE	19930101	22991231		
82075	ASSAY OF BREATH ETHANOL	19811001	22991231		
82085	ASSAY OF ALDOLASE	19780101	22991231		
82088	ASSAY OF ALDOSTERONE	19811001	22991231		
82103	ALPHA-1-ANTITRYPSIN TOTAL	19930101	22991231		
82104	ALPHA-1-ANTITRYPSIN PHENO	19930101	22991231		
82105	ALPHA-FETOPROTEIN SERUM	19930101	22991231		
82106	ALPHA-FETOPROTEIN AMNIOTIC	19930101	22991231		
82108	ASSAY OF ALUMINUM	19880401	22991231		
82120	AMINES VAGINAL FLUID QUAL	20000101	22991231		
82127	AMINO ACID SINGLE QUAL	19980101	22991231		
82128	AMINO ACIDS MULT QUAL	19811001	22991231		
82131	AMINO ACIDS SINGLE QUANT	19930101	22991231		
82135	ASSAY AMINOLEVULINIC ACID	19811001	22991231		
82136	AMINO ACIDS QUANT 2-5	19990101	22991231		
82140	ASSAY OF AMMONIA	19780101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
82143	AMNIOTIC FLUID SCAN	19811001	22991231		
82150	ASSAY OF AMYLASE	19780101	22991231		
82154	ANDROSTANEDIOL GLUCURONIDE	19940101	22991231		
82157	ASSAY OF ANDROSTENEDIONE	19811001	22991231		
82160	ASSAY OF ANDROSTERONE	19811001	22991231		
82163	ASSAY OF ANGIOTENSIN II	19811001	22991231		
82164	ANGIOTENSIN I ENZYME TEST	19811001	22991231		
82172	ASSAY OF APOLIPOPROTEIN	19871201	22991231		
82175	ASSAY OF ARSENIC	19780101	22991231		
82180	ASSAY OF ASCORBIC ACID	19780101	22991231		
82190	ATOMIC ABSORPTION	19930101	22991231		
82232	ASSAY OF BETA-2 PROTEIN	19811001	22991231		
82239	BILE ACIDS TOTAL	19930101	22991231		
82240	BILE ACIDS CHOLYLGLYCINE	19811001	22991231		
82247	BILIRUBIN TOTAL	19990101	22991231		
82248	BILIRUBIN DIRECT	19990101	22991231		
82252	FECAL BILIRUBIN TEST	19771015	22991231		
82261	ASSAY OF BIOTINIDASE	19990101	22991231		
82270	OCCULT BLOOD FECES	19771015	22991231		
82286	ASSAY OF BRADYKININ	19811001	22991231		
82300	ASSAY OF CADMIUM	19811001	22991231		
82306	VITAMIN D 25 HYDROXY	19811001	22991231		
82308	ASSAY OF CALCITONIN	19811001	22991231		
82310	ASSAY OF CALCIUM	19780101	22991231		
82330	ASSAY OF CALCIUM	19780101	22991231		
82331	CALCIUM INFUSION TEST	19780101	22991231		
82340	ASSAY OF CALCIUM IN URINE	19780101	22991231		
82355	CALCULUS ANALYSIS QUAL	19780101	22991231		
82360	CALCULUS ASSAY QUANT	19811001	22991231		
82365	CALCULUS SPECTROSCOPY	19811001	22991231		
82370	X-RAY ASSAY CALCULUS	19811001	22991231		



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
82373	ASSAY C-D TRANSFER MEASURE	20010101	22991231		
82374	ASSAY BLOOD CARBON DIOXIDE	19780101	22991231		
82375	ASSAY CARBOXYHB QUANT	20090101	22991231		
82376	ASSAY CARBOXYHB QUAL	19811001	22991231		
82378	CARCINOEMBRYONIC ANTIGEN	19930101	22991231		
82379	ASSAY OF CARNITINE	19990101	22991231		
82380	ASSAY OF CAROTENE	19811001	22991231		
82382	ASSAY URINE CATECHOLAMINES	19811001	22991231		
82383	ASSAY BLOOD CATECHOLAMINES	19811001	22991231		
82384	ASSAY THREE CATECHOLAMINES	19780101	22991231		
82387	ASSAY OF CATHEPSIN-D	19930101	22991231		
82390	ASSAY OF CERULOPLASMIN	19811001	22991231		
82397	CHEMILUMINESCENT ASSAY	19930101	22991231		
82415	ASSAY OF CHLORAMPHENICOL	19811001	22991231		
82435	ASSAY OF BLOOD CHLORIDE	19780101	22991231		
82436	ASSAY OF URINE CHLORIDE	19780101	22991231		
82438	ASSAY OTHER FLUID CHLORIDES	19780101	22991231		
82465	ASSAY BLD/SERUM CHOLESTEROL	19771015	22991231		
82480	ASSAY SERUM CHOLINESTERASE	19780101	22991231		
82482	ASSAY RBC CHOLINESTERASE	19780101	22991231		
82485	ASSAY CHONDROITIN SULFATE	19780101	22991231		
82495	ASSAY OF CHROMIUM	19811001	22991231		
82507	ASSAY OF CITRATE	19811001	22991231		
82523	COLLAGEN CROSSLINKS	19970101	22991231		
82525	ASSAY OF COPPER	19780101	22991231		
82528	ASSAY OF CORTICOSTERONE	19811001	22991231		
82530	CORTISOL FREE	19930101	22991231		
82533	TOTAL CORTISOL	19811001	22991231		
82540	ASSAY OF CREATINE	19780101	22991231		
82542	COL CHROMOTOGRAPHY QUAL/QUAN	19990101	22991231		
82550	ASSAY OF CK (CPK)	19780101	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
82552	ASSAY OF CPK IN BLOOD	19780101	22991231		
82553	CREATINE MB FRACTION	19930101	22991231		
82554	CREATINE ISOFORMS	19930101	22991231		
82565	ASSAY OF CREATININE	19780101	22991231		
82570	ASSAY OF URINE CREATININE	19811001	22991231		
82575	CREATININE CLEARANCE TEST	19780101	22991231		
82585	ASSAY OF CRYOFIBRINOGEN	19811001	22991231		
82595	ASSAY OF CRYOGLOBULIN	19780101	22991231		
82600	ASSAY OF CYANIDE	19811001	22991231		
82607	VITAMIN B-12	19811001	22991231		
82608	B-12 BINDING CAPACITY	19811001	22991231		
82610	CYSTATIN C	20080101	22991231		
82615	TEST FOR URINE CYSTINES	19771015	22991231		
82626	DEHYDROEPIANDROSTERONE	19811001	22991231		
82627	DEHYDROEPIANDROSTERONE	19930101	22991231		
82633	DESOXYCORTICOSTERONE	19811001	22991231		
82634	DEOXYCORTISOL	19811001	22991231		
82638	ASSAY OF DIBUCAINE NUMBER	19811001	22991231		
82642	DIHYDROTESTOSTERONE	20190101	22991231		
82652	VIT D 1 25-DIHYDROXY	19871201	22991231		
82656	PANCREATIC ELASTASE FECAL	19811001	22991231		
82657	ENZYME CELL ACTIVITY	19990101	22991231		
82658	ENZYME CELL ACTIVITY RA	19990101	22991231		
82664	ELECTROPHORETIC TEST	19811001	22991231		
82668	ASSAY OF ERYTHROPOIETIN	19811001	22991231		
82670	ASSAY OF ESTRADIOL	19811001	22991231		
82671	ASSAY OF ESTROGENS	19811001	22991231		
82672	ASSAY OF ESTROGEN	19780101	22991231		
82677	ASSAY OF ESTRIOL	19811001	22991231		
82679	ASSAY OF ESTRONE	19811001	22991231		
82693	ASSAY OF ETHYLENE GLYCOL	19930101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
82696	ASSAY OF ETIOCHOLANOLONE	19811001	22991231		
82705	FATS/LIPIDS FECES QUAL	19780101	22991231		
82710	FATS/LIPIDS FECES QUANT	19780101	22991231		
82715	ASSAY OF FECAL FAT	19780101	22991231		
82725	ASSAY OF BLOOD FATTY ACIDS	19811001	22991231		
82728	ASSAY OF FERRITIN	19811001	22991231		
82731	ASSAY OF FETAL FIBRONECTIN	19990101	22991231		
82735	ASSAY OF FLUORIDE	19811001	22991231		
82746	ASSAY OF FOLIC ACID SERUM	19811001	22991231		
82747	ASSAY OF FOLIC ACID RBC	19930101	22991231		
82757	ASSAY OF SEMEN FRUCTOSE	19811001	22991231		
82759	ASSAY OF RBC GALACTOKINASE	19811001	22991231		
82760	ASSAY OF GALACTOSE	19811001	22991231		
82775	ASSAY GALACTOSE TRANSFERASE	19811001	22991231		
82776	GALACTOSE TRANSFERASE TEST	19811001	22991231		
82784	ASSAY IGA/IGD/IGG/IGM EACH	19811001	22991231		
82785	ASSAY OF IGE	19811001	22991231		
82787	IGG 1 2 3 OR 4 EACH	19930101	22991231		
82800	BLOOD PH	19811001	22991231		
82803	BLOOD GASES ANY COMBINATION	19811001	22991231		
82805	BLOOD GASES W/O2 SATURATION	19940101	22991231		
82810	BLOOD GASES O2 SAT ONLY	19940101	22991231		
82820	HEMOGLOBIN-OXYGEN AFFINITY	19930101	22991231		
82938	GASTRIN TEST	19811001	22991231		
82941	ASSAY OF GASTRIN	19811001	22991231		
82943	ASSAY OF GLUCAGON	19811001	22991231		
82945	GLUCOSE OTHER FLUID	20010101	22991231		
82946	GLUCAGON TOLERANCE TEST	19811001	22991231		
82947	ASSAY GLUCOSE BLOOD QUANT	19771015	22991231		
82948	REAGENT STRIP/BLOOD GLUCOSE	19771015	22991231		
82950	GLUCOSE TEST	19811001	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
82951	GLUCOSE TOLERANCE TEST (GTT)	19780101	22991231		
82952	GTT-ADDED SAMPLES	19780101	22991231		
82955	ASSAY OF G6PD ENZYME	19811001	22991231		
82960	TEST FOR G6PD ENZYME	19811001	22991231		
82962	GLUCOSE BLOOD TEST	19930101	22991231		
82963	ASSAY OF GLUCOSIDASE	19811001	22991231		
82965	ASSAY OF GDH ENZYME	19811001	22991231		
82978	ASSAY OF GLUTATHIONE	19811001	22991231		
82979	ASSAY RBC GLUTATHIONE	19811001	22991231		
82985	ASSAY OF GLYCATED PROTEIN	19811001	22991231		
83001	ASSAY OF GONADOTROPIN (FSH)	19780101	22991231		
83002	ASSAY OF GONADOTROPIN (LH)	19811001	22991231		
83003	ASSAY GROWTH HORMONE (HGH)	19811001	22991231		
83010	ASSAY OF HAPTOGLOBIN QUANT	19811001	22991231		
83012	ASSAY OF HAPTOGLOBINS	19811001	22991231		
83013	H PYLORI (C-13) BREATH	19990101	22991231		
83014	H PYLORI DRUG ADMIN	19990101	22991231		
83015	HEAVY METAL QUAL ANY ANAL	19811001	22991231		
83018	HEAVY METAL QUANT EACH NES	19811001	22991231		
83021	HEMOGLOBIN CHROMOTOGRAPHY	19990101	22991231		
83026	HEMOGLOBIN COPPER SULFATE	19930101	22991231		
83030	FETAL HEMOGLOBIN CHEMICAL	19811001	22991231		
83033	FETAL HEMOGLOBIN ASSAY QUAL	19811001	22991231		
83036	GLYCOSYLATED HEMOGLOBIN TEST	19811001	22991231		
83045	BLOOD METHEMOGLOBIN TEST	19780101	22991231		
83050	BLOOD METHEMOGLOBIN ASSAY	19780101	22991231		
83051	ASSAY OF PLASMA HEMOGLOBIN	19811001	22991231		
83060	BLOOD SULFHEMOGLOBIN ASSAY	19780101	22991231		
83065	ASSAY OF HEMOGLOBIN HEAT	19780101	22991231		
83068	HEMOGLOBIN STABILITY SCREEN	19780101	22991231		
83069	ASSAY OF URINE HEMOGLOBIN	19811001	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
83070	ASSAY OF HEMOSIDERIN QUAL	19780101	22991231		
83080	ASSAY OF B HEXOSAMINIDASE	19990101	22991231		
83090	ASSAY OF HOMOCYSTINE	20010101	22991231		
83150	ASSAY OF HOMO VANILLIC ACID	19811001	22991231		
83491	ASSAY OF CORTICOSTEROIDS 17	19811001	22991231		
83497	ASSAY OF 5-HIAA	19780101	22991231		
83498	ASSAY OF PROGESTERONE 17-D	19811001	22991231		
83500	ASSAY FREE HYDROXYPROLINE	19811001	22991231		
83505	ASSAY TOTAL HYDROXYPROLINE	19811001	22991231		
83516	IMMUNOASSAY NONANTIBODY	19950101	22991231		
83518	IMMUNOASSAY DIPSTICK	19930101	22991231		
83519	RIA NONANTIBODY	19930101	22991231		
83520	IMMUNOASSAY QUANT NOS NONAB	19930101	22991231		
83525	ASSAY OF INSULIN	19811001	22991231		
83527	ASSAY OF INSULIN	19940101	22991231		
83528	ASSAY OF INTRINSIC FACTOR	19811001	22991231		
83540	ASSAY OF IRON	19780101	22991231		
83550	IRON BINDING TEST	19780101	22991231		
83570	ASSAY OF IDH ENZYME	19780101	22991231		
83582	ASSAY OF KETOGENIC STEROIDS	19780101	22991231		
83586	ASSAY 17- KETOSTEROIDS	19780101	22991231		
83593	FRACTIONATION KETOSTEROIDS	19780101	22991231		
83605	ASSAY OF LACTIC ACID	19811001	22991231		
83615	LACTATE (LD) (LDH) ENZYME	19780101	22991231		
83625	ASSAY OF LDH ENZYMES	19811001	22991231		
83631	LACTOFERRIN FECAL (QUANT)	19811001	22991231		
83632	PLACENTAL LACTOGEN	19811001	22991231		
83633	TEST URINE FOR LACTOSE	19811001	22991231		
83655	ASSAY OF LEAD	19811001	22991231		
83661	L/S RATIO FETAL LUNG	19811001	22991231		
83662	FOAM STABILITY FETAL LUNG	19930101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
83663	FLUORO POLARIZE FETAL LUNG	20010101	22991231		
83664	LAMELLAR BDY FETAL LUNG	20010101	22991231		
83670	ASSAY OF LAP ENZYME	19780101	22991231		
83690	ASSAY OF LIPASE	19780101	22991231		
83700	LIOPRO BLD ELECTROPHORETIC	19780101	22991231		
83718	ASSAY OF LIOPROTEIN	19811001	22991231		
83719	ASSAY OF BLOOD LIOPROTEIN	19811001	22991231		
83721	ASSAY OF BLOOD LIOPROTEIN	19930101	22991231		
83722	LIOPRTN DIR MEAS SD LDL CHL	20190101	22991231		
83727	ASSAY OF LRH HORMONE	19811001	22991231		
83735	ASSAY OF MAGNESIUM	19780101	22991231		
83775	ASSAY MALATE DEHYDROGENASE	19811001	22991231		
83785	ASSAY OF MANGANESE	19811001	22991231		
83789	MASS SPECTROMETRY QUAL/QUAN	19990101	22991231		
83825	ASSAY OF MERCURY	19811001	22991231		
83835	ASSAY OF METANEPHRINES	19811001	22991231		
83857	ASSAY OF METHEMALBUMIN	19811001	22991231		
83861	MICROFLUID ANALY TEARS	20110101	22991231		
83864	MUCOPOLYSACCHARIDES	19811001	22991231		
83872	ASSAY SYNOVIAL FLUID MUCIN	19811001	22991231		
83873	ASSAY OF CSF PROTEIN	19811001	22991231		
83874	ASSAY OF MYOGLOBIN	19811001	22991231		
83880	ASSAY OF NATRIURETIC PEPTIDE	19811001	22991231		
83883	ASSAY NEPHELOMETRY NOT SPEC	19930101	22991231		
83885	ASSAY OF NICKEL	19811001	22991231		
83915	ASSAY OF NUCLEOTIDASE	19811001	22991231		
83916	OLIGOCLONAL BANDS	19811001	22991231		
83918	ORGANIC ACIDS TOTAL QUANT	19811001	22991231		
83919	ORGANIC ACIDS QUAL EACH	19990101	22991231		
83921	ORGANIC ACID SINGLE QUANT	20010101	22991231		
83930	ASSAY OF BLOOD OSMOLALITY	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
83935	ASSAY OF URINE OSMOLALITY	19811001	22991231		
83937	ASSAY OF OSTEOCALCIN	19940101	22991231		
83945	ASSAY OF OXALATE	19811001	22991231		
83970	ASSAY OF PARATHORMONE	19811001	22991231		
83986	ASSAY PH BODY FLUID NOS	19811001	22991231		
83987	EXHALED BREATH CONDENSATE	20100101	22991231		
83992	ASSAY FOR PHENCYCLIDINE	19811001	22991231		
83993	ASSAY FOR CALPROTECTIN FECAL	20080101	22991231		
84030	ASSAY OF BLOOD PKU	19811001	22991231		
84035	ASSAY OF PHENYLKETONES	19811001	22991231		
84060	ASSAY ACID PHOSPHATASE	19771015	22991231		
84066	ASSAY PROSTATE PHOSPHATASE	19811001	22991231		
84075	ASSAY ALKALINE PHOSPHATASE	19771015	22991231		
84078	ASSAY ALKALINE PHOSPHATASE	19771015	22991231		
84080	ASSAY ALKALINE PHOSPHATASES	19811001	22991231		
84081	ASSAY PHOSPHATIDYLGLYCEROL	19811001	22991231		
84085	ASSAY OF RBC PG6D ENZYME	19811001	22991231		
84087	ASSAY PHOSPHOHEXOSE ENZYMES	19811001	22991231		
84100	ASSAY OF PHOSPHORUS	19780101	22991231		
84105	ASSAY OF URINE PHOSPHORUS	19811001	22991231		
84106	TEST FOR PORPHOBILINOGEN	19780101	22991231		
84110	ASSAY OF PORPHOBILINOGEN	19780101	22991231		
84112	EVAL AMNIOTIC FLUID PROTEIN	20110101	22991231		
84119	TEST URINE FOR PORPHYRINS	19780101	22991231		
84120	ASSAY OF URINE PORPHYRINS	19811001	22991231		
84126	ASSAY OF FECES PORPHYRINS	19811001	22991231		
84132	ASSAY OF SERUM POTASSIUM	19771015	22991231		
84133	ASSAY OF URINE POTASSIUM	19811001	22991231		
84134	ASSAY OF PREALBUMIN	19930101	22991231		
84135	ASSAY OF PREGNANEDIOL	19811001	22991231		
84138	ASSAY OF PREGNANETRIOL	19811001	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
84140	ASSAY OF PREGNENOLONE	19940101	22991231		
84143	ASSAY OF 17-HYDROXYPREGNENO	19940101	22991231		
84144	ASSAY OF PROGESTERONE	19811001	22991231		
84145	PROCALCITONIN (PCT)	20100101	22991231		
84146	ASSAY OF PROLACTIN	19811001	22991231		
84150	ASSAY OF PROSTAGLANDIN	19811001	22991231		
84152	ASSAY OF PSA COMPLEXED	20010101	22991231		
84153	ASSAY OF PSA TOTAL	19930101	22991231		
84154	ASSAY OF PSA FREE	19990101	22991231		
84155	ASSAY OF PROTEIN SERUM	19780101	22991231		
84160	ASSAY OF PROTEIN ANY SOURCE	19780101	22991231		
84165	PROTEIN E-PHORESIS SERUM	19780101	22991231		
84166	PROTEIN E-PHORESIS/URINE/CSF	20050101	22991231		
84181	WESTERN BLOT TEST	19930101	22991231		
84182	PROTEIN WESTERN BLOT TEST	19930101	22991231		
84202	ASSAY RBC PROTOPORPHYRIN	19811001	22991231		
84203	TEST RBC PROTOPORPHYRIN	19811001	22991231		
84206	ASSAY OF PROINSULIN	19811001	22991231		
84207	ASSAY OF VITAMIN B-6	19811001	22991231		
84210	ASSAY OF PYRUVATE	19811001	22991231		
84220	ASSAY OF PYRUVATE KINASE	19811001	22991231		
84228	ASSAY OF QUININE	19811001	22991231		
84233	ASSAY OF ESTROGEN	19811001	22991231		
84234	ASSAY OF PROGESTERONE	19811001	22991231		
84235	ASSAY OF ENDOCRINE HORMONE	19811001	22991231		
84238	ASSAY NONENDOCRINE RECEPTOR	19811001	22991231		
84244	ASSAY OF RENIN	19811001	22991231		
84252	ASSAY OF VITAMIN B-2	19811001	22991231		
84255	ASSAY OF SELENIUM	19811001	22991231		
84260	ASSAY OF SEROTONIN	19811001	22991231		
84270	ASSAY OF SEX HORMONE GLOBUL	19930101	22991231		



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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
84275	ASSAY OF SIALIC ACID	19811001	22991231		
84285	ASSAY OF SILICA	19811001	22991231		
84295	ASSAY OF SERUM SODIUM	19771015	22991231		
84300	ASSAY OF URINE SODIUM	19811001	22991231		
84305	ASSAY OF SOMATOMEDIN	19930101	22991231		
84307	ASSAY OF SOMATOSTATIN	19930101	22991231		
84311	SPECTROPHOTOMETRY	19930101	22991231		
84315	BODY FLUID SPECIFIC GRAVITY	19811001	22991231		
84375	CHROMATOGRAM ASSAY SUGARS	19811001	22991231		
84376	SUGARS SINGLE QUAL	19990101	22991231		
84377	SUGARS MULTIPLE QUAL	19990101	22991231		
84378	SUGARS SINGLE QUANT	19990101	22991231		
84379	SUGARS MULTIPLE QUANT	19990101	22991231		
84392	ASSAY OF URINE SULFATE	19920115	22991231		
84402	ASSAY OF FREE TESTOSTERONE	19930101	22991231		
84403	ASSAY OF TOTAL TESTOSTERONE	19780101	22991231		
84410	TESTOSTERONE BIOAVAILABLE	20170101	22991231		
84425	ASSAY OF VITAMIN B-1	19811001	22991231		
84430	ASSAY OF THIOCYANATE	19811001	22991231		
84432	ASSAY OF THYROGLOBULIN	19930101	22991231		
84436	ASSAY OF TOTAL THYROXINE	19811001	22991231		
84437	ASSAY OF NEONATAL THYROXINE	19780101	22991231		
84439	ASSAY OF FREE THYROXINE	19811001	22991231		
84442	ASSAY OF THYROID ACTIVITY	19811001	22991231		
84443	ASSAY THYROID STIM HORMONE	19780101	22991231		
84445	ASSAY OF TSI GLOBULIN	19811001	22991231		
84446	ASSAY OF VITAMIN E	19811001	22991231		
84449	ASSAY OF TRASCORTIN	19940101	22991231		
84466	ASSAY OF TRANSFERRIN	19930101	22991231		
84478	ASSAY OF TRIGLYCERIDES	19780101	22991231		
84479	ASSAY OF THYROID (T3 OR T4)	19811001	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
84480	ASSAY TRIIODOTHYRONINE (T3)	19811001	22991231		
84481	FREE ASSAY (FT-3)	19811001	22991231		
84482	T3 REVERSE	19930101	22991231		
84484	ASSAY OF TROPONIN QUANT	19970101	22991231		
84485	ASSAY DUODENAL FLUID TRYPSIN	19811001	22991231		
84488	TEST FECES FOR TRYPSIN	19811001	22991231		
84490	ASSAY OF FECES FOR TRYPSIN	19811001	22991231		
84510	ASSAY OF TYROSINE	19811001	22991231		
84512	ASSAY OF TROPONIN QUAL	19980101	22991231		
84520	ASSAY OF UREA NITROGEN	19771015	22991231		
84525	UREA NITROGEN SEMI-QUANT	19771015	22991231		
84540	ASSAY OF URINE/UREA-N	19771015	22991231		
84545	UREA-N CLEARANCE TEST	19780101	22991231		
84550	ASSAY OF BLOOD/URIC ACID	19771015	22991231		
84560	ASSAY OF URINE/URIC ACID	19811001	22991231		
84577	ASSAY OF FECES/UROBILINOGEN	19780101	22991231		
84578	TEST URINE UROBILINOGEN	19811001	22991231		
84580	ASSAY OF URINE UROBILINOGEN	19811001	22991231		
84583	ASSAY OF URINE UROBILINOGEN	19811001	22991231		
84585	ASSAY OF URINE VMA	19780101	22991231		
84586	ASSAY OF VIP	19940101	22991231		
84588	ASSAY OF VASOPRESSIN	19811001	22991231		
84590	ASSAY OF VITAMIN A	19780101	22991231		
84591	ASSAY OF NOS VITAMIN	20010101	22991231		
84597	ASSAY OF VITAMIN K	19811001	22991231		
84600	ASSAY OF VOLATILES	19811001	22991231		
84620	XYLOSE TOLERANCE TEST	19780101	22991231		
84630	ASSAY OF ZINC	19811001	22991231		
84681	ASSAY OF C-PEPTIDE	19871201	22991231		
84702	CHORIONIC GONADOTROPIN TEST	19871201	22991231		
84703	CHORIONIC GONADOTROPIN ASSAY	19871201	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
84704	HCG FREE BETACHAIN TEST	20080101	22991231		
84830	OVULATION TESTS	19930101	22991231		
84999	CLINICAL CHEMISTRY TEST	19831115	22991231		
85002	BLEEDING TIME TEST	19771015	22991231		
85007	BL SMEAR W/DIFF WBC COUNT	19771015	22991231		
85008	BL SMEAR W/O DIFF WBC COUNT	19930101	22991231		
85009	MANUAL DIFF WBC COUNT B-COAT	19771015	22991231		
85013	SPUN MICROHEMATOCRIT	19930101	22991231		
85014	HEMATOCRIT	19771015	22991231		
85018	HEMOGLOBIN	19771015	22991231		
85025	COMPLETE CBC W/AUTO DIFF WBC	19871201	22991231		
85027	COMPLETE CBC AUTOMATED	19811001	22991231		
85041	AUTOMATED RBC COUNT	19771015	22991231		
85044	MANUAL RETICULOCYTE COUNT	19780101	22991231		
85045	AUTOMATED RETICULOCYTE COUNT	19900401	22991231		
85046	RETICYTE/HGB CONCENTRATE	19990101	22991231		
85048	AUTOMATED LEUKOCYTE COUNT	19771015	22991231		
85060	BLOOD SMEAR INTERPRETATION	19811001	22991231		
85097	BONE MARROW INTERPRETATION	19811001	22991231		
85130	CHROMOGENIC SUBSTRATE ASSAY	19930101	22991231		
85170	BLOOD CLOT RETRACTION	19780101	22991231		
85175	BLOOD CLOT LYSIS TIME	19811001	22991231		
85210	CLOT FACTOR II PROTHROM SPEC	19811001	22991231		
85220	BLOOC CLOT FACTOR V TEST	19811001	22991231		
85230	CLOT FACTOR VII PROCONVERTIN	19811001	22991231		
85240	CLOT FACTOR VIII AHG 1 STAGE	19811001	22991231		
85244	CLOT FACTOR VIII RELTD ANTGN	19811001	22991231		
85245	CLOT FACTOR VIII VW RISTOCTN	19930101	22991231		
85246	CLOT FACTOR VIII VW ANTIGEN	19930101	22991231		
85247	CLOT FACTOR VIII MULTIMETRIC	19930101	22991231		
85250	CLOT FACTOR IX PTC/CHRSTMAS	19811001	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
85260	CLOT FACTOR X STUART-POWER	19811001	22991231		
85270	CLOT FACTOR XI PTA	19811001	22991231		
85280	CLOT FACTOR XII HAGEMAN	19811001	22991231		
85290	CLOT FACTOR XIII FIBRIN STAB	19811001	22991231		
85291	CLOT FACTOR XIII FIBRIN SCRIN	19811001	22991231		
85292	CLOT FACTOR FLETCHER FACT	19811001	22991231		
85293	CLOT FACTOR WGHT KININOGEN	19811001	22991231		
85300	ANTITHROMBIN III ACTIVITY	19811001	22991231		
85301	ANTITHROMBIN III ANTIGEN	19811001	22991231		
85302	CLOT INHIBIT PROT C ANTIGEN	19811001	22991231		
85303	CLOT INHIBIT PROT C ACTIVITY	19930101	22991231		
85306	CLOT INHIBIT PROT S FREE	19930101	22991231		
85307	ASSAY ACTIVATED PROTEIN C	20010101	22991231		
85335	FACTOR INHIBITOR TEST	19930101	22991231		
85337	THROMBOMODULIN	19930101	22991231		
85345	COAGULATION TIME LEE & WHITE	19771015	22991231		
85347	COAGULATION TIME ACTIVATED	19771015	22991231		
85348	COAGULATION TIME OTR METHOD	19780101	22991231		
85360	EUGLOBULIN LYSIS	19811001	22991231		
85362	FIBRIN DEGRADATION PRODUCTS	19811001	22991231		
85366	FIBRINOGEN TEST	19930101	22991231		
85370	FIBRINOGEN TEST	19930101	22991231		
85378	FIBRIN DEGRADE SEMIQUANT	19930101	22991231		
85379	FIBRIN DEGRADATION QUANT	19930101	22991231		
85384	FIBRINOGEN ACTIVITY	19930101	22991231		
85385	FIBRINOGEN ANTIGEN	19930101	22991231		
85390	FIBRINOLYSINS SCREEN I&R	19811001	22991231		
85396	CLOTTING ASSAY WHOLE BLOOD	20040101	22991231		
85400	FIBRINOLYTIC PLASMIN	19811001	22991231		
85410	FIBRINOLYTIC ANTIPLASMIN	19811001	22991231		
85415	FIBRINOLYTIC PLASMINOGEN	19930101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
85420	FIBRINOLYTIC PLASMINOGEN	19811001	22991231		
85421	FIBRINOLYTIC PLASMINOGEN	19811001	22991231		
85441	HEINZ BODIES DIRECT	19811001	22991231		
85445	HEINZ BODIES INDUCED	19811001	22991231		
85460	HEMOGLOBIN FETAL	19811001	22991231		
85461	HEMOGLOBIN FETAL	19950101	22991231		
85475	HEMOLYSIN ACID	19930101	22991231		
85520	HEPARIN ASSAY	19811001	22991231		
85525	HEPARIN NEUTRALIZATION	19930101	22991231		
85530	HEPARIN-PROTAMINE TOLERANCE	19811001	22991231		
85536	IRON STAIN PERIPHERAL BLOOD	20010101	22991231		
85540	WBC ALKALINE PHOSPHATASE	19811001	22991231		
85547	RBC MECHANICAL FRAGILITY	19780101	22991231		
85549	MURAMIDASE	19811001	22991231		
85555	RBC OSMOTIC FRAGILITY	19811001	22991231		
85557	RBC OSMOTIC FRAGILITY	19811001	22991231		
85576	BLOOD PLATELET AGGREGATION	19940101	22991231		
85597	PHOSPHOLIPID PLTLT NEUTRALIZ	19930101	22991231		
85598	HEXAGNAL PHOSPH PLTLT NEUTRL	20110101	22991231		
85611	PROTHROMBIN TEST	19930101	22991231		
85612	VIPER VENOM PROTHROMBIN TIME	19900701	22991231		
85613	RUSSELL VIPER VENOM DILUTED	19930101	22991231		
85635	REPTILASE TEST	19811001	22991231		
85651	RBC SED RATE NONAUTOMATED	19771015	22991231		
85652	RBC SED RATE AUTOMATED	19960101	22991231		
85660	RBC SICKLE CELL TEST	19811001	22991231		
85670	THROMBIN TIME PLASMA	19940101	22991231		
85675	THROMBIN TIME TITER	19940101	22991231		
85705	THROMBOPLASTIN INHIBITION	19930101	22991231		
85730	THROMBOPLASTIN TIME PARTIAL	19811001	22991231		
85732	THROMBOPLASTIN TIME PARTIAL	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
85810	BLOOD VISCOSITY EXAMINATION	19780101	22991231		
85999	HEMATOLOGY PROCEDURE	19831115	22991231		
86000	AGGLUTININS FEBRILE ANTIGEN	19780101	22991231		
86001	ALLERGEN SPECIFIC IGG	20010101	22991231		
86003	ALLG SPEC IGE CRUDE XTRC EA	19940101	22991231		
86005	ALLG SPEC IGE MULTIALLG SCR	19940101	22991231		
86008	ALLG SPEC IGE RECOMB EA	20180101	22991231		
86021	WBC ANTIBODY IDENTIFICATION	19811001	22991231		
86022	PLATELET ANTIBODIES	19811001	22991231		
86023	IMMUNOGLOBULIN ASSAY	19811001	22991231		
86038	ANTINUCLEAR ANTIBODIES	19811001	22991231		
86039	ANTINUCLEAR ANTIBODIES (ANA)	19930101	22991231		
86060	ANTISTREPTOLYSIN O TITER	19780101	22991231		
86063	ANTISTREPTOLYSIN O SCREEN	19780101	22991231		
86077	PHYS BLOOD BANK SERV XMATCH	19811001	22991231		
86078	PHYS BLOOD BANK SERV REACTJ	19811001	22991231		
86079	PHYS BLOOD BANK SERV AUTHRJ	19811001	22991231		
86140	C-REACTIVE PROTEIN	19780101	22991231		
86147	CARDIOLIPIN ANTIBODY EA IG	19930101	22991231		
86155	CHEMOTAXIS ASSAY	19811001	22991231		
86156	COLD AGGLUTININ SCREEN	19930101	22991231		
86157	COLD AGGLUTININ TITER	19930101	22991231		
86160	COMPLEMENT ANTIGEN	19930101	22991231		
86161	COMPLEMENT/FUNCTION ACTIVITY	19930101	22991231		
86162	COMPLEMENT TOTAL (CH50)	19811001	22991231		
86171	COMPLEMENT FIXATION EACH	19780101	22991231		
86215	DEOXYRIBONUCLEASE ANTIBODY	19811001	22991231		
86225	DNA ANTIBODY NATIVE	19811001	22991231		
86226	DNA ANTIBODY SINGLE STRAND	19930101	22991231		
86235	NUCLEAR ANTIGEN ANTIBODY	19811001	22991231		
86255	FLUORESCENT ANTIBODY SCREEN	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
86256	FLUORESCENT ANTIBODY TITER	19811001	22991231		
86277	GROWTH HORMONE ANTIBODY	19811001	22991231		
86280	HEMAGGLUTINATION INHIBITION	19811001	22991231		
86294	IMMUNOASSAY TUMOR QUAL	20010101	22991231		
86300	IMMUNOASSAY TUMOR CA 15-3	19780101	22991231		
86301	IMMUNOASSAY TUMOR CA 19-9	20010101	22991231		
86304	IMMUNOASSAY TUMOR CA 125	20010101	22991231		
86305	HUMAN EPIDIDYMIS PROTEIN 4	20100101	22991231		
86308	HETEROPHILE ANTIBODY SCREEN	19930101	22991231		
86309	HETEROPHILE ANTIBODY TITER	19930101	22991231		
86310	HETEROPHILE ANTIBODY ABSRBJ	19780101	22991231		
86316	IMMUNOASSAY TUMOR OTHER	19880401	22991231		
86317	IMMUNOASSAY INFECTIOUS AGENT	19880401	22991231		
86318	IA INFECTIOUS AGENT ANTIBODY	19890401	22991231		
86320	SERUM IMMUNOELECTROPHORESIS	19811001	22991231		
86325	OTHER IMMUNOELECTROPHORESIS	19811001	22991231		
86327	IMMUNOELECTROPHORESIS ASSAY	19811001	22991231		
86329	IMMUNODIFFUSION NES	19780101	22991231		
86331	IMMUNODIFFUSION OUCHTERLONY	19811001	22991231		
86332	IMMUNE COMPLEX ASSAY	19890401	22991231		
86334	IMMUNOFIX E-PHORESIS SERUM	19890401	22991231		
86335	IMMUNIFIX E-PHORSIS/URINE/CSF	19811001	22991231		
86337	INSULIN ANTIBODIES	19811001	22991231		
86340	INTRINSIC FACTOR ANTIBODY	19811001	22991231		
86341	ISLET CELL ANTIBODY	19940101	22991231		
86343	LEUKOCYTE HISTAMINE RELEASE	19811001	22991231		
86344	LEUKOCYTE PHAGOCYTOSIS	19811001	22991231		
86353	LYMPHOCYTE TRANSFORMATION	19811001	22991231		
86356	MONONUCLEAR CELL ANTIGEN	20080101	22991231		
86357	NK CELLS TOTAL COUNT	19811001	22991231		
86359	T CELLS TOTAL COUNT	19940101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
86376	MICROSOMAL ANTIBODY EACH	19780101	22991231		
86382	NEUTRALIZATION TEST VIRAL	19811001	22991231		
86384	NITROBLUE TETRAZOLIUM DYE	19811001	22991231		
86403	PARTICLE AGGLUT ANTBDY SCRIN	19871201	22991231		
86406	PARTICLE AGGLUT ANTBDY TITR	19950101	22991231		
86430	RHEUMATOID FACTOR TEST QUAL	19771015	22991231		
86431	RHEUMATOID FACTOR QUANT	19930101	22991231		
86480	TB TEST CELL IMMUN MEASURE	19841001	22991231		
86481	TB AG RESPONSE T-CELL SUSP	20110101	22991231		
86485	SKIN TEST CANDIDA	19930101	22991231		
86486	SKIN TEST NOS ANTIGEN	20080101	22991231		
86490	COCCIDIOIDOMYCOSIS SKIN TEST	19780101	22991231		
86510	HISTOPLASMOSIS SKIN TEST	19811001	22991231		
86580	TB INTRADERMAL TEST	19811001	22991231		
86590	STREPTOKINASE ANTIBODY	19811001	22991231		
86592	SYPHILIS TEST NON-TREP QUAL	19830501	22991231		
86593	SYPHILIS TEST NON-TREP QUANT	19841001	22991231		
86602	ANTINOMYCES ANTIBODY	19930101	22991231		
86603	ADENOVIRUS ANTIBODY	19930101	22991231		
86606	ASPERGILLUS ANTIBODY	19930101	22991231		
86609	BACTERIUM ANTIBODY	19930101	22991231		
86611	BARTONELLA ANTIBODY	20010101	22991231		
86612	BLASTOMYCES ANTIBODY	19930101	22991231		
86615	BORDETELLA ANTIBODY	19930101	22991231		
86617	LYME DISEASE ANTIBODY	19950101	22991231		
86618	LYME DISEASE ANTIBODY	19930101	22991231		
86619	BORRELIA ANTIBODY	19930101	22991231		
86622	BRUCELLA ANTIBODY	19930101	22991231		
86625	CAMPYLOBACTER ANTIBODY	19930101	22991231		
86628	CANDIDA ANTIBODY	19930101	22991231		
86631	CHLAMYDIA ANTIBODY	19930101	22991231		



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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
86632	CHLAMYDIA IGM ANTIBODY	19930101	22991231		
86635	COCCIDIOIDES ANTIBODY	19930101	22991231		
86638	Q FEVER ANTIBODY	19930101	22991231		
86641	CRYPTOCOCCUS ANTIBODY	19930101	22991231		
86644	CMV ANTIBODY	19930101	22991231		
86645	CMV ANTIBODY IGM	19930101	22991231		
86648	DIPHThERIA ANTIBODY	19930101	22991231		
86651	ENCEPHALITIS CALIFORN ANTBODY	19930101	22991231		
86652	ENCEPHALITIS EAST EQNE ANBDY	19930101	22991231		
86653	ENCEPHALITIS ST LOUIS ANTBODY	19930101	22991231		
86654	ENCEPHALITIS WEST EQNE ANTBODY	19930101	22991231		
86658	ENTEROVIRUS ANTIBODY	19930101	22991231		
86663	EPSTEIN-BARR ANTIBODY	19930101	22991231		
86664	EPSTEIN-BARR NUCLEAR ANTIGEN	19930101	22991231		
86665	EPSTEIN-BARR CAPSID VCA	19930101	22991231		
86668	FRANCISELLA TULARENSIS	19930101	22991231		
86671	FUNGUS NES ANTIBODY	19930101	22991231		
86674	GIARDIA LAMBLIA ANTIBODY	19930101	22991231		
86677	HELICOBACTER PYLORI ANTIBODY	19930101	22991231		
86682	HELMINTH ANTIBODY	19930101	22991231		
86684	HEMOPHILUS INFLUENZA ANTIBDY	19930101	22991231		
86687	HTLV-I ANTIBODY	19900401	22991231		
86688	HTLV-II ANTIBODY	19930101	22991231		
86689	HTLV/HIV CONFIRMJ ANTIBODY	19900401	22991231		
86692	HEPATITIS DELTA AGENT ANTBODY	19930101	22991231		
86694	HERPES SIMPLEX NES ANTBODY	19930101	22991231		
86695	HERPES SIMPLEX TYPE 1 TEST	19930101	22991231		
86698	HISTOPLASMA ANTIBODY	19930101	22991231		
86701	HIV-1ANTIBODY	19930101	22991231		
86702	HIV-2 ANTIBODY	19930101	22991231		
86703	HIV-1/HIV-2 1 RESULT ANTBODY	19930101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
86704	HEP B CORE ANTIBODY TOTAL	19980101	22991231		
86705	HEP B CORE ANTIBODY IGM	19980101	22991231		
86706	HEP B SURFACE ANTIBODY	19980101	22991231		
86707	HEPATITIS BE ANTIBODY	19980101	22991231		
86708	HEPATITIS A ANTIBODY	19980101	22991231		
86709	HEPATITIS A IGM ANTIBODY	19980101	22991231		
86710	INFLUENZA VIRUS ANTIBODY	19930101	22991231		
86713	LEGIONELLA ANTIBODY	19930101	22991231		
86717	LEISHMANIA ANTIBODY	19930101	22991231		
86720	LEPTOSPIRA ANTIBODY	19930101	22991231		
86723	LISTERIA MONOCYTOGENES	19930101	22991231		
86727	LYMPH CHORIOMENINGITIS AB	19930101	22991231		
86732	MUCORMYCOSIS ANTIBODY	19930101	22991231		
86735	MUMPS ANTIBODY	19930101	22991231		
86738	MYCOPLASMA ANTIBODY	19930101	22991231		
86741	NEISSERIA MENINGITIDIS	19930101	22991231		
86744	NOCARDIA ANTIBODY	19930101	22991231		
86747	PARVOVIRUS ANTIBODY	19930101	22991231		
86750	MALARIA ANTIBODY	19930101	22991231		
86753	PROTOZOA ANTIBODY NOS	19930101	22991231		
86756	RESPIRATORY VIRUS ANTIBODY	19930101	22991231		
86757	RICKETTSIA ANTIBODY	20010101	22991231		
86759	ROTAVIRUS ANTIBODY	19930101	22991231		
86762	RUBELLA ANTIBODY	19930101	22991231		
86765	RUBEOLA ANTIBODY	19930101	22991231		
86768	SALMONELLA ANTIBODY	19930101	22991231		
86771	SHIGELLA ANTIBODY	19930101	22991231		
86774	TETANUS ANTIBODY	19930101	22991231		
86777	TOXOPLASMA ANTIBODY	19930101	22991231		
86778	TOXOPLASMA ANTIBODY IGM	19930101	22991231		
86784	TRICHINELLA ANTIBODY	19930101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
86787	VARICELLA-ZOSTER ANTIBODY	19930101	22991231		
86790	VIRUS ANTIBODY NOS	19930101	22991231		
86793	YERSINIA ANTIBODY	19930101	22991231		
86794	ZIKA VIRUS IGM ANTIBODY	20180101	22991231		
86800	THYROGLOBULIN ANTIBODY	19811001	22991231		
86803	HEPATITIS C AB TEST	19980101	22991231		
86805	LYMPHOCYTOTOXICITY ASSAY	19890401	22991231		
86806	LYMPHOCYTOTOXICITY ASSAY	19890401	22991231		
86807	CYTOTOXIC ANTIBODY SCREENING	19890401	22991231		
86808	CYTOTOXIC ANTIBODY SCREENING	19890401	22991231		
86812	HLA TYPING A B OR C	19811001	22991231		
86813	HLA TYPING A B OR C	19811001	22991231		
86816	HLA TYPING DR/DQ	19811001	22991231		
86817	HLA TYPING DR/DQ	19811001	22991231		
86821	LYMPHOCYTE CULTURE MIXED	19811001	22991231		
86849	IMMUNOLOGY PROCEDURE	19930101	22991231		
86850	RBC ANTIBODY SCREEN	19930101	22991231		
86860	RBC ANTIBODY ELUTION	19930101	22991231		
86870	RBC ANTIBODY IDENTIFICATION	19930101	22991231		
86880	COOMBS TEST DIRECT	19930101	22991231		
86885	COOMBS TEST INDIRECT QUAL	19940101	22991231		
86886	COOMBS TEST INDIRECT TITER	19930101	22991231		
86890	AUTOLOGOUS BLOOD PROCESS	19930101	22991231		
86891	AUTOLOGOUS BLOOD OP SALVAGE	19930101	22991231		
86900	BLOOD TYPING SEROLOGIC ABO	19930101	22991231		
86901	BLOOD TYPING SEROLOGIC RH(D)	19930101	22991231		
86904	BLOOD TYPING PATIENT SERUM	19930101	22991231		
86905	BLOOD TYPING RBC ANTIGENS	19930101	22991231		
86906	BLD TYPING SEROLOGIC RH PHNT	19930101	22991231		
86910	BLOOD TYPING PATERNITY TEST	19930101	22991231		
86911	BLOOD TYPING ANTIGEN SYSTEM	19940101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
86920	COMPATIBILITY TEST SPIN	19930101	22991231		
86921	COMPATIBILITY TEST INCUBATE	19930101	22991231		
86922	COMPATIBILITY TEST ANTIGLOB	19930101	22991231		
86927	PLASMA FRESH FROZEN	19930101	22991231		
86930	FROZEN BLOOD PREP	19930101	22991231		
86931	FROZEN BLOOD THAW	19930101	22991231		
86932	FROZEN BLOOD FREEZE/THAW	19930101	22991231		
86940	HEMOLYSINS/AGGLUTININS AUTO	19930101	22991231		
86941	HEMOLYSINS/AGGLUTININS	19930101	22991231		
86945	BLOOD PRODUCT/IRRADIATION	19930101	22991231		
86950	LEUKACYTE TRANSFUSION	19930101	22991231		
86965	POOLING BLOOD PLATELETS	19930101	22991231		
86970	RBC PRETX INCUBATJ W/CHEMICL	19930101	22991231		
86971	RBC PRETX INCUBATJ W/ENZYMES	19930101	22991231		
86972	RBC PRETX INCUBATJ W/DENSITY	19930101	22991231		
86975	RBC SERUM PRETX INCUBJ DRUGS	19930101	22991231		
86976	RBC SERUM PRETX ID DILUTION	19930101	22991231		
86977	RBC SERUM PRETX INCUBJ/INHIB	19930101	22991231		
86978	RBC PRETREATMENT SERUM	19930101	22991231		
86985	SPLIT BLOOD OR PRODUCTS	19930101	22991231		
86999	TRANSFUSION PROCEDURE	19831115	22991231		
87015	SPECIMEN INFECT AGNT CONCNTJ	19811001	22991231		
87040	BLOOD CULTURE FOR BACTERIA	19771015	22991231		
87045	FECES CULTURE AEROBIC BACT	19771015	22991231		
87046	STOOL CULTR AEROBIC BACT EA	20010101	22991231		
87070	CULTURE OTHR SPECIMN AEROBIC	19771015	22991231		
87071	CULTURE AEROBIC QUANT OTHER	20010101	22991231		
87073	CULTURE BACTERIA ANAEROBIC	20010101	22991231		
87075	CULTR BACTERIA EXCEPT BLOOD	19811001	22991231		
87076	CULTURE ANAEROBE IDENT EACH	19811001	22991231		
87077	CULTURE AEROBIC IDENTIFY	20010101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
87081	CULTURE SCREEN ONLY	19810701	22991231		
87084	CULTURE OF SPECIMEN BY KIT	19810701	22991231		
87086	URINE CULTURE/COLONY COUNT	19771015	22991231		
87088	URINE BACTERIA CULTURE	19811001	22991231		
87101	SKIN FUNGI CULTURE	19771015	22991231		
87102	FUNGUS ISOLATION CULTURE	19771015	22991231		
87106	FUNGI IDENTIFICATION YEAST	19771015	22991231		
87107	FUNGI IDENTIFICATION MOLD	20010101	22991231		
87109	MYCOPLASMA	19811001	22991231		
87110	CHLAMYDIA CULTURE	19880401	22991231		
87116	MYCOBACTERIA CULTURE	19780101	22991231		
87118	MYCOBACTERIC IDENTIFICATION	19811001	22991231		
87140	CULTURE TYPE IMMUNOFLUORESC	19811001	22991231		
87143	CULTURE TYPING GLC/HPLC	19811001	22991231		
87147	CULTURE TYPE IMMUNOLOGIC	19811001	22991231		
87149	DNA/RNA DIRECT PROBE	20010101	22991231		
87152	CULTURE TYPE PULSE FIELD GEL	20010101	22991231		
87158	CULTURE TYPING ADDED METHOD	19811001	22991231		
87164	DARK FIELD EXAMINATION	19780101	22991231		
87166	DARK FIELD EXAMINATION	19780101	22991231		
87168	MACROSCOPIC EXAM ARTHROPOD	20010101	22991231		
87169	MACROSCOPIC EXAM PARASITE	20010101	22991231		
87172	PINWORM EXAM	20010101	22991231		
87176	TISSUE HOMOGENIZATION CULTR	19811001	22991231		
87177	OVA AND PARASITES SMEARS	19771015	22991231		
87181	MICROBE SUSCEPTIBLE DIFFUSE	19811001	22991231		
87184	MICROBE SUSCEPTIBLE DISK	19811001	22991231		
87185	MICROBE SUSCEPTIBLE ENZYME	20010101	22991231		
87186	MICROBE SUSCEPTIBLE MIC	19811001	22991231		
87187	MICROBE SUSCEPTIBLE MLC	19880401	22991231		
87188	MICROBE SUSCEPT MACROBROTH	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
87190	MICROBE SUSCEPT MYCOBACTERI	19780101	22991231		
87197	BACTERICIDAL LEVEL SERUM	19880401	22991231		
87205	SMEAR GRAM STAIN	19771015	22991231		
87206	SMEAR FLUORESCENT/ACID STAI	19811001	22991231		
87207	SMEAR SPECIAL STAIN	19780101	22991231		
87210	SMEAR WET MOUNT SALINE/INK	19780101	22991231		
87220	TISSUE EXAM FOR FUNGI	19811001	22991231		
87230	ASSAY TOXIN OR ANTITOXIN	19880401	22991231		
87250	VIRUS INOCULATE EGGS/ANIMAL	19811001	22991231		
87252	VIRUS INOCULATION TISSUE	19880401	22991231		
87253	VIRUS INOCULATE TISSUE ADDL	19880401	22991231		
87254	VIRUS INOCULATION SHELL VIA	20010101	22991231		
87260	ADENOVIRUS AG IF	19980101	22991231		
87265	PERTUSSIS AG IF	19980101	22991231		
87270	CHLAMYDIA TRACHOMATIS AG IF	19980101	22991231		
87272	CRYPTOSPORIDIUM AG IF	19980101	22991231		
87273	HERPES SIMPLEX 2 AG IF	20010101	22991231		
87274	HERPES SIMPLEX 1 AG IF	19980101	22991231		
87275	INFLUENZA B AG IF	20010101	22991231		
87276	INFLUENZA A AG IF	19980101	22991231		
87278	LEGION PNEUMOPHILIA AG IF	19980101	22991231		
87279	PARAINFLUENZA AG IF	20010101	22991231		
87280	RESPIRATORY SYNCYTIAL AG IF	19980101	22991231		
87281	PNEUMOCYSTIS CARINII AG IF	20010101	22991231		
87283	RUBEOLA AG IF	20010101	22991231		
87285	TREPONEMA PALLIDUM AG IF	19980101	22991231		
87290	VARICELLA ZOSTER AG IF	19980101	22991231		
87299	ANTIBODY DETECTION NOS IF	19980101	22991231		
87300	AG DETECTION POLYVAL IF	20010101	22991231		
87301	ADENOVIRUS AG IA	19980101	22991231		
87320	CHYLMD TRACH AG IA	19980101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
87324	CLOSTRIDIUM AG IA	19980101	22991231		
87327	CRYPTOCOCCUS NEOFORM AG IA	20010101	22991231		
87328	CRYPTOSPORIDIUM AG IA	19980101	22991231		
87332	CYTOMEGALOVIRUS AG IA	19980101	22991231		
87335	E COLI 0157 AG IA	19980101	22991231		
87336	ENTAMOEB HIST DISPR AG IA	20010101	22991231		
87337	ENTAMOEB HIST GROUP AG IA	20010101	22991231		
87338	HPYLORI STOOL IA	20000101	22991231		
87339	H PYLORI AG IA	20010101	22991231		
87340	HEPATITIS B SURFACE AG IA	19980101	22991231		
87341	HEPATITIS B SURFACE AG IA	20010101	22991231		
87350	HEPATITIS BE AG IA	19980101	22991231		
87380	HEPATITIS DELTA AG IA	19980101	22991231		
87385	HISTOPLASMA CAPSUL AG IA	19980101	22991231		
87390	HIV-1 AG IA	19980101	22991231		
87391	HIV-2 AG IA	19980101	22991231		
87400	INFLUENZA A/B AG IA	20010101	22991231		
87425	ROTAVIRUS AG IA	19980101	22991231		
87427	SHIGA-LIKE TOXIN AG IA	20010101	22991231		
87430	STREP A AG IA	19980101	22991231		
87449	AG DETECT NOS IA MULT	19980101	22991231		
87450	AG DETECT NOS IA SINGLE	19980101	22991231		
87451	AG DETECT POLYVAL IA MULT	20010101	22991231		
87471	BARTONELLA DNA AMP PROBE	19980101	22991231		
87472	BARTONELLA DNA QUANT	19980101	22991231		
87475	LYME DIS DNA DIR PROBE	19980101	22991231		
87480	CANDIDA DNA DIR PROBE	19980101	22991231		
87481	CANDIDA DNA AMP PROBE	19980101	22991231		
87482	CANDIDA DNA QUANT	19980101	22991231		
87483	CNS DNA AMP PROBE TYPE 12-25	20170101	22991231		
87485	CHYLMD PNEUM DNA DIR PROBE	19980101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
87486	CHYLM D PNEUM DNA AMP PROBE	19980101	22991231		
87487	CHYLM D PNEUM DNA QUANT	19980101	22991231		
87490	CHYLM D TRACH DNA DIR PROBE	19980101	22991231		
87491	CHYLM D TRACH DNA AMP PROBE	19980101	22991231		
87492	CHYLM D TRACH DNA QUANT	19980101	22991231		
87495	CYTOMEG DNA DIR PROBE	19980101	22991231		
87496	CYTOMEG DNA AMP PROBE	19980101	22991231		
87497	CYTOMEG DNA QUANT	19980101	22991231		
87500	VANOMYCIN DNA AMP PROBE	20080101	22991231		
87501	INFLUENZA DNA AMP PROB 1+	20110101	22991231		
87502	INFLUENZA DNA AMP PROBE	20110101	22991231		
87503	INFLUENZA DNA AMP PROB ADDL	20110101	22991231		
87510	GARDNER VAG DNA DIR PROBE	19980101	22991231		
87511	GARDNER VAG DNA AMP PROBE	19980101	22991231		
87512	GARDNER VAG DNA QUANT	19980101	22991231		
87516	HEPATITIS B DNA AMP PROBE	19980101	22991231		
87517	HEPATITIS B DNA QUANT	19980101	22991231		
87520	HEPATITIS C RNA DIR PROBE	19980101	22991231		
87521	HEPATITIS C PROBE&RVRS TRNSC	19980101	22991231		
87522	HEPATITIS C REVRS TRNSCRPJ	19980101	22991231		
87525	HEPATITIS G DNA DIR PROBE	19980101	22991231		
87527	HEPATITIS G DNA QUANT	19980101	22991231		
87528	HSV DNA DIR PROBE	19980101	22991231		
87529	HSV DNA AMP PROBE	19980101	22991231		
87531	HHV-6 DNA DIR PROBE	19980101	22991231		
87532	HHV-6 DNA AMP PROBE	19980101	22991231		
87533	HHV-6 DNA QUANT	19980101	22991231		
87534	HIV-1 DNA DIR PROBE	19980101	22991231		
87535	HIV-1 PROBE&REVERSE TRNSCRPJ	19980101	22991231		
87536	HIV-1 QUANT&REVRSE TRNSCRPJ	19980101	22991231		
87537	HIV-2 DNA DIR PROBE	19980101	22991231		



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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
87538	HIV-2 PROBE&REVRSE TRNSCRIPJ	19980101	22991231		
87539	HIV-2 QUANT&REVRSE TRNSCRIPJ	19980101	22991231		
87540	LEGION PNEUMO DNA DIR PROB	19980101	22991231		
87542	LEGION PNEUMO DNA QUANT	19980101	22991231		
87550	MYCOBACTERIA DNA DIR PROBE	19980101	22991231		
87551	MYCOBACTERIA DNA AMP PROBE	19980101	22991231		
87552	MYCOBACTERIA DNA QUANT	19980101	22991231		
87555	M.TUBERCULO DNA DIR PROBE	19980101	22991231		
87557	M.TUBERCULO DNA QUANT	19980101	22991231		
87560	M.AVIUM-INTRA DNA DIR PROB	19980101	22991231		
87561	M.AVIUM-INTRA DNA AMP PROB	19980101	22991231		
87562	M.AVIUM-INTRA DNA QUANT	19980101	22991231		
87580	M.PNEUMON DNA DIR PROBE	19980101	22991231		
87581	M.PNEUMON DNA AMP PROBE	19980101	22991231		
87582	M.PNEUMON DNA QUANT	19980101	22991231		
87590	N.GONORRHOEAE DNA DIR PROB	19980101	22991231		
87591	N.GONORRHOEAE DNA AMP PROB	19980101	22991231		
87592	N.GONORRHOEAE DNA QUANT	19980101	22991231		
87631	RESP VIRUS 3-5 TARGETS	20130101	22991231		
87634	RSV DNA/RNA AMP PROBE	20180101	22991231		
87650	STREP A DNA DIR PROBE	19980101	22991231		
87651	STREP A DNA AMP PROBE	19980101	22991231		
87652	STREP A DNA QUANT	19980101	22991231		
87662	ZIKA VIRUS DNA/RNA AMP PROBE	20180101	22991231		
87797	DETECT AGENT NOS DNA DIR	19980101	22991231		
87798	DETECT AGENT NOS DNA AMP	19980101	22991231		
87799	DETECT AGENT NOS DNA QUANT	19980101	22991231		
87800	DETECT AGNT MULT DNA DIREC	20010101	22991231		
87801	DETECT AGNT MULT DNA AMPLI	20010101	22991231		
87809	ADENOVIRUS ASSAY W/OPTIC	20080101	22991231		
87850	N. GONORRHOEAE ASSAY W/OPTIC	19980101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
87880	STREP A ASSAY W/OPTIC	19980101	22991231		
87899	AGENT NOS ASSAY W/OPTIC	19980101	22991231		
87901	GENOTYPE DNA HIV REVERSE T	20010101	22991231		
87903	PHENOTYPE DNA HIV W/CULTURE	20010101	22991231		
87904	PHENOTYPE DNA HIV W/CLT ADD	20010101	22991231		
87906	GENOTYPE DNA/RNA HIV	20110101	22991231		
87999	MICROBIOLOGY PROCEDURE	19831115	22991231		
88130	SEX CHROMATIN IDENTIFICATION	19811001	22991231		
88140	SEX CHROMATIN IDENTIFICATION	19811001	22991231		
88142	CYTOPATH C/V THIN LAYER	19980101	22991231		
88143	CYTOPATH C/V THIN LAYER REDO	19990101	22991231		
88147	CYTOPATH C/V AUTOMATED	19990101	22991231		
88150	CYTOPATH C/V MANUAL	19771015	22991231		
88155	CYTOPATH C/V INDEX ADD-ON	19811001	22991231		
88164	CYTOPATH TBS C/V MANUAL	19990101	22991231		
88172	CYTP DX EVAL FNA 1ST EA SITE	19811001	22991231		
88173	CYTOPATH EVAL FNA REPORT	19811001	22991231		
88199	CYTOPATHOLOGY PROCEDURE	19831115	22991231		
88235	TISSUE CULTURE PLACENTA	19880401	22991231		
88261	CHROMOSOME ANALYSIS 5	19811001	22991231		
88262	CHROMOSOME ANALYSIS 15-20	19811001	22991231		
88267	CHROMOSOME ANALYS PLACENTA	19811001	22991231		
88280	CHROMOSOME KARYOTYPE STUDY	19811001	22991231		
88285	CHROMOSOME COUNT ADDITIONAL	19811001	22991231		
88299	CYTOGENETIC STUDY	19831115	22991231		
88300	SURGICAL PATH GROSS	19830501	22991231		
88302	TISSUE EXAM BY PATHOLOGIST	19811001	22991231		
88304	TISSUE EXAM BY PATHOLOGIST	19811001	22991231		
88309	TISSUE EXAM BY PATHOLOGIST	19811001	22991231		
88311	DECALCIFY TISSUE	19811001	22991231		
88312	SPECIAL STAINS GROUP 1	19811001	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
88313	SPECIAL STAINS GROUP 2	19811001	22991231		
88314	HISTOCHEMICAL STAINS ADD-ON	19811001	22991231		
88319	ENZYME HISTOCHEMISTRY	19811001	22991231		
88321	MICROSLIDE CONSULTATION	19811001	22991231		
88323	MICROSLIDE CONSULTATION	19830501	22991231		
88325	COMPREHENSIVE REVIEW OF DATA	19811001	22991231		
88329	PATH CONSULT INTROP	19811001	22991231		
88331	PATH CONSULT INTRAOP 1 BLOC	19811001	22991231		
88332	PATH CONSULT INTRAOP ADDL	19811001	22991231		
88342	IMMUNOHISTO ANTB 1ST STAIN	19811001	22991231		
88346	IMMUNOFLUOR ANTB 1ST STAIN	19811001	22991231		
88348	ELECTRON MICROSCOPY	19811001	22991231		
88360	TUMOR IMMUNOHISTOCHEM/MANUAL	19841001	22991231		
88365	INSITU HYBRIDIZATION (FISH)	19890401	22991231		
88371	PROTEIN WESTERN BLOT TISSUE	19930101	22991231		
88372	PROTEIN ANALYSIS W/PROBE	19930101	22991231		
88381	MICRODISSECTION MANUAL	20080101	22991231		
88387	TISS EXAM MOLECULAR STUDY	20100101	22991231		
88388	TISS EX MOLECUL STUDY ADD-ON	20100101	22991231		
88399	SURGICAL PATHOLOGY PROCEDURE	19810101	22991231		
88738	HGB QUANT TRANSCUTANEOUS	20100101	22991231		
89050	BODY FLUID CELL COUNT	19811001	22991231		
89051	BODY FLUID CELL COUNT	19811001	22991231		
89060	EXAM SYNOVIAL FLUID CRYSTALS	19871201	22991231		
89125	SPECIMEN FAT STAIN	19811001	22991231		
89160	EXAM FECES FOR MEAT FIBERS	19811001	22991231		
89190	NASAL SMEAR FOR EOSINOPHILS	19811001	22991231		
89300	SEMEN ANALYSIS W/HUHNER	19811001	22991231		
89310	SEMEN ANALYSIS W/COUNT	19811001	22991231		
89320	SEMEN ANAL VOL/COUNT/MOT	19780101	22991231		
89321	SEMEN ANAL SPERM DETECTION	20010101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
89322	SEMEN ANAL STRICT CRITERIA	20080101	22991231		
89325	SPERM ANTIBODY TEST	19811001	22991231		
89329	SPERM EVALUATION TEST	19971101	22991231		
89330	EVALUATION CERVICAL MUCUS	19971101	22991231		
89331	RETROGRADE EJACULATION ANAL	20080101	22991231		
90284	HUMAN IG SC	20080101	22991231		
90384	RH IG FULL-DOSE IM	20000101	22991231		
90385	RH IG MINIDOSE IM	19990101	22991231		
90386	RH IG IV	19990101	22991231		
90647	HIB PRP-OMP VACC 3 DOSE IM	19990101	22991231		
90648	HIB PRP-T VACCINE 4 DOSE IM	19990101	22991231		
90657	IIV3 VACCINE SPLT 0.25 ML IM	20000701	22991231		
90658	IIV3 VACCINE SPLT 0.5 ML IM	20000701	22991231		
90660	LAIV3 VACCINE INTRANASAL	19990101	22991231		
90674	CCIIIV4 VAC NO PRSV 0.5 ML IM	20160801	22991231		
90715	TDAP VACCINE 7 YRS/> IM	20050101	22991231		
90870	ELECTROCONVULSIVE THERAPY	19780101	22991231		
90875	PSYCHOPHYSIOLOGICAL THERAPY	19970101	22991231		
90876	PSYCHOPHYSIOLOGICAL THERAPY	19970101	22991231		
90999	DIALYSIS PROCEDURE	19831115	22991231		
91010	ESOPHAGUS MOTILITY STUDY	19780101	22991231		
91020	GASTRIC MOTILITY STUDIES	19871201	22991231		
91022	DUODENAL MOTILITY STUDY	20060101	22991231		
91030	ACID PERFUSION OF ESOPHAGUS	19811001	22991231		
91065	BREATH HYDROGEN/METHANE TEST	19811001	22991231		
91122	ANAL PRESSURE RECORD	19811001	22991231		
91299	GASTROENTEROLOGY PROCEDURE	19831115	22991231		
<b>91300</b>	COVID-19 VACCINE- PFIZER, SARSCOV2, VAC 30MCG/.3MKL IM	20201211	22991231		0.00
91301	Covid-19 Vaccine-Moderna, SARSCOV2, VAC 100MCG/.5ML IM	20201211	22991231		0.00

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
91303	Covid-19 Vaccine-Janssen (J&J), ADM SARSCOV2 VAC AD26 .5ML IM	20210227	22991231		0.00
91307	COVID-19 VACCINE- PFIZER, SARSCOV2 VACCINE AGES 5 THRU 11, 10MCG/.2ML IM TRIS-SUCROSE FORMULATION	20211101	22991231		0.00
92018	NEW EYE EXAM & TREATMENT	19811001	22991231		
92019	EYE EXAM & TREATMENT	19841001	22991231		
92235	FLUORESCEIN ANGRPH UNI/BI	19811001	22991231		
92240	ICG ANGIOGRAPHY UNI/BI	19970101	22991231		
92242	FLUORESCEIN ICG ANGIOGRAPHY	20170101	22991231		
92502	EAR AND THROAT EXAMINATION	19811001	22991231	1	307.38
92504	EAR MICROSCOPY EXAMINATION	19850501	22991231		
92511	NASOPHARYNGOSCOPY	19811001	22991231	1	307.38
92540	BASIC VESTIBULAR EVALUATION	20100101	22991231		
92548	CDP-SOT 6 COND W/I&R	19970101	22991231		
92550	TYMPANOMETRY & REFLEX THRESH	19971101	22991231		
92570	ACOUSTIC IMMITANCE TESTING	20100101	22991231		
92961	CARDIOVERSION ELECTRIC INT	20000101	22991231		
92978	ENDOLUMINL IVUS OCT C 1ST	19970101	22991231		
92979	ENDOLUMINL IVUS OCT C EA	19970101	22991231		
93015	CARDIOVASCULAR STRESS TEST	19780101	22991231		
93264	REM MNTR WRLS P-ART PRS SNR	20190101	22991231		
93303	ECHO TRANSTHORACIC	19970101	22991231		
93304	ECHO TRANSTHORACIC	19970101	22991231		
93315	ECHO TRANSESOPHAGEAL	19970101	22991231		
93316	ECHO TRANSESOPHAGEAL	19970101	22991231		
93317	ECHO TRANSESOPHAGEAL	19970101	22991231		
93318	ECHO TRANSESOPHAGEAL INTRAOP	20010101	22991231		
93571	HEART FLOW RESERVE MEASURE	19990101	22991231		
93572	HEART FLOW RESERVE MEASURE	19990101	22991231		
93590	PERQ TRANSCATH CLS MITRAL	20170101	22991231		

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
93591	PERQ TRANSCATH CLS AORTIC	20170101	22991231		
93592	PERQ TRANSCATH CLOSURE EACH	20170101	22991231		
93662	INTRACARDIAC ECG (ICE)	20010101	22991231		
93792	PT/CAREGIVER TRAINING HOME INR	20180101	22991231		
93793	ANTICOAG MGMT PT WARFARIN	20180101	22991231		
94617	EXERCISE TST BRNCSPSM	20180101	22991231		
94618	PULMONARY STRESS TESTING	20180101	22991231		
94621	CARDIOPULM EXERCISE TESTING	19990101	22991231		
95249	CONT GLUC MNTR PT PROV EQP	20180101	22991231		
95867	MUSCLE TEST CRAN NERV UNILAT	19811001	22991231		
95921	AUTONOMIC NRV PARASYM INERVJ	19970101	22991231		
95922	AUTONOMIC NRV ADRENRG INERVJ	19970101	22991231		
95923	AUTONOMIC NRV SYST FUNJ TEST	19970101	22991231		
95970	ALYS NPGT W/O PRGRMG	19990101	22991231		
95971	ALYS SMPL SP/PN NPGT W/PRGRM	19990101	22991231		
95976	ALYS SMPL CN NPGT PRGRMG	20190101	22991231		
95977	ALYS CPLX CN NPGT PRGRMG	20190101	22991231		
95980	IO ANAL GAST N-STIM INIT	20080101	22991231		
95981	IO ANAL GAST N-STIM SUBSQ	20080101	22991231		
95982	IO GA N-STIM SUBSQ W/REPROG	20080101	22991231		
95983	ALYS BRN NPGT PRGRMG 15 MIN	20190101	22991231		
95984	ALYS BRN NPGT PRGRMG ADDL 15	20190101	22991231		
96160	PT-FOCUSED HLTH RISK ASSMT	20170101	22991231		
96161	CAREGIVER HEALTH RISK ASSMT	20170101	22991231		
96360	HYDRATION IV INFUSION INIT	20090101	22991231		
96361	HYDRATE IV INFUSION ADD-ON	20090101	22991231		
96365	THER/PROPH/DIAG IV INF INIT	20090101	22991231		
96366	THER/PROPH/DIAG IV INF ADDON	20090101	22991231		
96367	TX/PROPH/DG ADDL SEQ IV INF	20090101	22991231		
96368	THER/DIAG CONCURRENT INF	20090101	22991231		
96369	SC THER INFUSION UP TO 1 HR	20090101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
96370	SC THER INFUSION ADDL HR	20090101	22991231		
96371	SC THER INFUSION RESET PUMP	20090101	22991231		
96372	THER/PROPH/DIAG INJ SC/IM	20090101	22991231		
96373	THER/PROPH/DIAG INJ IA	20090101	22991231		
96374	THER/PROPH/DIAG INJ IV PUSH	20090101	22991231		
96375	TX/PRO/DX INJ NEW DRUG ADDON	20090101	22991231		
96376	TX/PRO/DX INJ SAME DRUG ADON	20090101	22991231		
96377	APPLICATON ON-BODY INJECTOR	20170101	22991231		
96379	THER/PROP/DIAG INJ/INF PROC	20090101	22991231		
96521	REFILL/MAINT PORTABLE PUMP	20060101	22991231		
96522	REFILL/MAINT PUMP/RESVR SYST	20060101	22991231		
96523	IRRIG DRUG DELIVERY DEVICE	20060101	22991231		
96570	PHOTODYNMC TX 30 MIN ADD-ON	20000101	22991231		
96571	PHOTODYNAMIC TX ADDL 15 MIN	20000101	22991231		
96573	PDT DSTR PRMLG LES PHYS/QHP	20180101	22991231		
96574	DBRDMT PRMLG LES W/PDT	20180101	22991231		
97140	MANUAL THERAPY 1/> REGIONS	19990101	22991231		
97161	PT EVAL LOW COMPLEX 20 MIN	20170101	22991231		
97162	PT EVAL MOD COMPLEX 30 MIN	20170101	22991231		
97163	PT EVAL HIGH COMPLEX 45 MIN	20170101	22991231		
97164	PT RE-EVAL EST PLAN CARE	20170101	22991231		
97165	OT EVAL LOW COMPLEX 30 MIN	20170101	22991231		
97166	OT EVAL MOD COMPLEX 45 MIN	20170101	22991231		
97167	OT EVAL HIGH COMPLEX 60 MIN	20170101	22991231		
97168	OT RE-EVAL EST PLAN CARE	20170101	22991231		
97169	ATHLETIC TRN EVAL LOW CMLPX	20170101	22991231		
97170	ATHLETIC TRN EVAL MOD CMLPX	20170101	22991231		
97171	ATHLETIC TRN EVAL HIGH CMLPX	20170101	22991231		
97172	ATHLETIC TRN RE-EVAL PLAN CR	20170101	22991231		
97602	WOUND(S) CARE NON-SELECTIVE	20010101	22991231		
97763	ORTHC/PROSTC MGMT SBSQ ENC	20180101	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
98940	CHIROPRACT MANJ 1-2 REGIONS	19970101	22991231		
98941	CHIROPRACT MANJ 3-4 REGIONS	19970101	22991231		
98942	CHIROPRACTIC MANJ 5 REGIONS	19970101	22991231		
98943	CHIROPRACT MANJ XTRSPINL 1/>	19970101	22991231		
99151	MOD SED SAME PHYS/QHP <5 YRS	20170101	22991231		
99152	MOD SED SAME PHYS/QHP 5/>YRS	20170101	22991231		
99153	MOD SED SAME PHYS/QHP EA	20170101	22991231		
99155	MOD SED OTH PHYS/QHP <5 YRS	20170101	22991231		
99156	MOD SED OTH PHYS/QHP 5/>YRS	20170101	22991231		
99157	MOD SED OTHER PHYS/QHP EA	20170101	22991231		
99170	ANOGENITAL EXAM CHILD W IMAG	20000101	22991231		
99174	OCULAR INSTRUMNT SCREEN BIL	20080101	22991231		
99406	BEHAV CHNG SMOKING 3-10 MIN	20080101	22991231		
99407	BEHAV CHNG SMOKING > 10 MIN	20080101	22991231		
99421	OL DIG E/M SVC 5-10 MIN	20200101	22991231		
99422	OL DIG E/M SVC 11-20 MIN	20200101	22991231		
99423	OL DIG E/M SVC 21+ MIN	20200101	22991231		
99441	PHONE E/M PHYS/QHP 5-10 MIN	20080101	22991231		
99442	PHONE E/M PHYS/QHP 11-20 MIN	20080101	22991231		
99443	PHONE E/M PHYS/QHP 21-30 MIN	20080101	22991231		
99446	NTRPROF PH1/NTRNET/EHR 5-10	20140101	22991231		
99447	NTRPROF PH1/NTRNET/EHR 11-20	20140101	22991231		
99448	NTRPROF PH1/NTRNET/EHR 21-30	20140101	22991231		
99449	NTRPROF PH1/NTRNET/EHR 31/>	20140101	22991231		
99451	NTRPROF PH1/NTRNET/EHR 5/>	20190101	22991231		
99452	NTRPROF PH1/NTRNET/EHR RFRL	20190101	22991231		
99453	REM MNTR PHYSIOL PARAM SETUP	20190101	22991231		
99454	REM MNTR PHYSIOL PARAM DEV	20190101	22991231		
99457	REM PHYSIOL MNTR 1ST 20 MIN	20190101	22991231		
99458	REM PHYSIOL MNTR EA ADDL 20	20200101	22991231		
99473	SELF-MEAS BP PT EDUCAJ/TRAIN	20200101	22991231		



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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
99474	SELF-MEAS BP 2 READG BID 30D	20200101	22991231		
99483	ASSMT & CARE PLN PT COG IMP	20180101	22991231		
99484	CARE MGMT SVC BHVL HLTH COND	20180101	22991231		
99492	1ST PSYC COLLAB CARE MGMT	20180101	22991231		
99493	SBSQ PSYC COLLAB CARE MGMT	20180101	22991231		
99494	1ST/SBSQ PSYC COLLAB CARE	20180101	22991231		
0001A	COVID-19 VACCINE- PFIZER, 1ST DOSE, ADM SARSCOV2, VAC 30MCG/.3MKL	20210315	22991231		40.00
0002A	COVID-19 VACCINE- PFIZER, 2ND DOSE, ADM SARSCOV2, VAC 30MCG/.3MKL	20210315	22991231		40.00
0003A	COVID-19 VACCINE- PFIZER, 3RD DOSE, ADM SARSCOV2, VAC 30MCG/.3MKL	20210812	22991231		40.00
0004A	COVID-19 VACCINE- PFIZER, BOOSTER, ADM SARSCOV2, VAC 30MCG/.3MKL	20211101	22991231		40.00
0011A	Covid-19 Vaccine-Moderna, 1ST Dose, ADM SARSCOV2 100MCG/.5ML	20210315	22991231		40.00
0012A	Covid-19 Vaccine-Moderna, 2 <sup>nd</sup> Dose, ADM SARSCOV2 100MCG/.5ML	20210315	22991231		40.00
0013A	Covid-19 Vaccine-Moderna, 3 <sup>rd</sup> Dose, ADM SARSCOV2 100MCG/.5ML	20210812	22991231		40.00
0031A	Covid-19 Vaccine-Admin Fee Janssen, ADM SARSCOV2, AD26 .5ML IM	20210315	22991231		40.00
0034A	Covid-19 Vaccine-Janssen, Booster, Admin SARSCOV2, AD26 .5ML IM	20211101	22991231		40.00
0054T	BONE SRGRY CMPTR FLUOR IMAGE	20090101	22991231		
0055T	BONE SRGRY CMPTR CT/MRI IMAG	20090101	22991231		
0071A	COVID-19 VACCINE- PFIZER, 1ST DOSE AGES 5 THRU 11, ADMIN SARSCOV2 10MCG/.2ML IM TRIS-SUCROSE FORMULATION	20211101	22991231		40.00

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
0072A	COVID-19 VACCINE- PFIZER, 2ND DOSE AGES 5 THRU 11, ADMIN SARSCOV2 10MCG/.2ML IM TRIS-SUCROSE FORMULATION	20211101	22991231		40.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS	20160101	22991231		
0409T	INSJ/RPLC CAR MODULJ PLS GN	20160101	22991231		
0410T	INSJ/RPLC CAR MODULJ ATR ELT	20160101	22991231		
0411T	INSJ/RPLC CAR MODULJ VNT ELT	20160101	22991231		
0412T	RMVL CARDIAC MODULJ PLS GEN	20160101	22991231		
0413T	RMVL CAR MODULJ TRANVNS ELT	20160101	22991231		
0414T	RMVL & RPL CAR MODULJ PLS GN	20160101	22991231		
0415T	REPOS CAR MODULJ TRANVNS ELT	20160101	22991231		
0416T	RELOC SKIN POCKET PLS GEN	20160101	22991231		
0417T	PRGRMG EVAL CARDIAC MODULJ	20160101	22991231		
0418T	INTERRO EVAL CARDIAC MODULJ	20160101	22991231		
0419T	DSTRJ NEUROFIBROMA XTNSV	20160101	22991231		
0420T	DSTRJ NEUROFIBROMA XTNSV	20160101	22991231		
0421T	WATERJET PROSTATE ABLTJ CMPL	20160101	22991231		
0422T	TACTILE BREAST IMG UNI/BI	20160101	22991231		
0423T	ASSAY SECRETORY TYPE II PLA2	20160101	22991231		
0424T	INSJ/RPLC NSTIM APNEA COMPL	20160101	22991231		
0425T	INSJ/RPLC NSTIM APNEA SEN LD	20160101	22991231		
0426T	INSJ/RPLC NSTIM APNEA STM LD	20160101	22991231		
0427T	INSJ/RPLC NSTIM APNEA PLS GN	20160101	22991231		
0428T	RMVL NSTIM APNEA PLS GEN	20160101	22991231		
0429T	RMVL NSTIM APNEA SEN LD	20160101	22991231		
0430T	RMVL NSTIM APNEA STIMJ LD	20160101	22991231		
0431T	RMVL/RPLC NSTIM APNEA PLS GN	20160101	22991231		
0432T	REPOS NSTIM APNEA STIMJ LD	20160101	22991231		
0433T	REPOS NSTIM APNEA SENSING LD	20160101	22991231		
0434T	INTERRO EVAL NPGS APNEA	20160101	22991231		
0435T	PRGRMG EVAL NPGS APNEA 1 SES	20160101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
0436T	PRGRMG EVAL NPGS APNEA STUDY	20160101	22991231		
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL	20160701	22991231		
0439T	MYOCDR CONTRAST PRFUJ ECHO	20160701	22991231		
0440T	ABLTJ PERC UXTR/PERPH NRV	20160701	22991231		
0441T	ABLTJ PERC LXTR/PERPH NRV	20160701	22991231		
0442T	ABLTJ PERC PLEX/TRNCL NRV	20160701	22991231		
0443T	R-T SPCTRL ALYS PRST8 TISS	20160701	22991231		
0444T	1ST PLMT DRUG ELUT OC INS	20160701	22991231		
0445T	SBSQT PLMT DRUG ELUT OC INS	20160701	22991231		
0446T	INSJ IMPLTBL GLUCOSE SENSOR	20170101	22991231		
0447T	RMVL IMPLTBL GLUCOSE SENSOR	20170101	22991231		
0448T	REMVL INSJ IMPLTBL GLUC SENS	20170101	22991231		
0449T	INSJ AQUEOUS DRAIN DEV 1ST	20170101	22991231		
0450T	INSJ AQUEOUS DRAIN DEV EACH	20170101	22991231		
0453T	INSJ/RPLCMT MECH-ELEC NTRFCE	20170101	22991231		
0454T	INSJ/RPLCMT SUBQ ELECTRODE	20170101	22991231		
0457T	REMVL MECH-ELEC SKIN NTRFCE	20170101	22991231		
0458T	REMVL SUBQ ELECTRODE	20170101	22991231		
0460T	REPOS AORTIC VENTR DEV ELTRD	20170101	22991231		
0462T	PRGRMG EVAL AORTIC VENTR SYS	20170101	22991231		
0463T	INTERROG AORTIC VENTR SYS	20170101	22991231		
A4357	BEDSIDE DRAINAGE BAG	19910701	22991231		
A4554	DISPOSABLE UNDERPADS	19780101	22991231		
A4555	CA TX E-STIM ELECTR/TRANSDUC	20140101	22991231		
A4580	CAST SUPPLIES (PLASTER)	19780101	22991231		
A9561	TC99M OXIDRONATE	20060101	22991231		
A9562	TC99M MERTIATIDE	20060101	22991231		
C1721	AICD, DUAL CHAMBER	19971101	22991231		
C1894	INTRO/SHEATH, NON-LASER	19971101	22991231		
C8956	REFILL, MAINT OF PUMP OR RESERVOIR FOR D	20060101	22991231		
C8957	PROLONGED IV INF, REQ PUMP	20060101	22991231		

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
C9250	ARTISS FIBRIN SEALANT	20090701	22991231		
C9360	SURGIMEND, NEONATAL	20090701	22991231		
C9361	NEUROMEND NERVE WRAP	20090701	22991231		
C9362	IMPLNT,BON VOID FILLER-STRIP	20090701	22991231		
C9363	INTEGRA MESHED BIL WOUND MAT	20090701	22991231		
C9364	PORCINE IMPLANT, PERMACOL	20090701	22991231		
C9716	RADIOFREQUENCY ENERGY TO ANU	20050101	22991231		
C9725	PLACE ENDORECTAL APP	20060101	22991231	1	307.38
D0140	LIMIT ORAL EVAL PROBLM FOCUS	20031016	22991231	2	412.79
D0145	ORAL EVALUATION, PT < 3YRS	20070101	22991231	2	412.79
D0150	COMPREHENSVE ORAL EVALUATION	20031016	22991231	2	412.79
D0191	ASSESSMENT OF A PATIENT	20130101	22991231	2	412.79
D0210	INTRAOR COMPLETE FILM SERIES	20031016	22991231	2	412.79
D0220	INTRAORAL PERIAPICAL FIRST	20031016	22991231	2	412.79
D0230	INTRAORAL PERIAPICAL EA ADD	20031016	22991231	2	412.79
D0270	DENTAL BITEWING SINGLE IMAGE	20031016	22991231	2	412.79
D0272	DENTAL BITEWINGS TWO IMAGES	20031016	22991231	2	412.79
D0274	BITEWINGS FOUR IMAGES	20031016	22991231	2	412.79
D0330	PANORAMIC IMAGE	20031016	22991231	2	412.79
D0340	2D CEPHALOMETRIC IMAGE	20031016	22991231	2	412.79
D1110	DENTAL PROPHYLAXIS ADULT	20031016	22991231	2	412.79
D1120	DENTAL PROPHYLAXIS CHILD	19971101	22991231	2	412.79
D1351	DENTAL SEALANT PER TOOTH	20031016	22991231	2	412.79
D1510	SPACE MAINTAINER FXD UNILAT	20031016	22991231	2	412.79
D1520	REMOVE UNILAT SPACE MAINTAIN	20031016	22991231		
D2140	AMALGAM ONE SURFACE PERMANEN	20031016	22991231	2	412.79
D2150	AMALGAM TWO SURFACES PERMANE	20031016	22991231	2	412.79
D2160	AMALGAM THREE SURFACES PERMA	20031016	22991231	2	412.79
D2161	AMALGAM 4 OR > SURFACES PERM	20031016	22991231	2	412.79
D2330	RESIN ONE SURFACE-ANTERIOR	20031016	22991231	2	412.79
D2331	RESIN TWO SURFACES-ANTERIOR	20031016	22991231	2	412.79

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CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
D2332	RESIN THREE SURFACES-ANTERIO	20031016	22991231	2	412.79
D2335	RESIN 4/> SURF OR W INCIS AN	20031016	22991231	2	412.79
D2390	ANT RESIN-BASED CMPST CROWN	20050101	22991231	2	412.79
D2391	POST 1 SRFC RESINBASED CMPST	20031016	22991231		
D2392	POST 2 SRFC RESINBASED CMPST	20031016	22991231	2	412.79
D2393	POST 3 SRFC RESINBASED CMPST	20031016	22991231	2	412.79
D2394	POST >=4SRFC RESINBASE CMPST	20031016	22991231	2	412.79
D2930	PREFAB STNLSS STEEL CRWN PRI	20031016	22991231	2	412.79
D2931	PREFAB STNLSS STEEL CROWN PE	20031016	22991231	2	412.79
D2932	PREFABRICATED RESIN CROWN	20031016	22991231	2	412.79
D2934	PREFAB STEEL CROWN PRIMARY	20050101	22991231	2	412.79
D2951	TOOTH PIN RETENTION	20031016	22991231		
D3110	PULP CAP DIRECT	20031016	22991231		
D3220	THERAPEUTIC PULPOTOMY	20031016	22991231	2	412.79
D3310	END THXPY, ANTERIOR TOOTH	20031016	22991231	2	412.79
D3320	END THXPY, PREMOLAR TOOTH	20031016	22991231	2	412.79
D3330	END THXPY, MOLAR TOOTH	20031016	22991231	2	412.79
D3410	APICOECTOMY - ANTERIOR	20031016	22991231	2	412.79
D3421	ROOT SURGERY PREMOLAR	20031016	22991231		
D3425	ROOT SURGERY MOLAR	20031016	22991231		
D3426	ROOT SURGERY EA ADD ROOT	20031016	22991231		
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	20031016	22991231	2	412.79
D4211	GINGIVECTOMY/PLASTY 1 TO 3	20031016	22991231	2	412.79
D4341	PERIODONTAL SCALING & ROOT	20031016	22991231	2	412.79
D5520	REPLACE DENTURE TEETH COMPLT	20031016	22991231	2	412.79
D5640	REPLACE PART DENTURE TEETH	20031016	22991231		
D5750	DENTURE RELN CMPLT MAX LAB	20031016	22991231	2	412.79
D5751	DENTURE RELN CMPLT MAND LAB	20031016	22991231	2	412.79
D5820	DENTURE INTERM PART MAXILL	20031016	22991231		
D5821	DENTURE INTERM PART MANDBL	20031016	22991231		
D5913	NASAL PROSTHESIS	20031016	22991231		

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CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
D5914	AURICULAR PROSTHESIS	20031016	22991231		
D5919	FACIAL PROSTHESIS	20031016	22991231		
D5931	SURGICAL OBTURATOR	20031016	22991231		
D5932	POSTSURGICAL OBTURATOR	20031016	22991231		
D5934	MANDIBULAR FLANGE PROSTHESIS	20031016	22991231		
D5952	PEDIATRIC SPEECH AID	20031016	22991231		
D5953	ADULT SPEECH AID	20031016	22991231		
D5954	SUPERIMPOSED PROSTHESIS	20031016	22991231		
D5955	PALATAL LIFT PROSTHESIS	20031016	22991231		
D5988	SURGICAL SPLINT	20031016	22991231		
D5999	MAXILLOFACIAL PROSTHESIS	20031016	22991231		
D7111	EXTRACTION CORONAL REMNANTS	20031016	22991231	2	412.79
D7140	EXTRACTION ERUPTED TOOTH/EXR	20031016	22991231	2	412.79
D7210	REM IMP TOOTH W MUCOPER FLP	20031016	22991231	2	412.79
D7220	IMPACT TOOTH REMOV SOFT TISS	20031016	22991231	2	412.79
D7230	IMPACT TOOTH REMOV PART BONY	20031016	22991231	2	412.79
D7240	IMPACT TOOTH REMOV COMP BONY	20031016	22991231	2	412.79
D7241	IMPACT TOOTH REM BONY W/COMP	20031016	22991231	2	412.79
D7250	TOOTH ROOT REMOVAL	20031016	22991231	2	412.79
D7260	ORAL ANTRAL FISTULA CLOSURE	20031016	22991231		
D7280	EXPOSURE OF UNERUPTED TOOTH	20031016	22991231	2	412.79
D7282	MOBILIZE ERUPTED/MALPOS TOOT	20050101	22991231		
D7310	ALVEOPLASTY W/ EXTRACTION	20031016	22991231		
D7320	ALVEOPLASTY W/O EXTRACTION	20031016	22991231	2	412.79
D7410	RAD EXC LESION UP TO 1.25 CM	20031016	22991231	2	412.79
D7411	EXCISION BENIGN LESION>1.25C	20050101	22991231		
D7472	REMOVAL OF TORUS PALATINUS	20050101	22991231	2	412.79
D7473	REMOVE TORUS MANDIBULARIS	20050101	22991231	2	412.79
D7510	I&D ABSC INTRAORAL SOFT TISS	20031016	22991231	2	412.79
D7520	I&D ABSCESS EXTRAORAL	20031016	22991231	2	412.79
D7530	REMOVAL FB SKIN/AREOLAR TISS	20031016	22991231	2	412.79

# Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
D7880	OCCLUSAL ORTHOTIC APPLIANCE	20031016	22991231	2	412.79
D7910	DENT SUTUR RECENT WND TO 5CM	20031016	22991231		
D7960	FRENULECTOMY/FRENECTOMY	20031016	22991231	2	412.79
D8210	ORTHODONTIC REM APPLIANCE TX	20031016	22991231		
D8220	FIXED APPLIANCE THERAPY HABT	20031016	22991231	2	412.79
D8660	PREORTHODONTIC TX VISIT	20031016	22991231	2	412.79
D8670	PERIODIC ORTHODONTIC TX VISIT	20031016	22991231		
D8999	ORTHODONTIC PROCEDURE	20031016	22991231		
D9110	TX DENTAL PAIN MINOR PROC	20031016	22991231	2	412.79
D9223	GENERAL ANESTH EA ADDL 15 MI	20160101	22991231		
D9243	IV SEDATION EA ADDL 15M	20160101	22991231		
D9420	HOSPITAL/ASC CALL	20031016	22991231		
G0105	COLORECTAL SCRIN; HI RISK IND	19971101	22991231	2	412.79
G0121	COLORECTAL SCRIN NOT HI RISK IND	20040101	22991231	2	412.79
G0260	INJ FOR SACROILIAC JT ANESTH	20050101	22991231	1	307.38
G0329	ELECTROMAGNTIC TX FOR ULCERS	20050101	22991231		
G0378	HOSPITAL OBSERVATION PER HR	20060101	22991231		
G0433	ELISA HIV-1/HIV-2 SCREEN	20091208	22991231		
G0435	ORAL HIV-1/HIV-2 SCREEN	20091208	22991231		
G0475	HIV COMBINATION ASSAY	20150413	22991231		
G0476	HPV COMBO ASSAY CA SCREEN	20150709	22991231		
G0659	DRUG TEST DEF SIMPLE ALL CL	20170101	22991231		
G9143	WARFARIN RESPON GENETIC TEST	20090803	22991231		
J0132	ACETYLCYSTEINE INJECTION	20060101	22991231		
J0133	ACYCLOVIR INJECTION	20060101	22991231		
J0135	ADALIMUMAB INJECTION	20050101	22991231		
J0180	AGALSIDASE BETA INJECTION	20050101	22991231		
J0278	AMIKACIN SULFATE INJECTION	20060101	22991231		
J0461	ATROPINE SULFATE INJECTION	20100101	22991231		
J0586	ABOBOTULINUMTOXINA	20100101	22991231		
J0641	INJ LEVOLEUCOVORIN NOS 0.5MG	20090101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
J0878	DAPTOMYCIN INJECTION	20050101	22991231		
J0881	DARBEPOETIN ALFA, NON-ESRD	20060101	22991231		
J0882	DARBEPOETIN ALFA, ESRD USE	20060101	22991231		
J0885	EPOETIN ALFA, NON-ESRD	20060101	22991231		
J1162	DIGOXIN IMMUNE FAB (OVINE)	20060101	22991231		
J1265	DOPAMINE INJECTION	20060101	22991231		
J1267	DORIPENEM INJECTION	20090101	22991231		
J1430	ETHANOLAMINE OLEATE 100 MG	20060101	22991231		
J1453	FOSAPREPITANT INJECTION	20090101	22991231		
J1457	GALLIUM NITRATE INJECTION	20050101	22991231		
J1459	INJ IVIG PRIVIGEN 500 MG	20090101	22991231		
J1566	IMMUNE GLOBULIN, POWDER	20060101	22991231		
J1930	LANREOTIDE INJECTION	20090101	22991231		
J1931	LARONIDASE INJECTION	20050101	22991231		
J1945	LEPIRUDIN	20060101	22991231		
J1953	LEVETIRACETAM INJECTION	20090101	22991231		
J2278	ZICONOTIDE INJECTION	20060101	22991231		
J2350	INJECTION, OCRELIZUMAB, 1 MG	19971101	22991231		
J2357	OMALIZUMAB INJECTION	20050101	22991231		
J2425	PALIFERMIN INJECTION	20060101	22991231		
J2469	PALONOSETRON HCL	20050101	22991231		
J2513	PENTASTARCH 10% SOLUTION	20060101	22991231		
J2794	INJ RISPERDAL CONSTA, 0.5 MG	20050101	22991231		
J2805	SINCALIDE INJECTION	20060101	22991231		
J3101	TENECTEPLASE INJECTION	20090101	22991231		
J3110	TERIPARATIDE INJECTION	20050101	22991231		
J3246	TIROFIBAN HCL	20050101	22991231		
J3300	TRIAMCINOLONE A INJ PRS-FREE	20090101	22991231		
J3396	VERTEPORFIN INJECTION	20050101	22991231		
J3471	OVINE, UP TO 999 USP UNITS	20060101	22991231		
J3472	OVINE, 1000 USP UNITS	20060101	22991231		



## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
J7186	ANTIHEMOPHILIC VIII/VWF COMP	20090101	22991231		
J7318	INJ, DUROLANE 1 MG	20060101	22991231		
J7325	SYNVISC OR SYNVISC-ONE	20100101	22991231		
J7340	CARBIDOPA LEVODOPA ENT 100ML	20160101	22991231		
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	20170101	22991231		
J7518	MYCOPHENOLIC ACID	20050101	22991231		
J7611	ALBUTEROL NON-COMP CON	20080401	22991231		
J7612	LEVALBUTEROL NON-COMP CON	20080401	22991231		
J7613	ALBUTEROL NON-COMP UNIT	20080401	22991231		
J7614	LEVALBUTEROL NON-COMP UNIT	20080401	22991231		
J7674	METHACHOLINE CHLORIDE, NEB	20050101	22991231		
J8501	ORAL APREPITANT	20050101	22991231		
J8540	ORAL DEXAMETHASONE	20060101	22991231		
J8565	GEFITINIB ORAL	20050101	22991231		
J8705	TOPOTECAN ORAL	20090101	22991231		
J9025	AZACITIDINE INJECTION	20060101	22991231		
J9033	INJ., TREANDA 1 MG	20090101	22991231		
J9035	BEVACIZUMAB INJECTION	20050101	22991231		
J9041	INJ., VELCADE 0.1 MG	20050101	22991231		
J9055	CETUXIMAB INJECTION	20050101	22991231		
J9175	ELLIOTTS B SOLUTION PER ML	20060101	22991231		
J9207	IXABEPILONE INJECTION	20090101	22991231		
J9225	VANTAS IMPLANT	20060101	22991231		
J9264	PACLITAXEL PROTEIN BOUND	20060101	22991231		
J9305	PEMETREXED INJECTION	20050101	22991231		
J9330	TEMSIROLIMUS INJECTION	20090101	22991231		
L8680	IMPLT NEUROSTIM ELCTR EACH	20060101	22991231		
L8681	PT PRGRM FOR IMPLT NEUROSTIM	20060101	22991231		
L8686	IMPLT NROSTM PLS GEN SNG NON	20060101	22991231		
L8699	PROSTHETIC IMPLANT NOS	20030201	22991231		
M0050	HCFA ASSIGNMENT ASC SERVICES M0050 - M	19780101	22991231		

## Kentucky Medicaid ASC Fee Schedule

CODES LISTED WITHOUT A RATE ARE REIMBURSED AT 45% OF BILLED CHARGES.

CDE_ PROC	DSC_PROCEDURE	EFFECTIVE_ DATE	END_DATE	GROUPER	AMT_ PRICE_ASC
M0051	AMBULATORY SURGICAL CENTER FACILITY CHA	19780101	22991231		
M0052	AMBULATORY SURGICAL CENTER FACILITY CHA	19780101	22991231		
M0053	AMBULATORY SURGICAL CENTER FACILITY CHA	19780101	22991231		
P9034	PLATELETS, PHERESIS	19971101	22991231		
Q0115	POST-COITAL MUCOUS EXAM	19980101	22991231		
Q4100	SKIN SUBSTITUTE, NOS	20090101	22991231		
Q4101	APLIGRAF	20090101	22991231		
Q4102	OASIS WOUND MATRIX	20090101	22991231		
Q4103	OASIS BURN MATRIX	20090101	22991231		
Q4104	INTEGRA BMWWD	20090101	22991231		
Q4105	INTEGRA DRT OR OMNIGRAFT	20090101	22991231		
Q4106	DERMAGRAFT	20090101	22991231		
Q4107	GRAFTJACKET	20090101	22991231		
Q4108	INTEGRA MATRIX	20090101	22991231		
Q4110	PRIMATRIX	20090101	22991231		
Q4111	GAMMAGRAFT	20090101	22991231		
Q4112	CYMETRA INJECTABLE	20090101	22991231		
Q4113	GRAFTJACKET XPRESS	20090101	22991231		
Q4114	INTEGRA FLOWABLE WOUND MATRI	20090101	22991231		
Q4115	ALLOSKIN	20090701	22991231		
Q4116	ALLODERM	20090701	22991231		
S2068	BREAST DIEP OR SIEA FLAP	20060101	22991231		
S2079	LAP ESOPHAGOMYOTOMY	20060101	22991231		
S2117	ARTHROEREISIS, SUBTALAR	20060101	22991231		
S2900	ROBOTIC SURGICAL SYSTEM	20060101	22991231		
V2630	ANTER CHAMBER INTRAOCUL LENS	19830101	22991231		
V2632	POST CHMBR INTRAOCULAR LENS	19830101	22991231		
V2785	CORNEAL TISSUE PROCESSING	19900401	22991231		