LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

LEGEND

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call DXC Technologies Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

01 - Anesthesia. Anesthesia claims are priced off this file.
73 - Full service. The file from which physician services are paid primarily for recipients 16 years of age and older. CPT codes 70010 through 89049 are generally payable for recipients of all ages. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee. Licensed Midwives are paid 75% of the full service fee.
75 - Professional component. Claims with modifier -26 are priced from this file.
77 - Full service file for physician services for recipients 0 through 15 (0-15) years of age. Nurse Practitioners, Clinical Nurse Specialists, Certified Nurse Midwives, and Physician Assistants are paid at 80% of this fee. Licensed Midwives are paid at 75% of the full service fee.

COLUMNS 2, 3 and 4. CODE, DESCRIPTION and FEE: Codes with modifier TH are prenatal obstetrical visits.
MP - MANUALLY PRICED; SP - SYSTEM PRICED
COLUMN 5. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.
COLUMN 6. MED REV (Medical Review): Claims with some codes pend to Medical Review for review of the attachments, manual pricing, or to confirm Prior authorization by the surgeon.
COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.
COLUMN 8. SEX (Restriction): Some procedure codes are indicated for only one sex.
COLUMN 9. PSR (Provider Specialty Restriction): If a code has a provider specialty restriction, reimbursement for its performance will not be made to other specialties.
COLUMN 10. SL (Service Limitation): Codes with frequency limitations.
COLUMN 11. BASE UNITS: The base units for anesthesia codes.
COLUMN 12. X-OVERS (Only): These codes are payable for Medicare/Medicaid recipients only.
COLUMN 13. UVS>001: An 'X' in this column means more than one unit of service per day may be billed.
COLUMN 14. SPEC IND: Indicate if code was related to a particular process.
Code E - Medicaid Expansion
Code M - Global Maternity Code - These codes are payable only when billed to Medicaid as Secondary Payer. Global Maternity Codes billed to Medicaid as Primary Payer will be denied.

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	55.38	16 99								X	
77	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	55.38	00 15					X			X	
73	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.63	16 99								X	
77	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.63	00 15					X			X	
73	G0117	GLAUCOMA SCRN HGH RISK DIREC	61.01								X		
73	G0118	GLAUCOMA SCRN HGH RISK DIREC	40.49								X		
73	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	21.76								X		
73	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	22.81								X		
73	G0141	SCR C/V CYTO,AUTOSYS AND MD	21.76								X		
73	G0179	PHYS SERV FO THE RECERT OF MEDICARE	40.53								X		
73	G0180	MD CERTIFICATION HHA PATIENT	52.55								X		
73	G0181	HOME HEALTH CARE SUPERVISION	105.01								X		
73	G0245	INITIAL FOOT EXAM PT LOPS	64.98								X		
73	G0246	FOLLOWUP EVAL OF FOOT PT LOP	37.87								X		
73	G0247	ROUTINE FOOTCARE PT W LOPS	81.71								X		
73	G0250	MD REVIEW INTERPRET OF TEST	8.38								X		
73	G0268	REMOVAL OF IMPACTED WAX MD	52.92								X		
73	G0270	MNT SUBS TX FOR CHANGE DX	31.77								X		
73	G0271	GROUP MNT 2 OR MORE 30 MINS	16.91								X		
73	G0278	ILIAC ART ANGIO,CARDIAC CATH	15.27								X		
73	G0281	ELEC STIM UNATTEND FOR PRESS	12.23								X		
73	G0283	ELEC STIM OTHER THAN WOUND	12.23								X		
73	G0289	ARTHRO, LOOSE BODY + CHONDRO	90.45								X		
73	G0329	ELECTROMAGNTIC TX FOR ULCERS	10.65								X		
73	G0341	PERCUTANEOUS ISLET CELLTRANS	1,673.62								X		
73	G0342	LAPAROSCOPY ISLET CELL TRANS	816.95								X		
73	G0343	LAPAROTOMY ISLET CELL TRANSP	1,344.46								X		
73	G0372	MD SERVICE REQUIRED FOR PMD	9.00								X		
75	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	45.93	19 70									E
01	00100	ANES;SALIVARY GLANDS, BIOPSY	SP					X		5		X	
01	00102	ANES;PLASTIC REPAIR OF CLEFT LIP	SP					X		6		X	
01	00103	ANES FOR PROCEDURES ON EYE, BLEPH	SP					X		5		X	
01	00120	ANES;ALL OF EAR;NOS	SP					X		5		X	
01	00124	ANES; OTOSCOPY	SP					X		4		X	
01	00126	ANES; TYPANOTOMY	SP					X		4		X	
01	00140	ANES;EYE;NOS	SP					X		5		X	
01	00142	ANES;LENS SURGERY	SP					X		4		X	
01	00144	ANES;CORNEAL TRANSPLANT	SP					X		6		X	
01	00145	ANES;VITEORETINAL SURGERY	SP					X		6		X	
01	00147	ANES;IRIDECTOMY	SP					X		4		X	
01	00148	ANES;OPHTHALMOSCOPY	SP					X		4		X	
01	00160	ANES;NOSE/ACC.SINUSES;NOS	SP					X		5		X	
01	00162	ANES;NOSE/SINUSES;RADICAL SURGERY	SP					X		7		X	
01	00164	ANES;NOSE/SINUSES;BIOPSY,SOFT TISSUE	SP					X		4		X	
01	00170	ANES;INTRAORAL PLUS BIOPSY;NOS	SP					X		5		X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
01	00172	ANES;INTRAORAL REPAIR CLEFT PALATE	SP					X		6		X	
01	00174	ANES;NOSE/SIN;EXCISE RETROPHARY TUMO	SP					X		6		X	
01	00176	ANES;NOSE/SINUS;RADICAL SURGERY	SP					X		7		X	
01	00190	ANES;FACIAL BONES OR SKULL;NOS	SP					X		5		X	
01	00192	ANES; FACIAL BONES; RADICAL SURGERY	SP					X		7		X	
01	00210	ANESTH, CRANIAL SURG NOS	SP					X		11		X	
01	00211	ANESTHESIA FOR INTRACRANIAL PROCEDUR	SP					X		10		X	
01	00212	ANES;INTRACRANIAL;SUBDURAL TABS	SP					X		5		X	
01	00214	ANES;INTRACRANIAL;BURR HOLES	SP					X		9		X	
01	00215	ANES FOR INTRACRANIAL PROCUEDURE	SP					X		9		X	
01	00216	ANES;INTRACRANIAL;VASCULAR PROCEDURE	SP					X		15		X	
01	00218	INTRACRANIAL,PROC.IN SITTING POSITIO	SP					X		13		X	
01	00220	ANES;INTRACAN;SPINAL FLUID SHUNTING	SP					X		10		X	
01	00222	ANES;ELECTROAG.INTRACRANIAL NERVE	SP					X		6		X	
01	00300	ANES;NECK INTEGUMENTARY,SUBCUT TISS.	SP					X		5		X	
01	00320	ANES;ESOPH,THYROID,ETC; NOS	SP	01 99				X		6		X	
01	00322	ANES;NEEDLE BIOPSY OF THYROID	SP					X		3		X	
01	00326	ANES; THE LARYNX AND TRACHEA	SP	00 00				X		7		X	
01	00350	ANES;MAJOR VESSEL,NECK;NOS	SP					X		10		X	
01	00352	ANES;MAJOR VESSELS NECK;SIMPL.LIGATI	SP					X		5		X	
01	00400	ANES;ANTERIOR...CHEST...;NOS	SP					X		3		X	
01	00402	ANES;RECONSTRUCT BREAST;NOS	SP					X		5		X	
01	00404	ANES;RAD OR MOD BREAST PROC	SP					X		5		X	
01	00406	ANES,RAD/MOD PROC W/NODE DISSECTION	SP					X		13		X	
01	00410	ANES;ELECTRICAL CONVER.ARRHYTHMIAS	SP					X		4		X	
01	00450	ANES,CLAV/SCAP;NOS	SP					X		5		X	
01	00454	ANES;BX OF CLAVICLE	SP					X		3		X	
01	00470	ANES;PARTIAL RIB RESECTION;NOS	SP					X		6		X	
01	00472	ANES;THORACOPLASTY (ANY TYPE	SP					X		10		X	
01	00474	ANES;RADICAL PROCEDURES	SP					X		13		X	
01	00500	ANES;ALL PROCEDURES ON ESOPHAGUS	SP							15		X	
01	00520	ANES;CLOSED CHEST PROC;NOS	SP					X		6		X	
01	00522	ANES;NEEDLE BX OF PLEURA	SP					X		4		X	
01	00524	ANES;PNEUMOCENTESIS	SP					X		4		X	
01	00528	ANES;MEDIASTINOSCOPY/DX THORACOSCOPY	SP					X		8		X	
01	00529	ANESTH, CHEST PARTITION VIEW	SP					X		11		X	
01	00530	ANES;TRANSVENOUS PACEMAKER INSERT	SP					X		4		X	
01	00532	ANESTHESIA FOR ACCESS TO CENTRAL VEN	SP					X		4		X	
01	00534	ANESTHESIA FOR TRANSVENOUS INSERTION	SP					X		7		X	
01	00537	ANES;CARDIAC ELECTROPHYS	SP					X		10		X	
01	00539	ANES;TRACHEOBRONCHIAL RECONSTRUCTION	SP					X		18		X	
01	00540	ANES;THORACOT,LUNGS,PLEURA,ETC;NOS	SP					X		12		X	
01	00541	ANES;THORACOT,UTILIZING ONE LUNG	SP					X		15		X	
01	00542	ANES;DECORTICATION	SP					X		15		X	
01	00546	ANES;PULM.RESECTION W/THORACOPLASTY	SP					X		15		X	

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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	00548	ANES;INTRATHOR,TRACHEA AND BRONCHI	SP						X		17		X	
01	00550	ANESTH,STERNAL DEBRIDEMENT	SP						X		10		X	
01	00560	ANES;HEART,PERICAR,ETC.W/OPUMP OXYGE	SP						X		15		X	
01	00561	ANESTH, HEART SURG < AGE 1	SP	00	00				X		25		X	
01	00562	ANES;HEART,PERICAR,ETC.W/PUMP OXYGE	SP	01	99				X		20		X	
01	00563	ANESTH,HEART PROC W/PUMP	SP						X		25		X	
01	00566	ANES;CORONARY ARTERY BYPASS W/O PUMP	SP						X		25		X	
01	00567	ANESTHESIA FOR DIRECT CORONARY ARTER	SP						X		18		X	
01	00580	ANES;HEART OR HEART/LUNG TRANSPLANT	SP			X			X		20		X	
01	00600	ANES;CERV.SPINE-CORD;NOS	SP						X	X	10		X	
01	00604	ANES;CERV.SPINE-CORD;SITTING POSITIO	SP						X	X	13		X	
01	00620	ANES;THORAC SPINE/CORD;NOS	SP						X	X	10		X	
01	00625	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		13		X	
01	00626	ANESTHESIA FOR PROCEDURES ON THE THO	SP						X		15		X	
01	00630	ANES;LUMBAR REGIONS;NOS	SP						X	X	8		X	
01	00632	ANES;LUMBAR SYMPATHECTOMY	SP						X		7		X	
01	00635	ANES;LUMBAR PUNCTURE	SP								4		X	
01	00640	ANES;MANIP OF SPINE FOR CLOSED PROCE	SP						X		3		X	
01	00670	ANES;EXT SPINE CORD PROCEDURES	SP						X		13		X	
01	00700	ANES;UPPER ANT. WALL;NOS	SP						X		4		X	
01	00702	ANES;PERCUTANEOUS LIVER BX	SP								4		X	
01	00730	ANES;UPPER POSTERIOR ABDOM WALL;NOS	SP						X		5		X	
01	00731	ANESTHESIA FOR UPPER GASTROINTESTIN	SP						X		5		X	
01	00732	ANESTHESIA FOR UPPER GASTROINTESTIN	SP						X		6		X	
01	00750	ANES;HERNIA REP.UPPER ABDOMEN;NOS	SP						X		4		X	
01	00752	ANES;HERNIA,LUMBAR,VENTRAL/WND DEHIS	SP						X		6		X	
01	00754	ANES;OMPHALOCELE	SP						X		7		X	
01	00756	ANES;TRANSABDOM.REP DIAPHRA.HERNIA	SP						X		7		X	
01	00770	ANES;ALL PROC,MAJOR ABDO.BLD.VESSELS	SP						X		15		X	
01	00790	ANES;INTRAPERI,UPPER ABDO/SHUNTS,NOS	SP						X		7		X	
01	00792	ANES;PARTIAL HEPATECTOMY/NO LIVER BX	SP						X		13		X	
01	00794	ANES;PART./TOT.PANCREATECTOMY	SP						X		8		X	
01	00796	ANES;LIVER TRANSPLANT (RECIPIENT)	SP			X			X		30		X	
01	00797	ANES;GASTRIC RESTR.PROC.MORB.OBESITY	SP			X			X		11		X	
01	00800	ANES;LOWER ANTER.ABDO.WALL;NOS	SP						X		4		X	
01	00802	ANES;PANNICULECTOMY	SP			X			X		5		X	
01	00811	ANESTHESIA FOR LOWER ENDOSCOPIC PROC	SP						X		4		X	
01	00812	ANESTHESIA FOR LOWER ENDOSCOPIC PROC	SP						X		3		X	
01	00813	ANESTHESIA FOR COMBINED UPPER AND L	SP						X		5		X	
01	00820	ANES;LOWER POST. ABDOMINAL WALL	SP						X		5		X	
01	00830	ANES;HERNIA REP. LOWER ABDO;NOS	SP						X		4		X	
01	00832	ANES;LOWER ABDO;VENT/INCIS.HERNIAS	SP						X		6		X	
01	00834	ANES;HERNIA REPAIRS IN LOW ABDOM NOS	SP	00	00				X		5		X	
01	00836	ANES;HENIA REPAIRS NOS INFANTS	SP	00	02				X		6		X	
01	00840	ANES;INTRAPERI,LOWER ABDO;NOSS	SP						X		6		X	

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				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	00842	ANES;AMNIOCENTESIS	SP					F	X		4		X	
01	00844	ANES;ABDOMINOPERINAEAL RESECTION	SP						X		7		X	
01	00846	ANES;RADICAL HYSTERECTOMY	SP			X		F	X	X	8		X	
01	00848	ANES;PELVIC EXENTERATION	SP			X			X		8		X	
01	00851	ANES;TUBAL LIGATION/TRANSECTION	SP	21	64	X		F	X	X	6		X	
01	00860	ANES;EXTRAPERI,LOWER ABDO,NOT URINAR	SP						X		6		X	
01	00862	ANES;RENAL PROC/DONOR NEPHRECTOMY	SP			X					7		X	
01	00864	ANES;TOTAL CYSTECTOMY	SP			X			X	X	8		X	
01	00865	ANES;REMOVAL OF PROSTATE	SP			X		M	X	X	7		X	
01	00866	ANES;ADRENALECTOMY	SP						X		10		X	
01	00868	ANES;RENAL TRANSPLANT (RECEPIENT)	SP			X			X		10		X	
01	00870	ANES;CYSTOLITHOTOMY	SP			X			X		5		X	
01	00872	ANES;LITHOTRIPSY,ESW;WITH WATER BATH	SP						X		7		X	
01	00873	ANES;LITHOTRIPSY,ESW;W/O WATER BATH	SP						X		5		X	
01	00880	ANES;MAJOR LOW.ABDO VESSEL;NOS	SP						X		15		X	
01	00882	ANES;INFERIOR VENA CAVA LIGATION	SP						X		10		X	
01	00902	ANES;ANORECTAL (INCLUDES ENDOS & BX)	SP						X		5		X	
01	00904	ANES;RADICAL PERINEAL PROCEDURE	SP						X		7		X	
01	00906	ANES;VULVECTOMY	SP					F	X	X	4		X	
01	00908	ANES;PERIENEAL PROSTATECTOMY	SP					M	X	X	6		X	
01	00910	ANES;TRANSURETHAL (INCL URETHROC;NOS	SP						X		3		X	
01	00912	ANES;TRANURETHRAL RESECT.BLADDER TU	SP						X		5		X	
01	00914	ANES;TRANURETHRAL RESECT-PROSTATE	SP					M	X		5		X	
01	00916	ANES;POST-TRANSURETH.RESECT-BLEEDING	SP						X		5		X	
01	00918	ANES;W/FRAGMENT,MANIP/REMO.URET CALC	SP						X		5		X	
01	00920	ANES;MALE EXT GENITALIA;NOS	SP					M	X		3		X	
01	00921	ANES;VASECTOMY,UNILATERNAL/BILATERAL	SP	21	55	X		M	X	X	3		X	
01	00922	ANES;SEMINAL VESICLES	SP			X		M	X	X	6		X	
01	00924	ANES;UNDESCENDED TETIS,UNI-BILATERAL	SP					M	X		4		X	
01	00926	ANES;RAD ORCHIECTOMY, INGUINAL	SP					M	X	X	4		X	
01	00928	ANES;RAD ORCHIECTOMY,ABDOMINAL	SP					M	X	X	6		X	
01	00930	ANES;ORCHIOPEXY,UNI-BILATERAL	SP					M	X		4		X	
01	00932	ANES;COMPLETE PENIS AMPUTATION	SP					M	X	X	4		X	
01	00934	ANES;RAD AMPU.PENIS,BILAT...LYMPHAD.	SP					M	X	X	6		X	
01	00936	ANES;RAD AMPU PENIS...LYMPHAD	SP					M	X	X	8		X	
01	00940	ANES;VAGINAL PROC;NOS	SP					F	X		3		X	
01	00942	ANES;COLPOTOMY,VAGINECTOMY,COLPORRHA	SP					F	X		4		X	
01	00944	ANES;VAGINAL HYSTERECTOMY	SP			X		F	X	X	6		X	
01	00948	ANES; CERVICAL CERCLAGE	SP					F	X		4		X	
01	00950	ANES;CULDOSCOPY	SP					F	X		5		X	
01	00952	HYSTEROSCOPY/HYSTEROSALPINGOGRAPHY	SP			X		F	X		4		X	
01	01112	ANES;BONE APSIRATE/BX,ANTORPOST ILIA	SP						X		5		X	
01	01120	ANES;FOR BONY PELVIS PROCEDURES	SP						X		6		X	
01	01130	ANES;FOR BODY CASRT APPLI./REVISION	SP						X		3		X	
01	01140	ANES;INTERPELVIABDOMINAL AMPUTATION	SP						X		15		X	

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01	01150	ANES;RAD PROC,TUMORS,NOT HIND QUART.	SP					X		10		X	
01	01160	ANES;CLSD PROC,SYMPHYSIS PUBIS/SACRO	SP					X		4		X	
01	01170	ANES;OPEN PROC,SYMPHYSIS PUBIS/SACRO	SP					X		8		X	
01	01173	ANESTH, FX REPAIR, PELVIS	SP					X		12		X	
01	01200	ANES;ALL CLSD HIP JOINT PROC.	SP					X		4		X	
01	01202	ANES;ARTHROSCOPIC PROC,HIP JOINT	SP					X		4		X	
01	01210	ANES;OPEN HIP JOINT PROC; NOS	SP					X		6		X	
01	01212	ANES; HIP DISARTICULATION	SP					X		10		X	
01	01214	ANES;TOTAL HIP ARTHROPLASTY	SP					X		8		X	
01	01215	ANES;REVISION TOTAL HIP ARTHROPLASTY	SP					X		10		X	
01	01220	ANES;CLSD PROC,2/3 UPPER FEMUR	SP					X		4		X	
01	01230	ANES;OPEN PROC,2/3 UPPER FEMUR; NOS	SP					X		6		X	
01	01232	ANES;AMPUTATION UPPER LEG	SP					X		5		X	
01	01234	ANES;RADICAL RESECTION,UPPER LEG	SP					X		8		X	
01	01250	ANES;NERVES,MUSCLS,TENDONS,FASCIA,ET	SP					X		4		X	
01	01260	ANES;VEINS,UPPER LEG-PLUS EXPLORAT.	SP					X		3		X	
01	01270	ANES;ART.UPPER LEG,BY-PASS GRFT, NOS	SP					X		8		X	
01	01272	ANES;FEMORAL ARTERY LIGATION	SP					X		4		X	
01	01274	ANES;FEMORAL ARTERY EMBOLECTOMY	SP					X		6		X	
01	01320	ANES;NERVES,MUSCLES...KNEE POPLITEAL	SP					X		4		X	
01	01340	ANES;CLSD PROC,LOWER 1/3 FEMUR	SP					X		4		X	
01	01360	ANES;OPEN PROC, LOWER 1/3 FEMUR	SP					X		5		X	
01	01380	ANES;CLSD PROC ON KNEE JOINT	SP					X		3		X	
01	01382	ANES;ARTHROSCOPY, KNEE JOINT	SP					X		3		X	
01	01390	ANES;CLSD,UPPER END TIBIA,FIBULA....	SP					X		3		X	
01	01392	ANES;OPEN,UPPER END TIBIA,FIBULA	SP					X		4		X	
01	01400	ANES;OPEN KNEE JOINT PROC; NOS	SP					X		4		X	
01	01402	ANES;TOTAL KNEE REPLACEMENT	SP					X		7		X	
01	01404	ANES; DISARTICULATION AT KNEE	SP					X		5		X	
01	01420	ANES;CAST APPLI,REMOVAL,REPAIR,KNEE	SP					X		3		X	
01	01430	ANES;KNEE,POPLITEAL AREA;NOS	SP					X		3		X	
01	01432	ANES; ARTERIOVENOUS FISTULA	SP					X		6		X	
01	01440	ANES;ARTERIES-KNEE/POPLITEAS..; NOS	SP					X		8		X	
01	01442	ANES;POPLITEAL THROMBOENDARTERECTOMY	SP					X		8		X	
01	01444	ANES;POPLITEAL EXC,GRFT,REP,ANEURYSM	SP					X		8		X	
01	01462	ANES;CLSD PROC LOWER LED,ANKLE,FOOT	SP					X		3		X	
01	01464	ANES; ARTHROSCOPY OF ANKLE/FOOT	SP					X		3		X	
01	01470	ANES;NERVES,MUSCLES,ETC,LOWER LEG/FT	SP					X		3		X	
01	01472	ANES;REP RUPT ACHILLES TEND.W/WO GFT	SP					X		5		X	
01	01474	ANES; GASTROCNEMIUS RECESSION	SP					X		5		X	
01	01480	ANES;OPEN,LOW LEG,ANKLE,FOOT; NOS	SP					X		3		X	
01	01482	ANES;RADICAL RESECTION	SP					X		4		X	
01	01484	ANES;OSTEOTOMY/OSTEOPLASTY,TIB/FIB	SP					X		4		X	
01	01486	ANES; TOTAL ANKLE REPLACEMENT	SP					X		7		X	
01	01490	ANES;LOWER LEG CAST APPL REMO/REPAIR	SP					X		3		X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
01	01500	ANES;LOW LEG ARTERIES,BYPASS GFT;NOS	SP					X		8		X	
01	01502	ANES; EMBOLECTOMY, DIRECT OR CATHET.	SP					X		6		X	
01	01520	ANES;PROC,VEINS,LOWER LEG; NOS	SP					X		3		X	
01	01522	ANES; VENOUS THROMBECTOMY,DIR.W/CATH	SP					X		5		X	
01	01610	ANES;NERVES,MUSCLES,ETC;SHOUL.-AXILL	SP					X		5		X	
01	01620	ANES;CLSD PROC,SHOULDER, AXILLA	SP					X		4		X	
01	01622	ANES;ARTHROSCOPY,SHOULDER JOINT	SP					X		4		X	
01	01630	ANES;OPEN PROC,SHOLDER/AXILLA;NOS	SP					X		5		X	
01	01634	ANES;SHOULDER DISARTICULATION	SP					X		9		X	
01	01636	ANES;INTERTHORACOSCAPULAR AMPUTATION	SP					X		15		X	
01	01638	ANES;TOTAL SHOULDER REPLACEMENT	SP					X		10		X	
01	01650	ANES;ARTERIES,SHOULDER,AXILLA; NOS	SP					X		6		X	
01	01652	ANES;AXILLARY-BRACHIAL ANEURYSM	SP					X		10		X	
01	01654	ANES; BYPASS GRAFT (SHOULDER, AXILLA	SP					X		8		X	
01	01656	ANES;AXILLA-FEMORAL BYPASS GRAFT	SP					X		10		X	
01	01670	ANES;PROC VEINS SHOULDER, AXILLA	SP					X		4		X	
01	01680	ANES;SHOULDER CAST APPLI,REM,REP;NOS	SP					X		3		X	
01	01710	ANES;NERVES,MUSCLES,ETC,ARM/ELB;NOS	SP					X		3		X	
01	01712	ANES; TENOTOMY,ELBOW-SHOULDER,OPEN	SP					X		5		X	
01	01714	ANES;TENOPLASTY,ELBOW TO SHOULDER	SP					X		5		X	
01	01716	ANES;TENODESIS,RUP,LNG TENDON,BICEPS	SP					X		5		X	
01	01730	ANES;CLSD PROC,HUMERUS AND ELBOW	SP					X		3		X	
01	01732	ANES;ARTHROSCOPY,ELBOW JOINT	SP					X		3		X	
01	01740	ANES;OPEN/SURG.PROC ELBOW;NOS	SP					X		4		X	
01	01742	ANES; OSTEOTOMY OF HUMERUS	SP					X		5		X	
01	01744	ANES;REP NON OR MALUNION OF HUMERUS	SP					X		5		X	
01	01756	ANES; RADICAL PROC,UPPER ARM, ELBOW	SP					X		6		X	
01	01758	ANES;EXCISE CYST,TUMOR,HUMERES	SP					X		5		X	
01	01760	ANES;TOTAL ELBOW REPLACEMENT	SP					X		7		X	
01	01770	ANES;ARTERIAL PROC UP-ARM,ELBOW;NOS	SP					X		6		X	
01	01772	ANES;EMBOLECTOMY,UPPER ARM, ELBOW	SP					X		6		X	
01	01780	ANES;VENOUS PROC,UPPER ARM,ELBOW;NOS	SP					X		3		X	
01	01782	ANES;PHEBORRHAPHY	SP					X		4		X	
01	01810	ANES;NERVE,MUSCLES,ETC.FORARM,ETC...	SP					X		3		X	
01	01820	ANES;CLSD PROC,RADIUS,ULNA,WRIST,ETC	SP					X		3		X	
01	01829	ANES;FOR DIAGNOSTIC ARTH PROC WRIST	SP					X		3		X	
01	01830	ANES;OPEN PROC,RADIUS,ULNA,WRIST,NOS	SP					X		3		X	
01	01832	ANES;TOTAL WRIST REPLACEMENT	SP					X		6		X	
01	01840	ANES;ARTERIAL PROC,FOREARM,ETC; NOS	SP					X		6		X	
01	01842	ANES;EMBOLECTOMY,FOREARM,WRIST,ETC	SP					X		6		X	
01	01844	ANES;ANY TYPE,VASCULAR SHUNT/REVISE.	SP					X		6		X	
01	01850	ANES;VEINS,FOREARM,WRIST,ETC;NOS	SP					X		3		X	
01	01852	ANES;PHLEBORRHPHY,FOREARM,WRIST,HAND	SP					X		4		X	
01	01860	ANES;CAST APPLI.REM.REP.,FOREARM,ETC	SP					X		3		X	
01	01916	ANES;DIAG ARTERIOGRAPHY/VENOGRAPHY	SP					X		5		X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
01	01920	ANES;CARD.CATH,CORO ANGIO/VENTRICULO	SP						X		7		X	
01	01922	ANES;NON-INVASIVE IMAG RAD THERAPHY	SP						X		7		X	
01	01924	ANES, THER INTERVEN RAD,ARTE SYS;NOS	SP						X		5		X	
01	01925	ANES, THER INTERVEN RAD,CAROTID/CORO	SP						X		7		X	
01	01926	ANES;THER INTERV INTRACRAN/CARD,AORT	SP						X		8		X	
01	01930	ANES;THER INTERV RAD, VEN/LYMPHATIC	SP						X		5		X	
01	01931	ANES;THER INTERVEN RAD TIPS	SP						X		7		X	
01	01932	ANES;THER INTERV INTRAHORAC JUGULAR	SP						X		6		X	
01	01933	ANES;THER INTERV RAD INTRACRANIAL	SP						X		7		X	
01	01937	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01938	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01939	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01940	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		4		X	
01	01941	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01942	ANESTHESIA FOR PERCUTANEOUS IMAGE-GU	SP						X		5		X	
01	01951	ANESTH, BURN, LESS THAN ONE PERCENT	SP						X		3		X	
01	01952	ANES;BURN,BETWEEN 4-9 PERCENT	SP						X		5		X	
01	01953	ANES;BURN, EACH ADD 9 PERCENT	SP						X		1		X	
01	01958	ANESTH, ANTEPARTUM MANIPUL	SP					F	X		5		X	
01	01960	ANES;VAGINAL DELIVERY	SP	09	60			F	X	X	5		X	
01	01961	ANES;CESAREAN DELIVERY ONLY	SP	09	60			F	X	X	7		X	
01	01962	ANES;URGENT HYSTERECTOMY FOLLOW.DELI	SP	09	60	X		F	X	X	8		X	
01	01963	ANESTHESIA FOR CESAREAN REMOVAL OF U	SP	09	60	X		F	X	X	8		X	
01	01965	ANESTH, INC/MISSED AB PROC	SP	09	60	X		F	X		4		X	
01	01966	ANESTH, INDUCED AB PROCEDURE	SP	09	60	X		F	X		4		X	
01	01967	ANES;NEURAXIAL LABOR ANALG VAGIN DEL	SP	09	60			F	X	X	5		X	
01	01968	ANES;ANALG CS DELIVER FOLL NEURA LAB	SP	09	60			F	X	X	2		X	
01	01969	ANES;ANALG CS HYST FOLL NEURAX LABOR	SP	09	60			F	X	X	5		X	
01	01991	ANES;FOR DIA OR THER NERVE BLOCK INJ	SP						X	X	3		X	
01	01992	ANES;PRONE POSITION	SP						X	X	5		X	
01	01999	ANES;UNLISTED PROCEDURE (S)	SP			X			X				X	
73	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	52.84										X	
77	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	52.84	00	15								X	
73	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	139.32											
77	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	139.32	00	15									
73	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	61.82										X	
77	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	61.82	00	15								X	
73	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	298.63											
77	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	298.63	00	15									
73	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	163.39										X	
77	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	163.39	00	15								X	
73	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	446.41											
77	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	446.41	00	15									
73	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	262.91										X	
77	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	262.91	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	10021	FNA W/O IMAGE	102.16										
77	10021	FNA W/O IMAGE	102.16	00 15									
73	10030	Fluid collection drainage by cathete	652.03										
77	10030	Fluid collection drainage by cathete	652.03	00 15									
73	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	373.57										
77	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	373.57	00 15									
73	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	309.55										
77	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	309.55	00 15									
73	10060	DRAINAGE OF SKIN ABSCESS	124.17										
77	10060	DRAINAGE OF SKIN ABSCESS	124.17	00 15									
73	10061	DRAIN SKIN ABSCESS COMPLICATED	215.98										
77	10061	DRAIN SKIN ABSCESS COMPLICATED	215.98	00 15									
73	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	255.04										
77	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	255.04	00 15									
73	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	351.35										
77	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	351.35	00 15									
73	10120	SIMPLE REMOVAL FOREIGN BODY	148.92										
77	10120	SIMPLE REMOVAL FOREIGN BODY	148.92	00 15									
73	10121	COMPLICATED REMOVAL FOREIGN BODY	268.62										
77	10121	COMPLICATED REMOVAL FOREIGN BODY	268.62	00 15									
73	10140	INCISE/DRAIN SIMPLE HEMATOMA	171.31										
77	10140	INCISE/DRAIN SIMPLE HEMATOMA	171.31	00 15									
73	10160	PUNCTURE DRAINAGE OF LESION	129.49										
77	10160	PUNCTURE DRAINAGE OF LESION	129.49	00 15									
73	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	269.48										
77	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	269.48	00 15									
73	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	58.15										
77	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	58.15	00 15									
73	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	26.98									X	
77	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	26.98	00 15								X	
73	11004	DEBRIDE GENITALIA & PERINEUM	609.42										
77	11004	DEBRIDE GENITALIA & PERINEUM	609.42	00 15									
73	11005	DEBRIDE ABDOM WALL	842.66										
77	11005	DEBRIDE ABDOM WALL	842.66	00 15									
73	11006	DEBRIDE GENIT/PER/ABDOM WALL	755.29										
77	11006	DEBRIDE GENIT/PER/ABDOM WALL	755.29	00 15									
73	11008	REMOVE MESH FROM ABD WALL	297.65										
77	11008	REMOVE MESH FROM ABD WALL	297.65	00 15									
73	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	462.87										
77	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	462.87	00 15									
73	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	512.11										
77	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	512.11	00 15									
73	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	667.93									X	
77	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	667.93	00 15								X	
73	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	129.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	129.43	00 15									
73	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	237.77										
77	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	237.77	00 15									
73	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	319.26										
77	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	319.26	00 15									
73	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	42.03									X	
77	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	42.03	00 15								X	
73	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	76.84									X	
77	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	76.84	00 15								X	
73	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	126.37									X	
77	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	126.37	00 15								X	
73	11055	TRIM SKIN LESION	71.14										
77	11055	TRIM SKIN LESION	71.14	00 15									
73	11056	TRIM 2 TO 4 SKIN LESIONS	81.48										
77	11056	TRIM 2 TO 4 SKIN LESIONS	81.48	00 15									
73	11057	TRIM OVER 4 SKIN LESIONS	89.78										
77	11057	TRIM OVER 4 SKIN LESIONS	89.78	00 15									
73	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	101.15										
77	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	101.15	00 15									
73	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	50.64									X	
77	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	50.64	00 15								X	
73	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	125.78										
77	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	125.78	00 15									
73	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	59.07									X	
77	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	59.07	00 15								X	
73	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	155.57										
77	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	155.57	00 15									
73	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	71.60									X	
77	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	71.60	00 15								X	
73	11200	EXCISE UP TO 15 SKIN TAGS	89.76										
77	11200	EXCISE UP TO 15 SKIN TAGS	89.76	00 15									
73	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	18.92									X	
77	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	18.92	00 15								X	
73	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	101.32										
77	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	101.32	00 15									
73	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	121.78										
77	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	121.78	00 15									
73	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	138.00										
77	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	138.00	00 15									
73	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	152.21										
77	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	152.21	00 15									
73	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	106.85										
77	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	106.85	00 15									
73	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	122.57										
77	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	122.57	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	140.63										
77	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	140.63	00 15									
73	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	149.53										
77	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	149.53	00 15									
73	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	116.06										
77	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	116.06	00 15									
73	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	137.17										
77	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	137.17	00 15									
73	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.23										
77	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	155.23	00 15									
73	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	182.72										
77	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	182.72	00 15									
73	11400	EXCISE BENIGN LESION TO 0.5 CM	127.34									X	
77	11400	EXCISE BENIGN LESION TO 0.5 CM	127.34	00 15								X	
73	11401	EXCISE BENIGN LESION 0.6 TO 1CM	156.86									X	
77	11401	EXCISE BENIGN LESION 0.6 TO 1CM	156.86	00 15								X	
73	11402	EXCISE BENIGN LESION 1.1 TO 2CM	173.02									X	
77	11402	EXCISE BENIGN LESION 1.1 TO 2CM	173.02	00 15								X	
73	11403	EXCISE BENIGN LESION 2.1 TO 3CM	199.16									X	
77	11403	EXCISE BENIGN LESION 2.1 TO 3CM	199.16	00 15								X	
73	11404	EXCISE BENIGN LESION 3.1 TO 4CM	227.75									X	
77	11404	EXCISE BENIGN LESION 3.1 TO 4CM	227.75	00 15								X	
73	11406	EXCISE BENIGN LESION OVER 4 CM	328.08									X	
77	11406	EXCISE BENIGN LESION OVER 4 CM	328.08	00 15								X	
73	11420	EXCISE BENIGN LESION TO 0.5 CM	127.14									X	
77	11420	EXCISE BENIGN LESION TO 0.5 CM	127.14	00 15								X	
73	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	160.56									X	
77	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	160.56	00 15								X	
73	11422	EXCISE BENIGN LESION 1.1 TO 2CM	180.56									X	
77	11422	EXCISE BENIGN LESION 1.1 TO 2CM	180.56	00 15								X	
73	11423	EXCISE BENIGN LESION 2.1 TO 3CM	206.88									X	
77	11423	EXCISE BENIGN LESION 2.1 TO 3CM	206.88	00 15								X	
73	11424	EXCISE BENIGN LESION 3.1 TO 4CM	238.21									X	
77	11424	EXCISE BENIGN LESION 3.1 TO 4CM	238.21	00 15								X	
73	11426	EXCISE BENIGN LESION OVER 4.0 CM	342.70									X	
77	11426	EXCISE BENIGN LESION OVER 4.0 CM	342.70	00 15								X	
73	11440	EXCISE BENIGN LESION TO 0.5 CM	142.50									X	
77	11440	EXCISE BENIGN LESION TO 0.5 CM	142.50	00 15								X	
73	11441	EXCISE BENIGN LESION 0.6 TO 1CM	175.15									X	
77	11441	EXCISE BENIGN LESION 0.6 TO 1CM	175.15	00 15								X	
73	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.59									X	
77	11442	EXCISE BENIGN LESION 1.1 TO 2CM	194.59	00 15								X	
73	11443	EXCISE BENIGN LESION 2.1 TO 3CM	230.80									X	
77	11443	EXCISE BENIGN LESION 2.1 TO 3CM	230.80	00 15								X	
73	11444	EXCISE BENIGN LESION 3.1 TO 4CM	288.28									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	11444	EXCISE BENIGN LESION 3.1 TO 4CM	288.28	00	15								X	
73	11446	EXCISE BENIGN LESION OVER 4.0 CM	394.84										X	
77	11446	EXCISE BENIGN LESION OVER 4.0 CM	394.84	00	15								X	
73	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	445.42											
77	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	445.42	00	15									
73	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	541.78											
77	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	541.78	00	15									
73	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	430.45											
77	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	430.45	00	15									
73	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	550.67											
77	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	550.67	00	15									
73	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	466.67											
77	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	466.67	00	15									
73	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	561.56											
77	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	561.56	00	15									
73	11600	EXCISE MALIGNANCY TO 0.5 CM	198.44										X	
77	11600	EXCISE MALIGNANCY TO 0.5 CM	198.44	00	15								X	
73	11601	EXCISE MALIGNANCY 0.6 TO 1CM	229.30										X	
77	11601	EXCISE MALIGNANCY 0.6 TO 1CM	229.30	00	15								X	
73	11602	EXCISE MALIGNANCY 1.1 TO 2CM	244.27										X	
77	11602	EXCISE MALIGNANCY 1.1 TO 2CM	244.27	00	15								X	
73	11603	EXCISE MALIGNANCY 2.1 TO 3CM	279.47										X	
77	11603	EXCISE MALIGNANCY 2.1 TO 3CM	279.47	00	15								X	
73	11604	EXCISE MALIGNANCY 3.1 TO 4CM	312.34										X	
77	11604	EXCISE MALIGNANCY 3.1 TO 4CM	312.34	00	15								X	
73	11606	EXCISE MALIGNANCY OVER 4CM	456.99										X	
77	11606	EXCISE MALIGNANCY OVER 4CM	456.99	00	15								X	
73	11620	EXCISE MALIGNANCY TO 0.5CM	199.10										X	
77	11620	EXCISE MALIGNANCY TO 0.5CM	199.10	00	15								X	
73	11621	EXCISE MALIGNANCY 0.6 TO 1CM	229.97										X	
77	11621	EXCISE MALIGNANCY 0.6 TO 1CM	229.97	00	15								X	
73	11622	EXCISE MALIGNANCY 1.1 TO 2CM	252.75										X	
77	11622	EXCISE MALIGNANCY 1.1 TO 2CM	252.75	00	15								X	
73	11623	EXCISE MALIGNANCY 2.1 TO 3CM	298.49										X	
77	11623	EXCISE MALIGNANCY 2.1 TO 3CM	298.49	00	15								X	
73	11624	EXCISE MALIGNANCY 3.1 TO 4CM	341.27										X	
77	11624	EXCISE MALIGNANCY 3.1 TO 4CM	341.27	00	15								X	
73	11626	EXCISE MALIGNANCY OVER 4CM	416.37										X	
77	11626	EXCISE MALIGNANCY OVER 4CM	416.37	00	15								X	
73	11640	EXCISE MALIGNANCY TO 0.5CM	203.68										X	
77	11640	EXCISE MALIGNANCY TO 0.5CM	203.68	00	15								X	
73	11641	EXCISE MALIGNANCY 0.6 TO 1CM	236.95										X	
77	11641	EXCISE MALIGNANCY 0.6 TO 1CM	236.95	00	15								X	
73	11642	EXCISE MALIGNANCY 1.1 TO 2CM	269.11										X	
77	11642	EXCISE MALIGNANCY 1.1 TO 2CM	269.11	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	11643	EXCISE MALIGNANCY 2.1 TO 3CM	318.10									X	
77	11643	EXCISE MALIGNANCY 2.1 TO 3CM	318.10	00 15								X	
73	11644	EXCISE MALIGNANCY 3.1 TO 4CM	394.03									X	
77	11644	EXCISE MALIGNANCY 3.1 TO 4CM	394.03	00 15								X	
73	11646	EXCISE MALIGNANCY OVER 4CM	517.70									X	
77	11646	EXCISE MALIGNANCY OVER 4CM	517.70	00 15								X	
73	11719	TRIM NAIL(S)	13.81		X						X		
77	11719	TRIM NAIL(S)	13.81	00 15	X						X		
73	11720	DEBRIDE NAIL, 1-5	32.50										
77	11720	DEBRIDE NAIL, 1-5	32.50	00 15									
73	11721	DEBRIDE NAIL, 6 OR MORE	43.98										
77	11721	DEBRIDE NAIL, 6 OR MORE	43.98	00 15									
73	11730	SIMPLE REMOVAL OF NAIL PLATE	114.77										
77	11730	SIMPLE REMOVAL OF NAIL PLATE	114.77	00 15									
73	11732	REMOVE ADDITIONAL NAIL PLATES	33.93									X	
77	11732	REMOVE ADDITIONAL NAIL PLATES	33.93	00 15								X	
73	11740	EVACUATE HEMATOMA UNDER NAIL	56.40									X	
77	11740	EVACUATE HEMATOMA UNDER NAIL	56.40	00 15								X	
73	11750	EXCISION NAIL & NAIL MATRIX	159.48									X	
77	11750	EXCISION NAIL & NAIL MATRIX	159.48	00 15								X	
73	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	123.19										
77	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	123.19	00 15									
73	11760	SIMPLE RECONSTRUCTION NAIL BED	189.23									X	
77	11760	SIMPLE RECONSTRUCTION NAIL BED	189.23	00 15								X	
73	11762	NAIL RECONSTRUCTION; COMPLICATED	292.84									X	
77	11762	NAIL RECONSTRUCTION; COMPLICATED	292.84	00 15								X	
73	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	164.26									X	
77	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	164.26	00 15								X	
73	11770	SIMPLE EXCISION PILONIDAL CYST	370.18										
77	11770	SIMPLE EXCISION PILONIDAL CYST	370.18	00 15									
73	11771	EXCISE PILONIDAL CYST; EXTENSIVE	655.84										
77	11771	EXCISE PILONIDAL CYST; EXTENSIVE	655.84	00 15									
73	11772	PILONIDAL CYST; COMPLICATED	805.01										
77	11772	PILONIDAL CYST; COMPLICATED	805.01	00 15									
73	11900	INTRALESIONAL INJECTION; UP TO 7	56.35										
77	11900	INTRALESIONAL INJECTION; UP TO 7	56.35	00 15									
73	11901	INTRALESIONAL INJECTION; OVER 7	71.07										
77	11901	INTRALESIONAL INJECTION; OVER 7	71.07	00 15									
73	11920	TATOOING; 6SQ CM OR LESS	196.10			X							
73	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	224.07			X							
73	11960	INSERTION OF TISSUE EXPANDER	1,036.36			X							
77	11960	INSERTION OF TISSUE EXPANDER	1,036.36	00 15		X							
73	11970	REPLACEMENT OF TISSUE EXPANDER WITH	581.51			X						X	
77	11970	REPLACEMENT OF TISSUE EXPANDER WITH	581.51	00 15		X						X	
73	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	566.35			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	566.35	00	15		X							
73	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	148.21	10	60			F						
77	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	148.21	10	15			F						
73	11980	IMPLANT HORMONE PELLET(S)	93.34					F						
77	11980	IMPLANT HORMONE PELLET(S)	93.34	00	15			F						
73	11981	INSERT DRUG IMPLANT DEVICE	104.21											
77	11981	INSERT DRUG IMPLANT DEVICE	104.21	00	15									
73	11982	REMOVE DRUG IMPLANT DEVICE	116.90											
77	11982	REMOVE DRUG IMPLANT DEVICE	116.90	00	15									
73	11983	REMOVE/INSERT DRUG IMPLANT	147.66											
77	11983	REMOVE/INSERT DRUG IMPLANT	147.66	00	15									
73	12001	SIMPLE WOUND REPAIR TO 2.5CM	95.65											
77	12001	SIMPLE WOUND REPAIR TO 2.5CM	95.65	00	15									
73	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	115.77											
77	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	115.77	00	15									
73	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	134.93											
77	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	134.93	00	15									
73	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	182.80											
77	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	182.80	00	15									
73	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	214.13											
77	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	214.13	00	15									
73	12007	SIMPLE WOUND REPAIR OVER 30CM	242.04											
77	12007	SIMPLE WOUND REPAIR OVER 30CM	242.04	00	15									
73	12011	SIMPLE WOUND REPAIR TO 2.5CM	114.75											
77	12011	SIMPLE WOUND REPAIR TO 2.5CM	114.75	00	15									
73	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	120.25											
77	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	120.25	00	15									
73	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	147.99											
77	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	147.99	00	15									
73	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	178.00											
77	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	178.00	00	15									
73	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	228.44											
77	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	228.44	00	15									
73	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	166.74											
77	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	166.74	00	15									
73	12018	SIMPLE WOUND REPAIR OVER 30 CM	189.72											
77	12018	SIMPLE WOUND REPAIR OVER 30 CM	189.72	00	15									
73	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	303.90											
77	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	303.90	00	15									
73	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	180.93											
77	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	180.93	00	15									
73	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	264.15											
77	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	264.15	00	15									
73	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	302.20											
77	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	302.20	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	337.23										
77	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	337.23	00 15									
73	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	396.59										
77	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	396.59	00 15									
73	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	446.72										
77	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	446.72	00 15									
73	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	500.32										
77	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	500.32	00 15									
73	12041	LAYER CLOSURE WOUND TO 2.5CM	265.38										
77	12041	LAYER CLOSURE WOUND TO 2.5CM	265.38	00 15									
73	12042	LAYER CLOSURE 2.6 TO 7.5CM	311.64										
77	12042	LAYER CLOSURE 2.6 TO 7.5CM	311.64	00 15									
73	12044	LAYER CLOSURE 7.6 TO 12.5CM	383.08										
77	12044	LAYER CLOSURE 7.6 TO 12.5CM	383.08	00 15									
73	12045	LAYER CLOSURE 12.6 TO 20CM	415.12										
77	12045	LAYER CLOSURE 12.6 TO 20CM	415.12	00 15									
73	12046	LAYER CLOSURE 20.1 TO 30CM	519.19										
77	12046	LAYER CLOSURE 20.1 TO 30CM	519.19	00 15									
73	12047	LAYER CLOSURE WOUND OVER 30CM	569.48										
77	12047	LAYER CLOSURE WOUND OVER 30CM	569.48	00 15									
73	12051	LAYER CLOSURE WOUND TO 2.5CM	285.11										
77	12051	LAYER CLOSURE WOUND TO 2.5CM	285.11	00 15									
73	12052	LAYER CLOSURE 2.6 TO 5CM	317.41										
77	12052	LAYER CLOSURE 2.6 TO 5CM	317.41	00 15									
73	12053	LAYER CLOSURE 5.1 TO 7.5CM	366.66										
77	12053	LAYER CLOSURE 5.1 TO 7.5CM	366.66	00 15									
73	12054	LAYER CLOSURE 7.6 TO 12.5CM	392.03										
77	12054	LAYER CLOSURE 7.6 TO 12.5CM	392.03	00 15									
73	12055	LAYER CLOSURE 12.6 TO 20CM	513.45										
77	12055	LAYER CLOSURE 12.6 TO 20CM	513.45	00 15									
73	12056	LAYER CLOSURE 20.1 TO 30CM	591.64										
77	12056	LAYER CLOSURE 20.1 TO 30CM	591.64	00 15									
73	12057	LAYER CLOSURE WOUND OVER 30CM	627.30										
77	12057	LAYER CLOSURE WOUND OVER 30CM	627.30	00 15									
73	13100	COMPLEX REPAIR 1.1 TO 2.5CM	342.69										
77	13100	COMPLEX REPAIR 1.1 TO 2.5CM	342.69	00 15									
73	13101	COMPLEX REPAIR 2.6 TO 7.5CM	399.63										
77	13101	COMPLEX REPAIR 2.6 TO 7.5CM	399.63	00 15									
73	13102	REPAIR WOUND/LESION ADD-ON	119.46										
77	13102	REPAIR WOUND/LESION ADD-ON	119.46	00 15									
73	13120	COMPLEX REPAIR 1.1 TO 2.5CM	358.24										
77	13120	COMPLEX REPAIR 1.1 TO 2.5CM	358.24	00 15									
73	13121	COMPLEX REPAIR 2.6 TO 7.5CM	427.35										
77	13121	COMPLEX REPAIR 2.6 TO 7.5CM	427.35	00 15									
73	13122	REPAIR WOUND/LESION ADD-ON	129.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	13122	REPAIR WOUND/LESION ADD-ON	129.29	00	15									
73	13131	COMPLEX REPAIR 1.1 TO 2.5CM	390.66											
77	13131	COMPLEX REPAIR 1.1 TO 2.5CM	390.66	00	15									
73	13132	COMPLEX REPAIR 2.6 TO 7.5CM	475.11											
77	13132	COMPLEX REPAIR 2.6 TO 7.5CM	475.11	00	15									
73	13133	REPAIR WOUND/LESION ADD-ON	170.80											
77	13133	REPAIR WOUND/LESION ADD-ON	170.80	00	15									
73	13151	COMPLEX REPAIR 1.1 TO 2.5CM	427.72											
77	13151	COMPLEX REPAIR 1.1 TO 2.5CM	427.72	00	15									
73	13152	COMPLEX REPAIR 2.6 TO 7.5CM	502.50											
77	13152	COMPLEX REPAIR 2.6 TO 7.5CM	502.50	00	15									
73	13153	REPAIR WOUND/LESION ADD-ON	189.54											
77	13153	REPAIR WOUND/LESION ADD-ON	189.54	00	15									
73	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	831.18											
77	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	831.18	00	15									
73	14000	TISSUE TRANSFER; DEFECT TO 10CM	643.67											
77	14000	TISSUE TRANSFER; DEFECT TO 10CM	643.67	00	15									
73	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	825.27											
77	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	825.27	00	15									
73	14020	TISSUE TRANSFER; TO 10 SQ CM	705.21											
77	14020	TISSUE TRANSFER; TO 10 SQ CM	705.21	00	15									
73	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	872.26											
77	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	872.26	00	15									
73	14040	TISSUE TRANSFER; TO 10 SQ CM	761.81											
77	14040	TISSUE TRANSFER; TO 10 SQ CM	761.81	00	15									
73	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	924.37											
77	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	924.37	00	15									
73	14060	TISSUE TRANSFER; TO 10 SQ CM	771.74											
77	14060	TISSUE TRANSFER; TO 10 SQ CM	771.74	00	15									
73	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	994.43											
77	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	994.43	00	15									
73	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,104.05											
77	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,104.05	00	15									
73	14302	ADJACENT TISSUE TRANSFER OR REARRANG	226.74										X	
77	14302	ADJACENT TISSUE TRANSFER OR REARRANG	226.74	00	15								X	
73	14350	FILLETED FINGER OR TOE FLAP	695.21											
77	14350	FILLETED FINGER OR TOE FLAP	695.21	00	15									
73	15002	WOUND PREP, TRK/ARM/LEG	357.01											
77	15002	WOUND PREP, TRK/ARM/LEG	357.01	00	15									
73	15003	SURGICAL PREPARATION OR CREATION +	72.94										X	
77	15003	SURGICAL PREPARATION OR CREATION +	72.94	00	15								X	
73	15004	WOUND PREP, F/N/HF/G	404.68											
77	15004	WOUND PREP, F/N/HF/G	404.68	00	15									
73	15005	SURGICAL PREPARATION OR CREATION +	123.41										X	
77	15005	SURGICAL PREPARATION OR CREATION +	123.41	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15040	HARVEST CULTURED SKIN GRAFT	268.04										
77	15040	HARVEST CULTURED SKIN GRAFT	268.04	00 15									
73	15050	PINCH GRAFT; DEFECT UP TO 2CM	606.53										
77	15050	PINCH GRAFT; DEFECT UP TO 2CM	606.53	00 15									
73	15100	SPLIT GRAFT; UP TO 100 SQ CM	897.95										
77	15100	SPLIT GRAFT; UP TO 100 SQ CM	897.95	00 15									
73	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	193.23									X	
77	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	193.23	00 15								X	
73	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	868.06										
77	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	868.06	00 15									
73	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	120.89									X	
77	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	120.89	00 15								X	
73	15115	EPIDRM A-GRFT FACE/NCK/HF/G	833.09										
77	15115	EPIDRM A-GRFT FACE/NCK/HF/G	833.09	00 15									
73	15116	EPIDRM A-GRFT F/N/HF/G ADDL	170.72									X	
77	15116	EPIDRM A-GRFT F/N/HF/G ADDL	170.72	00 15								X	
73	15120	SPLIT GRAFT; UP TO 100 SQ CM	865.88										
77	15120	SPLIT GRAFT; UP TO 100 SQ CM	865.88	00 15									
73	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	217.15									X	
77	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	217.15	00 15								X	
73	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	740.06										
77	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	740.06	00 15									
73	15131	DERM AUTOGRAFT T/A/L ADD-ON	101.65									X	
77	15131	DERM AUTOGRAFT T/A/L ADD-ON	101.65	00 15								X	
73	15135	DERM AUTOGRAFT FACE/NCK/HF/G	897.79										
77	15135	DERM AUTOGRAFT FACE/NCK/HF/G	897.79	00 15									
73	15136	DERM AUTOGRAFT, F/N/HF/G ADD	100.69									X	
77	15136	DERM AUTOGRAFT, F/N/HF/G ADD	100.69	00 15								X	
73	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	755.75										
77	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	755.75	00 15									
73	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	129.45										
77	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	129.45	00 15									
73	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	155.92									X	
77	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	155.92	00 15								X	
73	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	823.74										
77	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	823.74	00 15									
73	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	174.52										
77	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	174.52	00 15									
73	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	193.12									X	
77	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	193.12	00 15								X	
73	15200	FULL THICK GRAFT TO 20 SQ CM	856.38										
77	15200	FULL THICK GRAFT TO 20 SQ CM	856.38	00 15									
73	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	143.85									X	
77	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	143.85	00 15								X	
73	15220	FULL THICK GRAFT TO 20 SQ CM	773.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	15220	FULL THICK GRAFT TO 20 SQ CM	773.45	00 15									
73	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	133.16									X	
77	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	133.16	00 15								X	
73	15240	FULL THICK GRAFT TO 20 SQ CM	935.35										
77	15240	FULL THICK GRAFT TO 20 SQ CM	935.35	00 15									
73	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	176.70									X	
77	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	176.70	00 15								X	
73	15260	FULL THICK GRAFT TO 20 SQ CM	999.89										
77	15260	FULL THICK GRAFT TO 20 SQ CM	999.89	00 15									
73	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	209.11									X	
77	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	209.11	00 15								X	
73	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	156.85										
77	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	156.85	00 15									
73	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	26.40									X	
77	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	26.40	00 15								X	
73	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	326.75										
77	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	326.75	00 15									
73	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	86.45										
77	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	86.45	00 15									
73	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	161.45										
77	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	161.45	00 15									
73	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	34.10									X	
77	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	34.10	00 15								X	
73	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	359.25										
77	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	359.25	00 15									
73	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	99.90										
77	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	99.90	00 15									
73	15570	FORMATION OF DIRECT OR TUBED PEDICLE	936.55										
77	15570	FORMATION OF DIRECT OR TUBED PEDICLE	936.55	00 15									
73	15572	FORMATION OF DIRECT OR TUBED PEDICLE	894.57										
77	15572	FORMATION OF DIRECT OR TUBED PEDICLE	894.57	00 15									
73	15574	FORMATION OF DIRECT OR TUBED PEDICLE	899.84										
77	15574	FORMATION OF DIRECT OR TUBED PEDICLE	899.84	00 15									
73	15576	FORMATION OF DIRECT OR TUBED PEDICLE	792.43										
77	15576	FORMATION OF DIRECT OR TUBED PEDICLE	792.43	00 15									
73	15600	INTERM DELAY FLAP TRUNK	336.75										
77	15600	INTERM DELAY FLAP TRUNK	336.75	00 15									
73	15610	INTERM DELAY FLAP SCALP/LIMBS	366.07										
77	15610	INTERM DELAY FLAP SCALP/LIMBS	366.07	00 15									
73	15620	INTERM DELAY FLAP CHIN/NECK/FEET	449.10										
77	15620	INTERM DELAY FLAP CHIN/NECK/FEET	449.10	00 15									
73	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	461.64										
77	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	461.64	00 15									
73	15650	TRANS INTER ANY PEDICLE FLAP	514.82										
77	15650	TRANS INTER ANY PEDICLE FLAP	514.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,433.22										
77	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,433.22	00 15									
73	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,149.87										
77	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,149.87	00 15									
73	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,068.87										
77	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,068.87	00 15									
73	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,590.75										
77	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,590.75	00 15									
73	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,266.61										
77	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,266.61	00 15									
73	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,334.68										
77	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,334.68	00 15									
73	15740	ISLAND PEDICLE FLAP GRAFT	1,021.80										
77	15740	ISLAND PEDICLE FLAP GRAFT	1,021.80	00 15									
73	15750	NEUROVASCULAR PEDICLE GRAFT	967.54										
77	15750	NEUROVASCULAR PEDICLE GRAFT	967.54	00 15									
73	15756	FREE MUSCLE FLAP, MICROVASC	2,388.57										
77	15756	FREE MUSCLE FLAP, MICROVASC	2,388.57	00 15									
73	15757	FREE SKIN FLAP, MICROVASC	2,373.77										
77	15757	FREE SKIN FLAP, MICROVASC	2,373.77	00 15									
73	15758	FREE FASCIAL FLAP, MICROVASC	2,367.53										
77	15758	FREE FASCIAL FLAP, MICROVASC	2,367.53	00 15									
73	15760	COMPOSITE SKIN GRAFT	854.51										
77	15760	COMPOSITE SKIN GRAFT	854.51	00 15									
73	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	497.49										
77	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	497.49	00 15									
73	15770	DERMA-FAT-FASCIA GRAFT	687.01										
77	15770	DERMA-FAT-FASCIA GRAFT	687.01	00 15									
73	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	603.06										
77	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	603.06	00 15									
73	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	195.46										
77	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	195.46	00 15									
73	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	619.94										
77	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	619.94	00 15									
73	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	191.28										
77	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	191.28	00 15									
73	15820	BLEPHAROPLASTY LOWER EYELIDS	571.68		X								
77	15820	BLEPHAROPLASTY LOWER EYELIDS	571.68	00 15	X								
73	15821	BLEPHAROPLASTY HERNIATED FAT PAD	618.95		X								
77	15821	BLEPHAROPLASTY HERNIATED FAT PAD	618.95	00 15	X								
73	15822	BLEPHAROPLASTY UPPER EYELID	462.27		X								
77	15822	BLEPHAROPLASTY UPPER EYELID	462.27	00 15	X								
73	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	616.89		X								
77	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	616.89	00 15	X								
73	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,227.62			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,227.62	00 15		X							
73	15840	GRAFT FACIAL NERVE PARALYSIS	1,051.26										
77	15840	GRAFT FACIAL NERVE PARALYSIS	1,051.26	00 15									
73	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,854.43										
77	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,854.43	00 15									
73	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,820.79										
77	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,820.79	00 15									
73	15845	REANIMATION MUSCLE TRANS FACE	1,098.02										
77	15845	REANIMATION MUSCLE TRANS FACE	1,098.02	00 15									
73	15852	CHANGE DRESSING UNDER ANESTHESIA	50.07									X	
77	15852	CHANGE DRESSING UNDER ANESTHESIA	50.07	00 15								X	
73	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	113.14										
77	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	113.14	00 15									
73	15920	COCCYGECTOMY PRIMARY SUTURE	672.28										
77	15920	COCCYGECTOMY PRIMARY SUTURE	672.28	00 15									
73	15922	COCCYGECTOMY FLAP CLOSURE	824.63										
77	15922	COCCYGECTOMY FLAP CLOSURE	824.63	00 15									
73	15931	EXCISE SACRAL PRESSURE ULCER	742.32										
77	15931	EXCISE SACRAL PRESSURE ULCER	742.32	00 15									
73	15933	REMOVAL OF PRESSURE SORE	918.03										
77	15933	REMOVAL OF PRESSURE SORE	918.03	00 15									
73	15934	EXCISE,WITH SKIN FLAP CLOSURE	999.44										
77	15934	EXCISE,WITH SKIN FLAP CLOSURE	999.44	00 15									
73	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,199.59										
77	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,199.59	00 15									
73	15936	EXCISE ULCER W/ OTHER FLAP CLO	955.09										
77	15936	EXCISE ULCER W/ OTHER FLAP CLO	955.09	00 15									
73	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,099.23										
77	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,099.23	00 15									
73	15940	EXC ISCHIAL ULCER DIRECT SUTURE	741.95										
77	15940	EXC ISCHIAL ULCER DIRECT SUTURE	741.95	00 15									
73	15941	EXC ISCHIAL ULCER OSTECTOMY	972.75										
77	15941	EXC ISCHIAL ULCER OSTECTOMY	972.75	00 15									
73	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	967.71										
77	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	967.71	00 15									
73	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,056.80										
77	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,056.80	00 15									
73	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,703.79										
77	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,703.79	00 15									
73	15950	EXC TROCHANTERIC ULCER DIR SUTUR	657.07										
77	15950	EXC TROCHANTERIC ULCER DIR SUTUR	657.07	00 15									
73	15951	EXC TROCHAN ULCER OSTECTOMY	930.48										
77	15951	EXC TROCHAN ULCER OSTECTOMY	930.48	00 15									
73	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	949.29										
77	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	949.29	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,046.82										
77	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,046.82	00 15									
73	15956	EXC TROCH/ULC FLAP CLOSURE	1,230.57										
77	15956	EXC TROCH/ULC FLAP CLOSURE	1,230.57	00 15									
73	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,245.87										
77	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,245.87	00 15									
73	16000	INIT TREAT 1ST DEGREE BURN	77.06										
77	16000	INIT TREAT 1ST DEGREE BURN	77.06	00 15									
73	16020	DRESS/DEBRID BURN SMALL,NO ANES	84.75									X	
77	16020	DRESS/DEBRID BURN SMALL,NO ANES	84.75	00 15								X	
73	16025	DRESS/DEBRID BURN MED,NO ANESTH	160.44									X	
77	16025	DRESS/DEBRID BURN MED,NO ANESTH	160.44	00 15								X	
73	16030	DRESS/DEBRID BURN LG,NO ANESTH	202.04									X	
77	16030	DRESS/DEBRID BURN LG,NO ANESTH	202.04	00 15								X	
73	16035	ESCHAROTOMY B	202.71										
77	16035	ESCHAROTOMY B	202.71	00 15									
73	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	83.24									X	
77	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	83.24	00 15								X	
73	17000	DESTROY LESION,FACE-1 LESION	66.96										
77	17000	DESTROY LESION,FACE-1 LESION	66.96	00 15									
73	17003	DESTROY 2-14 LESIONS	6.53									X	
77	17003	DESTROY 2-14 LESIONS	6.53	00 15								X	
73	17004	DESTROY 15 & MORE LESIONS	166.66										
77	17004	DESTROY 15 & MORE LESIONS	166.66	00 15									
73	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	341.94										
77	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	341.94	00 15									
73	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	446.40										
77	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	446.40	00 15									
73	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	635.02										
77	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	635.02	00 15									
73	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	111.74										
77	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	111.74	00 15									
73	17111	DESTRUCT LESION, 15 OR MORE	131.17										
77	17111	DESTRUCT LESION, 15 OR MORE	131.17	00 15									
73	17250	CHEMICAL CAUTERY OF WOUND	89.27										
77	17250	CHEMICAL CAUTERY OF WOUND	89.27	00 15									
73	17260	DESTRUCTION, MALIGNANT LESION, ANY M	99.43										
77	17260	DESTRUCTION, MALIGNANT LESION, ANY M	99.43	00 15									
73	17261	DESTRUCTION, MALIGNANT LESION, ANY M	146.14										
77	17261	DESTRUCTION, MALIGNANT LESION, ANY M	146.14	00 15									
73	17262	DESTRUCTION, MALIGNANT LESION, ANY M	178.00										
77	17262	DESTRUCTION, MALIGNANT LESION, ANY M	178.00	00 15									
73	17263	DESTRUCTION, MALIGNANT LESION, ANY M	192.77										
77	17263	DESTRUCTION, MALIGNANT LESION, ANY M	192.77	00 15									
73	17264	DESTRUCTION, MALIGNANT LESION, ANY M	206.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	17264	DESTRUCTION, MALIGNANT LESION, ANY M	206.21	00 15									
73	17266	DESTRUCTION, MALIGNANT LESION, ANY M	235.05										
77	17266	DESTRUCTION, MALIGNANT LESION, ANY M	235.05	00 15									
73	17270	DESTRUCTION, MALIGNANT LESION, ANY M	147.37										
77	17270	DESTRUCTION, MALIGNANT LESION, ANY M	147.37	00 15									
73	17271	DESTRUCTION, MALIGNANT LESION, ANY M	164.61										
77	17271	DESTRUCTION, MALIGNANT LESION, ANY M	164.61	00 15									
73	17272	DESTRUCTION, MALIGNANT LESION, ANY M	188.54										
77	17272	DESTRUCTION, MALIGNANT LESION, ANY M	188.54	00 15									
73	17273	DESTRUCTION, MALIGNANT LESION, ANY M	208.62										
77	17273	DESTRUCTION, MALIGNANT LESION, ANY M	208.62	00 15									
73	17274	DESTRUCTION, MALIGNANT LESION, ANY M	244.25										
77	17274	DESTRUCTION, MALIGNANT LESION, ANY M	244.25	00 15									
73	17276	DESTRUCTION, MALIGNANT LESION, ANY M	285.38										
77	17276	DESTRUCTION, MALIGNANT LESION, ANY M	285.38	00 15									
73	17280	DESTRUCTION, MALIGNANT LESION, ANY M	138.43										
77	17280	DESTRUCTION, MALIGNANT LESION, ANY M	138.43	00 15									
73	17281	DESTRUCTION, MALIGNANT LESION, ANY M	179.52										
77	17281	DESTRUCTION, MALIGNANT LESION, ANY M	179.52	00 15									
73	17282	DESTRUCTION, MALIGNANT LESION, ANY M	205.38										
77	17282	DESTRUCTION, MALIGNANT LESION, ANY M	205.38	00 15									
73	17283	DESTRUCTION, MALIGNANT LESION, ANY M	242.45										
77	17283	DESTRUCTION, MALIGNANT LESION, ANY M	242.45	00 15									
73	17284	DESTRUCTION, MALIGNANT LESION, ANY M	277.33										
77	17284	DESTRUCTION, MALIGNANT LESION, ANY M	277.33	00 15									
73	17286	DESTRUCTION, MALIGNANT LESION, ANY M	356.14										
77	17286	DESTRUCTION, MALIGNANT LESION, ANY M	356.14	00 15									
73	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	666.77										
77	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	666.77	00 15									
73	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	404.21										
77	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	404.21	00 15									
73	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	625.54										
77	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	625.54	00 15									
73	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	386.26										
77	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	386.26	00 15									
73	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	77.03										
77	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	77.03	00 15									
73	19000	PUNCTURE ASPIRATION BREAST CYSTS	103.20										
77	19000	PUNCTURE ASPIRATION BREAST CYSTS	103.20	00 15									
73	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	27.49									X	
77	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	27.49	00 15								X	
73	19020	MASTOTOMY/DRAIN ABSCESS DEEP	483.63										
77	19020	MASTOTOMY/DRAIN ABSCESS DEEP	483.63	00 15									
73	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	165.14										
77	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	165.14	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	19081	Biopsy of breast accessed throught t	508.19										
77	19081	Biopsy of breast accessed throught t	508.19	00 15									
73	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	394.01									X	
77	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	394.01	00 15								X	
73	19083	Biopsy of breast accessed throught t	513.61										
77	19083	Biopsy of breast accessed throught t	513.61	00 15									
73	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	388.96									X	
77	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	388.96	00 15								X	
73	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	782.80										
77	19085	Biopsy of breast accessed throught t	782.80	00 15									
73	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	605.93									X	
77	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	605.93	00 15								X	
73	19100	BREAST BIOPSY NEEDLE	159.12									X	
77	19100	BREAST BIOPSY NEEDLE	159.12	00 15								X	
73	19101	BREAST BIOPSY INCISIONAL	345.59										
77	19101	BREAST BIOPSY INCISIONAL	345.59	00 15									
73	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,382.69										
77	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,382.69	00 15									
73	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	507.22										
77	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	507.22	00 15									
73	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	478.40										
77	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	478.40	00 15									
73	19120	EXCISE BREAST LESIONS,1 OR MORE	544.20										
77	19120	EXCISE BREAST LESIONS,1 OR MORE	544.20	00 15									
73	19125	EXCISION OF BREAST LESION IDENTIFIED	602.36										
77	19125	EXCISION OF BREAST LESION IDENTIFIED	602.36	00 15									
73	19126	EXCISION OF BREAST LESION IDENTIFIED	175.93										
77	19126	EXCISION OF BREAST LESION IDENTIFIED	175.93	00 15									
73	19281	PLACEMENT OF BREAST LOCALIZATION DEV	239.24										
77	19281	Placement of breast localization dev	239.24	00 15									
73	19282	PLACEMENT OF BREAST LOCALIZATION DEV	168.63									X	
77	19282	PLACEMENT OF BREAST LOCALIZATION DEV	168.63	00 15								X	
73	19283	Placement of breast localization dev	260.55										
77	19283	Placement of breast localization dev	260.55	00 15									
73	19284	PLACEMENT OF BREAST LOCALIZATION DEV	192.83									X	
77	19284	PLACEMENT OF BREAST LOCALIZATION DEV	192.83	00 15								X	
73	19285	PLACEMENT OF BREAST LOCALIZATION DEV	376.47										
77	19285	Placement of breast localization dev	376.47	00 15									
73	19286	PLACEMENT OF BREAST LOCALIZATION DEV	308.37									X	
77	19286	PLACEMENT OF BREAST LOCALIZATION DEV	308.37	00 15								X	
73	19287	Placement of breast localization dev	648.77										
77	19287	Placement of breast localization dev	648.77	00 15									
73	19288	PLACEMENT OF BREAST LOCALIZATION DEV	501.42									X	
77	19288	PLACEMENT OF BREAST LOCALIZATION DEV	501.42	00 15								X	
73	19294	PREPARATION OF TUMOR CAVITY, WITH PL	180.37									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	19294	PREPARATION OF TUMOR CAVITY, WITH PL	180.37	00	15								X	
73	19296	PLACE PO BREAST CATH FOR RAD	3,795.87											
77	19296	PLACE PO BREAST CATH FOR RAD	3,795.87	00	15									
73	19297	PLACE BREAST CATH FOR RAD	102.76											
77	19297	PLACE BREAST CATH FOR RAD	102.76	00	15									
73	19298	PLACE BREAST RAD TUBE/CATHS	874.31											
77	19298	PLACE BREAST RAD TUBE/CATHS	874.31	00	15									
73	19300	MASTECTOMY FOR GYNECOMASTIA	603.94					M						
77	19300	MASTECTOMY FOR GYNECOMASTIA	603.94	00	15			M						
73	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	712.12											
77	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	712.12	00	15									
73	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	979.17											
77	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	979.17	00	15									
73	19303	MASTECTOMY, SIMPLE, COMPLETE	1,035.14											
77	19303	MASTECTOMY, SIMPLE, COMPLETE	1,035.14	00	15									
73	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,236.73											
77	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,236.73	00	15									
73	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,317.33											
77	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,317.33	00	15									
73	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,272.81											
77	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,272.81	00	15									
73	19316	MASTOPEXY	826.47				X	F						
73	19318	REDUCTION MAMMAPLASTY	1,141.88	18	99		X							
73	19325	MAMMAPLASTY WITH PROSTHETIC	635.86				X	F					X	
73	19328	REMOVE INTACT MAMMARY IMPLANT	575.05			X		F						
77	19328	REMOVE INTACT MAMMARY IMPLANT	575.05	00	15	X		F						
73	19340	IMMEDIATE INSERTION OF BREAST PROSTH	789.99				X	F						
77	19340	IMMEDIATE INSERTION OF BREAST PROSTH	789.99	00	15		X	F						
73	19342	DELAYED INSERTION OF BREAST PROSTH	790.68				X	F						
77	19342	DELAYED INSERTION OF BREAST PROSTHES	790.68	00	15		X	F						
73	19350	NIPPLE/AREOLA RECONSTRUCTION	850.26				X						X	
77	19350	NIPPLE/AREOLA RECONSTRUCTION	850.26	00	15		X							
73	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,199.27				X	F						
77	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,199.27	00	15		X	F						
73	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,629.19				X	F						
77	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,629.19	00	15		X	F						
73	19364	RECONSTRUCTION BREAST-FREE FLAP	2,857.85				X	F						
77	19364	RECONSTRUCTION BREAST-FREE FLAP	2,857.85	00	15		X	F						
73	19367	BREAST RECONSTRUCTION	1,852.22				X	F						
77	19367	BREAST RECONSTRUCTION	1,852.22	00	15		X	F						
73	19368	BREAST RECONSTRUCTION	2,278.74				X	F						
77	19368	BREAST RECONSTRUCTION	2,278.74	00	15		X	F						
73	19369	BREAST RECONSTRUCTION	2,116.17				X	F						
77	19369	BREAST RECONSTRUCTION	2,116.17	00	15		X	F						
73	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	696.35				X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	740.41			X							
73	19380	REVISION OF RECONSTRUCTED BREAST	838.11			X							
73	19396	PREP MOULAGE FOR CUSTOM IMPLANT	280.24			X							
73	20100	EXPLORE WOUND, NECK	645.59										
77	20100	EXPLORE WOUND, NECK	645.59	00 15									
73	20101	EXPLORE WOUND, CHEST	605.88										
77	20101	EXPLORE WOUND, CHEST	605.88	00 15									
73	20102	EXPLORE WOUND, ABDOMEN	634.81										
77	20102	EXPLORE WOUND, ABDOMEN	634.81	00 15									
73	20103	EXPLORE WOUND, EXTREMITY	578.88										
77	20103	EXPLORE WOUND, EXTREMITY	578.88	00 15									
73	20150	EXCISE EPIPHYSEAL BAR	1,056.24										
77	20150	EXCISE EPIPHYSEAL BAR	1,056.24	00 15									
73	20200	BIOPSY,MUSCLE,SUPERFICIAL	224.38										
77	20200	BIOPSY,MUSCLE,SUPERFICIAL	224.38	00 15									
73	20205	BIOPSY,MUSCLE,DEEP	314.54										
77	20205	BIOPSY,MUSCLE,DEEP	314.54	00 15									
73	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	226.13										
77	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	226.13	00 15									
73	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	237.84										
77	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	237.84	00 15									
73	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	391.82										
77	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	391.82	00 15									
73	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	146.43										
77	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	146.43	00 15									
73	20245	BIOPSY,EXCISIONAL,BONE,DEEP	365.51										
77	20245	BIOPSY,EXCISIONAL,BONE,DEEP	365.51	00 15									
73	20250	BIOPSY,OPEN,VERTEBRAL BODY	409.47										
77	20250	BIOPSY,OPEN,VERTEBRAL BODY	409.47	00 15									
73	20251	BIOPSY,OPEN,VERTEBRAL BODY	449.36										
77	20251	BIOPSY,OPEN,VERTEBRAL BODY	449.36	00 15									
73	20500	INJECT SINUS TRACT; THERAPEUTIC	121.12										
77	20500	INJECT SINUS TRACT; THERAPEUTIC	121.12	00 15									
73	20501	INJECT SINUS TRACT; DIAGNOSTIC	145.64										
77	20501	INJECT SINUS TRACT; DIAGNOSTIC	145.64	00 15									
73	20520	REMOVE FOREIGN BODY; SIMPLE	219.33										
77	20520	REMOVE FOREIGN BODY; SIMPLE	219.33	00 15									
73	20525	REMOVE FOREIGN BODY; COMPLICATED	472.54										
77	20525	REMOVE FOREIGN BODY; COMPLICATED	472.54	00 15									
73	20526	THER INJECTION CARPAL TUNNEL	84.54										
77	20526	THER INJECTION CARPAL TUNNEL	84.54	00 15									
73	20527	INJECTION OF ENZYME IN PALM TISSUE	89.40										
77	20527	INJECTION OF ENZYME IN PALM TISSUE	89.40	00 15									
73	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	58.62									X	
77	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	58.62	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	20551	INJECT TENDON ORIGIN/INSERT	59.05								X		
77	20551	INJECT TENDON ORIGIN/INSERT	59.05	00 15							X		
73	20552	INJECT TRIGGER POINT, 1 OR 2	54.65								X		
77	20552	INJECT TRIGGER POINT, 1 OR 2	54.65	00 15							X		
73	20553	INJECT TRIGGER POINTS, > 3	62.79								X		
77	20553	INJECT TRIGGER POINTS, > 3	62.79	00 15							X		
73	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	337.17										
77	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	337.17	00 15									
73	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	54.00									X	
77	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	54.00	00 15								X	
73	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	82.43										
77	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	82.43	00 15									
73	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	55.66									X	
77	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	55.66	00 15								X	
73	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	89.67										
77	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	89.67	00 15									
73	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	66.21									X	
77	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	66.21	00 15								X	
73	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	100.51										
77	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	100.51	00 15									
73	20612	ASPIRATE/INJ GANGLION CYST	64.92									X	
77	20612	ASPIRATE/INJ GANGLION CYST	64.92	00 15								X	
73	20615	ASPIRATE/INJECTION-BONE CYST	252.55										
77	20615	ASPIRATE/INJECTION-BONE CYST	252.55	00 15									
73	20650	SKELETAL TRACTION; WIRE OR PIN	225.93										
77	20650	SKELETAL TRACTION; WIRE OR PIN	225.93	00 15									
73	20660	APPLY TONGS OR CALIPER AND REMOVE	264.37										
77	20660	APPLY TONGS OR CALIPER AND REMOVE	264.37	00 15									
73	20661	APPLY HALO; CRANIAL	536.58										
77	20661	APPLY HALO; CRANIAL	536.58	00 15									
73	20662	APPLY HALO; PELVIC	540.82										
77	20662	APPLY HALO; PELVIC	540.82	00 15									
73	20663	APPLY HALO; FEMORAL	497.07										
77	20663	APPLY HALO; FEMORAL	497.07	00 15									
73	20664	APPLICATION OF HALO, INCLUDING REMOV	950.90										
77	20664	APPLICATION OF HALO, INCLUDING REMOV	950.90	00 15									
73	20665	REMOVE HALO OR TONGS BY OTHER MD	115.44										
77	20665	REMOVE HALO OR TONGS BY OTHER MD	115.44	00 15									
73	20670	REMOVE IMPLANT; SUPERFICIAL	357.56										
77	20670	REMOVE IMPLANT; SUPERFICIAL	357.56	00 15									
73	20680	REMOVE IMPLANT; DEEP	614.58										
77	20680	REMOVE IMPLANT; DEEP	614.58	00 15									
73	20690	APPLY ESTERNAL FIXATION SYS,STND CON	625.83										
77	20690	APPLY ESTERNAL FIXATION SYS,STND CON	625.83	00 15									
73	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,165.28										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,165.28	00 15									
73	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	458.14										
77	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	458.14	00 15									
73	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	437.92										
77	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	437.92	00 15									
73	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,236.35										
77	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,236.35	00 15									
73	20700	MANUAL PREPARATION AND INSERTION OF	90.50										
77	20700	MANUAL PREPARATION AND INSERTION OF	90.50	00 15									
73	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	69.03										
77	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	69.03	00 15									
73	20702	MANUAL PREPARATION AND INSERTION OF	152.68										
77	20702	MANUAL PREPARATION AND INSERTION OF	152.68	00 15									
73	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	111.25										
77	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	111.25	00 15									
73	20704	MANUAL PREPARATION AND INSERTION OF	161.49										
77	20704	MANUAL PREPARATION AND INSERTION OF	161.49	00 15									
73	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	131.82										
77	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	131.82	00 15									
73	20802	REPLANTATION, ARM, COMPLETE	2,896.52										
77	20802	REPLANTATION, ARM, COMPLETE	2,896.52	00 15									
73	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,447.76										
77	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,447.76	00 15									
73	20808	REPLANT HAND; COMPLETE AMPUTATION	4,168.77										
77	20808	REPLANT HAND; COMPLETE AMPUTATION	4,168.77	00 15									
73	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,169.04										
77	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,169.04	00 15									
73	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,867.04									X	
77	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,867.04	00 15								X	
73	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,172.57										
77	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,172.57	00 15									
73	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,916.59										
77	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,916.59	00 15									
73	20838	REPLANT FOOT; TOTAL AMPUTATION	2,940.42										
77	20838	REPLANT FOOT; TOTAL AMPUTATION	2,940.42	00 15									
73	20900	BONE GRAFT; ANY DONOR AREA, SMALL	397.33										
77	20900	BONE GRAFT; ANY DONOR AREA, SMALL	397.33	00 15									
73	20902	BONE GRAFT, ANY DONOR AREA; LARGE	292.29										
77	20902	BONE GRAFT, ANY DONOR AREA; LARGE	292.29	00 15									
73	20910	CARTILAGE GRAFT; COSTOCHONDRAL	490.15										
77	20910	CARTILAGE GRAFT; COSTOCHONDRAL	490.15	00 15									
73	20912	CARTILAGE GRAFT;NASAL SEPTUM	495.46										
77	20912	CARTILAGE GRAFT;NASAL SEPTUM	495.46	00 15									
73	20920	FASCIA LATA GRAFT;BY STRIPPER	408.57										
77	20920	FASCIA LATA GRAFT;BY STRIPPER	408.57	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	20922	FASCIA LATA GRAFT;BY INCISION	621.35										
77	20922	FASCIA LATA GRAFT;BY INCISION	621.35	00 15									
73	20924	TENDON GRAFT; DISTANT	524.69										
77	20924	TENDON GRAFT; DISTANT	524.69	00 15									
73	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	121.02										
77	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	121.02	00 15									
73	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	805.12										
77	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	805.12	00 15									
73	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	739.54										
77	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	739.54	00 15									
73	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	804.45										
77	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	804.45	00 15									
73	20937	SPINAL BONE AUTOGRAFT	180.80										
77	20937	SPINAL BONE AUTOGRAFT	180.80	00 15									
73	20938	SPINAL BONE AUTOGRAFT	201.53										
77	20938	SPINAL BONE AUTOGRAFT	201.53	00 15									
73	20939	BONE MARROW ASPIRATION FOR BONE GRAF	75.49										
77	20939	BONE MARROW ASPIRATION FOR BONE GRAF	75.49	00 15									
73	20950	MONITOR INTERSTITIAL FLUID	266.26										
77	20950	MONITOR INTERSTITIAL FLUID	266.26	00 15									
73	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,571.19			X							
77	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,571.19	00 15		X							
73	20956	ILIAC BONE GRAFT, MICROVASC	2,789.03										
77	20956	ILIAC BONE GRAFT, MICROVASC	2,789.03	00 15									
73	20957	MT BONE GRAFT, MICROVASC	2,901.43										
77	20957	MT BONE GRAFT, MICROVASC	2,901.43	00 15									
73	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,796.71			X							
77	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,796.71	00 15		X							
73	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,824.89			X							
77	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,824.89	00 15		X							
73	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,007.51			X							
77	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	3,007.51	00 15		X							
73	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,999.10			X							
77	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,999.10	00 15		X							
73	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,171.56			X							
77	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,171.56	00 15		X							
73	20979	US BONE STIMULATION	56.15										
77	20979	US BONE STIMULATION	56.15	00 15									
73	20982	ABLATE, BONE TUMOR(S) PERQ	3,520.65										
77	20982	ABLATE, BONE TUMOR(S) PERQ	3,520.65	00 15									
73	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,128.52										
77	20983	ABLATION THERAPY FOR REDUCTION OR ER	5,128.52	00 15									
73	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	154.50										
77	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	154.50	00 15									
73	21010	ARTHROTOMY,JAW,UNILATERAL	752.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	21010	ARTHROTOMY,JAW,UNILATERAL	752.67	00 15									
73	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	378.12										
77	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	378.12	00 15									
73	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	353.65										
77	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	353.65	00 15									
73	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	548.57										
77	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	548.57	00 15									
73	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	542.60										
77	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	542.60	00 15									
73	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	725.70										
77	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	725.70	00 15									
73	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,057.50										
77	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,057.50	00 15									
73	21025	EXCISE BONE;MANDIBLE	796.10										
77	21025	EXCISE BONE;MANDIBLE	796.10	00 15									
73	21026	EXCISE BONE(S);FACIAL	535.15										
77	21026	EXCISE BONE(S);FACIAL	535.15	00 15									
73	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	773.77										
77	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	773.77	00 15									
73	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	462.52										
77	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	462.52	00 15									
73	21031	EXCISION OF TORUS MANDIBULARIS	382.79										
77	21031	EXCISION OF TORUS MANDIBULARIS	382.79	00 15									
73	21032	EXCISION OF MAXILLARY TORUS PALATINU	370.57										
77	21032	EXCISION OF MAXILLARY TORUS PALATINU	370.57	00 15									
73	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,332.48										
77	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,332.48	00 15									
73	21040	EXCISE BENIGN CYST;MANDIBLE	468.95										
77	21040	EXCISE BENIGN CYST;MANDIBLE	468.95	00 15									
73	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	889.79										
77	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	889.79	00 15									
73	21045	RADICAL RESECTION OF MANDIBLE	1,236.80										
77	21045	RADICAL RESECTION OF MANDIBLE	1,236.80	00 15									
73	21046	REMOVE MANDIBLE CYST COMPLEX	1,016.11										
77	21046	REMOVE MANDIBLE CYST COMPLEX	1,016.11	00 15									
73	21047	EXCISE LWR JAW CYST W/REPAIR	1,286.18										
77	21047	EXCISE LWR JAW CYST W/REPAIR	1,286.18	00 15									
73	21048	REMOVE MAXILLA CYST COMPLEX	1,025.91										
77	21048	REMOVE MAXILLA CYST COMPLEX	1,025.91	00 15									
73	21049	EXCIS UPPR JAW CYST W/REPAIR	1,264.98										
77	21049	EXCIS UPPR JAW CYST W/REPAIR	1,264.98	00 15									
73	21050	TEMPRORMANDIBULAR ARTHRECTOMY	874.01										
77	21050	TEMPRORMANDIBULAR ARTHRECTOMY	874.01	00 15									
73	21060	TEMPOROMANDIBULAR MENISCECTOMY	795.38										
77	21060	TEMPOROMANDIBULAR MENISCECTOMY	795.38	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21070	CORONOIDECTOMY; UNILATERAL	621.55										
77	21070	CORONOIDECTOMY; UNILATERAL	621.55	00 15									
73	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	375.00								X		
77	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	375.00	00 15							X		
73	21076	PREPARE FACE/ORAL PROSTHESIS	870.80										
77	21076	PREPARE FACE/ORAL PROSTHESIS	870.80	00 15									
73	21077	PREPARE FACE/ORAL PROSTHESIS	2,141.41										
77	21077	PREPARE FACE/ORAL PROSTHESIS	2,141.41	00 15									
73	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,465.06										
77	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,465.06	00 15									
73	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,692.12										
77	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,692.12	00 15									
73	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,552.94										
77	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,552.94	00 15									
73	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,423.51										
77	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,423.51	00 15									
73	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,356.20										
77	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,356.20	00 15									
73	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,550.66										
77	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,550.66	00 15									
73	21085	IMPRES & CUST PREP ORAL SURG SPLINT	677.75										
77	21085	IMPRES & CUST PREP ORAL SURG SPLINT	677.75	00 15									
73	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,593.56										
77	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,593.56	00 15									
73	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,593.56										
77	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,593.56	00 15									
73	21100	MAXILLOFACIAL FIXATION	617.95										
77	21100	MAXILLOFACIAL FIXATION	617.95	00 15									
73	21110	INTERDENTAL FIXATION	866.27										
77	21110	INTERDENTAL FIXATION	866.27	00 15									
73	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	217.64										
77	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	217.64	00 15									
73	21120	GENIOPLASTY;AUGMENTATION	671.28										
77	21120	GENIOPLASTY;AUGMENTATION	671.28	00 15									
73	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	637.48										
77	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	637.48	00 15									
73	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	772.05										
77	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	772.05	00 15									
73	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	861.28										
77	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	861.28	00 15									
73	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,639.67										
77	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,639.67	00 15									
73	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,027.70										
77	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	4,027.70	00 15									
73	21137	REDUCTION FOREHEAD;CONTOURING ONLY	778.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	21137	REDUCTION FOREHEAD;CONTOURING ONLY	778.45	00 15									
73	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	950.65										
77	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	950.65	00 15									
73	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,136.14										
77	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,136.14	00 15									
73	21141	RECONSTRUCT MIDFACE, LEFORT	1,352.15										
77	21141	RECONSTRUCT MIDFACE, LEFORT	1,352.15	00 15									
73	21142	RECONSTRUCT MIDFACE, LEFORT	1,389.15										
77	21142	RECONSTRUCT MIDFACE, LEFORT	1,389.15	00 15									
73	21143	RECONSTRUCT MIDFACE, LEFORT	1,431.76										
77	21143	RECONSTRUCT MIDFACE, LEFORT	1,431.76	00 15									
73	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,579.34										
77	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,579.34	00 15									
73	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,647.43										
77	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,647.43	00 15									
73	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,736.01										
77	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,736.01	00 15									
73	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,706.29										
77	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,706.29	00 15									
73	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,879.30										
77	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,879.30	00 15									
73	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,022.71										
77	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	2,022.71	00 15									
73	21155	RECONSTR MIDFACE III W/LEFORT I	2,245.62										
77	21155	RECONSTR MIDFACE III W/LEFORT I	2,245.62	00 15									
73	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,696.07										
77	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,696.07	00 15									
73	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,925.82										
77	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,925.82	00 15									
73	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,325.02										
77	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,325.02	00 15									
73	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,317.77										
77	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,317.77	00 15									
73	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,590.74										
77	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,590.74	00 15									
73	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,778.25										
77	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,778.25	00 15									
73	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	769.76										
77	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	769.76	00 15									
73	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,217.16										
77	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,217.16	00 15									
73	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,413.91										
77	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,413.91	00 15									
73	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,597.53										
77	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,597.53	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,607.60										
77	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,607.60	00 15									
73	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,252.14										
77	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,252.14	00 15									
73	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,449.84										
77	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,449.84	00 15									
73	21195	RECONST MAND RAMUS W/O RIGID FIX	1,363.02										
77	21195	RECONST MAND RAMUS W/O RIGID FIX	1,363.02	00 15									
73	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,458.20										
77	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,458.20	00 15									
73	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,064.55										
77	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,064.55	00 15									
73	21199	RECONSTR LWR JAW W/ADVANCE	1,039.06										
77	21199	RECONSTR LWR JAW W/ADVANCE	1,039.06	00 15									
73	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	988.71										
77	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	988.71	00 15									
73	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,654.88			X							
77	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,654.88	00 15		X							
77	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	820.69	00 15		X							
73	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,769.98										
77	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,769.98	00 15									
73	21215	BONE GRAFT; MANDIBLE	4,105.91										
77	21215	BONE GRAFT; MANDIBLE	4,105.91	00 15									
73	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	780.08										
77	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	780.08	00 15									
73	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	738.17										
77	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	738.17	00 15									
73	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,062.30										
77	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,062.30	00 15									
73	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,024.12										
77	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,024.12	00 15									
73	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,632.27										
77	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,632.27	00 15									
73	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,026.53										
77	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,026.53	00 15									
73	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,192.06										
77	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,192.06	00 15									
73	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	864.11										
77	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	864.11	00 15									
73	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,607.20										
77	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,607.20	00 15									
73	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	990.01										
77	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	990.01	00 15									
73	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,354.06										
77	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,354.06	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,355.82											
77	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,355.82	00	15									
73	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,289.20											
77	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,289.20	00	15									
73	21260	ORBITAL REVISION; EXTRACRANIAL	1,422.29											
77	21260	ORBITAL REVISION; EXTRACRANIAL	1,422.29	00	15									
73	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,529.30											
77	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,529.30	00	15									
73	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,337.52											
77	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,337.52	00	15									
73	21267	REPOSITION ORBIT; EXTRACRANIAL	1,660.76											
77	21267	REPOSITION ORBIT; EXTRACRANIAL	1,660.76	00	15									
73	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,089.51											
77	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,089.51	00	15									
73	21270	RECONSTRUCT ORBITOFACIAL BONES	1,031.45											
77	21270	RECONSTRUCT ORBITOFACIAL BONES	1,031.45	00	15									
73	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	880.02											
77	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	880.02	00	15									
73	21282	LATERAL CANTHOPEXY	397.42	16	20	X								
77	21282	LATERAL CANTHOPEXY	397.42	00	15	X								
73	21315	DIGITAL MANIPULATION OF NASAL FX	150.29											
77	21315	DIGITAL MANIPULATION OF NASAL FX	150.29	00	15									
73	21320	MANIPULATE NASAL FX; INSTRUMENTAL	219.52											
77	21320	MANIPULATE NASAL FX; INSTRUMENTAL	219.52	00	15									
73	21325	OPEN TREATMENT NASAL FX; SIMPLE	450.51											
77	21325	OPEN TREATMENT NASAL FX; SIMPLE	450.51	00	15									
73	21330	TREATMENT NASAL FX; COMPLICATED	544.87											
77	21330	TREATMENT NASAL FX; COMPLICATED	544.87	00	15									
73	21335	OPEN TREATMENT FX NASAL SEPTUM	734.13											
77	21335	OPEN TREATMENT FX NASAL SEPTUM	734.13	00	15									
73	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	655.66											
77	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	655.66	00	15									
73	21337	CLOSED TREATMENT FX NASAL SEPTUM	422.42											
77	21337	CLOSED TREATMENT FX NASAL SEPTUM	422.42	00	15									
73	21338	OPEN TREATMENT NASOETHMOID FRACTURE	683.45											
77	21338	OPEN TREATMENT NASOETHMOID FRACTURE	683.45	00	15									
73	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	775.72											
77	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	775.72	00	15									
73	21340	TREAT NASOETHMOID COMPLEX FX	778.64											
77	21340	TREAT NASOETHMOID COMPLEX FX	778.64	00	15									
73	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,118.19											
77	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,118.19	00	15									
73	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,449.60											
77	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,449.60	00	15									
73	21345	TREAT NASOMAXILLARY COMPLEX FX	814.68											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	21345	TREAT NASOMAXILLARY COMPLEX FX	814.68	00 15									
73	21346	OPEN TREATMENT NASOMAXILLARY FX	1,050.53										
77	21346	OPEN TREATMENT NASOMAXILLARY FX	1,050.53	00 15									
73	21347	OPEN TREATMENT NASOMAXILLARY FX	1,072.22										
77	21347	OPEN TREATMENT NASOMAXILLARY FX	1,072.22	00 15									
73	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,136.19										
77	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,136.19	00 15									
73	21355	MANIPULATE FX OF MALAR AREA	450.97										
77	21355	MANIPULATE FX OF MALAR AREA	450.97	00 15									
73	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	552.36										
77	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	552.36	00 15									
73	21360	TREAT DEPRESSED MALAR FRACTURE	536.41										
77	21360	TREAT DEPRESSED MALAR FRACTURE	536.41	00 15									
73	21365	TREAT COMPLICATED FX MALAR AREA	1,120.96										
77	21365	TREAT COMPLICATED FX MALAR AREA	1,120.96	00 15									
73	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,332.28										
77	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,332.28	00 15									
73	21385	TREAT ORBITAL FX; TRANSANTRAL	760.64										
77	21385	TREAT ORBITAL FX; TRANSANTRAL	760.64	00 15									
73	21386	TREAT ORBITAL FX; PERIORBITAL	718.86										
77	21386	TREAT ORBITAL FX; PERIORBITAL	718.86	00 15									
73	21387	TREAT ORBITAL FX; COMBINATION	794.10										
77	21387	TREAT ORBITAL FX; COMBINATION	794.10	00 15									
73	21390	TREAT ORBITAL FX WITH IMPLANT	820.93										
77	21390	TREAT ORBITAL FX WITH IMPLANT	820.93	00 15									
73	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,054.48										
77	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,054.48	00 15									
73	21400	TREAT FX OF ORBIT W/O MANIPULATION	210.51										
77	21400	TREAT FX OF ORBIT W/O MANIPULATION	210.51	00 15									
73	21401	TREAT FX OF ORBIT WITH MANIPULATION	512.41										
77	21401	TREAT FX OF ORBIT WITH MANIPULATION	512.41	00 15									
73	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	603.74										
77	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	603.74	00 15									
73	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	655.18										
77	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	655.18	00 15									
73	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	940.57										
77	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	940.57	00 15									
73	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	645.14										
77	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	645.14	00 15									
73	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	641.45										
77	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	641.45	00 15									
73	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	831.55										
77	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	831.55	00 15									
73	21431	TREAT CRANIOFACIAL SEPARATION	701.76										
77	21431	TREAT CRANIOFACIAL SEPARATION	701.76	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21432	OPEN TX CRANIOFACIAL SEPARATION	744.47										
77	21432	OPEN TX CRANIOFACIAL SEPARATION	744.47	00 15									
73	21433	COMPLICATED TX CRANIOFACIAL FX	1,815.95										
77	21433	COMPLICATED TX CRANIOFACIAL FX	1,815.95	00 15									
73	21435	COMPLICATED TX CRANIOFACIAL FX	1,466.57										
77	21435	COMPLICATED TX CRANIOFACIAL FX	1,466.57	00 15									
73	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,126.48										
77	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,126.48	00 15									
73	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	684.33										
77	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	684.33	00 15									
73	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	806.04										
77	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	806.04	00 15									
73	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	591.21										
77	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	591.21	00 15									
73	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	770.31										
77	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	770.31	00 15									
73	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	743.29										
77	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	743.29	00 15									
73	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,096.87										
77	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,096.87	00 15									
73	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	492.06										
77	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	492.06	00 15									
73	21461	TREAT MANDIBULAR FX W/O FIXATION	1,832.73										
77	21461	TREAT MANDIBULAR FX W/O FIXATION	1,832.73	00 15									
73	21462	TREAT MANDIBULAR FX WITH FIXATION	2,008.23										
77	21462	TREAT MANDIBULAR FX WITH FIXATION	2,008.23	00 15									
73	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	809.28									X	
77	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	809.28	00 15								X	
73	21470	TREAT COMPLICATED MANDIBULAR FX	1,193.90										
77	21470	TREAT COMPLICATED MANDIBULAR FX	1,193.90	00 15									
73	21480	TX TEMPOROMANDIBULAR DISLOCATION	139.46										
77	21480	TX TEMPOROMANDIBULAR DISLOCATION	139.46	00 15									
73	21485	TEMPOROMANDIBULAR MANIPULATION	968.34										
77	21485	TEMPOROMANDIBULAR MANIPULATION	968.34	00 15									
73	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	797.39										
77	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	797.39	00 15									
73	21501	I & D DEEP ABSCESS OR HEMATOMA	495.10										
77	21501	I & D DEEP ABSCESS OR HEMATOMA	495.10	00 15									
73	21502	I & D WITH PARTIAL RIB REMOVAL	543.41										
77	21502	I & D WITH PARTIAL RIB REMOVAL	543.41	00 15									
73	21510	INCISION WITH OPENING OF BONE CORTEX	480.50										
77	21510	INCISION WITH OPENING OF BONE CORTEX	480.50	00 15									
73	21550	EXCISIONAL BIOPSY SOFT TISSUES	269.12										
77	21550	EXCISIONAL BIOPSY SOFT TISSUES	269.12	00 15									
73	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	475.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	475.65	00 15									
73	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	776.76										
77	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	776.76	00 15									
73	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	446.84										
77	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	446.84	00 15									
73	21556	EXCISE BENIGN TUMOR; DEEP	558.00										
77	21556	EXCISE BENIGN TUMOR; DEEP	558.00	00 15									
73	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,010.93										
77	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,010.93	00 15									
73	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,431.24										
77	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,431.24	00 15									
73	21600	EXCISION OF RIB; PARTIAL	587.75										
77	21600	EXCISION OF RIB; PARTIAL	587.75	00 15									
73	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,234.44									X	
77	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,234.44	00 15								X	
73	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,645.40										
77	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,645.40	00 15									
73	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,796.70										
77	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,796.70	00 15									
73	21610	COSTOTRANSVERSECTOMY	1,319.39										
77	21610	COSTOTRANSVERSECTOMY	1,319.39	00 15									
73	21615	EXCISION CERVICAL RIB	665.45										
77	21615	EXCISION CERVICAL RIB	665.45	00 15									
73	21616	EXCISE RIB WITH SYMPATHECTOMY	777.45										
77	21616	EXCISE RIB WITH SYMPATHECTOMY	777.45	00 15									
73	21620	OSTECTOMY OF STERNUM; PARTIAL	537.11										
77	21620	OSTECTOMY OF STERNUM; PARTIAL	537.11	00 15									
73	21627	STERNAL DEBRIDEMENT	571.35										
77	21627	STERNAL DEBRIDEMENT	571.35	00 15									
73	21630	RADICAL RESECTION OF STERNUM	1,371.07										
77	21630	RADICAL RESECTION OF STERNUM	1,371.07	00 15									
73	21632	MEDIASTINAL LYMPHADENECTOMY	1,301.82										
77	21632	MEDIASTINAL LYMPHADENECTOMY	1,301.82	00 15									
73	21685	HYOID MYOTOMY & SUSPENSION	1,021.62										
77	21685	HYOID MYOTOMY & SUSPENSION	1,021.62	00 15									
73	21700	DIVISION OF SCALENUS ANTICUS	387.74										
77	21700	DIVISION OF SCALENUS ANTICUS	387.74	00 15									
73	21705	DIVIDE SCALENUS AND RESECTION RIB	584.55										
77	21705	DIVIDE SCALENUS AND RESECTION RIB	584.55	00 15									
73	21720	DIVISION STERNOCLEIDOMASTOID	568.71										
77	21720	DIVISION STERNOCLEIDOMASTOID	568.71	00 15									
73	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	568.06										
77	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	568.06	00 15									
73	21740	RECONSTRUCT PECTUS EXCAVATUM	1,106.41		X								
77	21740	RECONSTRUCT PECTUS EXCAVATUM	1,106.41	00 15	X								

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	729.16										
77	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	729.16	00 15									
73	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	643.74										
77	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	643.74	00 15									
73	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	779.62										
77	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	779.62	00 15									
73	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,075.06										
77	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,075.06	00 15									
73	21820	TREAT STERNUM FRACTURE; CLOSED	152.08										
77	21820	TREAT STERNUM FRACTURE; CLOSED	152.08	00 15									
73	21825	TREAT STERNUM FRACTURE; OPEN	583.13										
77	21825	TREAT STERNUM FRACTURE; OPEN	583.13	00 15									
73	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	260.77										
77	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	260.77	00 15									
73	21925	BX,SFT TISS-BACK/FLANK; DEEP	509.15										
77	21925	BX,SFT TISS-BACK/FLANK; DEEP	509.15	00 15									
73	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	520.09										
77	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	520.09	00 15									
73	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	501.53										
77	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	501.53	00 15									
73	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	706.68										
77	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	706.68	00 15									
73	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	790.33										
77	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	790.33	00 15									
73	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,093.30										
77	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,093.30	00 15									
73	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,516.76										
77	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,516.76	00 15									
73	22010	INCISION AND DRAINAGE, OPEN OF DEEP	1,036.27										
77	22010	I&D, P-SPINE, C/T/CERV-THOR	1,036.27	00 15									
73	22015	I&D, P-SPINE, L/S/LS	1,012.71										
77	22015	I&D, P-SPINE, L/S/LS	1,012.71	00 15									
73	22100	RESECT VERTEBRA,CERVICAL	917.22										
77	22100	RESECT VERTEBRA,CERVICAL	917.22	00 15									
73	22101	RESECT VERTEBRA,THORACIC	910.40										
77	22101	RESECT VERTEBRA,THORACIC	910.40	00 15									
73	22102	RESECT VERTEBRA,LUMBAR	815.96										
77	22102	RESECT VERTEBRA,LUMBAR	815.96	00 15									
73	22103	REMOVE EXTRA SPINE SEGMENT	145.61										
77	22103	REMOVE EXTRA SPINE SEGMENT	145.61	00 15									
73	22110	EXCISE CERVICAL VERTEBRA	1,132.96										
77	22110	EXCISE CERVICAL VERTEBRA	1,132.96	00 15									
73	22112	EXCISE THORACIC VERTEBRA	1,232.76										
77	22112	EXCISE THORACIC VERTEBRA	1,232.76	00 15									
73	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,232.76										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,232.76	00 15									
73	22116	REMOVE EXTRA SPINE SEGMENT	155.42										
77	22116	REMOVE EXTRA SPINE SEGMENT	155.42	00 15									
73	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,655.52										
77	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,655.52	00 15									
73	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,588.72										
77	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,588.72	00 15									
73	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	646.57									X	
77	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	646.57	00 15								X	
73	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,925.29										
77	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,925.29	00 15									
73	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,618.04										
77	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,618.04	00 15									
73	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,618.02										
77	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,618.02	00 15									
73	22216	REVISE, EXTRA SPINE SEGMENT	394.35										
77	22216	REVISE, EXTRA SPINE SEGMENT	394.35	00 15									
73	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,739.60										
77	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,739.60	00 15									
73	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,922.02										
77	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,922.02	00 15									
73	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,687.02										
77	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,687.02	00 15									
73	22226	REVISE, EXTRA SPINE SEGMENT	390.11										
77	22226	REVISE, EXTRA SPINE SEGMENT	390.11	00 15									
73	22310	TR VERT BODY FX/DISLOCATION EACH	321.95										
77	22310	TR VERT BODY FX/DISLOCATION EACH	321.95	00 15									
73	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	916.15										
77	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	916.15	00 15									
73	22318	TREAT ODONTOID FX W/O GRAFT	1,799.11										
77	22318	TREAT ODONTOID FX W/O GRAFT	1,799.11	00 15									
73	22319	TREAT ODONTOID FX W/GRAFT	2,016.52										
77	22319	TREAT ODONTOID FX W/GRAFT	2,016.52	00 15									
73	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,583.20										
77	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,583.20	00 15									
73	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,637.01										
77	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,637.01	00 15									
73	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,651.78										
77	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,651.78	00 15									
73	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	307.53										
77	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	307.53	00 15									
73	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,845.04										
77	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,845.04	00 15									
73	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,839.87										
77	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,839.87	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	747.84									X	
77	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	747.84	00 15								X	
73	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,824.51										
77	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,824.51	00 15									
73	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,791.85										
77	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,791.85	00 15									
73	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	2,997.30									X	
77	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	2,997.30	00 15								X	
73	22532	LAT THORAX SPINE FUSION	1,955.48										
77	22532	LAT THORAX SPINE FUSION	1,955.48	00 15									
73	22533	LAT LUMBAR SPINE FUSION	1,766.72										
77	22533	LAT LUMBAR SPINE FUSION	1,766.72	00 15									
73	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	390.08									X	
77	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	390.08	00 15								X	
73	22548	ANTHRODESIS,W/BONE GRAFT	2,159.46										
77	22548	ANTHRODESIS,W/BONE GRAFT	2,159.46	00 15									
73	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,850.20										
77	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,850.20	00 15									
73	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	434.02									X	
77	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	434.02	00 15								X	
73	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,359.21										
77	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,359.21	00 15									
73	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,798.99										
77	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,798.99	00 15									
73	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,646.69										
77	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,646.69	00 15									
73	22585	ARTHRODESIS-EACH ADD.INTERSPACE	354.58									X	
77	22585	ARTHRODESIS-EACH ADD.INTERSPACE	354.58	00 15								X	
73	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,235.61										
77	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,235.61	00 15									
73	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,725.55										
77	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,725.55	00 15									
73	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,647.33										
77	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,647.33	00 15									
73	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,403.11										
77	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,403.11	00 15									
73	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,374.81										
77	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,374.81	00 15									
73	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,707.59										
77	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,707.59	00 15									
73	22614	SPINE FUSION, EXTRA SEGMENT	427.24									X	
77	22614	SPINE FUSION, EXTRA SEGMENT	427.24	00 15								X	
73	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,718.24										
77	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,718.24	00 15									
73	22632	SPINE FUSION, EXTRA SEGMENT	352.65										

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FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	22632	SPINE FUSION, EXTRA SEGMENT	352.65	00 15									
73	22633	FUSION OF LOWER SPINE BONES WITH REM	2,005.95			X							
77	22633	FUSION OF LOWER SPINE BONES WITH REM	2,005.95	00 15		X							
73	22634	FUSION OF LOWER SPINE BONES WITH REM	542.61										
77	22634	FUSION OF LOWER SPINE BONES WITH REM	542.61	00 15									
73	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,451.48										
77	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,451.48	00 15									
73	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,278.21										
77	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,278.21	00 15									
73	22804	FUSION OF SPINE	2,612.02										
77	22804	FUSION OF SPINE	2,612.02	00 15									
73	22808	FUSION OF SPINE	1,967.41										
77	22808	FUSION OF SPINE	1,967.41	00 15									
73	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,125.42										
77	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,125.42	00 15									
73	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,326.79										
77	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,326.79	00 15									
73	22818	KYPHECTOMY, 1-2 SEGMENTS	2,278.99										
77	22818	KYPHECTOMY, 1-2 SEGMENTS	2,278.99	00 15									
73	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,622.29										
77	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,622.29	00 15									
73	22830	EXPLORE SPINAL FUSION	880.61										
77	22830	EXPLORE SPINAL FUSION	880.61	00 15									
73	22840	POSTERIOR INSTRU(NO SEG FIX)	828.02										
77	22840	POSTERIOR INSTRU(NO SEG FIX)	828.02	00 15									
73	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	833.44										
77	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	833.44	00 15									
73	22843	INSERT SPINE FIXATION DEVICE	890.80										
77	22843	INSERT SPINE FIXATION DEVICE	890.80	00 15									
73	22844	INSERT SPINE FIXATION DEVICE	1,066.91										
77	22844	INSERT SPINE FIXATION DEVICE	1,066.91	00 15									
73	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	796.77										
77	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	796.77	00 15									
73	22846	INSERT SPINE FIXATION DEVICE	828.38										
77	22846	INSERT SPINE FIXATION DEVICE	828.38	00 15									
73	22847	INSERT SPINE FIXATION DEVICE	853.02										
77	22847	INSERT SPINE FIXATION DEVICE	853.02	00 15									
73	22848	INSERT PELVIC FIXATIONDEVICE	389.99										
77	22848	INSERT PELVIC FIXATIONDEVICE	389.99	00 15									
73	22849	REINSERT SPINAL FIXATION DEVICE	1,409.73										
77	22849	REINSERT SPINAL FIXATION DEVICE	1,409.73	00 15									
73	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	788.37										
77	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	788.37	00 15									
73	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	755.73										
77	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	755.73	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	22853	INSERTION OF INTERBODY BIOMECHANICAL	282.00									X	
77	22853	INSERTION OF INTERBODY BIOMECHANICAL	282.00	00 15								X	
73	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	366.86									X	
77	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	366.86	00 15								X	
73	22855	REMOVE ANTERIOR INSTRUMENTATION	1,195.10										
77	22855	REMOVE ANTERIOR INSTRUMENTATION	1,195.10	00 15									
73	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,766.10										
77	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,766.10	00 15									
73	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,864.97										
77	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,864.97	00 15									
73	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	551.08										
77	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	551.08	00 15									
73	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	363.26									X	
77	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	363.26	00 15								X	
73	22861	REVISION INCLUDING REPLACEMENT OF TO	2,561.14										
77	22861	REVISION INCLUDING REPLACEMENT OF TO	2,561.14	00 15									
73	22862	REVISION INCLUDING REPLACEMENT OF TO	2,552.71										
77	22862	REVISION INCLUDING REPLACEMENT OF TO	2,552.71	00 15									
73	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,283.33										
77	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,283.33	00 15									
73	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,491.22										
77	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,491.22	00 15									
73	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,157.96										
77	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,157.96	00 15									
73	22868	INSERTION OF INTERLAMINAR/INTERSPINO	266.92										
77	22868	INSERTION OF INTERLAMINAR/INTERSPINO	266.92	00 15									
73	22869	INSERTION OF INTERLAMINAR/INTERSPINO	444.80										
77	22869	INSERTION OF INTERLAMINAR/INTERSPINO	444.80	00 15									
73	22870	INSERTION OF INTERLAMINAR/INTERSPINO	123.40										
77	22870	INSERTION OF INTERLAMINAR/INTERSPINO	123.40	00 15									
73	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	602.48										
77	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	602.48	00 15									
73	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	716.21										
77	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	716.21	00 15									
73	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	491.46										
77	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	491.46	00 15									
73	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	470.46										
77	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	470.46	00 15									
73	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,130.61										
77	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,130.61	00 15									
73	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,426.41										
77	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,426.41	00 15									
73	23000	REMOVE SUBDELTOID CAL DEPOSITS	586.18										
77	23000	REMOVE SUBDELTOID CAL DEPOSITS	586.18	00 15									
73	23020	RELEASE SHOULDER MUSCLE ERBS PAL	722.87										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	23020	RELEASE SHOULDER MUSCLE ERBS PAL	722.87	00 15									
73	23030	I&D SHOULDER DEEP ABSC HEMATOMA	451.86										
77	23030	I&D SHOULDER DEEP ABSC HEMATOMA	451.86	00 15									
73	23031	I&D INFECTED SHOULDER BURSA	430.30										
77	23031	I&D INFECTED SHOULDER BURSA	430.30	00 15									
73	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	716.15										
77	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	716.15	00 15									
73	23040	ARTHROTOMY REMOVE FOREIGN BODY	754.64										
77	23040	ARTHROTOMY REMOVE FOREIGN BODY	754.64	00 15									
73	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	594.63										
77	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	594.63	00 15									
73	23065	BIOPSY SHOULDER SUPERFICIAL	230.27										
77	23065	BIOPSY SHOULDER SUPERFICIAL	230.27	00 15									
73	23066	BIOPSY OF SHOULDER DEEP	573.84										
77	23066	BIOPSY OF SHOULDER DEEP	573.84	00 15									
73	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	446.30										
77	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	446.30	00 15									
73	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	739.58										
77	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	739.58	00 15									
73	23075	EXC BENIGN SHOULDER TUMOR SUBCU	533.65										
77	23075	EXC BENIGN SHOULDER TUMOR SUBCU	533.65	00 15									
73	23076	EXC BENIGN SHOULDER TUMOR DEEP	573.55										
77	23076	EXC BENIGN SHOULDER TUMOR DEEP	573.55	00 15									
73	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,212.98										
77	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,212.98	00 15									
73	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,527.06										
77	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,527.06	00 15									
73	23100	BIOPSY SHOULDER JOINT	528.28										
77	23100	BIOPSY SHOULDER JOINT	528.28	00 15									
73	23101	EXCISION TORN CARTILAGE SHOULDER JOI	478.06										
77	23101	EXCISION TORN CARTILAGE SHOULDER JOI	478.06	00 15									
73	23105	ARTHROTOMY;GLENOHUMERAL JOINT	670.07										
77	23105	ARTHROTOMY;GLENOHUMERAL JOINT	670.07	00 15									
73	23106	ARTHROTOMY;STERNOCLAVICULAR JT	524.36										
77	23106	ARTHROTOMY;STERNOCLAVICULAR JT	524.36	00 15									
73	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	692.32										
77	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	692.32	00 15									
73	23120	CLAVICULECTOMY PARTIAL	612.48										
77	23120	CLAVICULECTOMY PARTIAL	612.48	00 15									
73	23125	CLAVICULECTOMY TOTAL	745.89										
77	23125	CLAVICULECTOMY TOTAL	745.89	00 15									
73	23130	ACROMIONECTOMY PARTIAL/TOTAL	646.90										
77	23130	ACROMIONECTOMY PARTIAL/TOTAL	646.90	00 15									
73	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	581.49										
77	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	581.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	731.39										
77	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	731.39	00 15									
73	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	652.79										
77	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	652.79	00 15									
73	23150	EXCISION TUMOR PROXIMAL HUMEROUS	694.45										
77	23150	EXCISION TUMOR PROXIMAL HUMEROUS	694.45	00 15									
73	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	837.53										
77	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	837.53	00 15									
73	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	712.28										
77	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	712.28	00 15									
73	23170	SEQUESTRECTOMY CLAVICLE	590.60										
77	23170	SEQUESTRECTOMY CLAVICLE	590.60	00 15									
73	23172	SEQUESTRECTOMY SCAPULA	596.74										
77	23172	SEQUESTRECTOMY SCAPULA	596.74	00 15									
73	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	800.02										
77	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	800.02	00 15									
73	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	701.11										
77	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	701.11	00 15									
73	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	702.91										
77	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	702.91	00 15									
73	23184	PARTIAL EXCISION PROXIMAL HUMERUS	773.66										
77	23184	PARTIAL EXCISION PROXIMAL HUMERUS	773.66	00 15									
73	23190	OSTECTOMY OF SCAPULA PATTIAL	602.59										
77	23190	OSTECTOMY OF SCAPULA PATTIAL	602.59	00 15									
73	23195	RESECTION HUMERAL HEAD	778.34										
77	23195	RESECTION HUMERAL HEAD	778.34	00 15									
73	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,586.19										
77	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,586.19	00 15									
73	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,864.74										
77	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,864.74	00 15									
73	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,049.36										
77	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	2,049.36	00 15									
73	23330	REMOVE SHOULDER FOREIGN BODY	304.43										
77	23330	REMOVE SHOULDER FOREIGN BODY	304.43	00 15									
73	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	493.84									X	
77	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	493.84	00 15								X	
73	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,113.52									X	
77	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,113.52	00 15								X	
73	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,332.55									X	
77	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,332.55	00 15								X	
73	23350	INJECTION FOR SHOULDER X-RAY	167.34										
77	23350	INJECTION FOR SHOULDER X-RAY	167.34	00 15									
73	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,340.57										
77	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,340.57	00 15									
73	23397	MUSCLE TRANSFER MULTIPLE	1,197.79										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	23397	MUSCLE TRANSFER MULTIPLE	1,197.79	00 15									
73	23400	FIXATION OF SHOULDERBLADE	1,023.59										
77	23400	FIXATION OF SHOULDERBLADE	1,023.59	00 15									
73	23405	INCISION OF TENDON & MUSCLE	646.94										
77	23405	INCISION OF TENDON & MUSCLE	646.94	00 15									
73	23406	INCISE TENDON(S) & MUSCLE(S)	777.41										
77	23406	INCISE TENDON(S) & MUSCLE(S)	777.41	00 15									
73	23410	REPAIR OF TENDON(S)	860.06										
77	23410	REPAIR OF TENDON(S)	860.06	00 15									
73	23412	REPAIR OF TENDON(S),CHRONIC	894.25										
77	23412	REPAIR OF TENDON(S),CHRONIC	894.25	00 15									
73	23415	CORACOACROMIAL LIGAMENT RELEAS	732.06										
77	23415	CORACOACROMIAL LIGAMENT RELEAS	732.06	00 15									
73	23420	REPAIR COMPLETE SHOULDER	1,022.58										
77	23420	REPAIR COMPLETE SHOULDER	1,022.58	00 15									
73	23430	REPAIR BICEPS TENDON RUPTURE	779.79										
77	23430	REPAIR BICEPS TENDON RUPTURE	779.79	00 15									
73	23440	REMOVAL/TRANSPLANT TENDON	795.88										
77	23440	REMOVAL/TRANSPLANT TENDON	795.88	00 15									
73	23450	CAPSULORRHAPHY,ANTERIOR	997.67										
77	23450	CAPSULORRHAPHY,ANTERIOR	997.67	00 15									
73	23455	CAPSULORRHAPHY;BANKART TYPE	1,046.12										
77	23455	CAPSULORRHAPHY;BANKART TYPE	1,046.12	00 15									
73	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,149.11										
77	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,149.11	00 15									
73	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,125.73										
77	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,125.73	00 15									
73	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,179.61										
77	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,179.61	00 15									
73	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,175.65										
77	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,175.65	00 15									
73	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,261.74										
77	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,261.74	00 15									
73	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,523.93										
77	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,523.93	00 15									
73	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,700.44									X	
77	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,700.44	00 15								X	
73	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,836.15									X	
77	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,836.15	00 15								X	
73	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	863.07										
77	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	863.07	00 15									
73	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,000.91										
77	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	1,000.91	00 15									
73	23490	PROPHYLACTIC TREATMENT;CLAVICLE	905.59										
77	23490	PROPHYLACTIC TREATMENT;CLAVICLE	905.59	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,069.54										
77	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,069.54	00 15									
73	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.34										
77	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.34	00 15									
73	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	373.79										
77	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	373.79	00 15									
73	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	753.65										
77	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	753.65	00 15									
73	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	248.17										
77	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	248.17	00 15									
73	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	408.39										
77	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	408.39	00 15									
73	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	603.78										
77	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	603.78	00 15									
73	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	656.41										
77	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	656.41	00 15									
73	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	246.83										
77	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	246.83	00 15									
73	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	363.90										
77	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	363.90	00 15									
73	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	598.43										
77	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	598.43	00 15									
73	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	685.05										
77	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	685.05	00 15									
73	23570	TREAT CLSD SCAP FX W/O MANIPULATION	242.57										
77	23570	TREAT CLSD SCAP FX W/O MANIPULATION	242.57	00 15									
73	23575	TREAT CLSD SCAPULAR W/MANIPULATION	426.47										
77	23575	TREAT CLSD SCAPULAR W/MANIPULATION	426.47	00 15									
73	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,029.64										
77	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	1,029.64	00 15									
73	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	342.76										
77	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	342.76	00 15									
73	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	487.85										
77	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	487.85	00 15									
73	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	926.95										
77	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	926.95	00 15									
73	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,299.83										
77	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,299.83	00 15									
73	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	279.32										
77	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	279.32	00 15									
73	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	399.71										
77	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	399.71	00 15									
73	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	814.60										
77	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	814.60	00 15									
73	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	340.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	340.38	00 15									
73	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	426.17										
77	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	426.17	00 15									
73	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	611.22										
77	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	611.22	00 15									
73	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	450.66										
77	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	450.66	00 15									
73	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	910.47										
77	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	910.47	00 15									
73	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	573.79										
77	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	573.79	00 15									
73	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	974.10										
77	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	974.10	00 15									
73	23700	FIXATION OF SHOULDER MANIP W/ANESTH	204.50										
77	23700	FIXATION OF SHOULDER MANIP W/ANESTH	204.50	00 15									
73	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,080.40										
77	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,080.40	00 15									
73	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,347.67										
77	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,347.67	00 15									
73	23900	AMPUTATION OF ARM & GIRDLE	1,459.81										
77	23900	AMPUTATION OF ARM & GIRDLE	1,459.81	00 15									
73	23920	AMPUTATION AT SHOULDER JOINT	1,181.06										
77	23920	AMPUTATION AT SHOULDER JOINT	1,181.06	00 15									
73	23921	AMPUTATION FOLLOW-UP SURGERY	490.60										
77	23921	AMPUTATION FOLLOW-UP SURGERY	490.60	00 15									
73	23930	DRAINAGE OF ARM LESION	371.11										
77	23930	DRAINAGE OF ARM LESION	371.11	00 15									
73	23931	DRAINAGE OF ARM BURSA	306.12										
77	23931	DRAINAGE OF ARM BURSA	306.12	00 15									
73	23935	DRAIN ARM/ELBOW BONE LESION	531.00										
77	23935	DRAIN ARM/ELBOW BONE LESION	531.00	00 15									
73	24000	EXPLORATORY ELBOW SURGERY	494.71										
77	24000	EXPLORATORY ELBOW SURGERY	494.71	00 15									
73	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	744.84										
77	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	744.84	00 15									
73	24065	BIOPSY ARM/ELBOW SOFT TISSUE	263.81										
77	24065	BIOPSY ARM/ELBOW SOFT TISSUE	263.81	00 15									
73	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	636.75										
77	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	636.75	00 15									
73	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	430.49										
77	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	430.49	00 15									
73	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	734.48										
77	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	734.48	00 15									
73	24075	REMOVE ARM/ELBOW LESION	549.79										
77	24075	REMOVE ARM/ELBOW LESION	549.79	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	573.29										
77	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	573.29	00 15									
73	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,097.65										
77	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,097.65	00 15									
73	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,410.91										
77	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,410.91	00 15									
73	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	437.83										
77	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	437.83	00 15									
73	24101	EXPLORE/TREAT ELBOW JOINT	525.03										
77	24101	EXPLORE/TREAT ELBOW JOINT	525.03	00 15									
73	24102	REMOVE ELBOW JOINT LINING	647.71										
77	24102	REMOVE ELBOW JOINT LINING	647.71	00 15									
73	24105	REMOVAL OF ELBOW BURSA	370.68										
77	24105	REMOVAL OF ELBOW BURSA	370.68	00 15									
73	24110	REMOVE HUMERUS LESION	617.75										
77	24110	REMOVE HUMERUS LESION	617.75	00 15									
73	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	775.01										
77	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	775.01	00 15									
73	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	905.66										
77	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	905.66	00 15									
73	24120	REMOVE ELBOW LESION	556.28										
77	24120	REMOVE ELBOW LESION	556.28	00 15									
73	24125	EXCISION BONE CYST HEAD/NECK RADIUS	653.36										
77	24125	EXCISION BONE CYST HEAD/NECK RADIUS	653.36	00 15									
73	24126	EXCISION BONE CYST HEAD/NECK RADIUS	683.02										
77	24126	EXCISION BONE CYST HEAD/NECK RADIUS	683.02	00 15									
73	24130	REMOVAL OF HEAD OF RADIUS	530.80										
77	24130	REMOVAL OF HEAD OF RADIUS	530.80	00 15									
73	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	785.53										
77	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	785.53	00 15									
73	24136	REMOVAL LESION/RADIAL HEAD OR NECK	663.85										
77	24136	REMOVAL LESION/RADIAL HEAD OR NECK	663.85	00 15									
73	24138	REMOVE BONE LESION/OLECRANON PROCESS	717.12										
77	24138	REMOVE BONE LESION/OLECRANON PROCESS	717.12	00 15									
73	24140	PART.EXCIS.BONE/HUMERUS	737.36										
77	24140	PART.EXCIS.BONE/HUMERUS	737.36	00 15									
73	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	624.08										
77	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	624.08	00 15									
73	24147	PART.EXCIS.BONE,OLECRANON PROCESS	654.84										
77	24147	PART.EXCIS.BONE,OLECRANON PROCESS	654.84	00 15									
73	24149	RADICAL RESECTION OF ELBOW	1,228.42										
77	24149	RADICAL RESECTION OF ELBOW	1,228.42	00 15									
73	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,629.88										
77	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,629.88	00 15									
73	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,414.55										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,414.55	00 15									
73	24155	RESECTION OF ELBOW JOINT	897.17										
77	24155	RESECTION OF ELBOW JOINT	897.17	00 15									
73	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,313.09										
77	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,313.09	00 15									
73	24164	REMOVAL OF HARDWARE OF FOREARM BONE	761.44										
77	24164	REMOVAL OF HARDWARE OF FOREARM BONE	761.44	00 15									
73	24200	REMOVAL OF ARM FOREIGN BODY	223.03										
77	24200	REMOVAL OF ARM FOREIGN BODY	223.03	00 15									
73	24201	REMOVAL OF ARM FOREIGN BODY DEEP	562.78										
77	24201	REMOVAL OF ARM FOREIGN BODY DEEP	562.78	00 15									
73	24220	INJECTION FOR ELBOW X-RAY	193.18										
77	24220	INJECTION FOR ELBOW X-RAY	193.18	00 15									
73	24300	MANIPULATE ELBOW W/ANESTH	444.70										
77	24300	MANIPULATE ELBOW W/ANESTH	444.70	00 15									
73	24301	MUSCLE/TENDON TRANSFER	787.78										
77	24301	MUSCLE/TENDON TRANSFER	787.78	00 15									
73	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	603.68									X	
77	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	603.68	00 15								X	
73	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	497.07									X	
77	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	497.07	00 15								X	
73	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	820.50										
77	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	820.50	00 15									
73	24330	FLEXOR-PLASTY ELBOW	754.41										
77	24330	FLEXOR-PLASTY ELBOW	754.41	00 15									
73	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	826.29										
77	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	826.29	00 15									
73	24332	TENOLYSIS, TRICEPS	644.35										
77	24332	TENOLYSIS, TRICEPS	644.35	00 15									
73	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	647.56										
77	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	647.56	00 15									
73	24341	REPAIR TENDON/MUSCLE ARM	774.20										
77	24341	REPAIR TENDON/MUSCLE ARM	774.20	00 15									
73	24342	REINSERTION RUPTURED BICEPS TENDON/D	813.28										
77	24342	REINSERTION RUPTURED BICEPS TENDON/D	813.28	00 15									
73	24343	REPR ELBOW LAT LIGMNT W/TISS	743.84										
77	24343	REPR ELBOW LAT LIGMNT W/TISS	743.84	00 15									
73	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,144.74										
77	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,144.74	00 15									
73	24345	REPR ELBW MED LIGMNT W/TISS	741.04										
77	24345	REPR ELBW MED LIGMNT W/TISS	741.04	00 15									
73	24346	RECONSTRUCT ELBOW MED LIGMNT	1,157.50										
77	24346	RECONSTRUCT ELBOW MED LIGMNT	1,157.50	00 15									
73	24357	INCISION OF TENDON TO REPAIR ELBOW J	430.69										
77	24357	INCISION OF TENDON TO REPAIR ELBOW J	430.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	550.98										
77	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	550.98	00 15									
73	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	692.64										
77	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	692.64	00 15									
73	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	950.20										
77	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	950.20	00 15									
73	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,061.41										
77	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,061.41	00 15									
73	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,117.80										
77	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,117.80	00 15									
73	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,520.99										
77	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,520.99	00 15									
73	24365	ARTHROPLASTY RADIAL HEAD	674.02										
77	24365	ARTHROPLASTY RADIAL HEAD	674.02	00 15									
73	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	714.00										
77	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	714.00	00 15									
73	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,617.09									X	
77	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,617.09	00 15								X	
73	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,860.90									X	
77	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,860.90	00 15								X	
73	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	865.49										
77	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	865.49	00 15									
73	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,113.34										
77	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,113.34	00 15									
73	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,117.19										
77	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,117.19	00 15									
73	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,107.84										
77	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,107.84	00 15									
73	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,131.19										
77	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,131.19	00 15									
73	24470	HEMIEPIPHYSEAL ARREST	705.62										
77	24470	HEMIEPIPHYSEAL ARREST	705.62	00 15									
73	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	838.53										
77	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	838.53	00 15									
73	24498	PROPHYLACTIC TREAT...HUMERUS	911.36										
77	24498	PROPHYLACTIC TREAT...HUMERUS	911.36	00 15									
73	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	372.57										
77	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	372.57	00 15									
73	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	523.13										
77	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	523.13	00 15									
73	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	924.05										
77	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	924.05	00 15									
73	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	903.64										
77	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	903.64	00 15									
73	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	394.13										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
77	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	394.13	00 15									
73	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	643.63										
77	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	643.63	00 15									
73	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	826.34										
77	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	826.34	00 15									
73	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	975.06										
77	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	975.06	00 15									
73	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,089.12										
77	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,089.12	00 15									
73	24560	TREAT CLSD EPICON FX,W/O MANIP	342.39										
77	24560	TREAT CLSD EPICON FX,W/O MANIP	342.39	00 15									
73	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	561.45										
77	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	561.45	00 15									
73	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	751.79										
77	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	751.79	00 15									
73	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	765.60										
77	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	765.60	00 15									
73	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	360.27										
77	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	360.27	00 15									
73	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	578.07										
77	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	578.07	00 15									
73	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	872.42										
77	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	872.42	00 15									
73	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	850.80										
77	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	850.80	00 15									
73	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,141.59										
77	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,141.59	00 15									
73	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,146.90										
77	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,146.90	00 15									
73	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	392.00										
77	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	392.00	00 15									
73	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	498.15										
77	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	498.15	00 15									
73	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	748.22										
77	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	748.22	00 15									
73	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	591.06										
77	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	591.06	00 15									
73	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	704.29										
77	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	704.29	00 15									
73	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	104.99										
77	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	104.99	00 15									
73	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	269.65										
77	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	269.65	00 15									
73	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	463.32										
77	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	463.32	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	685.55										
77	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	685.55	00 15									
73	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	765.66										
77	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	765.66	00 15									
73	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	301.51										
77	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	301.51	00 15									
73	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	482.23										
77	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	482.23	00 15									
73	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	681.82										
77	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	681.82	00 15									
73	24800	FUSION OF ELBOW JOINT	874.97										
77	24800	FUSION OF ELBOW JOINT	874.97	00 15									
73	24802	FUSION/GRAFT OF ELBOW JOINT	1,055.94										
77	24802	FUSION/GRAFT OF ELBOW JOINT	1,055.94	00 15									
73	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	775.69										
77	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	775.69	00 15									
73	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	770.54										
77	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	770.54	00 15									
73	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	595.75										
77	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	595.75	00 15									
73	24930	REAMPUTATION UPPER ARM	814.32										
77	24930	REAMPUTATION UPPER ARM	814.32	00 15									
73	24931	AMPUTATE UPPER ARM & IMPLANT	981.18										
77	24931	AMPUTATE UPPER ARM & IMPLANT	981.18	00 15									
73	24935	STUMP ELONGATION/REVISION UPPER ARM	1,284.97										
77	24935	STUMP ELONGATION/REVISION UPPER ARM	1,284.97	00 15									
73	25000	TENDON SHEATH INCISION; AT RADIAL ST	353.76										
77	25000	TENDON SHEATH INCISION; AT RADIAL ST	353.76	00 15									
73	25001	INCISE FLEXOR CARPI RADIALIS	356.06										
77	25001	INCISE FLEXOR CARPI RADIALIS	356.06	00 15									
73	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	762.53										
77	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	762.53	00 15									
73	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,367.72										
77	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,367.72	00 15									
73	25024	DECOMPRESS FOREARM 2 SPACES	820.68										
77	25024	DECOMPRESS FOREARM 2 SPACES	820.68	00 15									
73	25025	DECOMPRESS FORARM 2 SPACES	1,243.65										
77	25025	DECOMPRESS FORARM 2 SPACES	1,243.65	00 15									
73	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	715.65										
77	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	715.65	00 15									
73	25031	INCISION/DRAINAGE INFECTED BURSA; FO	383.80										
77	25031	INCISION/DRAINAGE INFECTED BURSA; FO	383.80	00 15									
73	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	611.44										
77	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	611.44	00 15									
73	25040	EXPLORE/TREAT WRIST JOINT	584.10										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25040	EXPLORE/TREAT WRIST JOINT	584.10	00 15									
73	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	259.10										
77	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	259.10	00 15									
73	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	379.46										
77	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	379.46	00 15									
73	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	447.63										
77	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	447.63	00 15									
73	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	559.59										
77	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	559.59	00 15									
73	25075	EXCISE SUBCUTANEOUS TUMOR	532.77										
77	25075	EXCISE SUBCUTANEOUS TUMOR	532.77	00 15									
73	25076	EXCISE TUMOR,DEEP	538.86										
77	25076	EXCISE TUMOR,DEEP	538.86	00 15									
73	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	941.97										
77	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	941.97	00 15									
73	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,235.52										
77	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,235.52	00 15									
73	25085	INCISION OF WRIST CAPSULE	465.95										
77	25085	INCISION OF WRIST CAPSULE	465.95	00 15									
73	25100	BIOPSY OF WRIST JOINT	364.80										
77	25100	BIOPSY OF WRIST JOINT	364.80	00 15									
73	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	421.00										
77	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	421.00	00 15									
73	25105	REMOVE WRIST JOINT LINING	505.21										
77	25105	REMOVE WRIST JOINT LINING	505.21	00 15									
73	25107	ARTHROTOMY,WRIST,COMPLEX	639.86										
77	25107	ARTHROTOMY,WRIST,COMPLEX	639.86	00 15									
73	25109	EXCISION OF TENDON, FOREARM AND/OR W	556.94									X	
77	25109	EXCISION OF TENDON, FOREARM AND/OR W	556.94	00 15								X	
73	25110	EXCISION,LESION OF TENDON SHEATH	359.54										
77	25110	EXCISION,LESION OF TENDON SHEATH	359.54	00 15									
73	25111	EXCISION GANGLION;WRIST,PRIMARY	333.78										
77	25111	EXCISION GANGLION;WRIST,PRIMARY	333.78	00 15									
73	25112	EXCISION GANGLION;WRIST,RECURRENT	404.77										
77	25112	EXCISION GANGLION;WRIST,RECURRENT	404.77	00 15									
73	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	785.04										
77	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	785.04	00 15									
73	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	625.17										
77	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	625.17	00 15									
73	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	396.25										
77	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	396.25	00 15									
73	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	525.09										
77	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	525.09	00 15									
73	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	521.56										
77	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	521.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	623.53										
77	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	623.53	00 15									
73	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	628.51										
77	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	628.51	00 15									
73	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	467.26										
77	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	467.26	00 15									
73	25135	EXCISE BONE CYST OF CARPAL BONES W/A	586.22										
77	25135	EXCISE BONE CYST OF CARPAL BONES W/A	586.22	00 15									
73	25136	EXCISE BONE CYST OF CARPAL BONES W/H	520.86										
77	25136	EXCISE BONE CYST OF CARPAL BONES W/H	520.86	00 15									
73	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	545.18										
77	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	545.18	00 15									
73	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	592.89										
77	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	592.89	00 15									
73	25151	PARTIAL REMOVAL OF RADIUS	610.23										
77	25151	PARTIAL REMOVAL OF RADIUS	610.23	00 15									
73	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,549.72										
77	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,549.72	00 15									
73	25210	CARPECTOMY; ONE BONE	510.40										
77	25210	CARPECTOMY; ONE BONE	510.40	00 15									
73	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	644.15										
77	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	644.15	00 15									
73	25230	RADIAL STYLOIDECTOMY	449.44										
77	25230	RADIAL STYLOIDECTOMY	449.44	00 15									
73	25240	EXCISION DISTAL ULNA	445.86										
77	25240	EXCISION DISTAL ULNA	445.86	00 15									
73	25246	INJECTION FOR WRIST X-RAY	199.32										
77	25246	INJECTION FOR WRIST X-RAY	199.32	00 15									
73	25248	REMOVE FOREARM FOREIGN BODY	439.48										
77	25248	REMOVE FOREARM FOREIGN BODY	439.48	00 15									
73	25250	REMOVAL OF WRIST PROSTHESIS	559.55										
77	25250	REMOVAL OF WRIST PROSTHESIS	559.55	00 15									
73	25251	REMOVE WRIST PROTH,COMPLICATED	755.77										
77	25251	REMOVE WRIST PROTH,COMPLICATED	755.77	00 15									
73	25259	MANIPULATE WRIST W/ANESTHES	439.46										
77	25259	MANIPULATE WRIST W/ANESTHES	439.46	00 15									
73	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	659.54									X	
77	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	659.54	00 15								X	
73	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	663.41									X	
77	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	663.41	00 15								X	
73	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	783.11									X	
77	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	783.11	00 15								X	
73	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	513.49									X	
77	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	513.49	00 15								X	
73	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	586.74									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	586.74	00	15								X	
73	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	693.01										X	
77	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	693.01	00	15								X	
73	25275	REPAIR FOREARM TENDON SHEATH	700.76											
77	25275	REPAIR FOREARM TENDON SHEATH	700.76	00	15									
73	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	590.26										X	
77	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	590.26	00	15								X	
73	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	453.01										X	
77	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	453.01	00	15								X	
73	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	548.26										X	
77	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	548.26	00	15								X	
73	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	722.88											
77	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	722.88	00	15									
73	25301	TENODESIS AT WRIST; EXTENSORS OF FI	670.19											
77	25301	TENODESIS AT WRIST; EXTENSORS OF FI	670.19	00	15									
73	25310	TEND TRANSPLANT...SING.;EACH TENDON	644.87										X	
77	25310	TEND TRANSPLANT...SING.;EACH TENDON	644.87	00	15								X	
73	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	747.40										X	
77	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	747.40	00	15								X	
73	25315	REVISE PALSY HAND TENDON(S)	809.78											
77	25315	REVISE PALSY HAND TENDON(S)	809.78	00	15									
73	25316	REVISE PALSY HAND TENDON W/TENDON S	964.67											
77	25316	REVISE PALSY HAND TENDON W/TENDON S	964.67	00	15									
73	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,020.39											
77	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,020.39	00	15									
73	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	882.84											
77	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	882.84	00	15									
73	25335	CENTRALIZATION-WRIST ON ULNA	995.52											
77	25335	CENTRALIZATION-WRIST ON ULNA	995.52	00	15									
73	25337	RECONSTRUCT ULNA/RADIOULNAR	919.80											
77	25337	RECONSTRUCT ULNA/RADIOULNAR	919.80	00	15									
73	25350	REVISION OF RADIUS;DISTAL THIRD	703.75											
77	25350	REVISION OF RADIUS;DISTAL THIRD	703.75	00	15									
73	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	804.61											
77	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	804.61	00	15									
73	25360	REVISION OF ULNA	684.77											
77	25360	REVISION OF ULNA	684.77	00	15									
73	25365	REVISE RADIUS & ULNA	965.67											
77	25365	REVISE RADIUS & ULNA	965.67	00	15									
73	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,063.98											
77	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,063.98	00	15									
73	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,005.03											
77	25375	REVISION,MULTIPLE,RADIUS AND ULNA	1,005.03	00	15									
73	25390	SHORTEN RADIUS/ULNA	803.21											
77	25390	SHORTEN RADIUS/ULNA	803.21	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,049.85										
77	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,049.85	00 15									
73	25392	SHORTEN RADIUS & ULNA	1,068.04										
77	25392	SHORTEN RADIUS & ULNA	1,068.04	00 15									
73	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,191.07										
77	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,191.07	00 15									
73	25394	REPAIR CARPAL BONE, SHORTEN	824.66										
77	25394	REPAIR CARPAL BONE, SHORTEN	824.66	00 15									
73	25400	REPAIR RADIUS OR ULNA	840.57										
77	25400	REPAIR RADIUS OR ULNA	840.57	00 15									
73	25405	REPAIR/GRAFT RADIUS OR ULNA	1,088.37										
77	25405	REPAIR/GRAFT RADIUS OR ULNA	1,088.37	00 15									
73	25415	REPAIR RADIUS & ULNA	1,020.19										
77	25415	REPAIR RADIUS & ULNA	1,020.19	00 15									
73	25420	REPAIR/GRAFT RADIUS & ULNA	1,229.40										
77	25420	REPAIR/GRAFT RADIUS & ULNA	1,229.40	00 15									
73	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,015.93										
77	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	1,015.93	00 15									
73	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,184.06										
77	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,184.06	00 15									
73	25430	VASC GRAFT INTO CARPAL BONE	767.06										
77	25430	VASC GRAFT INTO CARPAL BONE	767.06	00 15									
73	25431	REPAIR NONUNION CARPAL BONE	827.66										
77	25431	REPAIR NONUNION CARPAL BONE	827.66	00 15									
73	25440	REPAIR/GRAFT WRIST BONE	801.25										
77	25440	REPAIR/GRAFT WRIST BONE	801.25	00 15									
73	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	987.47										
77	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	987.47	00 15									
73	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	844.62										
77	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	844.62	00 15									
73	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	824.10										
77	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	824.10	00 15									
73	25444	RECONSTRUCT WRIST JOINT; LUNATE	865.99										
77	25444	RECONSTRUCT WRIST JOINT; LUNATE	865.99	00 15									
73	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	750.77										
77	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	750.77	00 15									
73	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,225.82										
77	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,225.82	00 15									
73	25449	REVISE ARTHROPLASTY,REVDVE	1,081.28										
77	25449	REVISE ARTHROPLASTY,REVDVE	1,081.28	00 15									
73	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	647.92										
77	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	647.92	00 15									
73	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	767.06										
77	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	767.06	00 15									
73	25490	PROPHYLACTIC TREATMENT/RADIUS	755.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25490	PROPHYLACTIC TREATMENT/RADIUS	755.22	00 15									
73	25491	PROPHYLACTIC TREATMENT; ULNA	777.23										
77	25491	PROPHYLACTIC TREATMENT; ULNA	777.23	00 15									
73	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	954.02										
77	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	954.02	00 15									
73	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	292.42										
77	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	292.42	00 15									
73	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	524.35										
77	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	524.35	00 15									
73	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	699.26										
77	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	699.26	00 15									
73	25520	CLOSED TREATMENT OF BROKEN FOREARM A	601.11										
77	25520	CLOSED TREATMENT OF BROKEN FOREARM A	601.11	00 15									
73	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	823.46										
77	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	823.46	00 15									
73	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,003.74										
77	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	1,003.74	00 15									
73	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	269.27										
77	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	269.27	00 15									
73	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	514.08										
77	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	514.08	00 15									
73	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	650.79										
77	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	650.79	00 15									
73	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	298.07										
77	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	298.07	00 15									
73	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	541.80										
77	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	541.80	00 15									
73	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	704.71										
77	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	704.71	00 15									
73	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	946.43										
77	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	946.43	00 15									
73	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	345.98										
77	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	345.98	00 15									
73	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	563.87										
77	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	563.87	00 15									
73	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	695.90										
77	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	695.90	00 15									
73	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	769.13										
77	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	769.13	00 15									
73	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	863.81										
77	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	863.81	00 15									
73	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,097.65										
77	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,097.65	00 15									
73	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	315.91										
77	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	315.91	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	507.37										
77	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	507.37	00 15									
73	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	750.90										
77	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	750.90	00 15									
73	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	315.22									X	
77	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	315.22	00 15								X	
73	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	482.04									X	
77	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	482.04	00 15								X	
73	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	599.36									X	
77	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	599.36	00 15								X	
73	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	340.65										
77	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	340.65	00 15									
73	25651	PIN ULNAR STYLOID FRACTURE	507.07										
77	25651	PIN ULNAR STYLOID FRACTURE	507.07	00 15									
73	25652	TREAT FRACTURE ULNAR STYLOID	649.49										
77	25652	TREAT FRACTURE ULNAR STYLOID	649.49	00 15									
73	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	466.43										
77	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	466.43	00 15									
73	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	638.17										
77	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	638.17	00 15									
73	25671	PIN RADIOULNAR DISLOCATION	551.76										
77	25671	PIN RADIOULNAR DISLOCATION	551.76	00 15									
73	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	467.50										
77	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	467.50	00 15									
73	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	659.03										
77	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	659.03	00 15									
73	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	553.31										
77	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	553.31	00 15									
73	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	772.80										
77	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	772.80	00 15									
73	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	512.77										
77	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	512.77	00 15									
73	25695	OPEN TREATMENT LUNATE DISLOCATION	667.01										
77	25695	OPEN TREATMENT LUNATE DISLOCATION	667.01	00 15									
73	25800	FUSION OF WRIST JOINT	764.71										
77	25800	FUSION OF WRIST JOINT	764.71	00 15									
73	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	890.85										
77	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	890.85	00 15									
73	25810	FUSION WRIST JOINT; W/DISTANT BONE	900.74										
77	25810	FUSION WRIST JOINT; W/DISTANT BONE	900.74	00 15									
73	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	673.36										
77	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	673.36	00 15									
73	25825	INTERCARPAL FUSION;W/ BONEGRAFT	822.95										
77	25825	INTERCARPAL FUSION;W/ BONEGRAFT	822.95	00 15									
73	25830	FUSION RADIOULNAR JNT/ULNA	1,073.16										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	25830	FUSION RADIOULNAR JNT/ULNA	1,073.16	00 15									
73	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	748.45										
77	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	748.45	00 15									
73	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	738.49										
77	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	738.49	00 15									
73	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	644.79										
77	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	644.79	00 15									
73	25909	REAMPUTATION FOREARM SURGERY	721.32										
77	25909	REAMPUTATION FOREARM SURGERY	721.32	00 15									
73	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,232.16										
77	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,232.16	00 15									
73	25920	DISARTICULATION THROUGH WRIST	764.89										
77	25920	DISARTICULATION THROUGH WRIST	764.89	00 15									
73	25922	DISARTICULATION WRIST;SECOND CLOSURE	675.86										
77	25922	DISARTICULATION WRIST;SECOND CLOSURE	675.86	00 15									
73	25924	REAMPUTATION WRIST SURGERY	747.75										
77	25924	REAMPUTATION WRIST SURGERY	747.75	00 15									
73	25927	TRANSMETACARPAL AMPUTATION	900.56										
77	25927	TRANSMETACARPAL AMPUTATION	900.56	00 15									
73	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	628.81										
77	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	628.81	00 15									
73	25931	AMPUTATION FOLLOW-UP SURGERY	832.46										
77	25931	AMPUTATION FOLLOW-UP SURGERY	832.46	00 15									
73	26010	DRAINAGE OF FINGER ABSCESS	348.71										
77	26010	DRAINAGE OF FINGER ABSCESS	348.71	00 15									
73	26011	DRAIN FINGER ABSCESS; COMPLICATED	487.40										
77	26011	DRAIN FINGER ABSCESS; COMPLICATED	487.40	00 15									
73	26020	DRAIN HAND TENDON SHEATH	577.56										
77	26020	DRAIN HAND TENDON SHEATH	577.56	00 15									
73	26025	DRAINAGE OF PALM BURSA	437.14										
77	26025	DRAINAGE OF PALM BURSA	437.14	00 15									
73	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	510.58										
77	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	510.58	00 15									
73	26034	TREAT HAND BONE LESION	572.02										
77	26034	TREAT HAND BONE LESION	572.02	00 15									
73	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	900.37										
77	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	900.37	00 15									
73	26037	DECOMPRESSIVE FASCIOTOMY, HAND	585.12										
77	26037	DECOMPRESSIVE FASCIOTOMY, HAND	585.12	00 15									
73	26040	RELEASE OF TISSUES OF PALM, ACCESSED	324.73										
77	26040	RELEASE OF TISSUES OF PALM, ACCESSED	324.73	00 15									
73	26045	PARTIAL RELEASE OF TISSUES OF PALM,	490.56										
77	26045	PARTIAL RELEASE OF TISSUES OF PALM,	490.56	00 15									
73	26055	INCISE FINGER TENDON SHEATH	597.24									X	
77	26055	INCISE FINGER TENDON SHEATH	597.24	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	262.50									X	
77	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	262.50	00 15								X	
73	26070	EXPLORE/TREAT HAND JOINT	331.28										
77	26070	EXPLORE/TREAT HAND JOINT	331.28	00 15									
73	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	349.38										
77	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	349.38	00 15									
73	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	411.58									X	
77	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	411.58	00 15								X	
73	26100	BIOPSY HAND JOINT LINING	352.15										
77	26100	BIOPSY HAND JOINT LINING	352.15	00 15									
73	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	354.72										
77	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	354.72	00 15									
73	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	336.10									X	
77	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	336.10	00 15								X	
73	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	431.87										
77	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	431.87	00 15									
73	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	567.46										
77	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	567.46	00 15									
73	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	557.75										
77	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	557.75	00 15									
73	26116	EXCISION BENIGN TUMOR,HAND; DEEP	544.77										
77	26116	EXCISION BENIGN TUMOR,HAND; DEEP	544.77	00 15									
73	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	770.30										
77	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	770.30	00 15									
73	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,105.09										
77	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,105.09	00 15									
73	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	623.02										
77	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	623.02	00 15									
73	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	868.36										
77	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	868.36	00 15									
73	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	284.41									X	
77	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	284.41	00 15								X	
73	26130	REMOVE WRIST JOINT LINING	489.53										
77	26130	REMOVE WRIST JOINT LINING	489.53	00 15									
73	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	577.32									X	
77	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	577.32	00 15								X	
73	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	527.10									X	
77	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	527.10	00 15								X	
73	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	535.91									X	
77	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	535.91	00 15								X	
73	26160	REMOVE TENDON SHEATH LESION	622.80										
77	26160	REMOVE TENDON SHEATH LESION	622.80	00 15									
73	26170	EXCISE TENDON,PALM...EACH	422.94									X	
77	26170	EXCISE TENDON,PALM...EACH	422.94	00 15								X	
73	26180	EXCISION OF TENDON,FINGER,FLEXOR	464.18										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26180	EXCISION OF TENDON,FINGER,FLEXOR	464.18	00 15									
73	26185	REMOVE FINGER BONE	578.23										
77	26185	REMOVE FINGER BONE	578.23	00 15									
73	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	466.61										
77	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	466.61	00 15									
73	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	635.93										
77	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	635.93	00 15									
73	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	462.18										
77	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	462.18	00 15									
73	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	594.18										
77	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	594.18	00 15									
73	26230	PARTIAL REMOVAL OF HAND BONE	520.55										
77	26230	PARTIAL REMOVAL OF HAND BONE	520.55	00 15									
73	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	511.86										
77	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	511.86	00 15									
73	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	459.39										
77	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	459.39	00 15									
73	26250	RADICAL RESECTION FOR TUMOR,HAND	1,118.62										
77	26250	RADICAL RESECTION FOR TUMOR,HAND	1,118.62	00 15									
73	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	837.72										
77	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	837.72	00 15									
73	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	659.30										
77	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	659.30	00 15									
73	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	362.37										
77	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	362.37	00 15									
73	26340	MANIPULATE FINGER W/ANESTH	356.33									X	
77	26340	MANIPULATE FINGER W/ANESTH	356.33	00 15								X	
73	26341	MANIPULATION OF PALM PRETENDINOUS CO	118.53										
77	26341	MANIPULATION OF PALM PRETENDINOUS CO	118.53	00 15									
73	26350	REPAIR OF FINGER TENDON	768.65									X	
77	26350	REPAIR OF FINGER TENDON	768.65	00 15								X	
73	26352	REPAIR OF FINGER TENDON WITH GRAFT	861.40									X	
77	26352	REPAIR OF FINGER TENDON WITH GRAFT	861.40	00 15								X	
73	26356	REPAIR OF FINGER TENDON	822.63									X	
77	26356	REPAIR OF FINGER TENDON	822.63	00 15								X	
73	26357	REPAIR OF FINGER TENDON	929.47									X	
77	26357	REPAIR OF FINGER TENDON	929.47	00 15								X	
73	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,029.83									X	
77	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,029.83	00 15								X	
73	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	812.92									X	
77	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	812.92	00 15								X	
73	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	954.24									X	
77	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	954.24	00 15								X	
73	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	917.13									X	
77	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	917.13	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	918.51										
77	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	918.51	00 15									
73	26392	REMOVAL ROD AND INSERTION OF TENDON	1,047.49										
77	26392	REMOVAL ROD AND INSERTION OF TENDON	1,047.49	00 15									
73	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	618.94									X	
77	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	618.94	00 15								X	
73	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	741.04									X	
77	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	741.04	00 15								X	
73	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	888.44										
77	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	888.44	00 15									
73	26416	REMOVE TUBE/ROD,INSERT GRAFT...	962.73										
77	26416	REMOVE TUBE/ROD,INSERT GRAFT...	962.73	00 15									
73	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	638.68									X	
77	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	638.68	00 15								X	
73	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	770.75									X	
77	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	770.75	00 15								X	
73	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	523.29										
77	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	523.29	00 15									
73	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	828.13										
77	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	828.13	00 15									
73	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	558.77										
77	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	558.77	00 15									
73	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	589.96										
77	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	589.96	00 15									
73	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	722.76										
77	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	722.76	00 15									
73	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	688.44										
77	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	688.44	00 15									
73	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	669.61									X	
77	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	669.61	00 15								X	
73	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,020.75									X	
77	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	1,020.75	00 15								X	
73	26445	TENOLYSIS,EXT TEND...;EACH TENDON	624.07									X	
77	26445	TENOLYSIS,EXT TEND...;EACH TENDON	624.07	00 15								X	
73	26449	TENOLYSIS,COMP,EXT TENDON.....	721.50										
77	26449	TENOLYSIS,COMP,EXT TENDON.....	721.50	00 15									
73	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	477.42									X	
77	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	477.42	00 15								X	
73	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	471.37									X	
77	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	471.37	00 15								X	
73	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	463.21									X	
77	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	463.21	00 15								X	
73	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	680.94										
77	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	680.94	00 15									
73	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	673.99										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	673.99	00 15									
73	26476	TEND LENGTHEN,EXT...SINGLE, EACH	666.04									X	
77	26476	TEND LENGTHEN,EXT...SINGLE, EACH	666.04	00 15								X	
73	26477	TEND SHORTEN,EXT...SINGLE,EACH	643.76									X	
77	26477	TEND SHORTEN,EXT...SINGLE,EACH	643.76	00 15								X	
73	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	700.60									X	
77	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	700.60	00 15								X	
73	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	809.44									X	
77	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	809.44	00 15								X	
73	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	900.91									X	
77	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	900.91	00 15								X	
73	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	862.73									X	
77	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	862.73	00 15								X	
73	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,007.60									X	
77	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	1,007.60	00 15								X	
73	26490	REVISE THUMB TENDON	876.11										
77	26490	REVISE THUMB TENDON	876.11	00 15									
73	26492	REVISE THUMB TENDON W/GRAFT	968.57										
77	26492	REVISE THUMB TENDON W/GRAFT	968.57	00 15									
73	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	879.16										
77	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	879.16	00 15									
73	26496	REVISE THUMB TENDON; OTHER METHODS	948.49										
77	26496	REVISE THUMB TENDON; OTHER METHODS	948.49	00 15									
73	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	947.47										
77	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	947.47	00 15									
73	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,240.36										
77	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,240.36	00 15									
73	26499	CORRECTION CLAW FINGER,OTHER METHODS	909.96		X								
77	26499	CORRECTION CLAW FINGER,OTHER METHODS	909.96	00 15	X								
73	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	690.92										
77	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	690.92	00 15									
73	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	787.31										
77	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	787.31	00 15									
73	26508	RELEASE THUMB CONTRACTURE	697.70									X	
77	26508	RELEASE THUMB CONTRACTURE	697.70	00 15								X	
73	26510	CROSS INTRINSIC TRANSFER	662.62										
77	26510	CROSS INTRINSIC TRANSFER	662.62	00 15									
73	26516	FUSION OF KNUCKLE JOINT	771.46										
77	26516	FUSION OF KNUCKLE JOINT	771.46	00 15									
73	26517	FUSION KNUCKLE JOINT,TWO DIGITS	905.03										
77	26517	FUSION KNUCKLE JOINT,TWO DIGITS	905.03	00 15									
73	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	918.21									X	
77	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	918.21	00 15								X	
73	26520	CAPSULECTOMY/OTOMY....;EACH	702.18									X	
77	26520	CAPSULECTOMY/OTOMY....;EACH	702.18	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26525	CAPSULECTOMY/OTOMY...;EACH	704.72									X	
77	26525	CAPSULECTOMY/OTOMY...;EACH	704.72	00 15								X	
73	26530	ARTHROPLASTY,META...;SINGLE,EACH	563.20									X	
77	26530	ARTHROPLASTY,META...;SINGLE,EACH	563.20	00 15								X	
73	26531	ARTHROPLASTY,META..;PROSTH...EACH	656.02									X	
77	26531	ARTHROPLASTY,META..;PROSTH...EACH	656.02	00 15								X	
73	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	451.92									X	
77	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	451.92	00 15								X	
73	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	771.78									X	
77	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	771.78	00 15								X	
73	26540	REPAIR COLLATERAL LIGAMENT	724.08									X	
77	26540	REPAIR COLLATERAL LIGAMENT	724.08	00 15								X	
73	26541	RECONSTRUCT/GRAFT HAND JOINT	866.87									X	
77	26541	RECONSTRUCT/GRAFT HAND JOINT	866.87	00 15								X	
73	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	748.28										
77	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	748.28	00 15									
73	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	757.04									X	
77	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	757.04	00 15								X	
73	26546	REPAIR NON-UNION HAND	1,071.02										
77	26546	REPAIR NON-UNION HAND	1,071.02	00 15									
73	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	828.92									X	
77	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	828.92	00 15								X	
73	26550	CONSTRUCT THUMB REPLACEMENT	1,744.93									X	
77	26550	CONSTRUCT THUMB REPLACEMENT	1,744.93	00 15								X	
73	26551	GREAT TOE-HAND TRANSFER	3,486.98										
77	26551	GREAT TOE-HAND TRANSFER	3,486.98	00 15									
73	26553	SINGLE TOE-HAND TRANSFER	3,463.52										
77	26553	SINGLE TOE-HAND TRANSFER	3,463.52	00 15									
73	26554	DOUBLE TOE-HAND TRANSFER	4,035.76										
77	26554	DOUBLE TOE-HAND TRANSFER	4,035.76	00 15									
73	26555	POSITIONAL CHANGE OF FINGER	1,460.77										
77	26555	POSITIONAL CHANGE OF FINGER	1,460.77	00 15									
73	26556	TOE JOINT TRANSFER	3,598.77										
77	26556	TOE JOINT TRANSFER	3,598.77	00 15									
73	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	659.17									X	
77	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	659.17	00 15								X	
73	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,030.41									X	
77	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	1,030.41	00 15								X	
73	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,442.88									X	
77	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,442.88	00 15								X	
73	26565	CORRECT METACARPAL FLAW	743.69									X	
77	26565	CORRECT METACARPAL FLAW	743.69	00 15								X	
73	26567	CORRECT FINGER DEFORMITY	745.81									X	
77	26567	CORRECT FINGER DEFORMITY	745.81	00 15								X	
73	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	972.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	972.21	00 15									
73	26580	REPAIR HAND DEFORMITY	1,619.98									X	
77	26580	REPAIR HAND DEFORMITY	1,619.98	00 15								X	
73	26587	REPAIR SUPERNUMERARY DIGIT	1,096.76									X	
77	26587	REPAIR SUPERNUMERARY DIGIT	1,096.76	00 15								X	
73	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,510.67									X	
77	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,510.67	00 15								X	
73	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	497.84									X	
77	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	497.84	00 15								X	
73	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	854.94										
77	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	854.94	00 15									
73	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	308.16									X	
77	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	308.16	00 15								X	
73	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	340.90									X	
77	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	340.90	00 15								X	
73	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	530.31									X	
77	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	530.31	00 15								X	
73	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	499.35										
77	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	499.35	00 15									
73	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	596.76									X	
77	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	596.76	00 15								X	
73	26641	TREAT THUMB DISLOCATION W/MANIPU	434.27									X	
77	26641	TREAT THUMB DISLOCATION W/MANIPU	434.27	00 15								X	
73	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	451.10									X	
77	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	451.10	00 15								X	
73	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	497.68									X	
77	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	497.68	00 15								X	
73	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	644.09									X	
77	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	644.09	00 15								X	
73	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	364.14										
77	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	364.14	00 15									
73	26675	TREAT HAND DISLOCATION W/ANESTHESIA	480.09										
77	26675	TREAT HAND DISLOCATION W/ANESTHESIA	480.09	00 15									
73	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	526.28										
77	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	526.28	00 15									
73	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	597.93										
77	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	597.93	00 15									
73	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	654.09										
77	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	654.09	00 15									
73	26700	TREAT KNUCKLE DISLOCATION	353.01										
77	26700	TREAT KNUCKLE DISLOCATION	353.01	00 15									
73	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	437.30										
77	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	437.30	00 15									
73	26706	PERC.PINNING,CLOSED METACARPOPHALANG	463.95										
77	26706	PERC.PINNING,CLOSED METACARPOPHALANG	463.95	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	594.74										
77	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	594.74	00 15									
73	26720	TREAT CLSD FX;W/O MANIP, EACH	205.01									X	
77	26720	TREAT CLSD FX;W/O MANIP, EACH	205.01	00 15								X	
73	26725	TREAT CLSD FX;W/ MANIP, EACH	353.79									X	
77	26725	TREAT CLSD FX;W/ MANIP, EACH	353.79	00 15								X	
73	26727	TREAT FX,MANIP,TRACT/FIX, EACH	490.79									X	
77	26727	TREAT FX,MANIP,TRACT/FIX, EACH	490.79	00 15								X	
73	26735	OPEN TREAT....W/W/O FIX, EACH	617.43									X	
77	26735	OPEN TREAT....W/W/O FIX, EACH	617.43	00 15								X	
73	26740	TREAT CLSD ART FX...W/O MANIP,EACH	238.33									X	
77	26740	TREAT CLSD ART FX...W/O MANIP,EACH	238.33	00 15								X	
73	26742	TREAT CLSD ART FX....W/ MANIP, EACH	388.13									X	
77	26742	TREAT CLSD ART FX....W/ MANIP, EACH	388.13	00 15								X	
73	26746	OPEN TX,CLSD/OPEN FX...EACH	772.65									X	
77	26746	OPEN TX,CLSD/OPEN FX...EACH	772.65	00 15								X	
73	26750	TREAT CLSD FX...W/O MANIP, EACH	192.58									X	
77	26750	TREAT CLSD FX...W/O MANIP, EACH	192.58	00 15								X	
73	26755	TREAT CLSD FX...W/ MANIP, EACH	331.32									X	
77	26755	TREAT CLSD FX...W/ MANIP, EACH	331.32	00 15								X	
73	26756	TREAT CLSD FX..;W/PERC PIN, EACH	438.83									X	
77	26756	TREAT CLSD FX..;W/PERC PIN, EACH	438.83	00 15								X	
73	26765	OPEN TX,CLSD/OPEN FX..;EACH	518.96									X	
77	26765	OPEN TX,CLSD/OPEN FX..;EACH	518.96	00 15								X	
73	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	297.06										
77	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	297.06	00 15									
73	26775	TRMT OF SAME W/ ANESTION	404.95										
77	26775	TRMT OF SAME W/ ANESTION	404.95	00 15									
73	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	465.96										
77	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	465.96	00 15									
73	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	566.07										
77	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	566.07	00 15									
73	26820	THUMB FUSION WITH GRAFT	866.02										
77	26820	THUMB FUSION WITH GRAFT	866.02	00 15									
73	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	800.12										
77	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	800.12	00 15									
73	26842	ARTHRODESIS OF THUMB W/ GRAFT	868.05									X	
77	26842	ARTHRODESIS OF THUMB W/ GRAFT	868.05	00 15								X	
73	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	817.15										
77	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	817.15	00 15									
73	26844	ARTHRODESIS OF DIGITS W/ GRAFT	898.90										
77	26844	ARTHRODESIS OF DIGITS W/ GRAFT	898.90	00 15									
73	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	761.17										
77	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	761.17	00 15									
73	26852	ARTHRODESIS KNUCKLE W/ GRAFT	863.75										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	26852	ARTHRODESIS KNUCKLE W/ GRAFT	863.75	00 15									
73	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	628.22										
77	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	628.22	00 15									
73	26861	ARTHRODESIS...EACH ADD JOINT	107.48									X	
77	26861	ARTHRODESIS...EACH ADD JOINT	107.48	00 15								X	
73	26862	FUSION/GRAFT OF FINGER JOINT	793.16										
77	26862	FUSION/GRAFT OF FINGER JOINT	793.16	00 15									
73	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	239.43									X	
77	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	239.43	00 15								X	
73	26910	AMPUTATE METACARPAL BONE	791.85									X	
77	26910	AMPUTATE METACARPAL BONE	791.85	00 15								X	
73	26951	AMPUTATION OF FINGER/THUMB	720.02									X	
77	26951	AMPUTATION OF FINGER/THUMB	720.02	00 15								X	
73	26952	WITH LOCAL ADVANCEMENT FLAPS	707.50									X	
77	26952	WITH LOCAL ADVANCEMENT FLAPS	707.50	00 15								X	
73	26990	DRAINAGE OF PELVIS LESION	712.02										
77	26990	DRAINAGE OF PELVIS LESION	712.02	00 15									
73	26991	DRAINAGE OF PELVIS BURSA	728.57										
77	26991	DRAINAGE OF PELVIS BURSA	728.57	00 15									
73	26992	DRAINAGE OF BONE LESION	1,058.63										
77	26992	DRAINAGE OF BONE LESION	1,058.63	00 15									
73	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	412.44										
77	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	412.44	00 15									
73	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	566.76										
77	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	566.76	00 15									
73	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	627.93										
77	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	627.93	00 15									
73	27005	TENOTOMY, ILIOPSOAS, OPEN	758.96										
77	27005	TENOTOMY, ILIOPSOAS, OPEN	758.96	00 15									
73	27006	TENOTOMY, ABDUCTORS, OPEN	743.35										
77	27006	TENOTOMY, ABDUCTORS, OPEN	743.35	00 15									
73	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	969.26										
77	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	969.26	00 15									
73	27027	INCISION OF TISSUE OF MUSCLE COMPART	932.07										
77	27027	INCISION OF TISSUE OF MUSCLE COMPART	932.07	00 15									
73	27030	ARTHROTOMY OF HIP FOR DRAINAGE	987.27										
77	27030	ARTHROTOMY OF HIP FOR DRAINAGE	987.27	00 15									
73	27033	HIP ARTHROTOMY FOR EXPLORATION	1,023.21										
77	27033	HIP ARTHROTOMY FOR EXPLORATION	1,023.21	00 15									
73	27035	DENERVATION OF HIP JOINT	1,151.97										
77	27035	DENERVATION OF HIP JOINT	1,151.97	00 15									
73	27036	EXCISION OF HIP JOINT/MUSCLE	1,069.91										
77	27036	EXCISION OF HIP JOINT/MUSCLE	1,069.91	00 15									
73	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	343.63										
77	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	343.63	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27041	DEEP BIOPSY OF SOFT TISSUES	745.73										
77	27041	DEEP BIOPSY OF SOFT TISSUES	745.73	00 15									
73	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	500.77										
77	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	500.77	00 15									
73	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	779.96										
77	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	779.96	00 15									
73	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	514.94										
77	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	514.94	00 15									
73	27048	DEEP TUMOR EXCISION, HIP-PELVIS	646.53										
77	27048	DEEP TUMOR EXCISION, HIP-PELVIS	646.53	00 15									
73	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,444.74										
77	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,444.74	00 15									
73	27050	BIOPSY OF SACROILLIAC JOINT	421.60										
77	27050	BIOPSY OF SACROILLIAC JOINT	421.60	00 15									
73	27052	BIOPSY OF HIP JOINT	604.19										
77	27052	BIOPSY OF HIP JOINT	604.19	00 15									
73	27054	REMOVAL OF HIP JOINT LINING	720.24										
77	27054	REMOVAL OF HIP JOINT LINING	720.24	00 15									
73	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,064.66										
77	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,064.66	00 15									
73	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,925.66										
77	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,925.66	00 15									
73	27060	REMOVAL OF ISCHIAL BURSA	486.57										
77	27060	REMOVAL OF ISCHIAL BURSA	486.57	00 15									
73	27062	EXCISION TROCHANTERIC BURSA	475.47										
77	27062	EXCISION TROCHANTERIC BURSA	475.47	00 15									
73	27065	EXCISION OF BONE CYST OR BENIGN TUMO	548.53										
77	27065	EXCISION OF BONE CYST OR BENIGN TUMO	548.53	00 15									
73	27066	EXCISION OF BONE CYST OR BENIGN TUMO	855.40										
77	27066	EXCISION OF BONE CYST OR BENIGN TUMO	855.40	00 15									
73	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,088.42										
77	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,088.42	00 15									
73	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	928.66										
77	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	928.66	00 15									
73	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,019.69										
77	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	1,019.69	00 15									
73	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,201.94										
77	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,201.94	00 15									
73	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,665.86										
77	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,665.86	00 15									
73	27077	INNOMINATE BONE-TOTAL	2,975.93										
77	27077	INNOMINATE BONE-TOTAL	2,975.93	00 15									
73	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,170.95										
77	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,170.95	00 15									
73	27080	COCCYGECTOMY	542.03										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27080	COCCYGECTOMY	542.03	00 15									
73	27086	REMOVE HIP FOREIGN BODY	314.65										
77	27086	REMOVE HIP FOREIGN BODY	314.65	00 15									
73	27087	DEEP ODY	652.67										
77	27087	DEEP ODY	652.67	00 15									
73	27090	REMOVAL OF HIP PROSTHESIS	872.98										
77	27090	REMOVAL OF HIP PROSTHESIS	872.98	00 15									
73	27091	COMPLICATED HESIS	1,681.30										
77	27091	COMPLICATED HESIS	1,681.30	00 15									
73	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	238.15										
77	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	238.15	00 15									
73	27095	WITH ANES RAY	322.14										
77	27095	WITH ANES RAY	322.14	00 15									
73	27096	INJECTION PROCEDURE FOR SACROILIAC J	162.11										
77	27096	INJECTION PROCEDURE FOR SACROILIAC J	162.11	00 15									
73	27097	HAMSTRING RECESSION PROXIMAL	718.96										
77	27097	HAMSTRING RECESSION PROXIMAL	718.96	00 15									
73	27098	ADDUCTOR TRANSFER TO ISCHIUM	730.54										
77	27098	ADDUCTOR TRANSFER TO ISCHIUM	730.54	00 15									
73	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	871.40										
77	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	871.40	00 15									
73	27105	TRANSFER PARASPINAL MUSCLE TO HIP	915.04										
77	27105	TRANSFER PARASPINAL MUSCLE TO HIP	915.04	00 15									
73	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,022.05										
77	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	1,022.05	00 15									
73	27111	TO FEMORAL NECK S MUSCLE	950.13										
77	27111	TO FEMORAL NECK S MUSCLE	950.13	00 15									
73	27120	ACETABULOPLASTY P SOCKET	1,368.74										
77	27120	ACETABULOPLASTY P SOCKET	1,368.74	00 15									
73	27122	RESECTION FEMORAL HEAD	1,162.52										
77	27122	RESECTION FEMORAL HEAD	1,162.52	00 15									
73	27125	HEMIARTHROPLASTY; PROSTHESIS	1,191.06										
77	27125	HEMIARTHROPLASTY; PROSTHESIS	1,191.06	00 15									
73	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,355.03										
77	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,355.03	00 15									
73	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,763.60										
77	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,763.60	00 15									
73	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,016.22										
77	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	2,016.22	00 15									
73	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,548.24										
77	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,548.24	00 15									
73	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,610.10										
77	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,610.10	00 15									
73	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	940.51										
77	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	940.51	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	27146	OSTEOTOMY, ILIAC	1,349.60										
77	27146	OSTEOTOMY, ILIAC	1,349.60	00 15									
73	27147	WITH OPEN REDUCTION OF HIP	1,542.75										
77	27147	WITH OPEN REDUCTION OF HIP	1,542.75	00 15									
73	27151	WITH FEMORAL OSTEOTOMY	1,668.64										
77	27151	WITH FEMORAL OSTEOTOMY	1,668.64	00 15									
73	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,799.48										
77	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,799.48	00 15									
73	27158	OSTEOTOMY, PELVIS, BILATERAL	1,475.89										
77	27158	OSTEOTOMY, PELVIS, BILATERAL	1,475.89	00 15									
73	27161	INCISION OF NECK OF FEMUR	1,285.75										
77	27161	INCISION OF NECK OF FEMUR	1,285.75	00 15									
73	27165	INCISION/FIXATION OF FEMUR	1,451.80										
77	27165	INCISION/FIXATION OF FEMUR	1,451.80	00 15									
73	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,230.25										
77	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,230.25	00 15									
73	27175	TREAT SLIPPED EPIPHYSIS	701.45										
77	27175	TREAT SLIPPED EPIPHYSIS	701.45	00 15									
73	27176	BY SINGLE OR MULITPLE PINNING, IN SI	969.54										
77	27176	BY SINGLE OR MULITPLE PINNING, IN SI	969.54	00 15									
73	27177	REPAIR SLIPPED EPIPHYSIS	1,173.97										
77	27177	REPAIR SLIPPED EPIPHYSIS	1,173.97	00 15									
73	27178	CLOSED MANIPULATION YSIS	969.54										
77	27178	CLOSED MANIPULATION YSIS	969.54	00 15									
73	27179	OSTEOPLASTY OF FEMORAL NECK	1,030.78										
77	27179	OSTEOPLASTY OF FEMORAL NECK	1,030.78	00 15									
73	27181	OSTEOTOMY & INTERNAL FIXATION	1,177.84										
77	27181	OSTEOTOMY & INTERNAL FIXATION	1,177.84	00 15									
73	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	754.41										
77	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	754.41	00 15									
73	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,049.19										
77	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,049.19	00 15									
73	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	138.56										
77	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	138.56	00 15									
73	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	334.17										
77	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	334.17	00 15									
73	27200	TRMT OF CLOSED COCCYGEAL FX	193.83										
77	27200	TRMT OF CLOSED COCCYGEAL FX	193.83	00 15									
73	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	554.64										
77	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	554.64	00 15									
73	27220	TREAT HIP SOCKET FRACTURE	439.09										
77	27220	TREAT HIP SOCKET FRACTURE	439.09	00 15									
73	27222	WITH MANIPULATION CTURE	1,036.37										
77	27222	WITH MANIPULATION CTURE	1,036.37	00 15									
73	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,112.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,112.31	00 15									
73	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,741.94										
77	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,741.94	00 15									
73	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,983.71										
77	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,983.71	00 15									
73	27230	TRMT OF CLOSED FEMORAL FX	507.53										
77	27230	TRMT OF CLOSED FEMORAL FX	507.53	00 15									
73	27232	WITH MANIPULATION MUR	785.92									X	
77	27232	WITH MANIPULATION MUR	785.92	00 15								X	
73	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	954.76										
77	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	954.76	00 15									
73	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,256.29										
77	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,256.29	00 15									
73	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	488.22										
77	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	488.22	00 15									
73	27240	WITH MANIPULATION RACTURE	1,009.84										
77	27240	WITH MANIPULATION RACTURE	1,009.84	00 15									
73	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,292.89										
77	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,292.89	00 15									
73	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,291.52										
77	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,291.52	00 15									
73	27246	TRMT OF CLOSED GREATER TROCHANTERIC	408.97										
77	27246	TRMT OF CLOSED GREATER TROCHANTERIC	408.97	00 15									
73	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	786.57										
77	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	786.57	00 15									
73	27250	TREAT HIP DISLOCATION	197.21										
77	27250	TREAT HIP DISLOCATION	197.21	00 15									
73	27252	REQUIRING ANES N	796.83										
77	27252	REQUIRING ANES N	796.83	00 15									
73	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	990.75										
77	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	990.75	00 15									
73	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,341.11										
77	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,341.11	00 15									
73	27256	TRMT OF CONGENITAL HIP DISLOCATION	323.64										
77	27256	TRMT OF CONGENITAL HIP DISLOCATION	323.64	00 15									
73	27257	WITH MANIPULATION REQUIRING ANES	380.08										
77	27257	WITH MANIPULATION REQUIRING ANES	380.08	00 15									
73	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,171.08										
77	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,171.08	00 15									
73	27259	W/ FEMORAL SHAFT SHORTENING	1,626.40										
77	27259	W/ FEMORAL SHAFT SHORTENING	1,626.40	00 15									
73	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	430.20										
77	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	430.20	00 15									
73	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	613.94										
77	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	613.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	460.21										
77	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	460.21	00 15									
73	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	570.89										
77	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	570.89	00 15									
73	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,309.59										
77	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,309.59	00 15									
73	27275	MANIPULATION OF HIP JOINT	189.66										
77	27275	MANIPULATION OF HIP JOINT	189.66	00 15									
73	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	888.82										
77	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	888.82	00 15									
73	27280	FUSION OF SACROILIAC JOINT	1,469.12										
77	27280	FUSION OF SACROILIAC JOINT	1,469.12	00 15									
73	27282	FUSION OF PUBIC BONES	903.44										
77	27282	FUSION OF PUBIC BONES	903.44	00 15									
73	27284	FUSION OF HIP JOINT	1,696.40										
77	27284	FUSION OF HIP JOINT	1,696.40	00 15									
73	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,733.73										
77	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,733.73	00 15									
73	27290	AMPUTATION OF LEG AT HIP	1,714.03										
77	27290	AMPUTATION OF LEG AT HIP	1,714.03	00 15									
73	27295	DISARTICULATION OF HIP	1,340.82										
77	27295	DISARTICULATION OF HIP	1,340.82	00 15									
73	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	695.81										
77	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	695.81	00 15									
73	27303	INCISION, DEEP W/ OPENING OF BONE CO	671.76										
77	27303	INCISION, DEEP W/ OPENING OF BONE CO	671.76	00 15									
73	27305	FASCIOTOMY & FASCIA	505.64										
77	27305	FASCIOTOMY & FASCIA	505.64	00 15									
73	27306	TENOTOMY, SINGLE NDON	344.47										
77	27306	TENOTOMY, SINGLE NDON	344.47	00 15									
73	27307	MULTIPLE NDONS	428.03										
77	27307	MULTIPLE NDONS	428.03	00 15									
73	27310	ARTHROTOMY, KNEE JOINT	768.21										
77	27310	ARTHROTOMY, KNEE JOINT	768.21	00 15									
73	27323	BIOPSY THIGH SOFT TISSUES	276.19										
77	27323	BIOPSY THIGH SOFT TISSUES	276.19	00 15									
73	27324	BIOPSY THIGH SOFT TISSUES	425.71										
77	27324	BIOPSY THIGH SOFT TISSUES	425.71	00 15									
73	27325	NEURECTOMY, HAMSTRING MUSCLE	591.22										
77	27325	NEURECTOMY, HAMSTRING MUSCLE	591.22	00 15									
73	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	546.08										
77	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	546.08	00 15									
73	27327	REMOVAL OF THIGH LESION	517.61										
77	27327	REMOVAL OF THIGH LESION	517.61	00 15									
73	27328	REMOVAL OF THIGH LESION	658.65										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27328	REMOVAL OF THIGH LESION	658.65	00 15									
73	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,107.45										
77	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,107.45	00 15									
73	27330	BIOPSY KNEE JOINT LINING	440.39										
77	27330	BIOPSY KNEE JOINT LINING	440.39	00 15									
73	27331	EXPLORE/TREAT KNEE JOINT	497.44										
77	27331	EXPLORE/TREAT KNEE JOINT	497.44	00 15									
73	27332	REMOVAL OF KNEE CARTILAGE	676.10										
77	27332	REMOVAL OF KNEE CARTILAGE	676.10	00 15									
73	27333	REMOVAL OF KNEE CARTILAGE	616.39										
77	27333	REMOVAL OF KNEE CARTILAGE	616.39	00 15									
73	27334	REMOVE KNEE JOINT LINING	718.91										
77	27334	REMOVE KNEE JOINT LINING	718.91	00 15									
73	27335	REMOVE KNEE JOINT LINING	804.98										
77	27335	REMOVE KNEE JOINT LINING	804.98	00 15									
73	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	445.86										
77	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	445.86	00 15									
73	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	802.71										
77	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	802.71	00 15									
73	27340	REMOVAL OF KNEECAP BURSA	389.74										
77	27340	REMOVAL OF KNEECAP BURSA	389.74	00 15									
73	27345	REMOVAL OF CYST OF MEMBRANE COVERING	507.56										
77	27345	REMOVAL OF CYST OF MEMBRANE COVERING	507.56	00 15									
73	27347	REMOVE KNEE CYST	550.14										
77	27347	REMOVE KNEE CYST	550.14	00 15									
73	27350	REMOVAL OF KNEECAP	685.91										
77	27350	REMOVAL OF KNEECAP	685.91	00 15									
73	27355	REMOVE FEMUR LESION	638.04										
77	27355	REMOVE FEMUR LESION	638.04	00 15									
73	27356	REMOVE FEMUR LESION/GRAFT	776.98										
77	27356	REMOVE FEMUR LESION/GRAFT	776.98	00 15									
73	27357	REMOVE FEMUR LESION/GRAFT	860.86										
77	27357	REMOVE FEMUR LESION/GRAFT	860.86	00 15									
73	27358	WITH INTERNAL FIXATION	293.03										
77	27358	WITH INTERNAL FIXATION	293.03	00 15									
73	27360	PARTIAL REMOVAL LEG BONE(S)	947.08										
77	27360	PARTIAL REMOVAL LEG BONE(S)	947.08	00 15									
73	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,663.32										
77	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,663.32	00 15									
73	27365	EXTENSIVE LEG SURGERY	2,169.87										
77	27365	EXTENSIVE LEG SURGERY	2,169.87	00 15									
73	27369	INJECTION PROCEDURE FOR CONTRAST KNE	174.68										
77	27369	INJECTION PROCEDURE FOR CONTRAST KNE	174.68	00 15									
73	27372	REMOVAL OF FOREIGN BODY	609.13										
77	27372	REMOVAL OF FOREIGN BODY	609.13	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	27380	REPAIR OF KNEECAP TENDON	650.76											
77	27380	REPAIR OF KNEECAP TENDON	650.76	00	15									
73	27381	REPAIR/GRAFT KNEECAP TENDON	862.07											
77	27381	REPAIR/GRAFT KNEECAP TENDON	862.07	00	15									
73	27385	REPAIR OF THIGH MUSCLE	631.73											
77	27385	REPAIR OF THIGH MUSCLE	631.73	00	15									
73	27386	REPAIR/GRAFT OF THIGH MUSCLE	899.29											
77	27386	REPAIR/GRAFT OF THIGH MUSCLE	899.29	00	15									
73	27390	INCISION OF THIGH TENDON	468.62											
77	27390	INCISION OF THIGH TENDON	468.62	00	15									
73	27391	INCISION OF THIGH TENDONS	581.82											
77	27391	INCISION OF THIGH TENDONS	581.82	00	15									
73	27392	INCISION OF THIGH TENDONS	748.77											
77	27392	INCISION OF THIGH TENDONS	748.77	00	15									
73	27393	LENGTHENING OF THIGH TENDON	525.50											
77	27393	LENGTHENING OF THIGH TENDON	525.50	00	15									
73	27394	LENGTHENING OF THIGH TENDONS	687.61											
77	27394	LENGTHENING OF THIGH TENDONS	687.61	00	15									
73	27395	LENGTHENING OF THIGH TENDONS	926.24											
77	27395	LENGTHENING OF THIGH TENDONS	926.24	00	15									
73	27396	TRANSPLANT OF THIGH TENDON	648.58											
77	27396	TRANSPLANT OF THIGH TENDON	648.58	00	15									
73	27397	TRANSPLANTS OF THIGH TENDONS	960.46											
77	27397	TRANSPLANTS OF THIGH TENDONS	960.46	00	15									
73	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	730.89											
77	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	730.89	00	15									
73	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	676.29											
77	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	676.29	00	15									
73	27405	REPAIR OF KNEE LIGAMENT	709.65											
77	27405	REPAIR OF KNEE LIGAMENT	709.65	00	15									
73	27407	REPAIR OF KNEE LIGAMENT	836.87											
77	27407	REPAIR OF KNEE LIGAMENT	836.87	00	15									
73	27409	REPAIR OF KNEE LIGAMENTS	1,017.94											
77	27409	REPAIR OF KNEE LIGAMENTS	1,017.94	00	15									
73	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,736.55											
77	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,736.55	00	15									
73	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,443.17			X								
77	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,443.17	00	15	X								
73	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,032.74			X								
77	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,032.74	00	15	X								
73	27418	PLASTY FOR CHONDROMALACIA PATELLAE	872.58											
77	27418	PLASTY FOR CHONDROMALACIA PATELLAE	872.58	00	15									
73	27420	REVISION OF UNSTABLE KNEECAP	779.04											
77	27420	REVISION OF UNSTABLE KNEECAP	779.04	00	15									
73	27422	REVISION OF UNSTABLE KNEECAP	779.23											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27422	REVISION OF UNSTABLE KNEECAP	779.23	00 15									
73	27424	REVISION/REMOVAL OF KNEECAP	787.28										
77	27424	REVISION/REMOVAL OF KNEECAP	787.28	00 15									
73	27425	LATERAL RETINACULAR RELEASE ANY METH	471.82										
77	27425	LATERAL RETINACULAR RELEASE ANY METH	471.82	00 15									
73	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	745.55										
77	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	745.55	00 15									
73	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,172.74										
77	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,172.74	00 15									
73	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,319.31										
77	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,319.31	00 15									
73	27430	REVISION OF THIGH MUSCLES	779.94										
77	27430	REVISION OF THIGH MUSCLES	779.94	00 15									
73	27435	INCISION OF KNEE JOINT	842.44										
77	27435	INCISION OF KNEE JOINT	842.44	00 15									
73	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	692.78										
77	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	692.78	00 15									
73	27438	REVISE KNEECAP WITH IMPLANT	882.69										
77	27438	REVISE KNEECAP WITH IMPLANT	882.69	00 15									
73	27440	REVISION OF KNEE JOINT	838.52										
77	27440	REVISION OF KNEE JOINT	838.52	00 15									
73	27441	REVISION OF KNEE JOINT	866.28										
77	27441	REVISION OF KNEE JOINT	866.28	00 15									
73	27442	REVISION OF KNEE JOINT	916.28										
77	27442	REVISION OF KNEE JOINT	916.28	00 15									
73	27443	REVISION OF KNEE JOINT	857.93										
77	27443	REVISION OF KNEE JOINT	857.93	00 15									
73	27445	REVISE KNEE JOINT, IMPLANT	1,321.69										
77	27445	REVISE KNEE JOINT, IMPLANT	1,321.69	00 15									
73	27446	TOTAL KNEE REPLACEMENT	1,217.09										
77	27446	TOTAL KNEE REPLACEMENT	1,217.09	00 15									
73	27447	TOTAL KNEE REPLACEMENT	1,353.53										
77	27447	TOTAL KNEE REPLACEMENT	1,353.53	00 15									
73	27448	INCISION OF FEMUR	851.99										
77	27448	INCISION OF FEMUR	851.99	00 15									
73	27450	INCISION OF FEMUR	1,064.70										
77	27450	INCISION OF FEMUR	1,064.70	00 15									
73	27454	REALIGNMENT OF FEMUR	1,362.34										
77	27454	REALIGNMENT OF FEMUR	1,362.34	00 15									
73	27455	REALIGNMENT OF KNEE	1,011.42										
77	27455	REALIGNMENT OF KNEE	1,011.42	00 15									
73	27457	REALIGNMENT OF KNEE	1,013.46										
77	27457	REALIGNMENT OF KNEE	1,013.46	00 15									
73	27465	SHORTENING OF FEMUR	1,315.85										
77	27465	SHORTENING OF FEMUR	1,315.85	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27466	LENGTHENING OF FEMUR	1,247.23										
77	27466	LENGTHENING OF FEMUR	1,247.23	00 15									
73	27468	REVISION OF FEMURS	1,413.86										
77	27468	REVISION OF FEMURS	1,413.86	00 15									
73	27470	REPAIR OF FEMUR	1,240.90										
77	27470	REPAIR OF FEMUR	1,240.90	00 15									
73	27472	REPAIR/GRAFT OF FEMUR	1,331.26										
77	27472	REPAIR/GRAFT OF FEMUR	1,331.26	00 15									
73	27475	REPAIR OF FEMUR EPIPHYSIS	696.94										
77	27475	REPAIR OF FEMUR EPIPHYSIS	696.94	00 15									
73	27477	REPAIR LOWER LEG EPIPHYSES	771.74										
77	27477	REPAIR LOWER LEG EPIPHYSES	771.74	00 15									
73	27479	REPAIR OF LEG EPIPHYSES	967.13										
77	27479	REPAIR OF LEG EPIPHYSES	967.13	00 15									
73	27485	REPAIR OF LEG EPIPHYSIS	705.79										
77	27485	REPAIR OF LEG EPIPHYSIS	705.79	00 15									
73	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,479.11										
77	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,479.11	00 15									
73	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,850.80										
77	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,850.80	00 15									
73	27488	REMOVAL OF KNEE PROSTHESIS	1,262.58										
77	27488	REMOVAL OF KNEE PROSTHESIS	1,262.58	00 15									
73	27495	PROPHYLACTIC TREAT. FEMUR	1,190.07										
77	27495	PROPHYLACTIC TREAT. FEMUR	1,190.07	00 15									
73	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	572.42										
77	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	572.42	00 15									
73	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	609.89										
77	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	609.89	00 15									
73	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	688.58										
77	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	688.58	00 15									
73	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	735.96										
77	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	735.96	00 15									
73	27500	TREATMENT OF FEMUR FRACTURE	544.08										
77	27500	TREATMENT OF FEMUR FRACTURE	544.08	00 15									
73	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	531.35										
77	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	531.35	00 15									
73	27502	TREATMENT OF FEMUR FRACTURE	803.61										
77	27502	TREATMENT OF FEMUR FRACTURE	803.61	00 15									
73	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	840.47										
77	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	840.47	00 15									
73	27506	REPAIR OF FEMUR FRACTURE	1,406.37										
77	27506	REPAIR OF FEMUR FRACTURE	1,406.37	00 15									
73	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,021.53										
77	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	1,021.53	00 15									
73	27508	TREATMENT OF FEMUR FRACTURE	547.90										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27508	TREATMENT OF FEMUR FRACTURE	547.90	00 15									
73	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	706.73										
77	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	706.73	00 15									
73	27510	TREATMENT OF FEMUR FRACTURE	716.09										
77	27510	TREATMENT OF FEMUR FRACTURE	716.09	00 15									
73	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,051.35										
77	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,051.35	00 15									
73	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,308.66										
77	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,308.66	00 15									
73	27514	REPAIR OF FEMUR FRACTURE	1,020.54										
77	27514	REPAIR OF FEMUR FRACTURE	1,020.54	00 15									
73	27516	TREATMENT OF FEMUR EPIPHYSIS	537.74										
77	27516	TREATMENT OF FEMUR EPIPHYSIS	537.74	00 15									
73	27517	TREATMENT OF FEMUR EPIPHYSIS	721.95										
77	27517	TREATMENT OF FEMUR EPIPHYSIS	721.95	00 15									
73	27519	REPAIR OF FEMUR EPIPHYSIS	940.57										
77	27519	REPAIR OF FEMUR EPIPHYSIS	940.57	00 15									
73	27520	TREAT KNEECAP FRACTURE	335.14										
77	27520	TREAT KNEECAP FRACTURE	335.14	00 15									
73	27524	REPAIR OF KNEECAP FRACTURE	791.05										
77	27524	REPAIR OF KNEECAP FRACTURE	791.05	00 15									
73	27530	TREATMENT OF KNEE FRACTURE	316.20										
77	27530	TREATMENT OF KNEE FRACTURE	316.20	00 15									
73	27532	TREATMENT OF KNEE FRACTURE	647.67										
77	27532	TREATMENT OF KNEE FRACTURE	647.67	00 15									
73	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	946.44										
77	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	946.44	00 15									
73	27536	REPAIR OF KNEE FRACTURE	1,248.79										
77	27536	REPAIR OF KNEE FRACTURE	1,248.79	00 15									
73	27538	TREAT KNEE FRACTURE(S)	504.41										
77	27538	TREAT KNEE FRACTURE(S)	504.41	00 15									
73	27540	REPAIR OF KNEE FRACTURE	854.79										
77	27540	REPAIR OF KNEE FRACTURE	854.79	00 15									
73	27550	TREAT KNEE DISLOCATION	537.82										
77	27550	TREAT KNEE DISLOCATION	537.82	00 15									
73	27552	TREAT KNEE DISLOCATION	663.65										
77	27552	TREAT KNEE DISLOCATION	663.65	00 15									
73	27556	REPAIR OF KNEE DISLOCATION	925.60										
77	27556	REPAIR OF KNEE DISLOCATION	925.60	00 15									
73	27557	REPAIR OF KNEE DISLOCATION	1,106.02										
77	27557	REPAIR OF KNEE DISLOCATION	1,106.02	00 15									
73	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,259.00										
77	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,259.00	00 15									
73	27560	TREAT KNEECAP DISLOCATION	383.29										
77	27560	TREAT KNEECAP DISLOCATION	383.29	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27562	TREAT KNEECAP DISLOCATION	512.43										
77	27562	TREAT KNEECAP DISLOCATION	512.43	00 15									
73	27566	REPAIR KNEECAP DISLOCATION	939.69										
77	27566	REPAIR KNEECAP DISLOCATION	939.69	00 15									
73	27570	FIXATION OF KNEE JOINT	158.14										
77	27570	FIXATION OF KNEE JOINT	158.14	00 15									
73	27580	FUSION OF KNEE	1,552.97										
77	27580	FUSION OF KNEE	1,552.97	00 15									
73	27590	AMPUTATE LEG AT THIGH	853.39										
77	27590	AMPUTATE LEG AT THIGH	853.39	00 15									
73	27591	AMPUTATE LEG AT THIGH	1,016.04										
77	27591	AMPUTATE LEG AT THIGH	1,016.04	00 15									
73	27592	AMPUTATE LEG AT THIGH	722.24										
77	27592	AMPUTATE LEG AT THIGH	722.24	00 15									
73	27594	AMPUTATION FOLLOW-UP SURGERY	539.06										
77	27594	AMPUTATION FOLLOW-UP SURGERY	539.06	00 15									
73	27596	AMPUTATION FOLLOW-UP SURGERY	766.28										
77	27596	AMPUTATION FOLLOW-UP SURGERY	766.28	00 15									
73	27598	AMPUTATE LOWER LEG AT KNEE	752.09										
77	27598	AMPUTATE LOWER LEG AT KNEE	752.09	00 15									
73	27600	DECOMPRESSION OF LOWER LEG	427.60										
77	27600	DECOMPRESSION OF LOWER LEG	427.60	00 15									
73	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	468.39										
77	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	468.39	00 15									
73	27602	DECOMPRESSION OF LOWER LEG	516.41										
77	27602	DECOMPRESSION OF LOWER LEG	516.41	00 15									
73	27603	DRAIN LOWER LEG LESION	546.76										
77	27603	DRAIN LOWER LEG LESION	546.76	00 15									
73	27604	DRAIN LOWER LEG BURSA	455.48										
77	27604	DRAIN LOWER LEG BURSA	455.48	00 15									
73	27605	INCISION OF ACHILLES TENDON	330.85										
77	27605	INCISION OF ACHILLES TENDON	330.85	00 15									
73	27606	INCISION OF ACHILLES TENDON	283.79										
77	27606	INCISION OF ACHILLES TENDON	283.79	00 15									
73	27607	TREAT LOWER LEG BONE LESION	620.77										
77	27607	TREAT LOWER LEG BONE LESION	620.77	00 15									
73	27610	EXPLORE/TREAT ANKLE JOINT	675.71										
77	27610	EXPLORE/TREAT ANKLE JOINT	675.71	00 15									
73	27612	EXPLORATION OF ANKLE JOINT	577.74										
77	27612	EXPLORATION OF ANKLE JOINT	577.74	00 15									
73	27613	BIOPSY LOWER LEG SOFT TISSUE	254.30										
77	27613	BIOPSY LOWER LEG SOFT TISSUE	254.30	00 15									
73	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	595.24										
77	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	595.24	00 15									
73	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,082.25										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,082.25	00 15									
73	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,348.82										
77	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,348.82	00 15									
73	27618	REMOVE LOWER LEGLES ION	500.42										
77	27618	REMOVE LOWER LEGLES ION	500.42	00 15									
73	27619	REMOVE LOWER LEG LESION DEEP	480.79										
77	27619	REMOVE LOWER LEG LESION DEEP	480.79	00 15									
73	27620	BIOPSY OF ANKLE JOINT	465.99										
77	27620	BIOPSY OF ANKLE JOINT	465.99	00 15									
73	27625	REMOVE ANKLE JOINT LINING	596.61										
77	27625	REMOVE ANKLE JOINT LINING	596.61	00 15									
73	27626	REMOVE ANKLE JOINT LINING	624.72										
77	27626	REMOVE ANKLE JOINT LINING	624.72	00 15									
73	27630	REMOVAL OF TENDON LESION	547.70										
77	27630	REMOVAL OF TENDON LESION	547.70	00 15									
73	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	436.48										
77	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	436.48	00 15									
73	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	712.52										
77	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	712.52	00 15									
73	27635	REMOVE LOWER LEG BONE LESION	603.11										
77	27635	REMOVE LOWER LEG BONE LESION	603.11	00 15									
73	27637	REMOVE/GRAFT LEG BONE LESION	767.57										
77	27637	REMOVE/GRAFT LEG BONE LESION	767.57	00 15									
73	27638	REMOVE/GRAFT LEG BONE LESION	784.58										
77	27638	REMOVE/GRAFT LEG BONE LESION	784.58	00 15									
73	27640	PARTIAL REMOVAL OF TIBIA	871.04										
77	27640	PARTIAL REMOVAL OF TIBIA	871.04	00 15									
73	27641	PARTIAL REMOVAL OF FIBULA	680.10										
77	27641	PARTIAL REMOVAL OF FIBULA	680.10	00 15									
73	27645	EXTENSIVE LOWER LEG SURGERY	1,864.74										
77	27645	EXTENSIVE LOWER LEG SURGERY	1,864.74	00 15									
73	27646	EXTENSIVE LOWER LEG SURGERY	1,617.71										
77	27646	EXTENSIVE LOWER LEG SURGERY	1,617.71	00 15									
73	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,025.90										
77	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,025.90	00 15									
73	27648	INJECTION FOR ANKLE X-RAY	218.00										
77	27648	INJECTION FOR ANKLE X-RAY	218.00	00 15									
73	27650	REPAIR ACHILLES TENDON	681.60										
77	27650	REPAIR ACHILLES TENDON	681.60	00 15									
73	27652	REPAIR/GRAFT ACHILLES TENDON	681.37										
77	27652	REPAIR/GRAFT ACHILLES TENDON	681.37	00 15									
73	27654	REPAIR OF ACHILLES TENDON	738.43										
77	27654	REPAIR OF ACHILLES TENDON	738.43	00 15									
73	27656	REPAIR FASCIAL DEFECT OF LEG	553.98										
77	27656	REPAIR FASCIAL DEFECT OF LEG	553.98	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	379.43									X	
77	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	379.43	00 15								X	
73	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	485.65									X	
77	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	485.65	00 15								X	
73	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	376.39									X	
77	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	376.39	00 15								X	
73	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	436.48									X	
77	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	436.48	00 15								X	
73	27675	REPAIR LOWER LEG TENDONS	508.21										
77	27675	REPAIR LOWER LEG TENDONS	508.21	00 15									
73	27676	REPAIR LOWER LEG TENDONS	632.81										
77	27676	REPAIR LOWER LEG TENDONS	632.81	00 15									
73	27680	RELEASE OF LOWER LEG TENDON	431.94										
77	27680	RELEASE OF LOWER LEG TENDON	431.94	00 15									
73	27681	TENOLYSIS....MULTIPLE, EACHS	527.71									X	
77	27681	TENOLYSIS....MULTIPLE, EACHS	527.71	00 15								X	
73	27685	REVISION OF LOWER LEG TENDON	663.63										
77	27685	REVISION OF LOWER LEG TENDON	663.63	00 15									
73	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	552.07									X	
77	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	552.07	00 15								X	
73	27687	REVISION OF CALF TENDON	468.27										
77	27687	REVISION OF CALF TENDON	468.27	00 15									
73	27690	REVISE LOWER LEG TENDON	662.37										
77	27690	REVISE LOWER LEG TENDON	662.37	00 15									
73	27691	REVISE LOWER LEG TENDON	773.24										
77	27691	REVISE LOWER LEG TENDON	773.24	00 15									
73	27692	EACH ADDITIONAL TENDON	106.64									X	
77	27692	EACH ADDITION TENDON	106.64	00 15								X	
73	27695	REPAIR OF ANKLE LIGAMENT	495.11										
77	27695	REPAIR OF ANKLE LIGAMENT	495.11	00 15									
73	27696	REPAIR OF ANKLE LIGAMENTS	568.44										
77	27696	REPAIR OF ANKLE LIGAMENTS	568.44	00 15									
73	27698	REPAIR OF ANKLE LIGAMENT	662.45										
77	27698	REPAIR OF ANKLE LIGAMENT	662.45	00 15									
73	27700	REVISION OF ANKLE JOINT	633.79										
77	27700	REVISION OF ANKLE JOINT	633.79	00 15									
73	27702	RECONSTRUCT ANKLE JOINT	1,008.82										
77	27702	RECONSTRUCT ANKLE JOINT	1,008.82	00 15									
73	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,162.66										
77	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,162.66	00 15									
73	27704	REMOVAL OF ANKLE IMPLANT	593.99										
77	27704	REMOVAL OF ANKLE IMPLANT	593.99	00 15									
73	27705	INCISION OF TIBIA	795.11										
77	27705	INCISION OF TIBIA	795.11	00 15									
73	27707	INCISION OF FIBULA	416.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	27707	INCISION OF FIBULA	416.52	00 15									
73	27709	INCISION OF TIBIA & FIBULA	1,201.82										
77	27709	INCISION OF TIBIA & FIBULA	1,201.82	00 15									
73	27712	REALIGNMENT OF LOWER LEG	1,159.08										
77	27712	REALIGNMENT OF LOWER LEG	1,159.08	00 15									
73	27715	REVISION OF LOWER LEG	1,130.22										
77	27715	REVISION OF LOWER LEG	1,130.22	00 15									
73	27720	REPAIR OF TIBIA	917.80										
77	27720	REPAIR OF TIBIA	917.80	00 15									
73	27722	REPAIR/GRAFT OF TIBIA	940.03										
77	27722	REPAIR/GRAFT OF TIBIA	940.03	00 15									
73	27724	REPAIR/GRAFT OF TIBIA	1,324.78										
77	27724	REPAIR/GRAFT OF TIBIA	1,324.78	00 15									
73	27725	REPAIR OF LOWER LEG	1,276.67										
77	27725	REPAIR OF LOWER LEG	1,276.67	00 15									
73	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,009.06										
77	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	1,009.06	00 15									
73	27727	REPAIR OF LOWER LEG	1,092.23										
77	27727	REPAIR OF LOWER LEG	1,092.23	00 15									
73	27730	REPAIR OF TIBIA EPIPHYSIS	617.28										
77	27730	REPAIR OF TIBIA EPIPHYSIS	617.28	00 15									
73	27732	REPAIR OF FIBULA EPIPHYSIS	472.09										
77	27732	REPAIR OF FIBULA EPIPHYSIS	472.09	00 15									
73	27734	REPAIR LOWER LEG EPIPHYSES	690.60										
77	27734	REPAIR LOWER LEG EPIPHYSES	690.60	00 15									
73	27740	REPAIR OF LEG EPIPHYSES	743.89										
77	27740	REPAIR OF LEG EPIPHYSES	743.89	00 15									
73	27742	REPAIR OF LEG EPIPHYSES	815.34										
77	27742	REPAIR OF LEG EPIPHYSES	815.34	00 15									
73	27750	TREATMENT OF TIBIA FRACTURE	358.12										
77	27750	TREATMENT OF TIBIA FRACTURE	358.12	00 15									
73	27752	TREATMENT OF TIBIA FRACTURE	558.67										
77	27752	TREATMENT OF TIBIA FRACTURE	558.67	00 15									
73	27756	REPAIR OF TIBIA FRACTURE	605.35										
77	27756	REPAIR OF TIBIA FRACTURE	605.35	00 15									
73	27758	REPAIR OF TIBIA FRACTURE	941.34										
77	27758	REPAIR OF TIBIA FRACTURE	941.34	00 15									
73	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,049.84										
77	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,049.84	00 15									
73	27760	CLTX MEDIAL ANKLE FX	341.37										
77	27760	CLTX MEDIAL ANKLE FX	341.37	00 15									
73	27762	CLTX MED ANKLE FX W/MNPJ	502.23										
77	27762	CLTX MED ANKLE FX W/MNPJ	502.23	00 15									
73	27766	REPAIR OF ANKLE FRACTURE	629.81										
77	27766	REPAIR OF ANKLE FRACTURE	629.81	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	299.59										
77	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	299.59	00 15									
73	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	465.53										
77	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	465.53	00 15									
73	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	763.87										
77	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	763.87	00 15									
73	27780	TREATMENT OF FIBULA FRACTURE	318.67										
77	27780	TREATMENT OF FIBULA FRACTURE	318.67	00 15									
73	27781	TREATMENT OF FIBULA FRACTURE	452.00										
77	27781	TREATMENT OF FIBULA FRACTURE	452.00	00 15									
73	27784	REPAIR OF FIBULA FRACTURE	739.31										
77	27784	REPAIR OF FIBULA FRACTURE	739.31	00 15									
73	27786	TREATMENT OF ANKLE FRACTURE	323.33										
77	27786	TREATMENT OF ANKLE FRACTURE	323.33	00 15									
73	27788	TREATMENT OF ANKLE FRACTURE	440.89										
77	27788	TREATMENT OF ANKLE FRACTURE	440.89	00 15									
73	27792	REPAIR OF ANKLE FRACTURE	673.47										
77	27792	REPAIR OF ANKLE FRACTURE	673.47	00 15									
73	27808	TREATMENT OF ANKLE FRACTURE	344.14										
77	27808	TREATMENT OF ANKLE FRACTURE	344.14	00 15									
73	27810	TREATMENT OF ANKLE FRACTURE	490.94										
77	27810	TREATMENT OF ANKLE FRACTURE	490.94	00 15									
73	27814	REPAIR OF ANKLE FRACTURE	800.40										
77	27814	REPAIR OF ANKLE FRACTURE	800.40	00 15									
73	27816	TREATMENT OF ANKLE FRACTURE	340.36										
77	27816	TREATMENT OF ANKLE FRACTURE	340.36	00 15									
73	27818	TREATMENT OF ANKLE FRACTURE	509.52										
77	27818	TREATMENT OF ANKLE FRACTURE	509.52	00 15									
73	27822	REPAIR OF ANKLE FRACTURE	914.62										
77	27822	REPAIR OF ANKLE FRACTURE	914.62	00 15									
73	27823	REPAIR OF ANKLE FRACTURE	1,030.75										
77	27823	REPAIR OF ANKLE FRACTURE	1,030.75	00 15									
73	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	328.00										
77	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	328.00	00 15									
73	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	567.20										
77	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	567.20	00 15									
73	27826	OPEN TREATMENT OF FRACTURE OF LOWER	890.45										
77	27826	OPEN TREATMENT OF FRACTURE OF LOWER	890.45	00 15									
73	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,172.20										
77	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,172.20	00 15									
73	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,396.09										
77	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,396.09	00 15									
73	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	736.68										
77	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	736.68	00 15									
73	27830	TREAT LOWER LEG DISLOCATION	405.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	27830	TREAT LOWER LEG DISLOCATION	405.26	00 15									
73	27831	TREAT LOWER LEG DISLOCATION	426.72										
77	27831	TREAT LOWER LEG DISLOCATION	426.72	00 15									
73	27832	REPAIR LOWER LEG DISLOCATION	793.67										
77	27832	REPAIR LOWER LEG DISLOCATION	793.67	00 15									
73	27840	TREAT ANKLE DISLOCATION	400.16										
77	27840	TREAT ANKLE DISLOCATION	400.16	00 15									
73	27842	TREAT ANKLE DISLOCATION	519.31										
77	27842	TREAT ANKLE DISLOCATION	519.31	00 15									
73	27846	REPAIR ANKLE DISLOCATION	757.72										
77	27846	REPAIR ANKLE DISLOCATION	757.72	00 15									
73	27848	REPAIR ANKLE DISLOCATION	829.80										
77	27848	REPAIR ANKLE DISLOCATION	829.80	00 15									
73	27860	FIXATION OF ANKLE JOINT	171.14										
77	27860	FIXATION OF ANKLE JOINT	171.14	00 15									
73	27870	FUSION OF ANKLE JOINT	1,058.95										
77	27870	FUSION OF ANKLE JOINT	1,058.95	00 15									
73	27871	FUSION OF TIBIOFIBULAR JOINT	721.74										
77	27871	FUSION OF TIBIOFIBULAR JOINT	721.74	00 15									
73	27880	AMPUTATION OF LOWER LEG	973.88										
77	27880	AMPUTATION OF LOWER LEG	973.88	00 15									
73	27881	AMPUTATION OF LOWER LEG	913.80										
77	27881	AMPUTATION OF LOWER LEG	913.80	00 15									
73	27882	AMPUTATION OF LOWER LEG	639.46										
77	27882	AMPUTATION OF LOWER LEG	639.46	00 15									
73	27884	AMPUTATION FOLLOW-UP SURGERY	616.27										
77	27884	AMPUTATION FOLLOW-UP SURGERY	616.27	00 15									
73	27886	AMPUTATION FOLLOW-UP SURGERY	694.81										
77	27886	AMPUTATION FOLLOW-UP SURGERY	694.81	00 15									
73	27888	AMPUTATION OF FOOT AT ANKLE	685.64										
77	27888	AMPUTATION OF FOOT AT ANKLE	685.64	00 15									
73	27889	AMPUTATION OF FOOT AT ANKLE	684.57										
77	27889	AMPUTATION OF FOOT AT ANKLE	684.57	00 15									
73	27892	DECOMPRESSION FASCIOTOMY, LEG;	565.50										
77	27892	DECOMPRESSION FASCIOTOMY, LEG;	565.50	00 15									
73	27893	DECOMPRESSION FASCIOTOMY, LEG;	641.75										
77	27893	DECOMPRESSION FASCIOTOMY, LEG;	641.75	00 15									
73	27894	DECOMPRESSION FASCIOTOMY, LEG;	868.24										
77	27894	DECOMPRESSION FASCIOTOMY, LEG;	868.24	00 15									
73	28001	DRAINAGE OF BURSA OF FOOT	175.17										
77	28001	DRAINAGE OF BURSA OF FOOT	175.17	00 15									
73	28002	TREATMENT OF FOOT INFECTION	251.47										
77	28002	TREATMENT OF FOOT INFECTION	251.47	00 15									
73	28003	TREATMENT OF FOOT INFECTION	392.43										
77	28003	TREATMENT OF FOOT INFECTION	392.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28005	TREAT FOOT BONE LESION	584.81										
77	28005	TREAT FOOT BONE LESION	584.81	00 15									
73	28008	INCISION OF FOOT FASCIA	427.35										
77	28008	INCISION OF FOOT FASCIA	427.35	00 15									
73	28010	INCISION OF TOE TENDON	232.87										
77	28010	INCISION OF TOE TENDON	232.87	00 15									
73	28011	INCISION OF TOE TENDONS	316.44										
77	28011	INCISION OF TOE TENDONS	316.44	00 15									
73	28020	EXPLORATION OF A FOOT JOINT	553.69										
77	28020	EXPLORATION OF A FOOT JOINT	553.69	00 15									
73	28022	EXPLORATION OF A FOOT JOINT	486.73										
77	28022	EXPLORATION OF A FOOT JOINT	486.73	00 15									
73	28024	EXPLORATION OF A TOE JOINT	453.29										
77	28024	EXPLORATION OF A TOE JOINT	453.29	00 15									
73	28035	DECOMPRESSION OF TIBIA NERVE	525.34										
77	28035	DECOMPRESSION OF TIBIA NERVE	525.34	00 15									
73	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	497.25										
77	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	497.25	00 15									
73	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	461.58										
77	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	461.58	00 15									
73	28043	EXCISION OF FOOT LESION	382.59										
77	28043	EXCISION OF FOOT LESION	382.59	00 15									
73	28045	EXCISION OF FOOT LESION	478.41										
77	28045	EXCISION OF FOOT LESION	478.41	00 15									
73	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	734.32										
77	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	734.32	00 15									
73	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,076.60										
77	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,076.60	00 15									
73	28050	BIOPSY OF FOOT JOINT LINING	412.52										
77	28050	BIOPSY OF FOOT JOINT LINING	412.52	00 15									
73	28052	BIOPSY OF FOOT JOINT LINING	387.38										
77	28052	BIOPSY OF FOOT JOINT LINING	387.38	00 15									
73	28054	BIOPSY OF TOE JOINT LINING	362.92										
77	28054	BIOPSY OF TOE JOINT LINING	362.92	00 15									
73	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	389.33										
77	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	389.33	00 15									
73	28060	PARTIAL REMOVAL FOOT FASCIA	521.09										
77	28060	PARTIAL REMOVAL FOOT FASCIA	521.09	00 15									
73	28062	REMOVAL OF FOOT FASCIA	569.66										
77	28062	REMOVAL OF FOOT FASCIA	569.66	00 15									
73	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	515.87									X	
77	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	515.87	00 15								X	
73	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	490.36									X	
77	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	490.36	00 15								X	
73	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	529.08									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	529.08	00 15								X	
73	28086	EXCISE FOOT TENDON SHEATH	538.05										
77	28086	EXCISE FOOT TENDON SHEATH	538.05	00 15									
73	28088	EXCISE FOOT TENDON SHEATH	452.77										
77	28088	EXCISE FOOT TENDON SHEATH	452.77	00 15									
73	28090	REMOVAL OF FOOT LESION	462.56										
77	28090	REMOVAL OF FOOT LESION	462.56	00 15									
73	28092	REMOVAL OF TOE LESIONS	415.24										
77	28092	REMOVAL OF TOE LESIONS	415.24	00 15									
73	28100	REMOVAL OF ANKLE/HEEL LESION	618.65										
77	28100	REMOVAL OF ANKLE/HEEL LESION	618.65	00 15									
73	28102	REMOVE/GRAFT FOOT LESION	639.76										
77	28102	REMOVE/GRAFT FOOT LESION	639.76	00 15									
73	28103	REMOVE/GRAFT FOOT LESION	394.39										
77	28103	REMOVE/GRAFT FOOT LESION	394.39	00 15									
73	28104	REMOVAL OF FOOT LESION	523.95										
77	28104	REMOVAL OF FOOT LESION	523.95	00 15									
73	28106	REMOVE/GRAFT FOOT LESION	433.15										
77	28106	REMOVE/GRAFT FOOT LESION	433.15	00 15									
73	28107	REMOVE/GRAFT FOOT LESION	501.88										
77	28107	REMOVE/GRAFT FOOT LESION	501.88	00 15									
73	28108	REMOVAL OF TOE LESIONS	431.55										
77	28108	REMOVAL OF TOE LESIONS	431.55	00 15									
73	28110	PART REMOVAL OF METATARSAL	456.18										
77	28110	PART REMOVAL OF METATARSAL	456.18	00 15									
73	28111	PART REMOVAL OF METATARSAL	482.02										
77	28111	PART REMOVAL OF METATARSAL	482.02	00 15									
73	28112	PART REMOVAL OF METATARSAL	482.12										
77	28112	PART REMOVAL OF METATARSAL	482.12	00 15									
73	28113	PART REMOVAL OF METATARSAL	582.55										
77	28113	PART REMOVAL OF METATARSAL	582.55	00 15									
73	28114	REMOVAL OF METATARSAL HEADS	1,079.00										
77	28114	REMOVAL OF METATARSAL HEADS	1,079.00	00 15									
73	28116	REVISION OF FOOT	781.64										
77	28116	REVISION OF FOOT	781.64	00 15									
73	28118	PARTIAL REMOVAL OF HEEL	606.79										
77	28118	PARTIAL REMOVAL OF HEEL	606.79	00 15									
73	28119	REMOVAL OF HEEL SPUR	525.68										
77	28119	REMOVAL OF HEEL SPUR	525.68	00 15									
73	28120	PART REMOVAL OF ANKLE/HEEL	680.06										
77	28120	PART REMOVAL OF ANKLE/HEEL	680.06	00 15									
73	28122	PARTIAL REMOVAL OF FOOT BONE	593.13										
77	28122	PARTIAL REMOVAL OF FOOT BONE	593.13	00 15									
73	28124	PARTIAL REMOVAL OF TOE	473.36										
77	28124	PARTIAL REMOVAL OF TOE	473.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28126	CONDYLECTOMY...SING. TOE, EACH	386.50									X	
77	28126	CONDYLECTOMY...SING. TOE, EACH	386.50	00 15								X	
73	28130	REMOVAL OF ANKLE BONE	630.94										
77	28130	REMOVAL OF ANKLE BONE	630.94	00 15									
73	28140	REMOVAL OF METATARSAL	586.13										
77	28140	REMOVAL OF METATARSAL	586.13	00 15									
73	28150	PHALANGECTOMY,TOE, SINGLE, EACH	414.98									X	
77	28150	PHALANGECTOMY,TOE, SINGLE, EACH	414.98	00 15								X	
73	28153	PARTIAL REMOVAL OF TOE	404.27										
77	28153	PARTIAL REMOVAL OF TOE	404.27	00 15									
73	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	408.74									X	
77	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	408.74	00 15								X	
73	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,166.28										
77	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,166.28	00 15									
73	28173	RADICAL RESECTION FOR TUMOR,METATARS	742.74										
77	28173	RADICAL RESECTION FOR TUMOR,METATARS	742.74	00 15									
73	28175	RADICAL RESECTION FOR TUMOR PHALANX	476.31										
77	28175	RADICAL RESECTION FOR TUMOR PHALANX	476.31	00 15									
73	28190	REMOVAL OF FOOT FOREIGN BODY	241.61										
77	28190	REMOVAL OF FOOT FOREIGN BODY	241.61	00 15									
73	28192	REMOVAL OF FOOT FOREIGN BODY	458.65										
77	28192	REMOVAL OF FOOT FOREIGN BODY	458.65	00 15									
73	28193	REMOVAL OF FOOT FOREIGN BODY	521.33										
77	28193	REMOVAL OF FOOT FOREIGN BODY	521.33	00 15									
73	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	496.09									X	
77	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	496.09	00 15								X	
73	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	597.04									X	
77	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	597.04	00 15								X	
73	28208	REP/SUT TEND....EACH TENDON	482.65									X	
77	28208	REP/SUT TEND....EACH TENDON	482.65	00 15								X	
73	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	588.34									X	
77	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	588.34	00 15								X	
73	28220	RELEASE OF FOOT TENDON	448.21										
77	28220	RELEASE OF FOOT TENDON	448.21	00 15									
73	28222	RELEASE OF FOOT TENDONS	521.68										
77	28222	RELEASE OF FOOT TENDONS	521.68	00 15									
73	28225	RELEASE OF FOOT TENDON	412.44										
77	28225	RELEASE OF FOOT TENDON	412.44	00 15									
73	28226	RELEASE OF FOOT TENDONS	624.44										
77	28226	RELEASE OF FOOT TENDONS	624.44	00 15									
73	28230	INCISION OF FOOT TENDON(S)	430.29										
77	28230	INCISION OF FOOT TENDON(S)	430.29	00 15									
73	28232	INCISION OF TOE TENDON	375.17										
77	28232	INCISION OF TOE TENDON	375.17	00 15									
73	28234	INCISION OF FOOT TENDON	403.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28234	INCISION OF FOOT TENDON	403.63	00 15									
73	28238	REVISION OF FOOT TENDON	676.51										
77	28238	REVISION OF FOOT TENDON	676.51	00 15									
73	28240	RELEASE OF BIG TOE	442.70										
77	28240	RELEASE OF BIG TOE	442.70	00 15									
73	28250	REVISION OF FOOT FASCIA	583.19										
77	28250	REVISION OF FOOT FASCIA	583.19	00 15									
73	28260	RELEASE OF MIDFOOT JOINT	719.07										
77	28260	RELEASE OF MIDFOOT JOINT	719.07	00 15									
73	28261	REVISION OF FOOT TENDON	1,237.71										
77	28261	REVISION OF FOOT TENDON	1,237.71	00 15									
73	28262	REVISION OF FOOT AND ANKLE	1,441.50										
77	28262	REVISION OF FOOT AND ANKLE	1,441.50	00 15									
73	28264	RELEASE OF MIDFOOT JOINT	922.62										
77	28264	RELEASE OF MIDFOOT JOINT	922.62	00 15									
73	28270	CAPSULOTOMY...EACH JOINT	485.03									X	
77	28270	CAPSULOTOMY...EACH JOINT	485.03	00 15								X	
73	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	380.70									X	
77	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	380.70	00 15								X	
73	28280	FUSION OF TOES	510.97										
77	28280	FUSION OF TOES	510.97	00 15									
73	28285	REVISION OF HAMMERTOE	536.42									X	
77	28285	REVISION OF HAMMERTOE	536.42	00 15								X	
73	28286	REVISION OF HAMMERTOE	439.63										
77	28286	REVISION OF HAMMERTOE	439.63	00 15									
73	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	603.49									X	
77	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	603.49	00 15								X	
73	28289	REPAIR HALLUX RIGIDUS	687.61										
77	28289	REPAIR HALLUX RIGIDUS	687.61	00 15									
73	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	709.37										
77	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	709.37	00 15									
73	28292	CORRECTION OF BUNION	693.19										
77	28292	CORRECTION OF BUNION	693.19	00 15									
73	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,093.67										
77	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,093.67	00 15									
73	28296	CORRECTION OF BUNION	884.72										
77	28296	CORRECTION OF BUNION	884.72	00 15									
73	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,038.17										
77	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,038.17	00 15									
73	28298	CORRECTION OF BUNION	831.52										
77	28298	CORRECTION OF BUNION	831.52	00 15									
73	28299	CORRECTION OF BUNION	1,005.04										
77	28299	CORRECTION OF BUNION	1,005.04	00 15									
73	28300	INCISION OF HEEL BONE	674.93										
77	28300	INCISION OF HEEL BONE	674.93	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	28302	INCISION OF ANKLE BONE	751.70										
77	28302	INCISION OF ANKLE BONE	751.70	00 15									
73	28304	INCISION OF MIDFOOT BONES	839.21										
77	28304	INCISION OF MIDFOOT BONES	839.21	00 15									
73	28305	INCISE/GRAFT MIDFOOT BONES	702.66										
77	28305	INCISE/GRAFT MIDFOOT BONES	702.66	00 15									
73	28306	INCISION OF METATARSAL	607.34										
77	28306	INCISION OF METATARSAL	607.34	00 15									
73	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	797.15										
77	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	797.15	00 15									
73	28308	INCISION OF METATARSAL	569.25									X	
77	28308	INCISION OF METATARSAL	569.25	00 15								X	
73	28309	INCISION OF METATARSALS	927.88										
77	28309	INCISION OF METATARSALS	927.88	00 15									
73	28310	REVISION OF BIG TOE	544.75										
77	28310	REVISION OF BIG TOE	544.75	00 15									
73	28312	REVISION OF TOE	516.21										
77	28312	REVISION OF TOE	516.21	00 15									
73	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	528.46									X	
77	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	528.46	00 15								X	
73	28315	SESAMOIDECTOMY FIRST TOE	480.58										
77	28315	SESAMOIDECTOMY FIRST TOE	480.58	00 15									
73	28320	REPAIR OF FOOT BONES	632.23										
77	28320	REPAIR OF FOOT BONES	632.23	00 15									
73	28322	REPAIR OF METATARSALS	795.67										
77	28322	REPAIR OF METATARSALS	795.67	00 15									
73	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	566.67									X	
77	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	566.67	00 15								X	
73	28341	SEE 28340;REQUIRING BONE RESECTION	658.51									X	
77	28341	SEE 28340;REQUIRING BONE RESECTION	658.51	00 15								X	
73	28344	RECONSTRUCT TOE;POLYDATYLY	415.12									X	
77	28344	RECONSTRUCT TOE;POLYDATYLY	415.12	00 15								X	
73	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	511.75									X	
77	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	511.75	00 15								X	
73	28360	RECONSTRUCT CLEFT FOOT	1,150.49										
77	28360	RECONSTRUCT CLEFT FOOT	1,150.49	00 15									
73	28400	TREAT CLSD CALC FX;W/O MANIP	251.05										
77	28400	TREAT CLSD CALC FX;W/O MANIP	251.05	00 15									
73	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	399.40										
77	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	399.40	00 15									
73	28406	TREAT CLSD CALC FX,MANIP/FIXATION	583.13										
77	28406	TREAT CLSD CALC FX,MANIP/FIXATION	583.13	00 15									
73	28415	REPAIR OF HEEL FRACTURE	1,172.45										
77	28415	REPAIR OF HEEL FRACTURE	1,172.45	00 15									
73	28420	REPAIR/GRAFT HEEL FRACTURE	1,361.68										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28420	REPAIR/GRAFT HEEL FRACTURE	1,361.68	00 15									
73	28430	TREAT CLSD TALUS FX,W/O MANIP	243.98										
77	28430	TREAT CLSD TALUS FX,W/O MANIP	243.98	00 15									
73	28435	TREAT CLSD TALUS FX,W/ MANIP	380.25										
77	28435	TREAT CLSD TALUS FX,W/ MANIP	380.25	00 15									
73	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	511.77										
77	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	511.77	00 15									
73	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,065.10										
77	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,065.10	00 15									
73	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,288.32		X								
77	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,288.32	00 15	X								
73	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	213.76									X	
77	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	213.76	00 15								X	
73	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	294.64									X	
77	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	294.64	00 15								X	
73	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	378.08									X	
77	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	378.08	00 15								X	
73	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	655.82									X	
77	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	655.82	00 15								X	
73	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	220.40									X	
77	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	220.40	00 15								X	
73	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	258.95									X	
77	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	258.95	00 15								X	
73	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	394.43									X	
77	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	394.43	00 15								X	
73	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	573.92									X	
77	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	573.92	00 15								X	
73	28490	TREAT BIG TOE FRACTURE	141.48										
77	28490	TREAT BIG TOE FRACTURE	141.48	00 15									
73	28495	TREAT BIG TOE FRACTURE	179.07										
77	28495	TREAT BIG TOE FRACTURE	179.07	00 15									
73	28496	TREAT CLSD FX GREAT TOE...PINNING	445.26									X	
77	28496	TREAT CLSD FX GREAT TOE...PINNING	445.26	00 15								X	
73	28505	REPAIR BIG TOE FRACTURE	666.71										
77	28505	REPAIR BIG TOE FRACTURE	666.71	00 15									
73	28510	TREAT CLSD FX....W/O MANIP,EACH	119.88									X	
77	28510	TREAT CLSD FX....W/O MANIP,EACH	119.88	00 15								X	
73	28515	TREAT CLSD FX...W/ MANIP., EACH	163.56									X	
77	28515	TREAT CLSD FX...W/ MANIP., EACH	163.56	00 15								X	
73	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	570.65									X	
77	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	570.65	00 15								X	
73	28530	TREAT CLOSED SESAMOID FRACTURE	112.87									X	
77	28530	TREAT CLOSED SESAMOID FRACTURE	112.87	00 15								X	
73	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	324.54										
77	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	324.54	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	28540	TREAT FOOT DISLOCATION	195.26										
77	28540	TREAT FOOT DISLOCATION	195.26	00 15									
73	28545	TREAT FOOT DISLOCATION	315.64										
77	28545	TREAT FOOT DISLOCATION	315.64	00 15									
73	28546	TREAT FOOT DISLOCATION	588.17										
77	28546	TREAT FOOT DISLOCATION	588.17	00 15									
73	28555	REPAIR FOOT DISLOCATION	876.45										
77	28555	REPAIR FOOT DISLOCATION	876.45	00 15									
73	28570	TREAT FOOT DISLOCATION	237.04										
77	28570	TREAT FOOT DISLOCATION	237.04	00 15									
73	28575	TREAT FOOT DISLOCATION	388.17										
77	28575	TREAT FOOT DISLOCATION	388.17	00 15									
73	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	399.74										
77	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	399.74	00 15									
73	28585	REPAIR FOOT DISLOCATION	898.19										
77	28585	REPAIR FOOT DISLOCATION	898.19	00 15									
73	28600	TREAT FOOT DISLOCATION	216.97										
77	28600	TREAT FOOT DISLOCATION	216.97	00 15									
73	28605	TREAT FOOT DISLOCATION	348.59										
77	28605	TREAT FOOT DISLOCATION	348.59	00 15									
73	28606	TREAT FOOT DISLOCATION	393.64										
77	28606	TREAT FOOT DISLOCATION	393.64	00 15									
73	28615	REPAIR FOOT DISLOCATION	853.14										
77	28615	REPAIR FOOT DISLOCATION	853.14	00 15									
73	28630	TREAT TOE DISLOCATION	155.86										
77	28630	TREAT TOE DISLOCATION	155.86	00 15									
73	28635	TREAT TOE DISLOCATION	175.26										
77	28635	TREAT TOE DISLOCATION	175.26	00 15									
73	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	315.08										
77	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	315.08	00 15									
73	28645	REPAIR TOE DISLOCATION	655.29										
77	28645	REPAIR TOE DISLOCATION	655.29	00 15									
73	28660	TREAT TOE DISLOCATION	125.34										
77	28660	TREAT TOE DISLOCATION	125.34	00 15									
73	28665	TREAT TOE DISLOCATION	152.16										
77	28665	TREAT TOE DISLOCATION	152.16	00 15									
73	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	180.15										
77	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	180.15	00 15									
73	28675	REPAIR OF TOE DISLOCATION	578.67										
77	28675	REPAIR OF TOE DISLOCATION	578.67	00 15									
73	28705	FUSION OF FOOT BONES	1,280.22										
77	28705	FUSION OF FOOT BONES	1,280.22	00 15									
73	28715	FUSION OF FOOT BONES	976.81										
77	28715	FUSION OF FOOT BONES	976.81	00 15									
73	28725	FUSION OF FOOT BONES	806.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	28725	FUSION OF FOOT BONES	806.22	00 15									
73	28730	FUSION OF FOOT BONES	757.56										
77	28730	FUSION OF FOOT BONES	757.56	00 15									
73	28735	FUSION OF FOOT BONES	812.33										
77	28735	FUSION OF FOOT BONES	812.33	00 15									
73	28737	REVISION OF FOOT BONES	709.04										
77	28737	REVISION OF FOOT BONES	709.04	00 15									
73	28740	FUSION OF FOOT BONES	839.26										
77	28740	FUSION OF FOOT BONES	839.26	00 15									
73	28750	FUSION OF BIG TOE JOINT	793.80										
77	28750	FUSION OF BIG TOE JOINT	793.80	00 15									
73	28755	FUSION OF BIG TOE JOINT	506.93										
77	28755	FUSION OF BIG TOE JOINT	506.93	00 15									
73	28760	FUSION OF BIG TOE JOINT	768.67										
77	28760	FUSION OF BIG TOE JOINT	768.67	00 15									
73	28800	AMPUTATION OF MIDFOOT	546.00										
77	28800	AMPUTATION OF MIDFOOT	546.00	00 15									
73	28805	AMPUTATION THRU METATARSAL	740.45										
77	28805	AMPUTATION THRU METATARSAL	740.45	00 15									
73	28810	AMPUTATION TOE & METATARSAL	441.69									X	
77	28810	AMPUTATION TOE & METATARSAL	441.69	00 15								X	
73	28820	AMPUTATION OF TOE	304.31									X	
77	28820	AMPUTATION OF TOE	304.31	00 15								X	
73	28825	PARTIAL AMPUTATION OF TOE	298.17									X	
77	28825	PARTIAL AMPUTATION OF TOE	298.17	00 15								X	
73	28890	HIGH ENERGY ESWT, PLANTAR F	307.34										
77	28890	HIGH ENERGY ESWT, PLANTAR F	307.34	00 15									
73	29000	APPLICATION OF BODY CAST	355.48										
77	29000	APPLICATION OF BODY CAST	355.48	00 15									
73	29010	APPLICATION OF BODY CAST	269.45										
77	29010	APPLICATION OF BODY CAST	269.45	00 15									
73	29015	APPLICATION OF BODY CAST	291.61										
77	29015	APPLICATION OF BODY CAST	291.61	00 15									
73	29035	APPLICATION OF BODY CAST	252.25										
77	29035	APPLICATION OF BODY CAST	252.25	00 15									
73	29040	APPLICATION OF BODY CAST	288.60										
77	29040	APPLICATION OF BODY CAST	288.60	00 15									
73	29044	APPLICATION OF BODY CAST	282.47										
77	29044	APPLICATION OF BODY CAST	282.47	00 15									
73	29046	APPLICATION OF BODY CAST	311.22										
77	29046	APPLICATION OF BODY CAST	311.22	00 15									
73	29049	APPLICATION OF SHOULDER CAST	99.73										
77	29049	APPLICATION OF SHOULDER CAST	99.73	00 15									
73	29055	APPLICATION OF SHOULDER CAST	221.11									X	
77	29055	APPLICATION OF SHOULDER CAST	221.11	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29058	APPLICATION OF SHOULDER CAST	124.54									X	
77	29058	APPLICATION OF SHOULDER CAST	124.54	00 15								X	
73	29065	APPLICATION OF LONG ARM CAST	96.90									X	
77	29065	APPLICATION OF LONG ARM CAST	96.90	00 15								X	
73	29075	APPLICATION OF FOREARM CAST	86.50									X	
77	29075	APPLICATION OF FOREARM CAST	86.50	00 15								X	
73	29085	APPLY HAND/WRIST CAST	95.73									X	
77	29085	APPLY HAND/WRIST CAST	95.73	00 15								X	
73	29086	APPLY FINGER CAST	74.90									X	
77	29086	APPLY FINGER CAST	74.90	00 15								X	
73	29105	APPLY LONG ARM SPLINT	81.75									X	
77	29105	APPLY LONG ARM SPLINT	81.75	00 15								X	
73	29125	APPLY FOREARM SPLINT	64.85									X	
77	29125	APPLY FOREARM SPLINT	64.85	00 15								X	
73	29126	APPLY FOREARM SPLINT	76.44									X	
77	29126	APPLY FOREARM SPLINT	76.44	00 15								X	
73	29130	APPLICATION OF FINGER SPLINT	42.03									X	
77	29130	APPLICATION OF FINGER SPLINT	42.03	00 15								X	
73	29131	APPLICATION OF FINGER SPLINT	53.09									X	
77	29131	APPLICATION OF FINGER SPLINT	53.09	00 15								X	
73	29200	STRAPPING OF CHEST	32.90										
77	29200	STRAPPING OF CHEST	32.90	00 15									
73	29240	STRAPPING OF SHOULDER	30.00									X	
77	29240	STRAPPING OF SHOULDER	30.00	00 15								X	
73	29260	STRAPPING OF ELBOW OR WRIST	30.10									X	
77	29260	STRAPPING OF ELBOW OR WRIST	30.10	00 15								X	
73	29280	STRAPPING OF HAND OR FINGER	29.78									X	
77	29280	STRAPPING OF HAND OR FINGER	29.78	00 15								X	
73	29305	APPLICATION OF HIP CAST	245.39										
77	29305	APPLICATION OF HIP CAST	245.39	00 15									
73	29325	APPLICATION OF HIP CASTS	271.80										
77	29325	APPLICATION OF HIP CASTS	271.80	00 15									
73	29345	APPLICATION OF LONG LEG CAST	136.76									X	
77	29345	APPLICATION OF LONG LEG CAST	136.76	00 15								X	
73	29355	APPLICATION OF LONG LEG CAST	143.61									X	
77	29355	APPLICATION OF LONG LEG CAST	143.61	00 15								X	
73	29358	APPLY LONG LEG CAST BRACE	160.07									X	
77	29358	APPLY LONG LEG CAST BRACE	160.07	00 15								X	
73	29365	APPLICATION OF LONG LEG CAST	123.68									X	
77	29365	APPLICATION OF LONG LEG CAST	123.68	00 15								X	
73	29405	APPLY SHORT LEG CAST	79.40									X	
77	29405	APPLY SHORT LEG CAST	79.40	00 15								X	
73	29425	APPLY SHORT LEG CAST	74.81									X	
77	29425	APPLY SHORT LEG CAST	74.81	00 15								X	
73	29435	APPLY SHORT LEG CAST	112.88									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	29435	APPLY SHORT LEG CAST	112.88	00	15								X	
73	29440	ADDITION OF WALKER TO CAST	42.34										X	
77	29440	ADDITION OF WALKER TO CAST	42.34	00	15								X	
73	29445	APPLY RIGID LEG CAST	129.83											
77	29445	APPLY RIGID LEG CAST	129.83	00	15									
73	29450	APPLICATION OF LEG CAST	148.03											
77	29450	APPLICATION OF LEG CAST	148.03	00	15									
73	29505	APPLICATION LONG LEG SPLINT	85.98										X	
77	29505	APPLICATION LONG LEG SPLINT	85.98	00	15								X	
73	29515	APPLICATION LOWER LEG SPLINT	70.99										X	
77	29515	APPLICATION LOWER LEG SPLINT	70.99	00	15								X	
73	29520	STRAPPING OF HIP	34.82										X	
77	29520	STRAPPING OF HIP	34.82	00	15								X	
73	29530	STRAPPING OF KNEE	30.00										X	
77	29530	STRAPPING OF KNEE	30.00	00	15								X	
73	29540	STRAPPING OF ANKLE	28.17										X	
77	29540	STRAPPING OF ANKLE	28.17	00	15								X	
73	29550	STRAPPING OF TOES	19.04										X	
77	29550	STRAPPING OF TOES	19.04	00	15								X	
73	29580	APPLICATION OF PASTE BOOT	64.13										X	
77	29580	APPLICATION OF PASTE BOOT	64.13	00	15								X	
73	29581	APPLICATION OF MULTI-LAYER COMPRESSI	87.42										X	
77	29581	APPLICATION OF MULTI-LAYER COMPRESSI	87.42	00	15								X	
73	29584	APPLICATION OF MULTI-LAYER COMPRESSI	80.15											
77	29584	APPLICATION OF MULTI-LAYER COMPRESSI	80.15	00	15									
73	29700	REMOVAL/REVISION OF CAST	61.69											
77	29700	REMOVAL/REVISION OF CAST	61.69	00	15									
73	29705	REMOVAL/REVISION OF CAST	63.67											
77	29705	REMOVAL/REVISION OF CAST	63.67	00	15									
73	29710	REMOVAL/REVISION OF CAST	123.75											
77	29710	REMOVAL/REVISION OF CAST	123.75	00	15									
73	29720	REPAIR OF BODY CAST	83.60											
77	29720	REPAIR OF BODY CAST	83.60	00	15									
73	29730	WINDOWING OF CAST	64.50											
77	29730	WINDOWING OF CAST	64.50	00	15									
73	29740	WEDGING OF CAST	100.82											
77	29740	WEDGING OF CAST	100.82	00	15									
73	29750	WEDGING OF CLUBFOOT CAST	108.99											
77	29750	WEDGING OF CLUBFOOT CAST	108.99	00	15									
73	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	553.94											
77	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	553.94	00	15									
73	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	611.34											
77	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	611.34	00	15									
73	29805	SHOULDER ARTHROSCOPY, DX	488.49											
77	29805	SHOULDER ARTHROSCOPY, DX	488.49	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29806	SHOULDER ARTHROSCOPY/SURGERY	1,111.65										
77	29806	SHOULDER ARTHROSCOPY/SURGERY	1,111.65	00 15									
73	29807	SHOULDER ARTHROSCOPY/SURGERY	1,083.63										
77	29807	SHOULDER ARTHROSCOPY/SURGERY	1,083.63	00 15									
73	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	613.57										
77	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	613.57	00 15									
73	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	560.98										
77	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	560.98	00 15									
73	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	621.84										
77	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	621.84	00 15									
73	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	565.03										
77	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	565.03	00 15									
73	29823	ARTHROSCOPY-EXT DEBRIDEMENT	619.81										
77	29823	ARTHROSCOPY-EXT DEBRIDEMENT	619.81	00 15									
73	29824	SHOULDER ARTHROSCOPY/SURGERY	707.39										
77	29824	SHOULDER ARTHROSCOPY/SURGERY	707.39	00 15									
73	29825	ARTHROSCOPY-W/LYSIS & RESECTION	613.36										
77	29825	ARTHROSCOPY-W/LYSIS & RESECTION	613.36	00 15									
73	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	184.00										
77	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	184.00	00 15									
73	29827	ARTHROSCOP ROTATOR CUFF REPR	1,122.30										
77	29827	ARTHROSCOP ROTATOR CUFF REPR	1,122.30	00 15									
73	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	962.48										
77	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	962.48	00 15									
73	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	471.70										
77	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	471.70	00 15									
73	29834	ARTHROSCOPY, ELBOW, SURGICAL;	513.22										
77	29834	ARTHROSCOPY, ELBOW, SURGICAL;	513.22	00 15									
73	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	533.47										
77	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	533.47	00 15									
73	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	611.16										
77	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	611.16	00 15									
73	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	552.89										
77	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	552.89	00 15									
73	29838	ARTHROSCOPY EXT DEBRIDEMENT	619.48										
77	29838	ARTHROSCOPY EXT DEBRIDEMENT	619.48	00 15									
73	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	466.92										
77	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	466.92	00 15									
73	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	508.02										
77	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	508.02	00 15									
73	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	518.63										
77	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	518.63	00 15									
73	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	609.30										
77	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	609.30	00 15									
73	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	543.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	543.53	00	15									
73	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	570.06											
77	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	570.06	00	15									
73	29848	ARTHROSCOPY, WRIST, SURGICAL;	529.67											
77	29848	ARTHROSCOPY, WRIST, SURGICAL;	529.67	00	15									
73	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	652.82											
77	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	652.82	00	15									
73	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	976.58											
77	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	976.58	00	15									
73	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	818.68											
77	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	818.68	00	15									
73	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,044.39											
77	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,044.39	00	15									
73	29860	HIP ARTHROSCOPY, DX	671.52											
77	29860	HIP ARTHROSCOPY, DX	671.52	00	15									
73	29861	HIP ARTHROSCOPY/SURGERY	752.63											
77	29861	HIP ARTHROSCOPY/SURGERY	752.63	00	15									
73	29862	HIP ARTHROSCOPY/SURGERY	852.58											
77	29862	HIP ARTHROSCOPY/SURGERY	852.58	00	15									
73	29863	HIP ARTHROSCOPY/SURGERY	849.69											
77	29863	HIP ARTHROSCOPY/SURGERY	849.69	00	15									
73	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,103.71											
77	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,103.71	00	15									
73	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,343.52			X								
77	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,343.52	00	15	X								
73	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,759.05			X								
77	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,759.05	00	15	X								
73	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	564.35											
77	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	564.35	00	15									
73	29871	ARTHROSCOPY, KNEE, SURGICAL;	537.21											
77	29871	ARTHROSCOPY, KNEE, SURGICAL;	537.21	00	15									
73	29873	KNEE ARTHROSCOPY/SURGERY	557.10											
77	29873	KNEE ARTHROSCOPY/SURGERY	557.10	00	15									
73	29874	ARTHROSCOPY, KNEE, SURGICAL;	560.70											
77	29874	ARTHROSCOPY, KNEE, SURGICAL;	560.70	00	15									
73	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	518.20											
77	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	518.20	00	15									
73	29876	ARTHROSCOPY, KNEE, SURGICAL;	683.97											
77	29876	ARTHROSCOPY, KNEE, SURGICAL;	683.97	00	15									
73	29877	ARTHROSCOPY-DEBRIDEMENT	650.24											
77	29877	ARTHROSCOPY-DEBRIDEMENT	650.24	00	15									
73	29879	ARTHROSCOPY-ABRASION ARTHROPLA	692.82											
77	29879	ARTHROSCOPY-ABRASION ARTHROPLA	692.82	00	15									
73	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	587.21											
77	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	587.21	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	565.23										
77	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	565.23	00 15									
73	29882	ARTHROSCOPY W/ MENISCUS REPAIR	721.12										
77	29882	ARTHROSCOPY W/ MENISCUS REPAIR	721.12	00 15									
73	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	881.85										
77	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	881.85	00 15									
73	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	646.34										
77	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	646.34	00 15									
73	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	792.58										
77	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	792.58	00 15									
73	29886	ARTHROSCOPY-OSTEOCHONDRITIS	665.58										
77	29886	ARTHROSCOPY-OSTEOCHONDRITIS	665.58	00 15									
73	29887	ARTHROSCOPY-INTERNAL FIXATION	788.83										
77	29887	ARTHROSCOPY-INTERNAL FIXATION	788.83	00 15									
73	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,026.20										
77	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	1,026.20	00 15									
73	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,285.99										
77	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,285.99	00 15									
73	29891	ANKLE ARTHROSCOPY/SURGERY	695.34										
77	29891	ANKLE ARTHROSCOPY/SURGERY	695.34	00 15									
73	29892	ANKLE ARTHROSCOPY/SURGERY	656.66										
77	29892	ANKLE ARTHROSCOPY/SURGERY	656.66	00 15									
73	29893	SCOPE, PLANTAR FASCIOTOMY	661.21										
77	29893	SCOPE, PLANTAR FASCIOTOMY	661.21	00 15									
73	29894	ARTHROSCOPY, ANKLE, SURGICAL;	523.97										
77	29894	ARTHROSCOPY, ANKLE, SURGICAL;	523.97	00 15									
73	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	485.05										
77	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	485.05	00 15									
73	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	510.54										
77	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	510.54	00 15									
73	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	582.19										
77	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	582.19	00 15									
73	29899	ANKLE ARTHROSCOPY/SURGERY	1,064.79										
77	29899	ANKLE ARTHROSCOPY/SURGERY	1,064.79	00 15									
73	29900	MCP JOINT ARTHROSCOPY, DX	522.16									X	
77	29900	MCP JOINT ARTHROSCOPY, DX	522.16	00 15								X	
73	29901	MCP JOINT ARTHROSCOPY, SURG	562.43									X	
77	29901	MCP JOINT ARTHROSCOPY, SURG	562.43	00 15								X	
73	29902	MCP JOINT ARTHROSCOPY, SURG	597.34									X	
77	29902	MCP JOINT ARTHROSCOPY, SURG	597.34	00 15								X	
73	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	669.59										
77	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	669.59	00 15									
73	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	523.08										
77	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	523.08	00 15									
73	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	678.17										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	678.17	00	15									
73	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	920.10											
77	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	920.10	00	15									
73	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,048.10										X	
77	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,048.10	00	15								X	
73	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,080.12										X	
77	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,080.12	00	15								X	
73	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,072.65										X	
77	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,072.65	00	15								X	
73	30000	DRAINAGE OF NOSE LESION	269.40											
77	30000	DRAINAGE OF NOSE LESION	269.40	00	15									
73	30020	DRAINAGE OF NOSE LESION	272.18											
77	30020	DRAINAGE OF NOSE LESION	272.18	00	15									
73	30100	INTRANASAL BIOPSY	142.11											
77	30100	INTRANASAL BIOPSY	142.11	00	15									
73	30110	REMOVAL OF NOSE POLYP(S)	249.96											
77	30110	REMOVAL OF NOSE POLYP(S)	249.96	00	15									
73	30115	REMOVAL OF NOSE POLYP(S)	477.30											
77	30115	REMOVAL OF NOSE POLYP(S)	477.30	00	15									
73	30117	REMOVAL OF INTRANASAL LESION	969.33											
77	30117	REMOVAL OF INTRANASAL LESION	969.33	00	15									
73	30118	REMOVAL OF INTRANASAL LESION	820.43											
77	30118	REMOVAL OF INTRANASAL LESION	820.43	00	15									
73	30120	REVISION OF NOSE	516.57											
77	30120	REVISION OF NOSE	516.57	00	15									
73	30124	REMOVAL OF NOSE LESION	309.40											
77	30124	REMOVAL OF NOSE LESION	309.40	00	15									
73	30125	REMOVAL OF NOSE LESION	674.22											
77	30125	REMOVAL OF NOSE LESION	674.22	00	15									
73	30130	REMOVAL OF TURBINATE BONES	423.83											
77	30130	REMOVAL OF TURBINATE BONES	423.83	00	15									
73	30140	REMOVAL OF TURBINATE BONES	301.72											
77	30140	REMOVAL OF TURBINATE BONES	301.72	00	15									
73	30150	PARTIAL REMOVAL OF NOSE	830.94											
77	30150	PARTIAL REMOVAL OF NOSE	830.94	00	15									
73	30160	REMOVAL OF NOSE	842.35											
77	30160	REMOVAL OF NOSE	842.35	00	15									
73	30200	INJECTION TREATMENT OF NOSE	110.96											
77	30200	INJECTION TREATMENT OF NOSE	110.96	00	15									
73	30210	NASAL SINUS THERAPY	151.98											
77	30210	NASAL SINUS THERAPY	151.98	00	15									
73	30220	INSERTION,NASAL SEPTAL PROSTHESIS	306.73											
77	30220	INSERTION,NASAL SEPTAL PROSTHESIS	306.73	00	15									
73	30300	REMOVE NASAL FOREIGN BODY	209.43											
77	30300	REMOVE NASAL FOREIGN BODY	209.43	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	30310	REMOVE NASAL FOREIGN BODY	212.42										
77	30310	REMOVE NASAL FOREIGN BODY	212.42	00 15									
73	30320	REMOVE NASAL FOREIGN BODY	498.68										
77	30320	REMOVE NASAL FOREIGN BODY	498.68	00 15									
73	30400	RECONSTRUCTION OF NOSE	1,265.11										
77	30400	RECONSTRUCTION OF NOSE	1,265.11	00 15									
73	30410	RECONSTRUCTION OF NOSE	1,462.34										
77	30410	RECONSTRUCTION OF NOSE	1,462.34	00 15									
73	30420	RECONSTRUCTION OF NOSE	1,501.23										
77	30420	RECONSTRUCTION OF NOSE	1,501.23	00 15									
73	30430	REVISION OF NOSE	1,099.80										
77	30430	REVISION OF NOSE	1,099.80	00 15									
73	30435	REVISION WORK WITH OSTEOTOMIES	1,382.98										
77	30435	REVISION WORK WITH OSTEOTOMIES	1,382.98	00 15									
73	30450	REVISION OF NOSE	1,819.59										
77	30450	REVISION OF NOSE	1,819.59	00 15									
73	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	863.70										
77	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	863.70	00 15									
73	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,668.44										
77	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,668.44	00 15									
73	30465	REPAIR NASAL STENOSIS	1,061.75			X							
77	30465	REPAIR NASAL STENOSIS	1,061.75	00 15		X							
73	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,570.37										
77	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,570.37	00 15									
73	30520	REPAIR OF NASAL SEPTUM	691.29										
77	30520	REPAIR OF NASAL SEPTUM	691.29	00 15									
73	30540	REPAIR NASAL DEFECT	759.52										
77	30540	REPAIR NASAL DEFECT	759.52	00 15									
73	30545	REPAIR NASAL DEFECT	1,035.74										
77	30545	REPAIR NASAL DEFECT	1,035.74	00 15									
73	30560	RELEASE OF NASAL ADHESIONS	325.00										
77	30560	RELEASE OF NASAL ADHESIONS	325.00	00 15									
73	30580	REPAIR UPPER JAW FISTULA	617.88										
77	30580	REPAIR UPPER JAW FISTULA	617.88	00 15									
73	30600	REPAIR MOUTH/NOSE FISTULA	521.22										
77	30600	REPAIR MOUTH/NOSE FISTULA	521.22	00 15									
73	30620	RECONSTRUCTION INNER NOSE	691.67										
77	30620	RECONSTRUCTION INNER NOSE	691.67	00 15									
73	30630	REPAIR NASAL SEPTUM DEFECT	689.30										
77	30630	REPAIR NASAL SEPTUM DEFECT	689.30	00 15									
73	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	219.50										
77	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	219.50	00 15									
73	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	280.94										
77	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	280.94	00 15									
73	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	159.72										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	159.72	00 15									
73	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	248.54										
77	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	248.54	00 15									
73	30905	CONTROL OF NOSEBLEED	354.66										
77	30905	CONTROL OF NOSEBLEED	354.66	00 15									
73	30906	REPEAT CONTROL OF NOSEBLEED	373.95									X	
77	30906	REPEAT CONTROL OF NOSEBLEED	373.95	00 15								X	
73	30915	LIGATION NASAL SINUS ARTERY	622.08										
77	30915	LIGATION NASAL SINUS ARTERY	622.08	00 15									
73	30920	LIGATION UPPER JAW ARTERY	904.29										
77	30920	LIGATION UPPER JAW ARTERY	904.29	00 15									
73	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	119.11										
77	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	119.11	00 15									
73	31000	IRRIGATION MAXILLARY SINUS	184.19										
77	31000	IRRIGATION MAXILLARY SINUS	184.19	00 15									
73	31002	IRRIGATION SPHENOID SINUS	197.00										
77	31002	IRRIGATION SPHENOID SINUS	197.00	00 15									
73	31020	EXPLORATION MAXILLARY SINUS	459.07										
77	31020	EXPLORATION MAXILLARY SINUS	459.07	00 15									
73	31030	EXPLORATION MAXILLARY SINUS	642.47										
77	31030	EXPLORATION MAXILLARY SINUS	642.47	00 15									
73	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	606.37										
77	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	606.37	00 15									
73	31040	EXPLORATION BEHIND UPPER JAW	831.74										
77	31040	EXPLORATION BEHIND UPPER JAW	831.74	00 15									
73	31050	EXPLORATION SPHENOID SINUS	530.77										
77	31050	EXPLORATION SPHENOID SINUS	530.77	00 15									
73	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	713.21										
77	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	713.21	00 15									
73	31070	EXPLORATION OF FRONTAL SINUS	485.87										
77	31070	EXPLORATION OF FRONTAL SINUS	485.87	00 15									
73	31075	EXPLORATION OF FRONTAL SINUS	853.82										
77	31075	EXPLORATION OF FRONTAL SINUS	853.82	00 15									
73	31080	REMOVAL OF FRONTAL SINUS	1,124.71										
77	31080	REMOVAL OF FRONTAL SINUS	1,124.71	00 15									
73	31081	REMOVAL OF FRONTAL SINUS	1,206.79										
77	31081	REMOVAL OF FRONTAL SINUS	1,206.79	00 15									
73	31084	REMOVAL OF FRONTAL SINUS	1,251.27										
77	31084	REMOVAL OF FRONTAL SINUS	1,251.27	00 15									
73	31085	REMOVAL OF FRONTAL SINUS	1,289.72										
77	31085	REMOVAL OF FRONTAL SINUS	1,289.72	00 15									
73	31086	REMOVAL OF FRONTAL SINUS	1,216.32										
77	31086	REMOVAL OF FRONTAL SINUS	1,216.32	00 15									
73	31087	REMOVAL OF FRONTAL SINUS	1,159.94										
77	31087	REMOVAL OF FRONTAL SINUS	1,159.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31090	EXPLORATION OF SINUSES	1,137.74										
77	31090	EXPLORATION OF SINUSES	1,137.74	00 15									
73	31200	REMOVAL OF ETHMOID SINUS	624.11										
77	31200	REMOVAL OF ETHMOID SINUS	624.11	00 15									
73	31201	REMOVAL OF ETHMOID SINUS	821.77										
77	31201	REMOVAL OF ETHMOID SINUS	821.77	00 15									
73	31205	REMOVAL OF ETHMOID SINUS	945.06										
77	31205	REMOVAL OF ETHMOID SINUS	945.06	00 15									
73	31225	REMOVAL OF UPPER JAW	1,870.01										
77	31225	REMOVAL OF UPPER JAW	1,870.01	00 15									
73	31230	REMOVAL OF UPPER JAW	2,089.16										
77	31230	REMOVAL OF UPPER JAW	2,089.16	00 15									
73	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	187.60										
77	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	187.60	00 15									
73	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	276.79										
77	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	276.79	00 15									
73	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	314.04										
77	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	314.04	00 15									
73	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	259.50										
77	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	259.50	00 15									
73	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	254.49										
77	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	254.49	00 15									
73	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	617.62										
77	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	617.62	00 15									
73	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	163.75										
77	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	163.75	00 15									
73	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	462.98										
77	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	462.98	00 15									
73	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	522.40										
77	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	522.40	00 15									
73	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	446.88										
77	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	446.88	00 15									
73	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	338.12										
77	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	338.12	00 15									
73	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	185.98										
77	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	185.98	00 15									
73	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	464.05										
77	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	464.05	00 15									
73	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	491.89										
77	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	491.89	00 15									
73	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	275.95										
77	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	275.95	00 15									
73	31276	SINUS SURGICAL ENDOSCOPY	393.61										
77	31276	SINUS SURGICAL ENDOSCOPY	393.61	00 15									
73	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	209.53										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	209.53	00	15									
73	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	244.31											
77	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	244.31	00	15									
73	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,197.15											
77	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,197.15	00	15									
73	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,261.33											
77	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,261.33	00	15									
73	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,038.35											
77	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,038.35	00	15									
73	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,121.61											
77	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,121.61	00	15									
73	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,282.71											
77	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,282.71	00	15									
73	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,681.30										X	
77	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,681.30	00	15								X	
73	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,706.40										X	
77	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,706.40	00	15								X	
73	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,665.78										X	
77	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,665.78	00	15								X	
73	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,163.93											
77	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,163.93	00	15									
73	31300	REMOVAL OF LARYNX LESION	1,287.69											
77	31300	REMOVAL OF LARYNX LESION	1,287.69	00	15									
73	31360	REMOVAL OF LARYNX	2,129.32											
77	31360	REMOVAL OF LARYNX	2,129.32	00	15									
73	31365	REMOVAL OF LARYNX	2,634.34											
77	31365	REMOVAL OF LARYNX	2,634.34	00	15									
73	31367	PARTIAL REMOVAL OF LARYNX	2,248.50											
77	31367	PARTIAL REMOVAL OF LARYNX	2,248.50	00	15									
73	31368	PARTIAL REMOVAL OF LARYNX	2,490.34											
77	31368	PARTIAL REMOVAL OF LARYNX	2,490.34	00	15									
73	31370	PARTIAL REMOVAL OF LARYNX	2,107.35											
77	31370	PARTIAL REMOVAL OF LARYNX	2,107.35	00	15									
73	31375	PARTIAL REMOVAL OF LARYNX	2,002.13											
77	31375	PARTIAL REMOVAL OF LARYNX	2,002.13	00	15									
73	31380	PARTIAL REMOVAL OF LARYNX	1,973.16											
77	31380	PARTIAL REMOVAL OF LARYNX	1,973.16	00	15									
73	31382	PARTIAL REMOVAL OF LARYNX	2,164.22											
77	31382	PARTIAL REMOVAL OF LARYNX	2,164.22	00	15									
73	31390	REMOVAL OF LARYNX & PHARYNX	2,907.28											
77	31390	REMOVAL OF LARYNX & PHARYNX	2,907.28	00	15									
73	31395	RECONSTRUCT LARYNX & PHARYNX	3,050.45											
77	31395	RECONSTRUCT LARYNX & PHARYNX	3,050.45	00	15									
73	31400	REVISION OF LARYNX	1,035.37											
77	31400	REVISION OF LARYNX	1,035.37	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31420	REMOVAL OF EPIGLOTTIS	858.94										
77	31420	REMOVAL OF EPIGLOTTIS	858.94	00 15									
73	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	149.72									X	
77	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	149.72	00 15								X	
73	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	36.63										
77	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	36.63	00 15									
73	31505	DIAGNOSTIC LARYNGOSCOPY	91.15										
77	31505	DIAGNOSTIC LARYNGOSCOPY	91.15	00 15									
73	31510	LARYNGOSCOPY WITH BIOPSY	216.07										
77	31510	LARYNGOSCOPY WITH BIOPSY	216.07	00 15									
73	31511	REMOVE FOREIGN BODY LARYNX	216.10										
77	31511	REMOVE FOREIGN BODY LARYNX	216.10	00 15									
73	31512	REMOVAL OF LARYNX LESION	218.04										
77	31512	REMOVAL OF LARYNX LESION	218.04	00 15									
73	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	134.12										
77	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	134.12	00 15									
73	31515	LARYNGOSCOPY FOR ASPIRATION	215.77										
77	31515	LARYNGOSCOPY FOR ASPIRATION	215.77	00 15									
73	31520	DIAGNOSTIC LARYNGOSCOPY	160.00										
77	31520	DIAGNOSTIC LARYNGOSCOPY	160.00	00 15									
73	31525	DIAGNOSTIC LARYNGOSCOPY	254.85										
77	31525	DIAGNOSTIC LARYNGOSCOPY	254.85	00 15									
73	31526	DIAGNOSTIC LARYNGOSCOPY	161.72										
77	31526	DIAGNOSTIC LARYNGOSCOPY	161.72	00 15									
73	31527	LARYNGOSCOPY, INSERT OBTURATOR	200.51										
77	31527	LARYNGOSCOPY, INSERT OBTURATOR	200.51	00 15									
73	31528	LARYNGOSCOPY,W DILATATION INITIAL	147.86										
77	31528	LARYNGOSCOPY,W DILATATION INITIAL	147.86	00 15									
73	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	166.60										
77	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	166.60	00 15									
73	31530	OPERATIVE LARYNGOSCOPY	206.86										
77	31530	OPERATIVE LARYNGOSCOPY	206.86	00 15									
73	31531	OPERATIVE LARYNGOSCOPY	218.30										
77	31531	OPERATIVE LARYNGOSCOPY	218.30	00 15									
73	31535	OPERATIVE LARYNGOSCOPY	194.57										
77	31535	OPERATIVE LARYNGOSCOPY	194.57	00 15									
73	31536	OPERATIVE LARYNGOSCOPY	217.58										
77	31536	OPERATIVE LARYNGOSCOPY	217.58	00 15									
73	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	250.46										
77	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	250.46	00 15									
73	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	272.24										
77	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	272.24	00 15									
73	31545	REMOVE VC LESION W/SCOPE	375.03										
77	31545	REMOVE VC LESION W/SCOPE	375.03	00 15									
73	31546	REMOVE VC LESION SCOPE/GRAFT	570.03										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	31546	REMOVE VC LESION SCOPE/GRAFT	570.03	00	15									
73	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,593.19	00	11									
77	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,593.19	00	11									
73	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,538.35	12	99									
77	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,538.35	12	15									
73	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,736.13	00	11									
77	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,736.13	00	11									
73	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,737.10	12	99									
77	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,737.10	12	15									
73	31560	OPERATIVE LARYNGOSCOPY	323.57											
77	31560	OPERATIVE LARYNGOSCOPY	323.57	00	15									
73	31561	OPERATIVE LARYNGOSCOPY	354.78											
77	31561	OPERATIVE LARYNGOSCOPY	354.78	00	15									
73	31570	LARYNGOSCOPY WITH INJECTION	350.40											
77	31570	LARYNGOSCOPY WITH INJECTION	350.40	00	15									
73	31571	LARYNGOSCOPY WITH INJECTION	257.24											
77	31571	LARYNGOSCOPY WITH INJECTION	257.24	00	15									
73	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	530.25											
77	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	530.25	00	15									
73	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	288.98											
77	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	288.98	00	15									
73	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	950.37											
77	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	950.37	00	15									
73	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	128.61											
77	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	128.61	00	15									
73	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	268.38											
77	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	268.38	00	15									
73	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	276.82											
77	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	276.82	00	15									
73	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	307.61											
77	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	307.61	00	15									
73	31579	SEE 31575;WITH STROBOSCOPY	199.90											
77	31579	SEE 31575;WITH STROBOSCOPY	199.90	00	15									
73	31580	REVISION OF LARYNX	1,316.09											
77	31580	REVISION OF LARYNX	1,316.09	00	15									
73	31584	REPAIR OF LARYNX FRACTURE	1,457.08											
77	31584	REPAIR OF LARYNX FRACTURE	1,457.08	00	15									
73	31587	LARYNGOPLASTY, CRICOID SPLIT	1,240.82											
77	31587	LARYNGOPLASTY, CRICOID SPLIT	1,240.82	00	15									
73	31590	LARYNGEAL REINNERVATION REPAIR	932.57											
77	31590	LARYNGEAL REINNERVATION REPAIR	932.57	00	15									
73	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,129.82											
77	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,129.82	00	15									
73	31592	CRICOTRACHEAL RESECTION	1,793.61											
77	31592	CRICOTRACHEAL RESECTION	1,793.61	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31600	TRACHEOSTOMY, PLANNED	325.84	02 99									
77	31600	TRACHEOSTOMY, PLANNED	325.84	02 15									
73	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	467.80	00 01									
77	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	467.80	00 01									
73	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	341.91										
77	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	341.91	00 15									
73	31605	INCISION OF NECK CARTILAGES	359.01										
77	31605	INCISION OF NECK CARTILAGES	359.01	00 15									
73	31610	INCISION OF WINDPIPE	989.68										
77	31610	INCISION OF WINDPIPE	989.68	00 15									
73	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	549.54										
77	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	549.54	00 15									
73	31612	PUNCTURE/CLEAR WINDPIPE	94.47										
77	31612	PUNCTURE/CLEAR WINDPIPE	94.47	00 15									
73	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	439.01										
77	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	439.01	00 15									
73	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	733.05										
77	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	733.05	00 15									
73	31615	VISUALIZATION OF WINDPIPE	175.70										
77	31615	VISUALIZATION OF WINDPIPE	175.70	00 15									
73	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	250.38										
77	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	250.38	00 15									
73	31623	DX BRONCHOSCOPE/BRUSH	278.95										
77	31623	DX BRONCHOSCOPE/BRUSH	278.95	00 15									
73	31624	DX BRONCHOSCOPE/LAVAGE	258.26										
77	31624	DX BRONCHOSCOPE/LAVAGE	258.26	00 15									
73	31625	BRONCHOSCOPY WITH BIOPSY	355.97										
77	31625	BRONCHOSCOPY WITH BIOPSY	355.97	00 15									
73	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	806.34									X	
77	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	806.34	00 15								X	
73	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,113.16										
77	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,113.16	00 15									
73	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	378.30										
77	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	378.30	00 15									
73	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	462.44										
77	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	462.44	00 15									
73	31630	BRONCHOSCOPY WITH REPAIR	204.68										
77	31630	BRONCHOSCOPY WITH REPAIR	204.68	00 15									
73	31631	BRONCHOSCOPY-PLACE TRACH STENT	234.30										
77	31631	BRONCHOSCOPY-PLACE TRACH STENT	234.30	00 15									
73	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	66.19									X	
77	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	66.19	00 15								X	
73	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	82.12									X	
77	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	82.12	00 15								X	
73	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,576.29									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,576.29	00 15								X	
73	31635	REMOVE FOREIGN BODY, AIRWAY	298.76										
77	31635	REMOVE FOREIGN BODY, AIRWAY	298.76	00 15									
73	31636	BRONCHOSCOPY, BRONCH STENTS	223.91										
77	31636	BRONCHOSCOPY, BRONCH STENTS	223.91	00 15									
73	31637	BRONCHOSCOPY, STENT ADD-ON	79.22										
77	31637	BRONCHOSCOPY, STENT ADD-ON	79.22	00 15									
73	31638	BRONCHOSCOPY, REVISE STENT	255.22										
77	31638	BRONCHOSCOPY, REVISE STENT	255.22	00 15									
73	31640	BRONCHOSCOPY & REMOVE LESION	256.53										
77	31640	BRONCHOSCOPY & REMOVE LESION	256.53	00 15									
73	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	264.02										
77	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	264.02	00 15									
73	31643	DX BRONCHOSCOPE/CATHETER	179.42										
77	31643	DX BRONCHOSCOPE/CATHETER	179.42	00 15									
73	31645	BRONCHOSCOPY, CLEAR AIRWAYS	276.03										
77	31645	BRONCHOSCOPY, CLEAR AIRWAYS	276.03	00 15									
73	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	145.29										
77	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	145.29	00 15									
73	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	212.42										
77	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	212.42	00 15									
73	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	203.88										
77	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	203.88	00 15									
73	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	68.92									X	
77	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	68.92	00 15								X	
73	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	78.26									X	
77	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	78.26	00 15								X	
73	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,289.27										
77	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,289.27	00 15									
73	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,339.58										
77	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,339.58	00 15									
73	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	122.49										
77	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	122.49	00 15									
73	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	201.68										
77	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	201.68	00 15									
73	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	211.10										
77	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	211.10	00 15									
73	31717	BRONCHIAL BRUSH BIOPSY	293.33										
77	31717	BRONCHIAL BRUSH BIOPSY	293.33	00 15									
73	31720	CLEARANCE OF AIRWAYS	60.69									X	
77	31720	CLEARANCE OF AIRWAYS	60.69	00 15								X	
73	31725	CLEARANCE OF AIRWAYS	81.39									X	
77	31725	CLEARANCE OF AIRWAYS	81.39	00 15								X	
73	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,105.65										
77	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,105.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	31750	REPAIR OF WINDPIPE	1,396.54										
77	31750	REPAIR OF WINDPIPE	1,396.54	00 15									
73	31755	REPAIR OF WINDPIPE	1,765.18										
77	31755	REPAIR OF WINDPIPE	1,765.18	00 15									
73	31760	REPAIR OF WINDPIPE	1,475.56										
77	31760	REPAIR OF WINDPIPE	1,475.56	00 15									
73	31766	CARINAL RECONSTRUCTION	1,912.72										
77	31766	CARINAL RECONSTRUCTION	1,912.72	00 15									
73	31770	REPAIR/GRAFT OF BRONCHUS	1,429.64										
77	31770	REPAIR/GRAFT OF BRONCHUS	1,429.64	00 15									
73	31775	RECONSTRUCT BRONCHUS	1,504.88										
77	31775	RECONSTRUCT BRONCHUS	1,504.88	00 15									
73	31780	RECONSTRUCT WINDPIPE	1,242.56										
77	31780	RECONSTRUCT WINDPIPE	1,242.56	00 15									
73	31781	RECONSTRUCT WINDPIPE	1,501.86										
77	31781	RECONSTRUCT WINDPIPE	1,501.86	00 15									
73	31785	REMOVE WINDPIPE LESION	1,130.09										
77	31785	REMOVE WINDPIPE LESION	1,130.09	00 15									
73	31786	REMOVE WINDPIPE LESION	1,551.97										
77	31786	REMOVE WINDPIPE LESION	1,551.97	00 15									
73	31800	REPAIR OF WINDPIPE INJURY	728.76										
77	31800	REPAIR OF WINDPIPE INJURY	728.76	00 15									
73	31805	REPAIR OF WINDPIPE INJURY	876.12										
77	31805	REPAIR OF WINDPIPE INJURY	876.12	00 15									
73	31820	CLOSURE OF WINDPIPE LESION	455.78										
77	31820	CLOSURE OF WINDPIPE LESION	455.78	00 15									
73	31825	REPAIR OF WINDPIPE DEFECT	627.36										
77	31825	REPAIR OF WINDPIPE DEFECT	627.36	00 15									
73	31830	REVISE WINDPIPE SCAR	506.59										
77	31830	REVISE WINDPIPE SCAR	506.59	00 15									
73	32035	EXPLORATION OF CHEST	782.45										
77	32035	EXPLORATION OF CHEST	782.45	00 15									
73	32036	EXPLORATION OF CHEST	843.26										
77	32036	EXPLORATION OF CHEST	843.26	00 15									
73	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	857.97										
77	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	857.97	00 15									
73	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	859.79										
77	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	859.79	00 15									
73	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	813.44										
77	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	813.44	00 15									
73	32100	THORACOTOMY; WITH EXPLORATION	868.47										
77	32100	THORACOTOMY; WITH EXPLORATION	868.47	00 15									
73	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,581.78										
77	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,581.78	00 15									
73	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	932.99										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	932.99	00 15									
73	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	990.81										
77	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	990.81	00 15									
73	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,060.96										
77	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,060.96	00 15									
73	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,640.06										
77	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,640.06	00 15									
73	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,080.87										
77	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,080.87	00 15									
73	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,076.41										
77	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,076.41	00 15									
73	32160	THORACOTOMY; WITH CARDIAC MASSAGE	850.86										
77	32160	THORACOTOMY; WITH CARDIAC MASSAGE	850.86	00 15									
73	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,217.69										
77	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,217.69	00 15									
73	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	853.61										
77	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	853.61	00 15									
73	32220	RELEASE OF LUNG	1,709.28										
77	32220	RELEASE OF LUNG	1,709.28	00 15									
73	32225	PARTIAL RELEASE OF LUNG	1,070.05										
77	32225	PARTIAL RELEASE OF LUNG	1,070.05	00 15									
73	32310	REMOVAL OF CHEST LINING	984.18										
77	32310	REMOVAL OF CHEST LINING	984.18	00 15									
73	32320	FREE/REMOVE CHEST LINING	1,721.31										
77	32320	FREE/REMOVE CHEST LINING	1,721.31	00 15									
73	32400	NEEDLE BIOPSY CHEST LINING	168.04									X	
77	32400	NEEDLE BIOPSY CHEST LINING	168.04	00 15								X	
73	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	865.97									X	
77	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	865.97	00 15								X	
73	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,688.28										
77	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,688.28	00 15									
73	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,300.89										
77	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,300.89	00 15									
73	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,803.17										
77	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,803.17	00 15									
73	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,592.46										
77	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,592.46	00 15									
73	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,702.70										
77	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,702.70	00 15									
73	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,545.44										
77	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,545.44	00 15									
73	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,527.31										
77	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,527.31	00 15									
73	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,576.43										
77	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,576.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	32501	REPAIR BRONCHUS (ADD-ON)	262.94										
77	32501	REPAIR BRONCHUS (ADD-ON)	262.94	00 15									
73	32503	RESECT APICAL LUNG TUMOR	1,930.46										
77	32503	RESECT APICAL LUNG TUMOR	1,930.46	00 15									
73	32504	RESECT APICAL LUNG TUM/CHEST	2,201.82										
77	32504	RESECT APICAL LUNG TUM/CHEST	2,201.82	00 15									
73	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	998.47										
77	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	998.47	00 15									
73	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	170.11									X	
77	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	170.11	00 15								X	
73	32540	REMOVAL OF LUNG LESION	1,859.10										
77	32540	REMOVAL OF LUNG LESION	1,859.10	00 15									
73	32550	INSERTION OF INDWELLING TUNNELED PLE	813.04										
77	32550	INSERTION OF INDWELLING TUNNELED PLE	813.04	00 15									
73	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	167.31										
77	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	167.31	00 15									
73	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	187.88										
77	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	187.88	00 15									
73	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	516.89										
77	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	516.89	00 15									
73	32554	THORACENTESIS, NEEDLE OR CATHETER, A	240.48										
77	32554	THORACENTESIS, NEEDLE OR CATHETER, A	240.48	00 15									
73	32555	THORACENTESIS, NEEDLE OR CATHETER, A	320.37										
77	32555	THORACENTESIS, NEEDLE OR CATHETER, A	320.37	00 15									
73	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	752.48										
77	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	752.48	00 15									
73	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	672.35										
77	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	672.35	00 15									
73	32560	INSTILLATION VIA CHEST TUBE/CATHETER	263.43										
77	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	263.43	00 15									
73	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	97.36										
77	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	97.36	00 15									
73	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	85.66										
77	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	85.66	00 15									
73	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	331.00										
77	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	331.00	00 15									
73	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	516.22										
77	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	516.22	00 15									
73	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	497.84										
77	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	497.84	00 15									
73	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	330.68										
77	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	330.68	00 15									
73	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	408.00										
77	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	408.00	00 15									
73	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	272.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	272.63	00 15									
73	32650	THORACOSCOPY, SURGICAL;	711.33										
77	32650	THORACOSCOPY, SURGICAL;	711.33	00 15									
73	32651	THORACOSCOPY, SURGICAL;	1,175.40										
77	32651	THORACOSCOPY, SURGICAL;	1,175.40	00 15									
73	32652	THORACOSCOPY, SURGICAL;	1,786.56										
77	32652	THORACOSCOPY, SURGICAL;	1,786.56	00 15									
73	32653	THORACOSCOPY, SURGICAL;	1,135.64										
77	32653	THORACOSCOPY, SURGICAL;	1,135.64	00 15									
73	32654	THORACOSCOPY, SURGICAL;	1,240.97										
77	32654	THORACOSCOPY, SURGICAL;	1,240.97	00 15									
73	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,024.96										
77	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	1,024.96	00 15									
73	32656	THORACOSCOPY, SURGICAL;	860.42										
77	32656	THORACOSCOPY, SURGICAL;	860.42	00 15									
73	32658	THORACOSCOPY, SURGICAL;	763.73										
77	32658	THORACOSCOPY, SURGICAL;	763.73	00 15									
73	32659	THORACOSCOPY, SURGICAL;	781.95										
77	32659	THORACOSCOPY, SURGICAL;	781.95	00 15									
73	32661	THORACOSCOPY, SURGICAL;	855.35										
77	32661	THORACOSCOPY, SURGICAL;	855.35	00 15									
73	32662	THORACOSCOPY, SURGICAL;	956.69										
77	32662	THORACOSCOPY, SURGICAL;	956.69	00 15									
73	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,504.78										
77	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,504.78	00 15									
73	32664	THORACOSCOPY, SURGICAL;	908.61										
77	32664	THORACOSCOPY, SURGICAL;	908.61	00 15									
73	32665	THORACOSCOPY, SURGICAL;	1,323.17										
77	32665	THORACOSCOPY, SURGICAL;	1,323.17	00 15									
73	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	931.51										
77	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	931.51	00 15									
73	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	170.43									X	
77	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	170.43	00 15								X	
73	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	170.96										
77	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	170.96	00 15									
73	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,443.21										
77	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,443.21	00 15									
73	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,727.24										
77	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,727.24	00 15									
73	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,909.25										
77	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,909.25	00 15									
73	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,635.34										
77	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,635.34	00 15									
73	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,305.18										
77	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,305.18	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	233.31											
77	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	233.31	00	15									
73	32701	THORACIC TARGET(S) DELINEATION FOR S	228.94											
77	32701	THORACIC TARGET(S) DELINEATION FOR S	228.94	00	15									
73	32800	REPAIR LUNG HERNIA	1,011.23											
77	32800	REPAIR LUNG HERNIA	1,011.23	00	15									
73	32810	CLOSE CHEST AFTER DRAINAGE	964.09											
77	32810	CLOSE CHEST AFTER DRAINAGE	964.09	00	15									
73	32815	CLOSE BRONCHIAL FISTULA	3,015.71											
77	32815	CLOSE BRONCHIAL FISTULA	3,015.71	00	15									
73	32820	RECONSTRUCT INJURED CHEST	1,426.53											
77	32820	RECONSTRUCT INJURED CHEST	1,426.53	00	15									
73	32851	LUNG TRANSPLANT, SINGLE;	3,528.45			X								
77	32851	LUNG TRANSPLANT, SINGLE;	3,528.45	00	15	X								
73	32852	LUNG TRANSPLANT, SINGLE;	3,828.14			X								
77	32852	LUNG TRANSPLANT, SINGLE;	3,828.14	00	15	X								
73	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,930.94			X								
77	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,930.94	00	15	X								
73	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,235.71			X								
77	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	5,235.71	00	15	X								
73	32900	REMOVAL OF RIB(S)	1,513.58											
77	32900	REMOVAL OF RIB(S)	1,513.58	00	15									
73	32905	REVISE & REPAIR CHEST WALL	1,433.55											
77	32905	REVISE & REPAIR CHEST WALL	1,433.55	00	15									
73	32906	REVISE & REPAIR CHEST WALL	1,773.14											
77	32906	REVISE & REPAIR CHEST WALL	1,773.14	00	15									
73	32940	REVISION OF LUNG	1,324.11											
77	32940	REVISION OF LUNG	1,324.11	00	15									
73	32960	THERAPEUTIC PNEUMOTHORAX	127.03											
77	32960	THERAPEUTIC PNEUMOTHORAX	127.03	00	15									
73	32994	ABLATION THERAPY FOR REDUCTION OR ER	4,974.99											
77	32994	ABLATION THERAPY FOR REDUCTION OR ER	4,974.99	00	15									
73	32997	TOTAL LUNG LAVAGE	349.94											
77	32997	TOTAL LUNG LAVAGE	349.94	00	15									
73	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,157.80											
77	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,157.80	00	15									
73	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	252.88											
77	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	252.88	00	15									
73	33017	PERICARDIAL DRAINAGE WITH INSERTION	264.35	06	99									
77	33017	PERICARDIAL DRAINAGE WITH INSERTION	264.35	06	15									
77	33018	PERICARDIAL DRAINAGE WITH INSERTION	314.26	00	05									
73	33019	PERICARDIAL DRAINAGE WITH INSERTION	226.15											
77	33019	PERICARDIAL DRAINAGE WITH INSERTION	226.15	00	15									
73	33020	INCISION OF HEART SAC	890.16											
77	33020	INCISION OF HEART SAC	890.16	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33025	INCISION OF HEART SAC	824.74										
77	33025	INCISION OF HEART SAC	824.74	00 15									
73	33030	PARTIAL REMOVAL OF HEART SAC	2,156.30										
77	33030	PARTIAL REMOVAL OF HEART SAC	2,156.30	00 15									
73	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,669.10										
77	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,669.10	00 15									
73	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,077.14										
77	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,077.14	00 15									
73	33120	REMOVAL OF HEART LESION	2,258.49										
77	33120	REMOVAL OF HEART LESION	2,258.49	00 15									
73	33130	REMOVAL OF HEART LESION	1,469.54										
77	33130	REMOVAL OF HEART LESION	1,469.54	00 15									
73	33140	HEART REVASCULARIZE (TMR)	1,679.73		X								
77	33140	HEART REVASCULARIZE (TMR)	1,679.73	00 15	X								
73	33141	HEART TMR W/OTHER PROCEDURE	142.98		X								
77	33141	HEART TMR W/OTHER PROCEDURE	142.98	00 15	X								
73	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	827.30										
77	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	827.30	00 15									
73	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	868.12										
77	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	868.12	00 15									
73	33206	INSERTION OF NEW OR REPLACEMENT OF P	486.10										
77	33206	INSERTION OF NEW OR REPLACEMENT OF P	486.10	00 15									
73	33207	INSERTION OF NEW OR REPLACEMENT OF P	512.63										
77	33207	INSERTION OF NEW OR REPLACEMENT OF P	512.63	00 15									
73	33208	INSERTION OF NEW OR REPLACEMENT OF P	556.36										
77	33208	INSERTION OF NEW OR REPLACEMENT OF P	556.36	00 15									
73	33210	INSERTION OF HEART ELECTRODE	174.03										
77	33210	INSERTION OF HEART ELECTRODE	174.03	00 15									
73	33211	INSERTION OR REPLACEMENT OF TEMPORAR	181.96										
77	33211	INSERTION OR REPLACEMENT OF TEMPORAR	181.96	00 15									
73	33212	INSERTION OF PACEMAKER PULSE GENERAT	344.09										
77	33212	INSERTION OF PACEMAKER PULSE GENERAT	344.09	00 15									
73	33213	INSERTION OF PACEMAKER PULSE GENERAT	358.77										
77	33213	INSERTION OF PACEMAKER PULSE GENERAT	358.77	00 15									
73	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	511.08										
77	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	511.08	00 15									
73	33215	REPOSITION PACING-DEFIB LEAD	330.49										
77	33215	REPOSITION PACING-DEFIB LEAD	330.49	00 15									
73	33216	REVISION IMPLANTED ELECTRODE	395.58										
77	33216	REVISION IMPLANTED ELECTRODE	395.58	00 15									
73	33217	INSERTION, REPLACEMENT OR REPOSITION	392.08										
77	33217	INSERTION, REPLACEMENT OR REPOSITION	392.08	00 15									
73	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	413.31										
77	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	413.31	00 15									
73	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	402.98										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	402.98	00 15									
73	33221	INSERTION OF PACEMAKER PULSE GENERAT	384.38										
77	33221	INSERTION OF PACEMAKER PULSE GENERAT	384.38	00 15									
73	33222	RELOCATION OF PACEMAKER GENERATOR SK	361.71										
77	33222	RELOCATION OF PACEMAKER GENERATOR SK	361.71	00 15									
73	33223	RELOCATION OF PACING DEFIBRILLATOR D	436.42										
77	33223	RELOCATION OF PACING DEFIBRILLATOR D	436.42	00 15									
73	33224	INSERTION OF PACING ELECTRODE, CARDI	553.53										
77	33224	INSERTION OF PACING ELECTRODE, CARDI	553.53	00 15									
73	33225	INSERTION OF PACING ELECTRODE, CARDI	504.36										
77	33225	INSERTION OF PACING ELECTRODE, CARDI	504.36	00 15									
73	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	531.12										
77	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	531.12	00 15									
73	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	361.60										
77	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	361.60	00 15									
73	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	379.05										
77	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	379.05	00 15									
73	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	399.74										
77	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	399.74	00 15									
73	33230	INSERTION OF PACING CARDIOVERTER-DEF	410.37										
77	33230	INSERTION OF PACING CARDIOVERTER-DEF	410.37	00 15									
73	33231	INSERTION OF PACING CARDIOVERTER-DEF	426.03										
77	33231	INSERTION OF PACING CARDIOVERTER-DEF	426.03	00 15									
73	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	245.87										
77	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	245.87	00 15									
73	33234	REMOVAL OF PERMANENT PACEMAKER;	517.67										
77	33234	REMOVAL OF PERMANENT PACEMAKER;	517.67	00 15									
73	33235	REMOVAL OF PERMANENT PACEMAKER;	679.85										
77	33235	REMOVAL OF PERMANENT PACEMAKER;	679.85	00 15									
73	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	836.68										
77	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	836.68	00 15									
73	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	898.91										
77	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	898.91	00 15									
73	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,012.86										
77	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	1,012.86	00 15									
73	33240	INSERTION OF PACING CARDIOVERTER-DEF	392.35										
77	33240	INSERTION OF PACING CARDIOVERTER-DEF	392.35	00 15									
73	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	228.06										
77	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	228.06	00 15									
73	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,473.77										
77	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,473.77	00 15									
73	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	926.75										
77	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	926.75	00 15									
73	33249	INSERTION OR REPLACEMENT OF PERMANEN	982.06										
77	33249	INSERTION OR REPLACEMENT OF PERMANEN	982.06	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,566.66										
77	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,566.66	00 15									
73	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,750.93										
77	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,750.93	00 15									
73	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,462.63										
77	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,462.63	00 15									
73	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,750.40										
77	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,750.40	00 15									
73	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,077.34										
77	33256	OPERATIVE TISSUE ABLATION AND RECONS	2,077.34	00 15									
73	33257	OPERATIVE TISSUE ABLATION AND RECONS	621.02										
77	33257	OPERATIVE TISSUE ABLATION AND RECONS	621.02	00 15									
73	33258	OPERATIVE TISSUE ABLATION AND RECONS	695.22										
77	33258	OPERATIVE TISSUE ABLATION AND RECONS	695.22	00 15									
73	33259	OPERATIVE TISSUE ABLATION AND RECONS	903.28										
77	33259	OPERATIVE TISSUE ABLATION AND RECONS	903.28	00 15									
73	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,735.65										
77	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,735.65	00 15									
73	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	398.51										
77	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	398.51	00 15									
73	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	414.79										
77	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	414.79	00 15									
73	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	432.35										
77	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	432.35	00 15									
73	33265	ABLATE ATRIA, LMTD, ENDO	1,461.14										
77	33265	ABLATE ATRIA, LMTD, ENDO	1,461.14	00 15									
73	33266	ABLATE ATRIA, X10SV, ENDO	1,982.23										
77	33266	ABLATE ATRIA, X10SV, ENDO	1,982.23	00 15									
73	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,124.46										
77	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,124.46	00 15									
73	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	141.61										
77	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	141.61	00 15									
73	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	887.41										
77	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	887.41	00 15									
73	33270	INSERTION OR REPLACEMENT OF PERMANEN	602.42										
77	33270	INSERTION OR REPLACEMENT OF PERMANEN	602.42	00 15									
73	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	485.44										
77	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	485.44	00 15									
73	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	370.46										
77	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	370.46	00 15									
73	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	427.14										
77	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	427.14	00 15									
73	33274	TRANSCATHETER INSERTION OR REPLACEME	515.53										
77	33274	TRANSCATHETER INSERTION OR REPLACEME	515.53	00 15									
73	33275	TRANSCATHETER REMOVAL OF PERMANENT	540.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33275	TRANSCATHETER REMOVAL OF PERMANENT	540.86	00 15									
73	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,417.68										
77	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,417.68	00 15									
73	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	139.11										
77	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	139.11	00 15									
73	33289	TRANSCATHETER IMPLANTATION OF WIRELE	359.86										
77	33289	TRANSCATHETER IMPLANTATION OF WIRELE	359.86	00 15									
73	33300	REPAIR OF HEART WOUND	2,637.98										
77	33300	REPAIR OF HEART WOUND	2,637.98	00 15									
73	33305	REPAIR OF HEART WOUND	4,422.56										
77	33305	REPAIR OF HEART WOUND	4,422.56	00 15									
73	33310	EXPLORATORY HEART SURGERY	1,255.87										
77	33310	EXPLORATORY HEART SURGERY	1,255.87	00 15									
73	33315	EXPLORATORY HEART SURGERY	2,069.51										
77	33315	EXPLORATORY HEART SURGERY	2,069.51	00 15									
73	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,132.27										
77	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,132.27	00 15									
73	33321	REPAIR MAJOR VESSEL	1,277.56										
77	33321	REPAIR MAJOR VESSEL	1,277.56	00 15									
73	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,493.48										
77	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,493.48	00 15									
73	33330	INSERT MAJOR VESSEL GRAFT	1,532.63										
77	33330	INSERT MAJOR VESSEL GRAFT	1,532.63	00 15									
73	33335	INSERT MAJOR VESSEL GRAFT	2,014.65										
77	33335	INSERT MAJOR VESSEL GRAFT	2,014.65	00 15									
73	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	846.08										
77	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	846.08	00 15									
73	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,306.73										
77	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,306.73	00 15									
73	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,425.43										
77	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,425.43	00 15									
73	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,478.01										
77	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,478.01	00 15									
73	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,480.28										
77	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,480.28	00 15									
73	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,541.14										
77	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,541.14	00 15									
73	33366	Transcatheter aortic valve replaceme	1,699.10										
77	33366	Transcatheter aortic valve replaceme	1,699.10	00 15									
73	33367	TRANSCATHETER AORTIC VALVE REPLACEME	664.74										
77	33367	TRANSCATHETER AORTIC VALVE REPLACEME	664.74	00 15									
73	33368	TRANSCATHETER AORTIC VALVE REPLACEME	805.52										
77	33368	TRANSCATHETER AORTIC VALVE REPLACEME	805.52	00 15									
73	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,062.51										
77	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,062.51	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	142.09										
77	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	142.09	00 15									
73	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,078.83										
77	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,078.83	00 15									
73	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,471.95										
77	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,471.95	00 15									
73	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,883.12										
77	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,883.12	00 15									
73	33405	REPLACEMENT OF AORTIC VALVE	2,448.00										
77	33405	REPLACEMENT OF AORTIC VALVE	2,448.00	00 15									
73	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,102.04										
77	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	3,102.04	00 15									
73	33410	REPLACEMENT OF AORTIC VALVE	2,740.81										
77	33410	REPLACEMENT OF AORTIC VALVE	2,740.81	00 15									
73	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,622.03										
77	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,622.03	00 15									
73	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,403.15										
77	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,403.15	00 15									
73	33413	REPLACEMENT, AORTIC VALVE;	3,482.90										
77	33413	REPLACEMENT, AORTIC VALVE;	3,482.90	00 15									
73	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,317.31										
77	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,317.31	00 15									
73	33415	REVISION OF AORTIC VALVE	2,189.45										
77	33415	REVISION OF AORTIC VALVE	2,189.45	00 15									
73	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,178.25										
77	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,178.25	00 15									
73	33417	REPAIR OF AORTIC VALVE	1,792.82										
77	33417	REPAIR OF AORTIC VALVE	1,792.82	00 15									
73	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,933.84										
77	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,933.84	00 15									
73	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	457.78										
77	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	457.78	00 15									
73	33420	REVISION OF MITRAL VALVE	1,561.15										
77	33420	REVISION OF MITRAL VALVE	1,561.15	00 15									
73	33422	REVISION OF MITRAL VALVE	1,790.62										
77	33422	REVISION OF MITRAL VALVE	1,790.62	00 15									
73	33425	REPAIR OF MITRAL VALVE	2,945.69										
77	33425	REPAIR OF MITRAL VALVE	2,945.69	00 15									
73	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,565.83										
77	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,565.83	00 15									
73	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,624.12										
77	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,624.12	00 15									
73	33430	REPLACEMENT OF MITRAL VALVE	3,019.91										
77	33430	REPLACEMENT OF MITRAL VALVE	3,019.91	00 15									
73	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,683.89										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,683.89	00 15									
73	33460	REVISION OF TRICUSPID VALVE	2,593.35										
77	33460	REVISION OF TRICUSPID VALVE	2,593.35	00 15									
73	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,293.79										
77	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,293.79	00 15									
73	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,624.53										
77	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,624.53	00 15									
73	33465	REPLACE TRICUSPID VALVE	2,968.79										
77	33465	REPLACE TRICUSPID VALVE	2,968.79	00 15									
73	33468	REVISION OF TRICUSPID VALVE	2,644.43										
77	33468	REVISION OF TRICUSPID VALVE	2,644.43	00 15									
73	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,421.72										
77	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,421.72	00 15									
73	33474	REVISION OF PULMONARY VALVE	2,348.77										
77	33474	REVISION OF PULMONARY VALVE	2,348.77	00 15									
73	33475	REPLACEMENT, PULMONARY VALVE	2,499.33										
77	33475	REPLACEMENT, PULMONARY VALVE	2,499.33	00 15									
73	33476	REVISION OF HEART CHAMBER	1,636.14										
77	33476	REVISION OF HEART CHAMBER	1,636.14	00 15									
73	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,463.39										
77	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,463.39	00 15									
73	33478	REVISION OF HEART CHAMBER	1,690.63										
77	33478	REVISION OF HEART CHAMBER	1,690.63	00 15									
73	33496	REPAIR, PROSTH VALVE CLOT	1,793.33										
77	33496	REPAIR, PROSTH VALVE CLOT	1,793.33	00 15									
73	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,680.81										
77	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,680.81	00 15									
73	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,199.68										
77	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,199.68	00 15									
73	33502	CORONARY ARTERY CORRECTION	1,370.64										
77	33502	CORONARY ARTERY CORRECTION	1,370.64	00 15									
73	33503	CORONARY ARTERY GRAFT	1,422.04										
77	33503	CORONARY ARTERY GRAFT	1,422.04	00 15									
73	33504	CORONARY ARTERY GRAFT	1,575.42										
77	33504	CORONARY ARTERY GRAFT	1,575.42	00 15									
73	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,226.73										
77	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,226.73	00 15									
73	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,215.45										
77	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,215.45	00 15									
73	33507	REPAIR ART, INTRAMURAL	1,856.16										
77	33507	REPAIR ART, INTRAMURAL	1,856.16	00 15									
73	33508	ENDOSCOPIC VEIN HARVEST	17.88										
77	33508	ENDOSCOPIC VEIN HARVEST	17.88	00 15									
73	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	187.65										
77	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	187.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33510	CORONARY ARTERY BYPASS	2,084.79										
77	33510	CORONARY ARTERY BYPASS	2,084.79	00 15									
73	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,289.22										
77	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,289.22	00 15									
73	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,610.56										
77	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,610.56	00 15									
73	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,675.59										
77	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,675.59	00 15									
73	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,816.66										
77	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,816.66	00 15									
73	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,916.87										
77	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,916.87	00 15									
73	33517	CORONARY ARTERY BYPASS, USING VENOUS	203.82										
77	33517	CORONARY ARTERY BYPASS, USING VENOUS	203.82	00 15									
73	33518	CORONARY ARTERY BYPASS, USING VENOUS	445.23										
77	33518	CORONARY ARTERY BYPASS, USING VENOUS	445.23	00 15									
73	33519	CORONARY ARTERY BYPASS, USING VENOUS	590.49										
77	33519	CORONARY ARTERY BYPASS, USING VENOUS	590.49	00 15									
73	33521	CORONARY ARTERY BYPASS, USING VENOUS	707.89										
77	33521	CORONARY ARTERY BYPASS, USING VENOUS	707.89	00 15									
73	33522	CORONARY ARTERY BYPASS, USING VENOUS	794.52										
77	33522	CORONARY ARTERY BYPASS, USING VENOUS	794.52	00 15									
73	33523	CORONARY ARTERY BYPASS, USING VENOUS	899.23										
77	33523	CORONARY ARTERY BYPASS, USING VENOUS	899.23	00 15									
73	33530	REOPERATION,CORON ART BYPASS >1MONTH	568.97										
77	33530	REOPERATION,CORON ART BYPASS >1MONTH	568.97	00 15									
73	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,016.70										
77	33533	CORONARY ARTERY BYPASS, USING ARTERI	2,016.70	00 15									
73	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,369.14										
77	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,369.14	00 15									
73	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,638.98										
77	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,638.98	00 15									
73	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,842.69										
77	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,842.69	00 15									
73	33542	REMOVAL OF HEART LESION	2,822.15										
77	33542	REMOVAL OF HEART LESION	2,822.15	00 15									
73	33545	REPAIR OF HEART DAMAGE	3,315.49										
77	33545	REPAIR OF HEART DAMAGE	3,315.49	00 15									
73	33548	RESTORE/REMODEL, VENTRICLE	3,204.42										
77	33548	RESTORE/REMODEL, VENTRICLE	3,204.42	00 15									
73	33572	OPEN CORONARY ENDARTERECTOMY	249.52										
77	33572	OPEN CORONARY ENDARTERECTOMY	249.52	00 15									
73	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,847.77										
77	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,847.77	00 15									
73	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,793.49										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,793.49	00 15									
73	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,913.03										
77	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,913.03	00 15									
73	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,936.47										
77	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,936.47	00 15									
73	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,909.82										
77	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,909.82	00 15									
73	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,103.19										
77	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,103.19	00 15									
73	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,159.04										
77	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,159.04	00 15									
73	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,152.27										
77	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,152.27	00 15									
73	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,331.33										
77	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,331.33	00 15									
73	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,955.20										
77	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,955.20	00 15									
73	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,777.28										
77	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,777.28	00 15									
73	33621	TRANSTHORACIC INSERTION OF CATHETER	998.31										
77	33621	TRANSTHORACIC INSERTION OF CATHETER	998.31	00 15									
73	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,706.49										
77	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,706.49	00 15									
73	33641	REPAIR HEART SEPTUM DEFECT	1,765.66										
77	33641	REPAIR HEART SEPTUM DEFECT	1,765.66	00 15									
73	33645	REVISION OF HEART VEINS	1,865.97										
77	33645	REVISION OF HEART VEINS	1,865.97	00 15									
73	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,958.52										
77	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,958.52	00 15									
73	33660	REPAIR OF HEART DEFECTS	1,891.78										
77	33660	REPAIR OF HEART DEFECTS	1,891.78	00 15									
73	33665	REPAIR OF HEART DEFECTS	2,062.47										
77	33665	REPAIR OF HEART DEFECTS	2,062.47	00 15									
73	33670	REPAIR OF HEART CHAMBERS	2,130.68										
77	33670	REPAIR OF HEART CHAMBERS	2,130.68	00 15									
73	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,124.99										
77	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,124.99	00 15									
73	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,181.69										
77	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,181.69	00 15									
73	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,266.05										
77	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,266.05	00 15									
73	33681	REPAIR HEART SEPTUM DEFECT	1,981.70										
77	33681	REPAIR HEART SEPTUM DEFECT	1,981.70	00 15									
73	33684	REPAIR HEART SEPTUM DEFECT	2,035.51										
77	33684	REPAIR HEART SEPTUM DEFECT	2,035.51	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33688	REPAIR HEART SEPTUM DEFECT	2,033.52										
77	33688	REPAIR HEART SEPTUM DEFECT	2,033.52	00 15									
73	33690	REINFORCE PULMONARY ARTERY	1,287.58										
77	33690	REINFORCE PULMONARY ARTERY	1,287.58	00 15									
73	33692	REPAIR OF HEART DEFECTS	2,111.86										
77	33692	REPAIR OF HEART DEFECTS	2,111.86	00 15									
73	33694	REPAIR OF HEART DEFECTS	2,103.19										
77	33694	REPAIR OF HEART DEFECTS	2,103.19	00 15									
73	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,215.74										
77	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,215.74	00 15									
73	33702	REPAIR OF HEART DEFECTS	1,663.88										
77	33702	REPAIR OF HEART DEFECTS	1,663.88	00 15									
73	33710	REPAIR OF HEART DEFECTS	2,212.67										
77	33710	REPAIR OF HEART DEFECTS	2,212.67	00 15									
73	33720	REPAIR OF HEART DEFECT	1,665.42										
77	33720	REPAIR OF HEART DEFECT	1,665.42	00 15									
73	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,656.02										
77	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,656.02	00 15									
73	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,190.78										
77	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,190.78	00 15									
73	33730	REPAIR HEART-VEIN DEFECT(S)	2,161.65										
77	33730	REPAIR HEART-VEIN DEFECT(S)	2,161.65	00 15									
73	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,772.01										
77	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,772.01	00 15									
73	33735	REVISION OF HEART CHAMBER	1,391.72										
77	33735	REVISION OF HEART CHAMBER	1,391.72	00 15									
73	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,512.05										
77	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,512.05	00 15									
73	33737	REVISION OF HEART CHAMBER	1,394.41										
77	33737	REVISION OF HEART CHAMBER	1,394.41	00 15									
73	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	814.33										
77	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	814.33	00 15									
73	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,162.51										
77	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,162.51	00 15									
73	33746	TRANSCATHETER INTRACARDIAC SHUNT	464.57										
77	33746	TRANSCATHETER INTRACARDIAC SHUNT	464.57	00 15									
73	33750	MAJOR VESSEL SHUNT	1,359.52										
77	33750	MAJOR VESSEL SHUNT	1,359.52	00 15									
73	33755	MAJOR VESSEL SHUNT	1,413.89										
77	33755	MAJOR VESSEL SHUNT	1,413.89	00 15									
73	33762	MAJOR VESSEL SHUNT	1,380.15										
77	33762	MAJOR VESSEL SHUNT	1,380.15	00 15									
73	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,413.89										
77	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,413.89	00 15									
73	33766	MAJOR VESSEL SHUNT	1,434.43										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
77	33766	MAJOR VESSEL SHUNT	1,434.43	00 15									
73	33767	SHUNT;	1,532.72										
77	33767	SHUNT;	1,532.72	00 15									
73	33768	CAVOPULMONARY SHUNTING	451.27										
77	33768	CAVOPULMONARY SHUNTING	451.27	00 15									
73	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,283.82										
77	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,283.82	00 15									
73	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,352.90										
77	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,352.90	00 15									
73	33774	REPAIR TRANSPO GREAT ARTERIES	1,934.94										
77	33774	REPAIR TRANSPO GREAT ARTERIES	1,934.94	00 15									
73	33775	REAPAIR W REMOVAL PULMONARY BAND	1,996.42										
77	33775	REAPAIR W REMOVAL PULMONARY BAND	1,996.42	00 15									
73	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,109.36										
77	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,109.36	00 15									
73	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,040.07										
77	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	2,040.07	00 15									
73	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,534.39										
77	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,534.39	00 15									
73	33779	REPAIR W REMOVAL O PULMONARY BAND	2,510.70										
77	33779	REPAIR W REMOVAL O PULMONARY BAND	2,510.70	00 15									
73	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,556.75										
77	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,556.75	00 15									
73	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,498.44										
77	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,498.44	00 15									
73	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,486.18										
77	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,486.18	00 15									
73	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,767.14										
77	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,767.14	00 15									
73	33786	REPAIR ARTERIAL TRUNK	2,458.38										
77	33786	REPAIR ARTERIAL TRUNK	2,458.38	00 15									
73	33788	REVISION OF PULMONARY ARTERY	1,651.99										
77	33788	REVISION OF PULMONARY ARTERY	1,651.99	00 15									
73	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,059.86										
77	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,059.86	00 15									
73	33802	REPAIR VESSEL DEFECT	1,163.07										
77	33802	REPAIR VESSEL DEFECT	1,163.07	00 15									
73	33803	REPAIR VESSEL DEFECT	1,240.54										
77	33803	REPAIR VESSEL DEFECT	1,240.54	00 15									
73	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,331.87										
77	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,331.87	00 15									
73	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,637.42										
77	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,637.42	00 15									
73	33820	REVISE MAJOR VESSEL	1,038.43										
77	33820	REVISE MAJOR VESSEL	1,038.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,096.88	00 17									
77	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,096.88	00 15									
73	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,267.15	18 99									
73	33840	REMOVE AORTA CONSTRICTION	1,331.17										
77	33840	REMOVE AORTA CONSTRICTION	1,331.17	00 15									
73	33845	REMOVE AORTA CONSTRICTION	1,432.25										
77	33845	REMOVE AORTA CONSTRICTION	1,432.25	00 15									
73	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,367.10										
77	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,367.10	00 15									
73	33852	EXCISION O COARCTATION W REPAIR ARCH	1,505.29										
77	33852	EXCISION O COARCTATION W REPAIR ARCH	1,505.29	00 15									
73	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,972.57										
77	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,972.57	00 15									
73	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,668.28										
77	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,668.28	00 15									
73	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,633.75										
77	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,633.75	00 15									
73	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,400.57										
77	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,400.57	00 15									
73	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,480.52										
77	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,480.52	00 15									
73	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	999.62										
77	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	999.62	00 15									
73	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,522.73										
77	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,522.73	00 15									
73	33875	THORACIC AORTA GRAFT	2,946.38										
77	33875	THORACIC AORTA GRAFT	2,946.38	00 15									
73	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,925.73										
77	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,925.73	00 15									
73	33880	ENDOVASC TAA REPR INCL SUBCL	1,944.61										
77	33880	ENDOVASC TAA REPR INCL SUBCL	1,944.61	00 15									
73	33881	ENDOVASC TAA REPR W/O SUBCL	1,666.04										
77	33881	ENDOVASC TAA REPR W/O SUBCL	1,666.04	00 15									
73	33883	INSERT ENDOVASC PROSTH, TAA	1,203.35										
77	33883	INSERT ENDOVASC PROSTH, TAA	1,203.35	00 15									
73	33884	ENDOVASC PROSTH, TAA, ADD-ON	434.45									X	
77	33884	ENDOVASC PROSTH, TAA, ADD-ON	434.45	00 15								X	
73	33886	ENDOVASC PROSTH, DELAYED	1,044.50										
77	33886	ENDOVASC PROSTH, DELAYED	1,044.50	00 15									
73	33889	ARTERY TRANSPOSE/ENDOVAS TAA	868.33										
77	33889	ARTERY TRANSPOSE/ENDOVAS TAA	868.33	00 15									
73	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,060.44										
77	33891	CAR-CAR BP GRFT/ENDOVAS TAA	1,060.44	00 15									
73	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,037.15										
77	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,037.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	825.25										
77	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	825.25	00 15									
73	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	614.73										
77	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	614.73	00 15									
73	33910	REMOVE LUNG ARTERY EMBOLI	2,839.28										
77	33910	REMOVE LUNG ARTERY EMBOLI	2,839.28	00 15									
73	33915	REMOVE LUNG ARTERY EMBOLI	1,484.91										
77	33915	REMOVE LUNG ARTERY EMBOLI	1,484.91	00 15									
73	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,510.42										
77	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,510.42	00 15									
73	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,566.14										
77	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,566.14	00 15									
73	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,952.23										
77	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,952.23	00 15									
73	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,493.39										
77	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,493.39	00 15									
73	33924	REMOVE PULMONARY SHUNT	308.80										
77	33924	REMOVE PULMONARY SHUNT	308.80	00 15									
73	33925	RPR PUL ART UNIFOCAL W/O CPB	1,851.20										
77	33925	RPR PUL ART UNIFOCAL W/O CPB	1,851.20	00 15									
73	33926	REPR PUL ART, UNIFOCAL W/CPB	2,608.02										
77	33926	REPR PUL ART, UNIFOCAL W/CPB	2,608.02	00 15									
73	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,762.95			X							
77	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,762.95	00 15		X							
73	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,327.05		X								
77	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,327.05	00 15	X								
73	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,244.60		X								
77	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,244.60	00 15	X								
73	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	333.04										
77	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	333.04	00 15									
73	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	368.82										
77	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	368.82	00 15									
73	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	252.33										
77	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	252.33	00 15									
73	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	245.26										
77	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	245.26	00 15									
73	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	459.26	00 05									
77	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	459.26	00 05									
73	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	461.03	06 99									
77	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	461.03	06 15									
73	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	514.13	00 05									
77	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	514.13	00 05									
73	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	517.25	06 99									
77	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	517.25	06 15									
73	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	897.96	00 05									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	897.96	00	05									
73	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	903.86	06	99									
77	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	903.86	06	15									
73	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	200.04	00	05									
77	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	200.04	00	05									
73	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	200.04	06	99									
77	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	200.04	06	15									
73	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	253.12	00	05									
77	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	253.12	00	05									
73	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	253.12	06	99									
77	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	253.12	06	15									
73	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	506.71	00	05									
77	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	506.71	00	05									
73	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	534.37	06	99									
77	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	534.37	06	15									
73	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	200.04	00	05									
77	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	200.04	00	05									
73	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	254.41	06	99									
77	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	254.41	06	15									
73	33967	INSERT IA PERCUT DEVICE	279.09											
77	33967	INSERT IA PERCUT DEVICE	279.09	00	15									
73	33968	REMOVE AORTIC ASSIST DEVICE	35.29											
77	33968	REMOVE AORTIC ASSIST DEVICE	35.29	00	15									
73	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	294.56	00	05									
77	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	294.56	00	05									
73	33970	INTERNAL CIRCULATION ASSIST	382.74											
77	33970	INTERNAL CIRCULATION ASSIST	382.74	00	15									
73	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	758.53											
77	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	758.53	00	15									
73	33973	INSERTION OF INTRA-AORTIC BALLOON AS	544.93											
77	33973	INSERTION OF INTRA-AORTIC BALLOON AS	544.93	00	15									
73	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	953.71											
77	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	953.71	00	15									
73	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,409.09											
77	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,409.09	00	15									
73	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,718.61											
77	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,718.61	00	15									
73	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,205.77											
77	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,205.77	00	15									
73	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,437.03											
77	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,437.03	00	15									
73	33979	INSERT INTRACORPOREAL DEVICE	2,107.84											
77	33979	INSERT INTRACORPOREAL DEVICE	2,107.84	00	15									
73	33980	REMOVE INTRACORPOREAL DEVICE	1,921.43									X		
77	33980	REMOVE INTRACORPOREAL DEVICE	1,921.43	00	15							X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	901.12								X		
77	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	901.12	00 15							X		
73	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,117.29								X		
77	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,117.29	00 15							X		
73	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,501.54								X		
77	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,501.54	00 15							X		
73	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	307.76	06 99									
77	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	307.76	06 15									
73	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	556.19	00 05									
77	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	556.19	00 05									
73	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	566.21	06 99									
77	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	566.21	06 15									
73	33987	ARTERIAL EXPOSURE WITH CREATION OF G	226.38										
77	33987	ARTERIAL EXPOSURE WITH CREATION OF G	226.38	00 15									
73	33988	INSERTION OF LEFT HEART VENT BY THOR	842.43										
77	33988	INSERTION OF LEFT HEART VENT BY THOR	842.43	00 15									
73	33989	REMOVAL OF LEFT HEART VENT BY THORAC	534.37										
77	33989	REMOVAL OF LEFT HEART VENT BY THORAC	534.37	00 15									
73	33990	INSERTION OF VENTRICULAR ASSIST DEVI	389.83										
77	33990	INSERTION OF VENTRICULAR ASSIST DEVI	389.83	00 15									
73	33991	INSERTION OF VENTRICULAR ASSIST DEVI	510.65										
77	33991	INSERTION OF VENTRICULAR ASSIST DEVI	510.65	00 15									
73	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	204.32										
77	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	204.32	00 15									
73	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	178.11										
77	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	178.11	00 15									
73	33995	INSERTION OF VENTRICULAR ASSIST DEVI	386.79										
77	33995	INSERTION OF VENTRICULAR ASSIST DEVI	386.79	00 15									
73	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	171.88										
77	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	171.88	00 15									
73	34001	REMOVAL OF ARTERY CLOT	1,000.00										
77	34001	REMOVAL OF ARTERY CLOT	1,000.00	00 15									
73	34051	REMOVAL OF ARTERY CLOT	1,065.74										
77	34051	REMOVAL OF ARTERY CLOT	1,065.74	00 15									
73	34101	REMOVAL OF ARTERY CLOT	647.61										
77	34101	REMOVAL OF ARTERY CLOT	647.61	00 15									
73	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	650.30										
77	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	650.30	00 15									
73	34151	REMOVAL OF ARTERY CLOT	1,511.38										
77	34151	REMOVAL OF ARTERY CLOT	1,511.38	00 15									
73	34201	REMOVAL OF ARTERY CLOT	1,114.07										
77	34201	REMOVAL OF ARTERY CLOT	1,114.07	00 15									
73	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,032.43										
77	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	1,032.43	00 15									
73	34401	REMOVAL OF VEIN CLOT	1,594.13										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	34401	REMOVAL OF VEIN CLOT	1,594.13	00 15									
73	34421	REMOVAL OF VEIN CLOT	758.92										
77	34421	REMOVAL OF VEIN CLOT	758.92	00 15									
73	34451	REMOVAL OF VEIN CLOT	1,572.57										
77	34451	REMOVAL OF VEIN CLOT	1,572.57	00 15									
73	34471	REMOVAL OF VEIN CLOT	1,180.27										
77	34471	REMOVAL OF VEIN CLOT	1,180.27	00 15									
73	34490	REMOVAL OF VEIN CLOT	699.52										
77	34490	REMOVAL OF VEIN CLOT	699.52	00 15									
73	34501	VALVULOPLASTY, FEMORAL VEIN	972.90										
77	34501	VALVULOPLASTY, FEMORAL VEIN	972.90	00 15									
73	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,656.12										
77	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,656.12	00 15									
73	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,116.15										
77	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,116.15	00 15									
73	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,080.13										
77	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,080.13	00 15									
73	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,027.11										
77	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1,027.11	00 15									
73	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,345.93										
77	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,345.93	00 15									
73	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,013.47										
77	34702	ENDOVASCULAR REPAIR OF INFRARENAL	2,013.47	00 15									
73	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,494.45										
77	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,494.45	00 15									
73	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,494.34										
77	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,494.34	00 15									
73	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,660.63										
77	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,660.63	00 15									
73	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,489.57										
77	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,489.57	00 15									
73	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,255.87										
77	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,255.87	00 15									
73	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,009.49										
77	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	2,009.49	00 15									
73	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	351.80									X	
77	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	351.80	00 15								X	
73	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	861.78										
77	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	861.78	00 15									
73	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	322.01									X	
77	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	322.01	00 15								X	
73	34712	TRANSCATHETER DELIVERY OF ENHANCED	705.95										
77	34712	TRANSCATHETER DELIVERY OF ENHANCED	705.95	00 15									
73	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	134.84									X	
77	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	134.84	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	292.79									X	
77	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	292.79	00 15								X	
73	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	327.34									X	
77	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	327.34	00 15								X	
73	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	402.21									X	
77	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	402.21	00 15								X	
73	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	486.42									X	
77	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	486.42	00 15								X	
73	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,343.19									X	
77	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,343.19	00 15								X	
73	34808	ENDOVASC ABDO OCCLUD DEVICE	218.40										
77	34808	ENDOVASC ABDO OCCLUD DEVICE	218.40	00 15									
73	34812	XPOSE FOR ENDOPROSTH, AORTIC	225.07										
77	34812	XPOSE FOR ENDOPROSTH, AORTIC	225.07	00 15									
73	34813	XPOSE FOR ENDOPROSTH, FEMORL	258.78										
77	34813	XPOSE FOR ENDOPROSTH, FEMORL	258.78	00 15									
73	34820	XPOSE FOR ENDOPROSTH, ILIAC	370.32										
77	34820	XPOSE FOR ENDOPROSTH, ILIAC	370.32	00 15									
73	34830	OPEN AORTIC TUBE PROSTH REPR	1,931.14										
77	34830	OPEN AORTIC TUBE PROSTH REPR	1,931.14	00 15									
73	34831	OPEN AORTOILIAC PROSTH REPR	2,104.22										
77	34831	OPEN AORTOILIAC PROSTH REPR	2,104.22	00 15									
73	34832	OPEN AORTOFEMOR PROSTH REPR	2,077.17										
77	34832	OPEN AORTOFEMOR PROSTH REPR	2,077.17	00 15									
73	34833	XPOSE FOR ENDOPROSTH, ILIAC	432.21										
77	34833	XPOSE FOR ENDOPROSTH, ILIAC	432.21	00 15									
73	34834	XPOSE, ENDOPROSTH, BRACHIAL	141.73										
77	34834	XPOSE, ENDOPROSTH, BRACHIAL	141.73	00 15									
73	35001	REPAIR DEFECT OF ARTERY	1,221.08										
77	35001	REPAIR DEFECT OF ARTERY	1,221.08	00 15									
73	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,243.48										
77	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,243.48	00 15									
73	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,088.84										
77	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,088.84	00 15									
73	35011	REPAIR DEFECT OF ARTERY	1,096.49										
77	35011	REPAIR DEFECT OF ARTERY	1,096.49	00 15									
73	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,370.77										
77	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,370.77	00 15									
73	35021	REPAIR DEFECT OF ARTERY	1,355.59										
77	35021	REPAIR DEFECT OF ARTERY	1,355.59	00 15									
73	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,553.43										
77	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,553.43	00 15									
73	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,055.89										
77	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,055.89	00 15									
73	35081	REPAIR DEFECT OF ARTERY	1,886.44										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	35081	REPAIR DEFECT OF ARTERY	1,886.44	00 15									
73	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,365.15										
77	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,365.15	00 15									
73	35091	REPAIR DEFECT OF ARTERY	1,955.90										
77	35091	REPAIR DEFECT OF ARTERY	1,955.90	00 15									
73	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,845.44										
77	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,845.44	00 15									
73	35102	REPAIR DEFECT OF ARTERY	2,048.15										
77	35102	REPAIR DEFECT OF ARTERY	2,048.15	00 15									
73	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,422.99										
77	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,422.99	00 15									
73	35111	REPAIR DEFECT OF ARTERY	1,454.52										
77	35111	REPAIR DEFECT OF ARTERY	1,454.52	00 15									
73	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,789.08										
77	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,789.08	00 15									
73	35121	REPAIR DEFECT OF ARTERY	1,731.40										
77	35121	REPAIR DEFECT OF ARTERY	1,731.40	00 15									
73	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,071.82										
77	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	2,071.82	00 15									
73	35131	REPAIR DEFECT OF ARTERY	1,492.54										
77	35131	REPAIR DEFECT OF ARTERY	1,492.54	00 15									
73	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,789.08										
77	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,789.08	00 15									
73	35141	REPAIR DEFECT OF ARTERY	1,194.51										
77	35141	REPAIR DEFECT OF ARTERY	1,194.51	00 15									
73	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,439.69										
77	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,439.69	00 15									
73	35151	REPAIR DEFECT OF ARTERY	1,348.59										
77	35151	REPAIR DEFECT OF ARTERY	1,348.59	00 15									
73	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,528.96										
77	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,528.96	00 15									
73	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	857.11										
77	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	857.11	00 15									
73	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,927.49										
77	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,927.49	00 15									
73	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,054.95										
77	35184	REP.CONGENITAL FISTULA,EXTREMITIES	1,054.95	00 15									
73	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,413.56										
77	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,413.56	00 15									
73	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,651.68										
77	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,651.68	00 15									
73	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	827.64										
77	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	827.64	00 15									
73	35201	REPAIR BLOOD VESSEL LESION	1,015.77										
77	35201	REPAIR BLOOD VESSEL LESION	1,015.77	00 15									

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35206	REPAIR BLOOD VESSEL LESION	844.26										
77	35206	REPAIR BLOOD VESSEL LESION	844.26	00 15									
73	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	788.47									X	
77	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	788.47	00 15								X	
73	35211	REPAIR BLOOD VESSEL LESION	1,501.57										
77	35211	REPAIR BLOOD VESSEL LESION	1,501.57	00 15									
73	35216	REPAIR BLOOD VESSEL LESION	2,242.27										
77	35216	REPAIR BLOOD VESSEL LESION	2,242.27	00 15									
73	35221	REPAIR BLOOD VESSEL LESION	1,598.03										
77	35221	REPAIR BLOOD VESSEL LESION	1,598.03	00 15									
73	35226	REPAIR BLOOD VESSEL LESION	902.52										
77	35226	REPAIR BLOOD VESSEL LESION	902.52	00 15									
73	35231	REPAIR BLOOD VESSEL LESION	1,313.59										
77	35231	REPAIR BLOOD VESSEL LESION	1,313.59	00 15									
73	35236	REPAIR BLOOD VESSEL LESION	1,078.91										
77	35236	REPAIR BLOOD VESSEL LESION	1,078.91	00 15									
73	35241	REPAIR BLOOD VESSEL LESION	1,546.19										
77	35241	REPAIR BLOOD VESSEL LESION	1,546.19	00 15									
73	35246	REPAIR BLOOD VESSEL LESION	1,685.37										
77	35246	REPAIR BLOOD VESSEL LESION	1,685.37	00 15									
73	35251	REPAIR BLOOD VESSEL LESION	1,883.28										
77	35251	REPAIR BLOOD VESSEL LESION	1,883.28	00 15									
73	35256	REPAIR BLOOD VESSEL LESION	1,104.75										
77	35256	REPAIR BLOOD VESSEL LESION	1,104.75	00 15									
73	35261	REPAIR BLOOD VESSEL LESION	1,070.27										
77	35261	REPAIR BLOOD VESSEL LESION	1,070.27	00 15									
73	35266	REPAIR BLOOD VESSEL LESION	935.40										
77	35266	REPAIR BLOOD VESSEL LESION	935.40	00 15									
73	35271	REPAIR BLOOD VESSEL LESION	1,488.93										
77	35271	REPAIR BLOOD VESSEL LESION	1,488.93	00 15									
73	35276	REPAIR BLOOD VESSEL LESION	1,569.49										
77	35276	REPAIR BLOOD VESSEL LESION	1,569.49	00 15									
73	35281	REPAIR BLOOD VESSEL LESION	1,758.05										
77	35281	REPAIR BLOOD VESSEL LESION	1,758.05	00 15									
73	35286	REPAIR BLOOD VESSEL LESION	1,012.01										
77	35286	REPAIR BLOOD VESSEL LESION	1,012.01	00 15									
73	35301	RECHANNELING OF ARTERY	1,229.14										
77	35301	RECHANNELING OF ARTERY	1,229.14	00 15									
73	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,220.73										
77	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,220.73	00 15									
73	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,343.62										
77	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,343.62	00 15									
73	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,390.55										
77	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,390.55	00 15									
73	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,335.92										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,335.92	00 15									
73	35306	THROMBOENDARTERECTOMY, INCLUDING P +	490.29									X	
77	35306	THROMBOENDARTERECTOMY, INCLUDING P +	490.29	00 15								X	
73	35311	RECHANNELING OF ARTERY	1,680.26										
77	35311	RECHANNELING OF ARTERY	1,680.26	00 15									
73	35321	RECHANNELING OF ARTERY	970.36										
77	35321	RECHANNELING OF ARTERY	970.36	00 15									
73	35331	RECHANNELING OF ARTERY	1,579.90										
77	35331	RECHANNELING OF ARTERY	1,579.90	00 15									
73	35341	RECHANNELING OF ARTERY	1,504.47										
77	35341	RECHANNELING OF ARTERY	1,504.47	00 15									
73	35351	RECHANNELING OF ARTERY	1,403.11										
77	35351	RECHANNELING OF ARTERY	1,403.11	00 15									
73	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,122.90										
77	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,122.90	00 15									
73	35361	RECHANNELING OF ARTERY	1,666.21										
77	35361	RECHANNELING OF ARTERY	1,666.21	00 15									
73	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,778.91										
77	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,778.91	00 15									
73	35371	RECHANNELING OF ARTERY	886.44										
77	35371	RECHANNELING OF ARTERY	886.44	00 15									
73	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,060.72										
77	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,060.72	00 15									
73	35390	REOPERATION, CAROTID, THROMBOENDARTE	173.23										
77	35390	REOPERATION, CAROTID, THROMBOENDARTE	173.23	00 15									
73	35400	ANGIOSCOPY	162.37										
77	35400	ANGIOSCOPY	162.37	00 15									
73	35500	HARVEST VEIN FOR BYPASS	348.63										
77	35500	HARVEST VEIN FOR BYPASS	348.63	00 15									
73	35501	ARTERY BYPASS GRAFT	1,597.81										
77	35501	ARTERY BYPASS GRAFT	1,597.81	00 15									
73	35506	ARTERY BYPASS GRAFT	1,395.06										
77	35506	ARTERY BYPASS GRAFT	1,395.06	00 15									
73	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,450.86										
77	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,450.86	00 15									
73	35509	ARTERY BYPASS GRAFT	1,546.25										
77	35509	ARTERY BYPASS GRAFT	1,546.25	00 15									
73	35510	ARTERY BYPASS GRAFT	1,346.10										
77	35510	ARTERY BYPASS GRAFT	1,346.10	00 15									
73	35511	ARTERY BYPASS GRAFT	1,226.05										
77	35511	ARTERY BYPASS GRAFT	1,226.05	00 15									
73	35512	ARTERY BYPASS GRAFT	1,318.78										
77	35512	ARTERY BYPASS GRAFT	1,318.78	00 15									
73	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,450.86										
77	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,450.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	35516	ARTERY BYPASS GRAFT	1,335.61										
77	35516	ARTERY BYPASS GRAFT	1,335.61	00 15									
73	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,249.73										
77	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,249.73	00 15									
73	35521	ARTERY BYPASS GRAFT	1,343.02										
77	35521	ARTERY BYPASS GRAFT	1,343.02	00 15									
73	35522	ARTERY BYPASS GRAFT	1,280.79										
77	35522	ARTERY BYPASS GRAFT	1,280.79	00 15									
73	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,391.64										
77	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,391.64	00 15									
73	35525	ARTERY BYPASS GRAFT	1,235.45										
77	35525	ARTERY BYPASS GRAFT	1,235.45	00 15									
73	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,867.39										
77	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,867.39	00 15									
73	35531	ARTERY BYPASS GRAFT	2,137.49										
77	35531	ARTERY BYPASS GRAFT	2,137.49	00 15									
73	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,649.60										
77	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,649.60	00 15									
73	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,085.25										
77	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	2,085.25	00 15									
73	35536	ARTERY BYPASS GRAFT	1,851.83										
77	35536	ARTERY BYPASS GRAFT	1,851.83	00 15									
73	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,284.12										
77	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,284.12	00 15									
73	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,560.04										
77	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,560.04	00 15									
73	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,402.67										
77	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,402.67	00 15									
73	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,679.38										
77	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,679.38	00 15									
73	35556	ARTERY BYPASS GRAFT	1,521.67										
77	35556	ARTERY BYPASS GRAFT	1,521.67	00 15									
73	35558	ARTERY BYPASS GRAFT	1,338.95										
77	35558	ARTERY BYPASS GRAFT	1,338.95	00 15									
73	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,868.07										
77	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,868.07	00 15									
73	35563	ARTERY BYPASS GRAFT	1,447.93										
77	35563	ARTERY BYPASS GRAFT	1,447.93	00 15									
73	35565	ARTERY BYPASS GRAFT	1,427.93										
77	35565	ARTERY BYPASS GRAFT	1,427.93	00 15									
73	35566	ARTERY BYPASS GRAFT	1,819.00										
77	35566	ARTERY BYPASS GRAFT	1,819.00	00 15									
73	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,612.73										
77	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,612.73	00 15									
73	35571	ARTERY BYPASS GRAFT	1,445.24										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	35571	ARTERY BYPASS GRAFT	1,445.24	00 15									
73	35572	HARVEST FEMOROPOPLITEAL VEIN	374.92										
77	35572	HARVEST FEMOROPOPLITEAL VEIN	374.92	00 15									
73	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,569.88										
77	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,569.88	00 15									
73	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,822.62										
77	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,822.62	00 15									
73	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,478.24										
77	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,478.24	00 15									
73	35600	HARVEST ARTERY FOR CABG	202.79										
77	35600	HARVEST ARTERY FOR CABG	202.79	00 15									
73	35601	ARTERY BYPASS GRAFT	1,531.01										
77	35601	ARTERY BYPASS GRAFT	1,531.01	00 15									
73	35606	ARTERY BYPASS GRAFT	1,275.25										
77	35606	ARTERY BYPASS GRAFT	1,275.25	00 15									
73	35612	ARTERY BYPASS GRAFT	1,141.72										
77	35612	ARTERY BYPASS GRAFT	1,141.72	00 15									
73	35616	ARTERY BYPASS GRAFT	1,204.80										
77	35616	ARTERY BYPASS GRAFT	1,204.80	00 15									
73	35621	ARTERY BYPASS GRAFT	1,195.97										
77	35621	ARTERY BYPASS GRAFT	1,195.97	00 15									
73	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,438.44										
77	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,438.44	00 15									
73	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,725.17										
77	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,725.17	00 15									
73	35631	ARTERY BYPASS GRAFT	2,016.22										
77	35631	ARTERY BYPASS GRAFT	2,016.22	00 15									
73	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,979.67										
77	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,979.67	00 15									
73	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,165.51										
77	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,165.51	00 15									
73	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,937.16										
77	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,937.16	00 15									
73	35636	ARTERY BYPASS GRAFT	1,746.94										
77	35636	ARTERY BYPASS GRAFT	1,746.94	00 15									
73	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,816.14										
77	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,816.14	00 15									
73	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,891.53										
77	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,891.53	00 15									
73	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,077.94										
77	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,077.94	00 15									
73	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,034.95										
77	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	1,034.95	00 15									
73	35646	ARTERY BYPASS GRAFT	1,861.01										
77	35646	ARTERY BYPASS GRAFT	1,861.01	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	35647	ARTERY BYPASS GRAFT	1,687.75										
77	35647	ARTERY BYPASS GRAFT	1,687.75	00 15									
73	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,118.24										
77	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,118.24	00 15									
73	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,489.16										
77	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,489.16	00 15									
73	35656	ARTERY BYPASS GRAFT	1,171.17										
77	35656	ARTERY BYPASS GRAFT	1,171.17	00 15									
73	35661	ARTERY BYPASS GRAFT	1,177.97										
77	35661	ARTERY BYPASS GRAFT	1,177.97	00 15									
73	35663	ARTERY BYPASS GRAFT	1,331.94										
77	35663	ARTERY BYPASS GRAFT	1,331.94	00 15									
73	35665	ARTERY BYPASS GRAFT	1,273.73										
77	35665	ARTERY BYPASS GRAFT	1,273.73	00 15									
73	35666	ARTERY BYPASS GRAFT	1,398.27										
77	35666	ARTERY BYPASS GRAFT	1,398.27	00 15									
73	35671	ARTERY BYPASS GRAFT	1,232.72										
77	35671	ARTERY BYPASS GRAFT	1,232.72	00 15									
73	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	87.06										
77	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	87.06	00 15									
73	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	387.59										
77	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	387.59	00 15									
73	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	451.08										
77	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	451.08	00 15									
73	35685	BYPASS GRAFT PATENCY/PATCH	217.14										
77	35685	BYPASS GRAFT PATENCY/PATCH	217.14	00 15									
73	35686	BYPASS GRAFT/AV FIST PATENCY	177.85										
77	35686	BYPASS GRAFT/AV FIST PATENCY	177.85	00 15									
73	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,034.26										
77	35691	TRANSPOSITION AND/OR REIMPLANTATION;	1,034.26	00 15									
73	35693	TRANSPOSITION AND/OR REIMPLANTATION;	909.06										
77	35693	TRANSPOSITION AND/OR REIMPLANTATION;	909.06	00 15									
73	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,080.78										
77	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,080.78	00 15									
73	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,121.54										
77	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,121.54	00 15									
73	35697	REIMPLANT ARTERY EACH	160.67										
77	35697	REIMPLANT ARTERY EACH	160.67	00 15									
73	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	166.32										
77	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	166.32	00 15									
73	35701	EXPLORATION, CAROTID ARTERY	459.80										
77	35701	EXPLORATION, CAROTID ARTERY	459.80	00 15									
73	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	437.62										
77	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	437.62	00 15									
73	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	452.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	452.00	00 15									
73	35800	EXPLORE NECK VESSELS	771.24										
77	35800	EXPLORE NECK VESSELS	771.24	00 15									
73	35820	EXPLORE CHEST VESSELS	2,170.79										
77	35820	EXPLORE CHEST VESSELS	2,170.79	00 15									
73	35840	EXPLORE ABDOMINAL VESSELS	1,304.15										
77	35840	EXPLORE ABDOMINAL VESSELS	1,304.15	00 15									
73	35860	EXPLORE LIMB VESSELS	909.35										
77	35860	EXPLORE LIMB VESSELS	909.35	00 15									
73	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,364.79										
77	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,364.79	00 15									
73	35875	THROMBECTOMY OF ARTERIAL GRAFT	643.04										
77	35875	THROMBECTOMY OF ARTERIAL GRAFT	643.04	00 15									
73	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,025.42										
77	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	1,025.42	00 15									
73	35879	REVISE GRAFT W/VEIN	1,003.19										
77	35879	REVISE GRAFT W/VEIN	1,003.19	00 15									
73	35881	REVISE GRAFT W/VEIN	1,112.77										
77	35881	REVISE GRAFT W/VEIN	1,112.77	00 15									
73	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,311.14										
77	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,311.14	00 15									
73	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,357.33										
77	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,357.33	00 15									
73	35901	EXCISION OF INFECTED GRAFT;	514.04										
77	35901	EXCISION OF INFECTED GRAFT;	514.04	00 15									
73	35903	EXCISION OF INFECTED GRAFT;	609.34										
77	35903	EXCISION OF INFECTED GRAFT;	609.34	00 15									
73	35905	EXCISION OF INFECTED GRAFT;	1,841.99										
77	35905	EXCISION OF INFECTED GRAFT;	1,841.99	00 15									
73	35907	EXCISION OF INFECTED GRAFT;	2,082.81										
77	35907	EXCISION OF INFECTED GRAFT;	2,082.81	00 15									
73	36002	PSEUDOANEURYSM INJECTION TRT	154.34										
77	36002	PSEUDOANEURYSM INJECTION TRT	154.34	00 15									
73	36005	INJECTION PROCEDURE FOR CONTRAST VEN	260.50										
77	36005	INJECTION PROCEDURE FOR CONTRAST VEN	260.50	00 15									
73	36010	ESTABLISH ACCESS TO VEIN	556.45										
77	36010	ESTABLISH ACCESS TO VEIN	556.45	00 15									
73	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	830.26										
77	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	830.26	00 15									
73	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	850.88										
77	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	850.88	00 15									
73	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	790.02										
77	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	790.02	00 15									
73	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	804.07										
77	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	804.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36015	SELECTIVE CATHETER PLACEMENT, EACH S	867.26										
77	36015	SELECTIVE CATHETER PLACEMENT, EACH S	867.26	00 15									
73	36100	ESTABLISH ACCESS TO ARTERY	562.12									X	
77	36100	ESTABLISH ACCESS TO ARTERY	562.12	00 15								X	
73	36140	ESTABLISH ACCESS TO ARTERY	522.42									X	
77	36140	ESTABLISH ACCESS TO ARTERY	522.42	00 15								X	
73	36160	ESTABLISH ACCESS TO AORTA	566.87										
77	36160	ESTABLISH ACCESS TO AORTA	566.87	00 15									
73	36200	INTRODUCTION OF CATHETER, AORTA	611.81										
77	36200	INTRODUCTION OF CATHETER, AORTA	611.81	00 15									
73	36215	INTRODUCE CATHETER; EACH ADD....	1,048.90									X	
77	36215	INTRODUCE CATHETER; EACH ADD....	1,048.90	00 15								X	
73	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,089.16										
77	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,089.16	00 15									
73	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,790.14										
77	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,790.14	00 15									
73	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	204.28										
77	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	204.28	00 15									
73	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,015.09										
77	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	1,015.09	00 15									
73	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,230.64									X	
77	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,230.64	00 15								X	
73	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,620.91									X	
77	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,620.91	00 15								X	
73	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,028.57									X	
77	36224	SELECTIVE CATHETER PLACEMENT, INTERN	2,028.57	00 15								X	
73	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,541.51									X	
77	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,541.51	00 15								X	
73	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,957.46									X	
77	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,957.46	00 15								X	
73	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	243.53									X	
77	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	243.53	00 15								X	
73	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,264.61									X	
77	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,264.61	00 15								X	
73	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,263.92									X	
77	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,263.92	00 15								X	
73	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	862.26										
77	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	862.26	00 15									
73	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,453.49										
77	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,453.49	00 15									
73	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	118.93										
77	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	118.93	00 15									
73	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,312.78										
77	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,312.78	00 15									
73	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,429.17										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,429.17	00 15									
73	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,038.68										
77	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	2,038.68	00 15									
73	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,034.51										
77	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	2,034.51	00 15									
73	36260	INSERT IMPLANTABLE FUSION PUMP	707.07										
77	36260	INSERT IMPLANTABLE FUSION PUMP	707.07	00 15									
73	36261	REVISION OF IMPLANTED INFUSION PUMP	438.60										
77	36261	REVISION OF IMPLANTED INFUSION PUMP	438.60	00 15									
73	36262	REMOVAL OF IMPLANTED INFUSION PUMP	333.52										
77	36262	REMOVAL OF IMPLANTED INFUSION PUMP	333.52	00 15									
73	36400	ESTABLISH ACCESS TO VEIN	27.83	00 02				X				X	
77	36400	ESTABLISH ACCESS TO VEIN	27.83	00 02				X				X	
73	36405	ESTABLISH ACCESS TO VEIN	23.70	00 02				X				X	
77	36405	ESTABLISH ACCESS TO VEIN	23.70	00 02				X				X	
73	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	17.05	00 02				X				X	
77	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	17.05	00 02				X				X	
73	36410	ESTABLISH ACCESS TO VEIN	17.58	03 99				X					
77	36410	ESTABLISH ACCESS TO VEIN	17.58	03 15				X					
73	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	51.60	00 00								X	
77	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	51.60	00 00								X	
73	36425	ESTABLISH ACCESS TO VEIN	41.93	01 99								X	
77	36425	ESTABLISH ACCESS TO VEIN	41.93	01 15								X	
73	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	52.16	00 01								X	
77	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	52.16	00 01								X	
73	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	175.30	00 00									
77	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	175.30	00 00									
73	36455	EXCHANGE TRANSFUSION SERVICE	136.62									X	
77	36455	EXCHANGE TRANSFUSION SERVICE	136.62	00 15								X	
73	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	99.48	00 00									
77	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	99.48	00 00									
73	36460	TRANSFUSION SERVICE, FETAL	364.83									X	
77	36460	TRANSFUSION SERVICE, FETAL	364.83	00 15								X	
73	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,322.91										
77	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,322.91	00 15									
73	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,465.13										
77	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,465.13	00 15									
73	36470	INJECTION THERAPY OF VEIN	115.37										
77	36470	INJECTION THERAPY OF VEIN	115.37	00 15									
73	36471	INJECTION THERAPY OF VEINS	201.81										
77	36471	INJECTION THERAPY OF VEINS	201.81	00 15									
73	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,242.44										
77	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,242.44	00 15									
73	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	263.79									X	
77	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	263.79	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36475	ENDOVENOUS RF, 1ST VEIN	1,109.29										
77	36475	ENDOVENOUS RF, 1ST VEIN	1,109.29	00 15									
73	36476	ENDOVENOUS RF, VEIN ADD-ON	297.86										
77	36476	ENDOVENOUS RF, VEIN ADD-ON	297.86	00 15									
73	36478	ENDOVENOUS LASER, 1ST VEIN	1,013.56										
77	36478	ENDOVENOUS LASER, 1ST VEIN	1,013.56	00 15									
73	36479	ENDOVENOUS LASER VEIN ADDON	310.94										
77	36479	ENDOVENOUS LASER VEIN ADDON	310.94	00 15									
73	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,755.51										
77	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,755.51	00 15									
73	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,689.88										
77	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,689.88	00 15									
73	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	143.68									X	
77	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	143.68	00 15								X	
73	36500	VEIN CATH/SELECT. ORGAN SAMPLE	192.87										
77	36500	VEIN CATH/SELECT. ORGAN SAMPLE	192.87	00 15									
73	36510	UMBILICAL CATH-DX/THER/NEWBORN	85.73	00 01									
77	36510	UMBILICAL CATH-DX/THER/NEWBORN	85.73	00 01									
73	36511	APHERESIS WBC	110.08										
77	36511	APHERESIS WBC	110.08	00 15									
73	36512	APHERESIS RBC	107.83										
77	36512	APHERESIS RBC	107.83	00 15									
73	36513	APHERESIS PLATELETS	109.39										
77	36513	APHERESIS PLATELETS	109.39	00 15									
73	36514	APHERESIS PLASMA	558.98										
77	36514	APHERESIS PLASMA	558.98	00 15									
73	36516	APHERESIS, SELECTIVE	1,766.10										
77	36516	APHERESIS, SELECTIVE	1,766.10	00 15									
73	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,351.04										
77	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,351.04	00 15									
73	36555	INSERT NON-TUNNEL CV CATH	192.90	00 04									
77	36555	INSERT NON-TUNNEL CV CATH	192.90	00 04									
73	36556	INSERT NON-TUNNEL CV CATH	217.91	05 99									
77	36556	INSERT NON-TUNNEL CV CATH	217.91	05 15									
73	36557	INSERT TUNNELED CV CATH	1,205.78	00 04									
77	36557	INSERT TUNNELED CV CATH	1,205.78	00 04									
73	36558	INSERT TUNNELED CV CATH	854.12	05 99									
77	36558	INSERT TUNNELED CV CATH	854.12	05 15									
73	36560	INSERT TUNNELED CV CATH	1,289.40	00 04									
77	36560	INSERT TUNNELED CV CATH	1,289.40	00 04									
73	36561	INSERT TUNNELED CV CATH	1,019.47	05 99									
77	36561	INSERT TUNNELED CV CATH	1,019.47	05 15									
73	36563	INSERT TUNNELED CV CATH	1,165.61										
77	36563	INSERT TUNNELED CV CATH	1,165.61	00 15									
73	36565	INSERT TUNNELED CV CATH	861.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	36565	INSERT TUNNELED CV CATH	861.59	00 15									
73	36566	INSERT TUNNELED CV CATH	4,337.09										
77	36566	INSERT TUNNELED CV CATH	4,337.09	00 15									
73	36568	INSERT TUNNELED CV CATH	95.52	00 04									
77	36568	INSERT TUNNELED CV CATH	95.52	00 04									
73	36569	INSERT TUNNELED CV CATH	97.87	05 99									
77	36569	INSERT TUNNELED CV CATH	97.87	05 15									
73	36570	INSERT TUNNELED CV CATH	1,511.40	00 04									
77	36570	INSERT TUNNELED CV CATH	1,511.40	00 04									
73	36571	INSERT TUNNELED CV CATH	1,314.61	05 99									
77	36571	INSERT TUNNELED CV CATH	1,314.61	05 15									
73	36572	INSERTION OF PERIPHERALLY INSERTED	377.72	00 04									
77	36572	INSERTION OF PERIPHERALLY INSERTED	377.72	00 04									
73	36573	INSERTION OF PERIPHERALLY INSERTED	389.62	05 99									
77	36573	INSERTION OF PERIPHERALLY INSERTED	389.62	05 15									
73	36575	REPAIR TUNNELED CV CATH	149.59										
77	36575	REPAIR TUNNELED CV CATH	149.59	00 15									
73	36576	REPAIR TUNNELED CV CATH	360.75										
77	36576	REPAIR TUNNELED CV CATH	360.75	00 15									
73	36578	REPLACE TUNNELED CV CATH	452.32										
77	36578	REPLACE TUNNELED CV CATH	452.32	00 15									
73	36580	REPLACE TUNNELED CV CATH	193.90										
77	36580	REPLACE TUNNELED CV CATH	193.90	00 15									
73	36581	REPLACE TUNNELED CV CATH	796.81										
77	36581	REPLACE TUNNELED CV CATH	796.81	00 15									
73	36582	REPLACE TUNNELED CV CATH	913.05										
77	36582	REPLACE TUNNELED CV CATH	913.05	00 15									
73	36583	REPLACE TUNNELED CV CATH	1,197.34										
77	36583	REPLACE TUNNELED CV CATH	1,197.34	00 15									
73	36584	REPLACE TUNNELED CV CATH	332.17										
77	36584	REPLACE TUNNELED CV CATH	332.17	00 15									
73	36585	REPLACE TUNNELED CV CATH	1,193.06										
77	36585	REPLACE TUNNELED CV CATH	1,193.06	00 15									
73	36589	REMOVAL TUNNELED CV CATH	171.73										
77	36589	REMOVAL TUNNELED CV CATH	171.73	00 15									
73	36590	REMOVAL TUNNELED CV CATH	234.95										
77	36590	REMOVAL TUNNELED CV CATH	234.95	00 15									
73	36595	MECH REMOV TUNNELED CV CATH	608.11										
77	36595	MECH REMOV TUNNELED CV CATH	608.11	00 15									
73	36596	MECH REMOV TUNNELED CV CATH	113.57										
77	36596	MECH REMOV TUNNELED CV CATH	113.57	00 15									
73	36597	REPOSITION VENOUS CATHETER	112.26										
77	36597	REPOSITION VENOUS CATHETER	112.26	00 15									
73	36598	INJ W/FLUOR, EVAL CV DEVICE	122.13									X	
77	36598	INJ W/FLUOR, EVAL CV DEVICE	122.13	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	28.96									X	
77	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	28.96	00 15								X	
73	36620	ARTERIAL CATHETERIZATION OR CANNULAT	45.86									X	
77	36620	ARTERIAL CATHETERIZATION OR CANNULAT	45.86	00 15								X	
73	36625	ESTABLISH ACCESS TO ARTERY	112.05										
77	36625	ESTABLISH ACCESS TO ARTERY	112.05	00 15									
73	36640	INSERTION CATHETER, ARTERY	116.86										
77	36640	INSERTION CATHETER, ARTERY	116.86	00 15									
73	36660	INSERTION CATHETER, ARTERY	70.02										
77	36660	INSERTION CATHETER, ARTERY	70.02	00 15									
73	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	63.54										
77	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	63.54	00 15									
73	36800	INSERTION OF CANNULA	126.93										
77	36800	INSERTION OF CANNULA	126.93	00 15									
73	36810	INSERTION OF CANNULA	217.59										
77	36810	INSERTION OF CANNULA	217.59	00 15									
73	36815	INSERTION OF CANNULA	147.43										
77	36815	INSERTION OF CANNULA	147.43	00 15									
73	36818	AV FUSE, UPPR ARM, CEPHALIC	745.81										
77	36818	AV FUSE, UPPR ARM, CEPHALIC	745.81	00 15									
73	36819	AV FUSION BY BASILIC VEIN	792.50										
77	36819	AV FUSION BY BASILIC VEIN	792.50	00 15									
73	36820	INSERTION OF CANNULA	778.41										
77	36820	INSERTION FO CANNULA	778.41	00 15									
73	36821	ARTERY-VEIN FUSION	717.10										
77	36821	ARTERY-VEIN FUSION	717.10	00 15									
73	36823	INSERTION CANNULA(S)	1,523.86								X		
77	36823	INSERTION CANNULA(S)	1,523.86	00 15							X		
73	36825	ARTERY-VEIN GRAFT	859.50										
77	36825	ARTERY-VEIN GRAFT	859.50	00 15									
73	36830	ARTERY-VEIN GRAFT	722.23										
77	36830	ARTERY-VEIN GRAFT	722.23	00 15									
73	36831	AV FISTULA EXCISION	665.36										
77	36831	AV FISTULA EXCISION	665.36	00 15									
73	36832	REVISION O ARTERIO FISTULA WW THROMB	817.65										
77	36832	REVISION O ARTERIO FISTULA WW THROMB	817.65	00 15									
73	36833	AV FISTULA REVISION	875.29										
77	36833	AV FISTULA REVISION	875.29	00 15									
73	36835	ARTERY TO VEIN SHUNT	515.67										
77	36835	ARTERY TO VEIN SHUNT	515.67	00 15									
73	36838	DIST REVAS LIGATION, HEMO	1,244.78										
77	36838	DIST REVAS LIGATION, HEMO	1,244.78	00 15									
73	36860	CANNULA DECLOTTING	241.32										
77	36860	CANNULA DECLOTTING	241.32	00 15									
73	36861	CANNULA DECLOTTING	151.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	36861	CANNULA DECLOTTING	151.47	00 15									
73	36901	INTRODUCTION OF NEEDLE(S) AND/OR	718.56										
77	36901	INTRODUCTION OF NEEDLE(S) AND/OR	718.56	00 15									
73	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,228.67										
77	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,228.67	00 15									
73	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,365.10										
77	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,365.10	00 15									
73	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,835.86										
77	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,835.86	00 15									
73	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,324.10										
77	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,324.10	00 15									
73	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,529.32										
77	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,529.32	00 15									
73	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	602.85										
77	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	602.85	00 15									
73	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,445.85										
77	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,445.85	00 15									
73	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,964.24										
77	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,964.24	00 15									
73	37140	REVISION OF CIRCULATION	2,533.12										
77	37140	REVISION OF CIRCULATION	2,533.12	00 15									
73	37145	REVISION OF CIRCULATION	2,349.33										
77	37145	REVISION OF CIRCULATION	2,349.33	00 15									
73	37160	REVISION OF CIRCULATION	2,412.14										
77	37160	REVISION OF CIRCULATION	2,412.14	00 15									
73	37180	REVISION OF CIRCULATION	2,317.71										
77	37180	REVISION OF CIRCULATION	2,317.71	00 15									
73	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,533.12										
77	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,533.12	00 15									
73	37182	INSERT HEPATIC SHUNT (TIP'S)	832.85										
77	37182	INSERT HEPATIC SHUNT (TIPS)	832.85	00 15									
73	37183	REMOVE HEPATIC SHUNT (TIPS)	5,920.61										
77	37183	REMOVE HEPATIC SHUNT (TIP'S)	5,920.61	00 15									
73	37184	PRIM ART MECH THROMBECTOMY	1,768.40										
77	37184	PRIM ART MECH THROMBECTOMY	1,768.40	00 15									
73	37185	PRIM ART M-THROMBECT ADD-ON	489.98									X	
77	37185	PRIM ART M-THROMBECT ADD-ON	489.98	00 15								X	
73	37186	SEC ART M-THROMBECT ADD-ON	1,221.32										
77	37186	SEC ART M-THROMBECT ADD-ON	1,221.32	00 15									
73	37187	VENOUS MECH THROMBECTOMY	1,760.84										
77	37187	VENOUS MECH THROMBECTOMY	1,760.84	00 15									
73	37188	VENOUS M-THROMBECTOMY ADD-ON	1,498.07										
77	37188	VENOUS M-THROMBECTOMY ADD-ON	1,498.07	00 15									
73	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,066.34			X							
77	37191	INSERTION OF INTRAVASCULAR VENA CAVA	2,066.34	00 15		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,325.14			X							
77	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,325.14	00 15		X							
73	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,525.29			X							
77	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,525.29	00 15		X							
73	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,590.23										
77	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,590.23	00 15									
73	37200	TRANSCATHETER BIOPSY	219.63										
77	37200	TRANSCATHETER BIOPSY	219.63	00 15									
73	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	410.34									X	
77	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	410.34	00 15								X	
73	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	355.63									X	
77	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	355.63	00 15								X	
73	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	245.20									X	
77	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	245.20	00 15								X	
73	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	128.61									X	
77	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	128.61	00 15								X	
73	37215	TRANSCATH STENT, CCA W/EPS	1,074.04										
77	37215	TRANSCATH STENT, CCA W/EPS	1,074.04	00 15									
73	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,172.93									X	
77	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,172.93	00 15								X	
73	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	876.83										
77	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	876.83	00 15									
73	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,572.50									X	
77	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,572.50	00 15								X	
73	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,174.37									X	
77	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	3,174.37	00 15								X	
73	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	635.19									X	
77	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	635.19	00 15								X	
73	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,313.79									X	
77	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,313.79	00 15								X	
73	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,005.62									X	
77	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	3,005.62	00 15								X	
73	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	8,954.05									X	
77	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	8,954.05	00 15								X	
73	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	8,349.92									X	
77	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	8,349.92	00 15								X	
73	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	11,467.22									X	
77	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	11,467.22	00 15								X	
73	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,261.35									X	
77	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,261.35	00 15								X	
73	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	9,073.25									X	
77	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	9,073.25	00 15								X	
73	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,132.95									X	
77	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	9,132.95	00 15								X	
73	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	11,884.56									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	11,884.56	00 15								X	
73	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	842.88									X	
77	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	842.88	00 15								X	
73	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,067.11									X	
77	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,067.11	00 15								X	
73	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,679.48									X	
77	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,679.48	00 15								X	
73	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,942.36									X	
77	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,942.36	00 15								X	
73	37236	Insertion of intravascular stents in	2,819.17										
77	37236	Insertion of intravascular stents in	2,819.17	00 15									
73	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,321.85									X	
77	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,321.85	00 15								X	
73	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,495.64										
77	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,495.64	00 15									
73	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,728.35									X	
77	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,728.35	00 15								X	
73	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,742.73										
77	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,742.73	00 15									
73	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,230.83										
77	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	7,230.83	00 15									
73	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,709.03										
77	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,709.03	00 15									
73	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,670.35										
77	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,670.35	00 15									
73	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	1,870.58										
77	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	1,870.58	00 15									
73	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	566.23									X	
77	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	566.23	00 15								X	
73	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,393.81										
77	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,393.81	00 15									
73	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	455.01									X	
77	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	455.01	00 15								X	
73	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	964.52										
77	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	964.52	00 15									
73	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	171.79										
77	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	171.79	00 15									
73	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	685.88										
77	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	685.88	00 15									
73	37565	LIGATION OF NECK VEIN	774.51										
77	37565	LIGATION OF NECK VEIN	774.51	00 15									
73	37600	LIGATION OF NECK ARTERY	775.20										
77	37600	LIGATION OF NECK ARTERY	775.20	00 15									
73	37605	LIGATION OF NECK ARTERY	806.10										
77	37605	LIGATION OF NECK ARTERY	806.10	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	37606	LIGATION OF NECK ARTERY	789.47										
77	37606	LIGATION OF NECK ARTERY	789.47	00 15									
73	37607	LIGATION OR BANDING OF ANGIOACCESS A	400.81										
77	37607	LIGATION OR BANDING OF ANGIOACCESS A	400.81	00 15									
73	37609	TEMPORAL ARTERY PROCEDURE	324.11										
77	37609	TEMPORAL ARTERY PROCEDURE	324.11	00 15									
73	37615	LIGATION OF NECK ARTERY	572.53										
77	37615	LIGATION OF NECK ARTERY	572.53	00 15									
73	37616	LIGATE MAJOR ARTERY,CHEST	1,185.85										
77	37616	LIGATE MAJOR ARTERY,CHEST	1,185.85	00 15									
73	37617	LIGATION OF ABDOMEN ARTERY	1,421.38										
77	37617	LIGATION OF ABDOMEN ARTERY	1,421.38	00 15									
73	37618	LIGATION OF EXTREMITY ARTERY	415.51										
77	37618	LIGATION OF EXTREMITY ARTERY	415.51	00 15									
73	37619	LIGATION OF INFERIOR VENA CAVA	1,885.85										
77	37619	LIGATION OF INFERIOR VENA CAVA	1,885.85	00 15									
73	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	500.58										
77	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	500.58	00 15									
73	37660	REVISION OF MAJOR VEIN	1,431.78										
77	37660	REVISION OF MAJOR VEIN	1,431.78	00 15									
73	37700	REVISE LEG VEIN	262.14										
77	37700	REVISE LEG VEIN	262.14	00 15									
73	37718	LIGATE/STRIP SHORT LEG VEIN	426.65										
77	37718	LIGATE/STRIP SHORT LEG VEIN	426.65	00 15									
73	37722	LIGATE/STRIP LONG LEG VEIN	505.71										
77	37722	LIGATE/STRIP LONG LEG VEIN	505.71	00 15									
73	37735	REMOVAL OF LEG VEINS/LESION	633.61										
77	37735	REMOVAL OF LEG VEINS/LESION	633.61	00 15									
73	37760	REVISION OF LEG VEINS	627.74										
77	37760	REVISION OF LEG VEINS	627.74	00 15									
73	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	576.40										
77	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	576.40	00 15									
73	37765	PHLEB VEINS - EXTREM - TO 20	448.28										
77	37765	PHLEB VEINS - EXTREM - TO 20	448.28	00 15									
73	37766	PHLEB VEINS - EXTREM 20+	525.07										
77	37766	PHLEB VEINS - EXTREM 20+	525.07	00 15									
73	37780	REVISION OF LEG VEIN	253.07										
77	37780	REVISION OF LEG VEIN	253.07	00 15									
73	37785	REVISION OF LEG VEIN	372.01										
77	37785	REVISION OF LEG VEIN	372.01	00 15									
73	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,302.21				M						
77	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,302.21	00 15			M						
73	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	498.53				M						
77	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	498.53	00 15			M						
73	38100	REMOVAL OF SPLEEN	1,247.08										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	38100	REMOVAL OF SPLEEN	1,247.08	00	15									
73	38101	SPLENECTOMY;PARTIAL	1,268.87											
77	38101	SPLENECTOMY;PARTIAL	1,268.87	00	15									
73	38102	SPLENECTOMY;	282.52											
77	38102	SPLENECTOMY;	282.52	00	15									
73	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,408.86											
77	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,408.86	00	15									
73	38120	LAPAROSCOPY, SPLENECTOMY	1,143.79											
77	38120	LAPAROSCOPY, SPLENECTOMY	1,143.79	00	15									
73	38200	INJECTION FOR SPLEEN X-RAY	134.03											
77	38200	INJECTION FOR SPLEEN X-RAY	134.03	00	15									
73	38205	HARVEST ALLOGENIC STEM CELLS	86.55											
77	38205	HARVEST ALLOGENIC STEM CELLS	86.55	00	15									
73	38206	HARVEST AUTO STEM CELLS	85.58											
77	38206	HARVEST AUTO STEM CELLS	85.58	00	15									
73	38220	BONE MARROW ASPIRATION	154.03											
77	38220	BONE MARROW ASPIRATION	154.03	00	15									
73	38221	BONE MARROW BIOPSY	160.34											
77	38221	BONE MARROW BIOPSY	160.34	00	15									
73	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	174.01											
77	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	174.01	00	15									
73	38230	BONE MARROW HARVESTING FOR TRANSPLAN	216.89			X								
77	38230	BONE MARROW HARVESTING FOR TRANSPLAN	216.89	00	15	X								
73	38232	BONE MARROW HARVESTING FOR TRANSPLAN	208.08											
77	38232	BONE MARROW HARVESTING FOR TRANSPLAN	208.08	00	15									
73	38240	BONE MARROW TRANSPLANTATION	244.25											
77	38240	BONE MARROW TRANSPLANTATION	244.25	00	15									
73	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	180.37											
77	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	180.37	00	15	X								
73	38242	LYMPHOCYTE INFUSE TRANSPLANT	126.75											
77	38242	LYMPHOCYTE INFUSE TRANSPLANT	126.75	00	15									
73	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	123.58											
77	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	123.58	00	15									
73	38300	DRAINAGE LYMPH NODE LESION	349.82											
77	38300	DRAINAGE LYMPH NODE LESION	349.82	00	15									
73	38305	DRAINAGE LYMPH NODE LESION	526.59											
77	38305	DRAINAGE LYMPH NODE LESION	526.59	00	15									
73	38308	INCISION OF LYMPH CHANNELS	493.13											
77	38308	INCISION OF LYMPH CHANNELS	493.13	00	15									
73	38380	THORACIC DUCT PROCEDURE	593.07											
77	38380	THORACIC DUCT PROCEDURE	593.07	00	15									
73	38381	THORACIC DUCT PROCEDURE	860.29											
77	38381	THORACIC DUCT PROCEDURE	860.29	00	15									
73	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	730.68											
77	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	730.68	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	38500	BIOPSY/REMOVAL OF LYMPH NODE	353.69										
77	38500	BIOPSY/REMOVAL OF LYMPH NODE	353.69	00 15									
73	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	178.23										
77	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	178.23	00 15									
73	38510	BIOPSY/REMOVAL OF LYMPH NODE	552.67										
77	38510	BIOPSY/REMOVAL OF LYMPH NODE	552.67	00 15									
73	38520	BIOPSY/REMOVAL OF LYMPH NODE	493.85										
77	38520	BIOPSY/REMOVAL OF LYMPH NODE	493.85	00 15									
73	38525	BX,EXCISE-DEEP AXILLARY NODES	472.01										
77	38525	BX,EXCISE-DEEP AXILLARY NODES	472.01	00 15									
73	38530	BIOPSY/REMOVAL OF LYMPH NODE	593.33										
77	38530	BIOPSY/REMOVAL OF LYMPH NODE	593.33	00 15									
73	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	476.47										
77	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	476.47	00 15									
73	38542	DISSECTION: DEEP JUGULAR NODE	547.12										
77	38542	DISSECTION: DEEP JUGULAR NODE	547.12	00 15									
73	38550	REMOVAL NECK/ARMPIT LESION	558.45										
77	38550	REMOVAL NECK/ARMPIT LESION	558.45	00 15									
73	38555	REMOVAL NECK/ARMPIT LESION	1,107.21										
77	38555	REMOVAL NECK/ARMPIT LESION	1,107.21	00 15									
73	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	740.41										
77	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	740.41	00 15									
73	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	755.14										
77	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	755.14	00 15									
73	38570	LAPAROSCOPY, LYMPH NODE BIOP	541.89										
77	38570	LAPAROSCOPY, LYMPH NODE BIOP	541.89	00 15									
73	38571	LAPAROSCOPY, LYMPHADENECTOMY	686.36										
77	38571	LAPAROSCOPY, LYMPHADENECTOMY	686.36	00 15									
73	38572	LAPAROSCOPY, LYMPHADENECTOMY	951.38										
77	38572	LAPAROSCOPY, LYMPHADENECTOMY	951.38	00 15									
73	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,231.86										
77	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,231.86	00 15									
73	38700	REMOVAL OF LYMPH NODES, NECK	840.93										
77	38700	REMOVAL OF LYMPH NODES, NECK	840.93	00 15									
73	38720	REMOVAL OF LYMPH NODES, NECK	1,407.24										
77	38720	REMOVAL OF LYMPH NODES, NECK	1,407.24	00 15									
73	38724	CERVICAL LYMPHADENECTOMY	1,514.31										
77	38724	CERVICAL LYMPHADENECTOMY	1,514.31	00 15									
73	38740	REMOVE ARMPIT LYMPH NODES	753.66										
77	38740	REMOVE ARMPIT LYMPH NODES	753.66	00 15									
73	38745	REMOVE ARMPITS LYMPH NODES	950.73										
77	38745	REMOVE ARMPITS LYMPH NODES	950.73	00 15									
73	38746	THORACIC LYMPHADENECTOMY BY THORACOT	233.31										
77	38746	THORACIC LYMPHADENECTOMY BY THORACOT	233.31	00 15									
73	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	290.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	290.29	00 15									
73	38760	REMOVE GROIN LYMPH NODES	891.51										
77	38760	REMOVE GROIN LYMPH NODES	891.51	00 15									
73	38765	REMOVE GROIN LYMPH NODES	1,395.76										
77	38765	REMOVE GROIN LYMPH NODES	1,395.76	00 15									
73	38770	REMOVE PELVIS LYMPH NODES	839.09										
77	38770	REMOVE PELVIS LYMPH NODES	839.09	00 15									
73	38780	REMOVE ABDOMEN LYMPH NODES	1,093.92										
77	38780	REMOVE ABDOMEN LYMPH NODES	1,093.92	00 15									
73	38790	INJECTION FOR LYMPHATIC XRAY	83.92										
77	38790	INJECTION FOR LYMPHATIC XRAY	83.92	00 15									
73	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	82.58										
77	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	82.58	00 15									
73	38794	ACCESS THORACIC LYMPH DUCT	295.88										
77	38794	ACCESS THORACIC LYMPH DUCT	295.88	00 15									
73	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	149.95										
77	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	149.95	00 15									
73	39000	EXPLORATION OF MEDIASTINUM	528.00										
77	39000	EXPLORATION OF MEDIASTINUM	528.00	00 15									
73	39010	EXPLORATION OF MEDIASTINUM	843.70										
77	39010	EXPLORATION OF MEDIASTINUM	843.70	00 15									
73	39200	RESECTION OF MEDIASTINAL CYST	935.83										
77	39200	RESECTION OF MEDIASTINAL CYST	935.83	00 15									
73	39220	RESECTION OF MEDIASTINAL TUMOR	1,211.09										
77	39220	RESECTION OF MEDIASTINAL TUMOR	1,211.09	00 15									
73	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	331.50										
77	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	331.50	00 15									
73	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	433.64										
77	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	433.64	00 15									
73	39501	REPAIR, LACERATION OF DIAPHRAGM	919.26										
77	39501	REPAIR, LACERATION OF DIAPHRAGM	919.26	00 15									
73	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,300.80	00 00									
77	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,300.80	00 00									
73	39540	REPAIR OF DIAPHRAGM HERNIA	933.28										
77	39540	REPAIR OF DIAPHRAGM HERNIA	933.28	00 15									
73	39541	REPAIR OF DIAPHRAGM HERNIA	1,016.12										
77	39541	REPAIR OF DIAPHRAGM HERNIA	1,016.12	00 15									
73	39545	REVISION OF DIAPHRAGM	959.90										
77	39545	REVISION OF DIAPHRAGM	959.90	00 15									
73	39560	RESECT DIAPHRAGM, SIMPLE	854.42										
77	39560	RESECT DIAPHRAGM, SIMPLE	854.42	00 15									
73	39561	RESECT DIAPHRAGM, COMPLEX	1,332.28										
77	39561	RESECT DIAPHRAGM, COMPLEX	1,332.28	00 15									
73	40490	BIOPSY OF LIP	122.68										
77	40490	BIOPSY OF LIP	122.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	40500	VERMILIONECTOMY (LIP SHAVE)	527.73										
77	40500	VERMILIONECTOMY (LIP SHAVE)	527.73	00 15									
73	40510	PARTIAL EXCISION OF LIP	497.20										
77	40510	PARTIAL EXCISION OF LIP	497.20	00 15									
73	40520	PARTIAL EXCISION OF LIP	510.38										
77	40520	PARTIAL EXCISION OF LIP	510.38	00 15									
73	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	568.93										
77	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	568.93	00 15									
73	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	648.09										
77	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	648.09	00 15									
73	40530	PARTIAL REMOVAL OF LIP	569.60										
77	40530	PARTIAL REMOVAL OF LIP	569.60	00 15									
73	40650	REPAIR LIP	487.88										
77	40650	REPAIR LIP	487.88	00 15									
73	40652	REPAIR LIP	523.25										
77	40652	REPAIR LIP	523.25	00 15									
73	40654	REPAIR LIP	590.36										
77	40654	REPAIR LIP	590.36	00 15									
73	40700	REPAIR CLEFT LIP	1,047.30										
77	40700	REPAIR CLEFT LIP	1,047.30	00 15									
73	40701	REPAIR CLEFT LIP	1,239.73										
77	40701	REPAIR CLEFT LIP	1,239.73	00 15									
73	40702	REPAIR CLEFT LIP	1,039.73										
77	40702	REPAIR CLEFT LIP	1,039.73	00 15									
73	40720	REPAIR CLEFT LIP	1,067.40										
77	40720	REPAIR CLEFT LIP	1,067.40	00 15									
73	40761	REPAIR CLEFT LIP	1,125.59										
77	40761	REPAIR CLEFT LIP	1,125.59	00 15									
73	40800	DRAINAGE OF MOUTH LESION	201.97										
77	40800	DRAINAGE OF MOUTH LESION	201.97	00 15									
73	40801	DRAINAGE OF MOUTH LESION	289.21										
77	40801	DRAINAGE OF MOUTH LESION	289.21	00 15									
73	40804	REMOVAL FOREIGN BODY, MOUTH	186.50										
77	40804	REMOVAL FOREIGN BODY, MOUTH	186.50	00 15									
73	40805	REMOVAL FOREIGN BODY, MOUTH	284.80										
77	40805	REMOVAL FOREIGN BODY, MOUTH	284.80	00 15									
73	40806	INCISION OF LIP FOLD	97.38										
77	40806	INCISION OF LIP FOLD	97.38	00 15									
73	40808	BIOPSY OF MOUTH LESION	167.24										
77	40808	BIOPSY OF MOUTH LESION	167.24	00 15									
73	40810	EXCISION OF MOUTH LESION	215.88										
77	40810	EXCISION OF MOUTH LESION	215.88	00 15									
73	40812	EXCISE/REPAIR MOUTH LESION	286.30										
77	40812	EXCISE/REPAIR MOUTH LESION	286.30	00 15									
73	40814	EXCISE/REPAIR MOUTH LESION	374.95										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	40814	EXCISE/REPAIR MOUTH LESION	374.95	00 15									
73	40816	EXCISION OF MOUTH LESION	402.66										
77	40816	EXCISION OF MOUTH LESION	402.66	00 15									
73	40818	EXCISE ORAL MUCOSA FOR GRAFT	366.49										
77	40818	EXCISE ORAL MUCOSA FOR GRAFT	366.49	00 15									
73	40819	EXCISE LIP OR CHEEK FOLD	269.00										
77	40819	EXCISE LIP OR CHEEK FOLD	269.00	00 15									
73	40820	TREATMENT OF MOUTH LESION	259.78										
77	40820	TREATMENT OF MOUTH LESION	259.78	00 15									
73	40830	REPAIR MOUTH LACERATION	236.71										
77	40830	REPAIR MOUTH LACERATION	236.71	00 15									
73	40831	REPAIR MOUTH LACERATION	312.90										
77	40831	REPAIR MOUTH LACERATION	312.90	00 15									
73	40840	RECONSTRUCTION OF MOUTH	882.47										
77	40840	RECONSTRUCTION OF MOUTH	882.47	00 15									
73	40842	RECONSTRUCTION OF MOUTH	951.27										
77	40842	RECONSTRUCTION OF MOUTH	951.27	00 15									
73	40843	RECONSTRUCTION OF MOUTH	1,230.80										
77	40843	RECONSTRUCTION OF MOUTH	1,230.80	00 15									
73	40844	RECONSTRUCTION OF MOUTH	1,545.72										
77	40844	RECONSTRUCTION OF MOUTH	1,545.72	00 15									
73	40845	RECONSTRUCTION OF MOUTH	1,527.88										
77	40845	RECONSTRUCTION OF MOUTH	1,527.88	00 15									
73	41000	DRAINAGE OF MOUTH LESION	152.54										
77	41000	DRAINAGE OF MOUTH LESION	152.54	00 15									
73	41005	DRAINAGE OF MOUTH LESION	212.89										
77	41005	DRAINAGE OF MOUTH LESION	212.89	00 15									
73	41006	DRAINAGE OF MOUTH LESION	362.94										
77	41006	DRAINAGE OF MOUTH LESION	362.94	00 15									
73	41007	DRAINAGE OF MOUTH LESION	328.03										
77	41007	DRAINAGE OF MOUTH LESION	328.03	00 15									
73	41008	DRAINAGE OF MOUTH LESION	390.85										
77	41008	DRAINAGE OF MOUTH LESION	390.85	00 15									
73	41009	DRAINAGE OF MOUTH LESION	421.81										
77	41009	DRAINAGE OF MOUTH LESION	421.81	00 15									
73	41010	INCISION OF TONGUE FOLD	218.14										
77	41010	INCISION OF TONGUE FOLD	218.14	00 15									
73	41015	DRAINAGE OF MOUTH LESION	399.42										
77	41015	DRAINAGE OF MOUTH LESION	399.42	00 15									
73	41016	DRAINAGE OF MOUTH LESION	472.71										
77	41016	DRAINAGE OF MOUTH LESION	472.71	00 15									
73	41017	DRAINAGE OF MOUTH LESION	466.07										
77	41017	DRAINAGE OF MOUTH LESION	466.07	00 15									
73	41018	DRAINAGE OF MOUTH LESION	525.26										
77	41018	DRAINAGE OF MOUTH LESION	525.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	492.27										
77	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	492.27	00 15									
73	41100	BIOPSY OF TONGUE	188.49										
77	41100	BIOPSY OF TONGUE	188.49	00 15									
73	41105	BIOPSY OF TONGUE	188.29										
77	41105	BIOPSY OF TONGUE	188.29	00 15									
73	41108	BIOPSY OF FLOOR OF MOUTH	167.35										
77	41108	BIOPSY OF FLOOR OF MOUTH	167.35	00 15									
73	41110	EXCISION OF TONGUE LESION	230.39										
77	41110	EXCISION OF TONGUE LESION	230.39	00 15									
73	41112	EXCISION OF TONGUE LESION	340.12										
77	41112	EXCISION OF TONGUE LESION	340.12	00 15									
73	41113	EXCISION OF TONGUE LESION	367.07										
77	41113	EXCISION OF TONGUE LESION	367.07	00 15									
73	41114	EXCISE TONGUE LESION/LOCAL FLP	627.99										
77	41114	EXCISE TONGUE LESION/LOCAL FLP	627.99	00 15									
73	41115	EXCISION OF TONGUE FOLD	263.62										
77	41115	EXCISION OF TONGUE FOLD	263.62	00 15									
73	41116	EXCISION OF MOUTH LESION	336.03										
77	41116	EXCISION OF MOUTH LESION	336.03	00 15									
73	41120	PARTIAL REMOVAL OF TONGUE	1,082.87										
77	41120	PARTIAL REMOVAL OF TONGUE	1,082.87	00 15									
73	41130	PARTIAL REMOVAL OF TONGUE	1,343.50										
77	41130	PARTIAL REMOVAL OF TONGUE	1,343.50	00 15									
73	41135	TONGUE AND NECK SURGERY	2,225.82										
77	41135	TONGUE AND NECK SURGERY	2,225.82	00 15									
73	41140	REMOVAL OF TONGUE	2,243.84										
77	41140	REMOVAL OF TONGUE	2,243.84	00 15									
73	41145	TONGUE REMOVAL; NECK SURGERY	2,834.59										
77	41145	TONGUE REMOVAL; NECK SURGERY	2,834.59	00 15									
73	41150	TONGUE, MOUTH, JAW SURGERY	2,259.71										
77	41150	TONGUE, MOUTH, JAW SURGERY	2,259.71	00 15									
73	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,463.60										
77	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,463.60	00 15									
73	41155	TONGUE, JAW, & NECK SURGERY	3,090.00										
77	41155	TONGUE, JAW, & NECK SURGERY	3,090.00	00 15									
73	41250	REPAIR TONGUE LACERATION	286.81										
77	41250	REPAIR TONGUE LACERATION	286.81	00 15									
73	41251	REPAIR TONGUE LACERATION	318.06										
77	41251	REPAIR TONGUE LACERATION	318.06	00 15									
73	41252	REPAIR TONGUE LACERATION	334.94										
77	41252	REPAIR TONGUE LACERATION	334.94	00 15									
73	41510	TONGUE TO LIP SURGERY	457.34										
77	41510	TONGUE TO LIP SURGERY	457.34	00 15									
73	41512	TONGUE BASE SUSPENSION, PERMANENT SU	680.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	41512	TONGUE BASE SUSPENSION, PERMANENT SU	680.21	00 15									
73	41520	RECONSTRUCTION, TONGUE FOLD	368.37										
77	41520	RECONSTRUCTION, TONGUE FOLD	368.37	00 15									
73	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	930.70										
77	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	930.70	00 15									
73	41800	DRAINAGE OF GUM LESION	289.23										
77	41800	DRAINAGE OF GUM LESION	289.23	00 15									
73	41805	REMOVAL FOREIGN BODY, GUM	309.28										
77	41805	REMOVAL FOREIGN BODY, GUM	309.28	00 15									
73	41806	REMOVAL FOREIGN BODY,JAWBONE	411.10										
77	41806	REMOVAL FOREIGN BODY,JAWBONE	411.10	00 15									
73	41822	EXCISION OF GUM LESION	355.51										
77	41822	EXCISION OF GUM LESION	355.51	00 15									
73	41823	EXCISION OF GUM LESION	531.16										
77	41823	EXCISION OF GUM LESION	531.16	00 15									
73	41825	EXCISION OF GUM LESION	218.27										
77	41825	EXCISION OF GUM LESION	218.27	00 15									
73	41826	EXCISION OF GUM LESION	304.52										
77	41826	EXCISION OF GUM LESION	304.52	00 15									
73	41827	EXCISION OF GUM LESION	436.13										
77	41827	EXCISION OF GUM LESION	436.13	00 15									
73	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	358.23									X	
77	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	358.23	00 15								X	
73	41830	REMOVAL OF GUM TISSUE	472.86										
77	41830	REMOVAL OF GUM TISSUE	472.86	00 15									
73	41872	REPAIR GUM	470.50										
77	41872	REPAIR GUM	470.50	00 15									
73	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	386.25									X	
77	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	386.25	00 15								X	
73	42000	DRAINAGE MOUTH ROOF LESION	162.42										
77	42000	DRAINAGE MOUTH ROOF LESION	162.42	00 15									
73	42100	BIOPSY ROOF OF MOUTH	148.60										
77	42100	BIOPSY ROOF OF MOUTH	148.60	00 15									
73	42104	EXCISION LESION, MOUTH ROOF	217.43										
77	42104	EXCISION LESION, MOUTH ROOF	217.43	00 15									
73	42106	EXCISION LESION, MOUTH ROOF	258.87										
77	42106	EXCISION LESION, MOUTH ROOF	258.87	00 15									
73	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	464.57										
77	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	464.57	00 15									
73	42120	REMOVE PALATE/LESION	1,030.21										
77	42120	REMOVE PALATE/LESION	1,030.21	00 15									
73	42140	EXCISION OF UVULA	311.08										
77	42140	EXCISION OF UVULA	311.08	00 15									
73	42145	PALATOPHARYNGOPLASTY	709.97										
77	42145	PALATOPHARYNGOPLASTY	709.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	42160	TREATMENT MOUTH ROOF LESION	234.32										
77	42160	TREATMENT MOUTH ROOF LESION	234.32	00 15									
73	42180	REPAIR PALATE	260.24										
77	42180	REPAIR PALATE	260.24	00 15									
73	42182	REPAIR PALATE	340.27										
77	42182	REPAIR PALATE	340.27	00 15									
73	42200	RECONSTRUCT CLEFT PALATE	963.21										
77	42200	RECONSTRUCT CLEFT PALATE	963.21	00 15									
73	42205	RECONSTRUCT CLEFT PALATE	1,006.44										
77	42205	RECONSTRUCT CLEFT PALATE	1,006.44	00 15									
73	42210	RECONSTRUCT CLEFT PALATE	1,122.67										
77	42210	RECONSTRUCT CLEFT PALATE	1,122.67	00 15									
73	42215	RECONSTRUCT CLEFT PALATE	727.00										
77	42215	RECONSTRUCT CLEFT PALATE	727.00	00 15									
73	42220	RECONSTRUCT CLEFT PALATE	597.01										
77	42220	RECONSTRUCT CLEFT PALATE	597.01	00 15									
73	42225	RECONSTRUCT CLEFT PALATE	1,006.66										
77	42225	RECONSTRUCT CLEFT PALATE	1,006.66	00 15									
73	42226	LENGTHENING OF PALATE, AND PHARYNGEA	925.18										
77	42226	LENGTHENING OF PALATE, AND PHARYNGEA	925.18	00 15									
73	42227	LENGTHEN PALATE, WITH ISLAND FLAP	863.45										
77	42227	LENGTHEN PALATE, WITH ISLAND FLAP	863.45	00 15									
73	42235	REPAIR PALATE	755.46										
77	42235	REPAIR PALATE	755.46	00 15									
73	42260	REPAIR NOSE TO LIP FISTULA	880.20										
77	42260	REPAIR NOSE TO LIP FISTULA	880.20	00 15									
73	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	177.59										
77	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	177.59	00 15									
73	42281	INSERT PIN-RETAINED PALATAL PROSTH.	226.11										
77	42281	INSERT PIN-RETAINED PALATAL PROSTH.	226.11	00 15									
73	42300	DRAINAGE OF SALIVARY GLAND	217.92										
77	42300	DRAINAGE OF SALIVARY GLAND	217.92	00 15									
73	42305	DRAINAGE OF SALIVARY GLAND	440.09										
77	42305	DRAINAGE OF SALIVARY GLAND	440.09	00 15									
73	42310	DRAINAGE OF SALIVARY GLAND	172.48										
77	42310	DRAINAGE OF SALIVARY GLAND	172.48	00 15									
73	42320	DRAINAGE OF SALIVARY GLAND	265.44										
77	42320	DRAINAGE OF SALIVARY GLAND	265.44	00 15									
73	42330	REMOVAL OF SALIVARY STONE	236.17										
77	42330	REMOVAL OF SALIVARY STONE	236.17	00 15									
73	42335	REMOVAL OF SALIVARY STONE	435.47										
77	42335	REMOVAL OF SALIVARY STONE	435.47	00 15									
73	42340	REMOVAL OF SALIVARY STONE	539.90										
77	42340	REMOVAL OF SALIVARY STONE	539.90	00 15									
73	42400	BIOPSY OF SALIVARY GLAND	98.66									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	42400	BIOPSY OF SALIVARY GLAND	98.66	00 15								X	
73	42405	BIOPSY OF SALIVARY GLAND	308.14										
77	42405	BIOPSY OF SALIVARY GLAND	308.14	00 15									
73	42408	EXCISION OF SALIVARY CYST	546.20										
77	42408	EXCISION OF SALIVARY CYST	546.20	00 15									
73	42409	DRAINAGE OF SALIVARY CYST	398.46										
77	42409	DRAINAGE OF SALIVARY CYST	398.46	00 15									
73	42410	EXCISE PAROTID GLAND/LESION	654.96										
77	42410	EXCISE PAROTID GLAND/LESION	654.96	00 15									
73	42415	EXCISE PAROTID GLAND/LESION	1,101.43										
77	42415	EXCISE PAROTID GLAND/LESION	1,101.43	00 15									
73	42420	EXCISE PAROTID GLAND/LESION	1,236.20										
77	42420	EXCISE PAROTID GLAND/LESION	1,236.20	00 15									
73	42425	EXCISE PAROTID GLAND/LESION	871.93										
77	42425	EXCISE PAROTID GLAND/LESION	871.93	00 15									
73	42426	EXCISE PAROTID GLAND/LESION	1,411.02										
77	42426	EXCISE PAROTID GLAND/LESION	1,411.02	00 15									
73	42440	EXCISION SUBMAXILLARY GLAND	429.38										
77	42440	EXCISION SUBMAXILLARY GLAND	429.38	00 15									
73	42450	EXCISION SUBLINGUAL GLAND	479.74										
77	42450	EXCISION SUBLINGUAL GLAND	479.74	00 15									
73	42500	REPAIR SALIVARY DUCT	455.94										
77	42500	REPAIR SALIVARY DUCT	455.94	00 15									
73	42505	REPAIR SALIVARY DUCT	586.02										
77	42505	REPAIR SALIVARY DUCT	586.02	00 15									
73	42507	PAROTID DUCT DIVERSION	507.75										
77	42507	PAROTID DUCT DIVERSION	507.75	00 15									
73	42509	PAROTID DUCT DIVERSION	846.26										
77	42509	PAROTID DUCT DIVERSION	846.26	00 15									
73	42510	CREATION OF NEW DRAINAGE TRACTS OF M	626.77										
77	42510	CREATION OF NEW DRAINAGE TRACTS OF M	626.77	00 15									
73	42550	INJECTION FOR SALIVARY X-RAY	158.54									X	
77	42550	INJECTION FOR SALIVARY X-RAY	158.54	00 15								X	
73	42600	CLOSURE OF SALIVARY FISTULA	553.50										
77	42600	CLOSURE OF SALIVARY FISTULA	553.50	00 15									
73	42650	DILATION OF SALIVARY DUCT	75.91										
77	42650	DILATION OF SALIVARY DUCT	75.91	00 15									
73	42660	DILATION OF SALIVARY DUCT	120.22										
77	42660	DILATION OF SALIVARY DUCT	120.22	00 15									
73	42665	LIGATION OF SALIVARY DUCT	378.49										
77	42665	LIGATION OF SALIVARY DUCT	378.49	00 15									
73	42700	DRAINAGE OF TONSIL ABSCESS	194.55										
77	42700	DRAINAGE OF TONSIL ABSCESS	194.55	00 15									
73	42720	DRAINAGE OF THROAT ABSCESS	463.87										
77	42720	DRAINAGE OF THROAT ABSCESS	463.87	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	42725	DRAINAGE OF THROAT ABSCESS	828.86											
77	42725	DRAINAGE OF THROAT ABSCESS	828.86	00	15									
73	42800	BIOPSY OF THROAT	159.83											
77	42800	BIOPSY OF THROAT	159.83	00	15									
73	42804	BIOPSY OF UPPER NOSE/THROAT	215.69											
77	42804	BIOPSY OF UPPER NOSE/THROAT	215.69	00	15									
73	42806	BIOPSY OF UPPER NOSE/THROAT	240.31											
77	42806	BIOPSY OF UPPER NOSE/THROAT	240.31	00	15									
73	42808	EXCISE PHARYNX LESION	234.89											
77	42808	EXCISE PHARYNX LESION	234.89	00	15									
73	42809	REMOVE PHARYNX FOREIGN BODY	206.15											
77	42809	REMOVE PHARYNX FOREIGN BODY	206.15	00	15									
73	42810	EXCISION OF NECK CYST	392.10											
77	42810	EXCISION OF NECK CYST	392.10	00	15									
73	42815	EXCISION OF NECK CYST	556.40											
77	42815	EXCISION OF NECK CYST	556.40	00	15									
73	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	299.89	00	11									
77	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	299.89	00	11									
73	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	312.66	12	99									
77	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	312.66	12	15									
73	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	274.47	00	11									
77	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	274.47	00	11									
73	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	262.11	12	99									
77	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	262.11	12	15									
73	42830	ADENOIDECTOMY,PRIMARY;<12	216.66	00	11									
77	42830	ADENOIDECTOMY,PRIMARY;<12	216.66	00	11									
73	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	234.62	12	99									
77	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	234.62	12	15									
73	42835	ADENOIDECTOMY,SECONDARY;<12	200.79	00	11									
77	42835	ADENOIDECTOMY,SECONDARY;<12	200.79	00	11									
73	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	249.45	12	99									
77	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	249.45	12	15									
73	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,037.72											
77	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,037.72	00	15									
73	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,410.79											
77	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,410.79	00	15									
73	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,283.68											
77	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,283.68	00	15									
73	42860	EXCISION OF TONSIL TAGS	196.20											
77	42860	EXCISION OF TONSIL TAGS	196.20	00	15									
73	42870	EXCISION OF LINGUAL TONSIL	598.42											
77	42870	EXCISION OF LINGUAL TONSIL	598.42	00	15									
73	42890	PARTIAL REMOVAL OF PHARYNX	1,463.40											
77	42890	PARTIAL REMOVAL OF PHARYNX	1,463.40	00	15									
73	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,933.62											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,933.62	00 15									
73	42894	REMOVAL OF THROAT TISSUE	2,443.51										
77	42894	REMOVAL OF THROAT TISSUE	2,443.51	00 15									
73	42900	REPAIR THROAT WOUND	343.97										
77	42900	REPAIR THROAT WOUND	343.97	00 15									
73	42950	RECONSTRUCTION OF THROAT	813.70										
77	42950	RECONSTRUCTION OF THROAT	813.70	00 15									
73	42953	PHARYNGOESOPHAGEAL REPAIR	972.76										
77	42953	PHARYNGOESOPHAGEAL REPAIR	972.76	00 15									
73	42955	SURGICAL OPENING OF THROAT	773.13										
77	42955	SURGICAL OPENING OF THROAT	773.13	00 15									
73	42960	CONTROL THROAT BLEEDING	166.52									X	
77	42960	CONTROL THROAT BLEEDING	166.52	00 15								X	
73	42961	CONTROL THROAT BLEEDING	431.37									X	
77	42961	CONTROL THROAT BLEEDING	431.37	00 15								X	
73	42962	CONTROL THROAT BLEEDING	531.14									X	
77	42962	CONTROL THROAT BLEEDING	531.14	00 15								X	
73	42970	CONTROL NOSE/THROAT BLEEDING	424.63										
77	42970	CONTROL NOSE/THROAT BLEEDING	424.63	00 15									
73	42971	CONTROL NOSE/THROAT BLEEDING	468.75										
77	42971	CONTROL NOSE/THROAT BLEEDING	468.75	00 15									
73	42972	CONTROL NOSE/THROAT BLEEDING	524.21										
77	42972	CONTROL NOSE/THROAT BLEEDING	524.21	00 15									
73	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	116.71										
77	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	116.71	00 15									
73	43020	INCISION OF ESOPHAGUS	607.73										
77	43020	INCISION OF ESOPHAGUS	607.73	00 15									
73	43030	THROAT MUSCLE SURGERY	543.36										
77	43030	THROAT MUSCLE SURGERY	543.36	00 15									
73	43045	INCISION OF ESOPHAGUS	1,399.52										
77	43045	INCISION OF ESOPHAGUS	1,399.52	00 15									
73	43100	EXCISION OF ESOPHAGUS LESION	658.03										
77	43100	EXCISION OF ESOPHAGUS LESION	658.03	00 15									
73	43101	EXCISION OF ESOPHAGUS LESION	1,082.93										
77	43101	EXCISION OF ESOPHAGUS LESION	1,082.93	00 15									
73	43107	REMOVAL OF ESOPHAGUS	3,205.77										
77	43107	REMOVAL OF ESOPHAGUS	3,205.77	00 15									
73	43108	REMOVAL OF ESOPHAGUS	4,814.08										
77	43108	REMOVAL OF ESOPHAGUS	4,814.08	00 15									
73	43112	REMOVAL OF ESOPHAGUS	3,747.67										
77	43112	REMOVAL OF ESOPHAGUS	3,747.67	00 15									
73	43113	REMOVAL OF ESOPHAGUS	4,697.24										
77	43113	REMOVAL OF ESOPHAGUS	4,697.24	00 15									
73	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,385.15										
77	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,385.15	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,510.35										
77	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,510.35	00 15									
73	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,923.26										
77	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,923.26	00 15									
73	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,082.11										
77	43121	PARTIAL REMOVAL OF ESOPHAGUS	3,082.11	00 15									
73	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,759.07										
77	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,759.07	00 15									
73	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,870.81										
77	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,870.81	00 15									
73	43124	REMOVAL OF ESOPHAGUS	4,109.78										
77	43124	REMOVAL OF ESOPHAGUS	4,109.78	00 15									
73	43130	REMOVAL OF ESOPHAGUS POUCH	834.17										
77	43130	REMOVAL OF ESOPHAGUS POUCH	834.17	00 15									
73	43135	REMOVAL OF ESOPHAGUS POUCH	1,586.22										
77	43135	REMOVAL OF ESOPHAGUS POUCH	1,586.22	00 15									
73	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	570.23										
77	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	570.23	00 15									
73	43191	Diagnostic examination of esophagus	160.24										
77	43191	Diagnostic examination of esophagus	160.24	00 15									
73	43192	Injections of substance in tissue li	175.45										
77	43192	Injections of substance in tissue li	175.45	00 15									
73	43193	Biopsy of esophagus using an endosco	175.11										
77	43193	Biopsy of esophagus using an endosco	175.11	00 15									
73	43194	Removal of foreign body of esophagus	203.31										
77	43194	Removal of foreign body of esophagus	203.31	00 15									
73	43195	Balloon dilation of esophagus using	190.59										
77	43195	Balloon dilation of esophagus using	190.59	00 15									
73	43196	Insertion of wire and dilation of es	201.28										
77	43196	Insertion of wire and dilation of es	201.28	00 15									
73	43197	Diagnostic examination of esophagus	195.25										
77	43197	Diagnostic examination of esophagus	195.25	00 15									
73	43198	Biopsy of esophagus using an endosco	215.50										
77	43198	Biopsy of esophagus using an endosco	215.50	00 15									
73	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	267.00										
77	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	267.00	00 15									
73	43201	INJECTIONS INTO ESOPHAGUS USING AN E	265.06										
77	43201	INJECTIONS INTO ESOPHAGUS USING AN E	265.06	00 15									
73	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	364.91										
77	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	364.91	00 15									
73	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	137.73										
77	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	137.73	00 15									
73	43205	TYING OF ESOPHAGEAL VEINS USING AN E	143.15										
77	43205	TYING OF ESOPHAGEAL VEINS USING AN E	143.15	00 15									
73	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	307.95										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	307.95	00 15									
73	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	454.83										
77	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	454.83	00 15									
73	43211	Removal of tissue lining of esophagu	240.15										
77	43211	Removal of tissue lining of esophagu	240.15	00 15									
73	43212	Placement of stent on esophagus usin	198.85										
77	43212	Placement of stent on esophagus usin	198.85	00 15									
73	43213	Dilation of esophagus using an endos	1,268.52										
77	43213	Dilation of esophagus using an endos	1,268.52	00 15									
73	43214	Balloon dilation of esophagus using	199.35										
77	43214	Balloon dilation of esophagus using	199.35	00 15									
73	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	404.04										
77	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	404.04	00 15									
73	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	419.18										
77	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	419.18	00 15									
73	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	430.05										
77	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	430.05	00 15									
73	43220	BALLOON DILATION OF ESOPHAGUS USING	919.12										
77	43220	BALLOON DILATION OF ESOPHAGUS USING	919.12	00 15									
73	43226	INSERTION OF GUIDE WIRE FOR DILATION	393.70										
77	43226	INSERTION OF GUIDE WIRE FOR DILATION	393.70	00 15									
73	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	608.62										
77	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	608.62	00 15									
73	43229	Destruction of growths of esophagus	729.22										
77	43229	Destruction of growths of esophagus	729.22	00 15									
73	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	162.25										
77	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	162.25	00 15									
73	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	204.58										
77	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	204.58	00 15									
73	43233	Balloon dilation of esophagus, stoma	239.09										
77	43233	Balloon dilation of esophagus, stoma	239.09	00 15									
73	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	302.63										
77	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	302.63	00 15									
73	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	409.77										
77	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	409.77	00 15									
73	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	201.06										
77	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	201.06	00 15									
73	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	237.59										
77	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	237.59	00 15									
73	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	385.43										
77	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	385.43	00 15									
73	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	402.53										
77	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	402.53	00 15									
73	43241	INSERTION OF CATHETER OR TUBE IN ESO	146.77										
77	43241	INSERTION OF CATHETER OR TUBE IN ESO	146.77	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	269.95										
77	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	269.95	00 15									
73	43243	INJECTION OF DILATED VEINS OF STOMAC	243.94										
77	43243	INJECTION OF DILATED VIENS OF STOMAC	243.94	00 15									
73	43244	TYING OF DILATED VEINS OF STOMACH AN	251.03										
77	43244	TYING OF DILATED VEINS OF STOMACH AN	251.03	00 15									
73	43245	DILATION OF STOMACH OUTLET USING AN	610.89										
77	43245	DILATION OF STOMACH OUTLET USING AN	610.89	00 15									
73	43246	INSERTION OF STOMACH TUBE USING AN E	208.49										
77	43246	INSERTION OF STOMACH TUBE USING AN E	208.49	00 15									
73	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	393.62										
77	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	393.62	00 15									
73	43248	INSERTION OF GUIDE WIRE WITH DILATIO	422.71										
77	43248	INSERTION OF GUIDE WIRE WITH DILATIO	422.71	00 15									
73	43249	BALLOON DILATION OF ESOPHAGUS USING	1,109.64										
77	43249	BALLOON DILATION OF ESOPHAGUS USING	1,109.64	00 15									
73	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	465.24										
77	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	465.24	00 15									
73	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	509.14										
77	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	509.14	00 15									
73	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	346.55										
77	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	346.55	00 15									
73	43253	Injection of diagnostic or therapeut	269.62										
77	43253	Injection of diagnostic or therapeut	269.62	00 15									
73	43254	Removal of tissue lining of esophagu	278.52										
77	43254	Removal of tissue lining of esophagu	278.52	00 15									
73	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	643.39										
77	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	643.39	00 15									
73	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	241.99										
77	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	241.99	00 15									
73	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	230.76										
77	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	230.76	00 15									
73	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	331.41										
77	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	331.41	00 15									
73	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	347.36										
77	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	347.36	00 15									
73	43262	OPERATIVE UPPER GI ENDOSCOPY	367.82										
77	43262	OPERATIVE UPPER GI ENDOSCOPY	367.82	00 15									
73	43263	PRESSURE MEASUREMENT OF PANCREATIC O	367.82										
77	43263	PRESSURE MEASUREMENT OF PANCREATIC O	367.82	00 15									
73	43264	REMOVAL OF STONE FROM BILE OR PANCRE	373.93										
77	43264	REMOVAL OF STONE FROM BILE OR PANCRE	373.93	00 15									
73	43265	DESTRUCTION OF STONE IN BILE OR PANC	446.44										
77	43265	DESTRUCTION OF STONE IN BILE OR PANC	446.44	00 15									
73	43266	Placement of stent in esophagus, sto	225.37										

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	43266	Placement of stent in esophagus, sto	225.37	00	15									
73	43270	Destruction of growths on esophagus,	748.64											
77	43270	Destruction of growths on esophagus,	748.64	00	15									
73	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	123.04											
77	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	123.04	00	15									
73	43274	Placement of stent pancreatic or bil	476.08											
77	43274	Placement of stent pancreatic or bil	476.08	00	15									
73	43275	Removal of foreign body or stent fro	386.71											
77	43275	Removal of foreign body or stent fro	386.71	00	15									
73	43276	Replacement of stent pancreatic or b	495.61											
77	43276	Replacement of stent pancreatic or b	495.61	00	15									
73	43277	Balloon dilation of pancreatic or bi	389.06											
77	43277	Balloon dilation of pancreatic or bi	389.06	00	15									
73	43278	Destruction of mass on gallbladder,	445.77											
77	43278	Destruction of mass on gallbladder,	445.77	00	15									
73	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,396.54											
77	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,396.54	00	15									
73	43280	LAPAROSCOPY, FUNDOPLASTY	1,171.97											
77	43280	LAPAROSCOPY, FUNDOPLASTY	1,171.97	00	15									
73	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,676.96											
77	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,676.96	00	15									
73	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,886.61											
77	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,886.61	00	15									
73	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	173.08											
77	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	173.08	00	15									
73	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	705.13											
77	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	705.13	00	15									
73	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	726.93											
77	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	726.93	00	15									
73	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,432.72											
77	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,432.72	00	15									
73	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,838.17											
77	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,838.17	00	15									
73	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,036.07											
77	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	4,036.07	00	15									
73	43300	REPAIR OF ESOPHAGUS	646.51											
77	43300	REPAIR OF ESOPHAGUS	646.51	00	15									
73	43305	REPAIR ESOPHAGUS AND FISTULA	1,139.65											
77	43305	REPAIR ESOPHAGUS AND FISTULA	1,139.65	00	15									
73	43310	REPAIR OF ESOPHAGUS	1,599.39											
77	43310	REPAIR OF ESOPHAGUS	1,599.39	00	15									
73	43312	REPAIR ESOPHAGUS AND FISTULA	1,719.14											
77	43312	REPAIR ESOPHAGUS AND FISTULA	1,719.14	00	15									
73	43313	ESOPHAGOPLASTY CONGENTIAL	3,153.48											
77	43313	ESOPHAGOPLASTY CONGENTIAL	3,153.48	00	15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,395.35										
77	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,395.35	00 15									
73	43320	FUSE ESOPHAGUS & STOMACH	1,522.30										
77	43320	FUSE ESOPHAGUS & STOMACH	1,522.30	00 15									
73	43325	REVISE ESOPHAGUS & STOMACH	1,480.84										
77	43325	REVISE ESOPHAGUS & STOMACH	1,480.84	00 15									
73	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	888.20										
77	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	888.20	00 15									
73	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,213.55										
77	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,213.55	00 15									
73	43330	REPAIR OF ESOPHAGUS	1,455.78										
77	43330	REPAIR OF ESOPHAGUS	1,455.78	00 15									
73	43331	REPAIR OF ESOPHAGUS	1,440.92										
77	43331	REPAIR OF ESOPHAGUS	1,440.92	00 15									
73	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,249.32										
77	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,249.32	00 15									
73	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,365.21										
77	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,365.21	00 15									
73	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,345.77										
77	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,345.77	00 15									
73	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,441.59										
77	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,441.59	00 15									
73	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,564.79										
77	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,564.79	00 15									
73	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,668.60										
77	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,668.60	00 15									
73	43338	ESOPHAGEAL LENGTHENING PROCEDURE	125.47										
77	43338	ESOPHAGEAL LENGTHENING PROCEDURE	125.47	00 15									
73	43340	FUSE ESOPHAGUS & INTESTINE	1,503.63										
77	43340	FUSE ESOPHAGUS & INTESTINE	1,503.63	00 15									
73	43341	FUSE ESOPHAGUS & INTESTINE	1,507.98										
77	43341	FUSE ESOPHAGUS & INTESTINE	1,507.98	00 15									
73	43351	SURGICAL OPENING, ESOPHAGUS	1,415.25										
77	43351	SURGICAL OPENING, ESOPHAGUS	1,415.25	00 15									
73	43352	SURGICAL OPENING, ESOPHAGUS	1,145.02										
77	43352	SURGICAL OPENING, ESOPHAGUS	1,145.02	00 15									
73	43360	GASTROINTESTINAL REPAIR	2,426.21										
77	43360	GASTROINTESTINAL REPAIR	2,426.21	00 15									
73	43361	GASTROINTESTINAL REPAIR	2,936.82										
77	43361	GASTROINTESTINAL REPAIR	2,936.82	00 15									
73	43400	LIGATE ESOPHAGUS VEINS	1,660.57										
77	43400	LIGATE ESOPHAGUS VEINS	1,660.57	00 15									
73	43405	LIGATE/STAPLE ESOPHAGUS	1,566.49										
77	43405	LIGATE/STAPLE ESOPHAGUS	1,566.49	00 15									
73	43410	REPAIR ESOPHAGUS WOUND	1,068.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	43410	REPAIR ESOPHAGUS WOUND	1,068.67	00 15									
73	43415	REPAIR ESOPHAGUS WOUND	2,754.58										
77	43415	REPAIR ESOPHAGUS WOUND	2,754.58	00 15									
73	43420	REPAIR ESOPHAGUS OPENING	1,058.43										
77	43420	REPAIR ESOPHAGUS OPENING	1,058.43	00 15									
73	43425	REPAIR ESOPHAGUS OPENING	1,552.99										
77	43425	REPAIR ESOPHAGUS OPENING	1,552.99	00 15									
73	43450	DILATE ESOPHAGUS	189.66										
77	43450	DILATE ESOPHAGUS	189.66	00 15									
73	43453	DILATE ESOPHAGUS	817.83										
77	43453	DILATE ESOPHAGUS	817.83	00 15									
73	43460	PRESSURE TREATMENT ESOPHAGUS	217.39										
77	43460	PRESSURE TREATMENT ESOPHAGUS	217.39	00 15									
73	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	826.07										
77	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	826.07	00 15									
73	43500	SURGICAL OPENING OF STOMACH	852.50										
77	43500	SURGICAL OPENING OF STOMACH	852.50	00 15									
73	43501	GASTROTOMY WITH SUTURE REPAIR	1,469.12										
77	43501	GASTROTOMY WITH SUTURE REPAIR	1,469.12	00 15									
73	43502	SURGICAL REPAIR OF STOMACH	1,664.75										
77	43502	SURGICAL REPAIR OF STOMACH	1,664.75	00 15									
73	43510	SURGICAL OPENING OF STOMACH	1,030.94										
77	43510	SURGICAL OPENING OF STOMACH	1,030.94	00 15									
73	43520	INCISION OF PYLORIC MUSCLE	746.39										
77	43520	INCISION OF PYLORIC MUSCLE	746.39	00 15									
73	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	908.08										
77	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	908.08	00 15									
73	43610	EXCISION OF STOMACH LESION	1,062.72										
77	43610	EXCISION OF STOMACH LESION	1,062.72	00 15									
73	43611	EXCISION, LOCAL;	1,323.81										
77	43611	EXCISION, LOCAL;	1,323.81	00 15									
73	43620	REMOVAL OF STOMACH	2,166.49										
77	43620	REMOVAL OF STOMACH	2,166.49	00 15									
73	43621	GASTRECTOMY, TOTAL;	2,475.49										
77	43621	GASTRECTOMY, TOTAL;	2,475.49	00 15									
73	43622	GASTRECTOMY, TOTAL;	2,525.81										
77	43622	GASTRECTOMY, TOTAL;	2,525.81	00 15									
73	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,575.30										
77	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,575.30	00 15									
73	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,213.93										
77	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,213.93	00 15									
73	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,091.98										
77	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,091.98	00 15									
73	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,321.70										
77	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,321.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	122.65											
77	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	122.65	00	15									
73	43640	VAGOTOMY & PYLORUS REPAIR	1,296.85											
77	43640	VAGOTOMY & PYLORUS REPAIR	1,296.85	00	15									
73	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,312.12											
77	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,312.12	00	15									
73	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,892.70	16	99		X							
73	43645	LAP GASTR BYPASS INCL SMLL I	2,001.27	16	99		X							
73	43651	LAPAROSCOPY, VAGUS NERVE	710.28											
77	43651	LAPAROSCOPY, VAGUS NERVE	710.28	00	15									
73	43652	LAPAROSCOPY, VAGUS NERVE	830.20											
77	43652	LAPAROSCOPY, VAGUS NERVE	830.20	00	15									
73	43653	LAPAROSCOPY, GASTROSTOMY	621.32											
77	43653	LAPAROSCOPY, GASTROSTOMY	621.32	00	15									
73	43752	INSERTION OF NASAL OR ORAL STOMACH T	41.85											
77	43752	INSERTION OF NASAL OR ORAL STOMACH T	41.85	00	15									
73	43753	INSERTION OF STOMACH TUBE AND ASPIRA	23.90											
77	43753	INSERTION OF STOMACH TUBE AND ASPIRA	23.90	00	15									
73	43754	GASTRIC INTUBATION AND ASPIRATION DI	226.58											
77	43754	GASTRIC INTUBATION AND ASPIRATION DI	226.58	00	15									
73	43755	GASTRIC INTUBATION AND ASPIRATION DI	204.68											
77	43755	GASTRIC INTUBATION AND ASPIRATION DI	204.68	00	15									
73	43756	DUODENAL INTUBATION AND ASPIRATION	282.46											
77	43756	DUODENAL INTUBATION AND ASPIRATION	282.46	00	15									
73	43757	DUODENAL INTUBATION AND ASPIRATION	378.17											
77	43757	DUODENAL INTUBATION AND ASPIRATION	378.17	00	15									
73	43761	REPOSITIONING OF A NASO- OR ORO-GAST	130.34											
77	43761	REPOSITIONING OF THE GASTRIC FEEDING	130.34	00	15									
73	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	229.68											
77	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	229.68	00	15									
73	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	348.80											
77	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	348.80	00	15									
73	43770	LAP, PLACE GASTR ADJUST BAND	1,224.57	16	99		X							
77	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,224.57	13	15		X							
73	43771	LAP, REVISE ADJUST GAST BAND	1,391.48	16	99		X							
77	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,391.48	13	15		X							
73	43772	LAP, REMOVE ADJUST GAST BAND	1,033.59	16	99		X							
77	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,033.59	13	15		X							
73	43773	LAP, CHANGE ADJUST GAST BAND	1,391.48	16	99		X							
77	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,391.48	13	15		X							
73	43774	LAP REMOV ADJ GAST BAND/PORT	1,044.86	16	99		X							
77	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,044.86	13	15		X							
73	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,219.35	16	99		X							
77	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,219.35	13	15		X							
73	43800	RECONSTRUCTION OF PYLORUS	1,012.07											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	43800	RECONSTRUCTION OF PYLORUS	1,012.07	00	15									
73	43810	FUSION OF STOMACH AND BOWEL	1,107.94											
77	43810	FUSION OF STOMACH AND BOWEL	1,107.94	00	15									
73	43820	FUSION OF STOMACH AND BOWEL	1,459.69											
77	43820	FUSION OF STOMACH AND BOWEL	1,459.69	00	15									
73	43825	FUSION OF STOMACH AND BOWEL	1,429.15											
77	43825	FUSION OF STOMACH AND BOWEL	1,429.15	00	15									
73	43830	SURGICAL OPENING OF STOMACH	757.90											
77	43830	SURGICAL OPENING OF STOMACH	757.90	00	15									
73	43831	GASTROSTOMY, OPEN, NEONATAL	656.11	00	00									
77	43831	GASTROSTOMY, OPEN, NEONATAL	656.11	00	00									
73	43832	SURGICAL OPENING OF STOMACH	1,134.17											
77	43832	SURGICAL OPENING OF STOMACH	1,134.17	00	15									
73	43840	REPAIR OF STOMACH LESION	1,476.80											
77	43840	REPAIR OF STOMACH LESION	1,476.80	00	15									
73	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,399.44	16	99		X							
77	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	1,399.44	13	15		X							
73	43845	GASTROPLASTY DUODENAL SWITCH	2,128.64	16	99		X							
77	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,128.64	13	15		X							
73	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,799.54	16	99		X							
77	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,799.54	13	15		X							
73	43847	GASTRIC BYPASS FOR OBESITY	1,972.10	16	99		X							
77	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,972.10	13	15		X							
73	43848	REVISION GASTROPLASTY	2,100.13	16	99		X							
77	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	2,100.13	13	15		X							
73	43860	REVISE STOMACH-BOWEL FUSION	1,778.06											
77	43860	REVISE STOMACH-BOWEL FUSION	1,778.06	00	15									
73	43865	REVISE STOMACH-BOWEL FUSION	1,866.97											
77	43865	REVISE STOMACH-BOWEL FUSION	1,866.97	00	15									
73	43870	REPAIR STOMACH OPENING	766.44											
77	43870	REPAIR STOMACH OPENING	766.44	00	15									
73	43880	REPAIR STOMACH-BOWEL FISTULA	1,737.28											
77	43880	REPAIR STOMACH-BOWEL FISTULA	1,737.28	00	15									
73	43886	REVISE GASTRIC PORT, OPEN	390.92	16	99		X							
73	43887	REMOVE GASTRIC PORT, OPEN	352.77	16	99		X							
73	43888	CHANGE GASTRIC PORT, OPEN	499.23	16	99		X							
73	44005	FREEING OF BOWEL ADHESION	1,184.90											
77	44005	FREEING OF BOWEL ADHESION	1,184.90	00	15									
73	44010	INCISION OF SMALL BOWEL	908.58											
77	44010	INCISION OF SMALL BOWEL	908.58	00	15									
73	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	154.95											
77	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	154.95	00	15									
73	44020	EXPLORATION OF SMALL BOWEL	1,058.35											
77	44020	EXPLORATION OF SMALL BOWEL	1,058.35	00	15									
73	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,052.30											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,052.30	00 15									
73	44025	EXPLORATION OF LARGE BOWEL	1,057.84										
77	44025	EXPLORATION OF LARGE BOWEL	1,057.84	00 15									
73	44050	REDUCE BOWEL OBSTRUCTION	1,014.69										
77	44050	REDUCE BOWEL OBSTRUCTION	1,014.69	00 15									
73	44055	CORRECT MALROTATION-CG, LADD PROC.	1,618.07										
77	44055	CORRECT MALROTATION-CG, LADD PROC.	1,618.07	00 15									
73	44100	BIOPSY OF BOWEL	110.26										
77	44100	BIOPSY OF BOWEL	110.26	00 15									
73	44110	EXCISION OF BOWEL LESION(S)	905.39										
77	44110	EXCISION OF BOWEL LESION(S)	905.39	00 15									
73	44111	EXCISION OF BOWEL LESION(S)	1,052.25										
77	44111	EXCISION OF BOWEL LESION(S)	1,052.25	00 15									
73	44120	REMOVAL OF SMALL INTESTINE	1,324.36										
77	44120	REMOVAL OF SMALL INTESTINE	1,324.36	00 15									
73	44121	REMOVAL OF SMALL INTESTINE	261.31										
77	44121	REMOVAL OF SMALL INTESTINE	261.31	00 15									
73	44125	REMOVAL OF SMALL INTESTINE	1,269.99										
77	44125	REMOVAL OF SMALL INTESTINE	1,269.99	00 15									
73	44126	ENTERECTOMY W/TAPER, CONG	2,694.85										
77	44126	ENTERECTOMY W/TAPER, CONG	2,694.85	00 15									
73	44127	ENTERECTOMY W/O TAPER, CONG	3,116.09										
77	44127	ENTERECTOMY W/O TAPER, CONG	3,116.09	00 15									
73	44128	ENTERECTOMY CONG, ADD-ON	265.76										
77	44128	ENTERECTOMY CONG, ADD-ON	265.76	00 15									
73	44130	BOWEL TO BOWEL FUSION	1,422.40										
77	44130	BOWEL TO BOWEL FUSION	1,422.40	00 15									
73	44139	MOBILIZATION OF COLON	130.80										
77	44139	MOBILIZATION OF COLON	130.80	00 15									
73	44140	PARTIAL REMOVAL OF COLON	1,450.45										
77	44140	PARTIAL REMOVAL OF COLON	1,450.45	00 15									
73	44141	PARTIAL REMOVAL OF COLON	1,958.06										
77	44141	PARTIAL REMOVAL OF COLON	1,958.06	00 15									
73	44143	PARTIAL REMOVAL OF COLON	1,787.71										
77	44143	PARTIAL REMOVAL OF COLON	1,787.71	00 15									
73	44144	PARTIAL REMOVAL OF COLON	1,901.59										
77	44144	PARTIAL REMOVAL OF COLON	1,901.59	00 15									
73	44145	PARTIAL REMOVAL OF COLON	1,769.81										
77	44145	PARTIAL REMOVAL OF COLON	1,769.81	00 15									
73	44146	PARTIAL REMOVAL OF COLON	2,246.71										
77	44146	PARTIAL REMOVAL OF COLON	2,246.71	00 15									
73	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,084.15										
77	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	2,084.15	00 15									
73	44150	REMOVAL OF COLON	1,982.54										
77	44150	REMOVAL OF COLON	1,982.54	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,337.20										
77	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,337.20	00 15									
73	44155	REMOVAL OF COLON	2,200.67										
77	44155	REMOVAL OF COLON	2,200.67	00 15									
73	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,499.89										
77	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,499.89	00 15									
73	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,375.48										
77	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,375.48	00 15									
73	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,434.54										
77	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,434.54	00 15									
73	44160	REMOVAL OF COLON	1,338.45										
77	44160	REMOVAL OF COLON	1,338.45	00 15									
73	44186	LAP, JEJUNOSTOMY	705.12										
77	44186	LAP, JEJUNOSTOMY	705.12	00 15									
73	44187	LAP, ILEO/JEJUNO-STOMY	1,156.05										
77	44187	LAP, ILEO/JEJUNO-STOMY	1,156.05	00 15									
73	44188	LAP, COLOSTOMY	1,296.99										
77	44188	LAP, COLOSTOMY	1,296.99	00 15									
73	44202	LAPARO, RESECT INTESTINE	1,499.47										
77	44202	LAPARO, RESECT INTESTINE	1,499.47	00 15									
73	44203	LAP RESECT S/INTESTINE, ADDL	261.41										
77	44203	LAP RESECT S/INTESTINE, ADDL	261.41	00 15									
73	44204	LAPARO PARTIAL COLECTOMY	1,649.29										
77	44204	LAPARO PARTIAL COLECTOMY	1,649.29	00 15									
73	44205	LAP COLECTOMY PART W/ILEUM	1,428.93										
77	44205	LAP COLECTOMY PART W/ILEUM	1,428.93	00 15									
73	44206	LAP PART COLECTOMY W/STOMA	1,869.28										
77	44206	LAP PART COLECTOMY W/STOMA	1,869.28	00 15									
73	44207	L COLECTOMY/COLOPROCTOSTOMY	1,933.85										
77	44207	L COLECTOMY/COLOPROCTOSTOMY	1,933.85	00 15									
73	44208	L COLECTOMY/COLOPROCTOSTOMY	2,097.57										
77	44208	L COLECTOMY/COLOPROCTOSTOMY	2,097.57	00 15									
73	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,869.09										
77	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,869.09	00 15									
73	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,189.43										
77	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,189.43	00 15									
73	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,130.37										
77	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,130.37	00 15									
73	44213	LAP, MOBIL SPLENIC FL ADD-ON	201.26										
77	44213	LAP, MOBIL SPLENIC FL ADD-ON	201.26	00 15									
73	44227	LAP, CLOSE ENTEROSTOMY	1,785.00										
77	44227	LAP, CLOSE ENTEROSTOMY	1,785.00	00 15									
73	44300	OPEN BOWEL TO SKIN	911.58										
77	44300	OPEN BOWEL TO SKIN	911.58	00 15									
73	44310	ILEOSTOMY	1,114.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	44310	ILEOSTOMY	1,114.63	00 15									
73	44312	REVISION OF ILEOSTOMY	635.69										
77	44312	REVISION OF ILEOSTOMY	635.69	00 15									
73	44314	REVISION OF ILEOSTOMY	1,070.72										
77	44314	REVISION OF ILEOSTOMY	1,070.72	00 15									
73	44316	DEVISE BOWEL POUCH	1,541.70										
77	44316	DEVISE BOWEL POUCH	1,541.70	00 15									
73	44320	COLOSTOMY	1,289.46										
77	44320	COLOSTOMY	1,289.46	00 15									
73	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,075.65										
77	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,075.65	00 15									
73	44340	REVISION OF COLOSTOMY	665.16										
77	44340	REVISION OF COLOSTOMY	665.16	00 15									
73	44345	REVISION OF COLOSTOMY	1,121.58										
77	44345	REVISION OF COLOSTOMY	1,121.58	00 15									
73	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,266.15										
77	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,266.15	00 15									
73	44360	SMALL BOWEL ENDOSCOPY	146.58										
77	44360	SMALL BOWEL ENDOSCOPY	146.58	00 15									
73	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	162.59										
77	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	162.59	00 15									
73	44363	SMALL BOWEL ENDOSCOPY	196.99										
77	44363	SMALL BOWEL ENDOSCOPY	196.99	00 15									
73	44364	SMALL BOWEL ENDOSCOPY	209.39										
77	44364	SMALL BOWEL ENDOSCOPY	209.39	00 15									
73	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	185.86										
77	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	185.86	00 15									
73	44366	SMALL BOWEL ENDOSCOPY	244.90										
77	44366	SMALL BOWEL ENDOSCOPY	244.90	00 15									
73	44369	SMALL BOWEL ENDOSCOPY	251.38										
77	44369	SMALL BOWEL ENDOSCOPY	251.38	00 15									
73	44370	SMALL BOWEL ENDOSCOPY/STENT	273.06										
77	44370	SMALL BOWEL ENDOSCOPY/STENT	273.06	00 15									
73	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	247.62										
77	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	247.62	00 15									
73	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	197.63										
77	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	197.63	00 15									
73	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	291.76										
77	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	291.76	00 15									
73	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	307.10										
77	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	307.10	00 15									
73	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	395.36										
77	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	395.36	00 15									
73	44379	S BOWEL ENDOSCOPE W/STENT	420.61										
77	44379	S BOWEL ENDOSCOPE W/STENT	420.61	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	44380	SMALL BOWEL ENDOSCOPY	196.47										
77	44380	SMALL BOWEL ENDOSCOPY	196.47	00 15									
73	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	985.19										
77	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	985.19	00 15									
73	44382	SMALL BOWEL ENDOSCOPY	302.41										
77	44382	SMALL BOWEL ENDOSCOPY	302.41	00 15									
73	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	159.77										
77	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	159.77	00 15									
73	44385	ENDOSCOPY OF BOWEL POUCH	217.08										
77	44385	ENDOSCOPY OF BOWEL POUCH	217.08	00 15									
73	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	317.13										
77	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	317.13	00 15									
73	44388	COLON ENDOSCOPY	161.87										
77	44388	COLON ENDOSCOPY	161.87	00 15									
73	44389	COLON ENDOSCOPY	421.67										
77	44389	COLON ENDOSCOPY	421.67	00 15									
73	44390	COLON ENDOSCOPY	413.09										
77	44390	COLON ENDOSCOPY	413.09	00 15									
73	44391	COLON ENDOSCOPY	656.21										
77	44391	COLON ENDOSCOPY	656.21	00 15									
73	44392	COLON ENDOSCOPY	397.48										
77	44392	COLON ENDOSCOPY	397.48	00 15									
73	44394	COLONOSCOPY THROUGH STOMA;	451.77										
77	44394	COLONOSCOPY THROUGH STOMA;	451.77	00 15									
73	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,436.25										
77	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,436.25	00 15									
73	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	268.58										
77	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	268.58	00 15									
73	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	311.80										
77	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	311.80	00 15									
73	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	432.81										
77	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	432.81	00 15									
73	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	568.23										
77	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	568.23	00 15									
73	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	234.34										
77	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	234.34	00 15									
73	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	283.25										
77	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	283.25	00 15									
73	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	236.58										
77	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	236.58	00 15									
73	44500	INTRODUCTION OF LONG GASTROINTESTINA	20.14										
77	44500	INTRODUCTION OF LONG GASTROINTESTINA	20.14	00 15									
73	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,528.79										
77	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,528.79	00 15									
73	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,744.68										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,744.68	00 15									
73	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,138.14										
77	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,138.14	00 15									
73	44605	REPAIR OF BOWEL LESION	1,402.16										
77	44605	REPAIR OF BOWEL LESION	1,402.16	00 15									
73	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,154.47										
77	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,154.47	00 15									
73	44620	REPAIR BOWEL OPENING	924.40										
77	44620	REPAIR BOWEL OPENING	924.40	00 15									
73	44625	REPAIR BOWEL OPENING	1,077.50										
77	44625	REPAIR BOWEL OPENING	1,077.50	00 15									
73	44626	REPAIR BOWEL OPENING	1,720.85										
77	44626	REPAIR BOWEL OPENING	1,720.85	00 15									
73	44640	REPAIR BOWEL-SKIN FISTULA	1,506.72										
77	44640	REPAIR BOWEL-SKIN FISTULA	1,506.72	00 15									
73	44650	REPAIR BOWEL FISTULA	1,553.55										
77	44650	REPAIR BOWEL FISTULA	1,553.55	00 15									
73	44660	REPAIR BOWEL-BLADDER FISTULA	1,413.85										
77	44660	REPAIR BOWEL-BLADDER FISTULA	1,413.85	00 15									
73	44661	REPAIR BOWEL-BLADDER FISTULA	1,657.54										
77	44661	REPAIR BOWEL-BLADDER FISTULA	1,657.54	00 15									
73	44680	SURGICAL REVISION, INTESTINE	1,174.45										
77	44680	SURGICAL REVISION, INTESTINE	1,174.45	00 15									
73	44700	SUSPEND BOWEL W/PROSTHESIS	1,054.39										
77	44700	SUSPEND BOWEL W/PROSTHESIS	1,054.39	00 15									
73	44701	INTRAOP COLON LAVAGE ADD-ON	185.54										
77	44701	INTRAOP COLON LAVAGE ADD-ON	185.54	00 15									
73	44720	PREP DONOR INTESTINE/VENOUS	300.40		X								
77	44720	PREP DONOR INTESTINE/VENOUS	300.40	00 15	X								
73	44721	PREP DONOR INTESTINE/ARTERY	419.79		X								
77	44721	PREP DONOR INTESTINE/ARTERY	419.79	00 15	X								
73	44800	REPAIR OF CONGENITAL BOWEL DEFECT	826.22										
77	44800	REPAIR OF CONGENITAL BOWEL DEFECT	826.22	00 15									
73	44820	EXCISION OF MESENTERY LESION	925.80										
77	44820	EXCISION OF MESENTERY LESION	925.80	00 15									
73	44850	REPAIR OF MESENTERY	809.92										
77	44850	REPAIR OF MESENTERY	809.92	00 15									
73	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	852.98										
77	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	852.98	00 15									
73	44950	APPENDECTOMY	696.77		X								
77	44950	APPENDECTOMY	696.77	00 15	X								
73	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	89.81										
77	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	89.81	00 15									
73	44960	APPENDECTOMY	954.37		X								
77	44960	APPENDECTOMY	954.37	00 15	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	44970	LAPAROSCOPY, APPENDECTOMY	650.85			X								
77	44970	LAPAROSCOPY, APPENDECTOMY	650.85	00	15	X								
73	45000	DRAINAGE OF PELVIC ABSCESS	449.97											
77	45000	DRAINAGE OF PELVIC ABSCESS	449.97	00	15									
73	45005	DRAINAGE OF RECTAL ABSCESS	329.40											
77	45005	DRAINAGE OF RECTAL ABSCESS	329.40	00	15									
73	45020	DRAINAGE OF RECTAL ABSCESS	606.94											
77	45020	DRAINAGE OF RECTAL ABSCESS	606.94	00	15									
73	45100	BIOPSY OF RECTUM	314.12											
77	45100	BIOPSY OF RECTUM	314.12	00	15									
73	45108	REMOVAL OF ANORECTAL LESION	399.46											
77	45108	REMOVAL OF ANORECTAL LESION	399.46	00	15									
73	45110	REMOVAL OF RECTUM	1,925.67											
77	45110	REMOVAL OF RECTUM	1,925.67	00	15									
73	45111	PARTIAL REMOVAL OF RECTUM	1,156.41											
77	45111	PARTIAL REMOVAL OF RECTUM	1,156.41	00	15									
73	45112	REMOVAL OF RECTUM	1,950.93											
77	45112	REMOVAL OF RECTUM	1,950.93	00	15									
73	45113	PARTIAL PROCTECTOMY	1,936.80											
77	45113	PARTIAL PROCTECTOMY	1,936.80	00	15									
73	45114	PARTIAL REMOVAL OF RECTUM	1,982.62											
77	45114	PARTIAL REMOVAL OF RECTUM	1,982.62	00	15									
73	45116	PARTIAL REMOVAL OF RECTUM	1,602.89											
77	45116	PARTIAL REMOVAL OF RECTUM	1,602.89	00	15									
73	45119	REMOVE, RECTUM W/RESERVOIR	1,951.15											
77	45119	REMOVE, RECTUM W/RESERVOIR	1,951.15	00	15									
73	45120	REMOVAL OF RECTUM	1,740.91											
77	45120	REMOVAL OF RECTUM	1,740.91	00	15									
73	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,903.04											
77	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,903.04	00	15									
73	45123	PARTIAL PROCTECTOMY	1,176.37											
77	45123	PARTIAL PROCTECTOMY	1,176.37	00	15									
73	45126	PELVIC EXENTERATION	2,889.11			X								
77	45126	PELVIC EXENTERATION	2,889.11	00	15	X								
73	45130	EXCISION OF RECTAL PROLAPSE	1,137.37											
77	45130	EXCISION OF RECTAL PROLAPSE	1,137.37	00	15									
73	45135	EXCISION OF RECTAL PROLAPSE	1,341.21											
77	45135	EXCISION OF RECTAL PROLAPSE	1,341.21	00	15									
73	45136	EXCISE ILEOANAL RESERVOIR	1,848.53											
77	45136	EXCISE ILEOANAL RESERVOIR	1,848.53	00	15									
73	45150	EXCISION OF RECTAL STRICTURE	452.94											
77	45150	EXCISION OF RECTAL STRICTURE	452.94	00	15									
73	45160	EXCISION OF RECTAL LESION	1,112.83											
77	45160	EXCISION OF RECTAL LESION	1,112.83	00	15									
73	45171	EXCISION OF RECTAL TUMOR TRANSANAL	645.51											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	45171	EXCISION OF RECTAL TUMOR TRANSANAL	645.51	00 15									
73	45172	EXCISION OF RECTAL TUMOR TRANSANAL	864.59										
77	45172	EXCISION OF RECTAL TUMOR TRANSANAL	864.59	00 15									
73	45190	DESTRUCTION RECTAL TUMOR	737.36										
77	45190	DESTRUCTION RECTAL TUMOR	737.36	00 15									
73	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	129.33										
77	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	129.33	00 15									
73	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	962.94										
77	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	962.94	00 15									
73	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	184.80										
77	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	184.80	00 15									
73	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	223.85										
77	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	223.85	00 15									
73	45308	PROCTOSIGMOIDOSCOPY, RIGID;	212.31										
77	45308	PROCTOSIGMOIDOSCOPY, RIGID;	212.31	00 15									
73	45309	PROCTOSIGMOIDOSCOPY, RIGID;	218.88										
77	45309	PROCTOSIGMOIDOSCOPY, RIGID;	218.88	00 15									
73	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	238.02										
77	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	238.02	00 15									
73	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	225.76										
77	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	225.76	00 15									
73	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	234.11										
77	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	234.11	00 15									
73	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	111.06										
77	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	111.06	00 15									
73	45327	PROCTOSIGMOIDOSCOPY W/STENT	125.80										
77	45327	PROCTOSIGMOIDOSCOPY W/STENT	125.80	00 15									
73	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	186.64										
77	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	186.64	00 15									
73	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	289.48										
77	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	289.48	00 15									
73	45332	SIGMOIDOSCOPY; DIAGNOSTIC	282.42										
77	45332	SIGMOIDOSCOPY; DIAGNOSTIC	282.42	00 15									
73	45333	SIGMOIDOSCOPY; DIAGNOSTIC	335.34										
77	45333	SIGMOIDOSCOPY; DIAGNOSTIC	335.34	00 15									
73	45334	SIGMOIDOSCOPY; DIAGNOSTIC	503.81										
77	45334	SIGMOIDOSCOPY; DIAGNOSTIC	503.81	00 15									
73	45335	SIGMOIDOSCOPY W/SUBMUC INJ	294.37										
77	45335	SIGMOIDOSCOPY W/SUBMUC INJ	294.37	00 15									
73	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	118.50										
77	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	118.50	00 15									
73	45338	SIGMOIDOSCOPY, FLEXIBLE;	305.10										
77	45338	SIGMOIDOSCOPY, FLEXIBLE;	305.10	00 15									
73	45340	SIG W/BALLOON DILATION	466.81										
77	45340	SIG W/BALLOON DILATION	466.81	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	45341	SIGMOIDOSCOPY W/ULTRASOUND	127.03			X							
77	45341	SIGMOIDOSCOPY W/ULTRASOUND	127.03	00 15		X							
73	45342	SIGMOIDOSCOPY W/US GUIDE BX	173.82										
77	45342	SIGMOIDOSCOPY W/US GUIDE BX	173.82	00 15									
73	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,354.25										
77	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,354.25	00 15									
73	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	158.28										
77	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	158.28	00 15									
73	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	203.65										
77	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	203.65	00 15									
73	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	684.80										
77	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	684.80	00 15									
73	45378	DIAGNOSTIC COLONOSCOPY	174.12										
77	45378	DIAGNOSTIC COLONOSCOPY	174.12	00 15									
73	45379	COLONOSCOPY	447.49										
77	45379	COLONOSCOPY	447.49	00 15									
73	45380	COLONOSCOPY AND BIOPSY	444.98										
77	45380	COLONOSCOPY AND BIOPSY	444.98	00 15									
73	45381	COLONOSCOPY, SUBMUCOUS INJ	453.67										
77	45381	COLONOSCOPY, SUBMUCOUS INJ	453.67	00 15									
73	45382	COLONOSCOPY,CONTROL BLEEDING	684.76										
77	45382	COLONOSCOPY,CONTROL BLEEDING	684.76	00 15									
73	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	503.91										
77	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	503.91	00 15									
73	45385	COLONOSCOPY, LESION REMOVAL	467.28										
77	45385	COLONOSCOPY, LESION REMOVAL	467.28	00 15									
73	45386	COLONOSCOPY DILATE STRICTURE	626.11										
77	45386	COLONOSCOPY DILATE STRICTURE	626.11	00 15									
73	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,519.06										
77	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,519.06	00 15									
73	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	298.29										
77	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	298.29	00 15									
73	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	341.09										
77	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	341.09	00 15									
73	45391	COLONOSCOPY W/ENDOSCOPE US	264.69										
77	45391	COLONOSCOPY W/ENDOSCOPE US	264.69	00 15									
73	45392	COLONOSCOPY W/ENDOSCOPIC FNB	312.01										
77	45392	COLONOSCOPY W/ENDOSCOPIC FNB	312.01	00 15									
73	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	262.16										
77	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	262.16	00 15									
73	45395	LAP, REMOVAL OF RECTUM	2,058.60										
77	45395	LAP, REMOVAL OF RECTUM	2,058.60	00 15									
73	45397	LAP, REMOVE RECTUM W/POUCH	2,231.67										
77	45397	LAP, REMOVE RECTUM W/POUCH	2,231.67	00 15									
73	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	850.36										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	850.36	00 15									
73	45400	LAPAROSCOPIC PROCTOPEXY	1,191.49										
77	45400	LAPAROSCOPIC PROCTOPEXY	1,191.49	00 15									
73	45402	LAP PROCTOPEXY W/SIG RESECT	1,602.39										
77	45402	LAP PROCTOPEXY W/SIG RESECT	1,602.39	00 15									
73	45500	REPAIR OF RECTUM	610.71										
77	45500	REPAIR OF RECTUM	610.71	00 15									
73	45505	REPAIR OF RECTUM	628.87										
77	45505	REPAIR OF RECTUM	628.87	00 15									
73	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	161.18										
77	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	161.18	00 15									
73	45540	CORRECT RECTAL PROLAPSE	1,111.67										
77	45540	CORRECT RECTAL PROLAPSE	1,111.67	00 15									
73	45541	CORRECT RECTAL PROLAPSE	999.38										
77	45541	CORRECT RECTAL PROLAPSE	999.38	00 15									
73	45550	REPAIR RECTUM;REMOVE SIGMOID	1,539.39										
77	45550	REPAIR RECTUM;REMOVE SIGMOID	1,539.39	00 15									
73	45560	REPAIR OF RECTOCELE	724.99										
77	45560	REPAIR OF RECTOCELE	724.99	00 15									
73	45562	EXPLORATION/REPAIR OF RECTUM	1,215.62										
77	45562	EXPLORATION/REPAIR OF RECTUM	1,215.62	00 15									
73	45563	EXPLORATION/REPAIR OF RECTUM	1,800.64										
77	45563	EXPLORATION/REPAIR OF RECTUM	1,800.64	00 15									
73	45800	REPAIR RECTUMBLADDER FISTULA	1,381.45										
77	45800	REPAIR RECTUMBLADDER FISTULA	1,381.45	00 15									
73	45805	REPAIR FISTULA; COLOSTOMY	1,594.95										
77	45805	REPAIR FISTULA; COLOSTOMY	1,594.95	00 15									
73	45820	REPAIR RECTOURETHRAL FISTULA	1,385.23										
77	45820	REPAIR RECTOURETHRAL FISTULA	1,385.23	00 15									
73	45825	REPAIR FISTULA; COLOSTOMY	1,669.27										
77	45825	REPAIR FISTULA; COLOSTOMY	1,669.27	00 15									
73	45900	REDUCTION OF RECTAL PROLAPSE	227.80										
77	45900	REDUCTION OF RECTAL PROLAPSE	227.80	00 15									
73	45905	DILATION OF ANAL SPHINCTER	175.83										
77	45905	DILATION OF ANAL SPHINCTER	175.83	00 15									
73	45910	DILATION OF RECTAL NARROWING	202.10										
77	45910	DILATION OF RECTAL NARROWING	202.10	00 15									
73	45915	REMOVE RECTAL OBSTRUCTION	363.18										
77	45915	REMOVE RECTAL OBSTRUCTION	363.18	00 15									
73	45990	SURG DX EXAM, ANORECTAL	110.64		X								
77	45990	SURG DX EXAM, ANORECTAL	110.64	00 15	X								
73	46020	PLACEMENT OF SETON	121.70										
77	46020	PLACEMENT OF SETON	121.70	00 15									
73	46030	REMOVAL OF RECTAL MARKER	260.27										
77	46030	REMOVAL OF RECTAL MARKER	260.27	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	46040	INCISION OF RECTAL ABSCESS	577.35										
77	46040	INCISION OF RECTAL ABSCESS	577.35	00 15									
73	46045	INCISION OF RECTAL ABSCESS	461.96										
77	46045	INCISION OF RECTAL ABSCESS	461.96	00 15									
73	46050	INCISION OF ANAL ABSCESS	239.21										
77	46050	INCISION OF ANAL ABSCESS	239.21	00 15									
73	46060	INCISION OF RECTAL ABSCESS	506.93										
77	46060	INCISION OF RECTAL ABSCESS	506.93	00 15									
73	46070	INCISION OF ANAL SEPTUM	285.59										
77	46070	INCISION OF ANAL SEPTUM	285.59	00 15									
73	46080	INCISION OF ANAL SPHINCTER	297.35										
77	46080	INCISION OF ANAL SPHINCTER	297.35	00 15									
73	46083	EXC EXT.THROMBOSED HEMORRHOID	213.69									X	
77	46083	EXC EXT.THROMBOSED HEMORRHOID	213.69	00 15								X	
73	46200	REMOVAL OF ANAL FISSURE	482.86										
77	46200	REMOVAL OF ANAL FISSURE	482.86	00 15									
73	46220	REMOVAL OF ANAL TAB	255.01										
77	46220	REMOVAL OF ANAL TAB	255.01	00 15									
73	46221	LIGATION OF HEMORRHOID(S)	289.76										
77	46221	LIGATION OF HEMORRHOID(S)	289.76	00 15									
73	46230	REMOVAL OF ANAL TABS	318.12										
77	46230	REMOVAL OF ANAL TABS	318.12	00 15									
73	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	492.80										
77	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	492.80	00 15									
73	46255	HEMORRHOIDECTOMY	539.06										
77	46255	HEMORRHOIDECTOMY	539.06	00 15									
73	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	428.28										
77	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	428.28	00 15									
73	46258	REMOVE HEMORRHOIDS & FISTULA	514.04										
77	46258	REMOVE HEMORRHOIDS & FISTULA	514.04	00 15									
73	46260	HEMORRHOIDECTOMY	508.60										
77	46260	HEMORRHOIDECTOMY	508.60	00 15									
73	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	555.53										
77	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	555.53	00 15									
73	46262	REMOVE HEMORRHOIDS & FISTULA	628.39										
77	46262	REMOVE HEMORRHOIDS & FISTULA	628.39	00 15									
73	46270	SURGICAL TREATMENT OF ANAL FISTULA	552.76										
77	46270	SURGICAL TREATMENT OF ANAL FISTULA	552.76	00 15									
73	46275	REMOVAL OF ANAL FISTULA	581.67										
77	46275	REMOVAL OF ANAL FISTULA	581.67	00 15									
73	46280	REMOVAL OF ANAL FISTULA	500.48										
77	46280	REMOVAL OF ANAL FISTULA	500.48	00 15									
73	46285	SURGICAL TREATMENT OF ANAL FISTULA	578.36										
77	46285	SURGICAL TREATMENT OF ANAL FISTULA	578.36	00 15									
73	46288	REPAIR ANAL FISTULA	580.98										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	46288	REPAIR ANAL FISTULA	580.98	00 15									
73	46320	REMOVAL OF HEMORRHOID CLOT	217.59										
77	46320	REMOVAL OF HEMORRHOID CLOT	217.59	00 15									
73	46500	INJECTION TREATMENT OF ANUS	317.49										
77	46500	INJECTION TREATMENT OF ANUS	317.49	00 15									
73	46505	CHEMODENERVATION ANAL MUSC	325.02										
77	46505	CHEMODENERVATION ANAL MUSC	325.02	00 15									
73	46600	ANOSCOPY; DIAGNOSTIC	120.89										
77	46600	ANOSCOPY; DIAGNOSTIC	120.89	00 15									
73	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	155.39										
77	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	155.39	00 15									
73	46604	ANOSCOPY WITH DIRECT DILATION	679.53										
77	46604	ANOSCOPY WITH DIRECT DILATION	679.53	00 15									
73	46606	ANOSCOPY WITH BIOPSY	286.36										
77	46606	ANOSCOPY WITH BIOPSY	286.36	00 15									
73	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	216.42										
77	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	216.42	00 15									
73	46608	ANOSCOPY;REMOVE FOREIGN BODY	302.29										
77	46608	ANOSCOPY;REMOVE FOREIGN BODY	302.29	00 15									
73	46610	ANOSCOPY; REMOVE POLYP	283.87										
77	46610	ANOSCOPY; REMOVE POLYP	283.87	00 15									
73	46611	ANOSCOPY;	230.49										
77	46611	ANOSCOPY;	230.49	00 15									
73	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	347.76										
77	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	347.76	00 15									
73	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	170.32										
77	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	170.32	00 15									
73	46615	ANOSCOPY;	185.04										
77	46615	ANOSCOPY;	185.04	00 15									
73	46700	REPAIR OF ANAL STRICTURE	684.45										
77	46700	REPAIR OF ANAL STRICTURE	684.45	00 15									
73	46705	REPAIR OF ANAL STRICTURE	610.01										
77	46705	REPAIR OF ANAL STRICTURE	610.01	00 15									
73	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	190.82									X	
77	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	190.82	00 15								X	
73	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	537.78										
77	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	537.78	00 15									
73	46710	REPR PER/VAG POUCH SNGL PROC	1,203.25										
77	46710	REPR PER/VAG POUCH SNGL PROC	1,203.25	00 15									
73	46712	REPR PER/VAG POUCH DBL PROC	2,416.48										
77	46712	REPR PER/VAG POUCH DBL PROC	2,416.48	00 15									
73	46715	REPAIR OF ANOVAGINAL FISTULA	597.69										
77	46715	REPAIR OF ANOVAGINAL FISTULA	597.69	00 15									
73	46716	REPAIR OF ANOVAGINAL FISTULA	1,324.07										
77	46716	REPAIR OF ANOVAGINAL FISTULA	1,324.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	46730	CONSTRUCTION OF ABSENT ANUS	2,147.50										
77	46730	CONSTRUCTION OF ABSENT ANUS	2,147.50	00 15									
73	46735	CONSTRUCTION OF ABSENT ANUS	2,477.34										
77	46735	CONSTRUCTION OF ABSENT ANUS	2,477.34	00 15									
73	46740	CONSTRUCTION OF ABSENT ANUS	2,346.03										
77	46740	CONSTRUCTION OF ABSENT ANUS	2,346.03	00 15									
73	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,717.40										
77	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,717.40	00 15									
73	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,848.98				F						
77	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,848.98	00 15			F						
73	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,243.79				F						
77	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,243.79	00 15			F						
73	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,601.91				F						
77	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,601.91	00 15			F						
73	46750	REPAIR OF ANAL SPHINCTER	787.19										
77	46750	REPAIR OF ANAL SPHINCTER	787.19	00 15									
73	46751	REPAIR OF ANAL SPHINCTER	719.01										
77	46751	REPAIR OF ANAL SPHINCTER	719.01	00 15									
73	46753	RECONSTRUCTION OF ANUS	668.01										
77	46753	RECONSTRUCTION OF ANUS	668.01	00 15									
73	46754	REMOVAL OF SUTURE FROM ANUS	349.54										
77	46754	REMOVAL OF SUTURE FROM ANUS	349.54	00 15									
73	46760	REPAIR OF ANAL SPHINCTER	1,137.31										
77	46760	REPAIR OF ANAL SPHINCTER	1,137.31	00 15									
73	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	963.64										
77	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	963.64	00 15									
73	46900	REMOVAL OF ANAL LESION	239.51										
77	46900	REMOVAL OF ANAL LESION	239.51	00 15									
73	46910	REMOVAL OF ANAL LESION	268.39										
77	46910	REMOVAL OF ANAL LESION	268.39	00 15									
73	46916	CRYSOSURGERY-ANAL LESIONS ,	260.32									X	
77	46916	CRYSOSURGERY-ANAL LESIONS ,	260.32	00 15								X	
73	46917	DESTROY ANAL LESION(S); LASER SURG	435.73										
77	46917	DESTROY ANAL LESION(S); LASER SURG	435.73	00 15									
73	46922	DESTROY ANAL LESION(S)-SURG EXCISION	318.83										
77	46922	DESTROY ANAL LESION(S)-SURG EXCISION	318.83	00 15									
73	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	552.24										
77	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	552.24	00 15									
73	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	219.48										
77	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	219.48	00 15									
73	46940	TREATMENT OF ANAL FISSURE	269.92										
77	46940	TREATMENT OF ANAL FISSURE	269.92	00 15									
73	46942	TREATMENT OF ANAL FISSURE	255.96										
77	46942	TREATMENT OF ANAL FISSURE	255.96	00 15									
73	46945	LIGATION OF HEMORRHOIDS	348.36										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	46945	LIGATION OF HEMORRHOIDS	348.36	00 15									
73	46946	LIGATION OF HEMORRHOIDS	394.58										
77	46946	LIGATION OF HEMORRHOIDS	394.58	00 15									
73	46947	HEMORRHOIDOPEXY BY STAPLING	411.90										
77	46947	HEMORRHOIDOPEXY BY STAPLING	411.90	00 15									
73	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	466.91										
77	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	466.91	00 15									
73	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	302.43										
77	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	302.43	00 15									
73	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	112.52										
77	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	112.52	00 15									
73	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,314.00										
77	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,314.00	00 15									
73	47015	INJECT/ASPIRATE LIVER CYST	1,265.40										
77	47015	INJECT/ASPIRATE LIVER CYST	1,265.40	00 15									
73	47100	WEDGE BIOPSY OF LIVER	914.49										
77	47100	WEDGE BIOPSY OF LIVER	914.49	00 15									
73	47120	PARTIAL REMOVAL OF LIVER	2,528.74										
77	47120	PARTIAL REMOVAL OF LIVER	2,528.74	00 15									
73	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,735.37										
77	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,735.37	00 15									
73	47125	PARTIAL REMOVAL OF LIVER	3,347.98										
77	47125	PARTIAL REMOVAL OF LIVER	3,347.98	00 15									
73	47130	PARTIAL REMOVAL OF LIVER	3,590.43										
77	47130	PARTIAL REMOVAL OF LIVER	3,590.43	00 15									
73	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,834.00		X								
77	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,834.00	00 15	X								
73	47140	PARTIAL REMOVAL, DONOR LIVER	3,876.09		X								
77	47140	PARTIAL REMOVAL, DONOR LIVER	3,876.09	00 15	X								
73	47141	PARTIAL REMOVAL, DONOR LIVER	4,637.12		X								
77	47141	PARTIAL REMOVAL, DONOR LIVER	4,637.12	00 15	X								
73	47142	PARTIAL REMOVAL, DONOR LIVER	5,097.54		X								
77	47142	PARTIAL REMOVAL, DONOR LIVER	5,097.54	00 15	X								
73	47146	PREP DONOR LIVER/VENOUS	358.60		X								
77	47146	PREP DONOR LIVER/VENOUS	358.60	00 15	X								
73	47147	PREP DONOR LIVER/ARTERIAL	415.97		X								
77	47147	PREP DONOR LIVER/ARTERIAL	415.97	00 15	X								
73	47300	SURGERY FOR LIVER LESION	1,226.28										
77	47300	SURGERY FOR LIVER LESION	1,226.28	00 15									
73	47350	REPAIR LIVER WOUND	1,479.51										
77	47350	REPAIR LIVER WOUND	1,479.51	00 15									
73	47360	REPAIR LIVER WOUND	2,044.19										
77	47360	REPAIR LIVER WOUND	2,044.19	00 15									
73	47361	REPAIR LIVER WOUND	3,277.34										
77	47361	REPAIR LIVER WOUND	3,277.34	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	47362	REPAIR LIVER WOUND	1,538.20										
77	47362	REPAIR LIVER WOUND	1,538.20	00 15									
73	47370	LAPARO ABLATE LIVER TUMOR RF	1,357.96										
77	47370	LAPARO ABLATE LIVER TUMOR RF	1,357.96	00 15									
73	47371	LAPARO ABLATE LIVER CRYOSUG	1,371.78										
77	47371	LAPARO ABLATE LIVER CRYOSUG	1,371.78	00 15									
73	47380	OPEN ABLATE LIVER TUMOR RF	1,569.37										
77	47380	OPEN ABLATE LIVER TUMOR RF	1,569.37	00 15									
73	47381	OPEN ABLATE LIVER TUMOR CRYO	1,615.58										
77	47381	OPEN ABLATE LIVER TUMOR CRYO	1,615.58	00 15									
73	47382	PERCUT ABLATE LIVER RF	3,738.90										
77	47382	PERCUT ABLATE LIVER RF	3,738.90	00 15									
73	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,001.83										
77	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	6,001.83	00 15									
73	47400	INCISION OF LIVER DUCT	2,347.50										
77	47400	INCISION OF LIVER DUCT	2,347.50	00 15									
73	47420	INCISION OF BILE DUCT	1,448.61										
77	47420	INCISION OF BILE DUCT	1,448.61	00 15									
73	47425	INCISION OF BILE DUCT	1,488.31										
77	47425	INCISION OF BILE DUCT	1,488.31	00 15									
73	47460	INCISE BILE DUCT SPHINCTER	1,381.94										
77	47460	INCISE BILE DUCT SPHINCTER	1,381.94	00 15									
73	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	938.94										
77	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	938.94	00 15									
73	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	334.14										
77	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	334.14	00 15									
73	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	429.48										
77	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	429.48	00 15									
73	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	854.56										
77	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	854.56	00 15									
73	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,185.49										
77	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,185.49	00 15									
73	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,298.66										
77	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,298.66	00 15									
73	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	901.08										
77	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	901.08	00 15									
73	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	646.00										
77	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	646.00	00 15									
73	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	500.12										
77	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	500.12	00 15									
73	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,831.01										
77	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,831.01	00 15									
73	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,263.60										
77	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,263.60	00 15									
73	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,318.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,318.20	00 15									
73	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,179.55										
77	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,179.55	00 15									
73	47542	BALLOON DILATION OF BILIARY DUCT(S)	506.38										
77	47542	BALLOON DILATION OF BILIARY DUCT(S)	506.38	00 15									
73	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	398.78										
77	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	398.78	00 15									
73	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	852.59										
77	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	852.59	00 15									
73	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	179.68										
77	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	179.68	00 15									
73	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	283.90										
77	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	283.90	00 15									
73	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	287.66										
77	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	287.66	00 15									
73	47554	BILIARY ENDOSCOPY...; REMOVE STONES	561.15										
77	47554	BILIARY ENDOSCOPY...; REMOVE STONES	561.15	00 15									
73	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	342.06										
77	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	342.06	00 15									
73	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	388.24										
77	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	388.24	00 15									
73	47562	LAPAROSCOPIC CHOLECYSTECTOMY	715.92										
77	47562	LAPAROSCOPIC CHOLECYSTECTOMY	715.92	00 15									
73	47563	LAPARO CHOLECYSTECTOMY/GRAPH	779.37										
77	47563	LAPARO CHOLECYSTECTOMY/GRAPH	779.37	00 15									
73	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,210.38										
77	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,210.38	00 15									
73	47570	LAPARO CHOLECYSTOENTEROSTOMY	844.61										
77	47570	LAPARO CHOLECYSTOENTEROSTOMY	844.61	00 15									
73	47600	REMOVAL OF GALLBLADDER	1,159.15										
77	47600	REMOVAL OF GALLBLADDER	1,159.15	00 15									
73	47605	REMOVAL OF GALLBLADDER	1,225.03										
77	47605	REMOVAL OF GALLBLADDER	1,225.03	00 15									
73	47610	REMOVAL OF GALLBLADDER	1,365.39										
77	47610	REMOVAL OF GALLBLADDER	1,365.39	00 15									
73	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,389.81										
77	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,389.81	00 15									
73	47620	REMOVAL OF GALLBLADDER	1,501.36										
77	47620	REMOVAL OF GALLBLADDER	1,501.36	00 15									
73	47700	EXPLORATION OF BILE DUCTS	1,150.51										
77	47700	EXPLORATION OF BILE DUCTS	1,150.51	00 15									
73	47701	PORTENTEROSTOMY	1,893.64										
77	47701	PORTENTEROSTOMY	1,893.64	00 15									
73	47711	EXCISION OF BILE DUCT TUMOR	1,690.44										
77	47711	EXCISION OF BILE DUCT TUMOR	1,690.44	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	47712	EXCISION OF BILE DUCT TUMOR	2,179.76										
77	47712	EXCISION OF BILE DUCT TUMOR	2,179.76	00 15									
73	47715	EXCISE CHOLEDOCHAL CYST	1,447.72										
77	47715	EXCISE CHOLEDOCHAL CYST	1,447.72	00 15									
73	47720	FUSE GALLBLADDER & BOWEL	1,255.29										
77	47720	FUSE GALLBLADDER & BOWEL	1,255.29	00 15									
73	47721	FUSE UPPER GI STRUCTURES	1,474.80										
77	47721	FUSE UPPER GI STRUCTURES	1,474.80	00 15									
73	47740	FUSE GALLBLADDER & BOWEL	1,430.12										
77	47740	FUSE GALLBLADDER & BOWEL	1,430.12	00 15									
73	47741	FUSE GALLBLADDER & BOWEL	1,608.63										
77	47741	FUSE GALLBLADDER & BOWEL	1,608.63	00 15									
73	47760	FUSE BILE DUCTS AND BOWEL	2,447.54										
77	47760	FUSE BILE DUCTS AND BOWEL	2,447.54	00 15									
73	47765	FUSE LIVER DUCTS & BOWEL	3,312.06										
77	47765	FUSE LIVER DUCTS & BOWEL	3,312.06	00 15									
73	47780	FUSE BILE DUCTS AND BOWEL	2,689.53										
77	47780	FUSE BILE DUCTS AND BOWEL	2,689.53	00 15									
73	47785	FUSE BILE DUCTS AND BOWEL	3,506.02										
77	47785	FUSE BILE DUCTS AND BOWEL	3,506.02	00 15									
73	47800	RECONSTRUCTION OF BILE DUCTS	1,655.36										
77	47800	RECONSTRUCTION OF BILE DUCTS	1,655.36	00 15									
73	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,211.95										
77	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,211.95	00 15									
73	47802	U-TUBE HEPATICOENTEROSTOMY	1,661.23										
77	47802	U-TUBE HEPATICOENTEROSTOMY	1,661.23	00 15									
73	47900	SUTURE BILE DUCT INJURY	1,482.47										
77	47900	SUTURE BILE DUCT INJURY	1,482.47	00 15									
73	48000	DRAINAGE OF ABDOMEN	2,055.67										
77	48000	DRAINAGE OF ABDOMEN	2,055.67	00 15									
73	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,520.71										
77	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,520.71	00 15									
73	48020	REMOVAL OF PANCREATIC STONE	1,283.74										
77	48020	REMOVAL OF PANCREATIC STONE	1,283.74	00 15									
73	48100	BIOPSY OF PANCREAS	948.62										
77	48100	BIOPSY OF PANCREAS	948.62	00 15									
73	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	525.00										
77	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	525.00	00 15									
73	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,073.43										
77	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	3,073.43	00 15									
73	48120	REMOVAL OF PANCREAS LESION	1,197.28										
77	48120	REMOVAL OF PANCREAS LESION	1,197.28	00 15									
73	48140	PARTIAL REMOVAL OF PANCREAS	1,697.03										
77	48140	PARTIAL REMOVAL OF PANCREAS	1,697.03	00 15									
73	48145	PARTIAL REMOVAL OF PANCREAS	1,780.76										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	48145	PARTIAL REMOVAL OF PANCREAS	1,780.76	00 15									
73	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,051.39										
77	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	2,051.39	00 15									
73	48148	REMOVAL OF PANCREATIC DUCT	1,361.50										
77	48148	REMOVAL OF PANCREATIC DUCT	1,361.50	00 15									
73	48150	PARTIAL REMOVAL OF PANCREAS	3,380.46										
77	48150	PARTIAL REMOVAL OF PANCREAS	3,380.46	00 15									
73	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,151.07										
77	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,151.07	00 15									
73	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,378.42										
77	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,378.42	00 15									
73	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,165.12										
77	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,165.12	00 15									
73	48155	REMOVAL OF PANCREAS	1,969.21										
77	48155	REMOVAL OF PANCREAS	1,969.21	00 15									
73	48500	SURGERY OF PANCREAS CYST	1,249.59										
77	48500	SURGERY OF PANCREAS CYST	1,249.59	00 15									
73	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,190.09										
77	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,190.09	00 15									
73	48520	FUSE PANCREAS CYST AND BOWEL	1,200.40										
77	48520	FUSE PANCREAS CYST AND BOWEL	1,200.40	00 15									
73	48540	FUSE PANCREAS CYST AND BOWEL	1,427.21										
77	48540	FUSE PANCREAS CYST AND BOWEL	1,427.21	00 15									
73	48545	PANCREATORRHAPHY FOR TRAUMA	1,466.70										
77	48545	PANCREATORRHAPHY FOR TRAUMA	1,466.70	00 15									
73	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,956.06										
77	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,956.06	00 15									
73	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,823.98										
77	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,823.98	00 15									
73	48552	PREP DONOR PANCREAS/VENOUS	258.23		X								
77	48552	PREP DONOR PANCREAS/VENOUS	258.23	00 15	X								
73	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,782.95		X								
77	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,782.95	00 15	X								
73	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,385.12		X								
77	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,385.12	00 15	X								
73	49000	EXPLORATION OF ABDOMEN	829.38		X								
77	49000	EXPLORATION OF ABDOMEN	829.38	00 15	X								
73	49002	REEXPLORATION OF ABDOMEN	1,129.49										
77	49002	REEXPLORATION OF ABDOMEN	1,129.49	00 15									
73	49010	EXPLORE,RETROPERITONEAL AREA	1,000.45										
77	49010	EXPLORE,RETROPERITONEAL AREA	1,000.45	00 15									
73	49013	PREPERITONEAL PELVIC PACKING FOR HEM	501.20										
77	49013	PREPERITONEAL PELVIC PACKING FOR HE	501.20	00 15									
73	49014	RE-EXPLORATION OF PELVIC WOUND WITH	414.43										
77	49014	RE-EXPLORATION OF PELVIC WOUND WITH	414.43	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,721.19										
77	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,721.19	00 15									
73	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,089.53										
77	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,089.53	00 15									
73	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,184.57										
77	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,184.57	00 15									
73	49062	DRAIN TO PERITONEAL CAVITY	832.57										
77	49062	DRAIN TO PERITONEAL CAVITY	832.57	00 15									
73	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	215.35										
77	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	215.35	00 15									
73	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	297.29										
77	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	297.29	00 15									
73	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	115.37										
77	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	115.37	00 15									
73	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	175.05										
77	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	175.05	00 15									
73	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,282.74										
77	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,282.74	00 15									
73	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,285.10										
77	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,285.10	00 15									
73	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,632.76										
77	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,632.76	00 15									
73	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,874.49										
77	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,874.49	00 15									
73	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,372.57										
77	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,372.57	00 15									
73	49250	EXCISION OF UMBILICUS	634.98										
77	49250	EXCISION OF UMBILICUS	634.98	00 15									
73	49255	OMENTECTOMY,...RESECT OMENTUM	843.83		X								
77	49255	OMENTECTOMY,...RESECT OMENTUM	843.83	00 15	X								
73	49320	DIAG LAPARO SEPARATE PROC	352.22		X								
77	49320	DIAG LAPARO SEPARATE PROC	352.22	00 15	X								
73	49321	LAPAROSCOPY, BIOPSY	368.50		X								
77	49321	LAPAROSCOPY, BIOPSY	368.50	00 15	X								
73	49322	LAPAROSCOPY, ASPIRATION	403.05		X								
77	49322	LAPAROSCOPY, ASPIRATION	403.05	00 15	X								
73	49323	LAPARO DRAIN LYMPHOCELE	679.53		X								
77	49323	LAPARO DRAIN LYMPHOCELE	679.53	00 15	X								
73	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	420.12										
77	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	420.12	00 15									
73	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	449.70										
77	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	449.70	00 15									
73	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	207.69										
77	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	207.69	00 15									
73	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	142.90										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	142.90	00 15									
73	49400	AIR INJECTION INTO ABDOMEN	154.83										
77	49400	AIR INJECTION INTO ABDOMEN	154.83	00 15									
73	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	922.84										
77	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	922.84	00 15									
73	49405	Fluid collection drainage by cathete	898.31										
77	49405	Fluid collection drainage by cathete	898.31	00 15									
73	49406	Fluid collection drainage by cathete	897.98										
77	49406	Fluid collection drainage by cathete	897.98	00 15									
73	49407	Fluid collection drainage by cathete	760.40										
77	49407	Fluid collection drainage by cathete	760.40	00 15									
73	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	484.06										
77	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	484.06	00 15									
73	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	90.66										
77	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	90.66	00 15									
73	49418	INSERTION OF TUNNELED INTRAPERITONEA	999.20										
77	49418	INSERTION OF TUNNELED INTRAPERITONEA	999.20	00 15									
73	49419	INSERTION OF TUNNELED INTRAPERITONEA	453.19										
77	49419	INSERTION OF TUNNELED INTRAPERITONEA	453.19	00 15									
73	49421	INSERTION OF TUNNELED INTRAPERITONEA	247.24										
77	49421	INSERTION OF TUNNELED INTRAPERITONEA	247.24	00 15									
73	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	240.85										
77	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	240.85	00 15									
73	49423	EXCHANGE DRAINAGE CATH	599.46										
77	49423	EXCHANGE DRAINAGE CATH	599.46	00 15									
73	49424	ASSESS CYST, CONTRAST INJ	185.49										
77	49424	ASSESS CYST, CONTRAST INJ	185.49	00 15									
73	49425	PERITONEAL-VENOUS SHUNT	735.63										
77	49425	PERITONEAL-VENOUS SHUNT	735.63	00 15									
73	49426	REVISION OF PERITONEAL-VENOUS SHUNT	726.47										
77	49426	REVISION OF PERITONEAL-VENOUS SHUNT	726.47	00 15									
73	49427	INJECTION PROCEDURE (EG, CONTRAST ME	40.44										
77	49427	INJECTION PROCEDURE (EG, CONTRAST ME	40.44	00 15									
73	49428	LIGATION OF SHUNT	466.84										
77	49428	LIGATION OF SHUNT	466.84	00 15									
73	49429	REMOVAL OF SHUNT	496.90										
77	49429	REMOVAL OF SHUNT	496.90	00 15									
73	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	130.81										
77	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	130.81	00 15									
73	49436	DELAYED CREATION OF EXIT SITE FROM E	201.46										
77	49436	DELAYED CREATION OF EXIT SITE FROM E	201.46	00 15									
73	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	845.62										
77	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	845.62	00 15									
73	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	959.16										
77	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	959.16	00 15									

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	49442	INSERTION OF CECOSTOMY OR OTHER COLO	805.90											
77	49442	INSERTION OF CECOSTOMY OR OTHER COLO	805.90	00	15									
73	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	808.34											
77	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	808.34	00	15									
73	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	601.77											
77	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	601.77	00	15									
73	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	648.80											
77	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	648.80	00	15									
73	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	786.96											
77	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	786.96	00	15									
73	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	673.19											
77	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	673.19	00	15									
73	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	134.37											
77	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	134.37	00	15									
73	49491	REPAIRING HERN PREMIE REDUC	866.50											
77	49491	REPAIRING HERN PREMIE REDUC	866.50	00	15									
73	49492	RPR ING HERN PREMIE, BLOCKED	1,043.95											
77	49492	RPR ING HERN PREMIE, BLOCKED	1,043.95	00	15									
73	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	441.03											
77	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	441.03	00	15									
73	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	666.37											
77	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	666.37	00	15									
73	49500	REPAIR INITIAL INGUINAL HERNIA..	445.52	00	04					X				
77	49500	REPAIR INITIAL INGUINAL HERNIA..	445.52	00	04					X				
73	49501	REPAIR INITIAL INGUINAL HERNIA..	657.12	00	04									
77	49501	REPAIR INITIAL INGUINAL HERNIA..	657.12	00	04									
73	49505	REPAIR INGUINAL HERNIA	564.67	05	99									
77	49505	REPAIR INGUINAL HERNIA	564.67	05	15									
73	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	634.45	05	99									
77	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	634.45	05	15									
73	49520	REREPAIR INGUINAL HERNIA	686.81											
77	49520	REREPAIR INGUINAL HERNIA	686.81	00	15									
73	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	776.94											
77	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	776.94	00	15									
73	49525	REPAIR INGUINAL HERNIA	620.57											
77	49525	REPAIR INGUINAL HERNIA	620.57	00	15									
73	49540	REPAIR LUMBAR HERNIA	731.19											
77	49540	REPAIR LUMBAR HERNIA	731.19	00	15									
73	49550	REPAIR FEMORAL HERNIA	623.29											
77	49550	REPAIR FEMORAL HERNIA	623.29	00	15									
73	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	685.16											
77	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	685.16	00	15									
73	49555	REPAIR FEMORAL HERNIA	655.80											
77	49555	REPAIR FEMORAL HERNIA	655.80	00	15									
73	49557	REPAIR RECURRENT FEMORAL HERNIA;	786.37											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	49557	REPAIR RECURRENT FEMORAL HERNIA;	786.37	00 15									
73	49600	REPAIR UMBILICAL LESION	798.38										
77	49600	REPAIR UMBILICAL LESION	798.38	00 15									
73	49605	REPAIR UMBILICAL LESION	5,383.86										
77	49605	REPAIR UMBILICAL LESION	5,383.86	00 15									
73	49606	REPAIR UMBILICAL LESION	1,238.65										
77	49606	REPAIR UMBILICAL LESION	1,238.65	00 15									
73	49610	REPAIR UMBILICAL LESION	753.90										
77	49610	REPAIR UMBILICAL LESION	753.90	00 15									
73	49611	REPAIR UMBILICAL LESION	661.48										
77	49611	REPAIR UMBILICAL LESION	661.48	00 15									
73	49650	LAP ING HERNIA REPAIR INIT	465.00										
77	49650	LAP ING HERNIA REPAIR INIT	465.00	00 15									
73	49651	LAP ING HERNIA REPAIR RECUR	607.99										
77	49651	LAP ING HERNIA REPAIR RECUR	607.99	00 15									
73	49900	REPAIR OF ABDOMINAL WALL	879.41										
77	49900	REPAIR OF ABDOMINAL WALL	879.41	00 15									
73	49904	OMENTAL FLAP, EXTRA-ABDOM	1,481.06										
77	49904	OMENTAL FLAP, EXTRA-ABDOM	1,481.06	00 15									
73	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	382.06										
77	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	382.06	00 15									
73	50010	EXPLORATION OF KIDNEY	724.71										
77	50010	EXPLORATION OF KIDNEY	724.71	00 15									
73	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,044.82										
77	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,044.82	00 15									
73	50040	DRAINAGE OF KIDNEY	952.68										
77	50040	DRAINAGE OF KIDNEY	952.68	00 15									
73	50045	EXPLORATION OF KIDNEY	960.20										
77	50045	EXPLORATION OF KIDNEY	960.20	00 15									
73	50060	REMOVAL OF KIDNEY STONE	1,173.48										
77	50060	REMOVAL OF KIDNEY STONE	1,173.48	00 15									
73	50065	INCISION OF KIDNEY	1,244.77										
77	50065	INCISION OF KIDNEY	1,244.77	00 15									
73	50070	INCISION OF KIDNEY	1,221.20										
77	50070	INCISION OF KIDNEY	1,221.20	00 15									
73	50075	REMOVAL OF KIDNEY STONE	1,501.39										
77	50075	REMOVAL OF KIDNEY STONE	1,501.39	00 15									
73	50080	PERCUT NEPHRO/PYELO,W/OR W/O	893.61										
77	50080	PERCUT NEPHRO/PYELO,W/OR W/O	893.61	00 15									
73	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,316.97										
77	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,316.97	00 15									
73	50100	REVISE KIDNEY BLOOD VESSELS	1,175.91										
77	50100	REVISE KIDNEY BLOOD VESSELS	1,175.91	00 15									
73	50120	EXPLORATION OF KIDNEY	977.24										
77	50120	EXPLORATION OF KIDNEY	977.24	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50125	EXPLORE AND DRAIN KIDNEY	1,012.68										
77	50125	EXPLORE AND DRAIN KIDNEY	1,012.68	00 15									
73	50130	REMOVAL OF KIDNEY STONE	1,063.04										
77	50130	REMOVAL OF KIDNEY STONE	1,063.04	00 15									
73	50135	EXPLORATION OF KIDNEY	1,155.56										
77	50135	EXPLORATION OF KIDNEY	1,155.56	00 15									
73	50200	BIOPSY OF KIDNEY	522.56										
77	50200	BIOPSY OF KIDNEY	522.56	00 15									
73	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	811.34										
77	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	811.34	00 15									
73	50220	REMOVAL OF KIDNEY	1,100.68										
77	50220	REMOVAL OF KIDNEY	1,100.68	00 15									
73	50225	REMOVAL OF KIDNEY	1,250.06										
77	50225	REMOVAL OF KIDNEY	1,250.06	00 15									
73	50230	REMOVAL OF KIDNEY	1,327.21										
77	50230	REMOVAL OF KIDNEY	1,327.21	00 15									
73	50234	REMOVAL OF KIDNEY & URETER	1,351.29										
77	50234	REMOVAL OF KIDNEY & URETER	1,351.29	00 15									
73	50236	REMOVAL OF KIDNEY & URETER	1,511.17										
77	50236	REMOVAL OF KIDNEY & URETER	1,511.17	00 15									
73	50240	PARTIAL REMOVAL OF KIDNEY	1,368.70										
77	50240	PARTIAL REMOVAL OF KIDNEY	1,368.70	00 15									
73	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,253.51										
77	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,253.51	00 15									
73	50280	REMOVAL OF KIDNEY LESION	996.66										
77	50280	REMOVAL OF KIDNEY LESION	996.66	00 15									
73	50290	REMOVAL OF KIDNEY LESION	925.87										
77	50290	REMOVAL OF KIDNEY LESION	925.87	00 15									
73	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,628.40		X								
77	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,628.40	00 15	X								
73	50327	PREP RENAL GRAFT/VENOUS	235.92		X								
77	50327	PREP RENAL GRAFT/VENOUS	235.92	00 15	X								
73	50328	PREP RENAL GRAFT/ARTERIAL	206.76		X								
77	50328	PREP RENAL GRAFT/ARTERIAL	206.76	00 15	X								
73	50329	PREP RENAL GRAFT/URETERAL	195.05		X								
77	50329	PREP RENAL GRAFT/URETERAL	195.05	00 15	X								
73	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,028.00		X								
77	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	1,028.00	00 15	X								
73	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,621.61		X								
77	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,621.61	00 15	X								
73	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,113.33		X								
77	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	3,113.33	00 15	X								
73	50370	REMOVE TRANSPLANTED KIDNEY	1,302.49										
77	50370	REMOVE TRANSPLANTED KIDNEY	1,302.49	00 15									
73	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,184.88		X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,184.88	00 15	X								
73	50382	CHANGE URETER STENT, PERCUT	1,025.11										
77	50382	CHANGE URETER STENT, PERCUT	1,025.11	00 15									
73	50384	REMOVE URETER STENT, PERCUT	877.02										
77	50384	REMOVE URETER STENT, PERCUT	877.02	00 15									
73	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,025.04										
77	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	1,025.04	00 15									
73	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	756.86										
77	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	756.86	00 15									
73	50387	CHANGE EXT/INT URETER STENT	565.88										
77	50387	CHANGE EXT/INT URETER STENT	565.88	00 15									
73	50389	REMOVE RENAL TUBE W/FLUORO	422.02										
77	50389	REMOVE RENAL TUBE W/FLUORO	422.02	00 15									
73	50390	DRAINAGE OF KIDNEY LESION	97.94										
77	50390	DRAINAGE OF KIDNEY LESION	97.94	00 15									
73	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	128.34										
77	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	128.34	00 15									
73	50396	MEASURE KIDNEY PRESSURE	117.66										
77	50396	MEASURE KIDNEY PRESSURE	117.66	00 15									
73	50400	REVISION OF KIDNEY/URETER	1,190.76										
77	50400	REVISION OF KIDNEY/URETER	1,190.76	00 15									
73	50405	REVISION OF KIDNEY/URETER	1,436.56										
77	50405	REVISION OF KIDNEY/URETER	1,436.56	00 15									
73	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	636.96										
77	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	636.96	00 15									
73	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	325.61										
77	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	325.61	00 15									
73	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	917.59										
77	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	917.59	00 15									
73	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,143.77										
77	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,143.77	00 15									
73	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	918.68										
77	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	918.68	00 15									
73	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	609.01										
77	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	609.01	00 15									
73	50436	DILATION OF EXISTING TRACT, PERCUTAN	152.78										
77	50436	DILATION OF EXISTING TRACT, PERCUTAN	152.78	00 15									
73	50437	DILATION OF EXISTING TRACT, PERCUTAN	252.62										
77	50437	DILATION OF EXISTING TRACT, PERCUTAN	252.62	00 15									
73	50500	REPAIR OF KIDNEY WOUND	1,342.56										
77	50500	REPAIR OF KIDNEY WOUND	1,342.56	00 15									
73	50520	CLOSE KIDNEY-SKIN FISTULA	1,261.06										
77	50520	CLOSE KIDNEY-SKIN FISTULA	1,261.06	00 15									
73	50525	REPAIR RENAL-ABDOMEN FISTULA	1,602.73										
77	50525	REPAIR RENAL-ABDOMEN FISTULA	1,602.73	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50526	REPAIR RENAL-ABDOMEN FISTULA	1,717.02										
77	50526	REPAIR RENAL-ABDOMEN FISTULA	1,717.02	00 15									
73	50540	REVISION OF HORSESHOE KIDNEY	1,180.81										
77	50540	REVISION OF HORSESHOE KIDNEY	1,180.81	00 15									
73	50541	LAPARO ABLATE RENAL CYST	946.03										
77	50541	LAPARO ABLATE RENAL CYST	946.03	00 15									
73	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,203.69										
77	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,203.69	00 15									
73	50543	LAPARO PARTIAL NEPHRECTOMY	1,536.00										
77	50543	LAPARO PARTIAL NEPHRECTOMY	1,536.00	00 15									
73	50544	LAPAROSCOPY, PYELOPLASTY	1,282.57										
77	50544	LAPAROSCOPY, PYELOPLASTY	1,282.57	00 15									
73	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,378.00										
77	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,378.00	00 15									
73	50546	LAPAROSCOPIC NEPHRECTOMY	1,245.34										
77	50546	LAPAROSCOPIC NEPHRECTOMY	1,245.34	00 15									
73	50547	LAPARO REMOVAL DONOR KIDNEY	1,732.71										
77	50547	LAPARO REMOVAL DONOR KIDNEY	1,732.71	00 15									
73	50548	LAPARO-ASST REMOVE K/URETER	1,386.45										
77	50548	LAPARO-ASST REMOVE K/URETER	1,386.45	00 15									
73	50551	KIDNEY ENDOSCOPY	368.56										
77	50551	KIDNEY ENDOSCOPY	368.56	00 15									
73	50553	KIDNEY ENDOSCOPY	395.22										
77	50553	KIDNEY ENDOSCOPY	395.22	00 15									
73	50555	KIDNEY ENDOSCOPY & BIOPSY	421.09										
77	50555	KIDNEY ENDOSCOPY & BIOPSY	421.09	00 15									
73	50557	KIDNEY ENDOSCOPY & TREATMENT	428.27										
77	50557	KIDNEY ENDOSCOPY & TREATMENT	428.27	00 15									
73	50561	KIDNEY ENDOSCOPY & TREATMENT	485.93										
77	50561	KIDNEY ENDOSCOPY & TREATMENT	485.93	00 15									
73	50562	RENAL SCOPE W/TUMOR RESECT	593.74										
77	50562	RENAL SCOPE W/TUMOR RESECT	593.74	00 15									
73	50570	KIDNEY ENDOSCOPY	504.46										
77	50570	KIDNEY ENDOSCOPY	504.46	00 15									
73	50572	KIDNEY ENDOSCOPY	546.16										
77	50572	KIDNEY ENDOSCOPY	546.16	00 15									
73	50574	KIDNEY ENDOSCOPY & BIOPSY	580.69										
77	50574	KIDNEY ENDOSCOPY & BIOPSY	580.69	00 15									
73	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	734.53										
77	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	734.53	00 15									
73	50576	KIDNEY ENDOSCOPY & TREATMENT	579.34										
77	50576	KIDNEY ENDOSCOPY & TREATMENT	579.34	00 15									
73	50580	KIDNEY ENDOSCOPY & TREATMENT	624.11										
77	50580	KIDNEY ENDOSCOPY & TREATMENT	624.11	00 15									
73	50590	LITHOTRIPSY,ESW	755.81										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	50590	LITHOTRIPSY,ESW	755.81	00 15									
73	50592	PERC RF ABLATE RENAL TUMOR	2,872.30										
77	50592	PERC RF ABLATE RENAL TUMOR	2,872.30	00 15									
73	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,840.18										
77	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,840.18	00 15									
73	50600	EXPLORATION OF URETER	965.89										
77	50600	EXPLORATION OF URETER	965.89	00 15									
73	50605	URETEROTOMY-INSERT STEAT	1,078.33										
77	50605	URETEROTOMY-INSERT STEAT	1,078.33	00 15									
73	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	489.98										
77	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	489.98	00 15									
73	50610	REMOVAL OF URETER STONE	972.41										
77	50610	REMOVAL OF URETER STONE	972.41	00 15									
73	50620	REMOVAL OF URETER STONE	929.68										
77	50620	REMOVAL OF URETER STONE	929.68	00 15									
73	50630	REMOVAL OF URETER STONE	919.27										
77	50630	REMOVAL OF URETER STONE	919.27	00 15									
73	50650	REMOVAL OF URETER	1,072.83										
77	50650	REMOVAL OF URETER	1,072.83	00 15									
73	50660	REMOVAL OF URETER	1,177.07										
77	50660	REMOVAL OF URETER	1,177.07	00 15									
73	50684	INJECTION FOR URETER X-RAY	127.21										
77	50684	INJECTION FOR URETER X-RAY	127.21	00 15									
73	50686	MEASURE URETER PRESSURE	144.05										
77	50686	MEASURE URETER PRESSURE	144.05	00 15									
73	50688	CHANGE OF URETER TUBE	77.32										
77	50688	CHANGE OF URETER TUBE	77.32	00 15									
73	50690	INJECTION OF BLADDER AND URINARY DUC	119.96										
77	50690	INJECTION OF BLADDER AND URINARY DUC	119.96	00 15									
73	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,005.55										
77	50693	PLACEMENT OF URETERAL STENT, PERCUTA	1,005.55	00 15									
73	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,128.20										
77	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,128.20	00 15									
73	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,357.96										
77	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,357.96	00 15									
73	50700	REVISION OF URETER	953.35										
77	50700	REVISION OF URETER	953.35	00 15									
73	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,860.34										
77	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,860.34	00 15									
73	50706	BALLOON DILATION, URETERAL STRICTURE	851.00										
77	50706	BALLOON DILATION, URETERAL STRICTURE	851.00	00 15									
73	50715	RELEASE OF URETER	1,264.34										
77	50715	RELEASE OF URETER	1,264.34	00 15									
73	50722	RELEASE OF URETER	1,077.57				F						
77	50722	RELEASE OF URETER	1,077.57	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	50725	RELEASE/REVISE URETER	1,133.83										
77	50725	RELEASE/REVISE URETER	1,133.83	00 15									
73	50727	REVISION OF URINARY-CUTANEOUS ANASTO	527.23										
77	50727	REVISION OF URINARY-CUTANEOUS ANASTO	527.23	00 15									
73	50728	REVISION OF URINARY-CUTANEOUS ANASTO	765.17										
77	50728	REVISION OF URINARY-CUTANEOUS ANASTO	765.17	00 15									
73	50740	FUSION OF URETER & KIDNEY	1,332.14										
77	50740	FUSION OF URETER & KIDNEY	1,332.14	00 15									
73	50750	FUSION OF URETER & KIDNEY	1,186.79										
77	50750	FUSION OF URETER & KIDNEY	1,186.79	00 15									
73	50760	FUSION OF URETERS	1,192.74										
77	50760	FUSION OF URETERS	1,192.74	00 15									
73	50770	SPLICING OF URETERS	1,186.79										
77	50770	SPLICING OF URETERS	1,186.79	00 15									
73	50780	REIMPLANT URETER IN BLADDER	1,154.36										
77	50780	REIMPLANT URETER IN BLADDER	1,154.36	00 15									
73	50782	URETERONEOCYSTOSTOMY;	1,106.46										
77	50782	URETERONEOCYSTOSTOMY;	1,106.46	00 15									
73	50783	URETERONEOCYSTOSTOMY;	1,160.86										
77	50783	URETERONEOCYSTOSTOMY;	1,160.86	00 15									
73	50785	REIMPLANT URETER IN BLADDER	1,254.29										
77	50785	REIMPLANT URETER IN BLADDER	1,254.29	00 15									
73	50800	IMPLANT URETER IN BOWEL	951.77										
77	50800	IMPLANT URETER IN BOWEL	951.77	00 15									
73	50810	FUSION OF URETER & BOWEL	1,526.50										
77	50810	FUSION OF URETER & BOWEL	1,526.50	00 15									
73	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,261.01										
77	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,261.01	00 15									
73	50820	CONSTRUCT BOWEL BLADDER	1,354.94										
77	50820	CONSTRUCT BOWEL BLADDER	1,354.94	00 15									
73	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,697.16										
77	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,697.16	00 15									
73	50830	URINARY UNDIVERSION	1,856.25										
77	50830	URINARY UNDIVERSION	1,856.25	00 15									
73	50840	REPLACE URETER BY BOWEL	1,267.33										
77	50840	REPLACE URETER BY BOWEL	1,267.33	00 15									
73	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,290.21										
77	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,290.21	00 15									
73	50860	TRANSPLANT URETER TO SKIN	973.17										
77	50860	TRANSPLANT URETER TO SKIN	973.17	00 15									
73	50900	REPAIR OF URETER	868.08										
77	50900	REPAIR OF URETER	868.08	00 15									
73	50920	CLOSURE URETER/SKIN FISTULA	906.84										
77	50920	CLOSURE URETER/SKIN FISTULA	906.84	00 15									
73	50930	CLOSURE URETER/BOWEL FISTULA	1,133.48										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	50930	CLOSURE URETER/BOWEL FISTULA	1,133.48	00 15									
73	50940	RELEASE OF URETER	913.87										
77	50940	RELEASE OF URETER	913.87	00 15									
73	50945	LAPAROSCOPY URETEROLITHOTOMY	1,002.12										
77	50945	LAPAROSCOPY URETEROLITHOTOMY	1,002.12	00 15									
73	50947	LAPARO NEW URETER/BLADDER	1,429.15										
77	50947	LAPARO NEW URETER/BLADDER	1,429.15	00 15									
73	50948	LAPARO NEW URETER/BLADDER	1,317.07										
77	50948	LAPARO NEW URETER/BLADDER	1,317.07	00 15									
73	50951	ENDOSCOPY OF URETER	385.97										
77	50951	ENDOSCOPY OF URETER	385.97	00 15									
73	50953	ENDOSCOPY OF URETER	408.59										
77	50953	ENDOSCOPY OF URETER	408.59	00 15									
73	50955	URETER ENDOSCOPY & BIOPSY	435.88										
77	50955	URETER ENDOSCOPY & BIOPSY	435.88	00 15									
73	50957	URETER ENDOSCOPY & TREATMENT	439.52										
77	50957	URETER ENDOSCOPY & TREATMENT	439.52	00 15									
73	50961	URETER ENDOSCOPY & TREATMENT	397.83										
77	50961	URETER ENDOSCOPY & TREATMENT	397.83	00 15									
73	50970	URETER ENDOSCOPY	381.45										
77	50970	URETER ENDOSCOPY	381.45	00 15									
73	50972	URETER ENDOSCOPY & CATHETER	368.61										
77	50972	URETER ENDOSCOPY & CATHETER	368.61	00 15									
73	50974	URETER ENDOSCOPY & BIOPSY	486.18										
77	50974	URETER ENDOSCOPY & BIOPSY	486.18	00 15									
73	50976	URETER ENDOSCOPY & TREATMENT	479.01										
77	50976	URETER ENDOSCOPY & TREATMENT	479.01	00 15									
73	50980	URETER ENDOSCOPY & TREATMENT	366.59										
77	50980	URETER ENDOSCOPY & TREATMENT	366.59	00 15									
73	51020	INCISE & TREAT BLADDER	482.34										
77	51020	INCISE & TREAT BLADDER	482.34	00 15									
73	51030	INCISE & TREAT BLADDER	486.06										
77	51030	INCISE & TREAT BLADDER	486.06	00 15									
73	51040	INCISE & DRAIN BLADDER	297.60										
77	51040	INCISE & DRAIN BLADDER	297.60	00 15									
73	51045	INCISE BLADDER, DRAIN URETER	529.18										
77	51045	INCISE BLADDER, DRAIN URETER	529.18	00 15									
73	51050	REMOVAL OF BLADDER STONE	484.11										
77	51050	REMOVAL OF BLADDER STONE	484.11	00 15									
73	51060	REMOVAL OF URETER STONE	598.68										
77	51060	REMOVAL OF URETER STONE	598.68	00 15									
73	51065	REMOVAL OF URETER STONE	596.43										
77	51065	REMOVAL OF URETER STONE	596.43	00 15									
73	51080	DRAINAGE OF BLADDER ABSCESS	418.45										
77	51080	DRAINAGE OF BLADDER ABSCESS	418.45	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	51100	ASPIRATION OF BLADDER; BY NEEDLE	74.23										
77	51100	ASPIRATION OF BLADDER; BY NEEDLE	74.23	00 15									
73	51101	ASPIRATION OF BLADDER; BY TROCAR OR	155.92										
77	51101	ASPIRATION OF BLADDER; BY TROCAR OR	155.92	00 15									
73	51102	ASPIRATION OF BLADDER; WITH INSERTIO	245.23										
77	51102	ASPIRATION OF BLADDER; WITH INSERTIO	245.23	00 15									
73	51500	REMOVAL OF BLADDER CYST	655.80										
77	51500	REMOVAL OF BLADDER CYST	655.80	00 15									
73	51520	REMOVAL OF BLADDER LESION	612.17										
77	51520	REMOVAL OF BLADDER LESION	612.17	00 15									
73	51525	REMOVAL OF BLADDER LESION	885.61										
77	51525	REMOVAL OF BLADDER LESION	885.61	00 15									
73	51530	REMOVAL OF BLADDER LESION	793.58										
77	51530	REMOVAL OF BLADDER LESION	793.58	00 15									
73	51535	REPAIR OF URETER LESION	802.62										
77	51535	REPAIR OF URETER LESION	802.62	00 15									
73	51550	PARTIAL REMOVAL OF BLADDER	998.75										
77	51550	PARTIAL REMOVAL OF BLADDER	998.75	00 15									
73	51555	PARTIAL REMOVAL OF BLADDER	1,306.32										
77	51555	PARTIAL REMOVAL OF BLADDER	1,306.32	00 15									
73	51565	REVISE BLADDER & URETER(S)	1,328.24										
77	51565	REVISE BLADDER & URETER(S)	1,328.24	00 15									
73	51570	REMOVAL OF BLADDER	1,518.12										
77	51570	REMOVAL OF BLADDER	1,518.12	00 15									
73	51575	REMOVAL OF BLADDER & NODES	1,880.85										
77	51575	REMOVAL OF BLADDER & NODES	1,880.85	00 15									
73	51580	REMOVE BLADDER; REVISE TRACT	1,954.01										
77	51580	REMOVE BLADDER; REVISE TRACT	1,954.01	00 15									
73	51585	REMOVAL OF BLADDER & NODES	2,175.87										
77	51585	REMOVAL OF BLADDER & NODES	2,175.87	00 15									
73	51590	REMOVE BLADDER; REVISE TRACT	1,996.02										
77	51590	REMOVE BLADDER; REVISE TRACT	1,996.02	00 15									
73	51595	REMOVE BLADDER; REVISE TRACT	2,255.92										
77	51595	REMOVE BLADDER; REVISE TRACT	2,255.92	00 15									
73	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,429.61										
77	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,429.61	00 15									
73	51597	PELVIC EXENTERATION	2,375.80		X								
77	51597	PELVIC EXENTERATION	2,375.80	00 15	X								
73	51600	INJECTION FOR BLADDER X-RAY	213.96										
77	51600	INJECTION FOR BLADDER X-RAY	213.96	00 15									
73	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	39.81										
77	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	39.81	00 15									
73	51610	INJECTION FOR BLADDER X-RAY	129.96										
77	51610	INJECTION FOR BLADDER X-RAY	129.96	00 15									
73	51700	IRRIGATION OF BLADDER	76.99									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	51700	IRRIGATION OF BLADDER	76.99	00 15								X	
73	51701	INSERTION NON-INDWELLNG BLADDR CATH	45.67										
77	51701	INSERTION NON-INDWELLNG BLADDR CATH	45.67	00 15									
73	51702	INSERT TEMP INDWELL BLADDER CATHETER	62.18										
77	51702	INSERT TEMP INDWELL BLADDER CATHETER	62.18	00 15									
73	51703	INSERT INDWELL BLADDER CATH;COMPLICA	152.30										
77	51703	INSERT INDWELL BLADDER CATH;COMPLICA	152.30	00 15									
73	51705	CHANGE OF BLADDER TUBE	97.12										
77	51705	CHANGE OF BLADDER TUBE	97.12	00 15									
73	51710	CHANGE OF BLADDER TUBE	137.44										
77	51710	CHANGE OF BLADDER TUBE	137.44	00 15									
73	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	380.44										
77	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	380.44	00 15									
73	51720	TREATMENT OF BLADDER LESION	87.52										
77	51720	TREATMENT OF BLADDER LESION	87.52	00 15									
75	51725	SIMPLE CYSTOMETROGRAM	77.44										
75	51726	COMPLEX CYSTOMETROGRAM	85.98										
75	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	108.70										
75	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	106.35										
75	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	129.18										
75	51736	SIMPLE UROFLOWMETRY	8.36										
75	51741	COMPLEX UROFLOWMETRY	8.89										
75	51784	ANAL/URINARY MUSCLE STUDY	38.60										
75	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	101.40										
75	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	40.97										
73	51800	REVISION OF BLADDER/URETHRA	1,068.36										
77	51800	REVISION OF BLADDER/URETHRA	1,068.36	00 15									
73	51820	REVISION OF URINARY TRACT	1,116.89										
77	51820	REVISION OF URINARY TRACT	1,116.89	00 15									
73	51840	ATTACH BLADDER/URETHRA	720.65										
77	51840	ATTACH BLADDER/URETHRA	720.65	00 15									
73	51841	ATTACH BLADDER/URETHRA	831.53										
77	51841	ATTACH BLADDER/URETHRA	831.53	00 15									
73	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	599.60				F						
77	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	599.60	00 15			F						
73	51860	REPAIR OF BLADDER WOUND	778.17										
77	51860	REPAIR OF BLADDER WOUND	778.17	00 15									
73	51865	REPAIR OF BLADDER WOUND	932.02										
77	51865	REPAIR OF BLADDER WOUND	932.02	00 15									
73	51880	REPAIR OF BLADDER OPENING	480.90										
77	51880	REPAIR OF BLADDER OPENING	480.90	00 15									
73	51900	REPAIR BLADDER/VAGINA LESION	847.59				F						
77	51900	REPAIR BLADDER/VAGINA LESION	847.59	00 15			F						
73	51920	CLOSE BLADDER-UTERUS FISTULA	785.23				F						
77	51920	CLOSE BLADDER-UTERUS FISTULA	785.23	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,137.92		X		F		X				
77	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,137.92	00 15	X		F		X				
73	51940	CORRECTION OF BLADDER DEFECT	1,691.96										
77	51940	CORRECTION OF BLADDER DEFECT	1,691.96	00 15									
73	51960	REVISION OF BLADDER & BOWEL	1,425.89										
77	51960	REVISION OF BLADDER & BOWEL	1,425.89	00 15									
73	51980	CONSTRUCT BLADDER OPENING	734.21										
77	51980	CONSTRUCT BLADDER OPENING	734.21	00 15									
73	51990	LAPARO URETHRAL SUSPENSION	769.55										
77	51990	LAPARO URETHRAL SUSPENSION	769.55	00 15									
73	51992	LAPARO SLING OPERATION	876.29				F						
77	51992	LAPARO SLING OPERATION	876.29	00 15			F						
73	52000	CYSTOSCOPY	242.76										
77	52000	CYSTOSCOPY	242.76	00 15									
73	52001	CYSTOSCOPY, REMOVAL OF CLOTS	450.56										
77	52001	CYSTOSCOPY, REMOVAL OF CLOTS	450.56	00 15									
73	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	307.82										
77	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	307.82	00 15									
73	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	457.56										
77	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	457.56	00 15									
73	52010	CYSTOSCOPY & DUCT CATHETER	387.09				M						
77	52010	CYSTOSCOPY & DUCT CATHETER	387.09	00 15			M						
73	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	383.56										
77	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	383.56	00 15									
73	52214	CYSTOURETHROSCOPY WITH FULGURATION;	756.89										
77	52214	CYSTOURETHROSCOPY WITH FULGURATION;	756.89	00 15									
73	52224	CYSTOURETHROSCOPY WITH FULGURATION;	792.93										
77	52224	CYSTOURETHROSCOPY WITH FULGURATION;	792.93	00 15									
73	52234	CYSTOURETHROSCOPY WITH FULGURATION;	252.50										
77	52234	CYSTOURETHROSCOPY WITH FULGURATION;	252.50	00 15									
73	52235	CYSTOURETHROSCOPY WITH FULGURATION;	295.66										
77	52235	CYSTOURETHROSCOPY WITH FULGURATION;	295.66	00 15									
73	52240	CYSTOURETHROSCOPY WITH FULGURATION;	402.81										
77	52240	CYSTOURETHROSCOPY WITH FULGURATION;	402.81	00 15									
73	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	245.86										
77	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	245.86	00 15									
73	52260	CYSTOSCOPY & TREATMENT	217.00										
77	52260	CYSTOSCOPY & TREATMENT	217.00	00 15									
73	52265	CYSTOSCOPY & TREATMENT	381.62										
77	52265	CYSTOSCOPY & TREATMENT	381.62	00 15									
73	52270	CYSTOSCOPY & REVISE URETHRA	428.20										
77	52270	CYSTOSCOPY & REVISE URETHRA	428.20	00 15									
73	52275	CYSTOSCOPY & REVISE URETHRA	551.24										
77	52275	CYSTOSCOPY & REVISE URETHRA	551.24	00 15									
73	52276	CYSTOURETHROSCOPY W/DIRECT VISION	271.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	52276	CYSTOURETHROSCOPY W/DIRECT VISION	271.31	00 15									
73	52277	CYSTOSCOPY AND TREATMENT	331.61										
77	52277	CYSTOSCOPY AND TREATMENT	331.61	00 15									
73	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	331.68										
77	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	331.68	00 15									
73	52282	CYSTOSCOPY, IMPLANT STENT	344.71										
77	52282	CYSTOSCOPY, IMPLANT STENT	344.71	00 15									
73	52283	CYSTOURETHROSCOPY, STEROID INJECTION	360.99										
77	52283	CYSTOURETHROSCOPY, STEROID INJECTION	360.99	00 15									
73	52285	CYSTOSCOPY AND TREATMENT	357.12				F						
77	52285	CYSTOSCOPY AND TREATMENT	357.12	00 15			F						
73	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	395.34										
77	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	395.34	00 15									
73	52290	CYSTOSCOPY AND TREATMENT	250.47										
77	52290	CYSTOSCOPY AND TREATMENT	250.47	00 15									
73	52300	CYSTOSCOPY AND TREATMENT	286.65										
77	52300	CYSTOSCOPY AND TREATMENT	286.65	00 15									
73	52301	CYSTOSCOPY AND TREATMENT	297.09										
77	52301	CYSTOSCOPY AND TREATMENT	297.09	00 15									
73	52305	CYSTOSCOPY AND TREATMENT	285.04										
77	52305	CYSTOSCOPY AND TREATMENT	285.04	00 15									
73	52310	CYSTOSCOPY AND TREATMENT	322.72										
77	52310	CYSTOSCOPY AND TREATMENT	322.72	00 15									
73	52315	CYSTOSCOPY AND TREATMENT	479.22										
77	52315	CYSTOSCOPY AND TREATMENT	479.22	00 15									
73	52317	LITHOLAPAXY,SIMPLE;SMALL	901.48										
77	52317	LITHOLAPAXY,SIMPLE;SMALL	901.48	00 15									
73	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	486.55										
77	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	486.55	00 15									
73	52320	CYSTOSCOPY AND TREATMENT	253.00										
77	52320	CYSTOSCOPY AND TREATMENT	253.00	00 15									
73	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	328.69										
77	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	328.69	00 15									
73	52327	CYSTOSCOPY, INJECT MATERIAL	272.60										
77	52327	CYSTOSCOPY, INJECT MATERIAL	272.60	00 15									
73	52330	CYSTOSCOPY AND TREATMENT	614.63										
77	52330	CYSTOSCOPY AND TREATMENT	614.63	00 15									
73	52332	CYSTOURETHROSCOPY/INSERT STENT	407.26										
77	52332	CYSTOURETHROSCOPY/INSERT STENT	407.26	00 15									
73	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	186.88										
77	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	186.88	00 15									
73	52341	CYSTO W/URETER STRICTURE TX	291.04										
77	52341	CYSTO W/URETER STRICTURE TX	291.04	00 15									
73	52342	CYSTO W/UP STRICTURE TX	317.02										
77	52342	CYSTO W/UP STRICTURE TX	317.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	52343	CYSTO W/RENAL STRICTURE TX	352.71										
77	52343	CYSTO W/RENAL STRICTURE TX	352.71	00 15									
73	52344	CYSTO/URETERO, STONE REMOVE	379.74										
77	52344	CYSTO/URETERO, STONE REMOVE	379.74	00 15									
73	52345	CYSTO/URETERO W/UP STRICTURE	404.87										
77	52345	CYSTO/URETERO W/UP STRICTURE	404.87	00 15									
73	52346	CYSTOURETERO W/RENAL STRICT	457.77										
77	52346	CYSTOURETERO W/RENAL STRICT	457.77	00 15									
73	52351	CYSTOURETRO & OR PYELOSCOPE	310.25										
77	52351	CYSTOURETRO & OR PYELOSCOPE	310.25	00 15									
73	52352	CYSTOURETRO W/STONE REMOVE	362.95										
77	52352	CYSTOURETRO W/STONE REMOVE	362.95	00 15									
73	52353	CYSTOURETERO W/LITHOTRIPSY	402.81										
77	52353	CYSTOURETERO W/LITHOTRIPSY	402.81	00 15									
73	52354	CYSTOURETERO W/BIOPSY	428.26										
77	52354	CYSTOURETERO W/BIOPSY	428.26	00 15									
73	52355	CYSTOURETERO W/EXCISE TUMOR	479.36										
77	52355	CYSTOURETERO W/EXCISE TUMOR	479.36	00 15									
73	52356	CRUSHING OF STONE IN URINARY DUCT (U	426.98									X	
77	52356	CRUSHING OF STONE IN URINARY DUCT (U	426.98	00 15								X	
73	52400	CYSTOURETERO W/CONGEN REPR	491.34			X							
77	52400	CYSTOURETERO W/CONGEN REPR	491.34	00 15		X							
73	52402	CYSTOURETHRO CUT EJACUL DUCT	274.03				M						
77	52402	CYSTOURETHRO CUT EJACUL DUCT	274.03	00 15			M						
73	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,281.32				M						
77	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,281.32	00 15			M						
73	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	871.93				M						
77	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	871.93	00 15			M						
73	52450	TRANSURETHRAL INCISION OF PROSTATE	485.67				M						
77	52450	TRANSURETHRAL INCISION OF PROSTATE	485.67	00 15			M						
73	52500	REVISION OF BLADDER NECK	503.06				M						
77	52500	REVISION OF BLADDER NECK	503.06	00 15			M						
73	52601	PROSTATECTOMY (TUR)	749.81				M						
77	52601	PROSTATECTOMY (TUR)	749.81	00 15			M						
73	52630	REMOVE PROSTATE REGROWTH	413.77				M						
77	52630	REMOVE PROSTATE REGROWTH	413.77	00 15			M						
73	52640	RELIEVE BLADDER CONTRACTURE	326.42				M						
77	52640	RELIEVE BLADDER CONTRACTURE	326.42	00 15			M						
73	52647	LASER SURGERY OF PROSTATE	1,585.42				M						
77	52647	LASER SURGERY OF PROSTATE	1,585.42	00 15			M						
73	52648	LASER SURGERY OF PROSTATE	1,637.22				M						
77	52648	LASER SURGERY OF PROSTATE	1,637.22	00 15			M						
73	52649	PROSTATE LASER ENUCLEATION	848.82			X	M						
77	52649	PROSTATE LASER ENUCLEATION	848.82	00 15		X	M						
73	52700	DRAINAGE OF PROSTATE ABSCESS	453.90				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	52700	DRAINAGE OF PROSTATE ABSCESS	453.90	00	15			M						
73	53000	INCISION OF URETHRA	151.00											
77	53000	INCISION OF URETHRA	151.00	00	15									
73	53010	INCISION OF URETHRA	302.11											
77	53010	INCISION OF URETHRA	302.11	00	15									
73	53020	INCISION OF URETHRA	99.16	01	99									
77	53020	INCISION OF URETHRA	99.16	01	15									
73	53025	INCISION OF URETHRA	68.67	00	00									
77	53025	INCISION OF URETHRA	68.67	00	00									
73	53040	DRAINAGE OF URETHRA ABSCESS	401.88											
77	53040	DRAINAGE OF URETHRA ABSCESS	401.88	00	15									
73	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	195.18					F						
77	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	195.18	00	15			F						
73	53080	DRAINAGE OF URINARY LEAKAGE	431.60											
77	53080	DRAINAGE OF URINARY LEAKAGE	431.60	00	15									
73	53085	DRAINAGE OF URINARY LEAKAGE	667.27											
77	53085	DRAINAGE OF URINARY LEAKAGE	667.27	00	15									
73	53200	BIOPSY OF URETHRA	162.55											
77	53200	BIOPSY OF URETHRA	162.55	00	15									
73	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	800.22					F						
77	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	800.22	00	15			F						
73	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	956.52					M						
77	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	956.52	00	15			M						
73	53220	TREATMENT OF URETHRA LESION	463.24											
77	53220	TREATMENT OF URETHRA LESION	463.24	00	15									
73	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	629.93					F						
77	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	629.93	00	15			F						
73	53235	EXCISE URETHRAL DIVERTICULUM;MALE	651.70					M						
77	53235	EXCISE URETHRAL DIVERTICULUM;MALE	651.70	00	15			M						
73	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	436.59											
77	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	436.59	00	15									
73	53250	REMOVAL OF SEMINAL FLUID GLAND	405.66											
77	53250	REMOVAL OF SEMINAL FLUID GLAND	405.66	00	15									
73	53260	TREATMENT OF URETHRA LESION	212.36											
77	53260	TREATMENT OF URETHRA LESION	212.36	00	15									
73	53265	TREATMENT OF URETHRA LESION	234.34											
77	53265	TREATMENT OF URETHRA LESION	234.34	00	15									
73	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	215.88					F						
77	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	215.88	00	15			F						
73	53275	REPAIR OF URETHRA DEFECT	272.49											
77	53275	REPAIR OF URETHRA DEFECT	272.49	00	15									
73	53400	REVISE URETHRA, 1ST STAGE	823.20											
77	53400	REVISE URETHRA, 1ST STAGE	823.20	00	15									
73	53405	REVISE URETHRA, 2ND STAGE	898.33											
77	53405	REVISE URETHRA, 2ND STAGE	898.33	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,010.40				M						
77	53410	URETHROPLASTY...MALE ANTERIOR URETH.	1,010.40	00 15			M						
73	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,164.92				M						
77	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,164.92	00 15			M						
73	53420	RECONSTRUCT URETHRA, STAGE 1	866.69				M						
77	53420	RECONSTRUCT URETHRA, STAGE 1	866.69	00 15			M						
73	53425	RECONSTRUCT URETHRA, STAGE 2	965.10				M						
77	53425	RECONSTRUCT URETHRA, STAGE 2	965.10	00 15			M						
73	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,010.39				F						
77	53430	URETHROPLASTY,RECON FEMALE URETHRA	1,010.39	00 15			F						
73	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,187.01										
77	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,187.01	00 15									
73	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	774.93				M						
77	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	774.93	00 15			M						
73	53442	PERINEAL PROSTHESIS REMOVAL	806.53				M						
77	53442	PERINEAL PROSTHESIS REMOVAL	806.53	00 15			M						
73	53444	INSERT TANDEM CUFF	816.83										
77	53444	INSERT TANDEM CUFF	816.83	00 15									
73	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	776.52		X								
77	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	776.52	00 15	X								
73	53446	REMOVE URO SPHINCTER	660.87			X							
77	53446	REMOVE URO SPHINCTER	660.87	00 15		X							
73	53447	INFLATABLE SPHINCTER REMOVAL	830.33			X							
77	53447	INFLATABLE SPHINCTER REMOVAL	830.33	00 15		X							
73	53448	REMOV/REPLC UR SPHINCTR COMP	1,315.43			X							
77	53448	REMOV/REPLC UR SPHINCTR COMP	1,315.43	00 15		X							
73	53449	CORRECTION OF ABNORMAL SPHINCTER	630.70		X								
77	53449	CORRECTION OF ABNORMAL SPHINCTER	630.70	00 15	X								
73	53450	REVISION OF URETHRA	419.24										
77	53450	REVISION OF URETHRA	419.24	00 15									
73	53460	REVISION OF URETHRA	470.81										
77	53460	REVISION OF URETHRA	470.81	00 15									
73	53500	URETHRLYS, TRANSVAG W/ SCOPE	777.85				F						
77	53500	URETHRLYS, TRANSVAG W/ SCOPE	777.85	00 15			F						
73	53502	URETHRORRHAPHY...SUTURE...,FEMALE	499.50				F						
77	53502	URETHRORRHAPHY...SUTURE...,FEMALE	499.50	00 15			F						
73	53505	URETHRORRHAPHY...SUTURE...;PENILE	499.18				M						
77	53505	URETHRORRHAPHY...SUTURE...;PENILE	499.18	00 15			M						
73	53510	REPAIR OF URETHRA INJURY	650.34										
77	53510	REPAIR OF URETHRA INJURY	650.34	00 15									
73	53515	REPAIR OF URETHRA INJURY	819.04				M						
77	53515	REPAIR OF URETHRA INJURY	819.04	00 15			M						
73	53520	CLOSE URETHROSTOMY....FISTULE,MALE	572.89				M						
77	53520	CLOSE URETHROSTOMY....FISTULE,MALE	572.89	00 15			M						
73	53600	DILATE URETHRAL STRICTURE,MALE;INIT	89.86				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	53600	DILATE URETHRAL STRICTURE,MALE;INIT	89.86	00 15			M						
73	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	85.11				M						
77	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	85.11	00 15			M						
73	53605	DILATE URETH STRICT...MALE	65.61				M						
77	53605	DILATE URETH STRICT...MALE	65.61	00 15			M						
73	53620	DILATE URETH STRICT.,MALE;INITIAL	174.09				M						
77	53620	DILATE URETH STRICT.,MALE;INITIAL	174.09	00 15			M						
73	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	165.08				M						
77	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	165.08	00 15			M						
73	53660	DILATE FEMALE URETHRA...;INITIAL	75.34				F						
77	53660	DILATE FEMALE URETHRA...;INITIAL	75.34	00 15			F						
73	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	74.08				F						
77	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	74.08	00 15			F						
73	53665	DILATE FEMALE URETHRA...	40.00				F						
77	53665	DILATE FEMALE URETHRA...	40.00	00 15			F						
73	53850	PROSTATIC MICROWAVE THERMOTX	1,428.15				M						
77	53850	PROSTATIC MICROWAVE THERMOTX	1,428.15	00 15			M						
73	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,687.35				M						
77	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,687.35	00 15			M						
73	53855	INSERTION OF A TEMPORARY PROSTATIC U	661.04				M						
77	53855	INSERTION OF A TEMPORARY PROSTATIC U	661.04	00 15			M						
73	54000	SLITTING OF PREPUCE	164.05	00 00			M						
77	54000	SLITTING OF PREPUCE	164.05	00 00			M						
73	54001	SLITTING OF PREPUCE	199.53				M						
77	54001	SLITTING OF PREPUCE	199.53	00 15			M						
73	54015	DRAIN PENIS LESION	313.56				M						
77	54015	DRAIN PENIS LESION	313.56	00 15			M						
73	54050	TREATMENT OF PENIS LESION	140.42				M						
77	54050	TREATMENT OF PENIS LESION	140.42	00 15			M						
73	54055	TREATMENT OF PENIS LESION	134.53				M						
77	54055	TREATMENT OF PENIS LESION	134.53	00 15			M						
73	54056	DESTROY PENILE LESION;CRYOSURGERY	141.06				M						
77	54056	DESTROY PENILE LESION;CRYOSURGERY	141.06	00 15			M						
73	54057	DESTROY PENILE LESION; LASER SURGERY	140.51				M						
77	54057	DESTROY PENILE LESION; LASER SURGERY	140.51	00 15			M						
73	54060	TREATMENT OF PENIS LESION	196.73				M						
77	54060	TREATMENT OF PENIS LESION	196.73	00 15			M						
73	54065	TREATMENT OF PENIS LESION	221.96				M						
77	54065	TREATMENT OF PENIS LESION	221.96	00 15			M						
73	54100	BIOPSY OF PENIS	202.44				M						
77	54100	BIOPSY OF PENIS	202.44	00 15			M						
73	54105	BIOPSY OF PENIS	279.74				M						
77	54105	BIOPSY OF PENIS	279.74	00 15			M						
73	54110	TREATMENT OF PENIS LESION	645.83				M						
77	54110	TREATMENT OF PENIS LESION	645.83	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	822.65				M						
77	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	822.65	00 15			M						
73	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	965.10				M						
77	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	965.10	00 15			M						
73	54115	TREATMENT OF PENIS LESION	467.02				M						
77	54115	TREATMENT OF PENIS LESION	467.02	00 15			M						
73	54120	PARTIAL REMOVAL OF PENIS	651.09				M						
77	54120	PARTIAL REMOVAL OF PENIS	651.09	00 15			M						
73	54125	REMOVAL OF PENIS	847.24				M						
77	54125	REMOVAL OF PENIS	847.24	00 15			M						
73	54130	REMOVE PENIS & NODES	1,230.18				M						
77	54130	REMOVE PENIS & NODES	1,230.18	00 15			M						
73	54135	REMOVE PENIS & NODES	1,557.61				M						
77	54135	REMOVE PENIS & NODES	1,557.61	00 15			M						
73	54150	CIRCUMCISION USING CLAMP OR OTHER DE	152.06				M		X				
77	54150	CIRCUMCISION USING CLAMP OR OTHER DE	152.06	00 15			M		X				
73	54160	CIRCUMCISION	222.30	00 01			M		X				
77	54160	CIRCUMCISION	222.30	00 15			M		X				
73	54161	CIRCUMCISION	202.49				M		X				
77	54161	CIRCUMCISION	202.49	00 15			M		X				
73	54162	LYSIS PENIL CIRCUMCIS LESION	262.27				M						
77	54162	LYSIS PENIL CIRCUMCIS LESION	262.27	00 15			M						
73	54163	REPAIR OF CIRCUMCISION	222.10				M						
77	54163	REPAIR OF CIRCUMCISION	222.10	00 15			M						
73	54164	FRENULOTOMY OF PENIS	196.76				M						
77	54164	FRENULOTOMY OF PENIS	196.76	00 15			M						
73	54200	TREATMENT OF PENIS LESION	114.58				M						
77	54200	TREATMENT OF PENIS LESION	114.58	00 15			M						
73	54205	TREATMENT OF PENIS LESION	546.13				M						
77	54205	TREATMENT OF PENIS LESION	546.13	00 15			M						
73	54220	TREATMENT OF PENIS LESION	223.37				M						
77	54220	TREATMENT OF PENIS LESION	223.37	00 15			M						
73	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	107.20				M						
77	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	107.20	00 15			M						
73	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	144.50				M						
77	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	144.50	00 15			M						
73	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	88.43				M						
77	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	88.43	00 15			M						
73	54300	REVISION OF PENIS	666.02				M						
77	54300	REVISION OF PENIS	666.02	00 15			M						
73	54304	PLASTIC OPERATION ON PENIS FOR CORRE	770.55				M						
77	54304	PLASTIC OPERATION ON PENIS FOR CORRE	770.55	00 15			M						
73	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	737.12				M						
77	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	737.12	00 15			M						
73	54312	URETHROPLASTY...; MORE THAN 3 CM	841.40				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	54312	URETHROPLASTY...; MORE THAN 3 CM	841.40	00 15			M						
73	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,025.78				M						
77	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	1,025.78	00 15			M						
73	54318	URETHROPLASTY/RELEASE FROM SCROTUM	731.51				M						
77	54318	URETHROPLASTY/RELEASE FROM SCROTUM	731.51	00 15			M						
73	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	804.64				M						
77	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	804.64	00 15			M						
73	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	997.25				M						
77	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	997.25	00 15			M						
73	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	970.02				M						
77	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	970.02	00 15			M						
73	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	964.55				M						
77	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	964.55	00 15			M						
73	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,040.94				M						
77	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,040.94	00 15			M						
73	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,223.76				M						
77	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,223.76	00 15			M						
73	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	585.44				M						
77	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	585.44	00 15			M						
73	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	973.12				M						
77	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	973.12	00 15			M						
73	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,040.81				M						
77	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,040.81	00 15			M						
73	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,458.10				M						
77	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,458.10	00 15			M						
73	54360	PLASTIC PENILE REPAIR/ANGULATION	742.44				M						
77	54360	PLASTIC PENILE REPAIR/ANGULATION	742.44	00 15			M						
73	54380	REPAIR PENIS	822.59				M						
77	54380	REPAIR PENIS	822.59	00 15			M						
73	54385	REPAIR PENIS	958.59				M						
77	54385	REPAIR PENIS	958.59	00 15			M						
73	54390	REPAIR PENIS AND BLADDER	1,279.73				M						
77	54390	REPAIR PENIS AND BLADDER	1,279.73	00 15			M						
73	54406	REMOVE MULTI-COMP PENIS PROS	752.77				M				X		
77	54406	REMOVE MULTI-COMP PENIS PROS	752.77	00 15			M				X		
73	54408	REPAIR MULTI-COMP PENIS PROS	813.78				M				X		
77	54408	REPAIR MULTI-COMP PENIS PROS	813.78	00 15			M				X		
73	54410	REMOVE/REPLACE PENIS PROSTH	887.93				M				X		
77	54410	REMOVE/REPLACE PENIS PROSTH	887.93	00 15			M				X		
73	54411	REMV/REPLC PENIS PROS, COMP	1,058.67				M				X		
77	54411	REMV/REPLC PENIS PROS, COMP	1,058.67	00 15			M				X		
73	54415	REMOVE SELF-CONTD PENIS PROS	545.26				M				X		
77	54415	REMOVE SELF-CONTD PENIS PROS	545.26	00 15			M				X		
73	54416	REMV/REPL PENIS CONTAIN PROS	736.09				M				X		
77	54416	REMV/REPL PENIS CONTAIN PROS	736.09	00 15			M				X		

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	54417	REMV/REPLC PENIS PROS, COMPL	926.18				M				X		
77	54417	REMV/REPLC PENIS PROS, COMPL	926.18	00 15			M				X		
73	54420	REVISION OF PENIS	723.38				M						
77	54420	REVISION OF PENIS	723.38	00 15			M						
73	54430	REVISION OF PENIS	657.11				M						
77	54430	REVISION OF PENIS	657.11	00 15			M						
73	54435	PENILE FISTULATION FOR PRIAPISM	423.52				M						
77	54435	PENILE FISTULATION FOR PRIAPISM	423.52	00 15			M						
73	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	695.58				M						
77	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	695.58	00 15			M						
73	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,377.51				M						
77	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,377.51	00 15			M						
73	54450	PREPUTIAL STRETCHING	69.28				M						
77	54450	PREPUTIAL STRETCHING	69.28	00 15			M						
77	54500	BIOPSY OF TESTIS	76.60	00 15			M					X	
73	54505	BIOPSY OF TESTIS	214.41				M						
77	54505	BIOPSY OF TESTIS	214.41	00 15			M						
73	54512	EXCISE LESION TESTIS	552.79				M						
77	54512	EXCISE LESION TESTIS	552.79	00 15			M						
73	54520	REMOVAL OF TESTIS	337.81				M						
77	54520	REMOVAL OF TESTIS	337.81	00 15			M						
73	54522	ORCHIECTOMY, PARTIAL	604.57				M						
77	54522	ORCHIECTOMY, PARTIAL	604.57	00 15			M						
73	54530	REMOVAL OF TESTIS	522.25				M						
77	54530	REMOVAL OF TESTIS	522.25	00 15			M						
73	54535	EXTENSIVE TESTIS SURGERY	765.32				M						
77	54535	EXTENSIVE TESTIS SURGERY	765.32	00 15			M						
73	54550	EXPLORATION FOR TESTIS	505.23				M						
77	54550	EXPLORATION FOR TESTIS	505.23	00 15			M						
73	54560	EXPLORATION FOR TESTIS	706.82				M						
77	54560	EXPLORATION FOR TESTIS	706.82	00 15			M						
73	54600	REDUCE TESTIS TORSION	464.55				M						
77	54600	REDUCE TESTIS TORSION	464.55	00 15			M						
73	54620	SUSPENSION OF TESTIS	306.46				M						
77	54620	SUSPENSION OF TESTIS	306.46	00 15			M						
73	54640	SUSPENSION OF TESTIS	447.90				M						
77	54640	SUSPENSION OF TESTIS	447.90	00 15			M						
73	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	732.06				M						
77	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	732.06	00 15			M						
73	54660	REVISION OF TESTIS	366.46				M						
77	54660	REVISION OF TESTIS	366.46	00 15			M						
73	54670	REPAIR TESTIS INJURY	418.73				M						
77	54670	REPAIR TESTIS INJURY	418.73	00 15			M						
73	54680	RELOCATION OF TESTIS(ES)	811.63				M						
77	54680	RELOCATION OF TESTIS(ES)	811.63	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	54690	LAPAROSCOPY, ORCHIECTOMY	675.82					M						
77	54690	LAPAROSCOPY, ORCHIECTOMY	675.82	00	15			M						
73	54692	LAPAROSCOPY, ORCHIOPEXY	779.83					M						
77	54692	LAPAROSCOPY, ORCHIOPEXY	779.83	00	15			M						
73	54700	DRAINAGE OF SCROTUM	219.02					M						
77	54700	DRAINAGE OF SCROTUM	219.02	00	15			M						
73	54800	BIOPSY OF EPIDIDYMIS	128.50					M					X	
77	54800	BIOPSY OF EPIDIDYMIS	128.50	00	15			M					X	
73	54830	REMOVE EPIDIDYMIS LESION	382.01					M						
77	54830	REMOVE EPIDIDYMIS LESION	382.01	00	15			M						
73	54840	REMOVE EPIDIDYMIS LESION	330.27					M						
77	54840	REMOVE EPIDIDYMIS LESION	330.27	00	15			M						
73	54860	REMOVAL OF EPIDIDYMIS	430.38					M						
77	54860	REMOVAL OF EPIDIDYMIS	430.38	00	15			M						
73	54861	REMOVAL OF EPIDIDYMES	584.45					M						
77	54861	REMOVAL OF EPIDIDYMES	584.45	00	15			M						
73	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	367.82					M						
77	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	367.82	00	15			M						
73	55000	DRAINAGE OF HYDROCELE	122.63					M					X	
77	55000	DRAINAGE OF HYDROCELE	122.63	00	15			M					X	
73	55040	REMOVAL OF HYDROCELE	347.73					M						
77	55040	REMOVAL OF HYDROCELE	347.73	00	15			M						
73	55041	REMOVAL OF HYDROCELES	526.32					M						
77	55041	REMOVAL OF HYDROCELES	526.32	00	15			M						
73	55060	REPAIR OF HYDROCELE	390.06					M						
77	55060	REPAIR OF HYDROCELE	390.06	00	15			M						
73	55100	DRAINAGE OF SCROTUM ABSCESS	234.28					M						
77	55100	DRAINAGE OF SCROTUM ABSCESS	234.28	00	15			M						
73	55110	SCROTAL EXPLORATION	400.65					M						
77	55110	SCROTAL EXPLORATION	400.65	00	15			M						
73	55120	REMOVAL OF SCROTUM LESION	362.99					M						
77	55120	REMOVAL OF SCROTUM LESION	362.99	00	15			M						
73	55150	REMOVAL OF SCROTUM	509.76					M						
77	55150	REMOVAL OF SCROTUM	509.76	00	15			M						
73	55175	SCROTOPLASTY;	374.58					M						
77	55175	SCROTOPLASTY;	374.58	00	15			M						
73	55180	SCROTOPLASTY;COMPLICATED	714.61					M						
77	55180	SCROTOPLASTY;	714.61	00	15			M						
73	55250	VASECTOMY, UNILATERAL OR BILATERAL	338.56	21	99	X		M						
73	55500	REMOVAL OF HYDROCELE	407.91					M						
77	55500	REMOVAL OF HYDROCELE	407.91	00	15			M						
73	55520	REMOVAL OF SPERM CORD LESION	490.69					M						
77	55520	REMOVAL OF SPERM CORD LESION	490.69	00	15			M						
73	55530	REVISE SPERMATIC CORD VEINS	363.35					M						
77	55530	REVISE SPERMATIC CORD VEINS	363.35	00	15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	55535	REVISE SPERMATIC CORD VEINS	442.55				M						
77	55535	REVISE SPERMATIC CORD VEINS	442.55	00 15			M						
73	55540	REVISE HERNIA & SPERM VEINS	598.36				M						
77	55540	REVISE HERNIA & SPERM VEINS	598.36	00 15			M						
73	55550	LAPARO LIGATE SPERMATIC VEIN	441.60				M						
77	55550	LAPARO LIGATE SPERMATIC VEIN	441.60	00 15			M						
73	55600	INCISE SPERM DUCT POUCH	433.64				M						
77	55600	INCISE SPERM DUCT POUCH	433.64	00 15			M						
73	55605	INCISE SPERM DUCT POUCH	537.48				M						
77	55605	INCISE SPERM DUCT POUCH	537.48	00 15			M						
73	55650	REMOVE SPERM DUCT POUCH	739.98				M						
77	55650	REMOVE SPERM DUCT POUCH	739.98	00 15			M						
73	55680	REMOVE SPERM POUCH LESION	355.79				M						
77	55680	REMOVE SPERM POUCH LESION	355.79	00 15			M						
73	55700	BIOPSY OF PROSTATE	244.40				M						
77	55700	BIOPSY OF PROSTATE	244.40	00 15			M						
73	55705	BIOPSY OF PROSTATE	273.04				M						
77	55705	BIOPSY OF PROSTATE	273.04	00 15			M						
73	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	384.94				M						
77	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	384.94	00 15			M						
73	55720	DRAINAGE OF PROSTATE ABSCESS	465.41				M						
77	55720	DRAINAGE OF PROSTATE ABSCESS	465.41	00 15			M						
73	55725	DRAINAGE OF PROSTATE ABSCESS	611.24				M						
77	55725	DRAINAGE OF PROSTATE ABSCESS	611.24	00 15			M						
73	55801	REMOVAL OF PROSTATE	1,126.95				M						
77	55801	REMOVAL OF PROSTATE	1,126.95	00 15			M						
73	55810	EXTENSIVE PROSTATE SURGERY	1,348.27				M						
77	55810	EXTENSIVE PROSTATE SURGERY	1,348.27	00 15			M						
73	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,657.08				M						
77	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,657.08	00 15			M						
73	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,815.33				M						
77	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,815.33	00 15			M						
73	55821	REMOVAL OF PROSTATE	898.47				M						
77	55821	REMOVAL OF PROSTATE	898.47	00 15			M						
73	55831	REMOVAL OF PROSTATE	974.92				M						
77	55831	REMOVAL OF PROSTATE	974.92	00 15			M						
73	55840	EXTENSIVE PROSTATE SURGERY	1,204.57				M						
77	55840	EXTENSIVE PROSTATE SURGERY	1,204.57	00 15			M						
73	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,204.89				M						
77	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,204.89	00 15			M						
73	55845	EXTENSIVE PROSTATE SURGERY	1,402.84				M						
77	55845	EXTENSIVE PROSTATE SURGERY	1,402.84	00 15			M						
73	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	900.81				M						
77	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	900.81	00 15			M						
73	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,128.39				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,128.39	00 15			M						
73	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,375.96				M						
77	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,375.96	00 15			M						
73	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,485.99				M						
77	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,485.99	00 15			M						
73	55870	ELECTROEJACULATION	178.82				M						
77	55870	ELECTROEJACULATION	178.82	00 15			M						
73	55873	CRYOABLATE PROSTATE	5,788.36				M						
77	55873	CRYOABLATE PROSTATE	5,788.36	00 15			M						
73	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,870.11				M						
77	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,870.11	00 15			M						
73	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	792.44				M						
77	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	792.44	00 15			M						
73	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	152.31				M						
77	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	152.31	00 15			M						
73	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,011.27				M						
77	55880	ABLATION OF MALIGNANT PROSTATE TISSU	1,011.27	00 15			M						
73	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	464.57										
77	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	464.57	00 15									
73	56405	INCISION AND DRAINAGE OF VULVA OR PE	152.63				F						
77	56405	INCISION AND DRAINAGE OF VULVA OR PE	152.63	00 15			F						
73	56420	INCISION AND DRAINAGE OF FEMALE GENI	190.11				F					X	
77	56420	INCISION AND DRAINAGE OF FEMALE GENI	190.11	00 15			F					X	
73	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	188.63				F						
77	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	188.63	00 15			F						
73	56441	LYSIS OF LABIAL ADHESIONS	189.61				F						
77	56441	LYSIS OF LABIAL ADHESIONS	189.61	00 15			F						
73	56442	HYMENOTOMY, SIMPLE INCISION	48.37				F						
77	56442	HYMENOTOMY, SIMPLE INCISION	48.37	00 15			F						
73	56501	DESTROY VULVA LESION(S);SIMPLE	196.36				F						
77	56501	DESTROY VULVA LESION(S);SIMPLE	196.36	00 15			F						
73	56515	TREATMENT OF VULVA LESIONS	287.21				F						
77	56515	TREATMENT OF VULVA LESIONS	287.21	00 15			F						
73	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	99.73				F						
77	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	99.73	00 15			F						
73	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	39.90				F						
77	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	39.90	00 15			F						
73	56620	PARTIAL REMOVAL OF VULVA	607.62				F						
77	56620	PARTIAL REMOVAL OF VULVA	607.62	00 15			F						
73	56625	REMOVAL OF VULVA	698.01				F						
77	56625	REMOVAL OF VULVA	698.01	00 15			F						
73	56630	EXTENSIVE VULVA SURGERY	1,006.28				F						
77	56630	EXTENSIVE VULVA SURGERY	1,006.28	00 15			F						
73	56631	VULVECTOMY, RADICAL, PARTIAL;	1,244.32				F						
77	56631	VULVECTOMY, RADICAL, PARTIAL;	1,244.32	00 15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	56632	VULVECTOMY, RADICAL, PARTIAL;	1,500.70				F						
77	56632	VULVECTOMY, RADICAL, PARTIAL;	1,500.70	00 15			F						
73	56633	VULVECTOMY, RADICAL, COMPLETE;	1,291.38				F						
77	56633	VULVECTOMY, RADICAL, COMPLETE;	1,291.38	00 15			F						
73	56634	VULVECTOMY, RADICAL, COMPLETE;	1,357.33				F						
77	56634	VULVECTOMY, RADICAL, COMPLETE;	1,357.33	00 15			F						
73	56637	VULVECTOMY, RADICAL, COMPLETE;	1,592.78				F						
77	56637	VULVECTOMY, RADICAL, COMPLETE;	1,592.78	00 15			F						
73	56640	EXTENSIVE VULVA SURGERY	1,603.46				F						
77	56640	EXTENSIVE VULVA SURGERY	1,603.46	00 15			F						
73	56700	PARTIAL REMOVAL OF HYMEN	211.64				F						
77	56700	PARTIAL REMOVAL OF HYMEN	211.64	00 15			F						
73	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	333.23				F						
77	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	333.23	00 15			F						
73	56800	REPAIR OF VAGINA	264.87				F						
77	56800	REPAIR OF VAGINA	264.87	00 15			F						
73	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,235.66				F						
77	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,235.66	00 15			F						
73	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	285.34				F						
77	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	285.34	00 15			F						
73	56820	EXAM OF VULVA W/SCOPE	129.20				F						
77	56820	EXAM OF VULVA W/SCOPE	129.20	00 15			F						
73	56821	EXAM/BIOPSY OF VULVA W/SCOPE	173.28				F						
77	56821	EXAM/BIOPSY OF VULVA W/SCOPE	173.28	00 15			F						
73	57000	EXPLORATION OF VAGINA	212.17				F						
77	57000	EXPLORATION OF VAGINA	212.17	00 15			F						
73	57010	DRAINAGE OF PELVIC ABSCESS	479.76				F						
77	57010	DRAINAGE OF PELVIC ABSCESS	479.76	00 15			F						
73	57020	DRAINAGE OF PELVIC FLUID	131.77				F						
77	57020	DRAINAGE OF PELVIC FLUID	131.77	00 15			F						
73	57022	I &D VAGINAL HEMATOMA, OB	190.05				F						
77	57022	I &D VAGINAL HEMATOMA, OB	190.05	00 15			F						
73	57023	I &D VAG HEMATOMA, TRAUMA	337.95				F						
77	57023	I &D VAG HEMATOMA, TRAUMA	337.95	00 15			F						
73	57061	DESTROY VAGINAL LESIONS;SIMPLE	170.93				F						
77	57061	DESTROY VAGINAL LESIONS;SIMPLE	170.93	00 15			F						
73	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	255.23				F						
77	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	255.23	00 15			F						
73	57100	BIOPSY OF VAGINA	106.83				F						
77	57100	BIOPSY OF VAGINA	106.83	00 15			F						
73	57105	BIOPSY OF VAGINA	181.65				F						
77	57105	BIOPSY OF VAGINA	181.65	00 15			F						
73	57106	REMOVE VAGINA WALL, PARTIAL	560.44				F						
77	57106	REMOVE VAGINA WALL, PARTIAL	560.44	00 15			F						
73	57107	REMOVE VAGINA TISSUE/PARTIAL	1,533.92				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	57107	REMOVE VAGINA TISSUE/PARTIAL	1,533.92	00	15			F						
73	57109	VAGINECTOMY PARTIAL W/NODES	1,818.07					F						
77	57109	VAGINECTOMY PARTIAL W/NODES	1,818.07	00	15			F						
73	57110	REMOVAL OF VAGINA	956.11					F						
77	57110	REMOVAL OF VAGINA	956.11	00	15			F						
73	57111	REMOVE VAGINA TISSUE/COMPL	1,818.07					F						
77	57111	REMOVE VAGINA TISSUE/COMPL	1,818.07	00	15			F						
73	57120	CLOSURE OF VAGINA	556.89					F						
77	57120	CLOSURE OF VAGINA	556.89	00	15			F						
73	57130	REMOVE VAGINA LESION	238.88					F						
77	57130	REMOVE VAGINA LESION	238.88	00	15			F						
73	57135	REMOVE VAGINA LESION	255.33					F						
77	57135	REMOVE VAGINA LESION	255.33	00	15			F						
73	57150	TREAT VAGINA INFECTION	60.67					F					X	
77	57150	TREAT VAGINA INFECTION	60.67	00	15			F					X	
73	57155	INSERTION OF UTERINE TANDEM AND/OR V	395.22					F						
77	57155	INSERTION OF UTERINE TANDEM AND/OR V	395.22	00	15			F						
73	57156	INSERTION OF A VAGINAL RADIATION AFT	227.26					F						
77	57156	INSERTION OF A VAGINAL RADIATION AFT	227.26	00	15			F						
73	57160	INSERTION OF PESSARY	76.10					F						
77	57160	INSERTION OF PESSARY	76.10	00	15			F						
73	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	80.42	10	60			F						
77	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	80.42	10	15			F						
73	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	203.77					F						
77	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	203.77	00	15			F						
73	57200	REPAIR OF VAGINA	346.16					F						
77	57200	REPAIR OF VAGINA	346.16	00	15			F						
73	57210	REPAIR VAGINA/PERINEUM	412.73					F						
77	57210	REPAIR VAGINA/PERINEUM	412.73	00	15			F						
73	57220	REVISION OF URETHRA	361.91					F						
77	57220	REVISION OF URETHRA	361.91	00	15			F						
73	57230	REPAIR OF URETHRAL LESION	439.88					F						
77	57230	REPAIR OF URETHRAL LESION	439.88	00	15			F						
73	57240	REPAIR BLADDER & VAGINA	643.49					F						
77	57240	REPAIR BLADDER & VAGINA	643.49	00	15			F						
73	57250	REPAIR RECTUM & VAGINA	649.01					F						
77	57250	REPAIR RECTUM & VAGINA	649.01	00	15			F						
73	57260	REPAIR OF VAGINA	822.15					F						
77	57260	REPAIR OF VAGINA	822.15	00	15			F						
73	57265	EXTENSIVE REPAIR OF VAGINA	922.06					F						
77	57265	EXTENSIVE REPAIR OF VAGINA	922.06	00	15			F						
73	57267	INSERT MESH/PELVIC FLR ADDON	265.06					F						
77	57267	INSERT MESH/PELVIC FLR ADDON	265.06	00	15			F						
73	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	529.99					F						
77	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	529.99	00	15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	57270	REPAIR OF BOWEL POUCH	858.71				F						
77	57270	REPAIR OF BOWEL POUCH	858.71	00 15			F						
73	57280	SUSPENSION OF VAGINA	1,018.97				F						
77	57280	SUSPENSION OF VAGINA	1,018.97	00 15			F						
73	57282	FIXATION FOR VAGINAL PROLAPSE	730.48				F						
77	57282	FIXATION FOR VAGINAL PROLAPSE	730.48	00 15			F						
73	57283	COLPOPEXY, INTRAPERITONEAL	736.63				F						
77	57283	COLPOPEXY, INTRAPERITONEAL	736.63	00 15			F						
73	57284	REPAIR PARAVAGINAL DEFECT	877.85				F						
77	57284	REPAIR PARAVAGINAL DEFECT	877.85	00 15			F						
73	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	729.35				F						
77	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	729.35	00 15			F						
73	57287	REVISE/REMOVE SLING REPAIR	773.50				F						
77	57287	REVISE/REMOVE SLING REPAIR	773.50	00 15			F						
73	57288	REPAIR BLADDER DEFECT	777.39				F						
77	57288	REPAIR BLADDER DEFECT	777.39	00 15			F						
73	57289	REPAIR BLADDER & VAGINA	838.25				F						
77	57289	REPAIR BLADDER & VAGINA	838.25	00 15			F						
73	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	578.95			X	F						
77	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	578.95	00 15		X	F						
73	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	876.98			X	F						
73	57295	CHANGE VAGINAL GRAFT	525.15				F						
77	57295	CHANGE VAGINAL GRAFT	525.15	00 15			F						
73	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,015.91				F						
77	57296	REVISION (INCLUDING REMOVAL) OF PROS	1,015.91	00 15			F						
73	57300	REPAIR RECTUM-VAGINA FISTULA	643.44				F						
77	57300	REPAIR RECTUM-VAGINA FISTULA	643.44	00 15			F						
73	57305	REPAIR RECTUM-VAGINA FISTULA	1,049.33				F						
77	57305	REPAIR RECTUM-VAGINA FISTULA	1,049.33	00 15			F						
73	57307	FISTULA REPAIR & COLOSTOMY	1,124.41				F						
77	57307	FISTULA REPAIR & COLOSTOMY	1,124.41	00 15			F						
73	57308	FISTULA REPAIR, TRANSPERINE	687.48				F						
77	57308	FISTULA REPAIR, TRANSPERINE	687.48	00 15			F						
73	57310	REPAIR URETHRA-VAGINA LESION	507.00				F						
77	57310	REPAIR URETHRA-VAGINA LESION	507.00	00 15			F						
73	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	572.45				F						
77	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	572.45	00 15			F						
73	57320	REPAIR BLADDER-VAGINA LESION	594.64				F						
77	57320	REPAIR BLADDER-VAGINA LESION	594.64	00 15			F						
73	57330	REPAIR BLADDER-VAGINA LESION	793.42				F						
77	57330	REPAIR BLADDER-VAGINA LESION	793.42	00 15			F						
73	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,247.36				F						
77	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,247.36	00 15			F						
73	57400	DILATE VAGINA UNDER ANESTHESIA	137.09		X		F						
77	57400	DILATE VAGINA UNDER ANESTHESIA	137.09	00 15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	57410	PELVIC EXAM UNDER ANESTHESIA	110.01		X		F						
77	57410	PELVIC EXAM UNDER ANESTHESIA	110.01	00 15	X		F						
73	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	182.83				F						
77	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	182.83	00 15			F						
73	57420	EXAM OF VAGINA W/SCOPE	135.88				F						
77	57420	EXAM OF VAGINA W/SCOPE	135.88	00 15			F						
73	57421	EXAM/BIOPSY OF VAG W/SCOPE	183.19				F						
77	57421	EXAM/BIOPSY OF VAG W/SCOPE	183.19	00 15			F						
73	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	980.43				F						
77	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	980.43	00 15			F						
73	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,026.69				F						
77	57425	LAPAROSCOPY, SURG, COLPOPEXY	1,026.69	00 15			F						
73	57426	REVISION (INCLUDING REMOVAL) OF PROS	915.16				F						
77	57426	REVISION (INCLUDING REMOVAL) OF PROS	915.16	00 15			F						
73	57452	EXAMINATION OF VAGINA	130.59				F						
77	57452	EXAMINATION OF VAGINA	130.59	00 15			F						
73	57454	VAGINA EXAMINATION & BIOPSY	176.96				F						
77	57454	VAGINA EXAMINATION & BIOPSY	176.96	00 15			F						
73	57455	BIOPSY OF CERVIX W/SCOPE	167.25				F						
77	57455	BIOPSY OF CERVIX W/SCOPE	167.25	00 15			F						
73	57456	ENDOCERV CURETTAGE W/SCOPE	156.63				F						
77	57456	ENDOCERV CURETTAGE W/SCOPE	156.63	00 15			F						
73	57460	COLPOSCOPY (VAGINOSCOPY);	323.89				F						
77	57460	COLPOSCOPY (VAGINOSCOPY);	323.89	00 15			F						
73	57461	CONZ OF CERVIX W/SCOPE, LEEP	363.58				F						
77	57461	CONZ OF CERVIX W/SCOPE, LEEP	363.58	00 15			F						
73	57465	COMPUTER-AIDED MAPPING OF CERVIX	55.97				F						
77	57465	COMPUTER-AIDED MAPPING OF CERVIX	55.97	00 15			F						
73	57500	BIOPSY OF CERVIX	158.25				F						
77	57500	BIOPSY OF CERVIX	158.25	00 15			F						
73	57505	ENDOCERVICAL CURETTAGE	158.54				F						
77	57505	ENDOCERVICAL CURETTAGE	158.54	00 15			F						
73	57510	CAUTERIZATION OF CERVIX	174.20				F						
77	57510	CAUTERIZATION OF CERVIX	174.20	00 15			F						
73	57511	CRYOCAUTERY OF CERVIX	206.36				F						
77	57511	CRYOCAUTERY OF CERVIX	206.36	00 15			F						
73	57513	LASER SURGERY	212.78				F						
77	57513	LASER SURGERY	212.78	00 15			F						
73	57520	BIOPSY OF CERVIX 10800	365.14				F						
77	57520	BIOPSY OF CERVIX 10800	365.14	00 15			F						
73	57522	CONIZATION OF CERVIX	314.89				F						
77	57522	CONIZATION OF CERVIX	314.89	00 15			F						
73	57530	REMOVAL OF CERVIX	390.23				F						
77	57530	REMOVAL OF CERVIX	390.23	00 15			F						
73	57531	REMOVAL OF CERVIX, RADICAL	2,000.27				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	57531	REMOVAL OF CERVIX, RADICAL	2,000.27	00	15			F						
73	57540	REMOVAL OF RESIDUAL CERVIX	837.61					F						
77	57540	REMOVAL OF RESIDUAL CERVIX	837.61	00	15			F						
73	57545	REMOVE CERVIX, REPAIR PELVIS	883.08					F						
77	57545	REMOVE CERVIX, REPAIR PELVIS	883.08	00	15			F						
73	57550	REMOVAL OF RESIDUAL CERVIX	452.61					F						
77	57550	REMOVAL OF RESIDUAL CERVIX	452.61	00	15			F						
73	57555	REMOVE CERVIX, REPAIR VAGINA	653.34					F						
77	57555	REMOVE CERVIX, REPAIR VAGINA	653.34	00	15			F						
73	57556	REMOVE CERVIX, REPAIR BOWEL	619.90					F						
77	57556	REMOVE CERVIX, REPAIR BOWEL	619.90	00	15			F						
73	57558	DILATION AND CURETTAGE OF CERVICAL S	162.95					F						
77	57558	DILATION AND CURETTAGE OF CERVICAL S	162.95	00	15			F						
73	57700	REVISION OF CERVIX	370.21					F						
77	57700	REVISION OF CERVIX	370.21	00	15			F						
73	57720	REVISION OF CERVIX	349.84					F						
77	57720	REVISION OF CERVIX	349.84	00	15			F						
73	57800	DILATION OF CERVICAL CANAL	79.33					F						
77	57800	DILATION OF CERVICAL CANAL	79.33	00	15			F						
73	58100	BIOPSY OF UTERUS LINING	105.89					F						
77	58100	BIOPSY OF UTERUS LINING	105.89	00	15			F						
73	58110	BX DONE W/COLPOSCOPY ADD-ON	52.01					F						
77	58110	BX DONE W/COLPOSCOPY ADD-ON	52.01	00	15			F						
73	58120	DILATION AND CURETTAGE	309.54	12	99			F						
77	58120	DILATION AND CURETTAGE,NONOBSTETRICA	309.54	12	15			F						
73	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	991.03					F						
77	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	991.03	00	15			F						
73	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	598.25					F						
77	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	598.25	00	15			F						
73	58146	MYOMECTOMY ABDOM COMPLEX	1,226.60					F						
77	58146	MYOMECTOMY ABDOM COMPLEX	1,226.60	00	15			F						
73	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,069.25			X		F		X				
77	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,069.25	00	15	X		F		X				
73	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,313.55			X		F		X				
77	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,313.55	00	15	X		F		X				
73	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,014.93			X		F		X				
77	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	1,014.93	00	15	X		F		X				
73	58200	TAH,W/PART.VAGINECTOMY,...BX	1,420.16			X		F		X				
77	58200	TAH,W/PART.VAGINECTOMY,...BX	1,420.16	00	15	X		F		X				
73	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,920.25			X		F		X				
77	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,920.25	00	15	X		F		X				
73	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,097.60			X		F		X				
77	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	3,097.60	00	15	X		F		X				
73	58260	VAGINAL HYSTERECTOMY	886.96			X		F		X				
77	58260	VAGINAL HYSTERECTOMY	886.96	00	15	X		F		X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	58262	VAGINAL HYST WITH REMOVAL OF TUBES	981.21			X		F		X				
77	58262	VAGINAL HYST WITH REMOVAL OF TUBES	981.21	00	15	X		F		X				
73	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,052.48			X		F		X				
77	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,052.48	00	15	X		F		X				
73	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,133.85			X		F		X				
77	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,133.85	00	15	X		F		X				
73	58270	VAG HYSTERECT;REPAIR ENTEROCELE	948.35			X		F		X				
77	58270	VAG HYSTERECT;REPAIR ENTEROCELE	948.35	00	15	X		F		X				
73	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,045.92			X		F		X				
77	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,045.92	00	15	X		F		X				
73	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,123.81			X		F		X				
77	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,123.81	00	15	X		F		X				
73	58285	VAGINAL HYSTERECTOMY;RADICAL	1,493.68			X		F		X				
77	58285	VAGINAL HYSTERECTOMY;RADICAL	1,493.68	00	15	X		F		X				
73	58290	VAG HYST COMPLEX	1,222.16			X		F		X				
77	58290	VAG HYST COMPLEX	1,222.16	00	15	X		F		X				
73	58291	VAG HYST INCL T/O, COMPLEX	1,321.42			X		F		X				
77	58291	VAG HYST INCL T/O, COMPLEX	1,321.42	00	15	X		F		X				
73	58292	VAG HYST T/O & REPAIR, COMPL	1,393.02			X		F		X				
77	58292	VAG HYST T/O & REPAIR, COMPL	1,393.02	00	15	X		F		X				
73	58294	VAG HYST W/ENTEROCELE, COMPL	1,293.40			X		F		X				
77	58294	VAG HYST W/ENTEROCELE, COMPL	1,293.40	00	15	X		F		X				
73	58301	REMOVE INTRAUTERINE DEVICE	114.07	10	60			F						
77	58301	REMOVE INTRAUTERINE DEVICE	114.07	10	15			F						
73	58340	INJECT FOR UTERUS/TUBE X-RAY	248.01	21	59	X		F		X				
73	58346	INSERT HEYMAN UTERI CAPSULE	498.73					F						
77	58346	INSERT HEYMAN UTERI CAPSULE	498.73	00	15			F						
73	58353	ENDOMETR ABLATE, THERMAL	954.90			X		F						
77	58353	ENDOMETR ABLATE, THERMAL	954.90	00	15	X		F						
73	58356	ENDOMETRIAL CRYOABLATION	1,714.19			X		F						
77	58356	ENDOMETRIAL CRYOABLATION	1,714.19	00	15	X		F						
73	58400	UTERINE SUSPENSION	484.52					F						
77	58400	UTERINE SUSPENSION	484.52	00	15			F						
73	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	863.71					F						
77	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	863.71	00	15			F						
73	58520	REPAIR OF RUPTURED UTERUS	846.12					F						
77	58520	REPAIR OF RUPTURED UTERUS	846.12	00	15			F						
73	58540	REVISION OF UTERUS	972.28					F						
77	58540	REVISION OF UTERUS	972.28	00	15			F						
73	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	767.68			X		F		X				
77	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	767.68	00	15	X		F		X				
73	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	878.13			X		F		X				
77	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	878.13	00	15	X		F		X				
73	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	892.47			X		F		X				
77	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	892.47	00	15	X		F		X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	959.15			X		F		X				
77	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	959.15	00	15	X		F		X				
73	58545	LAPAROSCOPIC MYOMECTOMY	955.24					F						
77	58545	LAPAROSCOPIC MYOMECTOMY	955.24	00	15			F						
73	58546	LAPARO-MYOMECTOMY, COMPLEX	1,183.00					F						
77	58546	LAPARO-MYOMECTOMY, COMPLEX	1,183.00	00	15			F						
73	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,980.73			X		F		X				
77	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,980.73	00	15	X		F		X				
73	58550	LAPARO-ASST VAG HYSTERECTOMY	932.33			X		F						
77	58550	LAPARO-ASST VAG HYSTERECTOMY	932.33	00	15	X		F						
73	58552	LAPARO-VAG HYST INCL T/O	1,036.47			X		F		X				
77	58552	LAPARO-VAG HYST INCL T/O	1,036.47	00	15	X		F		X				
73	58553	LAPARO-VAG HYST, COMPLEX	1,189.51			X		F		X				
77	58553	LAPARO-VAG HYST, COMPLEX	1,189.51	00	15	X		F		X				
73	58554	LAPARO-VAG HYST W/T/O, COMPL	1,382.58			X		F		X				
77	58554	LAPARO-VAG HYST W/T/O, COMPL	1,382.58	00	15	X		F		X				
73	58555	HYSTEROSCOPY, DX, SEP PROC	372.19			X		F						
77	58555	HYSTEROSCOPY, DX, SEP PROC	372.19	00	15	X		F						
73	58558	HYSTEROSCOPY, BIOPSY	1,360.47			X		F						
77	58558	HYSTEROSCOPY, BIOPSY	1,360.47	00	15	X		F						
73	58559	HYSTEROSCOPY, LYSIS	301.03			X		F						
77	58559	HYSTEROSCOPY, LYSIS	301.03	00	15	X		F						
73	58560	HYSTEROSCOPY, RESECT SEPTUM	330.97			X		F						
77	58560	HYSTEROSCOPY, RESECT SEPTUM	330.97	00	15	X		F						
73	58561	HYSTEROSCOPY, REMOVE MYOMA	378.05			X		F						
77	58561	HYSTEROSCOPY, REMOVE MYOMA	378.05	00	15	X		F						
73	58562	HYSTEROSCOPY, REMOVE FB	447.56			X		F						
77	58562	HYSTEROSCOPY, REMOVE FB	447.56	00	15	X		F						
73	58563	HYSTEROSCOPY, ABLATION	2,158.54			X		F						
77	58563	HYSTEROSCOPY, ABLATION	2,158.54	00	15	X		F						
73	58565	HYSTEROSCOPY, STERILIZATION	1,709.38	21	59	X		F		X				
73	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	849.05			X		F		X				
77	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	849.05	00	15	X		F		X				
73	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	956.62			X		F		X				
77	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	956.62	00	15	X		F		X				
73	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,094.05			X		F		X				
77	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,094.05	00	15	X		F		X				
73	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,285.03			X		F		X				
77	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,285.03	00	15	X		F		X				
73	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,037.30			X		F		X				
77	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	2,037.30	00	15	X		F		X				
73	58600	DIVISION OF FALLOPIAN TUBE	390.08	21	55	X		F						
73	58605	DIVISION OF FALLOPIAN TUBE	355.85	21	55	X		F						
73	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	80.65	21	55	X		F		X				
73	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	267.44	21	55	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	58660	LAPAROSCOPY, LYSIS	726.32			X		F						
77	58660	LAPAROSCOPY, LYSIS	726.32	00	15	X		F						
73	58661	LAPAROSCOPY, REMOVE ADNEXA	690.31			X		F						
77	58661	LAPAROSCOPY, REMOVE ADNEXA	690.31	00	15	X		F						
73	58662	LAPAROSCOPY, EXCISE LESIONS	752.34			X		F						
77	58662	LAPAROSCOPY, EXCISE LESIONS	752.34	00	15	X		F						
73	58670	LAPAROSCOPY, TUBAL CAUTERY	391.36	10	59	X		F						
77	58670	LAPAROSCOPY, TUBAL CAUTERY	391.36	10	15	X		F						
73	58671	LAPAROSCOPY, TUBAL BLOCK	390.72			X		F						
77	58671	LAPAROSCOPY, TUBAL BLOCK	390.72	00	15	X		F						
73	58673	LAPAROSCOPY, SALPINGOSTOMY	841.69			X		F				X		
77	58673	LAPAROSCOPY, SALPINGOSTOMY	841.69	00	15	X		F				X		
73	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	861.82			X		F						
77	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	861.82	00	15	X		F						
73	58700	REMOVAL OF FALLOPIAN TUBE	848.44			X		F						
77	58700	REMOVAL OF FALLOPIAN TUBE	848.44	00	15	X		F						
73	58720	REMOVAL OF OVARY/TUBE(S)	799.67			X		F						
77	58720	REMOVAL OF OVARY/TUBE(S)	799.67	00	15	X		F						
73	58800	DRAINAGE OF OVARIAN CYST(S)	378.79					F						
77	58800	DRAINAGE OF OVARIAN CYST(S)	378.79	00	15			F						
73	58805	DRAINAGE OF OVARIAN CYST(S)	449.28					F						
77	58805	DRAINAGE OF OVARIAN CYST(S)	449.28	00	15			F						
73	58820	DRAINAGE OF OVARIAN ABSCESS	354.46					F						
77	58820	DRAINAGE OF OVARIAN ABSCESS	354.46	00	15			F						
73	58822	DRAINAGE OF OVARIAN ABSCESS	756.13					F						
77	58822	DRAINAGE OF OVARIAN ABSCESS	756.13	00	15			F						
73	58825	TRANSPOSITION, OVARY(S)	751.23			X		F						
77	58825	TRANSPOSITION, OVARY(S)	751.23	00	15	X		F						
73	58900	BIOPSY OF OVARY(S)	459.01					F						
77	58900	BIOPSY OF OVARY(S)	459.01	00	15			F						
73	58920	PARTIAL REMOVAL OF OVARY(S)	756.37					F						
77	58920	PARTIAL REMOVAL OF OVARY(S)	756.37	00	15			F						
73	58925	REMOVAL OF OVARIAN CYST(S)	812.93					F						
77	58925	REMOVAL OF OVARIAN CYST(S)	812.93	00	15			F						
73	58940	REMOVAL OF OVARY(S)	586.49			X		F						
77	58940	REMOVAL OF OVARY(S)	586.49	00	15	X		F						
73	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,232.31			X		F						
77	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,232.31	00	15	X		F						
73	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,210.24					F						
77	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,210.24	00	15			F						
73	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,519.06			X		F		X				
77	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,519.06	00	15	X		F		X				
73	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,732.84					F						
77	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,732.84	00	15			F						
73	58953	TAH, RAD DISSECT FOR DEBULK	2,108.07			X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	58953	TAH, RAD DISSECT FOR DEBULK	2,108.07	00	15	X		F						
73	58954	TAH RAD DEBULK/LYMPH REMOVE	2,282.47			X		F						
77	58954	TAH RAD DEBULK/LYMPH REMOVE	2,282.47	00	15	X		F						
73	58956	BSO, OMENTECTOMY W/TAH	1,430.65			X		F		X				
77	58956	BSO, OMENTECTOMY W/TAH	1,430.65	00	15	X		F		X				
73	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,677.60					F						
77	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,677.60	00	15			F						
73	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,758.37					F						
77	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,758.37	00	15			F						
73	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,043.81					F						
77	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,043.81	00	15			F						
73	59000	AMNIOCENTESIS	122.20	16	60			F					X	
77	59000	AMNIOCENTESIS	122.20	10	15			F					X	
73	59001	AMNIOCENTESIS, THERAPEUTIC	194.44	16	60			F						
77	59001	AMNIOCENTESIS, THERAPEUTIC	194.44	10	15			F						
73	59012	CORDOCENTESIS,ANY METHOD	219.58	16	60			F						
77	59012	CORDECENTESIS, ANY METHOD	219.58	10	15			F						
73	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	166.96	16	60			F	X					
77	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	166.96	10	15			F	X					
75	59020	FETAL OXYTOCIN STRESS TEST	40.45	10	60	X		F	X					
75	59025	FETAL NON-STRESS TEST	30.63	10	60	X		F						
73	59030	FETAL SCALP BLOOD SAMPLE	123.29	16	60			F						
77	59030	FETAL SCALP BLOOD SAMPLE	123.29	10	15			F						
73	59050	INTERNAL FETAL MONITORING/CONSULTAN	55.03	16	60	X		F						
77	59050	INTERNAL FETAL MONITORING/CONSULTANT	55.03	10	15	X		F						
73	59051	FETAL MONITOR/INTERPRET ONL	45.78	16	60			F						
77	59051	FETAL MONITOR/INTERPRET ONL	45.78	10	15			F						
73	59070	TRANSABDOM AMNIOINFUS W/ US	425.02	16	60			F						
77	59070	TRANSABDOM AMNIOINFUS W/ US	425.02	10	15			F						
73	59074	FETAL FLUID DRAINAGE W/ US	409.28	16	60			F						
77	59074	FETAL FLUID DRAINAGE W/ US	409.28	10	15			F						
73	59076	FETAL SHUNT PLACEMENT, W/ US	570.23	16	60			F						
77	59076	FETAL SHUNT PLACEMENT, W/ US	570.23	10	15			F						
73	59100	REMOVE UTERUS LESION	933.04	16	60	X		F						
77	59100	REMOVE UTERUS LESION	933.04	10	15	X		F						
73	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	890.03	16	60	X		F						
77	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	890.03	10	15	X		F						
73	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	891.26	16	60	X		F						
77	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	891.26	10	15	X		F						
73	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,035.42	16	60	X		F						
77	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,035.42	10	15	X		F						
73	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	982.78	16	60	X		F						
77	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	982.78	10	15	X		F						
73	59140	SURG TX ECTOPIC PG, CERVICAL	451.53	16	60	X		F						
77	59140	SURG TX ECTOPIC PG, CERVICAL	451.53	10	15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	863.95	16	60	X		F						
77	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	863.95	10	15	X		F						
73	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	845.12	16	60	X		F						
77	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	845.12	10	15	X		F						
73	59160	D&C AFTER DELIVERY	289.98	16	60			F						
77	59160	D&C AFTER DELIVERY	289.98	10	15			F						
73	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	243.95	16	60	X		F						
77	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	243.95	10	15	X		F						
73	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	164.94	16	60			F						
77	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	164.94	10	15			F						
73	59325	CERCLAGE OF CERVIX;ABDOMINAL	262.51	16	60			F						
77	59325	CERCLAGE OF CERVIX;ABDOMINAL	262.51	10	15			F						
73	59350	REPAIR OF UTERUS	305.73	16	60			F						
77	59350	REPAIR OF UTERUS	305.73	10	15			F						
73	59400	OBSTETRICAL CARE	2,575.81	10	60			F						M
77	59400	OBSTRETRICAL CARE	2,575.81	10	60			F						M
73	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	876.72	16	60			F						
77	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	876.72	10	15			F						
73	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,153.86	16	60			F						M
77	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,153.86	10	15			F						M
73	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	112.12	16	60			F						
77	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	112.12	10	15			F						
73	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	98.73	16	60			F						
77	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	98.73	10	15			F						
73	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	280.07	16	60			F						
77	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	280.07	10	15			F						
73	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,864.43	16	60			F						M
77	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,864.43	10	15			F						M
73	59514	CESAREAN DELIVERY ONLY;	997.04	16	60			F						
77	59514	CESAREAN DELIVERY ONLY	997.04	10	15			F						
73	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,430.13	16	60			F						M
77	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,430.13	10	15			F						M
73	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	529.84	16	60	X		F		X				
77	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	529.84	10	15	X		F		X				
73	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,715.22	16	60			F						M
77	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,715.22	10	15			F						M
73	59612	VBAC DELIVERY ONLY	997.95	16	60			F						
77	59612	VBAC DELIVERY ONLY	997.95	10	15			F						
73	59614	VBAC DELIVERY INCL POSTPARTUM	1,260.55	16	60			F						M
77	59614	VBAC DELIVERY INCL POSTPARTUM	1,260.55	10	15			F						M
73	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,897.84	16	60			F						M
77	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,897.84	10	15			F						M
73	59620	ATTEMPTED VBAC DELIVERY ONLY	1,033.26	16	60			F						
77	59620	ATTEMPTED VBAC DELIVERY ONLY	1,033.26	10	15			F						
73	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,481.50	16	60			F						M

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,481.50	10	15			F						M
73	59812	TREAT SPONTANEOUS ABORTION	388.32	16	60	X		F						
77	59812	TREAT SPONTANEOUS ABORTION	388.32	10	15	X		F						
73	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	464.90	16	60	X		F						
77	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	464.90	10	15	X		F						
73	59821	TREAT MISSED ABORTION; SECOND TRIMES	461.30	16	60	X		F						
77	59821	TREAT MISSED ABORTION; SECOND TRIMES	461.30	10	15	X		F						
73	59830	TREATMENT OF SEPTIC ABORTION	502.01	16	60	X		F						
77	59830	TREATMENT OF SEPTIC ABORTION	502.01	10	15	X		F						
73	59840	THERAPUTIC ABORTION	267.84	16	60	X		F						
77	59840	THERAPUTIC ABORTION	267.84	10	15	X		F						
73	59841	ABORTION BY DILATION & EVACUATION	459.95	16	60	X		F						
77	59841	ABORTION BY DILATION & EVACUATION	459.95	10	15	X		F						
73	59850	SALINE ABORTION	424.55	16	60	X		F						
77	59850	SALINE ABORTION	424.55	10	15	X		F						
73	59851	SALINE ABORTION WITH D&C	460.92	16	60	X		F						
77	59851	SALINE ABORTION WITH D&C	460.92	10	15	X		F						
73	59852	SALINE ABORTION WITH HYSTEROTOMY	636.26	16	60	X		F						
77	59852	SALINE ABORTION WITH HYSTEROTOMY	636.26	10	15	X		F						
73	59855	ABORTION	461.15	16	60	X		F						
77	59855	ABORTION	461.15	10	15	X		F						
73	59856	ABORTION	541.81	16	60	X		F						
77	59856	ABORTION	541.81	10	15	X		F						
73	59857	ABORTION	634.47	16	60	X		F						
77	59857	ABORTION	634.47	10	15	X		F						
73	59870	UTERINE EVACUATION & CURETTAGE HYDAT	571.40	16	60	X		F						
77	59870	UTERINE EVACUATION & CURETTAGE HYDAT	571.40	10	15	X		F						
73	59871	REMOVE CERCLAGE SUTURE	143.23	16	60			F						
77	59871	REMOVE CERCLAGE SUTURE	143.23	10	15			F						
73	60000	DRAIN THYROID/TONGUE CYST	186.22											
77	60000	DRAIN THYROID/TONGUE CYST	186.22	00	15									
73	60100	BIOPSY OF THYROID	110.99										X	
77	60100	BIOPSY OF THYROID	110.99	00	15								X	
73	60200	REMOVE THYROID LESION	704.25											
77	60200	REMOVE THYROID LESION	704.25	00	15									
73	60210	PARTIAL EXCISION THYROID	750.74											
77	60210	PARTIAL EXCISION THYROID	750.74	00	15									
73	60212	PARTIAL THYROID EXCISION	1,115.52											
77	60212	PARTIAL THYROID EXCISION	1,115.52	00	15									
73	60220	PARTIAL REMOVAL OF THYROID	747.17											
77	60220	PARTIAL REMOVAL OF THYROID	747.17	00	15									
73	60225	PARTIAL REMOVAL OF THYROID	989.14											
77	60225	PARTIAL REMOVAL OF THYROID	989.14	00	15									
73	60240	REMOVAL OF THYROID	976.97											
77	60240	REMOVAL OF THYROID	976.97	00	15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	60252	REMOVAL OF THYROID	1,408.05										
77	60252	REMOVAL OF THYROID	1,408.05	00 15									
73	60254	EXTENSIVE THYROID SURGERY	1,774.92										
77	60254	EXTENSIVE THYROID SURGERY	1,774.92	00 15									
73	60260	REPEAT THYROID SURGERY	1,156.26										
77	60260	REPEAT THYROID SURGERY	1,156.26	00 15									
73	60270	REMOVAL OF THYROID	1,452.09										
77	60270	REMOVAL OF THYROID	1,452.09	00 15									
73	60271	REMOVAL OF THYROID	1,120.83										
77	60271	REMOVAL OF THYROID	1,120.83	00 15									
73	60280	REMOVE THYROID DUCT LESION	468.92										
77	60280	REMOVE THYROID DUCT LESION	468.92	00 15									
73	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	616.13										
77	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	616.13	00 15									
73	60300	ASPIRATION AND/OR INJECTION, THYROID	108.02										
77	60300	ASPIRATION AND/OR INJECTION, THYROID	108.02	00 15									
73	60500	EXPLORE PARATHYROID GLANDS	1,035.92										
77	60500	EXPLORE PARATHYROID GLANDS	1,035.92	00 15									
73	60502	RE-EXPLORE PARATHYROID(S)	1,392.76										
77	60502	RE-EXPLORE PARATHYROID(S)	1,392.76	00 15									
73	60505	EXPLORE PARATHYROID GLANDS	1,492.51										
77	60505	EXPLORE PARATHYROID GLANDS	1,492.51	00 15									
73	60512	AUTOTRANSPLANT, PARATHYROID	259.14										
77	60512	AUTOTRANSPLANT, PARATHYROID	259.14	00 15									
73	60520	REMOVAL OF THYMUS GLAND	1,131.60										
77	60520	REMOVAL OF THYMUS GLAND	1,131.60	00 15									
73	60521	REMOVAL THYMUS GLAND	1,206.46										
77	60521	REMOVAL THYMUS GLAND	1,206.46	00 15									
73	60522	REMOVAL OF THYMUS GLAND	1,468.41										
77	60522	REMOVAL OF THYMUS GLAND	1,468.41	00 15									
73	60540	EXPLORE ADRENAL GLAND	1,144.60										
77	60540	EXPLORE ADRENAL GLAND	1,144.60	00 15									
73	60545	EXPLORE ADRENAL GLAND	1,334.62										
77	60545	EXPLORE ADRENAL GLAND	1,334.62	00 15									
73	60600	REMOVE CAROTID BODY LESION	1,469.54										
77	60600	REMOVE CAROTID BODY LESION	1,469.54	00 15									
73	60605	REMOVE CAROTID BODY LESION	1,806.05										
77	60605	REMOVE CAROTID BODY LESION	1,806.05	00 15									
73	60650	LAPAROSCOPY ADRENALECTOMY	1,273.95										
77	60650	LAPAROSCOPY ADRENALECTOMY	1,273.95	00 15									
73	61000	REMOVE CRANIAL CAVITY FLUID	123.84										
77	61000	REMOVE CRANIAL CAVITY FLUID	123.84	00 15									
73	61001	SUBDURAL TAP....SUBSEQUENT TAPS	117.84									X	
77	61001	SUBDURAL TAP....SUBSEQUENT TAPS	117.84	00 15								X	
73	61020	REMOVE BRAIN CAVITY FLUID	115.04									X	

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	61020	REMOVE BRAIN CAVITY FLUID	115.04	00	15								X	
73	61026	PUNCTURE BURR HOLE FOR INJECT	113.63											
77	61026	PUNCTURE BURR HOLE FOR INJECT	113.63	00	15									
73	61050	REMOVE BRAIN CANAL FLUID	81.85											
77	61050	REMOVE BRAIN CANAL FLUID	81.85	00	15									
73	61055	CERVICAL PUNTURE FOR INJECTION	122.86											
77	61055	CERVICAL PUNTURE FOR INJECTION	122.86	00	15									
73	61070	BRAIN CANAL SHUNT PROCEDURE	59.47											
77	61070	BRAIN CANAL SHUNT PROCEDURE	59.47	00	15									
73	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	500.95											
77	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	500.95	00	15									
73	61107	TWIST DRILL HOLE/VENTRICULAR CATH	347.69											
77	61107	TWIST DRILL HOLE/VENTRICULAR CATH	347.69	00	15									
73	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	984.01											
77	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	984.01	00	15									
73	61120	PIERCE SKULL FOR EXAMINATION	820.42											
77	61120	PIERCE SKULL FOR EXAMINATION	820.42	00	15									
73	61140	PIERCE SKULL FOR BIOPSY	1,396.80											
77	61140	PIERCE SKULL FOR BIOPSY	1,396.80	00	15									
73	61150	PIERCE SKULL FOR DRAINAGE	1,489.98											
77	61150	PIERCE SKULL FOR DRAINAGE	1,489.98	00	15									
73	61151	PIERCE SKULL FOR DRAINAGE	1,093.45										X	
77	61151	PIERCE SKULL FOR DRAINAGE	1,093.45	00	15								X	
73	61154	PIERCE SKULL FOR DRAINAGE	1,401.36										X	
77	61154	PIERCE SKULL FOR DRAINAGE	1,401.36	00	15								X	
73	61156	PIERCE SKULL FOR DRAINAGE	1,370.94											
77	61156	PIERCE SKULL FOR DRAINAGE	1,370.94	00	15									
73	61210	PIERCE SKULL; IMPLANT DEVICE	408.00											
77	61210	PIERCE SKULL; IMPLANT DEVICE	408.00	00	15									
73	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	554.27											
77	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	554.27	00	15									
73	61250	PIERCE SKULL & EXPLORE	953.54											
77	61250	PIERCE SKULL & EXPLORE	953.54	00	15									
73	61253	PIERCE SKULL & EXPLORE	1,093.45											
77	61253	PIERCE SKULL & EXPLORE	1,093.45	00	15									
73	61304	INCISE SKULL FOR EXPLORATION	1,812.40											
77	61304	INCISE SKULL FOR EXPLORATION	1,812.40	00	15									
73	61305	INCISE SKULL FOR EXPLORATION	2,217.83											
77	61305	INCISE SKULL FOR EXPLORATION	2,217.83	00	15									
73	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,291.91											
77	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,291.91	00	15									
73	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,188.34											
77	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,188.34	00	15									
73	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,019.51											
77	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,019.51	00	15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,281.28										
77	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,281.28	00 15									
73	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	98.33										
77	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	98.33	00 15									
73	61320	INCISE SKULL FOR DRAINAGE	2,092.79										
77	61320	INCISE SKULL FOR DRAINAGE	2,092.79	00 15									
73	61321	INCISE SKULL FOR DRAINAGE	2,350.42										
77	61321	INCISE SKULL FOR DRAINAGE	2,350.42	00 15									
73	61322	DECOMPRESSIVE CRANIOTOMY	2,632.24										
77	61322	DECOMPRESSIVE CRANIOTOMY	2,632.24	00 15									
73	61323	DECOMPRESSIVE LOBECTOMY	2,644.37										
77	61323	DECOMPRESSIVE LOBECTOMY	2,644.37	00 15									
73	61330	EXPLORATION OF EYE SOCKET	1,980.89										
77	61330	EXPLORATION OF EYE SOCKET	1,980.89	00 15									
73	61333	EXPLORE ORBIT; REMOVE LESION	2,232.37										
77	61333	EXPLORE ORBIT; REMOVE LESION	2,232.37	00 15									
73	61340	RELIEVE CRANIAL PRESSURE	1,588.31										
77	61340	RELIEVE CRANIAL PRESSURE	1,588.31	00 15									
73	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,427.64										
77	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,427.64	00 15									
73	61345	RELIEVE CRANIAL PRESSURE	2,258.42										
77	61345	RELIEVE CRANIAL PRESSURE	2,258.42	00 15									
73	61450	INCISE SKULL FOR SURGERY	2,125.02										
77	61450	INCISE SKULL FOR SURGERY	2,125.02	00 15									
73	61458	INCISE SKULL FOR SURGERY	2,226.06										
77	61458	INCISE SKULL FOR SURGERY	2,226.06	00 15									
73	61460	INCISE SKULL FOR SURGERY	2,330.37										
77	61460	INCISE SKULL FOR SURGERY	2,330.37	00 15									
73	61500	REMOVAL OF SKULL LESION	1,407.40										
77	61500	REMOVAL OF SKULL LESION	1,407.40	00 15									
73	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,211.90										
77	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,211.90	00 15									
73	61510	REMOVAL OF BRAIN LESION	2,424.86										
77	61510	REMOVAL OF BRAIN LESION	2,424.86	00 15									
73	61512	REMOVE BRAIN LINING LESION	2,825.92										
77	61512	REMOVE BRAIN LINING LESION	2,825.92	00 15									
73	61514	REMOVAL OF BRAIN ABSCESS	2,114.26										
77	61514	REMOVAL OF BRAIN ABSCESS	2,114.26	00 15									
73	61516	REMOVAL OF BRAIN LESION	2,063.21										
77	61516	REMOVAL OF BRAIN LESION	2,063.21	00 15									
73	61517	IMPLT BRAIN CHEMOTX AGENT	97.66										
77	61517	IMPLT BRAIN CHEMOTX AGENT	97.66	00 15									
73	61518	REMOVAL OF BRAIN LESION	3,060.34										
77	61518	REMOVAL OF BRAIN LESION	3,060.34	00 15									
73	61519	REMOVE BRAIN LINING LESION	3,251.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
77	61519	REMOVE BRAIN LINING LESION	3,251.38	00 15									
73	61520	REMOVAL OF BRAIN LESION	4,115.96										
77	61520	REMOVAL OF BRAIN LESION	4,115.96	00 15									
73	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,512.76										
77	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,512.76	00 15									
73	61522	REMOVAL OF BRAIN ABSCESS	2,421.85										
77	61522	REMOVAL OF BRAIN ABSCESS	2,421.85	00 15									
73	61524	REMOVAL OF BRAIN LESION	2,305.35										
77	61524	REMOVAL OF BRAIN LESION	2,305.35	00 15									
73	61526	REMOVAL OF BRAIN LESION	3,636.52										
77	61526	REMOVAL OF BRAIN LESION	3,636.52	00 15									
73	61530	REMOVAL OF BRAIN LESION	3,407.48										
77	61530	REMOVAL OF BRAIN LESION	3,407.48	00 15									
73	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,345.41										
77	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,345.41	00 15									
73	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,686.13										
77	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,686.13	00 15									
73	61534	REMOVAL OF BRAIN LESION	1,822.10										
77	61534	REMOVAL OF BRAIN LESION	1,822.10	00 15									
73	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,101.46										
77	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,101.46	00 15									
73	61536	REMOVAL OF BRAIN LESION	2,855.71										
77	61536	REMOVAL OF BRAIN LESION	2,855.71	00 15									
73	61537	REMOVAL OF BRAIN TISSUE	2,727.45										
77	61537	REMOVAL OF BRAIN TISSUE	2,727.45	00 15									
73	61538	REMOVAL OF BRAIN TISSUE	2,951.18										
77	61538	REMOVAL OF BRAIN TISSUE	2,951.18	00 15									
73	61539	REMOVAL OF BRAIN TISSUE	2,614.36										
77	61539	REMOVAL OF BRAIN TISSUE	2,614.36	00 15									
73	61540	REMOVAL OF BRAIN TISSUE	2,408.75										
77	61540	REMOVAL OF BRAIN TISSUE	2,408.75	00 15									
73	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,378.48										
77	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,378.48	00 15									
73	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,405.04										
77	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,405.04	00 15									
73	61544	REMOVE & TREAT BRAIN LESION	2,100.48										
77	61544	REMOVE & TREAT BRAIN LESION	2,100.48	00 15									
73	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,527.32										
77	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,527.32	00 15									
73	61546	REMOVAL OF PITUITARY GLAND	2,554.57										
77	61546	REMOVAL OF PITUITARY GLAND	2,554.57	00 15									
73	61548	REMOVAL OF PITUITARY GLAND	1,719.33										
77	61548	REMOVAL OF PITUITARY GLAND	1,719.33	00 15									
73	61550	RELEASE OF SKULL SEAMS	1,309.87										
77	61550	RELEASE OF SKULL SEAMS	1,309.87	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61552	RELEASE OF SKULL SEAMS	1,639.00										
77	61552	RELEASE OF SKULL SEAMS	1,639.00	00 15									
73	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,887.16										
77	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,887.16	00 15									
73	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,858.05										
77	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,858.05	00 15									
73	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,077.82										
77	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,077.82	00 15									
73	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,649.42										
77	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,649.42	00 15									
73	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,193.60										
77	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,193.60	00 15									
73	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,663.72										
77	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,663.72	00 15									
73	61566	REMOVAL OF BRAIN TISSUE	2,481.05										
77	61566	REMOVAL OF BRAIN TISSUE	2,481.05	00 15									
73	61567	INCISION OF BRAIN TISSUE	2,825.66										
77	61567	INCISION OF BRAIN TISSUE	2,825.66	00 15									
73	61570	REMOVE BRAIN FOREIGN BODY	2,067.56										
77	61570	REMOVE BRAIN FOREIGN BODY	2,067.56	00 15									
73	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,202.23										
77	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,202.23	00 15									
73	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,774.73										
77	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,774.73	00 15									
73	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,580.91										
77	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,580.91	00 15									
73	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,631.36										
77	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,631.36	00 15									
73	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,971.37										
77	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,971.37	00 15									
73	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,246.38										
77	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,246.38	00 15									
73	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,183.19										
77	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,183.19	00 15									
73	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,141.30										
77	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,141.30	00 15									
73	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,608.19										
77	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,608.19	00 15									
73	61586	RESECT NASOPHARYNX, SKULL	2,744.27										
77	61586	RESECT NASOPHARYNX, SKULL	2,744.27	00 15									
73	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,218.80										
77	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,218.80	00 15									
73	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,241.32										
77	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,241.32	00 15									
73	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,466.30										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,466.30	00	15									
73	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,556.75											
77	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,556.75	00	15									
73	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,545.92											
77	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,545.92	00	15									
73	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,270.88											
77	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,270.88	00	15									
73	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,133.10											
77	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,133.10	00	15									
73	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,257.85											
77	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,257.85	00	15									
73	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,650.24											
77	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,650.24	00	15									
73	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,267.60											
77	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,267.60	00	15									
73	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,174.02											
77	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,174.02	00	15									
73	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,856.20											
77	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,856.20	00	15									
73	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,602.14											
77	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,602.14	00	15									
73	61611	TRANSECTION OR LIGATION, CAROTID ART	521.96											
77	61611	TRANSECTION OR LIGATION, CAROTID ART	521.96	00	15									
73	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,629.39											
77	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,629.39	00	15									
73	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,088.81											
77	61615	RESECTION OR EXCISION OF NEOPLASTIC,	3,088.81	00	15									
73	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,644.29											
77	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,644.29	00	15									
73	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,400.37											
77	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,400.37	00	15									
73	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,525.53											
77	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,525.53	00	15									
73	61623	ENDOVASC TEMPORY VESSEL OCCL	627.42											
77	61623	ENDOVASC TEMPORY VESSEL OCCL	627.42	00	15									
73	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,257.31											
77	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,257.31	00	15									
73	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	957.17											
77	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	957.17	00	15									
73	61630	INTRACRANIAL ANGIOPLASTY	1,478.90			X								
77	61630	INTRACRANIAL ANGIOPLASTY	1,478.90	00	15	X								
73	61635	INTRACRAN ANGIOPLSTY W/STENT	1,565.13			X								
77	61635	INTRACRAN ANGIOPLSTY W/STENT	1,565.13	00	15	X								
73	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	908.51										X	
77	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	908.51	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	626.57										
77	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	626.57	00 15									
73	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	262.91									X	
77	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	262.91	00 15								X	
73	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,498.80										
77	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,498.80	00 15									
73	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,620.79										
77	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,620.79	00 15									
73	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,148.30										
77	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,148.30	00 15									
73	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,981.59										
77	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,981.59	00 15									
73	61690	SURG..MALFORM;DURAL,SIMPLE	2,410.79										
77	61690	SURG..MALFORM;DURAL,SIMPLE	2,410.79	00 15									
73	61692	SURG..MALFORM;DURAL,COMPLEX	4,046.20										
77	61692	SURG..MALFORM;DURAL,COMPLEX	4,046.20	00 15									
73	61697	BRAIN ANEURYSM REPR, COMPLX	4,680.96										
77	61697	BRAIN ANEURYSM REPR, COMPLX	4,680.96	00 15									
73	61698	BRAIN ANEURYSM REPR, COMPLX	5,131.65										
77	61698	BRAIN ANEURYSM REPR, COMPLX	5,131.65	00 15									
73	61700	INNER SKULL VESSEL SURGERY	3,762.94										
77	61700	INNER SKULL VESSEL SURGERY	3,762.94	00 15									
73	61702	INNER SKULL VESSEL SURGERY	4,457.58										
77	61702	INNER SKULL VESSEL SURGERY	4,457.58	00 15									
73	61703	CLAMP NECK ARTERY	1,498.53										
77	61703	CLAMP NECK ARTERY	1,498.53	00 15									
73	61705	REVISE CIRCULATION TO HEAD	2,884.21										
77	61705	REVISE CIRCULATION TO HEAD	2,884.21	00 15									
73	61708	REVISE CIRCULATION TO HEAD	2,820.12										
77	61708	REVISE CIRCULATION TO HEAD	2,820.12	00 15									
73	61710	REVISE CIRCULATION TO HEAD	2,377.14										
77	61710	REVISE CIRCULATION TO HEAD	2,377.14	00 15									
73	61711	FUSION OF SKULL ARTERIES	2,836.66										
77	61711	FUSION OF SKULL ARTERIES	2,836.66	00 15									
73	61720	INCISE SKULL/BRAIN SURGERY	1,403.14										
77	61720	INCISE SKULL/BRAIN SURGERY	1,403.14	00 15									
73	61735	INCISE SKULL/BRAIN SURGERY	1,762.31										
77	61735	INCISE SKULL/BRAIN SURGERY	1,762.31	00 15									
73	61736	LASER INTERSTITIAL THERMAL THERAPY	952.17										
77	61736	LASER INTERSTITIAL THERMAL THERAPY	952.17	00 15									
73	61737	LASER INTERSTITIAL THERMAL THERAPY	1,136.78										
77	61737	LASER INTERSTITIAL THERMAL THERAPY	1,136.78	00 15									
73	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,555.88										
77	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,555.88	00 15									
73	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,523.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,523.59	00 15									
73	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,753.83										
77	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,753.83	00 15									
73	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,795.63										
77	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,795.63	00 15									
73	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	261.90										
77	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	261.90	00 15									
73	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	180.68										
77	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	180.68	00 15									
73	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	256.30										
77	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	256.30	00 15									
73	61790	TREAT TRIGEMINAL NERVE	968.09										
77	61790	TREAT TRIGEMINAL NERVE	968.09	00 15									
73	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,241.76										
77	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,241.76	00 15									
73	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,119.45										
77	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,119.45	00 15									
73	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	244.45									X	
77	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	244.45	00 15								X	
73	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,524.19										
77	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,524.19	00 15									
73	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	337.30									X	
77	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	337.30	00 15								X	
73	61800	APPLICATION OF STEREOTACTIC HEADFRAM	167.80										
77	61800	APPLICATION OF STEREOTACTIC HEADFRAM	167.80	00 15									
73	61850	IMPLANT NEUROELECTRODES	1,085.19										
77	61850	IMPLANT NEUROELECTRODES	1,085.19	00 15									
73	61860	IMPLANT NEUROELECTRODES	1,730.17										
77	61860	IMPLANT NEUROELECTRODES	1,730.17	00 15									
73	61863	IMPLANT NEUROELECTRODE	1,657.62										
77	61863	IMPLANT NEUROELECTRODE	1,657.62	00 15									
73	61864	IMPLANT NEUROELECTRDE, ADDñL	314.50										
77	61864	IMPLANT NEUROELECTRDE, ADDñL	314.50	00 15									
73	61867	IMPLANT NEUROELECTRODE	2,522.03										
77	61867	IMPLANT NEUROELECTRODE	2,522.03	00 15									
73	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	555.69										
77	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	555.69	00 15									
73	61880	REVISE/REMOVE NEUROELECTRODE	635.42										
77	61880	REVISE/REMOVE NEUROELECTRODE	635.42	00 15									
73	61885	IMPLANT NEURORECEIVER	565.07			X							
77	61885	IMPLANT NEURORECEIVER	565.07	00 15		X							
73	61886	IMPLANT NEUROSTIM ARRAYS	942.36										
77	61886	IMPLANT NEUROSTIM ARRAYS	942.36	00 15									
73	61888	REVISE/REMOVE NEURORECEIVER	436.09			X							
77	61888	REVISE/REMOVE NEURORECEIVER	436.09	00 15		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	62000	REPAIR OF SKULL FRACTURE	1,137.75										
77	62000	REPAIR OF SKULL FRACTURE	1,137.75	00 15									
73	62005	REPAIR OF SKULL FRACTURE	1,403.81										
77	62005	REPAIR OF SKULL FRACTURE	1,403.81	00 15									
73	62010	TREATMENT OF HEAD INJURY	1,698.26										
77	62010	TREATMENT OF HEAD INJURY	1,698.26	00 15									
73	62100	REPAIR BRAIN FLUID LEAKAGE	1,721.16										
77	62100	REPAIR BRAIN FLUID LEAKAGE	1,721.16	00 15									
73	62120	REPAIR SKULL CAVITY LESION	2,259.40										
77	62120	REPAIR SKULL CAVITY LESION	2,259.40	00 15									
73	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,678.09										
77	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,678.09	00 15									
73	62140	REPAIR OF SKULL DEFECT	1,108.33										
77	62140	REPAIR OF SKULL DEFECT	1,108.33	00 15									
73	62141	REPAIR OF SKULL DEFECT	1,246.65										
77	62141	REPAIR OF SKULL DEFECT	1,246.65	00 15									
73	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	974.60										
77	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	974.60	00 15									
73	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,146.91										
77	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,146.91	00 15									
73	62145	REPAIR OF SKULL & BRAIN	1,543.97										
77	62145	REPAIR OF SKULL & BRAIN	1,543.97	00 15									
73	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,378.80										
77	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,378.80	00 15									
73	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,563.93										
77	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,563.93	00 15									
73	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	140.98										
77	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	140.98	00 15									
73	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	211.41										
77	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	211.41	00 15									
73	62161	DISSECT BRAIN W/SCOPE	1,673.23										
77	62161	DISSECT BRAIN W/SCOPE	1,673.23	00 15									
73	62162	REMOVE COLLOID CYST W/SCOPE	2,087.51										
77	62162	REMOVE COLLOID CYST W/SCOPE	2,087.51	00 15									
73	62164	REMOVE BRAIN TUMOR W/SCOPE	2,311.57										
77	62164	REMOVE BRAIN TUMOR W/SCOPE	2,311.57	00 15									
73	62165	REMOVE PITUIT TUMOR W/SCOPE	1,636.67										
77	62165	REMOVE PITUIT TUMOR W/SCOPE	1,636.67	00 15									
73	62180	ESTABLISH BRAIN CAVITY SHUNT	1,766.48										
77	62180	ESTABLISH BRAIN CAVITY SHUNT	1,766.48	00 15									
73	62190	ESTABLISH BRAIN CAVITY SHUNT	1,019.92										
77	62190	ESTABLISH BRAIN CAVITY SHUNT	1,019.92	00 15									
73	62192	ESTABLISH BRAIN CAVITY SHUNT	1,081.58										
77	62192	ESTABLISH BRAIN CAVITY SHUNT	1,081.58	00 15									
73	62194	REPLACE/IRRIGATE CATHETER	534.18										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	62194	REPLACE/IRRIGATE CATHETER	534.18	00 15									
73	62200	ESTABLISH BRAIN CAVITY SHUNT	1,520.65										
77	62200	ESTABLISH BRAIN CAVITY SHUNT	1,520.65	00 15									
73	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,327.87										
77	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,327.87	00 15									
73	62220	ESTABLISH BRAIN CAVITY SHUNT	1,073.18										
77	62220	ESTABLISH BRAIN CAVITY SHUNT	1,073.18	00 15									
73	62223	ESTABLISH BRAIN CAVITY SHUNT	1,134.55										
77	62223	ESTABLISH BRAIN CAVITY SHUNT	1,134.55	00 15									
73	62225	REPLACE/IRRIGATE CATHETER	576.17										
77	62225	REPLACE/IRRIGATE CATHETER	576.17	00 15									
73	62230	REPLACE/REVISE BRAIN SHUNT	922.58										
77	62230	REPLACE/REVISE BRAIN SHUNT	922.58	00 15									
75	62252	CSF SHUNT REPROGRAM	50.47										
73	62256	REMOVE BRAIN CAVITY SHUNT	661.40										
77	62256	REMOVE BRAIN CAVITY SHUNT	661.40	00 15									
73	62258	REPLACE BRAIN CAVITY SHUNT	1,223.75										
77	62258	REPLACE BRAIN CAVITY SHUNT	1,223.75	00 15									
73	62263	LYSIS EPIDURAL ADHESIONS	633.69										
77	62263	LYSIS EPIDURAL ADHESIONS	633.69	00 15									
73	62264	EPIDURAL LYSIS ON SINGLE DAY	447.14										
77	62264	EPIDURAL LYSIS ON SINGLE DAY	447.14	00 15									
73	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	271.51										
77	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	271.51	00 15									
73	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	263.42										
77	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	263.42	00 15									
73	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	265.79										
77	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	265.79	00 15									
73	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	128.41										
77	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	128.41	00 15									
73	62272	SPINAL PUNCTURE, THERAPEUTIC	177.31										
77	62272	SPINAL PUNCTURE, THERAPEUTIC	177.31										
73	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	170.83										
77	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	170.83	00 15									
73	62280	TREAT SPINAL CORD LESION	329.05									X	
77	62280	TREAT SPINAL CORD LESION	329.05	00 15								X	
73	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	240.44										
77	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	240.44	00 15									
73	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	321.48									X	
77	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	321.48	00 15								X	
73	62284	INJECTION FOR MYELOGRAM	195.01										
77	62284	INJECTION FOR MYELOGRAM	195.01	00 15									
73	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	587.71										
77	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	587.71	00 15									
73	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	361.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	361.27	00 15									
73	62291	INJECT FOR SPINE DISK X-RAY	328.17										
77	62291	INJECT FOR SPINE DISK X-RAY	328.17	00 15									
73	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	589.48										
77	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	589.48	00 15									
73	62294	INJECTION INTO SPINAL ARTERY	1,046.72										
77	62294	INJECTION INTO SPINAL ARTERY	1,046.72	00 15									
73	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	261.92										
77	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	261.92	00 15									
73	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	266.42										
77	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	266.42	00 15									
73	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	258.93										
77	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	258.93	00 15									
73	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	281.89										
77	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	281.89	00 15									
73	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	167.35										
77	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	167.35	00 15									
73	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	263.63										
77	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	263.63	00 15									
73	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	141.89										
77	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	141.89	00 15									
73	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	259.51										
77	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	259.51	00 15									
73	62324	INJECTION(S), INCLUDING INDWELLING C	140.73										
77	62324	INJECTION(S), INCLUDING INDWELLING C	140.73	00 15									
73	62325	INJECTION(S), INCLUDING INDWELLING C	256.44										
77	62325	INJECTION(S), INCLUDING INDWELLING C	256.44	00 15									
73	62326	INJECTION(S), INCLUDING INDWELLING C	142.07										
77	62326	INJECTION(S), INCLUDING INDWELLING C	142.07	00 15									
73	62327	INJECTION(S), INCLUDING INDWELLING C	265.76										
77	62327	INJECTION(S), INCLUDING INDWELLING C	265.76	00 15									
73	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	242.61									X	
77	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	242.61	00 15								X	
73	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	309.88										
77	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	309.88	00 15									
73	62350	IMPLANT SPINAL CATHETER	418.16			X		X					
77	62350	IMPLANT SPINAL CATHETER	418.16	00 15		X		X					
73	62351	IMPLANT SPINAL CATHETER	982.30			X		X					
77	62351	IMPLANT SPINAL CATHETER	982.30	00 15		X		X					
73	62355	REMOVE SPINAL CANAL CATHETER	284.38			X		X					
77	62355	REMOVE SPINAL CANAL CATHETER	284.38	00 15		X		X					
73	62360	INSERT SPINE INFUSION DEVICE	341.68			X		X					
77	62360	INSERT SPINE INFUSION DEVICE	341.68	00 15		X		X					
73	62361	IMPLANT SPINE INFUSION PUMP	468.41			X		X					
77	62361	IMPLANT SPINE INFUSION PUMP	468.41	00 15		X		X					

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	62362	IMPLANT SPINE INFUSION PUMP	406.47			X		X					
77	62362	IMPLANT SPINE INFUSION PUMP	406.47	00 15		X		X					
73	62365	REMOVE SPINE INFUSION DEVICE	311.59			X		X					
77	62365	REMOVE SPINE INFUSION DEVICE	311.59	00 15		X		X					
73	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	32.88					X					
77	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	32.88	00 15				X					
73	62368	ANALYZE SPINE INFUSION PUMP	45.67					X					
77	62368	ANALYZE SPINE INFUSION PUMP	45.67	00 15				X					
73	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	92.28					X					
77	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	92.28	00 15				X					
73	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	93.71					X					
77	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	93.71	00 15				X					
73	63001	RELIEVE SPINAL CORD PRESSURE	1,349.97										
77	63001	RELIEVE SPINAL CORD PRESSURE	1,349.97	00 15									
73	63003	RELIEVE SPINAL CORD PRESSURE	1,347.68										
77	63003	RELIEVE SPINAL CORD PRESSURE	1,347.68	00 15									
73	63005	RELIEVE SPINAL CORD PRESSURE	1,302.06										
77	63005	RELIEVE SPINAL CORD PRESSURE	1,302.06	00 15									
73	63011	RELIEVE PSINAL CORD PRESSURE	1,173.86										
77	63011	RELIEVE PSINAL CORD PRESSURE	1,173.86	00 15									
73	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,297.42										
77	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,297.42	00 15									
73	63015	RELIEVE SPINAL CORD PRESSURE	1,617.34										
77	63015	RELIEVE SPINAL CORD PRESSURE	1,617.34	00 15									
73	63016	RELIEVE SPINAL CORD PRESSURE	1,668.09										
77	63016	RELIEVE SPINAL CORD PRESSURE	1,668.09	00 15									
73	63017	RELIEVE SPINAL CORD PRESSURE	1,376.89										
77	63017	RELIEVE SPINAL CORD PRESSURE	1,376.89	00 15									
73	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,252.11										
77	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,252.11	00 15									
73	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,049.95										
77	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,049.95	00 15									
73	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	209.03									X	
77	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	209.03	00 15								X	
73	63040	NECK SPINE DISK SURGERY	1,496.18										
77	63040	NECK SPINE DISK SURGERY	1,496.18	00 15									
73	63042	LOW BACK DISK SURGERY	1,393.69										
77	63042	LOW BACK DISK SURGERY	1,393.69	00 15									
73	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,401.09										
77	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,401.09	00 15									
73	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,329.18										
77	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,329.18	00 15									
73	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,191.39										
77	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,191.39	00 15									
73	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	230.02									X	

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	230.02	00 15								X	
73	63050	CERVICAL LAMINOPLASTY	1,597.16										
77	63050	CERVICAL LAMINOPLASTY	1,597.16	00 15									
73	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,834.80										
77	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,834.80	00 15									
73	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	282.53										
77	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	282.53	00 15									
73	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	211.05									X	
77	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	211.05	00 15								X	
73	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,778.92										
77	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,778.92	00 15									
73	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,622.60										
77	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,622.60	00 15									
73	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	352.01									X	
77	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	352.01	00 15								X	
73	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,946.60										
77	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,946.60	00 15									
73	63066	DECOMPRESS...THORACIC;EACH ADD SEG	229.05									X	
77	63066	DECOMPRESS...THORACIC;EACH ADD SEG	229.05	00 15								X	
73	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,473.48										
77	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,473.48	00 15									
73	63076	REMOVAL OF UPPER SPINE DISC AND RELE	265.15									X	
77	63076	REMOVAL OF UPPER SPINE DISC AND RELE	265.15	00 15								X	
73	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,628.96										
77	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,628.96	00 15									
73	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	230.59									X	
77	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	230.59	00 15								X	
73	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,911.03										
77	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,911.03	00 15									
73	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	289.53									X	
77	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	289.53	00 15								X	
73	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,097.75										
77	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,097.75	00 15									
73	63086	VERT CORPECT..,THOR.,EACH ADD SEG	208.06									X	
77	63086	VERT CORPECT..,THOR.,EACH ADD SEG	208.06	00 15								X	
73	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,615.06										
77	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,615.06	00 15									
73	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	279.31									X	
77	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	279.31	00 15								X	
73	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,115.67										
77	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,115.67	00 15									
73	63091	VERT CORPECTOMY;EACH ADD SEGMENT	192.21									X	
77	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	192.21	00 15								X	
73	63101	REMOVAL OF VERTEBRAL BODY	2,541.84										
77	63101	REMOVAL OF VERTEBRAL BODY	2,541.84	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	63102	REMOVAL OF VERTEBRAL BODY	2,459.33										
77	63102	REMOVAL OF VERTEBRAL BODY	2,459.33	00 15									
73	63103	REMOVE VERTEBRAL BODY ADD-ON	321.77									X	
77	63103	REMOVE VERTEBRAL BODY ADD-ON	321.77	00 15								X	
73	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,758.66										
77	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,758.66	00 15									
73	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,558.92										
77	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,558.92	00 15									
73	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,906.52										
77	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,906.52	00 15									
73	63185	INCISE SPINAL COLUMN/NERVES	1,217.53										
77	63185	INCISE SPINAL COLUMN/NERVES	1,217.53	00 15									
73	63190	INCISE SPINAL COLUMN/NERVES	1,310.56										
77	63190	INCISE SPINAL COLUMN/NERVES	1,310.56	00 15									
73	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,521.40										
77	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,521.40	00 15									
73	63197	INCISE SPINAL COLUMN & CORD	1,889.71										
77	63197	INCISE SPINAL COLUMN & CORD	1,889.71	00 15									
73	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,656.82										
77	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,656.82	00 15									
73	63250	REVISE SPINAL CORD VESSELS	3,288.29										
77	63250	REVISE SPINAL CORD VESSELS	3,288.29	00 15									
73	63251	REVISE SPINAL CORD VESSELS	3,359.51										
77	63251	REVISE SPINAL CORD VESSELS	3,359.51	00 15									
73	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,358.84										
77	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,358.84	00 15									
73	63265	LAMINECTOMY,LESION...;CERVICAL	1,830.19										
77	63265	LAMINECTOMY,LESION...;CERVICAL	1,830.19	00 15									
73	63266	LAMINECTOMY,LESION...;THORACIC	1,888.01										
77	63266	LAMINECTOMY,LESION...;THORACIC	1,888.01	00 15									
73	63267	LAMINECTOMY,LESION...;LUMBAR	1,493.18										
77	63267	LAMINECTOMY,LESION...;LUMBAR	1,493.18	00 15									
73	63268	LAMINECTOMY,LESION....;SACRAL	1,547.01										
77	63268	LAMINECTOMY,LESION....;SACRAL	1,547.01	00 15									
73	63270	LAMINECTOMY,LESION....;CERVICAL	2,299.89										
77	63270	LAMINECTOMY,LESION....;CERVICAL	2,299.89	00 15									
73	63271	LAMINECTOMY,LESION...;THORACIC	2,287.18										
77	63271	LAMINECTOMY,LESION...;THORACIC	2,287.18	00 15									
73	63272	LAMINECTOMY,LESION...;LUMBAR	2,049.56										
77	63272	LAMINECTOMY,LESION...;LUMBAR	2,049.56	00 15									
73	63273	LAMINECTOMY,LESION...;SACRAL	2,065.01										
77	63273	LAMINECTOMY,LESION...;SACRAL	2,065.01	00 15									
73	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,990.92										
77	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,990.92	00 15									
73	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,965.37										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,965.37	00 15									
73	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,702.85										
77	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,702.85	00 15									
73	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,759.42										
77	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,759.42	00 15									
73	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,340.11										
77	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,340.11	00 15									
73	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,314.92										
77	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,314.92	00 15									
73	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,183.31										
77	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,183.31	00 15									
73	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,101.46										
77	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,101.46	00 15									
73	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,895.99										
77	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,895.99	00 15									
73	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,851.65										
77	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,851.65	00 15									
73	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,038.33										
77	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	3,038.33	00 15									
73	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,090.06										
77	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	3,090.06	00 15									
73	63295	REPAIR OF LAMINECTOMY DEFECT	364.17										
77	63295	REPAIR OF LAMINECTOMY DEFECT	364.17	00 15									
73	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,979.11										
77	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,979.11	00 15									
73	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,439.80										
77	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,439.80	00 15									
73	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,410.34										
77	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,410.34	00 15									
73	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,563.50										
77	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,563.50	00 15									
73	63304	SEE 63300;INTRADURAL,CERVICAL	2,599.97										
77	63304	SEE 63300;INTRADURAL,CERVICAL	2,599.97	00 15									
73	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,768.20										
77	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,768.20	00 15									
73	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,719.37										
77	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,719.37	00 15									
73	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,665.94										
77	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,665.94	00 15									
73	63308	VERT CORPECTOMY, EA ADD SEGMENT	349.42									X	
77	63308	VERT CORPECTOMY; EA ADD SEGMENT	349.42	00 15								X	
73	63600	REMOVE SPINAL CORD LESION	1,206.05										
77	63600	REMOVE SPINAL CORD LESION	1,206.05	00 15									
73	63610	STIMULATION OF SPINAL CORD	642.06									X	
77	63610	STIMULATION OF SPINAL CORD	642.06	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,238.35										
77	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,238.35	00 15									
73	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	281.11									X	
77	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	281.11	00 15								X	
73	63650	IMPLANT NEUROELECTRODES	2,309.26										
77	63650	IMPLANT NEUROELECTRODES	2,309.26	00 15									
73	63655	IMPLANT NEUROELECTRODES	902.78										
77	63655	IMPLANT NEUROELECTRODES	902.78	00 15									
73	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	694.69										
77	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	694.69	00 15									
73	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	914.72										
77	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	914.72	00 15									
73	63663	REVISION INCLUDING REPLACEMENT WHEN	911.67										
77	63663	REVISION INCLUDING REPLACEMENT WHEN	911.67	00 15									
73	63664	REVISION INCLUDING REPLACEMENT WHEN	952.98										
77	63664	REVISION INCLUDING REPLACEMENT WHEN	952.98	00 15									
73	63685	IMPLANT NEURORECEIVER	380.04										
77	63685	IMPLANT NEURORECEIVER	380.04	00 15									
73	63688	REVISE/REMOVE NEURORECEIVER	392.06										
77	63688	REVISE/REMOVE NEURORECEIVER	392.06	00 15									
73	63700	REPAIR OF SPINAL HERNIATION	1,440.62										
77	63700	REPAIR OF SPINAL HERNIATION	1,440.62	00 15									
73	63702	REPAIR OF SPINAL HERNIATION	1,578.03										
77	63702	REPAIR OF SPINAL HERNIATION	1,578.03	00 15									
73	63704	REPAIR OF SPINAL HERNIATION	1,833.40										
77	63704	REPAIR OF SPINAL HERNIATION	1,833.40	00 15									
73	63706	REPAIR OF SPINAL HERNIATION	2,038.96										
77	63706	REPAIR OF SPINAL HERNIATION	2,038.96	00 15									
73	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,011.89										
77	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	1,011.89	00 15									
73	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,207.54										
77	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,207.54	00 15									
73	63710	GRAFT REPAIR OF SPINE DEFECT	1,166.89										
77	63710	GRAFT REPAIR OF SPINE DEFECT	1,166.89	00 15									
73	63740	INSTALL SPINAL SHUNT	1,078.30										
77	63740	INSTALL SPINAL SHUNT	1,078.30	00 15									
73	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	735.19										
77	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	735.19	00 15									
73	63744	REVISION OF SPINAL SHUNT	752.90										
77	63744	REVISION OF SPINAL SHUNT	752.90	00 15									
73	63746	REMOVAL OF SPINAL SHUNT	663.82										
77	63746	REMOVAL OF SPINAL SHUNT	663.82	00 15									
73	64400	INJECTION FOR NERVE BLOCK	115.02						X			X	
77	64400	INJECTION FOR NERVE BLOCK	115.02	00 15					X			X	
73	64405	INJECTION FOR NERVE BLOCK	78.74						X			X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	64405	INJECTION FOR NERVE BLOCK	78.74	00	15					X			X	
73	64408	INJECTION FOR NERVE BLOCK	82.61							X			X	
77	64408	INJECTION FOR NERVE BLOCK	82.61	00	15					X			X	
73	64415	INJECTION FOR NERVE BLOCK	113.37							X			X	
77	64415	INJECTION FOR NERVE BLOCK	113.37	00	15					X			X	
73	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	65.82							X				
77	64416	N BLOCK CONT INFUSE, B PLEX	65.82	00	15									
73	64417	INJECTION FOR NERVE BLOCK	139.84							X			X	
77	64417	INJECTION FOR NERVE BLOCK	139.84	00	15					X			X	
73	64418	INJECTION FOR NERVE BLOCK	89.48							X			X	
77	64418	INJECTION FOR NERVE BLOCK	89.48	00	15					X			X	
73	64420	INJECTION FOR NERVE BLOCK	98.23							X			X	
77	64420	INJECTION FOR NERVE BLOCK	98.23	00	15					X			X	
73	64421	INJECTION FOR NERVE BLOCK	33.80							X			X	
77	64421	INJECTION FOR NERVE BLOCK	33.80	00	15					X			X	
73	64425	INJECTION FOR NERVE BLOCK	111.63							X			X	
77	64425	INJECTION FOR NERVE BLOCK	111.63	00	15					X			X	
73	64430	INJECTION FOR NERVE BLOCK	99.31							X			X	
77	64430	INJECTION FOR NERVE BLOCK	99.31	00	15					X			X	
73	64435	INJECTION FOR NERVE BLOCK	81.97							X			X	
77	64435	INJECTION FOR NERVE BLOCK	81.97	00	15					X			X	
73	64445	INJECTION FOR NERVE BLOCK	125.46							X			X	
77	64445	INJECTION FOR NERVE BLOCK	125.46	00	15					X			X	
73	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	61.01							X				
77	64446	N BLK INJ, SCIATIC, CONT INF	61.01	00	15									
73	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	89.18							X				
77	64447	N BLOCK INJ FEM, SINGLE	89.18	00	15									
73	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	62.74							X				
77	64448	N BLOCK INJ FEM, CONT INF	62.74	00	15									
73	64449	N BLOCK INJ, LUMBAR PLEXUS	63.35											
77	64449	N BLOCK INJ, LUMBAR PLEXUS	63.35	00	15									
73	64450	INJECTION FOR NERVE BLOCK	76.41							X			X	
77	64450	INJECTION FOR NERVE BLOCK	76.41	00	15					X			X	
73	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	229.48										X	
77	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	229.48	00	15								X	
73	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	223.99										X	
77	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	223.99	00	15								X	
73	64455	INJECTIONS OF ANESTHETIC AND/OR STER	50.60											
77	64455	INJECTIONS OF ANESTHETIC AND/OR STER	50.60	00	15									
73	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	138.45											
77	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	138.45	00	15									
73	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	74.07											
77	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	74.07	00	15									
73	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	236.20											
77	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	236.20	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	113.48										
77	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	113.48	00 15									
73	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	218.14										
77	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	218.14	00 15									
73	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	140.24										
77	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	140.24	00 15									
73	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	355.20										
77	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	355.20	00 15									
73	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	191.95										
77	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	191.95	00 15									
73	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.47										
77	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.47	00 15									
73	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.79									X	
77	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	97.79	00 15								X	
73	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	174.52										
77	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	174.52	00 15									
73	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.38										
77	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.38										
73	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.06									X	
77	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	91.06	00 15								X	
73	64505	INJECTION FOR NERVE BLOCK	147.11						X				
77	64505	INJECTION FOR NERVE BLOCK	147.11	00 15									
73	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	146.78						X				
77	64510	INJECTION FOR NERVE BLOCK	146.78	00 15									
73	64517	N BLOCK INJ, HYPOGAS PLXS	194.85										
77	64517	N BLOCK INJ, HYPOGAS PLXS	194.85	00 15									
73	64520	INJECTION FOR NERVE BLOCK	229.27						X				
77	64520	INJECTION FOR NERVE BLOCK	229.27	00 15									
73	64530	INJECTION FOR NERVE BLOCK	232.20						X				
77	64530	INJECTION FOR NERVE BLOCK	232.20	00 15									
73	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	754.11								X		
77	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	754.11	00 15							X		
73	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	118.44										
77	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	118.44	00 15									
73	64568	INCISION FOR IMPLANTATION OF CRANIAL	649.10			X							
77	64568	INCISION FOR IMPLANTATION OF CRANIAL	649.10	00 15		X							
73	64569	REVISION OR REPLACEMENT OF CRANIAL	833.56			X							
77	64569	REVISION OR REPLACMENT OF CRANIAL	833.56	00 15		X							
73	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	799.89			X							
77	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	799.89	00 15		X							
73	64581	INCISION FOR IMPLANTATION OF NEUROST	685.74								X		
77	64581	INCISION FOR IMPLANTATION OF NEUROST	685.74	00 15							X		
73	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	919.14										
77	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	919.14	00 15									
73	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	811.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	811.47	00 15									
73	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	682.83										
77	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	682.83	00 15									
73	64590	INSERTION OR REPLACEMENT OF PERIPHER	267.17										
77	64590	INSERTION OR REPLACEMENT OF PERIPHER	267.17	00 15									
73	64600	INJECTION TREATMENT OF NERVE	470.48										
77	64600	INJECTION TREATMENT OF NERVE	470.48	00 15									
73	64605	INJECTION TREATMENT OF NERVE	652.93										
77	64605	INJECTION TREATMENT OF NERVE	652.93	00 15									
73	64610	INJECTION TREATMENT OF NERVE	838.72										
77	64610	INJECTION TREATMENT OF NERVE	838.72	00 15									
73	64611	CHEMODENERVATION OF PAROTID AND SUBM	133.72										
77	64611	CHEMODENERVATION OF PAROTID AND SUBM	133.72	00 15									
73	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	138.92										
77	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	138.92	00 15									
73	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	164.70		X								
77	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	164.70	00 15	X								
73	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	146.05									X	
77	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	146.05	00 15								X	
73	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	165.57									X	
77	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	165.57	00 15								X	
73	64620	INJECTION TREATMENT OF NERVE	213.44										
77	64620	INJECTION TREATMENT OF NERVE	213.44	00 15									
73	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	391.19									X	
77	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	391.19	00 15								X	
73	64625	RADIOFREQUENCY ABLATION, NERVES INNE	475.66									X	
77	64625	RADIOFREQUENCY ABLATION, NERVES INNE	475.66	00 15								X	
73	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	488.70										
77	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	488.70	00 15									
73	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	232.48									X	
77	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	232.48	00 15								X	
73	64630	INJECTION TREATMENT OF NERVE	268.36										
77	64630	INJECTION TREATMENT OF NERVE	268.36	00 15									
73	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	90.68										
77	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	90.68	00 15									
73	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	441.42										
77	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	441.42	00 15									
73	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	258.12										
77	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	258.12	00 15									
73	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	445.07										
77	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	445.07	00 15									
73	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	243.37										
77	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	243.37	00 15									
73	64640	INJECTION TREATMENT OF NERVE	247.97									X	
77	64640	INJECTION TREATMENT OF NERVE	247.97	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64642	Injection of chemical for destructio	157.56										
77	64642	Injection of chemical for destructio	157.56	00 15									
73	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	97.44									X	
77	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	97.44	00 15								X	
73	64644	Injection of chemical for destructio	183.59										
77	64644	Injection of chemical for destructio	183.59	00 15									
73	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	126.21									X	
77	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	126.21	00 15								X	
73	64646	Injection of chemical for destructio	164.89										
77	64646	Injection of chemical for destructio	164.89	00 15									
73	64647	Injection of chemical for destructio	190.76										
77	64647	Injection of chemical for destructio	190.76	00 15									
73	64680	INJECTION TREATMENT OF NERVE	351.34										
77	64680	INJECTION TREATMENT OF NERVE	351.34	00 15									
73	64681	INJECTION TREATMENT OF NERVE	472.89										
77	64681	INJECTION TREATMENT OF NERVE	472.89	00 15									
73	64702	REVISE FINGER/TOE NERVE	525.11										
77	64702	REVISE FINGER/TOE NERVE	525.11	00 15									
73	64704	REVISE HAND/FOOT NERVE	331.42										
77	64704	REVISE HAND/FOOT NERVE	331.42	00 15									
73	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	520.08										
77	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	520.08	00 15									
73	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	623.53										
77	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	623.53	00 15									
73	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	836.25										
77	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	836.25	00 15									
73	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	796.23										
77	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	796.23	00 15									
73	64716	REVISION OF CRANIAL NERVE	529.20										
77	64716	REVISION OF CRANIAL NERVE	529.20	00 15									
73	64718	REVISE ULNAR NERVE AT ELBOW	622.36										
77	64718	REVISE ULNAR NERVE AT ELBOW	622.36	00 15									
73	64719	REVISE ULNAR NERVE AT WRIST	421.88										
77	64719	REVISE ULNAR NERVE AT WRIST	421.88	00 15									
73	64721	REVISE MEDIAN NERVE AT WRIST	458.06										
77	64721	REVISE MEDIAN NERVE AT WRIST	458.06	00 15									
73	64722	RELIEVE PRESSURE ON NERVE(S)	376.70										
77	64722	RELIEVE PRESSURE ON NERVE(S)	376.70	00 15									
73	64726	RELEASE FOOT/TOE NERVE	273.99										
77	64726	RELEASE FOOT/TOE NERVE	273.99	00 15									
73	64727	INTERNAL NEUROLYSIS,MICROSCOPE	189.43										
77	64727	INTERNAL NEUROLYSIS, MICROSCOPE	189.43	00 15									
73	64732	INCISION OF BROW NERVE	485.31										
77	64732	INCISION OF BROW NERVE	485.31	00 15									
73	64734	INCISION OF CHEEK NERVE	549.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	64734	INCISION OF CHEEK NERVE	549.38	00 15									
73	64736	INCISION OF CHIN NERVE	334.14										
77	64736	INCISION OF CHIN NERVE	334.14	00 15									
73	64738	INCISION OF JAW NERVE	455.07										
77	64738	INCISION OF JAW NERVE	455.07	00 15									
73	64740	INCISION OF TONGUE NERVE	465.32										
77	64740	INCISION OF TONGUE NERVE	465.32	00 15									
73	64742	INCISION OF FACIAL NERVE	491.05										
77	64742	INCISION OF FACIAL NERVE	491.05	00 15									
73	64744	INCISE NERVE, BACK OF HEAD	543.89										
77	64744	INCISE NERVE, BACK OF HEAD	543.89	00 15									
73	64746	INCISE DIAPHRAGM NERVE	461.55										
77	64746	INCISE DIAPHRAGM NERVE	461.55	00 15									
73	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,002.98										
77	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	1,002.98	00 15									
73	64760	INCISION OF VAGUS NERVE	561.09										
77	64760	INCISION OF VAGUS NERVE	561.09	00 15									
73	64763	INCISE HIP/THIGH NERVE	555.14										
77	64763	INCISE HIP/THIGH NERVE	555.14	00 15									
73	64766	INCISE HIP/THIGH NERVE	685.78										
77	64766	INCISE HIP/THIGH NERVE	685.78	00 15									
73	64771	INCISE CRANIAL NERVE, EXTRADURAL	601.07										
77	64771	INCISE CRANIAL NERVE, EXTRADURAL	601.07	00 15									
73	64772	INCISION OF SPINAL NERVE	587.03										
77	64772	INCISION OF SPINAL NERVE	587.03	00 15									
73	64774	REMOVE SKIN NERVE LESION	434.53										
77	64774	REMOVE SKIN NERVE LESION	434.53	00 15									
73	64776	REMOVE DIGIT NERVE LESION	407.02										
77	64776	REMOVE DIGIT NERVE LESION	407.02	00 15									
73	64778	EXCISE NEUROMA;EACH ADD DIGIT	192.18									X	
77	64778	EXCISE NEUROMA;EACH ADD DIGIT	192.18	00 15								X	
73	64782	REMOVE LIMB NERVE LESION	470.90										
77	64782	REMOVE LIMB NERVE LESION	470.90	00 15									
73	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	229.83									X	
77	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	229.83	00 15								X	
73	64784	REMOVE NERVE LESION	762.29										
77	64784	REMOVE NERVE LESION	762.29	00 15									
73	64786	REMOVE SCIATIC NERVE LESION	1,093.25										
77	64786	REMOVE SCIATIC NERVE LESION	1,093.25	00 15									
73	64787	INSERT CAP ON NERVE END	251.35										
77	64787	INSERT CAP ON NERVE END	251.35	00 15									
73	64788	REMOVE SKIN NERVE LESION	422.91										
77	64788	REMOVE SKIN NERVE LESION	422.91	00 15									
73	64790	REMOVAL OF NERVE LESION	889.38										
77	64790	REMOVAL OF NERVE LESION	889.38	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64792	REMOVAL OF NERVE LESION	1,136.05										
77	64792	REMOVAL OF NERVE LESION	1,136.05	00 15									
73	64795	BIOPSY OF NERVE	204.18										
77	64795	BIOPSY OF NERVE	204.18	00 15									
73	64802	REMOVE SYMPATHETIC NERVES	919.15										
77	64802	REMOVE SYMPATHETIC NERVES	919.15	00 15									
73	64804	REMOVE SYMPATHETIC NERVES	1,309.74										
77	64804	REMOVE SYMPATHETIC NERVES	1,309.74	00 15									
73	64809	REMOVE SYMPATHETIC NERVES	1,197.51										
77	64809	REMOVE SYMPATHETIC NERVES	1,197.51	00 15									
73	64818	REMOVE SYMPATHETIC NERVES	819.62										
77	64818	REMOVE SYMPATHETIC NERVES	819.62	00 15									
73	64820	REMOVE SYMPATHETIC NERVES	757.48										
77	64820	REMOVE SYMPATHETIC NERVES	757.48	00 15									
73	64821	REMOVE SYMPATHETIC NERVES	717.54										
77	64821	REMOVE SYMPATHETIC NERVES	717.54	00 15									
73	64822	REMOVE SYMPATHETIC NERVES	731.85										
77	64822	REMOVE SYMPATHETIC NERVES	731.85	00 15									
73	64823	REMOVE SYMPATHETIC NERVES	830.44										
77	64823	REMOVE SYMPATHETIC NERVES	830.44	00 15									
73	64831	REPAIR OF DIGIT NERVE	719.14										
77	64831	REPAIR OF DIGIT NERVE	719.14	00 15									
73	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	349.95									X	
77	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	349.95	00 15								X	
73	64834	REPAIR OF HAND OR FOOT NERVE	774.24										
77	64834	REPAIR OF HAND OR FOOT NERVE	774.24	00 15									
73	64835	REPAIR OF HAND OR FOOT NERVE	858.39										
77	64835	REPAIR OF HAND OR FOOT NERVE	858.39	00 15									
73	64836	REPAIR OF HAND OR FOOT NERVE	858.39										
77	64836	REPAIR OF HAND OR FOOT NERVE	858.39	00 15									
73	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	386.90									X	
77	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	386.90	00 15								X	
73	64840	REPAIR OF LEG NERVE	1,013.44										
77	64840	REPAIR OF LEG NERVE	1,013.44	00 15									
73	64856	REPAIR/TRANSPOSE NERVE	1,062.32										
77	64856	REPAIR/TRANSPOSE NERVE	1,062.32	00 15									
73	64857	REPAIR ARM/LEG NERVE	1,108.49										
77	64857	REPAIR ARM/LEG NERVE	1,108.49	00 15									
73	64858	REPAIR SCIATIC NERVE	1,240.49										
77	64858	REPAIR SCIATIC NERVE	1,240.49	00 15									
73	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	263.58									X	
77	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	263.58	00 15								X	
73	64861	REPAIR OF ARM NERVES	1,675.28										
77	64861	REPAIR OF ARM NERVES	1,675.28	00 15									
73	64862	REPAIR OF LOW BACK NERVES	1,449.55										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	64862	REPAIR OF LOW BACK NERVES	1,449.55	00 15									
73	64864	REPAIR OF FACIAL NERVE	889.83										
77	64864	REPAIR OF FACIAL NERVE	889.83	00 15									
73	64865	REPAIR OF FACIAL NERVE	1,124.67										
77	64865	REPAIR OF FACIAL NERVE	1,124.67	00 15									
73	64866	FUSION OF FACIAL/OTHER NERVE	1,295.45										
77	64866	FUSION OF FACIAL/OTHER NERVE	1,295.45	00 15									
73	64868	FUSION OF FACIAL/OTHER NERVE	1,033.37										
77	64868	FUSION OF FACIAL/OTHER NERVE	1,033.37	00 15									
73	64872	SUBSEQUENT REPAIR OF NERVE	122.64										
77	64872	SUBSEQUENT REPAIR OF NERVE	122.64	00 15									
73	64874	REPAIR & REVISE NERVE	184.15										
77	64874	REPAIR & REVISE NERVE	184.15	00 15									
73	64876	REPAIR NERVE; SHORTEN BONE	208.54										
77	64876	REPAIR NERVE; SHORTEN BONE	208.54	00 15									
73	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,147.22										
77	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,147.22	00 15									
73	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,334.79										
77	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,334.79	00 15									
73	64890	NERVE GRAFT, HAND OR FOOT	1,139.20										
77	64890	NERVE GRAFT, HAND OR FOOT	1,139.20	00 15									
73	64891	NERVE GRAFT, HAND OR FOOT	1,211.19										
77	64891	NERVE GRAFT, HAND OR FOOT	1,211.19	00 15									
73	64892	NERVE GRAFT, ARM OR LEG	1,107.15										
77	64892	NERVE GRAFT, ARM OR LEG	1,107.15	00 15									
73	64893	NERVE GRAFT, ARM OR LEG	1,181.21										
77	64893	NERVE GRAFT, ARM OR LEG	1,181.21	00 15									
73	64895	NERVE GRAFT, HAND OR FOOT	1,400.30										
77	64895	NERVE GRAFT, HAND OR FOOT	1,400.30	00 15									
73	64896	NERVE GRAFT, HAND OR FOOT	1,508.31										
77	64896	NERVE GRAFT, HAND OR FOOT	1,508.31	00 15									
73	64897	NERVE GRAFT, ARM OR LEG	1,336.38										
77	64897	NERVE GRAFT, ARM OR LEG	1,336.38	00 15									
73	64898	NERVE GRAFT, ARM OR LEG	1,445.74										
77	64898	NERVE GRAFT, ARM OR LEG	1,445.74	00 15									
73	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	631.54									X	
77	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	631.54	00 15								X	
73	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	731.19									X	
77	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	731.19	00 15								X	
73	64905	NERVE PEDICLE TRANSFER	1,054.47										
77	64905	NERVE PEDICLE TRANSFER	1,054.47	00 15									
73	64907	NERVE PEDICLE TRANSFER	1,373.08										
77	64907	NERVE PEDICLE TRANSFER	1,373.08	00 15									
73	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	797.51										
77	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	797.51	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,071.34										
77	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,071.34	00 15									
73	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	921.13									X	
77	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	921.13	00 15								X	
73	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	184.88									X	
77	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	184.88	00 15								X	
73	65091	EVISCERATION EYE	742.21										
77	65091	EVISCERATION EYE	742.21	00 15									
73	65093	EVISCERATION EYE WITH IMPLANT	735.87										
77	65093	EVISCERATION EYE WITH IMPLANT	735.87	00 15									
73	65101	REMOVAL OF EYE	846.46										
77	65101	REMOVAL OF EYE	846.46	00 15									
73	65103	REMOVE EYE/INSERT IMPLANT	873.20										
77	65103	REMOVE EYE/INSERT IMPLANT	873.20	00 15									
73	65105	REMOVE EYE/ATTACH IMPLANT	950.67										
77	65105	REMOVE EYE/ATTACH IMPLANT	950.67	00 15									
73	65110	REMOVAL OF EYE	1,314.89										
77	65110	REMOVAL OF EYE	1,314.89	00 15									
73	65112	REMOVE EYE, REVISE SOCKET	1,505.71										
77	65112	REMOVE EYE, REVISE SOCKET	1,505.71	00 15									
73	65114	REMOVE EYE, REVISE SOCKET	1,573.35										
77	65114	REMOVE EYE, REVISE SOCKET	1,573.35	00 15									
73	65125	MODIFICATION OF OCULAR IMPLANT (EG,	447.34										
77	65125	MODIFICATION OF OCULAR IMPLANT (EG,	447.34	00 15									
73	65130	INSERT OCULAR IMPLANT	849.55										
77	65130	INSERT OCULAR IMPLANT	849.55	00 15									
73	65135	INSERT OCULAR IMPLANT	859.31										
77	65135	INSERT OCULAR IMPLANT	859.31	00 15									
73	65140	ATTACH OCULAR IMPLANT	923.90										
77	65140	ATTACH OCULAR IMPLANT	923.90	00 15									
73	65150	REVISE OCULAR IMPLANT	699.66										
77	65150	REVISE OCULAR IMPLANT	699.66	00 15									
73	65155	REINSERT OCULAR IMPLANT	960.43										
77	65155	REINSERT OCULAR IMPLANT	960.43	00 15									
73	65175	REMOVAL OF OCULAR IMPLANT	775.87										
77	65175	REMOVAL OF OCULAR IMPLANT	775.87	00 15									
73	65205	REMOVE FOREIGN BODY FROM EYE	29.39									X	
77	65205	REMOVE FOREIGN BODY FROM EYE	29.39	00 15								X	
73	65210	REMOVE FOREIGN BODY FROM EYE	39.01									X	
77	65210	REMOVE FOREIGN BODY FROM EYE	39.01	00 15								X	
73	65220	REMOVE FOREIGN BODY FROM EYE	60.56									X	
77	65220	REMOVE FOREIGN BODY FROM EYE	60.56	00 15								X	
73	65222	REMOVE FOREIGN BODY FROM EYE	66.80									X	
77	65222	REMOVE FOREIGN BODY FROM EYE	66.80	00 15								X	
73	65235	REMOVE FOREIGN BODY FROM EYE	720.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	65235	REMOVE FOREIGN BODY FROM EYE	720.31	00 15									
73	65260	REMOVE FOREIGN BODY FROM EYE	970.23										
77	65260	REMOVE FOREIGN BODY FROM EYE	970.23	00 15									
73	65265	REMOVE FOREIGN BODY FROM EYE	1,093.08										
77	65265	REMOVE FOREIGN BODY FROM EYE	1,093.08	00 15									
73	65270	REPAIR OF EYE WOUND	280.70										
77	65270	REPAIR OF EYE WOUND	280.70	00 15									
73	65272	REPAIR OF EYE WOUND	520.98										
77	65272	REPAIR OF EYE WOUND	520.98	00 15									
73	65273	REPAIR OF EYE WOUND	375.55										
77	65273	REPAIR OF EYE WOUND	375.55	00 15									
73	65275	REPAIR OF EYE WOUND	581.68										
77	65275	REPAIR OF EYE WOUND	581.68	00 15									
73	65280	REPAIR OF EYE WOUND	662.05										
77	65280	REPAIR OF EYE WOUND	662.05	00 15									
73	65285	REPAIR OF EYE WOUND	1,093.24										
77	65285	REPAIR OF EYE WOUND	1,093.24	00 15									
73	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	689.76										
77	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	689.76	00 15									
73	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	483.30										
77	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	483.30	00 15									
73	65400	REMOVAL OF EYE LESION	680.68										
77	65400	REMOVAL OF EYE LESION	680.68	00 15									
73	65410	BIOPSY OF CORNEA	140.35										
77	65410	BIOPSY OF CORNEA	140.35	00 15									
73	65420	REMOVAL OF EYE LESION	530.39										
77	65420	REMOVAL OF EYE LESION	530.39	00 15									
73	65426	REMOVAL OF EYE LESION	660.05										
77	65426	REMOVAL OF EYE LESION	660.05	00 15									
73	65430	CORNEAL SMEAR	113.67									X	
77	65430	CORNEAL SMEAR	113.67	00 15								X	
73	65435	CURETTE/TREAT CORNEA	81.13										
77	65435	CURETTE/TREAT CORNEA	81.13	00 15									
73	65436	CURETTE/TREAT CORNEA	381.46										
77	65436	CURETTE/TREAT CORNEA	381.46	00 15									
73	65450	DESTROY CORNEAL LESION	320.27										
77	65450	DESTROY CORNEAL LESION	320.27	00 15									
73	65600	REVISION OF CORNEA	430.90										
77	65600	REVISION OF CORNEA	430.90	00 15									
73	65710	CORNEAL TRANSPLANT	1,127.11										
77	65710	CORNEAL TRANSPLANT	1,127.11	00 15									
73	65730	CORNEAL TRANSPLANT	1,237.76										
77	65730	CORNEAL TRANSPLANT	1,237.76	00 15									
73	65750	CORNEAL TRANSPLANT	1,249.10										
77	65750	CORNEAL TRANSPLANT	1,249.10	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	65755	KERATOPLASTY, PENETRATING	1,243.36										
77	65755	KERATOPLASTY, PENETRATING	1,243.36	00 15									
73	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,164.10										
77	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,164.10	00 15									
73	65770	KERATOPROSTHESIS	1,393.16										
77	65770	KERATOPROSTHESIS	1,393.16	00 15									
73	65772	CORNEAL RELAX INCISION,CORR SURG AST	449.08										
77	65772	CORNEAL RELAX INCISION,CORR SURG AST	449.08	00 15									
73	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	565.76										
77	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	565.76	00 15									
73	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,315.43									X	
77	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,315.43	00 15								X	
73	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,147.52									X	
77	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,147.52	00 15								X	
73	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	654.78										
77	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	654.78	00 15									
73	65781	OCULAR RECONST, TRANSPLANT	1,308.52										
77	65781	OCULAR RECONST, TRANSPLANT	1,308.52	00 15									
73	65782	OCULAR RECONST, TRANSPLANT	1,128.68		X								
77	65782	OCULAR RECONST, TRANSPLANT	1,128.68	00 15	X								
73	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,135.24									X	
77	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,135.24	00 15								X	
73	65800	DRAINAGE OF EYE	117.68										
77	65800	DRAINAGE OF EYE	117.68	00 15									
73	65810	DRAINAGE OF EYE	454.98										
77	65810	DRAINAGE OF EYE	454.98	00 15									
73	65815	DRAINAGE OF EYE	632.72										
77	65815	DRAINAGE OF EYE	632.72	00 15									
73	65820	RELIEVE INNER EYE PRESSURE	815.09										
77	65820	RELIEVE INNER EYE PRESSURE	815.09	00 15									
73	65850	TRABECULOTOMY AB EXTERNO	834.74										
77	65850	TRABECULOTOMY AB EXTERNO	834.74	00 15									
73	65855	LASER TRABECULOPLASTY-1/MORE	243.14										
77	65855	LASER TRABECULOPLASTY-1/MORE	243.14	00 15									
73	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	302.98										
77	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	302.98	00 15									
73	65865	INCISE INNER EYE ADHESIONS	469.95										
77	65865	INCISE INNER EYE ADHESIONS	469.95	00 15									
73	65870	INCISE INNER EYE ADHESIONS	585.92										
77	65870	INCISE INNER EYE ADHESIONS	585.92	00 15									
73	65875	INCISE INNER EYE ADHESIONS	624.24										
77	65875	INCISE INNER EYE ADHESIONS	624.24	00 15									
73	65880	INCISE INNER EYE ADHESIONS	656.89										
77	65880	INCISE INNER EYE ADHESIONS	656.89	00 15									
73	65900	REMOVE EYE LESION	979.80										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	65900	REMOVE EYE LESION	979.80	00 15									
73	65920	REMOVE IMPLANT FROM EYE	779.85										
77	65920	REMOVE IMPLANT FROM EYE	779.85	00 15									
73	65930	REMOVE BLOOD CLOT FROM EYE	634.15										
77	65930	REMOVE BLOOD CLOT FROM EYE	634.15	00 15									
73	66020	INJECTION TREATMENT OF EYE	193.37									X	
77	66020	INJECTION TREATMENT OF EYE	193.37	00 15								X	
73	66030	INJECTION TREATMENT OF EYE	174.09									X	
77	66030	INJECTION TREATMENT OF EYE	174.09	00 15								X	
73	66130	REMOVE EYE LESION	699.50										
77	66130	REMOVE EYE LESION	699.50	00 15									
73	66150	INCISION OF EYE	860.38										
77	66150	INCISION OF EYE	860.38	00 15									
73	66155	INCISION OF EYE	860.03										
77	66155	INCISION OF EYE	860.03	00 15									
73	66160	INCISION OF EYE	969.96										
77	66160	INCISION OF EYE	969.96	00 15									
73	66170	INCISION OF EYE	1,075.37										
77	66170	INCISION OF EYE	1,075.37	00 15									
73	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,173.05										
77	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,173.05	00 15									
73	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	738.50									X	
77	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	738.50	00 15								X	
73	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	780.90									X	
77	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	780.90	00 15								X	
73	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,063.63						X				
77	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,063.63	00 15					X				
73	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,122.36										
77	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,122.36	00 15									
73	66183	Insertion of eye fluid drainage devi	1,012.48										
77	66183	Insertion of eye fluid drainage devi	1,012.48	00 15									
73	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	776.37										
77	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	776.37	00 15									
73	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	836.26										
77	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	836.26	00 15									
73	66225	REPAIR/GRAFT EYE LESION	923.96										
77	66225	REPAIR/GRAFT EYE LESION	923.96	00 15									
73	66250	FOLLOW-UP SURGERY OF EYE	743.10										
77	66250	FOLLOW-UP SURGERY OF EYE	743.10	00 15									
73	66500	INCISION OF IRIS	388.86										
77	66500	INCISION OF IRIS	388.86	00 15									
73	66505	INCISION OF THE IRIS	423.13										
77	66505	INCISION OF THE IRIS	423.13	00 15									
73	66600	REMOVE IRIS AND LESION	896.52										
77	66600	REMOVE IRIS AND LESION	896.52	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	66605	REMOVAL OF IRIS	1,079.71										
77	66605	REMOVAL OF IRIS	1,079.71	00 15									
73	66625	REMOVAL OF IRIS	420.58										
77	66625	REMOVAL OF IRIS	420.58	00 15									
73	66630	REMOVAL OF IRIS	557.15										
77	66630	REMOVAL OF IRIS	557.15	00 15									
73	66635	REMOVAL OF IRIS	562.73										
77	66635	REMOVAL OF IRIS	562.73	00 15									
73	66680	REPAIR IRIS & CILIARY BODY	513.47										
77	66680	REPAIR IRIS & CILIARY BODY	513.47	00 15									
73	66682	SUTURE OF IRIS, CILIARY BODY	705.64										
77	66682	SUTURE OF IRIS, CILIARY BODY	705.64	00 15									
73	66710	CILIARY BODY DESTRUCTION;	436.56										
77	66710	CILIARY BODY DESTRUCTION;	436.56	00 15									
73	66711	CILIARY ENDOSCOPIC ABLATION	493.47										
77	66711	CILIARY ENDOSCOPIC ABLATION	493.47	00 15									
73	66720	RELIEVE INNER EYE PRESSURE	456.80										
77	66720	RELIEVE INNER EYE PRESSURE	456.80	00 15									
73	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	294.23										
77	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	294.23	00 15									
73	66762	REVISION OF IRIS	469.19										
77	66762	REVISION OF IRIS	469.19	00 15									
73	66770	REMOVAL OF INNER EYE LESION	520.13										
77	66770	REMOVAL OF INNER EYE LESION	520.13	00 15									
73	66820	INCISION OF LENS LESION	464.93										
77	66820	INCISION OF LENS LESION	464.93	00 15									
73	66821	DISCISSION OF SECONDARY;LASER	327.21										
77	66821	DISCISSION OF SECONDARY;LASER	327.21	00 15									
73	66825	REPOSITIONING OF INTRAOCULAR LENS PR	825.08										
77	66825	REPOSITIONING OF INTRAOCULAR LENS PR	825.08	00 15									
73	66830	REMOVAL OF LENS LESION	699.29										
77	66830	REMOVAL OF LENS LESION	699.29	00 15									
73	66840	REMOVAL OF LENS MATERIAL	682.92										
77	66840	REMOVAL OF LENS MATERIAL	682.92	00 15									
73	66850	REMOVAL OF LENS MATERIAL	775.57										
77	66850	REMOVAL OF LENS MATERIAL	775.57	00 15									
73	66852	REMOVAL LENS MATERIAL, ASPIRATION	827.73										
77	66852	REMOVAL LENS MATERIAL, ASPIRATION	827.73	00 15									
73	66920	EXTRACTION OF LENS	737.47										
77	66920	EXTRACTION OF LENS	737.47	00 15									
73	66930	EXTRACTION OF LENS	845.79										
77	66930	EXTRACTION OF LENS	845.79	00 15									
73	66940	EXTRACTION OF LENS	772.55										
77	66940	EXTRACTION OF LENS	772.55	00 15									
73	66982	CATARACT SURGERY, COMPLEX	734.87										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	66982	CATARACT SURGERY, COMPLEX	734.87	00 15									
73	66984	EXTRA CATARACT REMOVAL W/LENS	536.11										
77	66984	EXTRA CATARACT REMOVAL W/LENS	536.11	00 15									
73	66985	INSERT LENS PROSTHESIS	757.01										
77	66985	INSERT LENS PROSTHESIS	757.01	00 15									
73	66986	EXCHANGE OF INTRAOCULAR LENS	890.90										
77	66986	EXCHANGE OF INTRAOCULAR LENS	890.90	00 15									
73	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	845.48										
77	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	845.48	00 15									
73	66990	OPHTHALMIC ENDOSCOPE ADD-ON	88.07										
77	66990	OPHTHALMIC ENDOSCOPE ADD-ON	88.07	00 15									
73	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	672.25										
77	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	672.25	00 15									
73	67005	PARTIAL REMOVAL OF EYE FLUID	465.01										
77	67005	PARTIAL REMOVAL OF EYE FLUID	465.01	00 15									
73	67010	PARTIAL REMOVAL OF EYE FLUID	534.53										
77	67010	PARTIAL REMOVAL OF EYE FLUID	534.53	00 15									
73	67015	RELEASE OF EYE FLUID	596.64										
77	67015	RELEASE OF EYE FLUID	596.64	00 15									
73	67025	REPLACE EYE FLUID	730.83										
77	67025	REPLACE EYE FLUID	730.83	00 15									
73	67027	IMPLANT EYE DRUG SYSTEM	836.17										
77	67027	IMPLANT EYE DRUG SYSTEM	836.17	00 15									
73	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	111.99										
77	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	111.99	00 15									
73	67030	INCISE INNER EYE STRANDS	546.75										
77	67030	INCISE INNER EYE STRANDS	546.75	00 15									
73	67031	SEVERING OF VITREOUS STRANDS, VITREO	383.80										
77	67031	SEVERING OF VITREOUS STRANDS, VITREO	383.80	00 15									
73	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	883.82										
77	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	883.82	00 15									
73	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	945.31										
77	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	945.31	00 15									
73	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,021.71										
77	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,021.71	00 15									
73	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,129.09										
77	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,129.09	00 15									
73	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,129.09										
77	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,129.09	00 15									
73	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,191.10										
77	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,191.10	00 15									
73	67101	REPAIR DETACHED RETINA	327.09										
77	67101	REPAIR DETACHED RETINA	327.09	00 15									
73	67105	PHOTOCOAGULATION/DETACHED RET	290.49										
77	67105	PHOTOCOAGULATION/DETACHED RET	290.49	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	67107	REPAIR DETACHED RETINA	1,110.16										
77	67107	REPAIR DETACHED RETINA	1,110.16	00 15									
73	67108	REPAIR DETACHED RETINA	1,175.75										
77	67108	REPAIR DETACHED RETINA	1,175.75	00 15									
73	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	876.48										
77	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	876.48	00 15									
73	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,313.76										
77	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,313.76	00 15									
73	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	487.63										
77	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	487.63	00 15									
73	67120	REMOVE EYE IMPLANT MATERIAL	661.79										
77	67120	REMOVE EYE IMPLANT MATERIAL	661.79	00 15									
73	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	890.23										
77	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	890.23	00 15									
73	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	263.81										
77	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	263.81	00 15									
73	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	237.47										
77	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	237.47	00 15									
73	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	594.27										
77	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	594.27	00 15									
73	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	508.25										
77	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	508.25	00 15									
73	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,381.86										
77	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,381.86	00 15									
73	67220	TREAT CHOROID LESION	522.72										
77	67220	TREAT CHOROID LESION	522.72	00 15									
73	67221	OCULAR PHOTODYNAMIC THER	269.11										
77	67221	OCULAR PHOTODYNAMIC THER	269.11	00 15									
73	67225	EYE PHOTODYNAMIC THER ADD-ON	29.34										
77	67225	EYE PHOTODYNAMIC THER ADD-ON	29.34	00 15									
73	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	289.81										
77	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	289.81	00 15									
73	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	335.39										
77	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	335.39	00 15									
73	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,143.80	00 00									
77	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,143.80	00 00									
73	67250	REINFORCE EYE WALL	901.14										
77	67250	REINFORCE EYE WALL	901.14	00 15									
73	67255	REINFORCE/GRAFT EYE WALL	675.89										
77	67255	REINFORCE/GRAFT EYE WALL	675.89	00 15									
73	67311	REVISE EYE MUSCLE	473.46										
77	67311	REVISE EYE MUSCLE	473.46	00 15									
73	67312	REVISE TWO EYE MUSCLES	657.58										
77	67312	REVISE TWO EYE MUSCLES	657.58	00 15									
73	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	538.38										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
				AGE	MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	538.38	00 15									
73	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	703.94										
77	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	703.94	00 15									
73	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	680.29										
77	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	680.29	00 15									
73	67320	REVISE EYE MUSCLE(S)	249.88										
77	67320	REVISE EYE MUSCLE(S)	249.88	00 15									
73	67331	STRABISMUS SURG W/PREV EYE SURG	234.21										
77	67331	STRABISMUS SURG W/PREV EYE SURG	234.21	00 15									
73	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	258.63										
77	67332	STRABISMUS SURG W/SCAR EXTRAOC	258.63	00 15									
73	67334	STRABISMUS SURG,POST FIX SUTURE TECH	231.15										
77	67334	STRABISMUS SURG,POST FIX SUTURE TECH	231.15	00 15									
73	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	188.21										
77	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	188.21	00 15									
73	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	292.99										
77	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	292.99	00 15									
73	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	659.50										
77	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	659.50	00 15									
73	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	244.13										
77	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	244.13	00 15									
73	67346	BIOPSY OF EXTRAOCULAR MUSCLE	188.61										
77	67346	BIOPSY OF EXTRAOCULAR MUSCLE	188.61	00 15									
73	67400	EXPLORE/BIOPSY EYE SOCKET	1,032.56										
77	67400	EXPLORE/BIOPSY EYE SOCKET	1,032.56	00 15									
73	67405	EXPLORE/DRAIN EYE SOCKET	902.49										
77	67405	EXPLORE/DRAIN EYE SOCKET	902.49	00 15									
73	67412	EXPLORE/TREAT EYE SOCKET	992.89										
77	67412	EXPLORE/TREAT EYE SOCKET	992.89	00 15									
73	67413	EXPLORE/TREAT EYE SOCKET	964.24										
77	67413	EXPLORE/TREAT EYE SOCKET	964.24	00 15									
73	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,474.36										
77	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,474.36	00 15									
73	67415	BIOPSY OF EYE	102.08										
77	67415	BIOPSY OF EYE	102.08	00 15									
73	67420	EXPLORE/TREAT EYE SOCKET	1,748.14										
77	67420	EXPLORE/TREAT EYE SOCKET	1,748.14	00 15									
73	67430	EXPLORE/TREAT EYE SOCKET	1,380.28										
77	67430	EXPLORE/TREAT EYE SOCKET	1,380.28	00 15									
73	67440	EXPLORE/DRAIN EYE SOCKET	1,340.49										
77	67440	EXPLORE/DRAIN EYE SOCKET	1,340.49	00 15									
73	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,528.91										
77	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,528.91	00 15									
73	67450	EXPLORE/BIOPSY EYE SOCKET	1,386.69										
77	67450	EXPLORE/BIOPSY EYE SOCKET	1,386.69	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	67500	INJECT/TREAT EYE SOCKET	76.21										
77	67500	INJECT/TREAT EYE SOCKET	76.21	00 15									
73	67505	INJECT/TREAT EYE SOCKET	86.17										
77	67505	INJECT/TREAT EYE SOCKET	86.17	00 15									
73	67515	INJECTION OF MEDICATION OR SUBSTANCE	52.20										
77	67515	INJECTION OF MEDICATION OR SUBSTANCE	52.20	00 15									
73	67550	INSERT EYE SOCKET IMPLANT	1,082.24										
77	67550	INSERT EYE SOCKET IMPLANT	1,082.24	00 15									
73	67560	REVISE EYE SOCKET IMPLANT	1,105.14										
77	67560	REVISE EYE SOCKET IMPLANT	1,105.14	00 15									
73	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,411.29										
77	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,411.29	00 15									
73	67700	DRAINAGE OF EYELID ABSCESS	281.26										
77	67700	DRAINAGE OF EYELID ABSCESS	281.26	00 15									
73	67710	INCISION OF EYELID	239.83										
77	67710	INCISION OF EYELID	239.83	00 15									
73	67715	INCISION OF EYELID FOLD	262.25										
77	67715	INCISION OF EYELID FOLD	262.25	00 15									
73	67800	REMOVE EYELID LESION	126.70										
77	67800	REMOVE EYELID LESION	126.70	00 15									
73	67801	REMOVE EYELID LESIONS	160.41										
77	67801	REMOVE EYELID LESIONS	160.41	00 15									
73	67805	REMOVE EYELID LESIONS	200.60										
77	67805	REMOVE EYELID LESIONS	200.60	00 15									
73	67808	REMOVE EYELID LESION(S)	361.30										
77	67808	REMOVE EYELID LESION(S)	361.30	00 15									
73	67810	BIOPSY OF EYELID	183.64										
77	67810	BIOPSY OF EYELID	183.64	00 15									
73	67820	REVISE EYELASHES	19.22										
77	67820	REVISE EYELASHES	19.22	00 15									
73	67825	REVISE EYELASHES	133.50										
77	67825	REVISE EYELASHES	133.50	00 15									
73	67830	REVISE EYELASHES	265.96										
77	67830	REVISE EYELASHES	265.96	00 15									
73	67835	REVISE EYELASHES	433.26										
77	67835	REVISE EYELASHES	433.26	00 15									
73	67840	REMOVE EYELID LESION	278.67										
77	67840	REMOVE EYELID LESION	278.67	00 15									
73	67850	TREAT EYELID LESION	212.90										
77	67850	TREAT EYELID LESION	212.90	00 15									
73	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	180.21										
77	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	180.21	00 15									
73	67880	REVISION OF EYELID	461.57										
77	67880	REVISION OF EYELID	461.57	00 15									
73	67882	REVISION OF EYELID	564.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	67882	REVISION OF EYELID	564.29	00 15									
73	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	644.44										
77	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	644.44	00 15									
73	67901	REPAIR EYELID DEFECT	787.69										
77	67901	REPAIR EYELID DEFECT	787.69	00 15									
73	67902	REPAIR EYELID DEFECT	717.07										
77	67902	REPAIR EYELID DEFECT	717.07	00 15									
73	67903	REPAIR EYELID DEFECT	598.82										
77	67903	REPAIR EYELID DEFECT	598.82	00 15									
73	67904	REPAIR EYELID DEFECT	733.88										
77	67904	REPAIR EYELID DEFECT	733.88	00 15									
73	67906	REPAIR EYELID DEFECT	498.53										
77	67906	REPAIR EYELID DEFECT	498.53	00 15									
73	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	534.99										
77	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	534.99	00 15									
73	67909	REVISE EYELID DEFECT	545.15									X	
77	67909	REVISE EYELID DEFECT	545.15	00 15								X	
73	67911	REVISE EYELID DEFECT	551.15										
77	67911	REVISE EYELID DEFECT	551.15	00 15									
73	67912	CORRECTION EYELID W/ IMPLANT	902.71										
77	67912	CORRECTION EYELID W/ IMPLANT	902.71	00 15									
73	67914	REPAIR EYELID DEFECT	482.80										
77	67914	REPAIR EYELID DEFECT	482.80	00 15									
73	67915	REPAIR EYELID DEFECT	312.06		X								
77	67915	REPAIR EYELID DEFECT	312.06	00 15	X								
73	67916	REPAIR EYELID DEFECT	604.73										
77	67916	REPAIR EYELID DEFECT	604.73	00 15									
73	67917	REPAIR EYELID DEFECT	619.65										
77	67917	REPAIR EYELID DEFECT	619.65	00 15									
73	67921	REPAIR EYELID DEFECT	470.67										
77	67921	REPAIR EYELID DEFECT	470.67	00 15									
73	67922	REPAIR EYELID DEFECT	302.41										
77	67922	REPAIR EYELID DEFECT	302.41	00 15									
73	67923	REPAIR EYELID DEFECT	604.00										
77	67923	REPAIR EYELID DEFECT	604.00	00 15									
73	67924	REPAIR EYELID DEFECT	643.45										
77	67924	REPAIR EYELID DEFECT	643.45	00 15									
73	67930	REPAIR EYELID WOUND	367.19										
77	67930	REPAIR EYELID WOUND	367.19	00 15									
73	67935	REPAIR EYELID WOUND	595.20										
77	67935	REPAIR EYELID WOUND	595.20	00 15									
73	67938	REMOVE EYELID FOREIGN BODY	268.89									X	
77	67938	REMOVE EYELID FOREIGN BODY	268.89	00 15								X	
73	67950	REVISION OF EYELID	580.78										
77	67950	REVISION OF EYELID	580.78	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	67961	REVISION OF EYELID	580.60										
77	67961	REVISION OF EYELID	580.60	00 15									
73	67966	REVISION OF EYELID	771.30										
77	67966	REVISION OF EYELID	771.30	00 15									
73	67971	RECONSTRUCTION OF EYELID	711.94										
77	67971	RECONSTRUCTION OF EYELID	711.94	00 15									
73	67973	RECONSTRUCTION OF EYELID	914.14										
77	67973	RECONSTRUCTION OF EYELID	914.14	00 15									
73	67974	RECONSTRUCTION OF EYELID	911.94										
77	67974	RECONSTRUCTION OF EYELID	911.94	00 15									
73	67975	RECONSTRUCTION OF EYELID	673.35										
77	67975	RECONSTRUCTION OF EYELID	673.35	00 15									
73	68020	INCISE/DRAIN EYELID LINING	119.44										
77	68020	INCISE/DRAIN EYELID LINING	119.44	00 15									
73	68040	TREATMENT OF EYELID LESIONS	61.15										
77	68040	TREATMENT OF EYELID LESIONS	61.15	00 15									
73	68100	BIOPSY OF EYELID LINING	178.61										
77	68100	BIOPSY OF EYELID LINING	178.61	00 15									
73	68110	REMOVE EYELID LINING LESION	232.07										
77	68110	REMOVE EYELID LINING LESION	232.07	00 15									
73	68115	REMOVE EYELID LINING LESION	329.39										
77	68115	REMOVE EYELID LINING LESION	329.39	00 15									
73	68130	REMOVE EYELID LINING LESION	545.20										
77	68130	REMOVE EYELID LINING LESION	545.20	00 15									
73	68135	REMOVE EYELID LINING LESION	153.83										
77	68135	REMOVE EYELID LINING LESION	153.83	00 15									
73	68200	TREAT EYELID BY INJECTION	41.28										
77	68200	TREAT EYELID BY INJECTION	41.28	00 15									
73	68320	REVISE/GRAFT EYELID LINING	733.16										
77	68320	REVISE/GRAFT EYELID LINING	733.16	00 15									
73	68325	REVISE/GRAFT EYELID LINING	644.28										
77	68325	REVISE/GRAFT EYELID LINING	644.28	00 15									
73	68326	REVISE/GRAFT EYELID LINING	632.82										
77	68326	REVISE/GRAFT EYELID LINING	632.82	00 15									
73	68328	REVISE/GRAFT EYELID LINING	697.67										
77	68328	REVISE/GRAFT EYELID LINING	697.67	00 15									
73	68330	REVISE EYELID LINING	613.95										
77	68330	REVISE EYELID LINING	613.95	00 15									
73	68335	REVISE/GRAFT EYELID LINING	634.32										
77	68335	REVISE/GRAFT EYELID LINING	634.32	00 15									
73	68340	SEPARATE EYELID ADHESIONS	596.82										
77	68340	SEPARATE EYELID ADHESIONS	596.82	00 15									
73	68360	REVISE EYELID LINING	535.94										
77	68360	REVISE EYELID LINING	535.94	00 15									
73	68362	REVISE EYELID LINING	642.95										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	68362	REVISE EYELID LINING	642.95	00 15									
73	68371	HARVEST EYE TISSUE, ALOGRAFT	404.73										
77	68371	HARVEST EYE TISSUE, ALOGRAFT	404.73	00 15									
73	68400	INCISE/DRAIN TEAR GLAND	291.96										
77	68400	INCISE/DRAIN TEAR GLAND	291.96	00 15									
73	68420	INCISE/DRAIN TEAR SAC	329.56										
77	68420	INCISE/DRAIN TEAR SAC	329.56	00 15									
73	68440	INCISE TEAR DUCT OPENING	102.08										
77	68440	INCISE TEAR DUCT OPENING	102.08	00 15									
73	68500	REMOVAL OF TEAR GLAND	1,053.39										
77	68500	REMOVAL OF TEAR GLAND	1,053.39	00 15									
73	68505	PARTIAL REMOVAL TEAR GLAND	1,048.48										
77	68505	PARTIAL REMOVAL TEAR GLAND	1,048.48	00 15									
73	68510	BIOPSY OF TEAR GLAND	449.68										
77	68510	BIOPSY OF TEAR GLAND	449.68	00 15									
73	68520	REMOVAL OF TEAR SAC	732.36										
77	68520	REMOVAL OF TEAR SAC	732.36	00 15									
73	68525	BIOPSY OF TEAR SAC	260.03										
77	68525	BIOPSY OF TEAR SAC	260.03	00 15									
73	68530	CLEARANCE OF TEAR DUCT	429.45										
77	68530	CLEARANCE OF TEAR DUCT	429.45	00 15									
73	68540	REMOVE TEAR GLAND LESION	975.22										
77	68540	REMOVE TEAR GLAND LESION	975.22	00 15									
73	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,214.88										
77	68550	REMOVE TEAR GLAND LESION	1,214.88	00 15									
73	68700	REPAIR TEAR DUCTS	592.46										
77	68700	REPAIR TEAR DUCTS	592.46	00 15									
73	68705	REVISE TEAR DUCT OPENING	260.41										
77	68705	REVISE TEAR DUCT OPENING	260.41	00 15									
73	68720	CREATE TEAR SAC DRAIN	804.30										
77	68720	CREATE TEAR SAC DRAIN	804.30	00 15									
73	68745	CREATE TEAR DUCT DRAIN	807.05										
77	68745	CREATE TEAR DUCT DRAIN	807.05	00 15									
73	68750	CREATE TEAR DUCT DRAIN	854.43										
77	68750	CREATE TEAR DUCT DRAIN	854.43	00 15									
73	68760	CLOSE TEAR DUCT OPENING	217.19										
77	68760	CLOSE TEAR DUCT OPENING	217.19	00 15									
73	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	144.92									X	
77	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	144.92	00 15								X	
73	68770	CLOSE TEAR SYSTEM FISTULA	616.97										
77	68770	CLOSE TEAR SYSTEM FISTULA	616.97	00 15									
73	68801	DILATE TEAR DUCT OPENING	94.07										
77	68801	DILATE TEAR DUCT OPENING	94.07	00 15									
73	68810	PROBE NASOLACRIMAL DUCT	158.52										
77	68810	PROBE NASOLACRIMAL DUCT	158.52	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	68811	PROBE NASOLACRIMAL DUCT	131.60										
77	68811	PROBE NASOLACRIMAL DUCT	131.60	00 15									
73	68815	PROBE NASOLACRIMAL DUCT	372.00										
77	68815	PROBE NASOLACRIMAL DUCT	372.00	00 15									
73	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	852.68										
77	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	852.68	00 15									
73	68840	EXPLORE/IRRIGATE TEAR DUCTS	130.71										
77	68840	EXPLORE/IRRIGATE TEAR DUCTS	130.71	00 15									
73	68841	INSERTION OF DRUG-ELUTING IMPLANT,	37.75										
77	68841	INSERTION OF DRUG-ELUTING IMPLANT,	37.75	00 15									
73	68850	INJECTION FOR TEAR SAC X-RAY	59.93										
77	68850	INJECTION FOR TEAR SAC X-RAY	59.93	00 15									
73	69000	DRAIN EXTERNAL EAR LESION	188.56										
77	69000	DRAIN EXTERNAL EAR LESION	188.56	00 15									
73	69005	DRAIN EXTERNAL EAR LESION	223.28										
77	69005	DRAIN EXTERNAL EAR LESION	223.28	00 15									
73	69020	DRAIN OUTER EAR CANAL LESION	235.99										
77	69020	DRAIN OUTER EAR CANAL LESION	235.99	00 15									
73	69100	BIOPSY OF EXTERNAL EAR	96.48										
77	69100	BIOPSY OF EXTERNAL EAR	96.48	00 15									
73	69105	BIOPSY OF EXTERNAL EAR CANAL	145.53										
77	69105	BIOPSY OF EXTERNAL EAR CANAL	145.53	00 15									
73	69110	PARTIAL REMOVAL EXTERNAL EAR	474.63										
77	69110	PARTIAL REMOVAL EXTERNAL EAR	474.63	00 15									
73	69120	REMOVAL OF EXTERNAL EAR	398.99										
77	69120	REMOVAL OF EXTERNAL EAR	398.99	00 15									
73	69140	REMOVE EAR CANAL LESION(S)	920.84										
77	69140	REMOVE EAR CANAL LESION(S)	920.84	00 15									
73	69145	REMOVE EAR CANAL LESION(S)	414.43										
77	69145	REMOVE EAR CANAL LESION(S)	414.43	00 15									
73	69150	EXTENSIVE EAR CANAL SURGERY	1,048.79										
77	69150	EXTENSIVE EAR CANAL SURGERY	1,048.79	00 15									
73	69155	EXTENSIVE EAR/NECK SURGERY	1,685.98										
77	69155	EXTENSIVE EAR/NECK SURGERY	1,685.98	00 15									
73	69200	CLEAR OUTER EAR CANAL	80.73										
77	69200	CLEAR OUTER EAR CANAL	80.73	00 15									
73	69205	CLEAR OUTER EAR CANAL	96.59										
77	69205	CLEAR OUTER EAR CANAL	96.59	00 15									
73	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	48.41										
77	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	48.41	00 15									
73	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	77.99										
77	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	77.99	00 15									
73	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	216.94										
77	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	216.94	00 15									
73	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,147.22			X						X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,147.22	00	15		X						X	
73	69320	REBUILD OUTER EAR CANAL	1,604.35											
77	69320	REBUILD OUTER EAR CANAL	1,604.35	00	15									
73	69420	INCISION OF EARDRUM	191.48											
77	69420	INCISION OF EARDRUM	191.48	00	15									
73	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	154.34											
77	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	154.34	00	15									
73	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	128.93											
77	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	128.93	00	15									
73	69433	OFFICE TYMPANOSTOMY, UNILAT	202.66											
77	69433	OFFICE TYMPANOSTOMY, UNILAT	202.66	00	15									
73	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	162.61											
77	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	162.61	00	15									
73	69440	EXPLORATION OF MIDDLE EAR	709.40											
77	69440	EXPLORATION OF MIDDLE EAR	709.40	00	15									
73	69450	TYMPANOLYSIS, TRANSCANAL	562.49											
77	69450	TYMPANOLYSIS, TRANSCANAL	562.49	00	15									
73	69501	MASTOIDECTOMY	734.29											
77	69501	MASTOIDECTOMY	734.29	00	15									
73	69502	MASTOIDECTOMY	975.48											
77	69502	MASTOIDECTOMY	975.48	00	15									
73	69505	REMOVE MASTOID STRUCTURES	1,261.50											
77	69505	REMOVE MASTOID STRUCTURES	1,261.50	00	15									
73	69511	EXTENSIVE MASTOID SURGERY	1,291.83											
77	69511	EXTENSIVE MASTOID SURGERY	1,291.83	00	15									
73	69530	EXTENSIVE MASTOID SURGERY	1,729.49											
77	69530	EXTENSIVE MASTOID SURGERY	1,729.49	00	15									
73	69535	REMOVE PART OF TEMPORAL BONE	2,765.77											
77	69535	REMOVE PART OF TEMPORAL BONE	2,765.77	00	15									
73	69540	REMOVE EAR LESION	212.16											
77	69540	REMOVE EAR LESION	212.16	00	15									
73	69550	REMOVE EAR LESION	1,091.04											
77	69550	REMOVE EAR LESION	1,091.04	00	15									
73	69552	REMOVE EAR LESION	1,639.94											
77	69552	REMOVE EAR LESION	1,639.94	00	15									
73	69554	REMOVE EAR LESION	2,625.62											
77	69554	REMOVE EAR LESION	2,625.62	00	15									
73	69601	MASTOID SURGERY REVISION	1,054.45											
77	69601	MASTOID SURGERY REVISION	1,054.45	00	15									
73	69602	MASTOID SURGERY REVISION	1,124.43											
77	69602	MASTOID SURGERY REVISION	1,124.43	00	15									
73	69603	MASTOID SURGERY REVISION	1,320.26											
77	69603	MASTOID SURGERY REVISION	1,320.26	00	15									
73	69604	MASTOID SURGERY REVISION	1,149.28											
77	69604	MASTOID SURGERY REVISION	1,149.28	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	69610	REPAIR OF EARDRUM	391.98										
77	69610	REPAIR OF EARDRUM	391.98	00 15									
73	69620	REPAIR OF EARDRUM	752.31										
77	69620	REPAIR OF EARDRUM	752.31	00 15									
73	69631	REPAIR EARDRUM STRUCTURES	913.42										
77	69631	REPAIR EARDRUM STRUCTURES	913.42	00 15									
73	69632	REBUILD EARDRUM STRUCTURES	1,119.75										
77	69632	REBUILD EARDRUM STRUCTURES	1,119.75	00 15									
73	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,082.93										
77	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,082.93	00 15									
73	69635	REPAIR EARDRUM STRUCTURES	1,306.42										
77	69635	REPAIR EARDRUM STRUCTURES	1,306.42	00 15									
73	69636	REBUILD EARDRUM STRUCTURES	1,447.43										
77	69636	REBUILD EARDRUM STRUCTURES	1,447.43	00 15									
73	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,483.32										
77	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,483.32	00 15									
73	69641	REVISE MIDDLE EAR & MASTOID	1,076.22										
77	69641	REVISE MIDDLE EAR & MASTOID	1,076.22	00 15									
73	69642	REVISE MIDDLE EAR & MASTOID	1,383.50										
77	69642	REVISE MIDDLE EAR & MASTOID	1,383.50	00 15									
73	69643	REVISE MIDDLE EAR & MASTOID	1,266.01										
77	69643	REVISE MIDDLE EAR & MASTOID	1,266.01	00 15									
73	69644	REVISE MIDDLE EAR & MASTOID	1,551.02										
77	69644	REVISE MIDDLE EAR & MASTOID	1,551.02	00 15									
73	69645	REVISE MIDDLE EAR & MASTOID	1,525.94										
77	69645	REVISE MIDDLE EAR & MASTOID	1,525.94	00 15									
73	69646	REVISE MIDDLE EAR & MASTOID	1,618.49										
77	69646	REVISE MIDDLE EAR & MASTOID	1,618.49	00 15									
73	69650	RELEASE MIDDLE EAR BONE	828.81										
77	69650	RELEASE MIDDLE EAR BONE	828.81	00 15									
73	69660	REVISE MIDDLE EAR BONE	956.50										
77	69660	REVISE MIDDLE EAR BONE	956.50	00 15									
73	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,243.71										
77	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,243.71	00 15									
73	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,200.24										
77	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,200.24	00 15									
73	69666	REPAIR MIDDLE EAR STRUCTURES	833.22										
77	69666	REPAIR MIDDLE EAR STRUCTURES	833.22	00 15									
73	69667	REPAIR MIDDLE EAR STRUCTURES	833.57										
77	69667	REPAIR MIDDLE EAR STRUCTURES	833.57	00 15									
73	69670	REMOVE MASTOID AIR CELLS	977.18										
77	69670	REMOVE MASTOID AIR CELLS	977.18	00 15									
73	69676	TYMPANIC NEURECTOMY; UNILATERAL	858.32										
77	69676	TYMPANIC NEURECTOMY; UNILATERAL	858.32	00 15									
73	69700	CLOSE MASTOID FISTULA	686.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	69700	CLOSE MASTOID FISTULA	686.27	00 15									
73	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,748.37										
77	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,748.37	00 15									
73	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,843.39										
77	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,843.39	00 15									
73	69714	IMPLANT TEMPLE BONE W/STIMUL	665.84										
77	69714	IMPLANT TEMPLE BONE W/STIMUL	665.84	00 15									
73	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	619.02								X		
77	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	619.02	00 15							X		
73	69717	TEMPLE BONE IMPLANT REVISION	671.79								X		
77	69717	TEMPLE BONE IMPLANT REVISION	671.79	00 15							X		
73	69719	REVISION OR REPLACEMENT (INCLUDING	619.02								X		
77	69719	REVISION OR REPLACEMENT (INCLUDING	619.02	00 15							X		
73	69720	RELEASE FACIAL NERVE	1,225.26										
77	69720	RELEASE FACIAL NERVE	1,225.26	00 15									
73	69725	RELEASE FACIAL NERVE	1,940.62										
77	69725	RELEASE FACIAL NERVE	1,940.62	00 15									
73	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	418.79								X		
77	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	418.79	00 15							X		
73	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	480.47								X		
77	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	480.47	00 15							X		
73	69740	REPAIR FACIAL NERVE	1,202.88										
77	69740	REPAIR FACIAL NERVE	1,202.88	00 15									
73	69745	REPAIR FACIAL NERVE	1,280.57										
77	69745	REPAIR FACIAL NERVE	1,280.57	00 15									
73	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	230.54										
77	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	230.54	00 15									
73	69805	EXPLORE INNER EAR	1,065.91										
77	69805	EXPLORE INNER EAR	1,065.91	00 15									
73	69806	EXPLORE INNER EAR	955.19										
77	69806	EXPLORE INNER EAR	955.19	00 15									
73	69905	REMOVE INNER EAR	947.23										
77	69905	REMOVE INNER EAR	947.23	00 15									
73	69910	REMOVE INNER EAR & MASTOID	1,027.74										
77	69910	REMOVE INNER EAR & MASTOID	1,027.74	00 15									
73	69915	INCISE INNER EAR NERVE	1,563.09										
77	69915	INCISE INNER EAR NERVE	1,563.09	00 15									
73	69930	COCHLEAR DEVICE IMPLANTATION	1,263.45	16 20		X						X	
77	69930	COCHLEAR DEVICE IMPLANTATION	1,263.45	01 15		X						X	
73	69950	INCISE INNER EAR NERVE	1,816.33										
77	69950	INCISE INNER EAR NERVE	1,816.33	00 15									
73	69955	RELEASE FACIAL NERVE	2,042.78										
77	69955	RELEASE FACIAL NERVE	2,042.78	00 15									
73	69960	RELEASE INNER EAR CANAL	1,961.46										
77	69960	RELEASE INNER EAR CANAL	1,961.46	00 15									

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	69970	REMOVE INNER EAR LESION	2,211.22										
77	69970	REMOVE INNER EAR LESION	2,211.22	00 15									
73	69990	MICROSURGERY ADD-ON	241.31										
77	69990	MICROSURGERY ADD-ON	241.31	00 15									
73	70010	MYELOGRAPHY; INTERPRETATION ONLY	60.37										
75	70015	CISTERNOGRAPHY; INTERPRET ONLY	58.79										
75	70030	X-RAY EYE; DETECT FOREIGN BODY	9.02									X	
75	70100	X-RAY MANDIBLE; PARTIAL	9.02										
75	70110	X-RAY MANDIBLE; COMPLETE	12.09										
75	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	9.02									X	
75	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	17.02									X	
75	70134	X-RAY INTERNAL AUDITORY MEATI	17.46									X	
75	70140	X-RAY FACIAL BONES; L3 VIEWS	10.01										
75	70150	X-RAY FACIAL BONES; COMPLETE	12.75										
75	70160	X-RAY NASAL BONES; COMPLETE	8.68										
75	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	14.47										
75	70190	X-RAY OPTIC FORAMINA	11.02									X	
75	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	13.77									X	
75	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	8.68										
75	70220	X-RAY SINUSES; PARANASAL; COMPLETE	10.73										
75	70240	X-RAY SELLA TURCICA	9.37										
75	70250	X-RAY SKULL; LESS THAN 4 VIEWS	9.02										
75	70260	X-RAY SKULL; COMPLETE	13.77										
75	70300	X-RAY TEETH; SINGLE VIEW	5.28										
75	70310	X-RAY TEETH; PARTIAL EXAM	8.00										
75	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	11.05										
75	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	9.02										
75	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	11.74										
75	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	27.27										
75	70336	MRI,TEMPOROMANDIBULAR JOINT	72.26										
75	70350	CEPHALOGRAM; ORTHODONTIC	8.68										
75	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	10.04										
75	70360	X-RAY NECK; SOFT TISSUE	9.02										
75	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	15.37										
75	70380	X-RAY SALIVARY GLANDFOR CALCULUS	8.36										
75	70390	SIALOGRAPHY; INTERPRETATION ONLY	18.73										
75	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	41.22										
75	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	55.00										
75	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	62.52										
75	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	62.86										
75	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	54.68										
75	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	62.20										
75	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	41.55										
75	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	54.68										
75	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	62.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	62.86										
75	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	67.62										
75	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	79.25										
75	70496	CT ANGIOGRAPHY HEAD	85.36										
75	70498	CT ANGIOGRAPHY NECK	85.36										
75	70540	MRI-ORBIT,FACE AND NECK	65.94										
75	70542	MR IMAGING ORBIT, FACE, AND NECK	79.04										
75	70543	MR IMAGING ORBIT, FACE, AND NECK	104.26										
75	70544	MR ANGIOGRAPHY, HEAD	59.13										
75	70545	MR ANGIOGRAPHY	58.81										
75	70546	MR ANGIOGRAPHY NECK	72.58										
75	70547	MR ANGIOGRAPHY NECK WITHOUT CON	59.13										
75	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	73.59										
75	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	88.06										
75	70551	MRI-BRAIN/INCLUDING BRAIN STEM	72.58										
75	70552	MRI,BRAIN W CONTRAST MATERIAL	87.05										
75	70553	MAGNETIC RESONANCE I, BRAIN	111.57										
75	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	121.85										
75	70557	MRI BRAIN W/O DYE	169.29		X								
75	70558	MRI BRAIN W/ DYE	170.10		X								
75	70559	MRI BRAIN W/O & W/ DYE	163.39		X								
75	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	9.02									X	
75	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	10.73									X	
75	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	13.10									X	
75	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	15.14										
75	71100	X-RAY EXAM OF RIBS	11.05										
75	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	13.10										
75	71110	X-RAY EXAM OF RIBS	14.12										
75	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	15.48										
75	71120	X-RAY EXAM OF BREASTBONE	9.72										
75	71130	X-RAY EXAM OF BREASTBONE	10.73										
75	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	52.62										
75	71260	CAT,THORAX,W/ CONTRAST MATERIAL	56.36										
75	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	61.51										
75	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	52.62										
75	71275	CT ANGIOGRAPHY, CHEST	88.75										
75	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	71.57										
75	71551	MRI CHEST W/DYE	84.67										
75	71552	MRI CHEST W/O&W DYE	109.68										
75	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	87.77										
75	72020	X-RAY SPINE,SINGLE VIEW	8.00										
75	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	11.05										
75	72050	X-RAY EXAM OF NECK SPINE	13.42										
75	72052	X-RAY EXAM OF NECK SPINE	14.47										
75	72070	X-RAY EXAM OF THORAX SPINE	10.04										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	11.07										
75	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	12.09										
75	72080	X-RAY EXAM OF TRUNK SPINE	10.38										
75	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	12.75										
75	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	15.67										
75	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.48										
75	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	20.74										
75	72100	X-RAY EXAM OF LOWER SPINE	11.05										
75	72110	X-RAY EXAM OF LOWER SPINE	12.75										
75	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	14.79										
75	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	11.05										
75	72125	CAT SCAN CERVICAL SPINE W/OUT C M	48.89										
75	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	59.83										
75	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	62.73										
75	72128	CAT SCAN THORACIC SPINE W/OUT C M	48.89										
75	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	60.15										
75	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	62.20										
75	72131	CAT SCAN LUMBAR W/OUT CONTRAST	48.89										
75	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	59.83										
75	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	62.73										
75	72141	MRI,SPINAL CANAL...;CERVICAL	72.90										
75	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	87.37										
75	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	72.58										
75	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	87.05										
75	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	72.90										
75	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	87.05										
75	72156	MAGNETIC RESONANCE I, SPINAL CANAL	111.57										
75	72157	MAGNETIC RESONANCE I, SPINAL CANAL	111.57										
75	72158	MAGNETIC RESONANCE I, SPINAL CANAL	111.57										
75	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	88.06										
75	72170	X-RAY EXAM OF PELVIS	8.68										
75	72190	X-RAY EXAM OF PELVIS	12.41										
75	72191	CT ANGIOGRAPH PELV W/O&W DYE	87.45										
75	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	52.98										
75	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	56.36										
75	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	59.83										
75	72195	MRI PELVIS W/O DYE	71.89										
75	72196	MRI, PELVIS	84.67										
75	72197	MRI PELVIS W/O & W DYE	106.95										
75	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	87.10										
75	72200	X-RAY EXAM SACROILIAC JOINTS	8.36										
75	72202	X-RAY EXAM SACROILIA504	11.07										
75	72220	X-RAY EXAM OF TAILBONE	8.68										
75	72240	CONTRAST X-RAY OF NECK SPINE	45.12										
75	72255	CONTRAST X-RAY THORAX SPINE	46.09										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	72265	CONTRAST X-RAY LOWER SPINE	40.53										
75	72270	RADIOLOGICAL SUPERVISION AND INTERPR	68.55										
75	72285	X-RAY OF NECK SPINE DISK	57.00										
75	72295	X-RAY OF LOWER SPINE DISK	41.38										
75	73000	X-RAY EXAM OF COLLARBONE	8.32									X	
75	73010	X-RAY EXAM OF SHOULDER BLADE	9.00									X	
75	73020	X-RAY EXAM OF SHOULDER	7.65									X	
75	73030	X-RAY EXAM OF SHOULDER	9.34									X	
75	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	27.91									X	
75	73050	X-RAY EXAM OF SHOULDERS	9.34										
75	73060	X-RAY EXAM OF HUMERUS	8.00									X	
75	73070	X-RAY EXAM OF ELBOW	8.32									X	
75	73080	X-RAY EXAM OF ELBOW	8.68									X	
75	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	28.76									X	
75	73090	X-RAY EXAM OF FOREARM	8.00									X	
75	73092	X-RAY EXAM OF ARM, INFANT	8.00									X	
75	73100	X-RAY EXAM OF WRIST	8.32									X	
75	73110	X-RAY EXAM OF WRIST	8.68									X	
75	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	28.23									X	
75	73120	X-RAY EXAM OF HAND	8.32									X	
75	73130	X-RAY EXAM OF HAND	8.68									X	
75	73140	X-RAY EXAM OF FINGER(S)	6.96									X	
75	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	48.89									X	
75	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	56.04									X	
75	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	59.83									X	
75	73206	CT ANGIO UPR EXTRM W/O&W DYE	87.45									X	
75	73218	MRI UPPER EXTREMITY W/O DYE	66.58									X	
75	73219	MRI UPPER EXTREMITY W/DYE	79.89									X	
75	73220	MRI-UPPER EXTREMITY	104.90									X	
75	73221	MRI, ANY JOINT OF UPPER EXTREMITY	67.11									X	
75	73222	MRI JOINT UPR EXTREM W/ DYE	80.21									X	
75	73223	MRI JOINT UPR EXTR W/O&W DYE	104.90									X	
75	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	84.99									X	
75	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	9.34										
75	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	11.05										
75	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	13.42										
75	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	11.05										
75	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	14.44										
75	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.14										
75	73525	CONTRAST X-RAY OF HIP	29.40									X	
75	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	8.32										
75	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	9.02										
75	73560	X-RAY EXAM OF KNEE	8.32									X	
75	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	9.34									X	
75	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	11.05									X	

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	73565	RADIOLOGIC EXAM	8.65										
75	73580	CONTRAST X-RAY OF KNEE JOINT	29.82									X	
75	73590	X-RAY EXAM OF LOWER LEG	8.00									X	
75	73592	X-RAY EXAM OF LEG, INFANT	8.00									X	
75	73600	X-RAY EXAM OF ANKLE	8.00									X	
75	73610	X-RAY EXAM OF ANKLE	8.68									X	
75	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	28.76									X	
75	73620	X-RAY EXAM OF FOOT	7.68									X	
75	73630	X-RAY EXAM OF FOOT	8.36									X	
75	73650	X-RAY EXAM OF HEEL	8.00									X	
75	73660	X-RAY EXAM OF TOE(S)	6.64									X	
75	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	48.89									X	
75	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	56.36									X	
75	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	59.83									X	
75	73706	CT ANGIO LWR EXTR W/O&W DYE	91.52									X	
75	73718	MRI LOWER EXTREMITY W/O DYE	65.94									X	
75	73719	MRI LOWER EXTREMITY W/DYE	79.57									X	
75	73720	MRI-LOWER EXTREMITY	104.58									X	
75	73721	MRI, ANY JOINT, LOWER EXTREMITY	67.11									X	
75	73722	MRI JOINT OF LWR EXTR W/DYE	80.21									X	
75	73723	MRI JOINT LWR EXTR W/O&W DYE	104.58									X	
75	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	87.47									X	
75	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	9.02									X	
75	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	11.40									X	
75	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	13.10									X	
75	74022	IMAGING OF ABDOMEN AND CHEST	15.48										
75	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	58.79										
75	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	62.52										
75	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	68.84										
75	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	106.52										
75	74175	CT ANGIO ABDOM W/O&W DYE	88.11										
75	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	85.01										
75	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	89.08										
75	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	97.60										
75	74181	MRI-ABDOMEN	71.57										
75	74182	MRI ABDOMEN W/DYE	84.67										
75	74183	MRI ABDOMEN W/O&W DYE	106.63										
75	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	87.10										
75	74190	PERITONEOGRAM (EG, AFTER INJECTION O	23.26										
75	74210	CONTRAST XRAY EXAM OF THROAT	29.32										
75	74220	CONTRAST XRAY EXAM,ESOPHAGUS	29.67										
75	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	34.42										
75	74230	CINEMA XRAY THROAT/ESOPHAGUS	26.60										
75	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	58.79										
75	74240	X-RAY EXAM UPPER GI TRACT	39.17										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	74246	X-RAY GASTROINTESTINAL TRACT	43.61										
75	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	34.42										
75	74250	X-RAY EXAM OF SMALL BOWEL	39.52										
75	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	57.76										
75	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	116.67										
75	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	121.42										
75	74270	CONTRAST X-RAY EXAM OF COLON	50.59										
75	74280	CONTRAST X-RAY EXAM OF COLON	61.85										
75	74283	BARIUM ENEMA,THERAPEUTIC	102.32										
75	74290	CONTRAST X-RAY, GALLBLADDER	15.48										
75	74300	CONTRAST X-RAY OF BILE DUCTS	13.63										
75	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	10.38										
75	74328	XRAY FOR BILE DUCT ENDOSCOPY	23.46										
75	74329	X-RAY FOR PANCREAS ENDOSCOPY	23.46										
75	74330	XRAY,BILE/PANCREAS ENDOSCOPY	29.15										
75	74340	X-RAY GUIDE FOR GI TUBE	26.95										
75	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	37.47										
75	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	27.91										
75	74363	DILATION OF BILIARY DUCT STRICTURE	42.59										
75	74400	CONTRAST X-RAY URINARY TRACT	23.51										
75	74410	CONTRAST X-RAY URINARY TRACT	23.51										
75	74415	CONTRAST X-RAY URINARY TRACT	23.51										
75	74420	CONTRAST X-RAY URINARY TRACT	24.87										
75	74425	CONTRAST X-RAY URINARY TRACT	24.20										
75	74430	CONTRAST X-RAY OF BLADDER	15.16										
75	74440	XRAY EXAM MALE GENITAL TRACT	17.88				M						
75	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	54.18				M						
75	74450	X-RAY EXAM URETHRA/BLADDER	15.83										
75	74455	X-RAY EXAM URETHRA/BLADDER	15.51										
75	74470	X-RAY-RENAL CYST STUDY	25.99										
75	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	38.83										
75	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	145.39		X								
75	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	90.43									X	
75	74740	HYSTEROSALPINGOGRAPHY	18.73	21 59	X		F						
75	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	30.69										
75	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	112.91										
75	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	140.35										
75	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	125.00										
75	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	143.26										
75	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	12.09										
75	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	28.65										
75	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	84.83										
75	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	123.48										
75	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	115.50										
75	75600	CONTRAST X-RAY EXAM OF AORTA	25.73										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	75605	CONTRAST X-RAY EXAM OF AORTA	55.95										
75	75625	CONTRAST X-RAY EXAM OF AORTA	72.09										
75	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	98.78										
75	75635	CT ANGIO ABDOMINAL ARTERIES	115.07										
75	75705	ARTERY X-RAYS, SPINE	122.59										
75	75710	ARTERY X-RAYS, ARM/LEG	87.43										
75	75716	ARTERY X-RAYS, ARMS/LEGS	97.09										
75	75726	ARTERY X-RAYS, ABDOMEN	96.06										
75	75731	ARTERY X-RAYS, ADRENAL GLAND	55.35										
75	75733	ARTERY X-RAYS,ADRENAL GLANDS	62.00										
75	75736	ARTERY X-RAYS, PELVIS	54.25										
75	75741	ARTERY X-RAYS, LUNG	62.07										
75	75743	ARTERY X-RAYS, LUNGS	79.12										
75	75746	ARTERY X-RAYS, LUNG	55.01										
75	75756	ARTERY X-RAYS, CHEST	56.92										
75	75801	LYMPH VESSEL X-RAY, ARM/LEG	44.19										
75	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	56.71										
75	75805	LYMPH VESSEL X-RAY, TRUNK	39.52										
75	75807	LYMPH VESSEL X-RAY, TRUNK	54.76										
75	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	23.87										
75	75810	VEIN X-RAY, SPLEEN/LIVER	49.87										
75	75820	VEIN X-RAY, ARM/LEG	51.77										
75	75822	VEIN X-RAY, ARMS/LEGS	70.96										
75	75825	VEIN X-RAY, TRUNK	55.20										
75	75827	VEIN X-RAY, CHEST	55.84										
75	75831	VEIN X-RAY, KIDNEY	53.61										
75	75833	VEIN X-RAY, KIDNEYS	74.04										
75	75840	VEIN X-RAY, ADRENAL GLAND	55.35										
75	75842	VEIN X-RAY, ADRENAL GLANDS	73.25										
75	75860	VEIN X-RAY, NECK	55.54										
75	75870	VEIN X-RAY, SKULL	62.34										
75	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	55.35										
75	75880	VEIN X-RAY, EYE SOCKET	34.42										
75	75885	VEIN X-RAY, LIVER	66.58										
75	75887	VEIN X-RAY, LIVER	67.54										
75	75889	VEIN X-RAY, LIVER	53.20										
75	75891	VEIN X-RAY, LIVER	53.52										
75	75893	VENOUS SAMPLING BY CATHETER	25.99										
75	75894	XRAYS, TRANSCATHETER THERAPY	74.84										
75	75898	FOLLOW-UP ANGIOGRAM	94.84										
75	75901	REMOVE CVA DEVICE OBSTRUCT	23.92										
75	75902	REMOVE CVA LUMEN OBSTRUCT	19.50										
75	75956	TRANSCATH OCCLUSION;COMPLETE PROC	361.45										
75	75957	XRAY,ENDOVASC THOR AO REPR	308.79										
75	75958	XRAY,PLACE PROX THOR AO	205.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	75959	XRAY,PLACE DIST EXT THOR AO	180.51										
75	75970	TRANSCATH BX;SUPER/INTERP	38.82										
75	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	57.38										
75	76000	FLUOROSCOPY,MD TIME TO 1 HR	16.06										
75	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	9.02										
75	76080	X-RAY EXAM OF FISTULA	25.99										
75	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	15.67									X	
75	76100	X-RAY EXAM OF BODY SECTION	28.97										
75	76120	CINEMATIC X-RAYS	20.12										
75	76125	CINEMATIC X-RAYS	13.10										
73	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	785.43										
75	76376	3D RENDER W/O POSTPROCESS	9.72										
75	76377	3D RENDERING W/POSTPROCESS	38.83										
75	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	46.90										
75	76391	MAGNETIC RESONANCE (EG, VIBRATION)	53.64										
75	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	31.88										
75	76510	OPHTH US, B & QUANT A	38.62										
75	76511	ECHO EXAM OF EYE	34.93									X	
75	76512	ECHO EXAM OF EYE	30.22										
75	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	31.94										
75	76514	ECHO EXAM OF EYE, THICKNESS	7.95										
75	76516	ECHO EXAM OF EYE	22.11										
75	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	29.85										
75	76529	ECHO EXAM OF EYE	31.54										
75	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	28.28										
75	76604	ECHO EXAM OF CHEST	28.68										
75	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	35.78										
75	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	33.41										
75	76700	ECHO EXAM OF ABDOMEN	39.52										
75	76705	ECHO EXAM OF ABDOMEN	29.32										
75	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	27.29										
75	76770	ECHO EXAM ABDOMEN BACK WALL	36.12										
75	76775	ECHO EXAM ABDOMEN BACK WALL	28.65										
75	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	37.15										
75	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	62.64										
75	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	48.01				F						
75	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	40.85				F					X	
75	76805	ULTRASOUND, PREGNANT UTERUS	48.33	10 59			F						
75	76810	EACH ADDITIONAL GESTATION	47.67	10 59			F					X	
75	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	92.72				F	X					
75	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	87.27				F	X				X	
75	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	57.49	10 60			F						
75	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	48.66	10 60			F					X	
75	76815	ECHO EXAM FOR FETAL GROWTH	32.05				F						
75	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	41.88				F						

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
75	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	37.12					F						
75	76818	FETAL BIOPHYSICAL PROFILE	51.37					F						
75	76819	FETL BIOPHYS PROFIL W/O STRS	38.14											
75	76820	UMBILICAL ARTERY ECHO	24.50	10	59			F						
75	76821	MIDDLE CEREBRAL ARTERY ECHO	34.00	10	59			F						
75	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	80.47	00	60			F						
75	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	40.85											
75	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	27.92											
75	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	27.22											
75	76830	ECHOGRAPHY,TRANSVAGINAL	34.07											
75	76831	ECHO EXAM, UTERUS	35.75											
75	76856	ECHOGRAPHY, PELVIC, REAL TIME	34.07											
75	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	23.85											
75	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	31.70					M						
75	76872	ECHOGRAPHY, TRANSRECTAL	32.70											
75	76873	ECHOGRAP TRANS R, PROS STUDY	76.63					M						
75	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	30.62										X	
75	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	23.51										X	
75	76885	ECHO EXAM, INFANT HIPS	36.46											
75	76886	ECHO EXAM, INFANT HIPS	30.69											
75	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	37.32											
75	76936	ECHO GUIDE FOR ARTERY REPAIR	98.97											
75	76937	US GUIDE, VASCULAR ACCESS	14.04											
75	76940	US GUIDE, TISSUE ABLATION	104.44											
75	76941	ECHO GUIDE FOR TRANSFUSION	64.97											
75	76942	ECHO GUIDE FOR BIOPSY	31.46										X	
75	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	32.32											
75	76946	ECHO GUIDE FOR AMNIOCENTESIS	18.20										X	
75	76965	ECHO GUIDANCE RADIOTHERAPY	66.89											
75	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	40.71											
75	76977	US BONE DENSITY MEASURE	2.91											
75	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	79.57											
75	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	41.55										X	
75	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	29.64											
75	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	29.64											
75	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	24.82										X	
75	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	19.15											
75	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	27.91											
75	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	29.67											
75	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	62.90											
75	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	72.20											
75	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	45.08											
75	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	71.04											
75	77046	MAGNETIC RESONANCE IMAGING, BREAST,	71.22											
75	77047	MAGNETIC RESONANCE IMAGING, BREAST,	78.03											

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
75	77048	MAGNETIC RESONANCE IMAGING, BREAST,	102.20											
75	77049	MAGNETIC RESONANCE IMAGING, BREAST,	111.92											
75	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	17.72											
75	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	21.80											
75	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	29.99	40	99			F						
75	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	39.52											
75	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	48.89											
75	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	37.15	40	99			F		X				
73	77071	MANUAL APPLICATION OF STRESS PERFORM	55.73											
75	77072	BONE AGE STUDIES	9.37											
75	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	13.60											
75	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	21.46											
75	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	27.61											
75	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	34.42											
75	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	17.00											
75	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	12.09											
75	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.72											
75	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	10.04											
75	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	78.35											
75	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	14.79											
75	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	8.36											
73	77261	SIMPLE TREAT PLAN-THERA RADIOL	72.01											
73	77262	INTER TREAT PLAN-THERA RADIOLO	108.80											
73	77263	COMPLEX TREAT PLAN-THERA RADIO	170.86											
75	77280	SIMPLE,RAD SIMU-AIDED FIELD	38.28											
75	77285	INTER,RAD SIMU-AIDED FIELD SET	56.84											
75	77290	COMP,RAD SIMU-AIDED FIELD SET	82.86											
75	77293	Respiratory motion management simula	105.92											
75	77295	MANAGEMENT OF RADIATION THERAPY, 3D	225.87										X	
75	77300	BASIC RAD DOSIMETRY CALCULATION	32.52											
75	77301	RADIOLTHERAPY DOS PLAN, IMRT	419.30											
75	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	73.36											
75	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	152.32											
75	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	73.36											
75	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	96.92											
75	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	152.32											
75	77321	SPEC TELETHERAPY PLAN TOTAL BODY	50.16											
75	77331	SPECIAL DOSIMETRY (SPECIFY)	46.10										X	
75	77332	TREATMENT DEVICES,DESIGN/SIMPLE	24.05											
75	77333	TREATMENT DEVICES/DESIGN-INTER	40.01											
75	77334	TREATMENT DEVICES/DESIGN;COMPL	60.31										X	
75	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	225.87											
73	77427	RADIATION TX MANAGEMENT, X5	192.75											
73	77431	RADIATION THERAPY MANAGEMENT W COMPL	107.35										X	
73	77432	STEREOTACTIC RADIATION TREATMENT MAN	432.02											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	77435	STEREOTACTIC BODY RADIATION THERAPY,	651.17										
73	77469	INTRAOPERATIVE RADIATION TREATMENT M	322.18										
75	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	107.60										
75	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	70.56										
75	77605	HYPERTHERMIA,EXT GEN/DEEP	107.51										
75	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	68.95										
75	77615	HYPERTHERMIA/INTERSTITIAL/>5	97.27										
75	77620	HYPERTHERMIA...INTRACAVITARY PROBE	90.73										
75	77750	INFUSE/INSTILL RADIOELEMENT	263.63										
75	77761	SIMPLE INTRACAV. RADIOELEMENT	201.95										
75	77762	INTER. INTRACAV.RADIOELEMENT	302.93										
75	77763	COMPLEX-INTRACAV RADIOLOGY	455.26										
75	77767	REMOTE AFTERLOADING HIGH DOES RATE R	55.23										
75	77768	REMOTE AFTERLOADING HIGH DOES RATE R	73.68										
75	77770	REMOTE AFTERLOADING HIGH DOES RATE R	103.02										
75	77771	REMOTE AFTERLOADING HIGH DOES RATE R	198.52										
75	77772	REMOTE AFTERLOADING HIGH DOES RATE R	281.37										
75	77778	INTERSTITIAL RAD-ELEMENT-COMPL	460.39										
75	77789	SURFACE APPLICATION RADIOELEMENT	60.28		X								
75	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	9.05										
75	78013	THYROID IMAGING (INCLUDING VASCULAR	17.53										
75	78014	THYROID IMAGING (INCLUDING VASCULAR	23.85										
75	78015	NUCLEAR SCAN OF THYROID	33.06										
75	78016	EXTENSIVE THYROID SCAN	33.46										
75	78018	THYROID CA IMAGING;WHOLE BODY	40.61										
75	78070	PARATHROID IMAGING	38.21										
75	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	57.10										
75	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	75.25										
75	78075	NUCLEAR SCAN OF ADRENALS	36.46										
75	78102	NUCLEAR SCAN OF BONE MARROW	25.59										
75	78103	NUCLEAR SCAN OF BONE MARROW	30.71										
75	78104	NUCLEAR SCAN OF BONE MARROW	38.21										
75	78110	NUCLEAR EXAM, PLASMA VOLUME	8.08										
75	78111	NUCLEAR EXAM, PLASMA VOLUME	9.45										
75	78120	NUCLEAR EXAM OF RBC MASS	9.79										
75	78121	NUCLEAR EXAM OF RBC MASS	13.55										
75	78122	WHOLE BLOOD VOLUME DETERMINATION	20.63										
75	78130	RED CELL SURVIVAL EXAM	25.22										
75	78140	NUCLEAR EXAM,RED BLOOD CELLS	25.22										
75	78185	NUCLEAR SCAN OF SPLEEN	16.65										
75	78195	NUCLEAR SCAN OF LYMPH SYSTEM	56.78										
75	78201	NUCLEAR SCAN OF LIVER	20.82										
75	78202	NUCLEAR SCAN OF LIVER	23.88										
75	78215	NUCLEAR SCAN, LIVER & SPLEEN	23.51										
75	78216	NUCLEAR SCAN, LIVER/SPLEEN	26.61										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	35.80										
75	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	43.29										
75	78230	NUCLEAR SCAN, SALIVARY GLAND	21.80										
75	78231	NUCLEAR SCANS,SALIVARY GLAND	21.45										
75	78264	GASTRIC EMPTYING STUDY	38.19										
75	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	46.70		X								
75	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	49.52										
75	78278	ACUTE GI BLOOD LOSS IMAGING	47.37										
75	78290	INTESTINE IMAGING	32.76										
75	78300	NUCLEAR SCAN OF BONE	30.69										
75	78305	NUCLEAR SCAN OF BONES	39.89										
75	78306	NUCLEAR SCAN OF SKELETON	40.93										
75	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	48.41										
75	78414	DETERMINE VENTRIC EJECT FRACTION	21.60										
75	78445	NUCLEAR SCAN OF BLOOD FLOW	25.75										
75	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	65.60										
75	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	77.87										
75	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	47.72										
75	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	65.27									X	
75	78456	ACUTE VENOUS THROMBUS IMAGE	48.04										
75	78466	MYOCARD IMAGING...AT REST;QUAL.	34.71										
75	78468	MYOCARD IMAGING..AT REST;FIRST PASS	38.53										
75	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	44.30										
75	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	47.02										
75	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	69.35										
75	78481	CARD BLD POOL IMAG-FIRST PASS TECH	47.02										
75	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	70.33										
75	78494	HEART IMAGE, SPECT	56.87										
75	78496	HEART FIRST PASS ADD-ON	24.18										
75	78579	PULMONARY VENTILATION IMAGING (EG, A	23.19										
75	78580	PULMONARY PERFUSION IMAGING (EG, PAR	35.80										
75	78582	PULMONARY VENTILATION (EG, AEROSOL O	50.78										
75	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	34.13										
75	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	40.26										
75	78600	NUCLEAR SCAN OF BRAIN	21.46										
75	78601	NUCLEAR SCAN OF BRAIN	24.20										
75	78605	NUCLEAR SCAN OF BRAIN	25.54										
75	78606	NUCLEAR SCAN OF BRAIN	31.06										
75	78608	BRAIN IMAGING, POSITRON EMISSION TOM	69.76										
75	78610	NUCLEAR SCAN OF BRAIN	14.15										
75	78630	CEREBROSPINAL FLUID SCAN	33.09										
75	78635	CEREBROSPINAL FLUID SCAN	30.33										
75	78645	CEREBROSPINAL FLUID SCAN	26.61										
75	78650	CEREBROSPINAL FLUID SCAN	25.22										
75	78660	NUCLEAR EXAM OF TEAR FLOW	25.54										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	78700	NUCLEAR SCAN OF KIDNEY	21.48										
75	78701	NUCLEAR SCAN OF KIDNEY	23.51										
75	78707	NUCLEAR SCAN OF KIDNEY	45.04										
75	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	57.45										
75	78709	KIDNEY FLOW & FUNCTION IMAGE	67.37										
75	78725	NUCLEAR EXAM OF KIDNEY	17.88										
75	78730	NUCLEAR EXAM OF BLADDER	7.45										
75	78740	NUCLEAR EXAM OF URETER	26.08										
75	78761	TESTICULAR IMAGING,W/VASCULAR	35.09				M						
75	78800	NUCLEAR EXAM OF LESION	31.91										
75	78801	NUCLEAR EXAM OF LESIONS	34.82										
75	78802	NUCLEAR EXAM OF LESIONS	38.21										
75	78803	TUMOR LOCALIZATION SPECT)	50.83										
75	78804	TUMOR IMAGING, WHOLE BODY	48.06										
75	78811	POSITRON EMISSION TOMOGRAPHY (PET)	72.52										
75	78812	POSITRON EMISSION TOMOGRAPHY (PET)	91.39										
75	78813	POSITRON EMISSION TOMOGRAPHY (PET)	91.68										
75	78814	POSITRON EMISSION TOMOGRAPHY (PET)	104.18										
75	78815	POSITRON EMISSION TOMOGRAPHY (PET)	115.60										
75	78816	POSITRON EMISSION TOMOGRAPHY (PET)	116.51										
75	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	69.08										
75	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	85.65										
75	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	99.48										
75	78835	RADIOPHARMACEUTICAL QUANTIFICATION	21.85										
75	79005	NUCLEAR RX, ORAL ADMIN	86.24										
75	79101	NUCLEAR RX, IV ADMIN	95.12										
75	79403	HEMATOPOETIC NUCLEAR THERAPY	91.59										
75	79445	NUCLEAR RX, INTRA-ARTERIAL	111.21										
73	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	26.25										
73	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	52.83										
73	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	96.07										
73	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	43.03										
75	84165	ASSAY SERUM PROTEINS	18.38										
75	84166	PROTEIN E-PHORESIS/URINE/CSF	18.38										
73	85097	BONE MARROW SMEAR INTERPRET	68.02									X	
75	86334	IMMUNOFIXATION ELECTROPHORESIS	18.38										
75	88104	CYTOPATHOLOGY	27.02										
75	88106	CYTOPATHOLOGY	18.82										
75	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	22.21										
75	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	27.34										
75	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	57.44										
75	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	47.62										
75	88125	FORENSIC CYTOPATHOLOGY	13.72										
73	88141	CYTOPATH CERV/VAG INTERPRET	21.76	21 99			F						
75	88160	CYTOPATHOLOGY	25.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	88161	CYTOPATH...;PREP,SCREEN,INTERP.	24.93										
75	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	38.45										
75	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	34.73										
75	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	69.60										
75	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	21.52										
75	88182	FLOW CYTOMETRY	37.83										
73	88187	FLOWCYTOMETRY/READ, 2-8	36.12										
73	88188	FLOWCYTOMETRY/READ, 9-15	63.19										
73	88189	FLOWCYTOMETRY/READ, 16 & >	84.59										
75	88291	CYTO MOLECULAR REPORT	33.32										
75	88300	SURGICAL PATHOLOGY, GROSS	4.59									X	
75	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	6.96									X	
75	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	11.37									X	
75	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	36.82									X	
75	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	81.35										
75	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	142.47										
75	88311	SURGICAL PATHOLOGY; DECALCIFICATION	12.38										
75	88312	SPECIAL STAIN INCLUDING INTERPRETATI	26.00										
75	88313	SPECIAL STAIN INCLUDING INTERPRETATI	12.06										
75	88314	SPECIAL STAIN INCLUDING INTERPRETATI	20.95										
73	88321	MICROSLIDE CONSULTATION	96.95										
75	88323	MICROSLIDE CONSULTATION	85.71										
73	88325	COMPREHENSIVE REVIEW OF DATA	157.22										
73	88329	CONSULTATION DURING SURGERY	56.52									X	
75	88331	CONSULTATION DURING SURGERY	60.96									X	
75	88332	PATHOLOGY CONSULTATION DURING SURGER	29.98										
75	88333	INTRAOP CYTO PATH CONSULT, 1	60.66										
75	88334	PATHOLOGY CONSULTATION DURING SURGER	36.77									X	
75	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	27.66									X	
75	88342	IMMUNOCYTOCHEMISTRY	34.12									X	
75	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	37.51										
75	88346	AUTO-ANTIBODY PROFILE	35.50									X	
75	88348	ELECTRON MICROSCOPY	76.65										
75	88350	IMMUNOFLUORESCENCE, PER SPEC;EACH	28.70									X	
75	88358	ANALYSIS, TUMOR	48.78										
75	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	40.92		X								
75	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	43.11										
73	88363	EXAMINATION AND SELECTION OF RETRIEV	22.88										
75	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	33.80										
75	88365	TISSUE HYBRIDATION	43.14									X	
75	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	61.08										
75	88367	INSITU HYBRIDIZATION, AUTO	33.23										
75	88368	INSITU HYBRIDIZATION, MANUAL	40.68										
75	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	31.87										
75	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	25.46										

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1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	42.74										
75	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	63.09										
75	88387	MACROSCOPIC EXAMINATION, DISSECTION,	26.53										
75	88388	MACROSCOPIC EXAMINATION, DISSECTION,	23.20										
73	89049	CHCT FOR MAL HYPERTHERMIA	260.90										
73	90785	INTERACTIVE COMPLEXITY	14.87										
77	90785	INTERACTIVE COMPLEXITY	14.87	00 15									
73	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	178.37										
77	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	178.37	00 15									
73	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	200.15										
77	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	200.15	00 15									
73	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	78.07										
77	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	78.07	00 15									
73	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	71.46										
77	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	71.46	00 15									
73	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	103.00										
77	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	103.00	00 15									
73	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	90.03										
77	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	90.03	00 15									
73	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	150.79										
77	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	150.79	00 15									
73	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	118.32										
77	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	118.32	00 15									
73	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	144.44										
77	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	144.44	00 15									
73	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	72.93										
77	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	72.93	00 15									
73	90845	MEDICAL PSYCHOANALYSIS	97.50								X	X	
77	90845	MEDICAL PSYCHOANALYSIS	97.50	00 15							X	X	
73	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	99.22								X		
77	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	99.22	00 15							X		
73	90847	SPECIAL FAMILY THERAPY	102.68								X		
77	90847	SPECIAL FAMILY THERAPY	102.68	00 15							X		
73	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	34.69								X		
77	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	34.69	00 15							X		
73	90853	GROUP PSYCHOTHERAPY Y	27.30						X		X		
77	90853	GROUP PSYCHOTHERAPY Y	27.30	00 15					X		X		
73	90870	ELECTROCONLULSIVE THERAPY	172.43								X		
77	90870	ELECTROCONLULSIVE THERAPY	172.43	00 15							X		
73	90880	MEDICAL HYPNOTHERAPY	107.04								X		
77	90880	MEDICAL HYPNOTHERAPY	107.04	00 15							X		
73	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	73.43										
77	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	73.43	00 15									
73	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	104.90										
77	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	104.90	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-MAX		REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	86.70											
77	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	86.70	00	15									
73	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	126.79											
77	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	126.79	00	15									
73	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,210.01	00	01					X				
77	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,210.01	00	01					X				
73	90954	END-STATE RENAL DISEASE (ESRD) RELAT	1,040.12	02	11					X				
77	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	1,040.12	02	11					X				
73	90955	END-STATE REANL DISEASE (ESRD) RELAT	535.01	02	11					X				
77	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	535.01	02	11					X				
73	90956	END-STATE RENAL DISEASE (ESRD) RELAT	353.48	02	11					X				
77	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	353.48	02	11					X				
73	90957	END-STATE RENAL DISEASE (ESRD) RELAT	793.02	12	19					X				
77	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	793.02	12	15					X				
73	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	514.83	12	19					X				
77	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	514.83	12	15					X				
73	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	332.00	12	19					X				
77	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	332.00	12	15					X				
73	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	361.19	20	99					X				
73	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	299.37	20	99					X				
73	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	204.84	20	99					X				
73	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	622.55	00	01					X				
77	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	622.55	00	01					X				
73	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	533.44	02	11					X				
77	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	533.44	02	11					X				
73	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	512.39	12	19					X				
77	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	512.39	12	15					X				
73	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	299.37	20	99					X				
73	90967	END-STAGE REANL DISEASE (ESRD) RELAT	18.01	00	01									
77	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	18.01	00	01									
73	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	17.67	02	11									
77	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	17.67	02	11									
73	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	17.32	12	19									
77	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	17.32	12	15									
73	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	9.67	20	99									
73	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	90.50											
77	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	90.50	00	15									
75	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	66.08											
75	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	9.34											
75	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	73.46											
75	91022	DUODENAL MOTILITY STUDY	72.93											
75	91030	ACID PERFUSION FOR ESOPHAGITIS	46.84											
75	91034	GASTROESOPHAGEAL REFLUX TEST	50.83											
75	91035	G-ESOPH REFLX TST W/ELECTROD	82.80											
75	91037	ESOPH IMPED FUNCTION TEST	49.57											

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	91038	ESOPH IMPED FUNCT TEST > 1H	56.00										
75	91040	ESOPH BALLOON DISTENSION TST	50.51										
75	91110	GI TRACT IMAGING, INTRALUMINAL	114.03										
73	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	137.97										
77	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	137.97	00 15									
75	91120	RECTAL SENSATION TEST	49.13										
75	91122	ANORECTAL MANOMETRY	88.63										
75	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	10.70						X				
73	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.37										
77	92002	EYE EXAM; INTERMEDIATE; NEW PT	84.37	00 15									
73	92004	EYE EXAM; COMPREHENSIVE; NEW PT	146.73										
77	92004	EYE EXAM; COMPREHENSIVE; NEW PT	146.73	00 15									
73	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	87.37										
77	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	87.37	00 15									
73	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	123.86										
77	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	123.86	00 15									
73	92018	EYE EXAM W/ANESTHESIA-COMPLETE	137.61										
77	92018	EYE EXAM W/ANESTHESIA-COMPLETE	137.61	00 15									
73	92019	EYE EXAM W/ANESTHESIA-LIMITED	71.21										
77	92019	EYE EXAM W/ANESTHESIA-LIMITED	71.21	00 15									
73	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	27.50										
77	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	27.50	00 15									
75	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	19.09										
75	92060	SENSORIMOTOR EXAM EYE	36.35										
75	92065	ORTHOPTIC / PLEOPTIC TRAINING	17.53										
75	92081	TANGENT SCREEN; AUTOPLOT	15.75										
75	92082	QUANTITATIVE PERIMETRY	20.51										
75	92083	MEASUREMENT OF FIELD OF VISION DURIN	26.54										
73	92100	SERIAL TONOGRAPHY W/EVALUATION	82.31										
77	92100	SERIAL TONOGRAPHY W/EVALUATION	82.31	00 15									
75	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	16.07										
75	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	21.47										
75	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	24.80										
75	92136	OPHTHALMIC BIOMETRY	29.85										
75	92145	CORNEAL HYSTERESIS DETERMINATION, BY	5.60										
73	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.56										
77	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.56	00 15									
73	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.65										
77	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.65	00 15									
73	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	94.91										
77	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	94.91	00 15									
75	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	41.31									X	
75	92240	ICG ANGIOGRAPHY	48.25										
75	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	54.02										
75	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	20.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
73	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.35										
77	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.35	00 15									
75	92265	OCULOELECTROMYOGRAPHY	44.68										
75	92270	ELECTRO-OCULOGRAPHY	41.79										
75	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	36.02										
75	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	31.96										
75	92283	COLOR VISION EXAMINATION	9.00										
75	92284	DARK ADAPTATION EXAMINATION	12.06										
75	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.23										
75	92286	SPECULAR ENDOTHELIAL MICROSCOPY	21.47										
73	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	95.25										
77	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	95.25	00 15									
77	92507	SPEECH LANGUAGE HEARING THERAPY	76.96	00 02		X							
77	92508	SPEECH LANGUAGE HEARING THERAPY	23.54	00 02		X							
73	92511	NASOPHARYNGOSCOPY	115.83										
77	92511	NASOPHARYNGOSCOPY	115.83	00 15									
73	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	67.98										
77	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	67.98	00 15									
73	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	64.13										
77	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	64.13	00 15									
73	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	105.62										
77	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	105.62	00 15									
73	92521	EVALUATION OF SPEECH FLUENCY	133.52	01 99		X		X	X				
77	92521	EVALUATION OF SPEECH FLUENCY	133.52	00 15		X		X	X				
73	92522	EVALUATE SPEECH PRODUCTION	112.47	01 99		X		X	X				
77	92522	EVALUATE SPEECH PRODUCTION	112.47	00 15		X		X	X				
73	92523	SPEECH SOUND LANG COMPREHENSION	227.22	01 99		X		X	X				
77	92523	SPEECH SOUND LANG COMPREHENSION	227.22	00 15		X		X	X				
73	92524	BEHAVRAL QUALIT ANALYS VOICE	110.86	01 99		X		X	X				
77	92524	BEHAVRAL QUALIT ANALYS VOICE	110.86	00 15		X		X	X				
73	92526	ORAL FUNCTION THERAPY	85.10										
77	92526	ORAL FUNCTION THERAPY	85.10	00 15									
75	92537	CALORIC VESTIBULAR TEST WITH RECORDI	30.98										
75	92538	CALORIC VESTIBULAR TEST WITH RECORDI	16.07										
75	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	77.90										
75	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	20.83										
75	92542	POSITIONAL NYSTAGMUS W/RECORDING	24.88										
75	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	14.39										
75	92545	OSCILLATING TRACKING W/RECORDING	13.37										
75	92546	TORSION SWING TEST W/RECORDING	15.09										
75	92548	POSTUROGRAPHY	34.25										
75	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	44.19										
73	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	22.51						X				
77	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	22.51	00 15					X				
73	92557	BASIC COMPREHENSIVE AUDIOMETRY	38.03						X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	92557	BASIC COMPREHENSIVE AUDIOMETRY	38.03	00	15					X				
73	92567	TYMPANOMETRY	16.46							X				
77	92567	TYMPANOMETRY	16.46	00	15					X				
73	92568	ACOUSTIC REFLEX TESTING	15.94							X				
77	92568	ACOUSTIC REFLEX TESTING	15.94	00	15					X				
73	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	33.40							X				
77	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	33.40	00	15					X				
73	92579	VISUAL AUDIOMETRY (VRA)	46.31							X				
77	92579	VISUAL AUDIOMETRY (VRA)	46.31	00	15					X				
73	92584	ELECTROCOCHLEOGRAPHY	112.84							X				
77	92584	ELECTROCOCHLEOGRAPHY	112.84	00	15					X				
75	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	18.12											
75	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	28.59											
73	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	162.60	01	06					X				
77	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	162.60	01	06					X				
73	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	102.35	01	06					X				
77	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	102.35	01	06					X				
73	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	152.51	07	99					X				
77	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	152.51	07	99					X				
73	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	91.62	07	99					X				
77	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	91.62	07	99					X				
73	92610	EVALUATE SWALLOWING FUNCTION	85.73											
77	92610	EVALUATE SWALLOWING FUNCTION	85.73	00	15									
73	92611	MOTION FLUOROSCOPY/SWALLOW	92.36											
77	92611	MOTION FLUOROSCOPY/SWALLOW	92.36	00	15									
73	92612	ENDOSCOPY SWALLOW TST	189.35											
77	92612	ENDOSCOPY SWALLOW TST	189.35	00	15									
73	92620	AUDITORY FUNCTION, 60 MIN	91.92											
77	92620	AUDITORY FUNCTION, 60 MIN	91.92	00	15									
73	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	21.98										X	
77	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	21.98	00	15								X	
73	92625	TINNITUS ASSESSMENT	68.87											
77	92625	TINNITUS ASSESSMENT	68.87	00	15									
73	92626	EVAL AUD REHAB STATUS	88.14	02	99		X		X					
77	92626	EVAL AUD REHAB STATUS	88.14	02	15		X		X					
73	92627	EVAL AUD STATUS REHAB ADD-ON	20.65	02	99		X		X				X	
77	92627	EVAL AUD STATUS REHAB ADD-ON	20.65	02	15		X		X				X	
73	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	111.32											
77	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	111.32	00	15									
73	92651	AUDITORY EVOKED POTENTIALS; SCREEN	87.45	00	20									
77	92651	AUDITORY EVOKED POTENTIALS; SCREEN	87.45	00	15									
73	92652	AUDITORY EVOKED POTENTIALS; SCREEN	115.58	00	20									
77	92652	AUDITORY EVOKED POTENTIALS; SCREEN	115.58	00	15									
73	92653	AUDITORY EVOKED POTENTIALS; SCREEN	85.74	00	20									
77	92653	AUDITORY EVOKED POTENTIALS; SCREEN	85.74	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	92920	BALLOON DILATION OF NARROWED OR BLOC	570.91										
77	92920	BALLOON DILATION OF NARROWED OR BLOC	570.91	00 15									
73	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	680.63										
77	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	680.63	00 15									
73	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	635.37										
77	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	635.37	00 15									
73	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	712.90										
77	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	712.90	00 15									
73	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	634.71										
77	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	634.71	00 15									
73	92941	INSERTION OF STENT, REMOVAL OF PLAQU	714.23										
77	92941	INSERTION OF STENT, REMOVAL OF PLAQU	714.23	00 15									
73	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	714.44										
77	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	714.44	00 15									
73	92950	CARDIOPULMONARY RESUSCITATION	334.69									X	
77	92950	CARDIOPULMONARY RESUSCITATION	334.69	00 15								X	
73	92960	ELECTRICAL CARDIOVERSION	155.81									X	
77	92960	ELECTRICAL CARDIOVERSION	155.81	00 15								X	
73	92961	CARDIOVERSION, ELECTRIC, INT	262.70										
77	92961	CARDIOVERSION, ELECTRIC, INT	262.70	00 15									
73	92970	CARDIOASSIST, INTERNAL	204.86										
77	92970	CARDIOASSIST, INTERNAL	204.86	00 15									
73	92971	CARDIOASSIST, EXTERNAL	107.18										
77	92971	CARDIOASSIST, EXTERNAL	107.18	00 15									
73	92973	PERCUT CORONARY THROMBECTOMY	190.40										
77	92973	PERCUT CORONARY THROMBECTOMY	190.40	00 15									
73	92974	CATH PLACE, CARDIO BRACHYTX	173.77										
77	92974	CATH PLACE, CARDIO BRACHYTX	173.77	00 15									
75	92978	INTRAVASCULAR US, HEART	100.66										
75	92979	INTRAVASCULAR US, HEART	80.29									X	
73	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,412.83										
77	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,412.83	00 15									
73	92987	REVISION OF MITRAL VALVE	1,462.24										
77	92987	REVISION OF MITRAL VALVE	1,462.24	00 15									
73	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,163.40										
77	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,163.40	00 15									
73	92997	PUL ART BALLOON REPAIR, PERC	680.84										
77	92997	PUL ART BALLOON REPAIR, PERC	680.84	00 15									
73	92998	PUL ART BALLOON REPAIR, PERC	340.92									X	
77	92998	PUL ART BALLOON REPAIR, PERC	340.92	00 15								X	
73	93010	ECG; INTERPRETATION AND REPORT	8.36									X	
77	93010	ECG; INTERPRETATION AND REPORT	8.36	00 15								X	
73	93016	CARDIOVASCULAR STRESS TEST USING MAX	21.80										
77	93016	CARDIOVASCULAR STRESS TEST USING MAX	21.80	00 15									
73	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	14.47										

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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	14.47	00 15									
73	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.01									X	
77	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	7.01	00 15								X	
75	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	8.36										
73	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	18.55										
77	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	18.55	00 15									
73	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	26.15						X				
77	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	26.15	00 15					X				
73	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	24.50										
77	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	24.50	00 15									
73	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	26.88										
77	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	26.88	00 15									
75	93260	PROGRAMMING DEVICE EVALUATION (IN PE	42.84										
75	93261	INTERROGATION DEVICE EVALUATION (IN	37.42										
73	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	24.87						X				
77	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	24.87	00 15					X				
75	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	12.41										
75	93279	PROGRAMMING DEVICE EVALUATION WITH I	31.63										
75	93280	PROGRAMMING DEVICE EVALUATION WITH I	38.46										
75	93281	PROGRAMMING DEVICE EVALUATION WITH I	42.52										
75	93282	PROGRAMMING DEVICE EVALUATION WITH I	42.52										
75	93283	PROGRAMMING DEVICE EVALUATION WITH I	56.77										
75	93284	PROGRAMMING DEVICE EVALUATION WITH I	61.52										
75	93285	PROGRAMMING DEVICE EVALUATION WITH I	25.84										
75	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	15.11										
75	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	22.77										
75	93288	INTERROGATION DEVICE EVALUATION (IN	21.11										
75	93289	INTERROGATION DEVICE EVALUATION (IN	37.44										
75	93290	INTERROGATION DEVICE EVALUATION (IN	21.43										
75	93291	INTERROGATION DEVICE EVALUATION (IN	18.18										
75	93292	INTERROGATION DEVICE EVALUATION (IN	21.11										
75	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	14.82						X				
73	93294	INTERROGATION DEVICE EVALUATION(S) (	30.64						X				
77	93294	INTERROGATION DEVICE EVALUATION(S) (	30.64	00 15					X				
73	93295	INTERROGATION DEVICE EVALUATION(S) (	37.95						X				
77	93295	INTERROGATION DEVICE EVALUATION(S) (	37.95	00 15					X				
73	93297	INTERROGATION DEVICE EVALUATION(S),	26.90						X				
77	93297	INTERROGATION DEVICE EVALUATION(S),	26.90	00 15					X				
73	93298	INTERROGATION DEVICE EVALUATION(S),	26.90						X				
77	93298	INTERROGATION DEVICE EVALUATION(S),	26.90	00 15					X				
75	93303	ECHO TRANSTHORACIC	62.29										
75	93304	ECHO TRANSTHORACIC	36.80										
75	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	69.98										
75	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	44.62										
75	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	25.22										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	108.61										
73	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.68										
77	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.68	00 15									
75	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	92.96										
75	93315	ECHO TRANSESOPHAGEAL	127.27										
73	93316	ECHO TRANSESOPHAGEAL	26.99								X		
77	93316	ECHO TRANSESOPHAGEAL	26.99	00 15							X		
75	93317	ECHO TRANSESOPHAGEAL	90.30										
75	93318	ECHO TRANSESOPHAGEAL INTRAOP	104.36										
73	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	59.84										
77	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	59.84	00 15									
75	93320	DOPPLER ECHOCARDIOGRAPHY	17.88										
75	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	7.33										
75	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.07										
75	93350	ECG,REAL-TIME,WINTER + REPORT	69.98										
75	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	84.30										
73	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	231.43										
77	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	231.43	00 15									
73	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	37.34										
77	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	37.34	00 15									
75	93451	RIGHT HEART CATHETERIZATION INCLUDIN	137.98										
75	93452	LEFT HEART CATHETERIZATION INCLUDING	252.02										
75	93453	COMBINED RIGHT AND LEFT HEART CATHET	334.80										
75	93454	CATHETER PLACEMENT IN CORONARY ARTER	255.32										
75	93455	CATHETER PLACEMENT IN CORONARY ARTER	296.03										
75	93456	CATHETER PLACEMENT IN CORONARY ARTER	329.87										
75	93457	CATHETER PLACEMENT IN CORONARY ARTER	372.56										
75	93458	CATHETER PLACEMENT IN CORONARY ARTER	313.49										
75	93459	CATHETER PLACEMENT IN CORONARY ARTER	355.80										
75	93460	CATHETER PLACEMENT IN CORONARY ARTER	398.43										
75	93461	CATHETER PLACEMENT IN CORONARY ARTER	440.19										
73	93462	LEFT HEART CATHETERIZATION BY TRANSS	225.86										
77	93462	LEFT HEART CATHETERIZATION BY TRANSS	225.86	00 15									
73	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	101.16										
77	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	101.16	00 15									
75	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	90.08										
73	93503	INSERTION AND PLACEMENT OF FLOW DIR	91.94										
77	93503	INSERTION AND PLACEMENT OF FLOW DIR	91.94	00 15									
75	93505	ENDOCARDIAL BIOPSY	239.86										
73	93563	INJECTION PROCEDURE DURING CARDIAC C	61.40										
77	93563	INJECTION PROCEDURE DURING CARDIAC C	61.40	00 15									
73	93564	INJECTION PROCEDURE DURING CARDIAC C	64.96										
77	93564	INJECTION PROCEDURE DURING CARDIAC C	64.96	00 15									
73	93565	INJECTION PROCEDURE DURING CARDIAC C	50.05										
77	93565	INJECTION PROCEDURE DURING CARDIAC C	50.05	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	93566	INJECTION PROCEDURE DURING CARDIAC C	130.95										
77	93566	INJECTION PROCEDURE DURING CARDIAC C	130.95	00 15									
73	93567	INJECTION PROCEDURE DURING CARDIAC C	112.77										
77	93567	INJECTION PROCEDURE DURING CARDIAC C	112.77	00 15									
73	93568	INJECTION PROCEDURE DURING CARDIAC C	124.66										
77	93568	INJECTION PROCEDURE DURING CARDIAC C	124.66	00 15									
75	93571	HEART FLOW RESERVE MEASURE	76.51										
75	93572	HEART FLOW RESERVE MEASURE	56.51										
73	93580	TRANSCATH CLOSURE OF ASD	1,045.41										
77	93580	TRANSCATH CLOSURE OF ASD	1,045.41	00 15									
73	93581	TRANSCATH CLOSURE OF VSD	1,430.10										
77	93581	TRANSCATH CLOSURE OF VSD	1,430.10	00 15									
73	93582	Closure of congenital heart defect f	716.45										
77	93582	Closure of congenital heart defect f	716.45	00 15									
73	93583	Therapy for reduction of lower heart	798.68										
77	93583	Therapy for reduction of lower heart	798.68	00 15									
73	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,097.63										
77	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,097.63	00 15									
73	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	906.58										
77	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	906.58	00 15									
73	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	400.80									X	
77	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	400.80	00 15								X	
75	93593	RIGHT HEART CATHETERIZATION FOR CONG	190.32										
75	93594	RIGHT HEART CATH...ABN NATIVE CONN	301.30										
75	93595	LEFT HEART CATHETERIZATION FOR CONG	272.05										
75	93596	RIGHT AND LEFT HEART CATHETERIZATION	327.53										
75	93597	R/L HEART CATH...ABN NATIVE CONN	438.96										
75	93598	CARDIAC OUTPUT MEASUREMENT(S), THERM	72.16										
75	93600	BUNDLE OF HIS RECORDING	124.57										
75	93602	INTRA-ATRIAL RECORDING	122.97										
75	93603	RIGHT VENTRICULAR RECORDING	122.97		X								
75	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	292.95										
75	93610	INTR-ATRIAL PAGING	173.78										
75	93612	INTRAVENTRICULAR PACING	172.29										
73	93613	ELECTROPHYS MAP, 3D, ADD-ON	317.19										
77	93613	ELECTROPHYS MAP, 3D, ADD-ON	317.19	00 15									
75	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	37.32										
75	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	231.96										
75	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	411.84										
75	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	662.51										
75	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	98.65										
75	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	181.68										
75	93623	PROGRAMMED STIMULATION & PACING	103.39										
75	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	255.87										
75	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	422.41										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X- OVERS	UVS >001	SPEC IND
75	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	188.93										
75	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	329.51										
75	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	269.57										
75	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	144.43										
73	93650	INTRACARDIAC CATHETER ABLATION OF	631.72										
77	93650	INTRACARDIAC CATHETER ABLATION OF	631.72	00 15									
73	93653	EVALUATION AND INSERTION OF CATHETER	895.43										
77	93653	EVALUATION AND INSERTION OF CATHETER	895.43	00 15									
73	93654	EVALUATION AND INSERTION OF CATHETER	1,198.03										
77	93654	EVALUATION AND INSERTION OF CATHETER	1,198.03	00 15									
73	93655	INTRACARDIAC CATHETER ABLATION OF A	334.65										
77	93655	INTRACARDIAC CATHETER ABLATION OF A	334.65	00 15									
73	93656	EVALUATION AND INSERTION OF CATHETER	1,201.51										
77	93656	EVALUATION AND INSERTION OF CATHETER	1,201.51	00 15									
75	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	334.33										
75	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	92.70										
75	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	241.38										
73	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.27										
77	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.27	00 15									
75	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	40.33										
75	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	26.07										
75	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	46.73										
75	93888	TRANSCRANIAL DOPPLER STUDY OF THE	25.88										
75	93892	TCD, EMBOLI DETECT W/O INJ	59.97										
75	93893	TCD, EMBOLI DETECT W/INJ	61.14										
75	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	13.03										
75	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	23.48										
75	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	25.87										
75	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	39.48										
75	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	24.16										
75	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	40.21										
75	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	24.80										
75	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	35.04										
75	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	22.22										
75	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	57.19										
75	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	38.85										
75	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	40.42										
75	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	24.48										
75	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	59.60				M						
75	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	21.14				M						
75	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	40.31										
75	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	25.75										
75	93990	DOPPLER FLOW TESTING	25.64										
73	94002	VENTILATION ASSIST AND MANAGEMENT, I	95.35										
77	94002	VENTILATION ASSIST AND MANAGEMENT, I	95.35	00 15									

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	94003	VENTILATION ASSIST AND MANAGEMENT, I	66.82										
77	94003	VENTILATION ASSIST AND MANAGEMENT, I	66.82	00 15									
73	94004	VENTILATION ASSIST AND MANAGEMENT, I	49.51										
77	94004	VENTILATION ASSIST AND MANAGEMENT, I	49.51	00 15									
75	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.36										
73	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	87.39	00 02									
77	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	87.39	00 02									
73	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	143.47	00 02									
77	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	143.47	00 02									
73	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.19	00 02									
77	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	20.19	00 02									
73	94016	REVIEW PATIENT SPIROMETRY	24.87										
77	94016	REVIEW PATIENT SPIROMETRY	24.87	00 15									
75	94060	BRONCHOSPASM EVALUATION	10.41										
75	94070	BRONCHOSPASM EVALUATION, PROLONGED	28.29										
75	94200	MAXIMUM BREATHING CAPACITY	3.23										
75	94375	RESPIRATORY FLOW VOLUME LOOP	14.49										
75	94450	HYPOXIA RESPONSE CURVE	17.93										
75	94452	HAST W/REPORT	14.49										
75	94453	HAST W/OXYGEN TITRATE	19.10										
75	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	32.19										
75	94618	PULMONARY STRESS TESTING (EG, 6-MINU	22.52										
75	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	22.66										
75	94621	PULM STRESS TEST/COMPLEX	70.39										
73	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	63.33								X		
77	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	63.33	00 15							X		
73	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	71.99								X		
77	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	71.99	00 15							X		
73	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	63.80										
77	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	63.80	00 15									
73	94662	CONTINUOUS NEGATIVE PRESSURE	37.13										
77	94662	CONTINUOUS NEGATIVE PRESSURE	37.13	00 15									
75	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	13.28									X	
75	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	10.04									X	
75	94690	OXYGEN UPTAKE; REST, INDIRECT	3.92									X	
75	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	12.11										
75	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	12.11										
75	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	12.43										
75	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	9.05										
73	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.90										
77	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.90	00 15									
73	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.93										
77	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.93	00 15									
73	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.09									X	
77	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	4.09	00 15								X	

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COLUMN:

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	95017	ALLERGY TESTING, ANY COMBINATION OF	8.75									X	
77	95017	ALLERGY TESTING, ANY COMBINATION OF	8.75	00 15								X	
73	95018	ALLERGY TESTING, ANY COMBINATION OF	20.17									X	
77	95018	ALLERGY TESTING, ANY COMBINATION OF	20.17	00 15								X	
73	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.26									X	
77	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	8.26	00 15								X	
73	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	118.06										
77	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	118.06	00 15									
73	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	83.91										
77	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	83.91	00 15									
73	95144	PROFESSIONAL SERVICES FOR THE SUPERV	16.43									X	
77	95144	PROFESSIONAL SERVICES FOR THE SUPERV	16.43	00 15								X	
73	95145	PROFESSIONAL SERVICES FOR THE SUPERV	33.14									X	
77	95145	PROFESSIONAL SERVICES FOR THE SUPERV	33.14	00 15								X	
73	95146	PROFESSIONAL SERVICES FOR THE SUPERV	60.46									X	
77	95146	PROFESSIONAL SERVICES FOR THE SUPERV	60.46	00 15								X	
73	95147	PROFESSIONAL SERVICES FOR THE SUPERV	58.20									X	
77	95147	PROFESSIONAL SERVICES FOR THE SUPERV	58.20	00 15								X	
73	95165	PROFESSIONAL SERVICES FOR THE SUPERV	15.15						X			X	
77	95165	PROFESSIONAL SERVICES FOR THE SUPERV	15.15	00 15					X			X	
73	95170	PROFESSIONAL SERVICES FOR THE SUPERV	11.29									X	
77	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	11.29	00 15								X	
73	95180	RAPID DESENSITIZATION; EACH HOUR	135.19		X							X	
77	95180	RAPID DESENSITIZATION; EACH HOUR	135.19	00 15	X							X	
73	95251	GLUC MONITOR, CONT, PHYS I&R	35.38										
77	95251	GLUC MONITOR, CONT, PHYS I&R	35.38	00 15									
73	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	103.02										
77	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	103.02	00 15									
73	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	138.40										
77	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	138.40	00 15									
73	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	160.33										
77	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	160.33	00 15									
73	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	213.23										
77	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	213.23	00 15									
73	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	212.49										
77	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	212.49	00 15									
73	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	259.36										
77	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	259.36	00 15									
73	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	261.41										
77	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	261.41	00 15									
73	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	328.90										
77	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	328.90	00 15									
73	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	300.09										
77	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	300.09	00 15									
73	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	418.30										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	418.30	00 15									
75	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	125.76	00 05									
75	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	136.63	00 05									
75	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	41.55										
75	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	41.55										
75	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	57.86										
75	95806	SLEEP STUDY, UNATTENDED	44.97										
75	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	60.52										
75	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	88.14										
75	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	120.05	06 99									
75	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	124.47	06 99									
75	95812	ELECTROENCEPHALOGRAM (EEG)	57.12										
75	95813	ELECTROENCEPHALOGRAM (EEG)	87.31										
75	95816	ELECTROENCEPHALOGRAM (EEG); INCL	57.12										
75	95819	ELECTROENCEPHALOGRAM (EEG); INCL	57.44										
75	95822	ELECTROENCEPHALOGRAM (EEG); INCL	57.44										
75	95824	ELECTROENCEPHALOGRAM (EEG); INCL	39.34									X	
75	95829	ELECTROCORTICOGRAM AT SURGERY	336.17										
73	95830	MD INSERT SPHENOIDAL ELECTRODE	696.80										
77	95830	MD INSERT SPHENOIDAL ELECTRODE	696.80	00 15									
73	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.22									X	
77	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.22	00 15								X	
73	95852	RANGE OF MOTION; HAND	16.88										
77	95852	RANGE OF MOTION; HAND	16.88	00 15									
73	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	62.27										
77	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	62.27	00 15									
75	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	51.15										
75	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	82.38										
75	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	99.60										
75	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	106.74										
75	95865	MUSCLE TEST, LARYNX	83.21										
75	95866	MUSCLE TEST, HEMIDIAPHRAGM	64.42										
75	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	42.05										
75	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	62.84										
75	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	20.00										
75	95870	MUSCLE TEST, NON-PARASPINAL	19.68										
75	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	152.48										
75	95873	GUIDE NERV DESTR, ELEC STIM	19.46										
75	95874	GUIDE NERV DESTR, NEEDLE EMG	19.46										
75	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	58.79										
75	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	18.45									X	
75	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	45.75									X	
75	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	37.98										
75	95905	NEEDLE MEASUREMENT AND RECORDING OF	2.91									X	
75	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	53.18										

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
75	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	66.55										
75	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	80.13										
75	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	106.88										
75	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	132.46										
75	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	157.71										
75	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	187.40										
75	95925	SOMATOSENSORY TESTING,ONE > NERVES	29.19										
75	95926	SOMATOSENSORY TESTING	27.81										
75	95927	SOMATOSENSORY TESTING	26.85										
75	95928	C MOTOR EVOKED, UPPR LIMBS	80.02										
75	95929	C MOTOR EVOKED, LWR LIMBS	79.81										
75	95930	VISUAL EVOKED POTENTIAL TEST	18.45										
75	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	31.90										
75	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	34.93									X	
75	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	45.75										
75	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	119.29										
73	95940	CONTINUOUS MONITORING OF NERVOUS SYS	32.88										
77	95940	CONTINUOUS MONITORING OF NERVOUS SYS	32.88	00 15									
75	95957	EEG DIGITAL ANALYSIS	102.65										
75	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	233.10										
75	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	165.57										
75	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	175.95										
75	95965	MEG, SPONTANEOUS	417.66										
75	95966	MEG, EVOKED, SINGLE	212.67										
75	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	186.23										
73	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.72										
77	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.72	00 15									
73	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	49.92										
77	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	49.92	00 15									
73	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	56.92					X					
77	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	56.92	00 15				X					
73	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	41.76										
77	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	41.76	00 15									
73	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	55.00										
77	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	55.00	00 15									
73	95991	REFILLING AND MAINTENANCE OF IMPLANT	108.60	04 99				X					
77	95991	REFILLING AND MAINTENANCE OF IMPLANT	108.60	04 15				X					
73	95992	CANALITH REPOSITIONING PROCEDURE(S)	43.87										
77	95992	CANALITH REPOSITIONING PROCEDURE(S)	43.87	00 15									
73	96000	MOTION ANALYSIS, VIDEO/3D	87.10										
77	96000	MOTION ANALYSIS, VIDEO/3D	87.10	00 15									
73	96001	MOTION TEST W/FT PRESS MEAS	114.40										
77	96001	MOTION TEST W/FT PRESS MEAS	114.40	00 15									
73	96002	DYNAMIC SURFACE EMG	22.44										
77	96002	DYNAMIC SURFACE EMG	22.44	00 15									

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TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	96003	DYNAMIC FINE WIRE EMG	16.89										
77	96003	DYNAMIC FINE WIRE EMG	16.89	00 15									
73	96004	PHYS REVIEW OF MOTION TESTS	113.29										
77	96004	PHYS REVIEW OF MOTION TESTS	113.29	00 15									
73	96105	ASSESSMENT OF APHASIA	99.39									X	
77	96105	ASSESSMENT OF APHASIA	99.39	00 15								X	
73	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	128.85	16 20					X				
77	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	128.85	00 15					X				
73	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	60.96	16 20					X			X	
77	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	60.96	00 15					X			X	
73	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	95.60						X				
77	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	95.60	00 15					X				
73	96121	NEUROBEHAVIORAL STATUS EXAMINATION	80.23									X	
77	96121	NEUROBEHAVIORAL STATUS EXAMINATION	80.23	00 15								X	
73	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	131.86						X				
77	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	131.86	00 15					X				
73	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	102.07						X				
77	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	102.07	00 15					X				
73	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	97.82								X		
77	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	97.82	00 15							X		
73	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	67.47								X		
77	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	67.47	00 15							X		
73	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	22.89								X	X	
77	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	22.89	00 15							X	X	
73	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.06								X		
77	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	10.06	00 15							X		
73	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.43								X	X	
77	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.43	00 15							X	X	
73	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	71.59								X		
77	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	71.59	00 15							X		
73	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	25.27								X	X	
77	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	25.27	00 15							X	X	
73	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	82.82										
77	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	82.82	00 15									
73	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	131.07										
77	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	131.07	00 15									
73	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	755.71										
77	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	755.71	00 15									
73	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	167.70										
77	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	167.70	00 15									
73	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	129.65										
77	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	129.65	00 15									
73	96570	PHOTODYNAMIC TX, 30 MIN	53.19										
77	96570	PHOTODYNAMIC TX, 30 MIN	53.19	00 15									
73	96571	PHOTODYNAMIC TX, ADDL 15 MIN	26.33									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
77	96571	PHOTODYNAMIC TX, ADDL 15 MIN	26.33	00 15								X	
73	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	225.64										
77	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	225.64	00 15									
73	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	276.88										
77	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	276.88	00 15									
73	96920	LASER TX, SKIN < 250 SQ CM	154.04										
77	96920	LASER TX, SKIN < 250 SQ CM	154.04	00 15									
73	96921	LASER TX, SKIN 250-500 SQ CM	168.23										
77	96921	LASER TX, SKIN 250-500 SQ CM	168.23	00 15									
73	96922	LASER TX, SKIN > 500 SQ CM	230.22										
77	96922	LASER TX, SKIN > 500 SQ CM	230.22	00 15									
73	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	44.32										
77	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	44.32	00 15									
73	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	42.61									X	
77	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	42.61	00 15								X	
73	97016	PT-VASOPNEUMATIC DEVICES	11.91										
77	97016	PT-VASOPNEUMATIC DEVICES	11.91	00 15									
73	97018	PT-PARAFFIN BATH	5.82										
77	97018	PT-PARAFFIN BATH	5.82	00 15									
73	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.66									X	
77	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.66	00 15								X	
73	97033	ELECTRIC CURRENT THERAPY	19.51										
77	97033	ELECTRIC CURRENT THERAPY	19.51	00 15									
73	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.51									X	
77	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.51	00 15								X	
73	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	34.14									X	
77	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	34.14	00 15								X	
73	97116	GAIT TRAINING, EACH 15 MIN	29.51									X	
77	97116	GAIT TRAINING, EACH 15 MIN	29.51	00 15								X	
73	97124	MASSAGE, EACH 15 MIN	29.37									X	
77	97124	MASSAGE, EACH 15 MIN	29.37	00 15								X	
73	97140	MANUAL THERAPY	27.22								X		
77	97140	MANUAL THERAPY	27.22	00 15							X		
73	97161	PHYSICAL THERAPY EVALUATION: LOW COM	100.48										
77	97161	PHYSICAL THERAPY EVALUATION: LOW COM	100.48	00 15									
73	97162	PHYSICAL THERAPY EVALUATION: MODERAT	100.48										
77	97162	PHYSICAL THERAPY EVALUATION: MODERAT	100.48	00 15									
73	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	100.48										
77	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	100.48	00 15									
73	97164	RE-EVALUATION OF PHYSCIAL THERAPY	68.82										
77	97164	RE-EVALUATION OF PHYSICAL THERAPY	68.82	00 15									
73	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	101.12										
77	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	101.12	00 15									
73	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	101.12										
77	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	101.12	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	97167	OCCUPATIONAL THERAPY EVALUATION: HI	101.12											
77	97167	OCCUPATIONAL THERAPY EVALUATION: HI	101.12	00	15									
73	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	69.14											
77	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	69.14	00	15									
73	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	36.89				X						X	
77	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	36.89	00	15		X						X	
73	97533	SENSORY INTEGRATION	63.01											
77	97533	SENSORY INTEGRATION	63.01	00	15									
73	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	100.78											
77	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	100.78	00	15									
73	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	46.11										X	
77	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	46.11	00	15								X	
73	97610	Low frequency, non-contact, non-ther	436.68			X								
77	97610	Low frequency, non-contact, non-ther	436.68	00	15	X								
73	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.37										X	
77	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.37	00	15								X	
73	97760	ORTHOTIC MGMT AND TRAINING	47.96				X						X	
77	97760	ORTHOTIC MGMT AND TRAINING	47.96	00	15		X						X	
73	97761	PROSTHETIC TRAINING	41.21				X						X	
77	97761	PROSTHETIC TRAINING	41.21	00	15		X						X	
73	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	53.06										X	
77	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	53.06	00	15								X	
73	97802	MEDICAL NUTRITION, INDIV, IN	36.47									X		
77	97802	MEDICAL NUTRITION, INDIV, IN	36.47	00	15							X		
73	97803	MED NUTRITION, INDIV, SUBSEQ	31.77									X		
77	97803	MED NUTRITION, INDIV, SUBSEQ	31.77	00	15							X		
73	97804	MEDICAL NUTRITION, GROUP	16.91									X		
77	97804	MEDICAL NUTRITION, GROUP	16.91	00	15							X		
73	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	27.40	00	20	X			X					
77	98940	CHIROPR MANIP TX TO TWO REGIONS	27.40	00	15	X			X					
73	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	39.28	00	20	X			X					
77	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	39.28	00	15	X			X					
73	99151	MODERATE SEDATION SERVICES PROVIDED	68.30	00	04	X								
77	99151	MODERATE SEDATION SERVICES PROVIDED	68.30	00	04	X								
73	99152	MODERATE SEDATION SERVICES PROVIDED	49.99	05	20	X								
77	99152	MODERATE SEDATION SERVICES PROVIDED	49.99	05	15	X								
73	99155	MODERATE SEDATION SERVICES PROVIDED	87.28	00	04	X								
77	99155	MODERATE SEDATION SERVICES PROVIDED	87.28	00	04	X								
73	99156	MODERATE SEDATION SERVICES PROVIDED	79.59	05	20	X								
77	99156	MODERATE SEDATION SERVICES PROVIDED	79.59	05	15	X								
73	99157	MODERATE SEDATION SERVICES PROVIDED	63.94	00	20	X							X	
77	99157	MODERATE SEDATION SERVICES PROVIDED	63.94	00	15	X							X	
73	99170	EXAMINATION OF GENITAL AND ANAL REGI	160.66										X	
77	99170	EXAMINATION OF GENITAL AND ANAL REGI	160.66	00	15								X	
73	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	111.46			X							X	

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	111.46	00	15	X							X	
73	99184	INITIATION OF SELECTIVE HEAD OR TOTA	222.24											
77	99184	INITIATION OF SELECTIVE HEAD OR TOTA	222.24	00	15									
73	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.00											
73	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.00	10	59			F						
77	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.00	00	15									
77	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	73.00	10	15			F						
73	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.32											
73	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.32	10	59			F						
77	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.32	00	15									
77	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	113.32	10	15			F						
73	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.05											
73	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.05	10	59			F						
77	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.05	00	15									
77	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	169.05	10	15			F						
73	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	223.78											
73	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	223.78	10	59			F						
77	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	223.78	00	15									
77	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	223.78	10	15			F						
73	99211	OFFICE,EST PT, MINIMAL PROBLEMS	22.52										X	
73	99211 TH	OFFICE,EST PT,MINIMAL	22.52	10	59			F						
77	99211	EST PATIENT OFFICE VISIT	22.52	00	15									
77	99211 TH	OFFICE,EST PT,MINIMAL	22.52	10	15			F						
73	99212	ESTABLISHED PATIENT OFFICE OR OTHER	56.58										X	
73	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	56.58	10	59			F						
77	99212	ESTABLISHED PATIENT OFFICE OR OTHER	56.58	00	15								X	
77	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	56.58	10	15			F						
73	99213	ESTABLISHED PATIENT OFFICE OR OTHER	90.86											
73	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	90.86	10	59			F						
77	99213	ESTABLISHED PATIENT OFFICE OR OTHER	90.86	00	15									
77	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	90.86	10	15			F						
73	99214	ESTABLISHED PATIENT OFFICE OR OTHER	127.88											
73	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	127.88	10	59			F						
77	99214	ESTABLISHED PATIENT OFFICE OR OTHER	127.88	00	15									
77	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	127.88	10	15			F						
73	99215	ESTABLISHED PATIENT OFFICE OR OTHER	181.47											
73	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	181.47	10	59			F						
77	99215	ESTABLISHED PATIENT OFFICE OR OTHER	181.47	00	15									
77	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	181.47	10	15			F						
73	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	102.75											
77	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	102.75	00	15									
73	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	136.85											
77	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	136.85	00	15									
73	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	199.96											
77	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	199.96	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
TS	CODE	DESCRIPTION	FEE	AGE MIN-MAX	MED REV	PA	SEX	PSR	SL	BASE UNITS	X-OVERS	UVS >001	SPEC IND
73	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	39.38										
77	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	39.38	00 15									
73	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	71.81										
77	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	71.81	00 15									
73	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	103.11										
77	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	103.11	00 15									
73	99234	HOSPITAL OBSERVATION OR INPATIENT CA	132.22								X		
77	99234	HOSPITAL OBSERVATION OR INPATIENT CA	132.22	00 15							X		
73	99235	HOSPITAL OBSERVATION OR INPATIENT CA	166.82								X		
77	99235	HOSPITAL OBSERVATION OR INPATIENT CA	166.82	00 15							X		
73	99236	HOSPITAL OBSERVATION OR INPATIENT CA	213.77								X		
77	99236	HOSPITAL OBSERVATION OR INPATIENT CA	213.77	00 15							X		
73	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	71.96										
77	99238	HOSPITAL	71.96	00 15									
73	99239	HOSPITAL DISCHARGE DAY	105.01										
77	99239	HOSPITAL DISCHARGE DAY	105.01	00 15									
73	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	22.82										
77	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	22.82	00 15									
73	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	44.29										
77	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	44.29	00 15									
73	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	75.61										
77	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	75.61	00 15									
73	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	127.18										
77	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	127.18	00 15									
73	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	185.02										
77	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	185.02	00 15									
73	99291	CRITICAL CARE, FIRST HOUR	282.18		X								
77	99291	CRITICAL CARE, FIRST HOUR	282.18	00 15	X								
73	99292	CRITICAL CARE, EVALUATION AND MANAGE	124.48		X							X	
77	99292	CRITICAL CARE, EVALUATION AND MANAGE	124.48	00 15	X							X	
73	99304	INITIAL NURSING FACILITY VISIT, TYPI	89.04										
77	99304	INITIAL NURSING FACILITY VISIT, TYPI	89.04	00 15									
73	99305	INITIAL NURSING FACILITY VISIT, TYPI	128.10										
77	99305	INITIAL NURSING FACILITY VISIT, TYPI	128.10	00 15									
73	99306	INITIAL NURSING FACILITY VISIT, TYPI	164.89										
77	99306	INITIAL NURSING FACILITY VISIT, TYPI	164.89	00 15									
73	99307	SUBSEQUENT NURSING FACILITY VISIT, T	43.46										
77	99307	SUBSEQUENT NURSING FACILITY VISIT, T	43.46	00 15									
73	99308	SUBSEQUENT NURSING FACILITY VISIT, T	68.76										
77	99308	SUBSEQUENT NURSING FACILITY VISIT, T	68.76	00 15									
73	99309	SUBSEQUENT NURSING FACILITY VISIT, T	90.20										
77	99309	SUBSEQUENT NURSING FACILITY VISIT, T	90.20	00 15									
73	99310	SUBSEQUENT NURSING FACILITY VISIT, T	132.92										
77	99310	SUBSEQUENT NURSING FACILITY VISIT, T	132.92	00 15									
73	99315	NURSING FAC DISCHARGE DAY	72.28										

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COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
77	99315	NURSING FAC DISCHARGE DAY	72.28	00	15									
73	99316	NURSING FAC DISCHARGE DAY	103.20											
77	99316	NURSING FAC DISCHARGE DAY	103.20	00	15									
73	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	53.74											
77	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	53.74	00	15									
73	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	76.86											
77	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	76.86	00	15									
73	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	180.25											
77	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	180.25	00	15									
73	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	218.65											
77	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	218.65	00	15									
73	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	54.35											
77	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	54.35	00	15									
73	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	82.95											
77	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	82.95	00	15									
73	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	127.72											
77	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	127.72	00	15									
73	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	177.96											
77	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	177.96	00	15									
73	99406	SMOKING AND TOBACCO USE CESSATION CO	15.49	16	60					X				
77	99406	SMOKING AND TOBACCO USE CESSATION CO	15.49	10	15					X				
73	99407	SMOKING AND TOBACCO USE CESSATION CO	28.77	16	60					X				
77	99407	SMOKING AND TOBACCO USE CESSATION CO	28.77	10	15					X				
73	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	36.56											
77	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	36.56	00	15									
73	99460	INITIAL HOSPITAL OR BIRTHING CENTER	95.74	00	00					X				
77	99460	INITIAL HOSPITAL OR BIRTHING CENTER	95.74	00	00					X				
73	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	91.84	00	00					X				
77	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	91.84	00	00					X				
73	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	42.80	00	00									
77	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	42.80	00	00									
73	99463	INITIAL HOSPITAL OR BIRTHING CENTER	109.77	00	00					X				
77	99463	INITIAL HOSPITAL OR BIRTHING CENTER	109.77	00	00					X				
73	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	75.30	00	00									
77	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	75.30	00	00									
73	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	146.88	00	00									
77	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	146.88	00	00									
73	99466	CRITICAL CARE SERVICES DELIVERED BY	239.58	00	01									
77	99466	CRITICAL CARE SERVICES DELIVERED BY	239.58	00	01									
73	99467	CRITICAL CARE SERVICES DELIVERED BY	120.82	00	01								X	
77	99467	CRITICAL CARE SERVICES DELIVERED BY	120.82	00	01								X	
73	99468	INITIAL INPATIENT NEONATAL CRITICAL	924.20	00	00									
77	99468	INITIAL INPATIENT NEONATAL CRITICAL	924.20	00	00									
73	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	400.41	00	00									
77	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	400.41	00	00									

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FEES EFFECTIVE FOR DOS JANUARY 01, 2023 THROUGH DECEMBER 31, 2023

COLUMN:

1	2	3	4	5		6	7	8	9	10	11	12	13	14
				AGE		MED					BASE	X-	UVS	SPEC
TS	CODE	DESCRIPTION	FEE	MIN-	MAX	REV	PA	SEX	PSR	SL	UNITS	OVERS	>001	IND
73	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	799.77	00	01									
77	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	799.77	00	01									
73	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	408.73	00	01									
77	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	408.73	00	01									
73	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	575.92	02	05									
77	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	575.92	02	05									
73	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	345.34	02	05									
77	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	345.34	02	05									
73	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	349.43	00	00									
77	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	349.43	00	00									
73	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	138.19	00	00									
77	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	138.19	00	00									
73	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	126.10	00	00									
77	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	126.10	00	00									
73	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	120.82	00	00									
77	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	120.82	00	00									
73	99497	ADVANCE CARE PLANNING INCLUDING	85.26											
77	99497	ADVANCE CARE PLANNING INCLUDING	85.26	00	15									
73	99498	ADVANCE CARE PLANNING INCLUDING	74.19										X	
77	99498	ADVANCE CARE PLANNING INCLUDING	74.19	00	15								X	