UMRH CHARGES

0110	$1,000	ROOM AND BOARD, ALL INCLUSIVE – GRETNA
0128	$1400	ROOM AND BOARD, ALL INCLUSIVE – HAMMOND AND GONZALES
0320	$20	RADIOLOGY

UMRH LAB CHARGES

Admit Date: _____

DC Date: _____

LAB	CPT	UMR CHARGE	UNITS / QTY.	TOTAL CHARGE
aerobic org definitive	67077	$ 30.00		
ammonia	82140	$ 25.00		
amylase serum	82150	$ 26.00		
basic metabolic profile	80048	$ 23.00		
Bilirubin Direct	82248	$ 24.00		
C diff amplified probe	87493	$ 30.00		
cbc automated	85025	$ 43.00		
cbc manual diff	85007	$ 25.00		
cbc with plts no diff	85027	$ 7.00		
ck mb fraction	82553	$ 27.00		
complex cbc w/plt	65025	$ 30.00		
comprehensive metabolic panel	80053	$ 23.00		
cpk total	82550	$ 26.00		
creatinine-urine	62570	$ 25.00		
creatinine-urine	82570	$ 25.00		
culture aerobic bacterial	83880	$ 33.00		
culture bacteria other	87070	$ 66.00		
culture urine routine	87086	$ 48.00		
Digoxin Therapeutic Drug Assay	80162	$ 27.00		
dilantin/phenaytion	80185	$ 26.00		
drug abuse screen urine	80301	$ 24.00		
e coli shiga toxin	67427	$ 23.00		
enzyeme detection	87185	$ 24.00		
ESR	85651	$ 24.00		
Fecal Occult Blood Test	82272	$ 25.00		
ferritin	82728	$ 25.00		
folic acid serum	82746	$ 27.00		
gram stain	87205	$ 31.00		
HC Aerobic Org ID	87077	$ 42.00		
HC Ana TITER (HEP 20	86039	$ 21.00		
HC Anti-nuclear AB (ana)	86038	$ 21.00		
HC Anti-nuclear DNA AB	86225	$ 21.00		
HC Blood Culture	87040	$ 23.00		
HC C Difficile Antigen	87449	$ 48.00		
HC C Difficile Toxin	87324	$ 48.00		
HC E Coli Shiga toxin	87427	$ 48.00		
HC Fungal Org	87106	$ 35.00		
HC Sensitivity MIC breakpoint	87166	$ 24.00		

LAB	CPT	UMR CHARGE	UNITS / QTY.	TOTAL CHARGE
HC Sensitivity MIC breakpoint	87186	$ 24.00		
HC SSA Antibodies	86235	$ 21.00		
HC Stool Culture/ HC Stool ISOL ODl	87045	$ 23.00		
hc t4 total	84436	$ 32.00		
HC urinalysis,non auto w/micro	81000	$ 48.00		
HC Urine Culture	87088	$ 42.00		
hematocrit	85014	$ 25.00		
hemoglobin a1c	83036	$ 26.00		
hemoglobin hgb	85018	$ 24.00		
hepatitis panel	80074	$ 26.00		
hiv1	86703	$ 21.00		
iron	83540	$ 26.00		
iron and tibc	83550	$ 29.00		
levetiracetam level, serum	82542	$ 25.00		
lipase	83690	$ 29.00		
magnesium serum	83735	$ 26.00		
occult blood	82270	$ 25.00		
phosperus serum	84100	$ 26.00		
potassium	84132	$ 28.00		
prealbumin	84134	$ 45.00		
prothrombin time	65610	$ 26.00		
pt/protrobin time	85610	$ 17.00		
pthi	83970	$ 26.00		
ptt	85730	$ 35.00		
renal function panel	80069	$ 27.00		
sensitivity mic breakpoint	67166	$ 25.00		
strep typing	87147	$ 24.00		
t3 free, t4 free	84481	$ 36.00		
troponin	84484	$ 54.00		
tsh	84443	$ 36.00		
uric acid serum	84550	$ 26.00		
urinalysis	81005	$ 24.00		
urinalysis complete with micro	81001	$ 23.00		
urine dipstick	81003	$ 48.00		
Valproic acid (dipropylacetic acid	80164	$ 26.00		
vancomycin trough	80202	$ 27.00		
venipuncture	36415	$ 5.00		
vitamin b 12	82607	$ 27.00		
BNP		$ 20.00		
Kreppra Level		$ 20.00		
Retric Count		$ 20.00		
LDH Count		$ 20.00		
X-Ray/Ultra Sound…**Radiology total #**	_____	$ 20.00		
			Total Labs_____ Total Rd _____	Total Lab Chg. $_____ Total Lab Chg. $_____

Fee Schedule Details Report

December 6, 2018

Optima

Year: 2018

Parameters: Locality Name: Rest of Louisiana(0720299); Service Code(s): ALL Codes

Service Code	Description	Effective Date	Work Component	Practice Component	Malpractice Component	Conversion Factor	Full Rate	Institutional MPPR Rate	Non Institutional MPPR Rate
29065	Application of long arm cast	1/1/2018	0.87000	1.54338	0.17985	35.999600000	$93.36	N/A	N/A
29075	Application of forearm cast	1/1/2018	0.77000	1.41033	0.15587	35.999600000	$84.10	N/A	N/A
29085	Apply hand and lower forearm (gauntlet) cast	1/1/2018	0.87000	1.53451	0.16786	35.999600000	$92.60	N/A	N/A
29086	Apply finger cast	1/1/2018	0.62000	1.41033	0.09592	35.999600000	$76.54	N/A	N/A
29105	Apply long arm splint	1/1/2018	0.87000	1.34824	0.15587	35.999600000	$85.47	N/A	N/A
29125	Apply forearm splint, static	1/1/2018	0.50000	1.14423	0.08393	35.999600000	$62.21	N/A	N/A
29126	Apply forearm splint, dynamic	1/1/2018	0.68000	1.28615	0.09592	35.999600000	$74.23	N/A	N/A
29130	Application of finger splint; static	1/1/2018	0.50000	0.54994	0.08393	35.999600000	$40.82	N/A	N/A
29131	Application of finger splint; dynamic	1/1/2018	0.55000	0.77169	0.09592	35.999600000	$51.03	N/A	N/A
29200	Strapping of chest	1/1/2018	0.39000	0.42576	0.02398	35.999600000	$30.23	N/A	N/A
29240	Strapping of shoulder	1/1/2018	0.39000	0.39915	0.02398	35.999600000	$29.27	N/A	N/A
29260	Strapping of elbow or wrist	1/1/2018	0.39000	0.38141	0.03597	35.999600000	$29.07	N/A	N/A
29280	Strapping of hand or finger	1/1/2018	0.39000	0.39028	0.03597	35.999600000	$29.38	N/A	N/A
29345	Apply long leg cast	1/1/2018	1.40000	1.99575	0.29975	35.999600000	$133.04	N/A	N/A
29355	Application of long leg cast - walker or ambulatory type	1/1/2018	1.53000	1.97801	0.31174	35.999600000	$137.51	N/A	N/A
29365	Apply cylinder cast	1/1/2018	1.18000	1.88931	0.26378	35.999600000	$119.99	N/A	N/A
29405	Apply short leg cast	1/1/2018	0.80000	1.25067	0.14388	35.999600000	$79.00	N/A	N/A
29425	Application of short leg cast - walker or ambulatory type	1/1/2018	0.80000	1.18858	0.11990	35.999600000	$75.90	N/A	N/A
29445	Apply rigid total contact leg cast	1/1/2018	1.78000	1.56112	0.23980	35.999600000	$128.91	N/A	N/A

* MPPR rates only display for service codes with the Therapy Usage of "Always"

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Fee Schedule Details Report

Optima

December 6, 2018

Year: 2018

Parameters: Locality Name: Rest of Louisiana(0720299); Service Code(s): ALL Codes

Service Code	Description	Effective Date	Work Component	Practice Component	Malpractice Component	Conversion Factor	Full Rate	Institutional MPPR Rate	Non Institutional MPPR Rate
29505	Apply long leg splint	1/1/2018	0.69000	1.47242	0.10791	35.999600000	$81.73	N/A	N/A
29515	Apply short leg splint	1/1/2018	0.73000	1.09988	0.10791	35.999600000	$69.76	N/A	N/A
29520	Strapping of hip	1/1/2018	0.39000	0.47011	0.02398	35.999600000	$31.83	N/A	N/A
29530	Strapping of knee	1/1/2018	0.39000	0.39028	0.02398	35.999600000	$28.95	N/A	N/A
29540	Strapping, ankle and/or foot	1/1/2018	0.39000	0.29271	0.03597	35.999600000	$25.87	N/A	N/A
29550	Strapping, toes	1/1/2018	0.25000	0.23949	0.02398	35.999600000	$18.48	N/A	N/A
29580	Apply paste boot	1/1/2018	0.55000	1.00231	0.08393	35.999600000	$58.90	N/A	N/A
31579	Diagnostic laryngoscopy, flexible or rigid fiberoptic, with stroboscopy	1/1/2018	1.88000	2.61665	0.31174	35.999600000	$173.10	N/A	N/A
64550	Apply neurostimulator	1/1/2018	0.18000	0.28384	0.01199	35.999600000	$17.13	N/A	N/A
90901	Biofeedback , any method	1/1/2018	0.41000	0.61203	0.02398	35.999600000	$37.66	N/A	N/A
90911	Biofeedback peri/uro/rectal	1/1/2018	0.89000	1.33937	0.07194	35.999600000	$82.85	N/A	N/A
92507	Speech & hearing therapy	1/1/2018	1.30000	0.77169	0.05995	35.999600000	$76.74	$62.85	$62.85
92508	Speech & hearing therapy, group	1/1/2018	0.33000	0.27497	0.01199	35.999600000	$22.21	$17.26	$17.26
92511	Nasopharyngoscopy	1/1/2018	0.61000	2.16428	0.04796	35.999600000	$101.60	N/A	N/A
92521	Evaluation of speech fluency	1/1/2018	1.75000	1.25067	0.08393	35.999600000	$111.04	$88.53	$88.53
92522	Evaluation of speech sound production	1/1/2018	1.50000	0.90474	0.09592	35.999600000	$90.02	$73.74	$73.74
92523	Evaluation of speech sound production and language assessment	1/1/2018	3.00000	2.20863	0.13189	35.999600000	$192.26	$152.50	$152.50
92524	Behavioral and qualitative analysis of voice and resonance	1/1/2018	1.50000	0.81604	0.08393	35.999600000	$86.40	$71.71	$71.71

* MPPR rates only display for service codes with the Therapy Usage of "Always"

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December 6, 2018

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Year: 2018

Parameters: Locality Name: Rest of Louisiana(0720299); Service Code(s): ALL Codes

Service Code	Description	Effective Date	Work Component	Practice Component	Malpractice Component	Conversion Factor	Full Rate	Institutional MPPR Rate	Non Institutional MPPR Rate
92526	Oral function therapy	1/1/2018	1.34000	0.92248	0.05995	35.999600000	$83.61	$67.00	$67.00
92597	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech	1/1/2018	1.26000	0.62977	0.08393	35.999600000	$71.05	$59.72	$59.72
92607	Eval for speech generating AAC device, 1st hour	1/1/2018	1.85000	1.58773	0.08393	35.999600000	$126.78	$98.20	$98.20
92608	Eval for speech generating AAC device, each additional 30 mins	1/1/2018	0.70000	0.68299	0.02398	35.999600000	$50.65	$38.36	$38.36
92609	Therapeutic service for use of speech generating device, including programming and modification	1/1/2018	1.50000	1.38372	0.05995	35.999600000	$105.97	$81.06	$81.06
92610	Dysphagia Evaluation	1/1/2018	1.30000	0.94909	0.07194	35.999600000	$83.56	N/A	N/A
95831	Limb muscle testing, manual	1/1/2018	0.28000	0.54994	0.03597	35.999600000	$31.17	N/A	N/A
95832	Hand muscle testing, manual	1/1/2018	0.29000	0.51446	0.05995	35.999600000	$31.12	N/A	N/A
95833	Body muscle testing, manual w/o hands	1/1/2018	0.47000	0.59429	0.02398	35.999600000	$39.18	N/A	N/A
95834	Body muscle testing, manual w/hands	1/1/2018	0.60000	0.79830	0.04796	35.999600000	$52.06	N/A	N/A
95851	Range of motion measurements, limb	1/1/2018	0.16000	0.35480	0.01199	35.999600000	$18.96	N/A	N/A
95852	Range of motion measurements, hand	1/1/2018	0.11000	0.35480	0.01199	35.999600000	$17.16	N/A	N/A
96105	Assessment of aphasia	1/1/2018	1.75000	1.10875	0.08393	35.999600000	$105.94	N/A	N/A
96111	Developmental testing, extended	1/1/2018	2.60000	0.96683	0.16786	35.999600000	$134.45	N/A	N/A
96125	Standardized cognitive testing (e.g. RIPA) per hour	1/1/2018	1.70000	1.41033	0.08393	35.999600000	$114.99	$89.61	$89.61
96127	Brief emotional/behavior assessment (e.g., depression inventory, ADHD scale), w/scoring + doc, per standardized instrument	1/1/2018		0.15079	0.01199	35.999600000	$5.86	N/A	N/A
97012	Mechanical traction therapy	1/1/2018	0.25000	0.14192	0.01199	35.999600000	$14.54	$11.99	$11.99
97016	Vasopneumatic device therapy	1/1/2018	0.18000	0.23062	0.01199	35.999600000	$15.21	$11.06	$11.06

* MPPR rates only display for service codes with the Therapy Usage of "Always"

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December 6, 2018

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Year: 2018

Parameters: Locality Name: Rest of Louisiana(0720299); Service Code(s): ALL Codes

Service Code	Description	Effective Date	Work Component	Practice Component	Malpractice Component	Conversion Factor	Full Rate	Institutional MPPR Rate	Non Institutional MPPR Rate
97018	Paraffin bath therapy	1/1/2018	0.06000	0.15966	0.01199	35.999600000	$8.34	$5.47	$5.47
97022	Whirlpool therapy	1/1/2018	0.17000	0.31932	0.01199	35.999600000	$18.05	$12.30	$12.30
97024	Diathermy treatment and/or microwave therapy	1/1/2018	0.06000	0.11531	0.01199	35.999600000	$6.74	$4.67	$4.67
97028	Ultraviolet therapy	1/1/2018	0.08000	0.12418	0.01199	35.999600000	$7.78	$5.55	$5.55
97032	Electrical stimulation	1/1/2018	0.25000	0.15966	0.01199	35.999600000	$15.18	$12.31	$12.31
97033	Electric current therapy	1/1/2018	0.26000	0.28384	0.01199	35.999600000	$20.01	$14.90	$14.90
97034	Contrast bath therapy	1/1/2018	0.21000	0.18627	0.01199	35.999600000	$14.70	$11.34	$11.34
97035	Ultrasound therapy	1/1/2018	0.21000	0.14192	0.01199	35.999600000	$13.10	$10.55	$10.55
97036	Hydrotherapy	1/1/2018	0.28000	0.63864	0.01199	35.999600000	$33.50	$22.01	$22.01
97110	Therapeutic exercises	1/1/2018	0.45000	0.35480	0.02398	35.999600000	$29.84	$23.45	$23.45
97112	Neuromuscular reeducation	1/1/2018	0.50000	0.41689	0.02398	35.999600000	$33.87	$26.37	$26.37
97113	Aquatic therapy/exercises	1/1/2018	0.48000	0.54107	0.02398	35.999600000	$37.62	$27.88	$27.88
97116	Gait training therapy	1/1/2018	0.45000	0.34593	0.02398	35.999600000	$29.52	$23.29	$23.29
97124	Massage therapy	1/1/2018	0.35000	0.45237	0.01199	35.999600000	$29.32	$21.17	$21.17
97140	Manual therapy techniques	1/1/2018	0.43000	0.31045	0.01199	35.999600000	$27.09	$21.50	$21.50
97150	Group therapeutic procedures	1/1/2018	0.29000	0.19514	0.01199	35.999600000	$17.90	$14.38	$14.38
97161	Physical therapy evaluation: low complexity	1/1/2018	1.20000	1.00231	0.05995	35.999600000	$81.44	$63.40	$63.40
97162	Physical therapy evaluation: moderate complexity	1/1/2018	1.20000	1.00231	0.05995	35.999600000	$81.44	$63.40	$63.40
97163	Physical therapy evaluation: high complexity	1/1/2018	1.20000	1.00231	0.05995	35.999600000	$81.44	$63.40	$63.40

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Fee Schedule Details Report

December 6, 2018

Optima

Year: 2018

Parameters: Locality Name: Rest of Louisiana(0720299); Service Code(s): ALL Codes

Service Code	Description	Effective Date	Work Component	Practice Component	Malpractice Component	Conversion Factor	Full Rate	Institutional MPPR Rate	Non Institutional MPPR Rate
97164	Re-evaluation of physical therapy established plan of care	1/1/2018	0.75000	0.73621	0.03597	35.999600000	$54.80	$41.55	$41.55
97165	Occupational therapy evaluation: low complexity	1/1/2018	1.20000	1.17084	0.05995	35.999600000	$87.51	$66.43	$66.43
97166	Occupational therapy evaluation: moderate complexity	1/1/2018	1.20000	1.17084	0.05995	35.999600000	$87.51	$66.43	$66.43
97167	Occupational therapy evaluation: high complexity	1/1/2018	1.20000	1.17084	0.05995	35.999600000	$87.51	$66.43	$66.43
97168	Re-evaluation of occupational therapy established plan of care	1/1/2018	0.75000	0.86039	0.03597	35.999600000	$59.27	$43.78	$43.78
97530	Therapeutic activities	1/1/2018	0.44000	0.61203	0.02398	35.999600000	$38.74	$27.72	$27.72
97533	Sensory Integration	1/1/2018	0.48000	0.41689	0.02398	35.999600000	$33.15	$25.65	$25.65
97535	Self care management training	1/1/2018	0.45000	0.45237	0.02398	35.999600000	$33.35	$25.21	$25.21
97537	Community/work reintegration	1/1/2018	0.48000	0.39028	0.02398	35.999600000	$32.19	$25.17	$25.17
97542	Wheelchair management training	1/1/2018	0.48000	0.39915	0.02398	35.999600000	$32.51	$25.33	$25.33
97597	Selective debridement, wound, 20 cm or less total wound surface area	1/1/2018	0.51000	1.63208	0.02398	35.999600000	$77.98	N/A	N/A
97598	Selective debridement, wound, > 20 cm total wound surface area	1/1/2018	0.24000	0.47898	0.01199	35.999600000	$26.31	N/A	N/A
97605	NPWT, w/DME, topical application(s), assess+ instruction for ongoing care, per session; total wound (s) surface area < or = 50 sq cm	1/1/2018	0.55000	0.60316	0.02398	35.999600000	$42.38	N/A	N/A
97606	NPWT, w/DME, topical application(s), assess+ instruction for ongoing care, per session; total wound (s) surface area > or = 50 sq cm	1/1/2018	0.60000	0.76282	0.02398	35.999600000	$49.92	N/A	N/A
97610	Low frequency, non-contact, non-thermal ultrasound	1/1/2018	0.35000	3.03354	0.02398	35.999600000	$122.67	N/A	N/A
97750	Physical performance test	1/1/2018	0.45000	0.53220	0.02398	35.999600000	$36.22	$26.64	$26.64
97760	Initial encounter, Orthotic management and training	1/1/2018	0.50000	0.71847	0.02398	35.999600000	$44.73	$31.80	$31.80

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Fee Schedule Details Report

December 6, 2018

Optima

Year: 2018

Parameters: Locality Name: Rest of Louisiana(0720299); Service Code(s): ALL Codes

Service Code	Description	Effective Date	Work Component	Practice Component	Malpractice Component	Conversion Factor	Full Rate	Institutional MPPR Rate	Non Institutional MPPR Rate
97761	Initial encounter, Prosthetic training	1/1/2018	0.50000	0.55881	0.02398	35.999600000	$38.98	$28.92	$28.92
97763	Subsequent encounter, orthotics/prosthetics	1/1/2018	0.48000	0.77169	0.02398	35.999600000	$45.92	$32.03	$32.03
G0279	Excorp shock tx, elbow epi	1/1/2018	0.60000	0.82491	0.03597	35.999600000	$52.59	N/A	N/A
G0281	E-Stim for wounds, unattended	1/1/2018	0.18000	0.20401	0.01199	35.999600000	$14.26	$10.58	$10.58
G0283	E-stim other than wound, unattended	1/1/2018	0.18000	0.20401	0.01199	35.999600000	$14.26	$10.58	$10.58
G0329	Electromagnetic therapy for ulcers	1/1/2018	0.06000	0.21288	0.01199	35.999600000	$10.26	$6.42	$6.42
G0515	Cognitive Skills Development	1/1/2018	0.44000	0.31045	0.02398	35.999600000	$27.88	N/A	N/A

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