LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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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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	53.87	16 99								X	
77	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT	53.87	00 15					X			X	
73	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.27	16 99								X	
77	G0109	DIABETES OUTPATIENT SELF-MANAGEMENT	15.27	00 15					X			X	
73	G0117	GLAUCOMA SCRN HGH RISK DIREC	61.07								X		
73	G0118	GLAUCOMA SCRN HGH RISK DIREC	40.04								X		
73	G0124	SCREENING CYTOPATHOLOGY, PHY. INTERP	22.24								X		
73	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NU	22.66								X		
73	G0141	SCR C/V CYTO,AUTOSYS AND MD	22.24								X		
73	G0179	PHYS SERV FO THE RECERT OF MEDICARE	40.48								X		
73	G0180	MD CERTIFICATION HHA PATIENT	51.11								X		
73	G0181	HOME HEALTH CARE SUPERVISION	102.93								X		
73	G0245	INITIAL FOOT EXAM PT LOPS	62.35								X		
73	G0246	FOLLOWUP EVAL OF FOOT PT LOP	37.37								X		
73	G0247	ROUTINE FOOTCARE PT W LOPS	80.46								X		
73	G0250	MD REVIEW INTERPRET OF TEST	8.78								X		
73	G0268	REMOVAL OF IMPACTED WAX MD	52.76								X		
73	G0270	MNT SUBS TX FOR CHANGE DX	31.22								X		
77	G0270	MEDICAL NUTRITION THERAPY; EA 15 MIN	31.22	00 15								X	
73	G0271	GROUP MNT 2 OR MORE 30 MINS	16.53								X		
73	G0278	ILIAC ART ANGIO,CARDIAC CATH	14.07								X		
73	G0281	ELEC STIM UNATTEND FOR PRESS	11.94								X		
73	G0283	ELEC STIM OTHER THAN WOUND	11.94								X		
73	G0289	ARTHRO, LOOSE BODY + CHONDRO	87.48								X		
73	G0296	COUNSELING VISIT TO DISCUSS NEED FOR	28.32										
77	G0296	COUNSELING VISIT TO DISCUSS NEED FOR	28.32	00 15									
73	G0329	ELECTROMAGNTIC TX FOR ULCERS	10.71								X		
73	G0341	PERCUTANEOUS ISLET CELLTRANS	1,571.24								X		
73	G0342	LAPAROSCOPY ISLET CELL TRANS	782.67								X		
73	G0343	LAPAROTOMY ISLET CELL TRANSP	1,283.82								X		
73	G0372	MD SERVICE REQUIRED FOR PMD	8.76								X		
73	G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	34.63								X		
77	G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	34.63	00 15									
73	G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	68.56								X		
77	G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN	68.56	00 15									
73	G0406	FOLLOW-UP INPATIENT CONSULT, LIMITED	42.06								X		
77	G0406	FOLLOW-UP INPATIENT CONSULT, LIMITED	42.06	00 15									
73	G0407	FOLLOW-UP INPATIENT CONSULT, INTERME	72.57								X		
77	G0407	FOLLOW-UP INPATIENT CONSULT, INTERME	72.57	00 15									
73	G0408	FOLLOW-UP INPATIENT CONSULT, COMPLEX	105.81								X		
77	G0408	FOLLOW-UP INPATIENT CONSULT, COMPLEX	105.81	00 15									
73	G0420	FACE-TO-FACE EDUCATIONAL SERVICES	108.73								X	X	
77	G0420	FACE-TO-FACE EDUCATIONAL SERVICES	108.73	00 15								X	
73	G0421	FACE-TO-FACE EDUCATIONAL SERVICES	26.38								X	X	
77	G0421	FACE-TO-FACE EDUCATIONAL SERVICES	26.38	00 15								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
73	G0425	TELEHEALTH CONSULTATION, EMERGENCY	93.93									X		
77	G0425	TELEHEALTH CONSULTATION, EMERGENCY	93.93	00	15									
73	G0426	INITIAL INPAITENT TELEHEALTH CONSULT	131.19									X		
77	G0426	INITIAL INPATIENT TELEHEALTH CONSULT	131.19	00	15									
73	G0427	INITIAL INPATIENT TELEHEALTH CONSULT	186.18									X		
77	G0427	INITIAL INPATIENT TELEHEALTH CONSULT	186.18	00	15									
73	G0438	ANNUAL WELLNESS VISIT; INCLUDES A PE	163.78									X		
77	G0438	ANNUAL WELLNESS VISIT; INCLUDES A PE	163.78	00	15									
73	G0439	ANNUAL WELLNESS VISIT; INCLUDES A PE	127.54									X		
77	G0439	ANNUAL WELLNESS VISIT; INCLUDES A PE	127.54	00	15									
73	G0442	ANNUAL ALCOHOL MISUSE SCREENING, 5-	17.94									X		
77	G0442	ANNUAL ALCOHOL MISUES SCREENING, 5-	17.94	00	15									
73	G0443	BRIEF FACE-TO-FACE BEHAVIORAL CONSEL	25.64									X		
77	G0443	BRIEF FACE-TO-FACE BEHAVIORAL CONSEL	25.64	00	15									
73	G0444	ANNUAL DEPRESSION SCREENING, 5 TO 15	17.94									X		
77	G0444	ANNUAL DEPRESSION SCREENING, 5 TO 15	17.94	00	15									
73	G0445	HIGH INTENSITY BEHAVIORAL COUNSELING	26.58							X		X		
77	G0445	HIGH INTENSITY BEHAVIORAL COUNSELING	26.58	00	15					X				
73	G0446	ANNUAL, FACE-TO-FACE INTENSIVE BEHAV	25.95									X		
77	G0446	ANNUAL, FACE-TO-FACE INTENSIVE BEHAV	25.95	00	15									
73	G0447	FACE-TO-FACE BEHAVIORAL COUNSELING	25.64									X	X	
77	G0447	FACE-TO-FACE BEHAVIORAL COUNSELING	25.64	00	15								X	
75	G0452	MOLECULAR PATHOLOGY PROCEDURE;PHYS	46.07	19	70									E
73	G0459	INPATIENT TELEHEALTH PHARMACOLOGIC	41.65											
77	G0459	INPATIENT TELEHEALTH PHARMACOLOGIC	41.65	00	15									
73	G0506	COMPREHENSIVE ASSESSMENT OF AND CARE	60.71											
77	G0506	COMPREHENSIVE ASSESSMENT OF AND CARE	60.71	00	15									
73	G0513	PROLONGED PREVENTIVE SERVICE(S) (BEY	63.27											
77	G0513	PROLONGED PREVENTIVE SERVICE(S) (BEY	63.27	00	15									
73	G0514	PROLONGED PREVENTIVE SERVICE(S) (BEY	63.27											
77	G0514	PROLONGED PREVENTIVE SERVICE(S) (BEY	63.27	00	15									
73	G2086	OFFICE-BASED TREATMENT FOR OPIOD USE	381.50											
77	G2086	OFFICE-BASED TREATMENT FOR OPIOD USE	381.50	00	15									
73	G2087	OFFICE-BASED TREATMENT FOR OPIOD USE	349.17										X	
77	G2087	OFFICE-BASED TREATMENT FOR OPIOD USE	349.17	00	15								X	
73	G2088	OFFICE-BASED TREATMENT FOR OPIOD USE	59.06											
77	G2088	OFFICE-BASED TREATMENT FOR OPIOD USE	59.06	00	15									
73	G2212	PROLONGED OFFICE OR OTHER OUTPATIENT	32.01									X	X	
77	G2212	PROLONGED OFFICE OR OTHER OUTPATIENT	32.01	00	15							X	X	
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	

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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	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	
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	

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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	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	
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	

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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	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	
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	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	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	
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	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	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	
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	

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
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	
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	51.45										X	
77	10004	FINE NEEDLE ASPIRATION BIOPSY, WO	51.45	00	15								X	
73	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	134.43											
77	10005	FINE NEEDLE ASPIRATION BIOPSY, INCLU	134.43	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	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	60.31									X	
77	10006	FINE NEEDLE ASPIRATION BIOPSY, INCLU	60.31	00 15								X	
73	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	288.18										
77	10007	FINE NEEDLE ASPIRATION BIOPSY, INCLU	288.18	00 15									
73	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	141.35									X	
77	10008	FINE NEEDLE ASPIRATION BIOPSY, INCLU	141.35	00 15								X	
73	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	421.45										
77	10009	FINE NEEDLE ASPIRATION BIOPSY, INCLU	421.45	00 15									
73	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	232.82									X	
77	10010	FINE NEEDLE ASPIRATION BIOPSY, INCLU	232.82	00 15								X	
73	10021	FNA W/O IMAGE	100.76										
77	10021	FNA W/O IMAGE	100.76	00 15									
73	10030	Fluid collection drainage by cathete	626.80										
77	10030	Fluid collection drainage by cathete	626.80	00 15									
73	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	358.26										
77	10035	PLACEMENT OF SOFT TISSUE LOCALIZATIO	358.26	00 15									
73	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	295.74										
77	10036	PLACEMENT OF SOFT TISSUE LOCALIZATIO	295.74	00 15									
73	10060	DRAINAGE OF SKIN ABSCESS	123.37										
77	10060	DRAINAGE OF SKIN ABSCESS	123.37	00 15									
73	10061	DRAIN SKIN ABSCESS COMPLICATED	211.25										
77	10061	DRAIN SKIN ABSCESS COMPLICATED	211.25	00 15									
73	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	245.08										
77	10080	INCISE/DRAIN SIMPLE PILONIDAL CYST	245.08	00 15									
73	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	339.12										
77	10081	INCISE/DRAIN COMPLICA PILONIDAL CYST	339.12	00 15									
73	10120	SIMPLE REMOVAL FOREIGN BODY	148.72										
77	10120	SIMPLE REMOVAL FOREIGN BODY	148.72	00 15									
73	10121	COMPLICATED REMOVAL FOREIGN BODY	262.35										
77	10121	COMPLICATED REMOVAL FOREIGN BODY	262.35	00 15									
73	10140	INCISE/DRAIN SIMPLE HEMATOMA	166.73										
77	10140	INCISE/DRAIN SIMPLE HEMATOMA	166.73	00 15									
73	10160	PUNCTURE DRAINAGE OF LESION	128.56										
77	10160	PUNCTURE DRAINAGE OF LESION	128.56	00 15									
73	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	262.50										
77	10180	INCISE/DRAIN COMPLEX POSTOP WOUND	262.50	00 15									
73	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	56.64										
77	11000	DEBRIDE EXT ECZEM/INFECT SKN;TO 10%	56.64	00 15									
73	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	27.18									X	
77	11001	EACH ADD 10% BODT SURF. DEBRIDEMENT	27.18	00 15								X	
73	11004	DEBRIDE GENITALIA & PERINEUM	584.74										
77	11004	DEBRIDE GENITALIA & PERINEUM	584.74	00 15									
73	11005	DEBRIDE ABDOM WALL	802.99										
77	11005	DEBRIDE ABDOM WALL	802.99	00 15									
73	11006	DEBRIDE GENIT/PER/ABDOM WALL	723.47										

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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	11006	DEBRIDE GENIT/PER/ABDOM WALL	723.47	00 15									
73	11008	REMOVE MESH FROM ABD WALL	283.83										
77	11008	REMOVE MESH FROM ABD WALL	283.83	00 15									
73	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	449.98										
77	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOR	449.98	00 15									
73	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	496.70										
77	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOR	496.70	00 15									
73	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	652.26									X	
77	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOR	652.26	00 15								X	
73	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	126.04										
77	11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	126.04	00 15									
73	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	230.93										
77	11043	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	230.93	00 15									
73	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	311.34										
77	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	311.34	00 15									
73	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	39.90									X	
77	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (IN	39.90	00 15								X	
73	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	73.65									X	
77	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA (I	73.65	00 15								X	
73	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	122.88									X	
77	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMI	122.88	00 15								X	
73	11055	TRIM SKIN LESION	69.33										
77	11055	TRIM SKIN LESION	69.33	00 15									
73	11056	TRIM 2 TO 4 SKIN LESIONS	79.79										
77	11056	TRIM 2 TO 4 SKIN LESIONS	79.79	00 15									
73	11057	TRIM OVER 4 SKIN LESIONS	87.10										
77	11057	TRIM OVER 4 SKIN LESIONS	87.10	00 15									
73	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	98.92										
77	11102	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	98.92	00 15									
73	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	49.17									X	
77	11103	TANGENTIAL BIOPSY OF SKIN (EG, SHAVE	49.17	00 15								X	
73	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	122.81										
77	11104	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	122.81	00 15									
73	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	58.15									X	
77	11105	PUNCH BIOPSY OF SKIN (INCLUDING SIMP	58.15	00 15								X	
73	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	151.95										
77	11106	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	151.95	00 15									
73	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	70.20									X	
77	11107	INCISIONAL BIOPSY OF SKIN (EG, WEDGE	70.20	00 15								X	
73	11200	EXCISE UP TO 15 SKIN TAGS	89.91										
77	11200	EXCISE UP TO 15 SKIN TAGS	89.91	00 15									
73	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	18.62									X	
77	11201	EXCISE SKIN TAGS, EA ADD 10 LESIONS	18.62	00 15								X	
73	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	98.78										
77	11300	SHAVING OF EPIDERMAL OR DERMAL LESIO	98.78	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	119.49										
77	11301	SHAVING OF EPIDERMAL OR DERMAL LESIO	119.49	00 15									
73	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	134.52										
77	11302	SHAVING OF EPIDERMAL OR DERMAL LESIO	134.52	00 15									
73	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	149.64										
77	11303	SHAVING OF EPIDERMAL OR DERMAL LESIO	149.64	00 15									
73	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	103.36										
77	11305	SHAVING OF EPIDERMAL OR DERMAL LESIO	103.36	00 15									
73	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	120.59										
77	11306	SHAVING OF EPIDERMAL OR DERMAL LESIO	120.59	00 15									
73	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	136.92										
77	11307	SHAVING OF EPIDERMAL OR DERMAL LESIO	136.92	00 15									
73	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	144.48										
77	11308	SHAVING OF EPIDERMAL OR DERMAL LESIO	144.48	00 15									
73	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	114.21										
77	11310	SHAVING OF EPIDERMAL OR DERMAL LESIO	114.21	00 15									
73	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	134.47										
77	11311	SHAVING OF EPIDERMAL OR DERMAL LESIO	134.47	00 15									
73	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	154.28										
77	11312	SHAVING OF EPIDERMAL OR DERMAL LESIO	154.28	00 15									
73	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	178.84										
77	11313	SHAVING OF EPIDERMAL OR DERMAL LESIO	178.84	00 15									
73	11400	EXCISE BENIGN LESION TO 0.5 CM	125.47									X	
77	11400	EXCISE BENIGN LESION TO 0.5 CM	125.47	00 15								X	
73	11401	EXCISE BENIGN LESION 0.6 TO 1CM	154.06									X	
77	11401	EXCISE BENIGN LESION 0.6 TO 1CM	154.06	00 15								X	
73	11402	EXCISE BENIGN LESION 1.1 TO 2CM	169.13									X	
77	11402	EXCISE BENIGN LESION 1.1 TO 2CM	169.13	00 15								X	
73	11403	EXCISE BENIGN LESION 2.1 TO 3CM	195.81									X	
77	11403	EXCISE BENIGN LESION 2.1 TO 3CM	195.81	00 15								X	
73	11404	EXCISE BENIGN LESION 3.1 TO 4CM	222.85									X	
77	11404	EXCISE BENIGN LESION 3.1 TO 4CM	222.85	00 15								X	
73	11406	EXCISE BENIGN LESION OVER 4 CM	319.15									X	
77	11406	EXCISE BENIGN LESION OVER 4 CM	319.15	00 15								X	
73	11420	EXCISE BENIGN LESION TO 0.5 CM	124.99									X	
77	11420	EXCISE BENIGN LESION TO 0.5 CM	124.99	00 15								X	
73	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	157.97									X	
77	11421	EXCISE BENIGN LESION 0.6 TO 1 CM	157.97	00 15								X	
73	11422	EXCISE BENIGN LESION 1.1 TO 2CM	177.36									X	
77	11422	EXCISE BENIGN LESION 1.1 TO 2CM	177.36	00 15								X	
73	11423	EXCISE BENIGN LESION 2.1 TO 3CM	202.65									X	
77	11423	EXCISE BENIGN LESION 2.1 TO 3CM	202.65	00 15								X	
73	11424	EXCISE BENIGN LESION 3.1 TO 4CM	234.14									X	
77	11424	EXCISE BENIGN LESION 3.1 TO 4CM	234.14	00 15								X	
73	11426	EXCISE BENIGN LESION OVER 4.0 CM	331.55									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	11426	EXCISE BENIGN LESION OVER 4.0 CM	331.55	00 15								X	
73	11440	EXCISE BENIGN LESION TO 0.5 CM	140.21									X	
77	11440	EXCISE BENIGN LESION TO 0.5 CM	140.21	00 15								X	
73	11441	EXCISE BENIGN LESION 0.6 TO 1CM	171.53									X	
77	11441	EXCISE BENIGN LESION 0.6 TO 1CM	171.53	00 15								X	
73	11442	EXCISE BENIGN LESION 1.1 TO 2CM	190.98									X	
77	11442	EXCISE BENIGN LESION 1.1 TO 2CM	190.98	00 15								X	
73	11443	EXCISE BENIGN LESION 2.1 TO 3CM	226.31									X	
77	11443	EXCISE BENIGN LESION 2.1 TO 3CM	226.31	00 15								X	
73	11444	EXCISE BENIGN LESION 3.1 TO 4CM	281.95									X	
77	11444	EXCISE BENIGN LESION 3.1 TO 4CM	281.95	00 15								X	
73	11446	EXCISE BENIGN LESION OVER 4.0 CM	382.52									X	
77	11446	EXCISE BENIGN LESION OVER 4.0 CM	382.52	00 15								X	
73	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	429.37										
77	11450	EXCISE/HIDRADENITIS/PRIMARY SUTURE	429.37	00 15									
73	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	526.03										
77	11451	EXCISE/HIDRADENITIS/W/OTHER CLOSURE	526.03	00 15									
73	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	414.01										
77	11462	EXCISE/HIDRADENITIS/PRIMARY SUTURE	414.01	00 15									
73	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	532.70										
77	11463	EXCISE/HIDRADENITIS/OTHER CLOSURE	532.70	00 15									
73	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	455.07										
77	11470	EXCISE/HIDRADENITIS/PRIMARY SUTURE	455.07	00 15									
73	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	539.33										
77	11471	EXCISE/HIDRADENITIS/OTHER CLOSURE	539.33	00 15									
73	11600	EXCISE MALIGNANCY TO 0.5 CM	194.63									X	
77	11600	EXCISE MALIGNANCY TO 0.5 CM	194.63	00 15								X	
73	11601	EXCISE MALIGNANCY 0.6 TO 1CM	225.15									X	
77	11601	EXCISE MALIGNANCY 0.6 TO 1CM	225.15	00 15								X	
73	11602	EXCISE MALIGNANCY 1.1 TO 2CM	240.79									X	
77	11602	EXCISE MALIGNANCY 1.1 TO 2CM	240.79	00 15								X	
73	11603	EXCISE MALIGNANCY 2.1 TO 3CM	276.03									X	
77	11603	EXCISE MALIGNANCY 2.1 TO 3CM	276.03	00 15								X	
73	11604	EXCISE MALIGNANCY 3.1 TO 4CM	307.85									X	
77	11604	EXCISE MALIGNANCY 3.1 TO 4CM	307.85	00 15								X	
73	11606	EXCISE MALIGNANCY OVER 4CM	446.85									X	
77	11606	EXCISE MALIGNANCY OVER 4CM	446.85	00 15								X	
73	11620	EXCISE MALIGNANCY TO 0.5CM	195.60									X	
77	11620	EXCISE MALIGNANCY TO 0.5CM	195.60	00 15								X	
73	11621	EXCISE MALIGNANCY 0.6 TO 1CM	226.58									X	
77	11621	EXCISE MALIGNANCY 0.6 TO 1CM	226.58	00 15								X	
73	11622	EXCISE MALIGNANCY 1.1 TO 2CM	248.99									X	
77	11622	EXCISE MALIGNANCY 1.1 TO 2CM	248.99	00 15								X	
73	11623	EXCISE MALIGNANCY 2.1 TO 3CM	293.53									X	
77	11623	EXCISE MALIGNANCY 2.1 TO 3CM	293.53	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	11624	EXCISE MALIGNANCY 3.1 TO 4CM	335.13									X	
77	11624	EXCISE MALIGNANCY 3.1 TO 4CM	335.13	00 15								X	
73	11626	EXCISE MALIGNANCY OVER 4CM	406.54									X	
77	11626	EXCISE MALIGNANCY OVER 4CM	406.54	00 15								X	
73	11640	EXCISE MALIGNANCY TO 0.5CM	199.50									X	
77	11640	EXCISE MALIGNANCY TO 0.5CM	199.50	00 15								X	
73	11641	EXCISE MALIGNANCY 0.6 TO 1CM	233.88									X	
77	11641	EXCISE MALIGNANCY 0.6 TO 1CM	233.88	00 15								X	
73	11642	EXCISE MALIGNANCY 1.1 TO 2CM	264.25									X	
77	11642	EXCISE MALIGNANCY 1.1 TO 2CM	264.25	00 15								X	
73	11643	EXCISE MALIGNANCY 2.1 TO 3CM	312.51									X	
77	11643	EXCISE MALIGNANCY 2.1 TO 3CM	312.51	00 15								X	
73	11644	EXCISE MALIGNANCY 3.1 TO 4CM	386.42									X	
77	11644	EXCISE MALIGNANCY 3.1 TO 4CM	386.42	00 15								X	
73	11646	EXCISE MALIGNANCY OVER 4CM	506.25									X	
77	11646	EXCISE MALIGNANCY OVER 4CM	506.25	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	32.28										
77	11720	DEBRIDE NAIL, 1-5	32.28	00 15									
73	11721	DEBRIDE NAIL, 6 OR MORE	43.54										
77	11721	DEBRIDE NAIL, 6 OR MORE	43.54	00 15									
73	11730	SIMPLE REMOVAL OF NAIL PLATE	112.89										
77	11730	SIMPLE REMOVAL OF NAIL PLATE	112.89	00 15									
73	11732	REMOVE ADDITIONAL NAIL PLATES	33.05									X	
77	11732	REMOVE ADDITIONAL NAIL PLATES	33.05	00 15								X	
73	11740	EVACUATE HEMATOMA UNDER NAIL	55.47									X	
77	11740	EVACUATE HEMATOMA UNDER NAIL	55.47	00 15								X	
73	11750	EXCISION NAIL & NAIL MATRIX	156.13									X	
77	11750	EXCISION NAIL & NAIL MATRIX	156.13	00 15								X	
73	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	120.32										
77	11755	BIOPSY OF NAIL UNIT, ANY METHOD (EG,	120.32	00 15									
73	11760	SIMPLE RECONSTRUCTION NAIL BED	183.78									X	
77	11760	SIMPLE RECONSTRUCTION NAIL BED	183.78	00 15								X	
73	11762	NAIL RECONSTRUCTION; COMPLICATED	283.65									X	
77	11762	NAIL RECONSTRUCTION; COMPLICATED	283.65	00 15								X	
73	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	160.70									X	
77	11765	WEDGE EXCISION,SKIN OF NAIL FOLD	160.70	00 15								X	
73	11770	SIMPLE EXCISION PILONIDAL CYST	353.27										
77	11770	SIMPLE EXCISION PILONIDAL CYST	353.27	00 15									
73	11771	EXCISE PILONIDAL CYST; EXTENSIVE	632.14										
77	11771	EXCISE PILONIDAL CYST; EXTENSIVE	632.14	00 15									
73	11772	PILONIDAL CYST; COMPLICATED	775.14										
77	11772	PILONIDAL CYST; COMPLICATED	775.14	00 15									
73	11900	INTRALESIONAL INJECTION; UP TO 7	56.10										

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FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	11900	INTRALESIONAL INJECTION; UP TO 7	56.10	00	15									
73	11901	INTRALESIONAL INJECTION; OVER 7	69.04											
77	11901	INTRALESIONAL INJECTION; OVER 7	69.04	00	15									
73	11920	TATOOING; 6SQ CM OR LESS	189.76				X							
73	11921	TATOOING; 6.1 SQ CM TO 20 SQ CM	221.48				X							
73	11960	INSERTION OF TISSUE EXPANDER	1,014.27				X							
77	11960	INSERTION OF TISSUE EXPANDER	1,014.27	00	15		X							
73	11970	REPLACEMENT OF TISSUE EXPANDER WITH	568.17				X						X	
77	11970	REPLACEMENT OF TISSUE EXPANDER WITH	568.17	00	15		X						X	
73	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	556.47				X							
77	11971	REMOVAL OF TISSUE EXPANDER W/O INSER	556.47	00	15		X							
73	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	145.38	10	60			F						
77	11976	REMOVAL WITHOUT REINSERTION, IMPLANT	145.38	10	15			F						
73	11980	IMPLANT HORMONE PELLET(S)	94.08					F						
77	11980	IMPLANT HORMONE PELLET(S)	94.08	00	15			F						
73	11981	INSERT DRUG IMPLANT DEVICE	100.59											
77	11981	INSERT DRUG IMPLANT DEVICE	100.59	00	15									
73	11982	REMOVE DRUG IMPLANT DEVICE	113.14											
77	11982	REMOVE DRUG IMPLANT DEVICE	113.14	00	15									
73	11983	REMOVE/INSERT DRUG IMPLANT	143.86											
77	11983	REMOVE/INSERT DRUG IMPLANT	143.86	00	15									
73	12001	SIMPLE WOUND REPAIR TO 2.5CM	93.79											
77	12001	SIMPLE WOUND REPAIR TO 2.5CM	93.79	00	15									
73	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	113.83											
77	12002	SIMPLE WOUND REPAIR 2.6 TO 7.5CM	113.83	00	15									
73	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	132.62											
77	12004	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	132.62	00	15									
73	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	177.60											
77	12005	SIMPLE WOUND REPAIR 12.6 TO 20CM	177.60	00	15									
73	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	207.02											
77	12006	SIMPLE WOUND REPAIR 20.1 TO 30CM	207.02	00	15									
73	12007	SIMPLE WOUND REPAIR OVER 30CM	234.27											
77	12007	SIMPLE WOUND REPAIR OVER 30CM	234.27	00	15									
73	12011	SIMPLE WOUND REPAIR TO 2.5CM	112.12											
77	12011	SIMPLE WOUND REPAIR TO 2.5CM	112.12	00	15									
73	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	118.23											
77	12013	SIMPLE WOUND REPAIR 2.6 TO 5CM	118.23	00	15									
73	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	143.77											
77	12014	SIMPLE WOUND REPAIR 5.1 TO 7.5CM	143.77	00	15									
73	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	173.66											
77	12015	SIMPLE WOUND REPAIR 7.6 TO 12.5CM	173.66	00	15									
73	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	221.99											
77	12016	SIMPLE WOUND REPAIR 12.6 TO 20CM	221.99	00	15									
73	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	161.10											
77	12017	SIMPLE WOUND REPAIR 20.1 TO 30CM	161.10	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	12018	SIMPLE WOUND REPAIR OVER 30 CM	182.01										
77	12018	SIMPLE WOUND REPAIR OVER 30 CM	182.01	00 15									
73	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	297.65										
77	12020	TREAT SUPER.DEHISCIENCE;SIMPLE CLOSE	297.65	00 15									
73	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	176.76										
77	12021	TREAT SUPER.DEHISCIENCE;W/PACKING	176.76	00 15									
73	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	258.49										
77	12031	REPAIR OF WOUND (2.5 CENTIMETERS OR	258.49	00 15									
73	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	298.51										
77	12032	REPAIR OF WOUND (2.6 TO 7.5 CENTIMET	298.51	00 15									
73	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	330.17										
77	12034	REPAIR OF WOUND (7.6 TO 12.5 CENTIME	330.17	00 15									
73	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	387.24										
77	12035	REPAIR OF WOUND (12.6 TO 20.0 CENTIM	387.24	00 15									
73	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	432.19										
77	12036	REPAIR OF WOUND (20.1 TO 30.0 CENTIM	432.19	00 15									
73	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	485.67										
77	12037	REPAIR OF WOUND (OVER 30.0 CENTIMETE	485.67	00 15									
73	12041	LAYER CLOSURE WOUND TO 2.5CM	259.82										
77	12041	LAYER CLOSURE WOUND TO 2.5CM	259.82	00 15									
73	12042	LAYER CLOSURE 2.6 TO 7.5CM	305.11										
77	12042	LAYER CLOSURE 2.6 TO 7.5CM	305.11	00 15									
73	12044	LAYER CLOSURE 7.6 TO 12.5CM	376.13										
77	12044	LAYER CLOSURE 7.6 TO 12.5CM	376.13	00 15									
73	12045	LAYER CLOSURE 12.6 TO 20CM	412.57										
77	12045	LAYER CLOSURE 12.6 TO 20CM	412.57	00 15									
73	12046	LAYER CLOSURE 20.1 TO 30CM	500.18										
77	12046	LAYER CLOSURE 20.1 TO 30CM	500.18	00 15									
73	12047	LAYER CLOSURE WOUND OVER 30CM	549.59										
77	12047	LAYER CLOSURE WOUND OVER 30CM	549.59	00 15									
73	12051	LAYER CLOSURE WOUND TO 2.5CM	279.55										
77	12051	LAYER CLOSURE WOUND TO 2.5CM	279.55	00 15									
73	12052	LAYER CLOSURE 2.6 TO 5CM	311.86										
77	12052	LAYER CLOSURE 2.6 TO 5CM	311.86	00 15									
73	12053	LAYER CLOSURE 5.1 TO 7.5CM	359.55										
77	12053	LAYER CLOSURE 5.1 TO 7.5CM	359.55	00 15									
73	12054	LAYER CLOSURE 7.6 TO 12.5CM	382.05										
77	12054	LAYER CLOSURE 7.6 TO 12.5CM	382.05	00 15									
73	12055	LAYER CLOSURE 12.6 TO 20CM	505.24										
77	12055	LAYER CLOSURE 12.6 TO 20CM	505.24	00 15									
73	12056	LAYER CLOSURE 20.1 TO 30CM	577.51										
77	12056	LAYER CLOSURE 20.1 TO 30CM	577.51	00 15									
73	12057	LAYER CLOSURE WOUND OVER 30CM	609.08										
77	12057	LAYER CLOSURE WOUND OVER 30CM	609.08	00 15									
73	13100	COMPLEX REPAIR 1.1 TO 2.5CM	336.46										

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
77	13100	COMPLEX REPAIR 1.1 TO 2.5CM	336.46	00 15									
73	13101	COMPLEX REPAIR 2.6 TO 7.5CM	391.60										
77	13101	COMPLEX REPAIR 2.6 TO 7.5CM	391.60	00 15									
73	13102	REPAIR WOUND/LESION ADD-ON	116.18										
77	13102	REPAIR WOUND/LESION ADD-ON	116.18	00 15									
73	13120	COMPLEX REPAIR 1.1 TO 2.5CM	351.33										
77	13120	COMPLEX REPAIR 1.1 TO 2.5CM	351.33	00 15									
73	13121	COMPLEX REPAIR 2.6 TO 7.5CM	419.43										
77	13121	COMPLEX REPAIR 2.6 TO 7.5CM	419.43	00 15									
73	13122	REPAIR WOUND/LESION ADD-ON	127.18										
77	13122	REPAIR WOUND/LESION ADD-ON	127.18	00 15									
73	13131	COMPLEX REPAIR 1.1 TO 2.5CM	383.72										
77	13131	COMPLEX REPAIR 1.1 TO 2.5CM	383.72	00 15									
73	13132	COMPLEX REPAIR 2.6 TO 7.5CM	466.41										
77	13132	COMPLEX REPAIR 2.6 TO 7.5CM	466.41	00 15									
73	13133	REPAIR WOUND/LESION ADD-ON	167.87										
77	13133	REPAIR WOUND/LESION ADD-ON	167.87	00 15									
73	13151	COMPLEX REPAIR 1.1 TO 2.5CM	420.04										
77	13151	COMPLEX REPAIR 1.1 TO 2.5CM	420.04	00 15									
73	13152	COMPLEX REPAIR 2.6 TO 7.5CM	493.14										
77	13152	COMPLEX REPAIR 2.6 TO 7.5CM	493.14	00 15									
73	13153	REPAIR WOUND/LESION ADD-ON	186.32										
77	13153	REPAIR WOUND/LESION ADD-ON	186.32	00 15									
73	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	807.44										
77	13160	EXT/COMP SECONDARY CLOSE/DEHISCENCE	807.44	00 15									
73	14000	TISSUE TRANSFER; DEFECT TO 10CM	632.68										
77	14000	TISSUE TRANSFER; DEFECT TO 10CM	632.68	00 15									
73	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	810.60										
77	14001	TISSUE TRANSFER; 10.1 TO 30 SQ CM	810.60	00 15									
73	14020	TISSUE TRANSFER; TO 10 SQ CM	696.44										
77	14020	TISSUE TRANSFER; TO 10 SQ CM	696.44	00 15									
73	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	860.41										
77	14021	TISSUE TRANSFER; 10.1 TO 30 SQ CM	860.41	00 15									
73	14040	TISSUE TRANSFER; TO 10 SQ CM	753.57										
77	14040	TISSUE TRANSFER; TO 10 SQ CM	753.57	00 15									
73	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	915.01										
77	14041	TISSUE TRANSFER; 10.1 TO 30 SQ CM	915.01	00 15									
73	14060	TISSUE TRANSFER; TO 10 SQ CM	763.23										
77	14060	TISSUE TRANSFER; TO 10 SQ CM	763.23	00 15									
73	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	985.47										
77	14061	TISSUE TRANSFER; 10.1 TO 30 SQ CM	985.47	00 15									
73	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,083.05										
77	14301	ADJACENT TISSUE TRANSFER OR REARRANG	1,083.05	00 15									
73	14302	ADJACENT TISSUE TRANSFER OR REARRANG	220.23									X	
77	14302	ADJACENT TISSUE TRANSFER OR REARRANG	220.23	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	14350	FILLETED FINGER OR TOE FLAP	676.65										
77	14350	FILLETED FINGER OR TOE FLAP	676.65	00 15									
73	15002	WOUND PREP, TRK/ARM/LEG	344.74										
77	15002	WOUND PREP, TRK/ARM/LEG	344.74	00 15									
73	15003	SURGICAL PREPARATION OR CREATION +	70.13									X	
77	15003	SURGICAL PREPARATION OR CREATION +	70.13	00 15								X	
73	15004	WOUND PREP, F/N/HF/G	392.61										
77	15004	WOUND PREP, F/N/HF/G	392.61	00 15									
73	15005	SURGICAL PREPARATION OR CREATION +	117.74									X	
77	15005	SURGICAL PREPARATION OR CREATION +	117.74	00 15								X	
73	15040	HARVEST CULTURED SKIN GRAFT	259.85										
77	15040	HARVEST CULTURED SKIN GRAFT	259.85	00 15									
73	15050	PINCH GRAFT; DEFECT UP TO 2CM	589.94										
77	15050	PINCH GRAFT; DEFECT UP TO 2CM	589.94	00 15									
73	15100	SPLIT GRAFT; UP TO 100 SQ CM	873.66										
77	15100	SPLIT GRAFT; UP TO 100 SQ CM	873.66	00 15									
73	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	185.72									X	
77	15101	SPLIT GRFT; EA ADD 100 SQ CM/% CHILD	185.72	00 15								X	
73	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	842.76										
77	15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	842.76	00 15									
73	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	116.25									X	
77	15111	EPIDRM AUTOGRFT T/A/L ADD-ON	116.25	00 15								X	
73	15115	EPIDRM A-GRFT FACE/NCK/HF/G	808.22										
77	15115	EPIDRM A-GRFT FACE/NCK/HF/G	808.22	00 15									
73	15116	EPIDRM A-GRFT F/N/HF/G ADDL	159.24									X	
77	15116	EPIDRM A-GRFT F/N/HF/G ADDL	159.24	00 15								X	
73	15120	SPLIT GRAFT; UP TO 100 SQ CM	847.09										
77	15120	SPLIT GRAFT; UP TO 100 SQ CM	847.09	00 15									
73	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	208.43									X	
77	15121	SPLIT GRFT,@ ADD 100 SQ CM/1% CHILD	208.43	00 15								X	
73	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	721.24										
77	15130	DERM AUTOGRAFT, TRNK/ARM/LEG	721.24	00 15									
73	15131	DERM AUTOGRAFT T/A/L ADD-ON	98.94									X	
77	15131	DERM AUTOGRAFT T/A/L ADD-ON	98.94	00 15								X	
73	15135	DERM AUTOGRAFT FACE/NCK/HF/G	881.81										
77	15135	DERM AUTOGRAFT FACE/NCK/HF/G	881.81	00 15									
73	15136	DERM AUTOGRAFT, F/N/HF/G ADD	97.68									X	
77	15136	DERM AUTOGRAFT, F/N/HF/G ADD	97.68	00 15								X	
73	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	724.33										
77	15150	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	724.33	00 15									
73	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	123.37										
77	15151	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	123.37	00 15									
73	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	154.25									X	
77	15152	TISSUE CULTURED SKIN AUTOGRAFT, TRUN	154.25	00 15								X	
73	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	803.85										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	15155	TISSUE CULTURED SKIN AUTOGRAFT, FACE	803.85	00	15									
73	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	165.88											
77	15156	TISSUE CULTURED SKIN AUTOGRAFT, FACE	165.88	00	15									
73	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	184.37										X	
77	15157	TISSUE CULTURED SKIN AUTOGRAFT, FACE	184.37	00	15								X	
73	15200	FULL THICK GRAFT TO 20 SQ CM	837.84											
77	15200	FULL THICK GRAFT TO 20 SQ CM	837.84	00	15									
73	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	140.27										X	
77	15201	FULL THICK GRAFT EACH ADD 20 SQ CM	140.27	00	15								X	
73	15220	FULL THICK GRAFT TO 20 SQ CM	762.60											
77	15220	FULL THICK GRAFT TO 20 SQ CM	762.60	00	15									
73	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	128.84										X	
77	15221	FULL THICK GRAFT EACH ADD 20 SQ CM	128.84	00	15								X	
73	15240	FULL THICK GRAFT TO 20 SQ CM	921.65											
77	15240	FULL THICK GRAFT TO 20 SQ CM	921.65	00	15									
73	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	172.44										X	
77	15241	FULL THICK GRAFT EACH ADD 20 SQ CM	172.44	00	15								X	
73	15260	FULL THICK GRAFT TO 20 SQ CM	989.08											
77	15260	FULL THICK GRAFT TO 20 SQ CM	989.08	00	15									
73	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	204.24										X	
77	15261	FULL THICK GRAFT EACH ADD 20 SQ CM	204.24	00	15								X	
73	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	151.97											
77	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT	151.97	00	15									
73	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	24.08										X	
77	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT	24.08	00	15								X	
73	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	311.83											
77	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT	311.83	00	15									
73	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	82.77											
77	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT	82.77	00	15									
73	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	156.75											
77	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT	156.75	00	15									
73	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	32.81										X	
77	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT	32.81	00	15								X	
73	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	346.22											
77	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT	346.22	00	15									
73	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	95.38											
77	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT	95.38	00	15									
73	15570	FORMATION OF DIRECT OR TUBED PEDICLE	912.52											
77	15570	FORMATION OF DIRECT OR TUBED PEDICLE	912.52	00	15									
73	15572	FORMATION OF DIRECT OR TUBED PEDICLE	882.70											
77	15572	FORMATION OF DIRECT OR TUBED PEDICLE	882.70	00	15									
73	15574	FORMATION OF DIRECT OR TUBED PEDICLE	877.67											
77	15574	FORMATION OF DIRECT OR TUBED PEDICLE	877.67	00	15									
73	15576	FORMATION OF DIRECT OR TUBED PEDICLE	776.52											
77	15576	FORMATION OF DIRECT OR TUBED PEDICLE	776.52	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	15600	INTERM DELAY FLAP TRUNK	331.48										
77	15600	INTERM DELAY FLAP TRUNK	331.48	00 15									
73	15610	INTERM DELAY FLAP SCALP/LIMBS	362.09										
77	15610	INTERM DELAY FLAP SCALP/LIMBS	362.09	00 15									
73	15620	INTERM DELAY FLAP CHIN/NECK/FEET	441.97										
77	15620	INTERM DELAY FLAP CHIN/NECK/FEET	441.97	00 15									
73	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	455.60										
77	15630	INTER DELAY FLAP EYELIDS/LIP/EAR	455.60	00 15									
73	15650	TRANS INTER ANY PEDICLE FLAP	536.94										
77	15650	TRANS INTER ANY PEDICLE FLAP	536.94	00 15									
73	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,403.84										
77	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL	1,403.84	00 15									
73	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,126.62										
77	15731	FOREHEAD FLAP WITH PRESERVATION OF V	1,126.62	00 15									
73	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,042.89										
77	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTAN	1,042.89	00 15									
73	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,536.85										
77	15734	MUSCLE MYOCU OR FASCIOCU FLAP TRUNK	1,536.85	00 15									
73	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,232.72										
77	15736	MUSCLE MYOCU OR FASCIOCU FLAP UP EX	1,232.72	00 15									
73	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,291.46										
77	15738	MUSCLE MYOCU OR FASCIOCU FLAP LOW EX	1,291.46	00 15									
73	15740	ISLAND PEDICLE FLAP GRAFT	1,008.45										
77	15740	ISLAND PEDICLE FLAP GRAFT	1,008.45	00 15									
73	15750	NEUROVASCULAR PEDICLE GRAFT	937.11										
77	15750	NEUROVASCULAR PEDICLE GRAFT	937.11	00 15									
73	15756	FREE MUSCLE FLAP, MICROVASC	2,324.26										
77	15756	FREE MUSCLE FLAP, MICROVASC	2,324.26	00 15									
73	15757	FREE SKIN FLAP, MICROVASC	2,308.86										
77	15757	FREE SKIN FLAP, MICROVASC	2,308.86	00 15									
73	15758	FREE FASCIAL FLAP, MICROVASC	2,298.83										
77	15758	FREE FASCIAL FLAP, MICROVASC	2,298.83	00 15									
73	15760	COMPOSITE SKIN GRAFT	843.32										
77	15760	COMPOSITE SKIN GRAFT	843.32	00 15									
73	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	488.04										
77	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE,	488.04	00 15									
73	15770	DERMA-FAT-FASCIA GRAFT	675.24										
77	15770	DERMA-FAT-FASCIA GRAFT	675.24	00 15									
73	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	608.57										
77	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED	608.57	00 15									
73	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	192.47										
77	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED	192.47	00 15									
73	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	597.01										
77	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED	597.01	00 15									
73	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	188.46										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED	188.46	00	15									
73	15778	IMPLANTATION OF ABSORBABLE MESH OR	399.85											
77	15778	IMPLANTATION OF ABSORBABLE MESH OR	399.85	00	15									
73	15820	BLEPHAROPLASTY LOWER EYELIDS	566.13			X								
77	15820	BLEPHAROPLASTY LOWER EYELIDS	566.13	00	15	X								
73	15821	BLEPHAROPLASTY HERNIATED FAT PAD	609.63			X								
77	15821	BLEPHAROPLASTY HERNIATED FAT PAD	609.63	00	15	X								
73	15822	BLEPHAROPLASTY UPPER EYELID	454.73			X								
77	15822	BLEPHAROPLASTY UPPER EYELID	454.73	00	15	X								
73	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	609.38			X								
77	15823	BLEPHAROPLASTY,UPPER;EXCESSIVE SKIN	609.38	00	15	X								
73	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,193.41				X							
77	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTA	1,193.41	00	15		X							
73	15840	GRAFT FACIAL NERVE PARALYSIS	1,024.09											
77	15840	GRAFT FACIAL NERVE PARALYSIS	1,024.09	00	15									
73	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,804.93											
77	15841	FACIAL NERVE PALSY MUSCLE GRAFT	1,804.93	00	15									
73	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,741.55											
77	15842	MICROSUR MUSCLE GRAFT FACE PALSY	2,741.55	00	15									
73	15845	REANIMATION MUSCLE TRANS FACE	1,072.43											
77	15845	REANIMATION MUSCLE TRANS FACE	1,072.43	00	15									
73	15852	CHANGE DRESSING UNDER ANESTHESIA	47.69										X	
77	15852	CHANGE DRESSING UNDER ANESTHESIA	47.69	00	15								X	
73	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	109.47											
77	15860	IV AGENT/TEST BLOOD FLOW/FLAP-GRAFT	109.47	00	15									
73	15920	COCCYGECTOMY PRIMARY SUTURE	652.77											
77	15920	COCCYGECTOMY PRIMARY SUTURE	652.77	00	15									
73	15922	COCCYGECTOMY FLAP CLOSURE	806.56											
77	15922	COCCYGECTOMY FLAP CLOSURE	806.56	00	15									
73	15931	EXCISE SACRAL PRESSURE ULCER	725.15											
77	15931	EXCISE SACRAL PRESSURE ULCER	725.15	00	15									
73	15933	REMOVAL OF PRESSURE SORE	889.99											
77	15933	REMOVAL OF PRESSURE SORE	889.99	00	15									
73	15934	EXCISE,WITH SKIN FLAP CLOSURE	969.76											
77	15934	EXCISE,WITH SKIN FLAP CLOSURE	969.76	00	15									
73	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,170.46											
77	15935	ESC SAC ULCER/FLAP/OSTECTOMY	1,170.46	00	15									
73	15936	EXCISE ULCER W/ OTHER FLAP CLO	922.87											
77	15936	EXCISE ULCER W/ OTHER FLAP CLO	922.87	00	15									
73	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,064.76											
77	15937	EXC SAC ULCER/FLAP/OSTECTOMY	1,064.76	00	15									
73	15940	EXC ISCHIAL ULCER DIRECT SUTURE	725.96											
77	15940	EXC ISCHIAL ULCER DIRECT SUTURE	725.96	00	15									
73	15941	EXC ISCHIAL ULCER OSTECTOMY	951.34											
77	15941	EXC ISCHIAL ULCER OSTECTOMY	951.34	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	946.13										
77	15944	EXC ISCHIAL ULC/SKIN FLAP CLOS	946.13	00 15									
73	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,032.69										
77	15945	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,032.69	00 15									
73	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,650.11										
77	15946	EXC ISCHIAL ULC/OSTECTOMY/FLAP	1,650.11	00 15									
73	15950	EXC TROCHANTERIC ULCER DIR SUTUR	643.03										
77	15950	EXC TROCHANTERIC ULCER DIR SUTUR	643.03	00 15									
73	15951	EXC TROCHAN ULCER OSTECTOMY	908.24										
77	15951	EXC TROCHAN ULCER OSTECTOMY	908.24	00 15									
73	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	928.16										
77	15952	EXC TROCHAN ULCER SKIN FLAP CLOS	928.16	00 15									
73	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,022.05										
77	15953	EXC TROCH ULC SKIN FL CLO/OSTECT	1,022.05	00 15									
73	15956	EXC TROCH/ULC FLAP CLOSURE	1,185.50										
77	15956	EXC TROCH/ULC FLAP CLOSURE	1,185.50	00 15									
73	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,199.93										
77	15958	TROCH ULC/EXC-FLAP-OSTECTOMYURE ULCE	1,199.93	00 15									
73	16000	INIT TREAT 1ST DEGREE BURN	78.31										
77	16000	INIT TREAT 1ST DEGREE BURN	78.31	00 15									
73	16020	DRESS/DEBRID BURN SMALL,NO ANES	84.25									X	
77	16020	DRESS/DEBRID BURN SMALL,NO ANES	84.25	00 15								X	
73	16025	DRESS/DEBRID BURN MED,NO ANESTH	155.76									X	
77	16025	DRESS/DEBRID BURN MED,NO ANESTH	155.76	00 15								X	
73	16030	DRESS/DEBRID BURN LG,NO ANESTH	196.61									X	
77	16030	DRESS/DEBRID BURN LG,NO ANESTH	196.61	00 15								X	
73	16035	ESCHAROTOMY B	198.35										
77	16035	ESCHAROTOMY B	198.35	00 15									
73	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	85.27									X	
77	16036	ESCHAROTOMY; EACH ADDITIONAL INCISIO	85.27	00 15								X	
73	17000	DESTROY LESION,FACE-1 LESION	65.80										
77	17000	DESTROY LESION,FACE-1 LESION	65.80	00 15									
73	17003	DESTROY 2-14 LESIONS	6.41									X	
77	17003	DESTROY 2-14 LESIONS	6.41	00 15								X	
73	17004	DESTROY 15 & MORE LESIONS	165.82										
77	17004	DESTROY 15 & MORE LESIONS	165.82	00 15									
73	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	339.41										
77	17106	DESTRUCT CUT AN VASC LESIONS<10SQ CM	339.41	00 15									
73	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	440.06										
77	17107	DESTRUCT CUT VASC LESIONS 10-50SQ CM	440.06	00 15									
73	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	628.88										
77	17108	DESTRUCT CUT VASC LESIONS >50 SQ CM	628.88	00 15									
73	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	110.39										
77	17110	DESTROY FLAT WARTS,ANY METHOD,T0 15	110.39	00 15									
73	17111	DESTRUCT LESION, 15 OR MORE	129.46										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	17111	DESTRUCT LESION, 15 OR MORE	129.46	00	15									
73	17250	CHEMICAL CAUTERY OF WOUND	85.41											
77	17250	CHEMICAL CAUTERY OF WOUND	85.41	00	15									
73	17260	DESTRUCTION, MALIGNANT LESION, ANY M	98.46											
77	17260	DESTRUCTION, MALIGNANT LESION, ANY M	98.46	00	15									
73	17261	DESTRUCTION, MALIGNANT LESION, ANY M	144.86											
77	17261	DESTRUCTION, MALIGNANT LESION, ANY M	144.86	00	15									
73	17262	DESTRUCTION, MALIGNANT LESION, ANY M	175.74											
77	17262	DESTRUCTION, MALIGNANT LESION, ANY M	175.74	00	15									
73	17263	DESTRUCTION, MALIGNANT LESION, ANY M	189.96											
77	17263	DESTRUCTION, MALIGNANT LESION, ANY M	189.96	00	15									
73	17264	DESTRUCTION, MALIGNANT LESION, ANY M	203.41											
77	17264	DESTRUCTION, MALIGNANT LESION, ANY M	203.41	00	15									
73	17266	DESTRUCTION, MALIGNANT LESION, ANY M	232.54											
77	17266	DESTRUCTION, MALIGNANT LESION, ANY M	232.54	00	15									
73	17270	DESTRUCTION, MALIGNANT LESION, ANY M	147.81											
77	17270	DESTRUCTION, MALIGNANT LESION, ANY M	147.81	00	15									
73	17271	DESTRUCTION, MALIGNANT LESION, ANY M	164.00											
77	17271	DESTRUCTION, MALIGNANT LESION, ANY M	164.00	00	15									
73	17272	DESTRUCTION, MALIGNANT LESION, ANY M	185.80											
77	17272	DESTRUCTION, MALIGNANT LESION, ANY M	185.80	00	15									
73	17273	DESTRUCTION, MALIGNANT LESION, ANY M	206.16											
77	17273	DESTRUCTION, MALIGNANT LESION, ANY M	206.16	00	15									
73	17274	DESTRUCTION, MALIGNANT LESION, ANY M	241.93											
77	17274	DESTRUCTION, MALIGNANT LESION, ANY M	241.93	00	15									
73	17276	DESTRUCTION, MALIGNANT LESION, ANY M	281.78											
77	17276	DESTRUCTION, MALIGNANT LESION, ANY M	281.78	00	15									
73	17280	DESTRUCTION, MALIGNANT LESION, ANY M	137.28											
77	17280	DESTRUCTION, MALIGNANT LESION, ANY M	137.28	00	15									
73	17281	DESTRUCTION, MALIGNANT LESION, ANY M	177.47											
77	17281	DESTRUCTION, MALIGNANT LESION, ANY M	177.47	00	15									
73	17282	DESTRUCTION, MALIGNANT LESION, ANY M	202.97											
77	17282	DESTRUCTION, MALIGNANT LESION, ANY M	202.97	00	15									
73	17283	DESTRUCTION, MALIGNANT LESION, ANY M	240.16											
77	17283	DESTRUCTION, MALIGNANT LESION, ANY M	240.16	00	15									
73	17284	DESTRUCTION, MALIGNANT LESION, ANY M	273.93											
77	17284	DESTRUCTION, MALIGNANT LESION, ANY M	273.93	00	15									
73	17286	DESTRUCTION, MALIGNANT LESION, ANY M	351.30											
77	17286	DESTRUCTION, MALIGNANT LESION, ANY M	351.30	00	15									
73	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	665.83											
77	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	665.83	00	15									
73	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	402.63											
77	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	402.63	00	15									
73	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	624.15											
77	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDI	624.15	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	384.93										
77	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	384.93	00 15									
73	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	78.02										
77	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLU +	78.02	00 15									
73	19000	PUNCTURE ASPIRATION BREAST CYSTS	100.22										
77	19000	PUNCTURE ASPIRATION BREAST CYSTS	100.22	00 15									
73	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	26.20									X	
77	19001	PUNC ASPIRATION/BREAST;EACH ADD CYST	26.20	00 15								X	
73	19020	MASTOTOMY/DRAIN ABSCESS DEEP	469.24										
77	19020	MASTOTOMY/DRAIN ABSCESS DEEP	469.24	00 15									
73	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	162.72										
77	19030	INJEC FOR MAMM DUCTOG OR GALACTOGRAM	162.72	00 15									
73	19081	Biopsy of breast accessed throught t	492.22										
77	19081	Biopsy of breast accessed throught t	492.22	00 15									
73	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	378.38									X	
77	19082	BIOPSY OF BREAST ACCESSED THROUGHT T	378.38	00 15								X	
73	19083	Biopsy of breast accessed throught t	491.36										
77	19083	Biopsy of breast accessed throught t	491.36	00 15									
73	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	372.63									X	
77	19084	BIOPSY OF BREAST ACCESSED THROUGHT T	372.63	00 15								X	
73	19085	BIOPSY OF BREAST ACCESSED THROUGHT T	749.59										
77	19085	Biopsy of breast accessed throught t	749.59	00 15									
73	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	579.65									X	
77	19086	BIOPSY OF BREAST ACCESSED THROUGHT T	579.65	00 15								X	
73	19100	BREAST BIOPSY NEEDLE	150.65									X	
77	19100	BREAST BIOPSY NEEDLE	150.65	00 15								X	
73	19101	BREAST BIOPSY INCISIONAL	332.16										
77	19101	BREAST BIOPSY INCISIONAL	332.16	00 15									
73	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,238.48										
77	19105	ABLATION, CRYOSURGICAL, OF FIBROADEN	2,238.48	00 15									
73	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	489.72										
77	19110	NIPPLE EXPLORATION,W-W/0 EXCISION	489.72	00 15									
73	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	461.19										
77	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	461.19	00 15									
73	19120	EXCISE BREAST LESIONS,1 OR MORE	527.33										
77	19120	EXCISE BREAST LESIONS,1 OR MORE	527.33	00 15									
73	19125	EXCISION OF BREAST LESION IDENTIFIED	582.46										
77	19125	EXCISION OF BREAST LESION IDENTIFIED	582.46	00 15									
73	19126	EXCISION OF BREAST LESION IDENTIFIED	167.04										
77	19126	EXCISION OF BREAST LESION IDENTIFIED	167.04	00 15									
73	19281	PLACEMENT OF BREAST LOCALIZATION DEV	236.66										
77	19281	Placement of breast localization dev	236.66	00 15									
73	19282	PLACEMENT OF BREAST LOCALIZATION DEV	166.82									X	
77	19282	PLACEMENT OF BREAST LOCALIZATION DEV	166.82	00 15								X	
73	19283	Placement of breast localization dev	255.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	19283	Placement of breast localization dev	255.27	00	15									
73	19284	PLACEMENT OF BREAST LOCALIZATION DEV	186.56										X	
77	19284	PLACEMENT OF BREAST LOCALIZATION DEV	186.56	00	15								X	
73	19285	PLACEMENT OF BREAST LOCALIZATION DEV	361.43											
77	19285	Placement of breast localization dev	361.43	00	15									
73	19286	PLACEMENT OF BREAST LOCALIZATION DEV	294.79										X	
77	19286	PLACEMENT OF BREAST LOCALIZATION DEV	294.79	00	15								X	
73	19287	Placement of breast localization dev	620.93											
77	19287	Placement of breast localization dev	620.93	00	15									
73	19288	PLACEMENT OF BREAST LOCALIZATION DEV	478.30										X	
77	19288	PLACEMENT OF BREAST LOCALIZATION DEV	478.30	00	15								X	
73	19294	PREPARATION OF TUMOR CAVITY, WITH PL	171.27										X	
77	19294	PREPARATION OF TUMOR CAVITY, WITH PL	171.27	00	15								X	
73	19296	PLACE PO BREAST CATH FOR RAD	3,568.21											
77	19296	PLACE PO BREAST CATH FOR RAD	3,568.21	00	15									
73	19297	PLACE BREAST CATH FOR RAD	98.39											
77	19297	PLACE BREAST CATH FOR RAD	98.39	00	15									
73	19298	PLACE BREAST RAD TUBE/CATHS	853.37											
77	19298	PLACE BREAST RAD TUBE/CATHS	853.37	00	15									
73	19300	MASTECTOMY FOR GYNECOMASTIA	584.74					M						
77	19300	MASTECTOMY FOR GYNECOMASTIA	584.74	00	15			M						
73	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	683.81											
77	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	683.81	00	15									
73	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	939.50											
77	19302	MASTECTOMY, PARTIAL (EG, LUMPECTOMY,	939.50	00	15									
73	19303	MASTECTOMY, SIMPLE, COMPLETE	992.79											
77	19303	MASTECTOMY, SIMPLE, COMPLETE	992.79	00	15									
73	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,191.29											
77	19305	MASTECTOMY, RADICAL, INCLUDING PECTO	1,191.29	00	15									
73	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,261.96											
77	19306	MASTECTOMY, RADICAL, INCLUDING PECTO	1,261.96	00	15									
73	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,221.21											
77	19307	MASTECTOMY, MODIFIED RADICAL, INCLUD	1,221.21	00	15									
73	19316	MASTOPEXY	805.84				X	F						
73	19318	REDUCTION MAMMAPLASTY	1,112.08	18	99		X							
73	19325	MAMMAPLASTY WITH PROSTHETIC	622.48				X	F					X	
73	19328	REMOVE INTACT MAMMARY IMPLANT	561.97			X		F						
77	19328	REMOVE INTACT MAMMARY IMPLANT	561.97	00	15	X		F						
73	19340	IMMEDIATE INSERTION OF BREAST PROSTH	771.80				X	F						
77	19340	IMMEDIATE INSERTION OF BREAST PROSTH	771.80	00	15		X	F						
73	19342	DELAYED INSERTION OF BREAST PROSTH	772.13				X	F						
77	19342	DELAYED INSERTION OF BREAST PROSTHES	772.13	00	15		X	F						
73	19350	NIPPLE/AREOLA RECONSTRUCTION	833.07				X						X	
77	19350	NIPPLE/AREOLA RECONSTRUCTION	833.07	00	15		X							
73	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,170.62				X	F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	19357	BREAST RECONSTRUCTION, IMMEDIATE OR	1,170.62	00	15		X	F						
73	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,584.95				X	F						
77	19361	BREAST RECONSTRUCTION WITH LATISSIMU	1,584.95	00	15		X	F						
73	19364	RECONSTRUCTION BREAST-FREE FLAP	2,773.10				X	F						
77	19364	RECONSTRUCTION BREAST-FREE FLAP	2,773.10	00	15		X	F						
73	19367	BREAST RECONSTRUCTION	1,800.71				X	F						
77	19367	BREAST RECONSTRUCTION	1,800.71	00	15		X	F						
73	19368	BREAST RECONSTRUCTION	2,210.68				X	F						
77	19368	BREAST RECONSTRUCTION	2,210.68	00	15		X	F						
73	19369	BREAST RECONSTRUCTION	2,053.44				X	F						
77	19369	BREAST RECONSTRUCTION	2,053.44	00	15		X	F						
73	19370	PERIPROSTHETIC CAPSULECTOMY,OPEN,BRE	680.69				X							
73	19371	PERIPROSTHETIC CAPSULECTOMY,BREAST	724.15				X							
73	19380	REVISION OF RECONSTRUCTED BREAST	819.03				X							
73	19396	PREP MOULAGE FOR CUSTOM IMPLANT	271.14				X							
73	20100	EXPLORE WOUND, NECK	618.09											
77	20100	EXPLORE WOUND, NECK	618.09	00	15									
73	20101	EXPLORE WOUND, CHEST	573.41											
77	20101	EXPLORE WOUND, CHEST	573.41	00	15									
73	20102	EXPLORE WOUND, ABDOMEN	600.90											
77	20102	EXPLORE WOUND, ABDOMEN	600.90	00	15									
73	20103	EXPLORE WOUND, EXTREMITY	561.90											
77	20103	EXPLORE WOUND, EXTREMITY	561.90	00	15									
73	20150	EXCISE EPIPHYSEAL BAR	1,025.60											
77	20150	EXCISE EPIPHYSEAL BAR	1,025.60	00	15									
73	20200	BIOPSY,MUSCLE,SUPERFICIAL	216.23											
77	20200	BIOPSY,MUSCLE,SUPERFICIAL	216.23	00	15									
73	20205	BIOPSY,MUSCLE,DEEP	304.09											
77	20205	BIOPSY,MUSCLE,DEEP	304.09	00	15									
73	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	216.74											
77	20206	BIOPSY,MUSCLE,PERCUTANEOUS NEEDLE	216.74	00	15									
73	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	230.32											
77	20220	BIOPSY,BONE,SUPERFICIAL,NEEDLE	230.32	00	15									
73	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	376.17											
77	20225	BIOPSY,BONE,DEEP;TROCAR/NEEDLE	376.17	00	15									
73	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	141.00											
77	20240	BIOPSY,EXCISIONAL,SUPERFICIAL	141.00	00	15									
73	20245	BIOPSY,EXCISIONAL,BONE,DEEP	351.75											
77	20245	BIOPSY,EXCISIONAL,BONE,DEEP	351.75	00	15									
73	20250	BIOPSY,OPEN,VERTEBRAL BODY	399.38											
77	20250	BIOPSY,OPEN,VERTEBRAL BODY	399.38	00	15									
73	20251	BIOPSY,OPEN,VERTEBRAL BODY	435.15											
77	20251	BIOPSY,OPEN,VERTEBRAL BODY	435.15	00	15									
73	20500	INJECT SINUS TRACT; THERAPEUTIC	122.94											
77	20500	INJECT SINUS TRACT; THERAPEUTIC	122.94	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	20501	INJECT SINUS TRACT; DIAGNOSTIC	139.61										
77	20501	INJECT SINUS TRACT; DIAGNOSTIC	139.61	00 15									
73	20520	REMOVE FOREIGN BODY; SIMPLE	213.97										
77	20520	REMOVE FOREIGN BODY; SIMPLE	213.97	00 15									
73	20525	REMOVE FOREIGN BODY; COMPLICATED	460.16										
77	20525	REMOVE FOREIGN BODY; COMPLICATED	460.16	00 15									
73	20526	THER INJECTION CARPAL TUNNEL	82.47										
77	20526	THER INJECTION CARPAL TUNNEL	82.47	00 15									
73	20527	INJECTION OF ENZYME IN PALM TISSUE	88.12										
77	20527	INJECTION OF ENZYME IN PALM TISSUE	88.12	00 15									
73	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	57.83									X	
77	20550	INJECTIONS OF TENDON SHEATH, LIGAMEN	57.83	00 15								X	
73	20551	INJECT TENDON ORIGIN/INSERT	57.83								X		
77	20551	INJECT TENDON ORIGIN/INSERT	57.83	00 15							X		
73	20552	INJECT TRIGGER POINT, 1 OR 2	52.59								X		
77	20552	INJECT TRIGGER POINT, 1 OR 2	52.59	00 15							X		
73	20553	INJECT TRIGGER POINTS, > 3	60.99								X		
77	20553	INJECT TRIGGER POINTS, > 3	60.99	00 15							X		
73	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	334.95										
77	20555	PLACEMENT OF NEEDLES OR CATHETERS IN	334.95	00 15									
73	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	52.59									X	
77	20600	ARTHROCENTESIS; SMALL JOINT/ BURSA	52.59	00 15								X	
73	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	81.23										
77	20604	ARTHROCENTESIS, ASPIRATION AND/OR IN	81.23	00 15									
73	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	55.14									X	
77	20605	ARTHROCENTESIS; MED. JOINT/ BURSA	55.14	00 15								X	
73	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	88.41										
77	20606	ARTHROCENTESIS, ASPIRATION AND/OR IN	88.41	00 15									
73	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	64.53									X	
77	20610	ARTHROCENTESIS; MAJOR JOINT/ BURSA	64.53	00 15								X	
73	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	99.45										
77	20611	ARTHROCENTESIS, ASPIRATION AND/OR IN	99.45	00 15									
73	20612	ASPIRATE/INJ GANGLION CYST	63.71									X	
77	20612	ASPIRATE/INJ GANGLION CYST	63.71	00 15								X	
73	20615	ASPIRATE/INJECTION-BONE CYST	249.85										
77	20615	ASPIRATE/INJECTION-BONE CYST	249.85	00 15									
73	20650	SKELETAL TRACTION; WIRE OR PIN	225.14										
77	20650	SKELETAL TRACTION; WIRE OR PIN	225.14	00 15									
73	20660	APPLY TONGS OR CALIPER AND REMOVE	255.56										
77	20660	APPLY TONGS OR CALIPER AND REMOVE	255.56	00 15									
73	20661	APPLY HALO; CRANIAL	531.75										
77	20661	APPLY HALO; CRANIAL	531.75	00 15									
73	20662	APPLY HALO; PELVIC	529.65										
77	20662	APPLY HALO; PELVIC	529.65	00 15									
73	20663	APPLY HALO; FEMORAL	487.46										

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
77	20663	APPLY HALO; FEMORAL	487.46	00 15									
73	20664	APPLICATION OF HALO, INCLUDING REMOV	928.65										
77	20664	APPLICATION OF HALO, INCLUDING REMOV	928.65	00 15									
73	20665	REMOVE HALO OR TONGS BY OTHER MD	115.97										
77	20665	REMOVE HALO OR TONGS BY OTHER MD	115.97	00 15									
73	20670	REMOVE IMPLANT; SUPERFICIAL	348.04										
77	20670	REMOVE IMPLANT; SUPERFICIAL	348.04	00 15									
73	20680	REMOVE IMPLANT; DEEP	599.31										
77	20680	REMOVE IMPLANT; DEEP	599.31	00 15									
73	20690	APPLY ESTERNAL FIXATION SYS,STND CON	609.29										
77	20690	APPLY ESTERNAL FIXATION SYS,STND CON	609.29	00 15									
73	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,140.36										
77	20692	APPLICAT MULT UNILAT EXTERN FIX SYST	1,140.36	00 15									
73	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	447.94										
77	20693	ADJ/REVIS EXTERN FIX SYST W/ANESTHES	447.94	00 15									
73	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	431.01										
77	20694	REMOVAL UNDER ANESTH EXT FIX SYSTEM	431.01	00 15									
73	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,190.60										
77	20696	APPLICATION OF MULTIPLANE (PINS OR W	1,190.60	00 15									
73	20700	MANUAL PREPARATION AND INSERTION OF	86.62										
77	20700	MANUAL PREPARATION AND INSERTION OF	86.62	00 15									
73	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	66.40										
77	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S),	66.40	00 15									
73	20702	MANUAL PREPARATION AND INSERTION OF	146.38										
77	20702	MANUAL PREPARATION AND INSERTION OF	146.38	00 15									
73	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	105.50										
77	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S),	105.50	00 15									
73	20704	MANUAL PREPARATION AND INSERTION OF	150.73										
77	20704	MANUAL PREPARATION AND INSERTION OF	150.73	00 15									
73	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	127.98										
77	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S),	127.98	00 15									
73	20802	REPLANTATION, ARM, COMPLETE	2,802.55										
77	20802	REPLANTATION, ARM, COMPLETE	2,802.55	00 15									
73	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,333.52										
77	20805	REPLANT FOREARM-COMPLETE AMPUTATION	3,333.52	00 15									
73	20808	REPLANT HAND; COMPLETE AMPUTATION	4,024.61										
77	20808	REPLANT HAND; COMPLETE AMPUTATION	4,024.61	00 15									
73	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,099.28										
77	20816	REPLANT DIGIT, TOTAL AMPUTATION	2,099.28	00 15									
73	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,808.73									X	
77	20822	REPLANT DIGIT,EXCLUDE THUMB COMP AMP	1,808.73	00 15								X	
73	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,102.76										
77	20824	REPLANT THUMB,COMPLETE AMPUTATION	2,102.76	00 15									
73	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,858.49										
77	20827	REPLANT THUMB-DISTAL TIP-COMPL AMP	1,858.49	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	20838	REPLANT FOOT; TOTAL AMPUTATION	2,843.36										
77	20838	REPLANT FOOT; TOTAL AMPUTATION	2,843.36	00 15									
73	20900	BONE GRAFT; ANY DONOR AREA, SMALL	385.51										
77	20900	BONE GRAFT; ANY DONOR AREA, SMALL	385.51	00 15									
73	20902	BONE GRAFT, ANY DONOR AREA; LARGE	281.48										
77	20902	BONE GRAFT, ANY DONOR AREA; LARGE	281.48	00 15									
73	20910	CARTILAGE GRAFT; COSTOCHONDRAL	482.13										
77	20910	CARTILAGE GRAFT; COSTOCHONDRAL	482.13	00 15									
73	20912	CARTILAGE GRAFT;NASAL SEPTUM	486.64										
77	20912	CARTILAGE GRAFT;NASAL SEPTUM	486.64	00 15									
73	20920	FASCIA LATA GRAFT;BY STRIPPER	404.15										
77	20920	FASCIA LATA GRAFT;BY STRIPPER	404.15	00 15									
73	20922	FASCIA LATA GRAFT;BY INCISION	614.46										
77	20922	FASCIA LATA GRAFT;BY INCISION	614.46	00 15									
73	20924	TENDON GRAFT; DISTANT	512.31										
77	20924	TENDON GRAFT; DISTANT	512.31	00 15									
73	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	116.32										
77	20931	ALLOGRAFT, STRUCTURAL, FOR SPINE SUR	116.32	00 15									
73	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	774.51										
77	20932	ALLOGRAFT, INCLUDES TEMPLATING, CUT	774.51	00 15									
73	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	711.10										
77	20933	ALLOGRAFT, INCLUDES TEMPLATING, CUT	711.10	00 15									
73	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	774.17										
77	20934	ALLOGRAFT, INCLUDES TEMPLATING, CUT	774.17	00 15									
73	20937	SPINAL BONE AUTOGRAFT	174.50										
77	20937	SPINAL BONE AUTOGRAFT	174.50	00 15									
73	20938	SPINAL BONE AUTOGRAFT	191.84										
77	20938	SPINAL BONE AUTOGRAFT	191.84	00 15									
73	20939	BONE MARROW ASPIRATION FOR BONE GRAF	73.52										
77	20939	BONE MARROW ASPIRATION FOR BONE GRAF	73.52	00 15									
73	20950	MONITOR INTERSTITIAL FLUID	256.65										
77	20950	MONITOR INTERSTITIAL FLUID	256.65	00 15									
73	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,498.89			X							
77	20955	FIBULA GRAFT W/MICROVASCULAR ANASTOM	2,498.89	00 15		X							
73	20956	ILIAC BONE GRAFT, MICROVASC	2,697.29										
77	20956	ILIAC BONE GRAFT, MICROVASC	2,697.29	00 15									
73	20957	MT BONE GRAFT, MICROVASC	2,807.58										
77	20957	MT BONE GRAFT, MICROVASC	2,807.58	00 15									
73	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,715.68			X							
77	20962	BONE GRAFT/MICROVAS ANAS.-OTHER,SPEC	2,715.68	00 15		X							
73	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,756.77			X							
77	20969	FREE OSTEOCUTAN FLAP/MICROVAS ANASTO	2,756.77	00 15		X							
73	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,909.12			X							
77	20970	FREE OSTEOCUTAN FLAP...;ILIAC CREST	2,909.12	00 15		X							
73	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,901.23			X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	20972	FREE OSTEOCUTAN FLAP..;METATARSAL	2,901.23	00 15		X							
73	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,065.64			X							
77	20973	FREE OSTEOCUTAN FLAP..;GREAT TOE/WEB	3,065.64	00 15		X							
73	20979	US BONE STIMULATION	56.26										
77	20979	US BONE STIMULATION	56.26	00 15									
73	20982	ABLATE, BONE TUMOR(S) PERQ	3,383.97										
77	20982	ABLATE, BONE TUMOR(S) PERQ	3,383.97	00 15									
73	20983	ABLATION THERAPY FOR REDUCTION OR ER	4,913.47										
77	20983	ABLATION THERAPY FOR REDUCTION OR ER	4,913.47	00 15									
73	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	148.88										
77	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIO	148.88	00 15									
73	21010	ARTHROTOMY,JAW,UNILATERAL	742.81										
77	21010	ARTHROTOMY,JAW,UNILATERAL	742.81	00 15									
73	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	369.68										
77	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE	369.68	00 15									
73	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	345.36										
77	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE	345.36	00 15									
73	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	536.84										
77	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE	536.84	00 15									
73	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	531.01										
77	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE	531.01	00 15									
73	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	708.29										
77	21015	REMOVAL OF (LESS THAN 2 CENTIMETERS)	708.29	00 15									
73	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,029.09										
77	21016	REMOVAL OF (2 CENTIMETERS OR GREATER	1,029.09	00 15									
73	21025	EXCISE BONE;MANDIBLE	784.39										
77	21025	EXCISE BONE;MANDIBLE	784.39	00 15									
73	21026	EXCISE BONE(S);FACIAL	526.51										
77	21026	EXCISE BONE(S);FACIAL	526.51	00 15									
73	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	766.73										
77	21029	REMOV BY CONTOUR BENIGN TUM FAC BONE	766.73	00 15									
73	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	452.95										
77	21030	EXCISE BENIGN TUMOR OF FACIAL BONE	452.95	00 15									
73	21031	EXCISION OF TORUS MANDIBULARIS	375.62										
77	21031	EXCISION OF TORUS MANDIBULARIS	375.62	00 15									
73	21032	EXCISION OF MAXILLARY TORUS PALATINU	363.70										
77	21032	EXCISION OF MAXILLARY TORUS PALATINU	363.70	00 15									
73	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,303.66										
77	21034	EXCISE MALIGNANCY OF FACIAL BONE	1,303.66	00 15									
73	21040	EXCISE BENIGN CYST;MANDIBLE	459.24										
77	21040	EXCISE BENIGN CYST;MANDIBLE	459.24	00 15									
73	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	870.00										
77	21044	EXCISE MALIGNANT TUMOR; MANDIBLE	870.00	00 15									
73	21045	RADICAL RESECTION OF MANDIBLE	1,212.25										
77	21045	RADICAL RESECTION OF MANDIBLE	1,212.25	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	21046	REMOVE MANDIBLE CYST COMPLEX	985.82										
77	21046	REMOVE MANDIBLE CYST COMPLEX	985.82	00 15									
73	21047	EXCISE LWR JAW CYST W/REPAIR	1,224.39										
77	21047	EXCISE LWR JAW CYST W/REPAIR	1,224.39	00 15									
73	21048	REMOVE MAXILLA CYST COMPLEX	994.43										
77	21048	REMOVE MAXILLA CYST COMPLEX	994.43	00 15									
73	21049	EXCIS UPPR JAW CYST W/REPAIR	1,162.41										
77	21049	EXCIS UPPR JAW CYST W/REPAIR	1,162.41	00 15									
73	21050	TEMPRORMANDIBULAR ARTHRECTOMY	861.02										
77	21050	TEMPRORMANDIBULAR ARTHRECTOMY	861.02	00 15									
73	21060	TEMPOROMANDIBULAR MENISCECTOMY	782.72										
77	21060	TEMPOROMANDIBULAR MENISCECTOMY	782.72	00 15									
73	21070	CORONOIDECTOMY; UNILATERAL	617.04										
77	21070	CORONOIDECTOMY; UNILATERAL	617.04	00 15									
73	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	369.12								X		
77	21073	MANIPULATION OF TEMPOROMANDIBULAR JO	369.12	00 15							X		
73	21076	PREPARE FACE/ORAL PROSTHESIS	861.17										
77	21076	PREPARE FACE/ORAL PROSTHESIS	861.17	00 15									
73	21077	PREPARE FACE/ORAL PROSTHESIS	2,112.58										
77	21077	PREPARE FACE/ORAL PROSTHESIS	2,112.58	00 15									
73	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,442.68										
77	21079	IMPRESS & CUST PREP INT OBTUR PROSTH	1,442.68	00 15									
73	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,658.57										
77	21080	IMPRESS & CUST PREP DEFIN OBTUR PROS	1,658.57	00 15									
73	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,527.72										
77	21081	IMPRESS & CUST PREP MAND RESECT PROS	1,527.72	00 15									
73	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,409.75										
77	21082	IMPRESS & CUST PREP PALAT AUG PROSTH	1,409.75	00 15									
73	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,343.33										
77	21083	IMPRESS & CUST PREP PALAT LIFT PROST	1,343.33	00 15									
73	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,534.88										
77	21084	IMPRESS & CUST PREP SPEECH AID PROST	1,534.88	00 15									
73	21085	IMPRES & CUST PREP ORAL SURG SPLINT	669.87										
77	21085	IMPRES & CUST PREP ORAL SURG SPLINT	669.87	00 15									
73	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,570.85										
77	21086	IMPRESS & CUST PREP AURICULAR PROSTH	1,570.85	00 15									
73	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,570.85										
77	21087	IMPRESS & CUST PREP NASAL PROSTHESIS	1,570.85	00 15									
73	21100	MAXILLOFACIAL FIXATION	604.77										
77	21100	MAXILLOFACIAL FIXATION	604.77	00 15									
73	21110	INTERDENTAL FIXATION	842.61										
77	21110	INTERDENTAL FIXATION	842.61	00 15									
73	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	209.09										
77	21116	INJ.FOR TEMPOROMANDIBULAR ARTHROTOMY	209.09	00 15									
73	21120	GENIOPLASTY;AUGMENTATION	655.50										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	21120	GENIOPLASTY;AUGMENTATION	655.50	00 15									
73	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	626.92										
77	21121	GENIOPLASTY;SLIDING OSTEOTOMY,SINGLE	626.92	00 15									
73	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	752.66										
77	21122	GENIOPLASTY;SLIDING OSTEOTOMIES,2+	752.66	00 15									
73	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	843.86										
77	21123	GENIOPLASTY;SLIDING,AUGMENT W/BONE	843.86	00 15									
73	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,534.66										
77	21125	AUGMENTATION MANDIBULAR BODY/ANGLE	2,534.66	00 15									
73	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,860.60										
77	21127	AUGMENT MAND BODY/ANGLE W/BONE GRAFT	3,860.60	00 15									
73	21137	REDUCTION FOREHEAD;CONTOURING ONLY	761.70										
77	21137	REDUCTION FOREHEAD;CONTOURING ONLY	761.70	00 15									
73	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	928.20										
77	21138	REDUCT FOREHEAD;CONTOUR & APPL PROST	928.20	00 15									
73	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,105.24										
77	21139	REDUCT FOREHEAD;CONTOUR & SETBACK	1,105.24	00 15									
73	21141	RECONSTRUCT MIDFACE, LEFORT	1,330.60										
77	21141	RECONSTRUCT MIDFACE, LEFORT	1,330.60	00 15									
73	21142	RECONSTRUCT MIDFACE, LEFORT	1,365.97										
77	21142	RECONSTRUCT MIDFACE, LEFORT	1,365.97	00 15									
73	21143	RECONSTRUCT MIDFACE, LEFORT	1,407.63										
77	21143	RECONSTRUCT MIDFACE, LEFORT	1,407.63	00 15									
73	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,550.84										
77	21145	RECONSTR MIDFACE,LEFORT I;SING PIECE	1,550.84	00 15									
73	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,618.16										
77	21146	RECONSTR MIDFACE,2 PIECES,ANY DIRECT	1,618.16	00 15									
73	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,705.46										
77	21147	RECONSTR MIDFACE,3 OR MORE PIECES	1,705.46	00 15									
73	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,666.99										
77	21150	RECONSTR MIDFAVE LEFORT II,ANT INTRU	1,666.99	00 15									
73	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,836.42										
77	21151	RECONSTR MIDFACE,LEFORT II,ANY PIECE	1,836.42	00 15									
73	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,975.96										
77	21154	RECONSTR MIDFACE,LEFORT III,ANY TYPE	1,975.96	00 15									
73	21155	RECONSTR MIDFACE III W/LEFORT I	2,193.36										
77	21155	RECONSTR MIDFACE III W/LEFORT I	2,193.36	00 15									
73	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,631.15										
77	21159	RECONSTR MIDFACE,LEF III W/FOREHEAD	2,631.15	00 15									
73	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,855.57										
77	21160	RECONSTR MIDFACE,LEF III,FOREH,LEF I	2,855.57	00 15									
73	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,245.18										
77	21172	RECON SUP-LAT ORB RIM & LOW FOREHEAD	2,245.18	00 15									
73	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,249.01										
77	21175	RECON BIFRONT,SUP-LAT ORB RIMS,LOW F	2,249.01	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,545.38										
77	21179	RECON ALL OR MAJ FOREHEAD W/GRAFTS	1,545.38	00 15									
73	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,727.14										
77	21180	RECON ALL OR MAJ FOREHEAD W/AUTOGRAF	1,727.14	00 15									
73	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	752.63										
77	21181	REMOVAL/CONTOUR BENIGN TUMOR/CRANIAL	752.63	00 15									
73	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,152.86										
77	21182	RECON ORB WALLS,RIMS,FOREHEAD < 40CM	2,152.86	00 15									
73	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,343.22										
77	21183	RECON ORB WALLS,RIMS,FOREHEAD 40-80C	2,343.22	00 15									
73	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,520.26										
77	21184	RECON ORB WALLS,RIMS,FOREHEAD < 80CM	2,520.26	00 15									
73	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,578.22										
77	21188	RECONSTRUCT MIDFACE OSTEOTOMIES	1,578.22	00 15									
73	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,232.11										
77	21193	RECONSTR MAND RAMUS W/O BONE GRAFT	1,232.11	00 15									
73	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,424.60										
77	21194	RECONSTR MAND RAMUS W/BONE GRAFT	1,424.60	00 15									
73	21195	RECONST MAND RAMUS W/O RIGID FIX	1,337.62										
77	21195	RECONST MAND RAMUS W/O RIGID FIX	1,337.62	00 15									
73	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,429.59										
77	21196	RECONST MAND RAMUS W/INT RIGID FIXAT	1,429.59	00 15									
73	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,029.60										
77	21198	OSTEOTOMY,MANDIBLE,SEGMENTAL	1,029.60	00 15									
73	21199	RECONSTR LWR JAW W/ADVANCE	1,020.46										
77	21199	RECONSTR LWR JAW W/ADVANCE	1,020.46	00 15									
73	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	973.17										
77	21206	OSTEOPLASTY; MAXILLA, SEGMENTAL	973.17	00 15									
73	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,602.79			X							
77	21208	OSTEOPLASTY; FACIAL, AUGMENTATION	1,602.79	00 15		X							
77	21209	OSTEOPLASTY; FACIAL BONES, REDUCTION	808.73	00 15		X							
73	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,719.07										
77	21210	BONE GRAFT; NASAL, MAXILLARY, OR MAL	1,719.07	00 15									
73	21215	BONE GRAFT; MANDIBLE	3,942.28										
77	21215	BONE GRAFT; MANDIBLE	3,942.28	00 15									
73	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	758.90										
77	21230	RIB CARTILAGE GRAFT; AUTOGENOUS	758.90	00 15									
73	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	729.65										
77	21235	EAR CARTILAGE GRAFT; AUTOGENOUS	729.65	00 15									
73	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,053.54										
77	21240	TEMPOROMANDIBULAR ARTHROPLASTY	1,053.54	00 15									
73	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,009.95										
77	21242	ARTHROPLASTY,TEMPOROMANDIBULAR JOINT	1,009.95	00 15									
73	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,672.38										
77	21243	ARTHROPLASTY,TEMPOROMAND,PROSTH REP	1,672.38	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,010.04											
77	21244	RECONSTRUCT MANDIBLE,EXTRAORAL	1,010.04	00	15									
73	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,212.42											
77	21245	RECON.MAND/MAX,SUBPERI IMPLANT;PARTI	1,212.42	00	15									
73	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	849.47											
77	21246	RECON MAND/MAX,SUBPERI IMPLANT;COMPL	849.47	00	15									
73	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,580.53											
77	21247	RECONS MAND CONDYLE W/BONE,CART AUTO	1,580.53	00	15									
73	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	972.46											
77	21248	RECON MAND/MAX,ENDO IMPLANT;PARTIAL	972.46	00	15									
73	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,323.38											
77	21249	RECON MAND/MAX,ENDO IMPLANT;COMPLETE	1,323.38	00	15									
73	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,331.84											
77	21255	RECONS ZYGO ARCH,GLENOID FOSSA W/BON	1,331.84	00	15									
73	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,257.36											
77	21256	RECON OF ORBIT WITH OSTEOTOMIES	1,257.36	00	15									
73	21260	ORBITAL REVISION; EXTRACRANIAL	1,382.69											
77	21260	ORBITAL REVISION; EXTRACRANIAL	1,382.69	00	15									
73	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,458.16											
77	21261	REVISE ORBIT; INTRA/EXTRACRANIAL	2,458.16	00	15									
73	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,271.56											
77	21263	REVISE ORBIT; ADVANCE FOREHEAD	2,271.56	00	15									
73	21267	REPOSITION ORBIT; EXTRACRANIAL	1,616.32											
77	21267	REPOSITION ORBIT; EXTRACRANIAL	1,616.32	00	15									
73	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,031.50											
77	21268	REPOSITION ORBIT; INTRA/EXTRACRANIAL	2,031.50	00	15									
73	21270	RECONSTRUCT ORBITOFACIAL BONES	1,014.85											
77	21270	RECONSTRUCT ORBITOFACIAL BONES	1,014.85	00	15									
73	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	855.84											
77	21275	ORBITOCRANIOFACIAL RECONSTRUCTION	855.84	00	15									
73	21282	LATERAL CANTHOPEXY	393.82	16	20	X								
77	21282	LATERAL CANTHOPEXY	393.82	00	15	X								
73	21315	DIGITAL MANIPULATION OF NASAL FX	148.75											
77	21315	DIGITAL MANIPULATION OF NASAL FX	148.75	00	15									
73	21320	MANIPULATE NASAL FX; INSTRUMENTAL	214.26											
77	21320	MANIPULATE NASAL FX; INSTRUMENTAL	214.26	00	15									
73	21325	OPEN TREATMENT NASAL FX; SIMPLE	442.49											
77	21325	OPEN TREATMENT NASAL FX; SIMPLE	442.49	00	15									
73	21330	TREATMENT NASAL FX; COMPLICATED	534.80											
77	21330	TREATMENT NASAL FX; COMPLICATED	534.80	00	15									
73	21335	OPEN TREATMENT FX NASAL SEPTUM	719.56											
77	21335	OPEN TREATMENT FX NASAL SEPTUM	719.56	00	15									
73	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	634.82											
77	21336	OPEN TREATMENT OF NASAL SEPTAL FRACT	634.82	00	15									
73	21337	CLOSED TREATMENT FX NASAL SEPTUM	413.92											

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	21337	CLOSED TREATMENT FX NASAL SEPTUM	413.92	00 15									
73	21338	OPEN TREATMENT NASOETHMOID FRACTURE	669.64										
77	21338	OPEN TREATMENT NASOETHMOID FRACTURE	669.64	00 15									
73	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	759.80										
77	21339	OPEN TREATMENT NASOETHMOID FX,EX FIX	759.80	00 15									
73	21340	TREAT NASOETHMOID COMPLEX FX	764.26										
77	21340	TREAT NASOETHMOID COMPLEX FX	764.26	00 15									
73	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,095.69										
77	21343	OPEN TREATMENT OF CLOSED OR OPEN DEP	1,095.69	00 15									
73	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,415.60										
77	21344	OPEN TREATMENT OF COMPLICATED (EG, C	1,415.60	00 15									
73	21345	TREAT NASOMAXILLARY COMPLEX FX	803.31										
77	21345	TREAT NASOMAXILLARY COMPLEX FX	803.31	00 15									
73	21346	OPEN TREATMENT NASOMAXILLARY FX	1,025.09										
77	21346	OPEN TREATMENT NASOMAXILLARY FX	1,025.09	00 15									
73	21347	OPEN TREATMENT NASOMAXILLARY FX	1,046.93										
77	21347	OPEN TREATMENT NASOMAXILLARY FX	1,046.93	00 15									
73	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,112.31										
77	21348	OPEN TREATMENT OF NASOMAXILLARY COMP	1,112.31	00 15									
73	21355	MANIPULATE FX OF MALAR AREA	447.12										
77	21355	MANIPULATE FX OF MALAR AREA	447.12	00 15									
73	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	541.96										
77	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATI	541.96	00 15									
73	21360	TREAT DEPRESSED MALAR FRACTURE	529.81										
77	21360	TREAT DEPRESSED MALAR FRACTURE	529.81	00 15									
73	21365	TREAT COMPLICATED FX MALAR AREA	1,096.76										
77	21365	TREAT COMPLICATED FX MALAR AREA	1,096.76	00 15									
73	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,296.70										
77	21366	OPEN TREATMENT OF COMPLICATED (EG, C	1,296.70	00 15									
73	21385	TREAT ORBITAL FX; TRANSANTRAL	741.74										
77	21385	TREAT ORBITAL FX; TRANSANTRAL	741.74	00 15									
73	21386	TREAT ORBITAL FX; PERIORBITAL	701.92										
77	21386	TREAT ORBITAL FX; PERIORBITAL	701.92	00 15									
73	21387	TREAT ORBITAL FX; COMBINATION	774.60										
77	21387	TREAT ORBITAL FX; COMBINATION	774.60	00 15									
73	21390	TREAT ORBITAL FX WITH IMPLANT	806.86										
77	21390	TREAT ORBITAL FX WITH IMPLANT	806.86	00 15									
73	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,025.58										
77	21395	TREAT ORBITAL FX WITH BONE GRAFT	1,025.58	00 15									
73	21400	TREAT FX OF ORBIT W/O MANIPULATION	211.63										
77	21400	TREAT FX OF ORBIT W/O MANIPULATION	211.63	00 15									
73	21401	TREAT FX OF ORBIT WITH MANIPULATION	503.29										
77	21401	TREAT FX OF ORBIT WITH MANIPULATION	503.29	00 15									
73	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	589.53										
77	21406	TREAT OPEN FX OF ORBIT W/O IMPLANT	589.53	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	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	648.15										
77	21407	TREAT OPEN FX OF ORBIT WITH IMPLANT	648.15	00 15									
73	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	916.97										
77	21408	OPEN TREATMENT OF FRACTURE OF ORBIT,	916.97	00 15									
73	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	632.23										
77	21421	TREAT PALATAL/ ALVEOLAR RIDGE FX	632.23	00 15									
73	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	632.55										
77	21422	OPEN TREATMENT OF PALATE/ ALVEOLI FX	632.55	00 15									
73	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	809.08										
77	21423	OPEN TREATMENT OF PALATAL OR MAXILLA	809.08	00 15									
73	21431	TREAT CRANIOFACIAL SEPARATION	685.91										
77	21431	TREAT CRANIOFACIAL SEPARATION	685.91	00 15									
73	21432	OPEN TX CRANIOFACIAL SEPARATION	722.37										
77	21432	OPEN TX CRANIOFACIAL SEPARATION	722.37	00 15									
73	21433	COMPLICATED TX CRANIOFACIAL FX	1,764.27										
77	21433	COMPLICATED TX CRANIOFACIAL FX	1,764.27	00 15									
73	21435	COMPLICATED TX CRANIOFACIAL FX	1,428.36										
77	21435	COMPLICATED TX CRANIOFACIAL FX	1,428.36	00 15									
73	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,069.42										
77	21436	OPEN TREATMENT OF CRANIOFACIAL SEPAR	2,069.42	00 15									
73	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	667.78										
77	21440	MANIPULATE ALVEOLAR RIDGE FRACTURE	667.78	00 15									
73	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	770.90										
77	21445	OPEN TREATMENT ALVEOLAR RIDGE FX	770.90	00 15									
73	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	576.16										
77	21450	TREAT CLOSED OR OPEN MANDIBULAR FX	576.16	00 15									
73	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	751.81										
77	21451	CLOSED REDUCTION MANDIBULAR FRACTURE	751.81	00 15									
73	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	719.29										
77	21452	TREAT OPEN MANDIBULAR FX W/O MANIPUL	719.29	00 15									
73	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,069.38										
77	21453	TREAT OPEN MANDIBULAR FX W/MANIPULAT	1,069.38	00 15									
73	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	486.73										
77	21454	OPEN TX CLOSED/OPEN MAND FX/EXT FIX	486.73	00 15									
73	21461	TREAT MANDIBULAR FX W/O FIXATION	1,782.69										
77	21461	TREAT MANDIBULAR FX W/O FIXATION	1,782.69	00 15									
73	21462	TREAT MANDIBULAR FX WITH FIXATION	1,931.91										
77	21462	TREAT MANDIBULAR FX WITH FIXATION	1,931.91	00 15									
73	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	798.04									X	
77	21465	OPEN TREAT.MANDIBULAR CONDYLAR FX	798.04	00 15								X	
73	21470	TREAT COMPLICATED MANDIBULAR FX	1,167.41										
77	21470	TREAT COMPLICATED MANDIBULAR FX	1,167.41	00 15									
73	21480	TX TEMPOROMANDIBULAR DISLOCATION	138.38										
77	21480	TX TEMPOROMANDIBULAR DISLOCATION	138.38	00 15									
73	21485	TEMPOROMANDIBULAR MANIPULATION	941.57										

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	21485	TEMPOROMANDIBULAR MANIPULATION	941.57	00	15									
73	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	785.84											
77	21490	OPEN TX TEMPOROMANDIBULAR DISLOCATIO	785.84	00	15									
73	21501	I & D DEEP ABSCESS OR HEMATOMA	485.26											
77	21501	I & D DEEP ABSCESS OR HEMATOMA	485.26	00	15									
73	21502	I & D WITH PARTIAL RIB REMOVAL	523.35											
77	21502	I & D WITH PARTIAL RIB REMOVAL	523.35	00	15									
73	21510	INCISION WITH OPENING OF BONE CORTEX	464.02											
77	21510	INCISION WITH OPENING OF BONE CORTEX	464.02	00	15									
73	21550	EXCISIONAL BIOPSY SOFT TISSUES	263.24											
77	21550	EXCISIONAL BIOPSY SOFT TISSUES	263.24	00	15									
73	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	460.64											
77	21552	EXCISION, TUMOR, SOFT TISSUE OF NECK	460.64	00	15									
73	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	752.29											
77	21554	EXCISION, TUMOR, SOFT TISSUE OF NECK	752.29	00	15									
73	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	434.33											
77	21555	EXCISE BENIGN TUMOR; SUBCUTANEOUS	434.33	00	15									
73	21556	EXCISE BENIGN TUMOR; DEEP	543.34											
77	21556	EXCISE BENIGN TUMOR; DEEP	543.34	00	15									
73	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	980.54											
77	21557	REMOVAL OF (LESS THAN 5 CENTIMETERS)	980.54	00	15									
73	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,383.88											
77	21558	REMOVAL OF (5 CENTIMETERS OR GREATER	1,383.88	00	15									
73	21600	EXCISION OF RIB; PARTIAL	576.14											
77	21600	EXCISION OF RIB; PARTIAL	576.14	00	15									
73	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,178.46										X	
77	21601	EXCISION OF CHEST WALL TUMOR INCLUDI	1,178.46	00	15								X	
73	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,577.12											
77	21602	EXCISION OF CHEST WALL TUMOR INVOLVI	1,577.12	00	15									
73	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,725.70											
77	21603	EXCISION OF CHEST WALL TUMOR INVOLVI	1,725.70	00	15									
73	21610	COSTOTRANSVERSECTOMY	1,188.14											
77	21610	COSTOTRANSVERSECTOMY	1,188.14	00	15									
73	21615	EXCISION CERVICAL RIB	644.11											
77	21615	EXCISION CERVICAL RIB	644.11	00	15									
73	21616	EXCISE RIB WITH SYMPATHECTOMY	740.98											
77	21616	EXCISE RIB WITH SYMPATHECTOMY	740.98	00	15									
73	21620	OSTECTOMY OF STERNUM; PARTIAL	517.60											
77	21620	OSTECTOMY OF STERNUM; PARTIAL	517.60	00	15									
73	21627	STERNAL DEBRIDEMENT	556.28											
77	21627	STERNAL DEBRIDEMENT	556.28	00	15									
73	21630	RADICAL RESECTION OF STERNUM	1,335.31											
77	21630	RADICAL RESECTION OF STERNUM	1,335.31	00	15									
73	21632	MEDIASTINAL LYMPHADENECTOMY	1,250.99											
77	21632	MEDIASTINAL LYMPHADENECTOMY	1,250.99	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	21685	HYOID MYOTOMY & SUSPENSION	997.62										
77	21685	HYOID MYOTOMY & SUSPENSION	997.62	00 15									
73	21700	DIVISION OF SCALENUS ANTICUS	370.02										
77	21700	DIVISION OF SCALENUS ANTICUS	370.02	00 15									
73	21705	DIVIDE SCALENUS AND RESECTION RIB	554.97										
77	21705	DIVIDE SCALENUS AND RESECTION RIB	554.97	00 15									
73	21720	DIVISION STERNOCLEIDOMASTOID	556.18										
77	21720	DIVISION STERNOCLEIDOMASTOID	556.18	00 15									
73	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	554.46										
77	21725	DIVIDE STERNOCLEIDOMASTOID; CAST	554.46	00 15									
73	21740	RECONSTRUCT PECTUS EXCAVATUM	1,060.54		X								
77	21740	RECONSTRUCT PECTUS EXCAVATUM	1,060.54	00 15	X								
73	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	698.64										
77	21750	CLOSURE OF STERNOTOMY SEPARATION WIT	698.64	00 15									
73	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	616.21										
77	21811	OPEN TREATMENT OF RIB FRACTURE(S) WI	616.21	00 15									
73	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	746.39										
77	21812	OPEN TREATMENT OF RIB FRACTURE(S) WI	746.39	00 15									
73	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,023.46										
77	21813	OPEN TREATMENT OF RIB FRACTURE(S) WI	1,023.46	00 15									
73	21820	TREAT STERNUM FRACTURE; CLOSED	152.02										
77	21820	TREAT STERNUM FRACTURE; CLOSED	152.02	00 15									
73	21825	TREAT STERNUM FRACTURE; OPEN	563.56										
77	21825	TREAT STERNUM FRACTURE; OPEN	563.56	00 15									
73	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	253.12										
77	21920	BX,SFT TISS-BACK/FLANK;SUPERFICIAL	253.12	00 15									
73	21925	BX,SFT TISS-BACK/FLANK; DEEP	494.81										
77	21925	BX,SFT TISS-BACK/FLANK; DEEP	494.81	00 15									
73	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	505.51										
77	21930	EXCISE TUMOR,SOFT TISS-BACK OR FLANK	505.51	00 15									
73	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	484.40										
77	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK	484.40	00 15									
73	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	685.60										
77	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK	685.60	00 15									
73	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	761.72										
77	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK	761.72	00 15									
73	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,051.24										
77	21935	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,051.24	00 15									
73	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,460.97										
77	21936	REMOVAL (5 CENTIMETERS OR GREATER) T	1,460.97	00 15									
73	22010	INCISION AND DRAINAGE, OPEN OF DEEP	1,004.29										
77	22010	I&D, P-SPINE, C/T/CERV-THOR	1,004.29	00 15									
73	22015	I&D, P-SPINE, L/S/LS	984.61										
77	22015	I&D, P-SPINE, L/S/LS	984.61	00 15									
73	22100	RESECT VERTEBRA,CERVICAL	891.57										

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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	22100	RESECT VERTEBRA,CERVICAL	891.57	00 15									
73	22101	RESECT VERTEBRA,THORACIC	897.76										
77	22101	RESECT VERTEBRA,THORACIC	897.76	00 15									
73	22102	RESECT VERTEBRA,LUMBAR	795.80										
77	22102	RESECT VERTEBRA,LUMBAR	795.80	00 15									
73	22103	REMOVE EXTRA SPINE SEGMENT	140.77										
77	22103	REMOVE EXTRA SPINE SEGMENT	140.77	00 15									
73	22110	EXCISE CERVICAL VERTEBRA	1,108.22										
77	22110	EXCISE CERVICAL VERTEBRA	1,108.22	00 15									
73	22112	EXCISE THORACIC VERTEBRA	1,198.64										
77	22112	EXCISE THORACIC VERTEBRA	1,198.64	00 15									
73	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,198.64										
77	22114	EXCISE LUMBAR VERTEBRAE FOR OSTEOMYE	1,198.64	00 15									
73	22116	REMOVE EXTRA SPINE SEGMENT	148.65										
77	22116	REMOVE EXTRA SPINE SEGMENT	148.65	00 15									
73	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,559.65										
77	22206	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,559.65	00 15									
73	22207	OSTEOTOMY OF SPINE,POSTERIOR OR POS	2,502.67										
77	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POS	2,502.67	00 15									
73	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	617.97									X	
77	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POS	617.97	00 15								X	
73	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,861.06										
77	22210	OSTEOTOMY,SPINE,CORR DEFORM;CERVICAL	1,861.06	00 15									
73	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,570.83										
77	22212	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,570.83	00 15									
73	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,571.50										
77	22214	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,571.50	00 15									
73	22216	REVISE, EXTRA SPINE SEGMENT	378.97										
77	22216	REVISE, EXTRA SPINE SEGMENT	378.97	00 15									
73	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,683.87										
77	22220	OSTEOTOMY SPINE,CORR DEFORM;CERVICAL	1,683.87	00 15									
73	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,865.65										
77	22222	OSTEOTOMY SPINE,CORR DEFORM;THORACIC	1,865.65	00 15									
73	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,631.67										
77	22224	OSTEOTOMY SPINE,CORR DEFORM;LUMBAR	1,631.67	00 15									
73	22226	REVISE, EXTRA SPINE SEGMENT	373.78										
77	22226	REVISE, EXTRA SPINE SEGMENT	373.78	00 15									
73	22310	TR VERT BODY FX/DISLOCATION EACH	315.96										
77	22310	TR VERT BODY FX/DISLOCATION EACH	315.96	00 15									
73	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	901.12										
77	22315	CLOSED TREATMENT OF BROKEN AND/OR DI	901.12	00 15									
73	22318	TREAT ODONTOID FX W/O GRAFT	1,751.55										
77	22318	TREAT ODONTOID FX W/O GRAFT	1,751.55	00 15									
73	22319	TREAT ODONTOID FX W/GRAFT	1,951.42										
77	22319	TREAT ODONTOID FX W/GRAFT	1,951.42	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	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,544.38										
77	22325	OPEN TREATMENT OF BROKEN AND/OR DISL	1,544.38	00 15									
73	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,590.39										
77	22326	OPEN TREATMENT OF BROKEN AND/OR DISL	1,590.39	00 15									
73	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,611.46										
77	22327	OPEN TREATMENT OF BROKEN AND/OR DISL	1,611.46	00 15									
73	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	298.84										
77	22328	OPEN TREATMENT OF BROKEN AND/OR DISL	298.84	00 15									
73	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,769.47										
77	22510	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,769.47	00 15									
73	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,758.03										
77	22511	PERCUTANEOUS VERTEBROPLASTY (BONE BI	1,758.03	00 15									
73	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	715.94									X	
77	22512	PERCUTANEOUS VERTEBROPLASTY (BONE BI	715.94	00 15								X	
73	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,535.36										
77	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,535.36	00 15									
73	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,505.58										
77	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION,	5,505.58	00 15									
73	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	2,842.16									X	
77	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION,	2,842.16	00 15								X	
73	22532	LAT THORAX SPINE FUSION	1,882.98										
77	22532	LAT THORAX SPINE FUSION	1,882.98	00 15									
73	22533	LAT LUMBAR SPINE FUSION	1,710.75										
77	22533	LAT LUMBAR SPINE FUSION	1,710.75	00 15									
73	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	376.81									X	
77	22534	ARTHRODESIS, LATERAL EXTRACAVITARY T	376.81	00 15								X	
73	22548	ANTHRODESIS,W/BONE GRAFT	2,090.89										
77	22548	ANTHRODESIS,W/BONE GRAFT	2,090.89	00 15									
73	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,788.00										
77	22551	ARTHRODESIS, ANTERIOR INTERBODY, INC	1,788.00	00 15									
73	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	417.20									X	
77	22552	ARTHRODESIS, ANTERIOR INTERBODY, INC	417.20	00 15								X	
73	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,321.07										
77	22554	ARTHRODESIS,W/BONE ALLOGRAFT	1,321.07	00 15									
73	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,746.43										
77	22556	ANTHRODESIS;THORACIC,BONE/BONE ALLOG	1,746.43	00 15									
73	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,589.86										
77	22558	ARTHRODESIS,LUMBAR,W/BONE ALLOGRAPH	1,589.86	00 15									
73	22585	ARTHRODESIS-EACH ADD.INTERSPACE	341.06									X	
77	22585	ARTHRODESIS-EACH ADD.INTERSPACE	341.06	00 15								X	
73	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,163.53										
77	22586	ARTHRODESIS, PRE-SACRAL INTERBODY TE	2,163.53	00 15									
73	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,676.24										
77	22590	ARTHRODESIS,W/BONE ALLO/INT.FIX	1,676.24	00 15									
73	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,596.93										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	22595	ARTHRODESIS,W/BONE ALLO/INT FIX	1,596.93	00 15									
73	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,365.07										
77	22600	ARTHRODESIS,POST.TECH.,BELOW C1	1,365.07	00 15									
73	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,338.41										
77	22610	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,338.41	00 15									
73	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,648.97										
77	22612	ARTHRODESIS, POSTERIOR OR POSTEROLAT	1,648.97	00 15									
73	22614	SPINE FUSION, EXTRA SEGMENT	411.00									X	
77	22614	SPINE FUSION, EXTRA SEGMENT	411.00	00 15								X	
73	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,641.57										
77	22630	ARTHRODESIS,LOC/BONE ALLO....LUMBAR	1,641.57	00 15									
73	22632	SPINE FUSION, EXTRA SEGMENT	339.08										
77	22632	SPINE FUSION, EXTRA SEGMENT	339.08	00 15									
73	22633	FUSION OF LOWER SPINE BONES WITH REM	1,892.57			X							
77	22633	FUSION OF LOWER SPINE BONES WITH REM	1,892.57	00 15		X							
73	22634	FUSION OF LOWER SPINE BONES WITH REM	509.29										
77	22634	FUSION OF LOWER SPINE BONES WITH REM	509.29	00 15									
73	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,421.09										
77	22800	FUSE PRIMARY 6/LESS VERT SCOLIOS	1,421.09	00 15									
73	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,204.36										
77	22802	FUSE PRIMARY 7/MORE VERTEBRAE	2,204.36	00 15									
73	22804	FUSION OF SPINE	2,530.61										
77	22804	FUSION OF SPINE	2,530.61	00 15									
73	22808	FUSION OF SPINE	1,904.51										
77	22808	FUSION OF SPINE	1,904.51	00 15									
73	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,054.97										
77	22810	ARTHRODESIS....;4 TO 7 VERTEBRAE	2,054.97	00 15									
73	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,250.51										
77	22812	ARTHRODESIS....;8 OR MORE VERTEBRAE	2,250.51	00 15									
73	22818	KYPHECTOMY, 1-2 SEGMENTS	2,201.22										
77	22818	KYPHECTOMY, 1-2 SEGMENTS	2,201.22	00 15									
73	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,534.76										
77	22819	KYPHECTOMY, 3 & MORE SEGMENT	2,534.76	00 15									
73	22830	EXPLORE SPINAL FUSION	854.47										
77	22830	EXPLORE SPINAL FUSION	854.47	00 15									
73	22840	POSTERIOR INSTRU(NO SEG FIX)	794.78										
77	22840	POSTERIOR INSTRU(NO SEG FIX)	794.78	00 15									
73	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	801.92										
77	22842	POST.INSTRUMENTATION;SEGMENTAL FIX	801.92	00 15									
73	22843	INSERT SPINE FIXATION DEVICE	858.45										
77	22843	INSERT SPINE FIXATION DEVICE	858.45	00 15									
73	22844	INSERT SPINE FIXATION DEVICE	1,028.56										
77	22844	INSERT SPINE FIXATION DEVICE	1,028.56	00 15									
73	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	764.65										
77	22845	ARTHRODESIS;INTERIOR INSTRUMENTATION	764.65	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	22846	INSERT SPINE FIXATION DEVICE	796.06										
77	22846	INSERT SPINE FIXATION DEVICE	796.06	00 15									
73	22847	INSERT SPINE FIXATION DEVICE	819.98										
77	22847	INSERT SPINE FIXATION DEVICE	819.98	00 15									
73	22848	INSERT PELVIC FIXATIONDEVICE	375.47										
77	22848	INSERT PELVIC FIXATIONDEVICE	375.47	00 15									
73	22849	REINSERT SPINAL FIXATION DEVICE	1,363.07										
77	22849	REINSERT SPINAL FIXATION DEVICE	1,363.07	00 15									
73	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	763.71										
77	22850	REMOVE POST NONSEGMENTAL INSTRUMENTA	763.71	00 15									
73	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	734.33										
77	22852	REMOVE POSTERIOR SEGMENTAL INSTRUMEN	734.33	00 15									
73	22853	INSERTION OF INTERBODY BIOMECHANICAL	270.97									X	
77	22853	INSERTION OF INTERBODY BIOMECHANICAL	270.97	00 15								X	
73	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	353.32									X	
77	22854	INSERTION OF INTERVERTEBRAL BIOMECHA	353.32	00 15								X	
73	22855	REMOVE ANTERIOR INSTRUMENTATION	1,158.77										
77	22855	REMOVE ANTERIOR INSTRUMENTATION	1,158.77	00 15									
73	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,700.16										
77	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,700.16	00 15									
73	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,806.31										
77	22857	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	1,806.31	00 15									
73	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	529.98										
77	22858	TOTAL DISC ARTHROPLASTY (ARTIFICIAL	529.98	00 15									
73	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	349.40									X	
77	22859	INSERTION OF INTERVERTEBRAL BIOMECHA	349.40	00 15								X	
73	22861	REVISION INCLUDING REPLACEMENT OF TO	2,475.12										
77	22861	REVISION INCLUDING REPLACEMENT OF TO	2,475.12	00 15									
73	22862	REVISION INCLUDING REPLACEMENT OF TO	2,469.36										
77	22862	REVISION INCLUDING REPLACEMENT OF TO	2,469.36	00 15									
73	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,206.97										
77	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,206.97	00 15									
73	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,409.49										
77	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY (	2,409.49	00 15									
73	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,124.67										
77	22867	INSERTION OF INTERLAMINAR/INTERSPINO	1,124.67	00 15									
73	22868	INSERTION OF INTERLAMINAR/INTERSPINO	256.69										
77	22868	INSERTION OF INTERLAMINAR/INTERSPINO	256.69	00 15									
73	22869	INSERTION OF INTERLAMINAR/INTERSPINO	431.95										
77	22869	INSERTION OF INTERLAMINAR/INTERSPINO	431.95	00 15									
73	22870	INSERTION OF INTERLAMINAR/INTERSPINO	118.85										
77	22870	INSERTION OF INTERLAMINAR/INTERSPINO	118.85	00 15									
73	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	583.12										
77	22900	EXC TUMOR ABDOMEN WALL SUBFASCIAL	583.12	00 15									
73	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	688.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	22901	EXCISION, TUMOR, SOFT TISSUE OF ABDO	688.38	00 15									
73	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	474.02										
77	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDO	474.02	00 15									
73	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	454.78										
77	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDO	454.78	00 15									
73	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,083.94										
77	22904	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,083.94	00 15									
73	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,370.16										
77	22905	REMOVAL (5 CENTIMETERS OR GREATER) T	1,370.16	00 15									
73	23000	REMOVE SUBDELTOID CAL DEPOSITS	544.67										
77	23000	REMOVE SUBDELTOID CAL DEPOSITS	544.67	00 15									
73	23020	RELEASE SHOULDER MUSCLE ERBS PAL	706.09										
77	23020	RELEASE SHOULDER MUSCLE ERBS PAL	706.09	00 15									
73	23030	I&D SHOULDER DEEP ABSC HEMATOMA	437.48										
77	23030	I&D SHOULDER DEEP ABSC HEMATOMA	437.48	00 15									
73	23031	I&D INFECTED SHOULDER BURSA	428.07										
77	23031	I&D INFECTED SHOULDER BURSA	428.07	00 15									
73	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	697.57										
77	23035	I&D DEEP CORTEX/CONE ABSC SHOULD	697.57	00 15									
73	23040	ARTHROTOMY REMOVE FOREIGN BODY	733.89										
77	23040	ARTHROTOMY REMOVE FOREIGN BODY	733.89	00 15									
73	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	582.67										
77	23044	ARTHROTOMY DRAIN/REMOVE FOREIGN BODY	582.67	00 15									
73	23065	BIOPSY SHOULDER SUPERFICIAL	223.78										
77	23065	BIOPSY SHOULDER SUPERFICIAL	223.78	00 15									
73	23066	BIOPSY OF SHOULDER DEEP	560.95										
77	23066	BIOPSY OF SHOULDER DEEP	560.95	00 15									
73	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	431.59										
77	23071	EXCISION, TUMOR, SOFT TISSUE OF SHOU	431.59	00 15									
73	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	716.81										
77	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOU	716.81	00 15									
73	23075	EXC BENIGN SHOULDER TUMOR SUBCU	513.92										
77	23075	EXC BENIGN SHOULDER TUMOR SUBCU	513.92	00 15									
73	23076	EXC BENIGN SHOULDER TUMOR DEEP	557.07										
77	23076	EXC BENIGN SHOULDER TUMOR DEEP	557.07	00 15									
73	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,166.60										
77	23077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,166.60	00 15									
73	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,475.56										
77	23078	REMOVAL (5 CENTIMETERS OR GREATER) T	1,475.56	00 15									
73	23100	BIOPSY SHOULDER JOINT	517.43										
77	23100	BIOPSY SHOULDER JOINT	517.43	00 15									
73	23101	EXCISION TORN CARTILAGE SHOULDER JOI	467.36										
77	23101	EXCISION TORN CARTILAGE SHOULDER JOI	467.36	00 15									
73	23105	ARTHROTOMY;GLENOHUMERAL JOINT	653.47										
77	23105	ARTHROTOMY;GLENOHUMERAL JOINT	653.47	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	23106	ARTHROTOMY;STERNOCLAVICULAR JT	513.33										
77	23106	ARTHROTOMY;STERNOCLAVICULAR JT	513.33	00 15									
73	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	676.54										
77	23107	ARTHROTOMY,GLENOHUMERAL,W/ EXPLORA..	676.54	00 15									
73	23120	CLAVICULECTOMY PARTIAL	599.91										
77	23120	CLAVICULECTOMY PARTIAL	599.91	00 15									
73	23125	CLAVICULECTOMY TOTAL	726.96										
77	23125	CLAVICULECTOMY TOTAL	726.96	00 15									
73	23130	ACROMIONECTOMY PARTIAL/TOTAL	631.31										
77	23130	ACROMIONECTOMY PARTIAL/TOTAL	631.31	00 15									
73	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	568.38										
77	23140	EXCISION CYST/TUMOR CLAVICLE/SCAPULA	568.38	00 15									
73	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	712.88										
77	23145	EXC TUMOR CLAVICLE/SCAPULA GRAFT PRI	712.88	00 15									
73	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	637.62										
77	23146	EXCISION TUMOR CLAVICLE/SCAPULA GRAF	637.62	00 15									
73	23150	EXCISION TUMOR PROXIMAL HUMEROUS	682.88										
77	23150	EXCISION TUMOR PROXIMAL HUMEROUS	682.88	00 15									
73	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	816.43										
77	23155	EXCISION TUMOR PROX HUMEROUS AUTOGEN	816.43	00 15									
73	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	695.56										
77	23156	EXCISION TUMOR PROX HUMEROUS HOMOGEN	695.56	00 15									
73	23170	SEQUESTRECTOMY CLAVICLE	577.27										
77	23170	SEQUESTRECTOMY CLAVICLE	577.27	00 15									
73	23172	SEQUESTRECTOMY SCAPULA	583.92										
77	23172	SEQUESTRECTOMY SCAPULA	583.92	00 15									
73	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	780.55										
77	23174	SEQUESTRECTOMY HUMERAL HEAD/NECK	780.55	00 15									
73	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	676.56										
77	23180	PARTIAL EXCISION CLAVICLE FOR OSTEOM	676.56	00 15									
73	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	686.22										
77	23182	PARTIAL EXCISION SCAPULA FOR OSTEOMY	686.22	00 15									
73	23184	PARTIAL EXCISION PROXIMAL HUMERUS	757.07										
77	23184	PARTIAL EXCISION PROXIMAL HUMERUS	757.07	00 15									
73	23190	OSTECTOMY OF SCAPULA PATTIAL	589.14										
77	23190	OSTECTOMY OF SCAPULA PATTIAL	589.14	00 15									
73	23195	RESECTION HUMERAL HEAD	759.40										
77	23195	RESECTION HUMERAL HEAD	759.40	00 15									
73	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,538.27										
77	23200	RADICAL RESECTION FOR TUMOR;CLAVICLE	1,538.27	00 15									
73	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,806.60										
77	23210	RADICAL RESECTION FOR TUMOR;SCAPULA	1,806.60	00 15									
73	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	1,980.27										
77	23220	RADICAL RESECTION FOR TUMOR;PROXIMAL	1,980.27	00 15									
73	23330	REMOVE SHOULDER FOREIGN BODY	296.91										

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	23330	REMOVE SHOULDER FOREIGN BODY	296.91	00 15									
73	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	483.08									X	
77	23333	REMOVAL OF FOREIGN BODY OF SHOULDER	483.08	00 15								X	
73	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,078.32									X	
77	23334	REMOVAL OF PROSTHESIS OF SHOULDER	1,078.32	00 15								X	
73	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,293.57									X	
77	23335	REMOVAL OF PROSTHESIS OF SHOULDER	1,293.57	00 15								X	
73	23350	INJECTION FOR SHOULDER X-RAY	160.50										
77	23350	INJECTION FOR SHOULDER X-RAY	160.50	00 15									
73	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,306.41										
77	23395	MUSCLE TRANSFER,SHOULDER/ARM	1,306.41	00 15									
73	23397	MUSCLE TRANSFER MULTIPLE	1,164.74										
77	23397	MUSCLE TRANSFER MULTIPLE	1,164.74	00 15									
73	23400	FIXATION OF SHOULDERBLADE	995.71										
77	23400	FIXATION OF SHOULDERBLADE	995.71	00 15									
73	23405	INCISION OF TENDON & MUSCLE	629.04										
77	23405	INCISION OF TENDON & MUSCLE	629.04	00 15									
73	23406	INCISE TENDON(S) & MUSCLE(S)	760.63										
77	23406	INCISE TENDON(S) & MUSCLE(S)	760.63	00 15									
73	23410	REPAIR OF TENDON(S)	838.42										
77	23410	REPAIR OF TENDON(S)	838.42	00 15									
73	23412	REPAIR OF TENDON(S),CHRONIC	871.25										
77	23412	REPAIR OF TENDON(S),CHRONIC	871.25	00 15									
73	23415	CORACOACROMIAL LIGAMENT RELEAS	713.68										
77	23415	CORACOACROMIAL LIGAMENT RELEAS	713.68	00 15									
73	23420	REPAIR COMPLETE SHOULDER	995.26										
77	23420	REPAIR COMPLETE SHOULDER	995.26	00 15									
73	23430	REPAIR BICEPS TENDON RUPTURE	760.09										
77	23430	REPAIR BICEPS TENDON RUPTURE	760.09	00 15									
73	23440	REMOVAL/TRANSPLANT TENDON	773.89										
77	23440	REMOVAL/TRANSPLANT TENDON	773.89	00 15									
73	23450	CAPSULORRHAPHY,ANTERIOR	968.52										
77	23450	CAPSULORRHAPHY,ANTERIOR	968.52	00 15									
73	23455	CAPSULORRHAPHY;BANKART TYPE	1,010.72										
77	23455	CAPSULORRHAPHY;BANKART TYPE	1,010.72	00 15									
73	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,115.25										
77	23460	REPAIR SHOULDER CAPSULE WITH BONE BL	1,115.25	00 15									
73	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,093.21										
77	23462	REPAIR SHOULDER CAPSULE CORACOID PRO	1,093.21	00 15									
73	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,144.01										
77	23465	REPAIR SHOULDER CAPSULE W/WO BONE BL	1,144.01	00 15									
73	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,143.94										
77	23466	CAPSULORRHAPHY/RECURRENT DISLOCATION	1,143.94	00 15									
73	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,222.97										
77	23470	ARTHROPLASTY WITH PROXIMAL HUMERAL I	1,222.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,476.61										
77	23472	ARTHROPLASTY W/GLENOID PROXIMAL HUME	1,476.61	00 15									
73	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,645.11									X	
77	23473	REVISION OF TOTAL SHOULDER ARTHROPLA	1,645.11	00 15								X	
73	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,777.29									X	
77	23474	REVISION OF TOTAL SHOULDER ARTHROPLA	1,777.29	00 15								X	
73	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	840.20										
77	23480	OSTEOTOMY CLAVICLE W/WO INTERNAL FIX	840.20	00 15									
73	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	976.00										
77	23485	OSTEOTOMY CLAVICLE; BONE GRAFT NONUN	976.00	00 15									
73	23490	PROPHYLACTIC TREATMENT;CLAVICLE	881.25										
77	23490	PROPHYLACTIC TREATMENT;CLAVICLE	881.25	00 15									
73	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,038.78										
77	23491	PROPHYLACTIC TREAT.PROX HUMER./HEAD	1,038.78	00 15									
73	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.39										
77	23500	TREAT CLOSED CLAVICULAR FRACTURE W/O	229.39	00 15									
73	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	368.05										
77	23505	TREAT CLOSED CLAVICULAR FRACTURE WIT	368.05	00 15									
73	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	736.77										
77	23515	OPEN TREAT CLSD/OPEN CLAVIC FRAC W/W	736.77	00 15									
73	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	246.02										
77	23520	TREAT CLSD STERNOCLAVICLAR DISLOC	246.02	00 15									
73	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	404.30										
77	23525	TREAT CLSD STERNOCLAVICULAR DISLOC W	404.30	00 15									
73	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	590.25										
77	23530	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	590.25	00 15									
73	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	641.61										
77	23532	OPEN TREAT CLSD/OPEN CLAVICLE DISLOC	641.61	00 15									
73	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	245.51										
77	23540	TRT CLSD ACROMIOCLAV.DISLOC W/0 MANI	245.51	00 15									
73	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	368.27										
77	23545	TRT CLSD ACROMIOCLAV.DISLOC W/MANIPU	368.27	00 15									
73	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	585.42										
77	23550	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	585.42	00 15									
73	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	662.49										
77	23552	OPEN TREAT CLSD/OPEN ACROMIOCLAVICUL	662.49	00 15									
73	23570	TREAT CLSD SCAP FX W/O MANIPULATION	240.18										
77	23570	TREAT CLSD SCAP FX W/O MANIPULATION	240.18	00 15									
73	23575	TREAT CLSD SCAPULAR W/MANIPULATION	419.54										
77	23575	TREAT CLSD SCAPULAR W/MANIPULATION	419.54	00 15									
73	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	998.52										
77	23585	OPEN TREAT CLSD/OPEN SCAPULAR FRAC J	998.52	00 15									
73	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	339.71										
77	23600	TREAT CLSD HUMERAL FRAC W/O MANIPULA	339.71	00 15									
73	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	481.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	23605	TREAT CLSD HUMERAL FRAC WITH MANIPUL	481.38	00 15									
73	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	902.34										
77	23615	OPEN TREAT CLSD/OPEN HUMERAL FRAC W/	902.34	00 15									
73	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,264.00										
77	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (	1,264.00	00 15									
73	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	277.49										
77	23620	TRT CLSD GRTR TUBEROS.FX W/O MANIPUL	277.49	00 15									
73	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	398.11										
77	23625	TRT CLSD GRTR TUBEROS.FX W/MANIPULAT	398.11	00 15									
73	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	797.32										
77	23630	OPEN TRMT CLSD/OPEN GRTR TUBEROS.FX	797.32	00 15									
73	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	341.01										
77	23650	TRT CLSD SHLD DISLOC W/MANIP-NO ANES	341.01	00 15									
73	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	416.85										
77	23655	TRT CLSD SHLD DISLOC W/MANIP,W/ANEST	416.85	00 15									
73	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	600.33										
77	23660	OPEN TREAT CLSD/OPEN SHOULDER DISLOC	600.33	00 15									
73	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	444.29										
77	23665	TREAT SHOULDER DISLOC FRAC W/MANIPUL	444.29	00 15									
73	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	889.73										
77	23670	OPEN TREAT CLSD/OPEN W/FRAC OF GREAT	889.73	00 15									
73	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	563.49										
77	23675	TREAT CLSD SHOULDER DISLOC/SURG/ANAT	563.49	00 15									
73	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	950.88										
77	23680	OPEN TREAT SHOULDER DISLO/SURG/ANATO	950.88	00 15									
73	23700	FIXATION OF SHOULDER MANIP W/ANESTH	199.79										
77	23700	FIXATION OF SHOULDER MANIP W/ANESTH	199.79	00 15									
73	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,050.21										
77	23800	ARTHRODESIS SHOULDER JOINT W/WO LOCA	1,050.21	00 15									
73	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,310.29										
77	23802	ARTHRODESIS SHOULDER JOINT W/PRIMARY	1,310.29	00 15									
73	23900	AMPUTATION OF ARM & GIRDLE	1,416.28										
77	23900	AMPUTATION OF ARM & GIRDLE	1,416.28	00 15									
73	23920	AMPUTATION AT SHOULDER JOINT	1,147.49										
77	23920	AMPUTATION AT SHOULDER JOINT	1,147.49	00 15									
73	23921	AMPUTATION FOLLOW-UP SURGERY	480.32										
77	23921	AMPUTATION FOLLOW-UP SURGERY	480.32	00 15									
73	23930	DRAINAGE OF ARM LESION	359.81										
77	23930	DRAINAGE OF ARM LESION	359.81	00 15									
73	23931	DRAINAGE OF ARM BURSA	299.34										
77	23931	DRAINAGE OF ARM BURSA	299.34	00 15									
73	23935	DRAIN ARM/ELBOW BONE LESION	523.30										
77	23935	DRAIN ARM/ELBOW BONE LESION	523.30	00 15									
73	24000	EXPLORATORY ELBOW SURGERY	489.13										
77	24000	EXPLORATORY ELBOW SURGERY	489.13	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	728.12										
77	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSUL	728.12	00 15									
73	24065	BIOPSY ARM/ELBOW SOFT TISSUE	255.07										
77	24065	BIOPSY ARM/ELBOW SOFT TISSUE	255.07	00 15									
73	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	623.61										
77	24066	BIOPSY ARM/ELBOW SOFT TISSUE; DEEP	623.61	00 15									
73	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	416.80										
77	24071	EXCISION, TUMOR, SOFT TISSUE OF UPP	416.80	00 15									
73	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	712.32										
77	24073	EXCISION, TUMOR, SOFT TISSUE OF UPP	712.32	00 15									
73	24075	REMOVE ARM/ELBOW LESION	531.84										
77	24075	REMOVE ARM/ELBOW LESION	531.84	00 15									
73	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	560.66										
77	24076	REMOVE ARM/ELBOW LESION;DEEP SUBFASC	560.66	00 15									
73	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,063.02										
77	24077	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,063.02	00 15									
73	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,364.50										
77	24079	REMOVAL (5 CENTIMETERS OR GREATER) T	1,364.50	00 15									
73	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	429.08										
77	24100	ARTHROTOMY,ELBOW;FOR SYNOVIAL BIOPSY	429.08	00 15									
73	24101	EXPLORE/TREAT ELBOW JOINT	515.21										
77	24101	EXPLORE/TREAT ELBOW JOINT	515.21	00 15									
73	24102	REMOVE ELBOW JOINT LINING	629.61										
77	24102	REMOVE ELBOW JOINT LINING	629.61	00 15									
73	24105	REMOVAL OF ELBOW BURSA	365.58										
77	24105	REMOVAL OF ELBOW BURSA	365.58	00 15									
73	24110	REMOVE HUMERUS LESION	604.67										
77	24110	REMOVE HUMERUS LESION	604.67	00 15									
73	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	755.26										
77	24115	REMOVE HUMERUS LESION W/PRIMARY AUTO	755.26	00 15									
73	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	880.93										
77	24116	REMOVE HUMERUS LESION W/HOMOGENOUS/N	880.93	00 15									
73	24120	REMOVE ELBOW LESION	544.23										
77	24120	REMOVE ELBOW LESION	544.23	00 15									
73	24125	EXCISION BONE CYST HEAD/NECK RADIUS	637.27										
77	24125	EXCISION BONE CYST HEAD/NECK RADIUS	637.27	00 15									
73	24126	EXCISION BONE CYST HEAD/NECK RADIUS	666.02										
77	24126	EXCISION BONE CYST HEAD/NECK RADIUS	666.02	00 15									
73	24130	REMOVAL OF HEAD OF RADIUS	524.12										
77	24130	REMOVAL OF HEAD OF RADIUS	524.12	00 15									
73	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	765.25										
77	24134	REMOVE BONE LESION,SHAFT OR DIST.HUM	765.25	00 15									
73	24136	REMOVAL LESION/RADIAL HEAD OR NECK	647.87										
77	24136	REMOVAL LESION/RADIAL HEAD OR NECK	647.87	00 15									
73	24138	REMOVE BONE LESION/OLECRANON PROCESS	701.49										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	24138	REMOVE BONE LESION/OLECRANON PROCESS	701.49	00 15									
73	24140	PART.EXCIS.BONE/HUMERUS	720.50										
77	24140	PART.EXCIS.BONE/HUMERUS	720.50	00 15									
73	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	608.78										
77	24145	PART.EXCIS,BONE,RADIAL HEAD OR NECK	608.78	00 15									
73	24147	PART.EXCIS.BONE,OLECRANON PROCESS	641.34										
77	24147	PART.EXCIS.BONE,OLECRANON PROCESS	641.34	00 15									
73	24149	RADICAL RESECTION OF ELBOW	1,201.99										
77	24149	RADICAL RESECTION OF ELBOW	1,201.99	00 15									
73	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,578.33										
77	24150	EXTENSIVE SURGERY SHAFT OR DISTAL HU	1,578.33	00 15									
73	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,372.21										
77	24152	EXTENSIVE SURGERY RADICAL HEAD OR NE	1,372.21	00 15									
73	24155	RESECTION OF ELBOW JOINT	872.74										
77	24155	RESECTION OF ELBOW JOINT	872.74	00 15									
73	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,281.96										
77	24160	REMOVAL OF ELBOW JOINT HARDWARE	1,281.96	00 15									
73	24164	REMOVAL OF HARDWARE OF FOREARM BONE	742.05										
77	24164	REMOVAL OF HARDWARE OF FOREARM BONE	742.05	00 15									
73	24200	REMOVAL OF ARM FOREIGN BODY	214.32										
77	24200	REMOVAL OF ARM FOREIGN BODY	214.32	00 15									
73	24201	REMOVAL OF ARM FOREIGN BODY DEEP	548.89										
77	24201	REMOVAL OF ARM FOREIGN BODY DEEP	548.89	00 15									
73	24220	INJECTION FOR ELBOW X-RAY	187.39										
77	24220	INJECTION FOR ELBOW X-RAY	187.39	00 15									
73	24300	MANIPULATE ELBOW W/ANESTH	439.51										
77	24300	MANIPULATE ELBOW W/ANESTH	439.51	00 15									
73	24301	MUSCLE/TENDON TRANSFER	770.64										
77	24301	MUSCLE/TENDON TRANSFER	770.64	00 15									
73	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	591.11									X	
77	24305	LENGTHEN TENDON,UPPER ARM/ELBOW,EACH	591.11	00 15								X	
73	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	486.41									X	
77	24310	TENOTOMY,OPEN,ELBOW TO SHLDR,SINGLE,	486.41	00 15								X	
73	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	799.37										
77	24320	TENOPLASTY W/MUSCLE TRANSFER/ELBOW T	799.37	00 15									
73	24330	FLEXOR-PLASTY ELBOW	735.63										
77	24330	FLEXOR-PLASTY ELBOW	735.63	00 15									
73	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	804.13										
77	24331	FLEXOR-PLASTY ELBOW/EXTENSOR ADVANCE	804.13	00 15									
73	24332	TENOLYSIS, TRICEPS	629.67										
77	24332	TENOLYSIS, TRICEPS	629.67	00 15									
73	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	612.49										
77	24340	TENODESIS FOR RUPTURE OF BICEPS TEND	612.49	00 15									
73	24341	REPAIR TENDON/MUSCLE ARM	760.83										
77	24341	REPAIR TENDON/MUSCLE ARM	760.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	24342	REINSERTION RUPTURED BICEPS TENDON/D	791.82										
77	24342	REINSERTION RUPTURED BICEPS TENDON/D	791.82	00 15									
73	24343	REPR ELBOW LAT LIGMNT W/TISS	728.24										
77	24343	REPR ELBOW LAT LIGMNT W/TISS	728.24	00 15									
73	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,111.79										
77	24344	RECONSTRUCT ELBOW LAT LIGMNT	1,111.79	00 15									
73	24345	REPR ELBW MED LIGMNT W/TISS	724.59										
77	24345	REPR ELBW MED LIGMNT W/TISS	724.59	00 15									
73	24346	RECONSTRUCT ELBOW MED LIGMNT	1,127.32										
77	24346	RECONSTRUCT ELBOW MED LIGMNT	1,127.32	00 15									
73	24357	INCISION OF TENDON TO REPAIR ELBOW J	421.28										
77	24357	INCISION OF TENDON TO REPAIR ELBOW J	421.28	00 15									
73	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	539.82										
77	24358	REMOVAL OF TISSUE AND/OR BONE AT ELB	539.82	00 15									
73	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	677.96										
77	24359	REMOVAL OF TISSUE AND/OR BONE AT ELB	677.96	00 15									
73	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	923.67										
77	24360	ARTHROPLASTY ELBOW WITH MEMBRANE	923.67	00 15									
73	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,030.47										
77	24361	ARTHROPLASTY W/DIST AL HUMERAL PROST	1,030.47	00 15									
73	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,085.78										
77	24362	ARTHROPLASTY,ELBOW/IMPLANT,LIG RECON	1,085.78	00 15									
73	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,479.68										
77	24363	ARTHROPLASTY W/DISTAL HUMERUS/PROXIM	1,479.68	00 15									
73	24365	ARTHROPLASTY RADIAL HEAD	656.53										
77	24365	ARTHROPLASTY RADIAL HEAD	656.53	00 15									
73	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	695.49										
77	24366	ARTHROPLASTY RADIAL HEAD WITH IMPLAN	695.49	00 15									
73	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,571.32									X	
77	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,571.32	00 15								X	
73	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,806.21									X	
77	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY	1,806.21	00 15								X	
73	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	846.46										
77	24400	OSTEOTOMY HUMERUS W/WO INTERNAL FIXA	846.46	00 15									
73	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,081.61										
77	24410	MULT OSTEOTOMIES W/REALIGN ON INTRAM	1,081.61	00 15									
73	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,084.59										
77	24420	OSTEOPLASTY HUMERUS/SHORTENING OR LE	1,084.59	00 15									
73	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,078.71										
77	24430	REPAIR NONUNION OR MALUNION HUMERUS	1,078.71	00 15									
73	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,100.48										
77	24435	REPAIR HUMERUS W/ILIAC OR OTHER AUTO	1,100.48	00 15									
73	24470	HEMIEPIPHYSEAL ARREST	687.81										
77	24470	HEMIEPIPHYSEAL ARREST	687.81	00 15									
73	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	928.87										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	24495	DECOMPRESSION FASCIOTOMY FOREARM W/B	928.87	00 15									
73	24498	PROPHYLACTIC TREAT...HUMERUS	887.50										
77	24498	PROPHYLACTIC TREAT...HUMERUS	887.50	00 15									
73	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	369.60										
77	24500	TREAT CLSD HUMERAL SHAFT FRAC W/MANI	369.60	00 15									
73	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	515.10										
77	24505	TREAT CLSD HUMERAL SHAFT FRAC W/O MA	515.10	00 15									
73	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	900.06										
77	24515	OPEN TREAT CLSD/OPEN HUMERAL SHAFT F	900.06	00 15									
73	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	879.33										
77	24516	OPEN TREATMENT OF HUMERAL SHAFT FRAC	879.33	00 15									
73	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	391.63										
77	24530	TRT CLSD HUM SUPRA/TRANS FX,W/O MANI	391.63	00 15									
73	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	634.35										
77	24535	TRT CLSD HUM SUPRA/TRANSFX,W/MANIP	634.35	00 15									
73	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	805.44										
77	24538	TREAT SUPRA/TRANSCONDYLAR FRAC/PERCU	805.44	00 15									
73	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	947.06										
77	24545	OPEN TREAT SUPRA/TRANSCONDYLAR FRAC/	947.06	00 15									
73	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,059.24										
77	24546	OPEN TREATMENT OF HUMERAL SUPRACONDY	1,059.24	00 15									
73	24560	TREAT CLSD EPICON FX,W/O MANIP	339.98										
77	24560	TREAT CLSD EPICON FX,W/O MANIP	339.98	00 15									
73	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	553.57										
77	24565	TREAT CLSD EPICONDYLAR FRAC,MEDIAL/L	553.57	00 15									
73	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	735.17										
77	24566	PERCUTANEOUS SKELETAL FIXATION OF HU	735.17	00 15									
73	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	747.46										
77	24575	OPEN TREAT CLSD/OPEN EPICONDYLAR FRA	747.46	00 15									
73	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	357.69										
77	24576	TRT CLSD CONDYLAR FX W/O MANIPULATIO	357.69	00 15									
73	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	568.75										
77	24577	TRT CLSD CONDYLAR FX W/MANIPULATION	568.75	00 15									
73	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	852.79										
77	24579	OPEN TREAT CLSD/OPEN CONDYLAR FRAC W	852.79	00 15									
73	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	831.93										
77	24582	PERCUTANEOUS SKELETAL FIXATION OF HU	831.93	00 15									
73	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,110.43										
77	24586	OPEN TREATMENT OF BROKEN AND/OR DISL	1,110.43	00 15									
73	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,113.60										
77	24587	OPEN TREATMENT OF BROKEN AND/OR DISL	1,113.60	00 15									
73	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	389.91										
77	24600	TREAT CLSD/ELBOW DISLOCATION W/O ANE	389.91	00 15									
73	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	489.02										
77	24605	TREAT CLSD ELBOW DISLOCATION REQUIRI	489.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	730.92										
77	24615	OPEN TREATMENT OF CLOSED/OPEN ELBOW	730.92	00 15									
73	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	601.31										
77	24620	TREAT CLSD MONTEGGIA TYPE FRAC DISLO	601.31	00 15									
73	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	690.63										
77	24635	OPEN TREAT CLSD/OPEN FRAC DISLOC ELB	690.63	00 15									
73	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	103.25										
77	24640	TRT RAD HEAD SUBLUX,CHILD,W/O MANIP	103.25	00 15									
73	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	269.13										
77	24650	TREAT CLSD RADIAL HEAD/NECK FRAC W/O	269.13	00 15									
73	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	458.10										
77	24655	TREAT CLSD RADIAL HEAD/NECK FRAC WIT	458.10	00 15									
73	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	669.91										
77	24665	OPEN TREAT CLSD/OPEN RADIAL HEAD/NEC	669.91	00 15									
73	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	748.69										
77	24666	OPEN TREAT RADIAL HEAD/NECK FRAC WIT	748.69	00 15									
73	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	299.10										
77	24670	TRT ULNAR FX,PROX END W/O MANIPULAT	299.10	00 15									
73	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	470.89										
77	24675	TREAT ULNAR FRAC,PROXIMAL END W/MANI	470.89	00 15									
73	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	666.88										
77	24685	OPEN TREAT ULNAR FRAC,PROXIMAL END W	666.88	00 15									
73	24800	FUSION OF ELBOW JOINT	852.30										
77	24800	FUSION OF ELBOW JOINT	852.30	00 15									
73	24802	FUSION/GRAFT OF ELBOW JOINT	1,025.24										
77	24802	FUSION/GRAFT OF ELBOW JOINT	1,025.24	00 15									
73	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	754.09										
77	24900	AMPUTATION OF UPPER ARM W/PRIMARY CL	754.09	00 15									
73	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	751.00										
77	24920	AMPUTATION UPPER ARM;OPEN,FLAP OR CI	751.00	00 15									
73	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	582.95										
77	24925	AMPUTATION UPPER ARM SECONDARY CLOSU	582.95	00 15									
73	24930	REAMPUTATION UPPER ARM	791.60										
77	24930	REAMPUTATION UPPER ARM	791.60	00 15									
73	24931	AMPUTATE UPPER ARM & IMPLANT	952.99										
77	24931	AMPUTATE UPPER ARM & IMPLANT	952.99	00 15									
73	24935	STUMP ELONGATION/REVISION UPPER ARM	1,246.54										
77	24935	STUMP ELONGATION/REVISION UPPER ARM	1,246.54	00 15									
73	25000	TENDON SHEATH INCISION; AT RADIAL ST	350.33										
77	25000	TENDON SHEATH INCISION; AT RADIAL ST	350.33	00 15									
73	25001	INCISE FLEXOR CARPI RADIALIS	351.63										
77	25001	INCISE FLEXOR CARPI RADIALIS	351.63	00 15									
73	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	742.04										
77	25020	DECOMPRESSION FASCIOTOMY FLEXOR/EXTE	742.04	00 15									
73	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,318.21										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	25023	DECOMPRESSION FASCIOTOMY FOREARM W/D	1,318.21	00 15									
73	25024	DECOMPRESS FOREARM 2 SPACES	791.62										
77	25024	DECOMPRESS FOREARM 2 SPACES	791.62	00 15									
73	25025	DECOMPRESS FORARM 2 SPACES	1,254.39										
77	25025	DECOMPRESS FORARM 2 SPACES	1,254.39	00 15									
73	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	691.13										
77	25028	INCISION/DRAINAGE;DEEP ABSCESS/HEMAT	691.13	00 15									
73	25031	INCISION/DRAINAGE INFECTED BURSA; FO	375.83										
77	25031	INCISION/DRAINAGE INFECTED BURSA; FO	375.83	00 15									
73	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	598.84										
77	25035	INCISION;DEEP W/OPENING OF CORTEX/AB	598.84	00 15									
73	25040	EXPLORE/TREAT WRIST JOINT	571.42										
77	25040	EXPLORE/TREAT WRIST JOINT	571.42	00 15									
73	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	252.19										
77	25065	BIOPSY SOFT TISSUES; SUPERFICIAL	252.19	00 15									
73	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	373.85										
77	25066	BIOPSY FOREARM SOFT TISSUES; DEEP	373.85	00 15									
73	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	435.03										
77	25071	EXCISION, TUMOR, SOFT TISSUE OF FORE	435.03	00 15									
73	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	548.95										
77	25073	EXCISION, TUMOR, SOFT TISSUE OF FORE	548.95	00 15									
73	25075	EXCISE SUBCUTANEOUS TUMOR	516.83										
77	25075	EXCISE SUBCUTANEOUS TUMOR	516.83	00 15									
73	25076	EXCISE TUMOR,DEEP	529.86										
77	25076	EXCISE TUMOR,DEEP	529.86	00 15									
73	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	908.71										
77	25077	REMOVAL (LESS THAN 3 CENTIMETERS) TI	908.71	00 15									
73	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,199.43										
77	25078	REMOVAL (3 CENTIMETERS OR GREATER) T	1,199.43	00 15									
73	25085	INCISION OF WRIST CAPSULE	457.42										
77	25085	INCISION OF WRIST CAPSULE	457.42	00 15									
73	25100	BIOPSY OF WRIST JOINT	357.18										
77	25100	BIOPSY OF WRIST JOINT	357.18	00 15									
73	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	412.76										
77	25101	EXPLORE/TREAT WRIST JOINT W/WO BIOPS	412.76	00 15									
73	25105	REMOVE WRIST JOINT LINING	497.94										
77	25105	REMOVE WRIST JOINT LINING	497.94	00 15									
73	25107	ARTHROTOMY,WRIST,COMPLEX	628.28										
77	25107	ARTHROTOMY,WRIST,COMPLEX	628.28	00 15									
73	25109	EXCISION OF TENDON, FOREARM AND/OR W	547.71									X	
77	25109	EXCISION OF TENDON, FOREARM AND/OR W	547.71	00 15								X	
73	25110	EXCISION,LESION OF TENDON SHEATH	353.69										
77	25110	EXCISION,LESION OF TENDON SHEATH	353.69	00 15									
73	25111	EXCISION GANGLION;WRIST,PRIMARY	330.06										
77	25111	EXCISION GANGLION;WRIST,PRIMARY	330.06	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	25112	EXCISION GANGLION;WRIST,RECURRENT	398.38										
77	25112	EXCISION GANGLION;WRIST,RECURRENT	398.38	00 15									
73	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	771.47										
77	25115	RADICAL EXCISE BURSA,WRIST/FOREARM T	771.47	00 15									
73	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	614.71										
77	25116	RADICAL EXCISE BURSA,WRIST/FOREARM T	614.71	00 15									
73	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	389.90										
77	25118	SYNOVECTOMY TENDON,WRIST,SINGLE COMP	389.90	00 15									
73	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	513.97										
77	25119	SYNOVECTOMY TENDON,WRIST W/RESECT DI	513.97	00 15									
73	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	512.51										
77	25120	EXCISION BONE CYST/BENIGN TUMOR OF R	512.51	00 15									
73	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	609.77										
77	25125	EXCISE BONE CYST OF RADIUS/ULNA W/AU	609.77	00 15									
73	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	613.85										
77	25126	EXCISE BONE CYST OF RADIUS/ULNA W/HO	613.85	00 15									
73	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	459.71										
77	25130	EXCISE BONE CYST/BENIGN TUMOR OF CAR	459.71	00 15									
73	25135	EXCISE BONE CYST OF CARPAL BONES W/A	572.79										
77	25135	EXCISE BONE CYST OF CARPAL BONES W/A	572.79	00 15									
73	25136	EXCISE BONE CYST OF CARPAL BONES W/H	509.57										
77	25136	EXCISE BONE CYST OF CARPAL BONES W/H	509.57	00 15									
73	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	533.29										
77	25145	SEQUESTRECTOMY FORE ARM BONE ABSCESS	533.29	00 15									
73	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	579.67										
77	25150	PARTIAL REMOVAL,RADIUD/ULNA W/SUCTIO	579.67	00 15									
73	25151	PARTIAL REMOVAL OF RADIUS	597.50										
77	25151	PARTIAL REMOVAL OF RADIUS	597.50	00 15									
73	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,500.63										
77	25170	RADICAL RESECTION FOR TUMOR, RADIUS	1,500.63	00 15									
73	25210	CARPECTOMY; ONE BONE	503.24										
77	25210	CARPECTOMY; ONE BONE	503.24	00 15									
73	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	632.75										
77	25215	CARPECTOMY; ALL BONES OR PROXIMAL RO	632.75	00 15									
73	25230	RADIAL STYLOIDECTOMY	441.86										
77	25230	RADIAL STYLOIDECTOMY	441.86	00 15									
73	25240	EXCISION DISTAL ULNA	438.88										
77	25240	EXCISION DISTAL ULNA	438.88	00 15									
73	25246	INJECTION FOR WRIST X-RAY	193.09										
77	25246	INJECTION FOR WRIST X-RAY	193.09	00 15									
73	25248	REMOVE FOREARM FOREIGN BODY	425.46										
77	25248	REMOVE FOREARM FOREIGN BODY	425.46	00 15									
73	25250	REMOVAL OF WRIST PROSTHESIS	545.62										
77	25250	REMOVAL OF WRIST PROSTHESIS	545.62	00 15									
73	25251	REMOVE WRIST PROTH,COMPLICATED	736.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	25251	REMOVE WRIST PROTH,COMPLICATED	736.96	00 15									
73	25259	MANIPULATE WRIST W/ANESTHES	435.86										
77	25259	MANIPULATE WRIST W/ANESTHES	435.86	00 15									
73	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	648.27									X	
77	25260	REP,TEND/MUSC;PRIM,SING,EACH TEN/MUS	648.27	00 15								X	
73	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	648.12									X	
77	25263	REP,TEND/MUSC;SECOND,SING;EA TEN/MUS	648.12	00 15								X	
73	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	765.31									X	
77	25265	REP,TEND/MUSC;SECON W/GRAFT,EA TEN/M	765.31	00 15								X	
73	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	504.45									X	
77	25270	REP TEN,MUS,EXTEN,FOREARM,WRIST,PRIM	504.45	00 15								X	
73	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	573.47									X	
77	25272	REP,TEN/MUS,EXTEN,FOREARM,WRIST,SECO	573.47	00 15								X	
73	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	679.17									X	
77	25274	REP TEN/MUS,EXTEN,SECON,W/GRAFT,EACH	679.17	00 15								X	
73	25275	REPAIR FOREARM TENDON SHEATH	686.51										
77	25275	REPAIR FOREARM TENDON SHEATH	686.51	00 15									
73	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	577.42									X	
77	25280	LENGTHEN/SHORTEN FLEX,SING..EACH TEN	577.42	00 15								X	
73	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	444.54									X	
77	25290	TENOTOMY,OPEN,FLEX,EXTEN;SING,EA TEN	444.54	00 15								X	
73	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	538.56									X	
77	25295	TENOLYSIS,FLEX/EXT,SING,EACH TENDON	538.56	00 15								X	
73	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	706.31										
77	25300	TENODESIS AT WRIST,FLEXORS OF FINGER	706.31	00 15									
73	25301	TENODESIS AT WRIST; EXTENSORS OF FI	657.49										
77	25301	TENODESIS AT WRIST; EXTENSORS OF FI	657.49	00 15									
73	25310	TEND TRANSPLANT...SING.;EACH TENDON	634.36									X	
77	25310	TEND TRANSPLANT...SING.;EACH TENDON	634.36	00 15								X	
73	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	733.71									X	
77	25312	TENDON TRANSPLANT,W/GRAFT..EACH TEND	733.71	00 15								X	
73	25315	REVISE PALSY HAND TENDON(S)	788.59										
77	25315	REVISE PALSY HAND TENDON(S)	788.59	00 15									
73	25316	REVISE PALSY HAND TENDON W/TENDON S	938.01										
77	25316	REVISE PALSY HAND TENDON W/TENDON S	938.01	00 15									
73	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,003.69										
77	25320	REPAIR/REVISE/RECONSTRUCT WRIST JOIN	1,003.69	00 15									
73	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	862.74										
77	25332	ARTHROPLASTY WRIST;W/INTERNAL FIXATI	862.74	00 15									
73	25335	CENTRALIZATION-WRIST ON ULNA	967.10										
77	25335	CENTRALIZATION-WRIST ON ULNA	967.10	00 15									
73	25337	RECONSTRUCT ULNA/RADIOULNAR	903.24										
77	25337	RECONSTRUCT ULNA/RADIOULNAR	903.24	00 15									
73	25350	REVISION OF RADIUS;DISTAL THIRD	689.63										
77	25350	REVISION OF RADIUS;DISTAL THIRD	689.63	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	782.80										
77	25355	REVISION OF RADIUS;MIDDLE OR PROXIMA	782.80	00 15									
73	25360	REVISION OF ULNA	670.37										
77	25360	REVISION OF ULNA	670.37	00 15									
73	25365	REVISE RADIUS & ULNA	938.98										
77	25365	REVISE RADIUS & ULNA	938.98	00 15									
73	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,035.05										
77	25370	REVISION,MULTIPLE,RADIUS OR ULNA	1,035.05	00 15									
73	25375	REVISION,MULTIPLE,RADIUS AND ULNA	976.28										
77	25375	REVISION,MULTIPLE,RADIUS AND ULNA	976.28	00 15									
73	25390	SHORTEN RADIUS/ULNA	785.77										
77	25390	SHORTEN RADIUS/ULNA	785.77	00 15									
73	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,019.45										
77	25391	LENGTHENING RADIUS/ULNA W/AUTOGENOUS	1,019.45	00 15									
73	25392	SHORTEN RADIUS & ULNA	1,037.43										
77	25392	SHORTEN RADIUS & ULNA	1,037.43	00 15									
73	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,155.43										
77	25393	LENGTHENING RADIUS & ULNA W/AUTOGENO	1,155.43	00 15									
73	25394	REPAIR CARPAL BONE, SHORTEN	802.40										
77	25394	REPAIR CARPAL BONE, SHORTEN	802.40	00 15									
73	25400	REPAIR RADIUS OR ULNA	821.28										
77	25400	REPAIR RADIUS OR ULNA	821.28	00 15									
73	25405	REPAIR/GRAFT RADIUS OR ULNA	1,058.22										
77	25405	REPAIR/GRAFT RADIUS OR ULNA	1,058.22	00 15									
73	25415	REPAIR RADIUS & ULNA	990.70										
77	25415	REPAIR RADIUS & ULNA	990.70	00 15									
73	25420	REPAIR/GRAFT RADIUS & ULNA	1,191.80										
77	25420	REPAIR/GRAFT RADIUS & ULNA	1,191.80	00 15									
73	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	986.26										
77	25425	REPAIR OF DEFECT W/GRAFT;RADIUS OR U	986.26	00 15									
73	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,148.88										
77	25426	REPAIR OF DEFECT W/GRAFT; RADIUS AND	1,148.88	00 15									
73	25430	VASC GRAFT INTO CARPAL BONE	748.58										
77	25430	VASC GRAFT INTO CARPAL BONE	748.58	00 15									
73	25431	REPAIR NONUNION CARPAL BONE	806.70										
77	25431	REPAIR NONUNION CARPAL BONE	806.70	00 15									
73	25440	REPAIR/GRAFT WRIST BONE	784.35										
77	25440	REPAIR/GRAFT WRIST BONE	784.35	00 15									
73	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	960.76										
77	25441	RECONSTRUCT WRIST JOINT; DISTAL RADI	960.76	00 15									
73	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	826.25										
77	25442	RECONSTRUCT WRIST JOINT; DISTAL ULNA	826.25	00 15									
73	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	803.57										
77	25443	RECONSTRUCT WRIST JOINT; SCAPHOID	803.57	00 15									
73	25444	RECONSTRUCT WRIST JOINT; LUNATE	844.68										

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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	25444	RECONSTRUCT WRIST JOINT; LUNATE	844.68	00 15									
73	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	737.15										
77	25445	RECONSTRUCT WRIST JOINT TRAPEZIUM	737.15	00 15									
73	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,195.66										
77	25446	RECONSTRUCT WRIST JOINT; DISTAL RADI	1,195.66	00 15									
73	25449	REVISE ARTHROPLASTY,REVDVE	1,054.80										
77	25449	REVISE ARTHROPLASTY,REVDVE	1,054.80	00 15									
73	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	632.51										
77	25450	EPIPHYSEAL ARREST; DISTAL RADIUS OR	632.51	00 15									
73	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	747.63										
77	25455	EPIPHYSEAL ARREST; DISTAL RADIUS AND	747.63	00 15									
73	25490	PROPHYLACTIC TREATMENT/RADIUS	736.30										
77	25490	PROPHYLACTIC TREATMENT/RADIUS	736.30	00 15									
73	25491	PROPHYLACTIC TREATMENT; ULNA	757.05										
77	25491	PROPHYLACTIC TREATMENT; ULNA	757.05	00 15									
73	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	927.44										
77	25492	PROPHYLACTIC TREATMENT;RADIUS & ULNA	927.44	00 15									
73	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	290.42										
77	25500	TREAT FRACTURE OF RADIUS W/O MANIPUL	290.42	00 15									
73	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	519.34										
77	25505	TREAT FRACTURE OF RADIUS W/MANIPULAT	519.34	00 15									
73	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	684.21										
77	25515	OPEN TREAT CLSD/OPEN RADIAL SHAFT FR	684.21	00 15									
73	25520	CLOSED TREATMENT OF BROKEN FOREARM A	590.89										
77	25520	CLOSED TREATMENT OF BROKEN FOREARM A	590.89	00 15									
73	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	807.60										
77	25525	OPEN TREATMENT OF RADIAL SHAFT FRACT	807.60	00 15									
73	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	977.71										
77	25526	OPEN TREATMENT OF RADIAL SHAFT FRACT	977.71	00 15									
73	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	269.15										
77	25530	TREAT CLOSED ULNAR SHAFT FRAC W/O MA	269.15	00 15									
73	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	506.25										
77	25535	TREA CLOSED ULNAR S HAFT FRAC W/MANI	506.25	00 15									
73	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	638.39										
77	25545	OPEN TREAT CLSD/OPEN ULNAR FRAC W/WO	638.39	00 15									
73	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	296.23										
77	25560	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	296.23	00 15									
73	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	534.91										
77	25565	TREAT CLSD RADIAL & ULNAR SHAFT FRAC	534.91	00 15									
73	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	690.49										
77	25574	OPEN TREATMENT OF RADIAL AND ULNAR S	690.49	00 15									
73	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	923.50										
77	25575	OPEN TREAT CLSD/OPEN RADIAL & ULNAR	923.50	00 15									
73	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	344.33										
77	25600	TREAT CLOSED DISTAL RADIAL FRAC W/O	344.33	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	555.16										
77	25605	TREAT CLOSED DISTAL RADISL FRAC W/MA	555.16	00 15									
73	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	681.59										
77	25606	PERCUTANEOUS SKELETAL FIXATION OF DI	681.59	00 15									
73	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	755.23										
77	25607	OPEN TREATMENT OF DISTAL RADIAL EXTR	755.23	00 15									
73	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	844.85										
77	25608	OPEN TREATMENT OF DISTAL RADIAL INTR	844.85	00 15									
73	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,072.42										
77	25609	OPEN TREATMENT OF DISTAL RADIAL INTR	1,072.42	00 15									
73	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	314.18										
77	25622	TREAT CLOSED CARPAL SCAPHOID FRAC; W	314.18	00 15									
73	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	500.55										
77	25624	TREAT CLOSED CARPAL SCAPHOID FRAC W/	500.55	00 15									
73	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	733.97										
77	25628	OPEN TREAT CLSD/OPEN CARPAL SCAPHOID	733.97	00 15									
73	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	313.55									X	
77	25630	TREAT CLSD FX;W/O MANIP,EACH BONE	313.55	00 15								X	
73	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	474.82									X	
77	25635	TREAT CLSD FX;W/ MANIP,EACH BONE	474.82	00 15								X	
73	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	586.03									X	
77	25645	OPEN TX,CLSD/OPEN FX...EACH BONE	586.03	00 15								X	
73	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	339.19										
77	25650	TREAT CLOSED ULNAR STYLOID FRACTURE	339.19	00 15									
73	25651	PIN ULNAR STYLOID FRACTURE	499.73										
77	25651	PIN ULNAR STYLOID FRACTURE	499.73	00 15									
73	25652	TREAT FRACTURE ULNAR STYLOID	636.90										
77	25652	TREAT FRACTURE ULNAR STYLOID	636.90	00 15									
73	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	459.25										
77	25660	TREAT CLOSED RADIO/INTERCARPAL DISLO	459.25	00 15									
73	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	622.72										
77	25670	OPEN TREAT CLSD/OPEN RADIO/INTERCARP	622.72	00 15									
73	25671	PIN RADIOULNAR DISLOCATION	542.37										
77	25671	PIN RADIOULNAR DISLOCATION	542.37	00 15									
73	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	468.24										
77	25675	TREAT CLOSED DISTAL RADIOULNAR DISLO	468.24	00 15									
73	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	644.23										
77	25676	OPEN TREAT CLSD/OPEN DISTAL RADIOULN	644.23	00 15									
73	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	542.93										
77	25680	TREAT CLSD TRANS-SCAPHOPERILUNAR FRA	542.93	00 15									
73	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	753.29										
77	25685	OPEN TREAT CLSD/OPEN TRANS/SCAPHOPER	753.29	00 15									
73	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	503.07										
77	25690	TREAT LUNATE DISLOCATION W/MANIPULAT	503.07	00 15									
73	25695	OPEN TREATMENT LUNATE DISLOCATION	650.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	25695	OPEN TREATMENT LUNATE DISLOCATION	650.31	00 15									
73	25800	FUSION OF WRIST JOINT	748.30										
77	25800	FUSION OF WRIST JOINT	748.30	00 15									
73	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	867.62										
77	25805	FUSION WRIST JOINT;W/SLIDING GRAFT	867.62	00 15									
73	25810	FUSION WRIST JOINT; W/DISTANT BONE	884.65										
77	25810	FUSION WRIST JOINT; W/DISTANT BONE	884.65	00 15									
73	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	660.31										
77	25820	INTERCARPAL FUSION;W/OUT BONE GRAFT	660.31	00 15									
73	25825	INTERCARPAL FUSION;W/ BONEGRAFT	805.62										
77	25825	INTERCARPAL FUSION;W/ BONEGRAFT	805.62	00 15									
73	25830	FUSION RADIOULNAR JNT/ULNA	1,022.29										
77	25830	FUSION RADIOULNAR JNT/ULNA	1,022.29	00 15									
73	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	731.60										
77	25900	AMPUTATION,FOREARM,THROUGH RADIUS AN	731.60	00 15									
73	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	718.80										
77	25905	AMPUTATION,FOREARM,OPEN FLAP OR CIRC	718.80	00 15									
73	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	629.10										
77	25907	AMPUTATION,FOREARM,SECONDARY CLOSURE	629.10	00 15									
73	25909	REAMPUTATION FOREARM SURGERY	702.59										
77	25909	REAMPUTATION FOREARM SURGERY	702.59	00 15									
73	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,194.78										
77	25915	AMPUTATION FOREARM, KRUKENBERO PROC	1,194.78	00 15									
73	25920	DISARTICULATION THROUGH WRIST	744.58										
77	25920	DISARTICULATION THROUGH WRIST	744.58	00 15									
73	25922	DISARTICULATION WRIST;SECOND CLOSURE	658.56										
77	25922	DISARTICULATION WRIST;SECOND CLOSURE	658.56	00 15									
73	25924	REAMPUTATION WRIST SURGERY	727.25										
77	25924	REAMPUTATION WRIST SURGERY	727.25	00 15									
73	25927	TRANSMETACARPAL AMPUTATION	875.35										
77	25927	TRANSMETACARPAL AMPUTATION	875.35	00 15									
73	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	612.92										
77	25929	TRANSMETACARPAL AMPUTATION; SECONDAR	612.92	00 15									
73	25931	AMPUTATION FOLLOW-UP SURGERY	808.05										
77	25931	AMPUTATION FOLLOW-UP SURGERY	808.05	00 15									
73	26010	DRAINAGE OF FINGER ABSCESS	337.14										
77	26010	DRAINAGE OF FINGER ABSCESS	337.14	00 15									
73	26011	DRAIN FINGER ABSCESS; COMPLICATED	472.10										
77	26011	DRAIN FINGER ABSCESS; COMPLICATED	472.10	00 15									
73	26020	DRAIN HAND TENDON SHEATH	566.44										
77	26020	DRAIN HAND TENDON SHEATH	566.44	00 15									
73	26025	DRAINAGE OF PALM BURSA	427.32										
77	26025	DRAINAGE OF PALM BURSA	427.32	00 15									
73	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	501.26										
77	26030	DRAINAGE OF PALM BURSA MULTIPLE/COMP	501.26	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	26034	TREAT HAND BONE LESION	560.79										
77	26034	TREAT HAND BONE LESION	560.79	00 15									
73	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	878.76										
77	26035	DECOMPRESS FINGER/HAND-INJECTION INJ	878.76	00 15									
73	26037	DECOMPRESSIVE FASCIOTOMY, HAND	574.63										
77	26037	DECOMPRESSIVE FASCIOTOMY, HAND	574.63	00 15									
73	26040	RELEASE OF TISSUES OF PALM, ACCESSED	321.72										
77	26040	RELEASE OF TISSUES OF PALM, ACCESSED	321.72	00 15									
73	26045	PARTIAL RELEASE OF TISSUES OF PALM,	482.46										
77	26045	PARTIAL RELEASE OF TISSUES OF PALM,	482.46	00 15									
73	26055	INCISE FINGER TENDON SHEATH	581.76									X	
77	26055	INCISE FINGER TENDON SHEATH	581.76	00 15								X	
73	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	258.49									X	
77	26060	TENOTOMY,SUBCUTAN,SING,EACH DIGIT	258.49	00 15								X	
73	26070	EXPLORE/TREAT HAND JOINT	328.50										
77	26070	EXPLORE/TREAT HAND JOINT	328.50	00 15									
73	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	345.06										
77	26075	EXPLORE/TREAT METACARPOPHALANGEAL JO	345.06	00 15									
73	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	404.98									X	
77	26080	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	404.98	00 15								X	
73	26100	BIOPSY HAND JOINT LINING	346.14										
77	26100	BIOPSY HAND JOINT LINING	346.14	00 15									
73	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	349.05										
77	26105	BIOPSY METACARPOPHALANGEAL JOINT LIN	349.05	00 15									
73	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	331.43									X	
77	26110	ARTHROTOMY,INTERPHALANGEAL,EACH JNT	331.43	00 15								X	
73	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	423.89										
77	26111	EXCISION, TUMOR OR VASCULAR MALFORMA	423.89	00 15									
73	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	557.42										
77	26113	EXCISION, TUMOR, SOFT TISSUE, OR VAS	557.42	00 15									
73	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	546.01										
77	26115	EXCISION BENIGN TUMOR,HAND,SUBCUTANE	546.01	00 15									
73	26116	EXCISION BENIGN TUMOR,HAND; DEEP	535.30										
77	26116	EXCISION BENIGN TUMOR,HAND; DEEP	535.30	00 15									
73	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	756.73										
77	26117	REMOVAL (LESS THAN 3 CENTIMETERS) TI	756.73	00 15									
73	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,075.97										
77	26118	REMOVAL (3 CENTIMETERS OR GREATER) T	1,075.97	00 15									
73	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	612.30										
77	26121	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	612.30	00 15									
73	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	852.84										
77	26123	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	852.84	00 15									
73	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	274.71									X	
77	26125	FASCIECTOMY,PALMAR,WOW Z-PLASTY,OTHE	274.71	00 15								X	
73	26130	REMOVE WRIST JOINT LINING	479.56										

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	26130	REMOVE WRIST JOINT LINING	479.56	00 15									
73	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	566.10									X	
77	26135	SYNOVECTOMY,REL/RECON, EACH DIGIT	566.10	00 15								X	
73	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	517.63									X	
77	26140	SYNOVECTOMY,..EXT.RECON,EACH JOINT	517.63	00 15								X	
73	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	526.58									X	
77	26145	SYNOVECTOMY..RADICAL,..EACH DIGIT	526.58	00 15								X	
73	26160	REMOVE TENDON SHEATH LESION	607.96										
77	26160	REMOVE TENDON SHEATH LESION	607.96	00 15									
73	26170	EXCISE TENDON,PALM...EACH	416.60									X	
77	26170	EXCISE TENDON,PALM...EACH	416.60	00 15								X	
73	26180	EXCISION OF TENDON,FINGER,FLEXOR	458.11										
77	26180	EXCISION OF TENDON,FINGER,FLEXOR	458.11	00 15									
73	26185	REMOVE FINGER BONE	567.69										
77	26185	REMOVE FINGER BONE	567.69	00 15									
73	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	461.34										
77	26200	REMOVE BONE CYST/BENIGN TUMOR OF HAN	461.34	00 15									
73	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	619.91										
77	26205	REMOVE BONE CYST/BENIGN TUMOR HAND W	619.91	00 15									
73	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	456.47										
77	26210	REMOVE BONE CYST PROXIMAL MIDDLE/DIS	456.47	00 15									
73	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	581.62										
77	26215	REMOVE BONE CYST PROXIMAL W/AUTOGENO	581.62	00 15									
73	26230	PARTIAL REMOVAL OF HAND BONE	511.36										
77	26230	PARTIAL REMOVAL OF HAND BONE	511.36	00 15									
73	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	502.74										
77	26235	PARTIAL REMOVAL PROXIMAL/MIDDLE PHAL	502.74	00 15									
73	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	449.91										
77	26236	PARTIAL REMOVAL DISTAL PHALANX (FING	449.91	00 15									
73	26250	RADICAL RESECTION FOR TUMOR,HAND	1,088.13										
77	26250	RADICAL RESECTION FOR TUMOR,HAND	1,088.13	00 15									
73	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	815.59										
77	26260	RADICAL RESECT FOR TUMOR,PROXIMAL/MI	815.59	00 15									
73	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	644.50										
77	26262	RADICAL RESECTION FOR TUMOR,DISTAL P	644.50	00 15									
73	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	356.04										
77	26320	REMOVAL OF IMPLANT FROM FINGER OR HA	356.04	00 15									
73	26340	MANIPULATE FINGER W/ANESTH	355.33									X	
77	26340	MANIPULATE FINGER W/ANESTH	355.33	00 15								X	
73	26341	MANIPULATION OF PALM PRETENDINOUS CO	116.84										
77	26341	MANIPULATION OF PALM PRETENDINOUS CO	116.84	00 15									
73	26350	REPAIR OF FINGER TENDON	749.31									X	
77	26350	REPAIR OF FINGER TENDON	749.31	00 15								X	
73	26352	REPAIR OF FINGER TENDON WITH GRAFT	840.92									X	
77	26352	REPAIR OF FINGER TENDON WITH GRAFT	840.92	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	26356	REPAIR OF FINGER TENDON	807.56									X	
77	26356	REPAIR OF FINGER TENDON	807.56	00 15								X	
73	26357	REPAIR OF FINGER TENDON	908.34									X	
77	26357	REPAIR OF FINGER TENDON	908.34	00 15								X	
73	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,002.24									X	
77	26358	REPAIR OF FINGER TENDON WITH GRAFT	1,002.24	00 15								X	
73	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	790.36									X	
77	26370	PROFUNDUS TENDON REPAIR W/INTACT SUB	790.36	00 15								X	
73	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	925.49									X	
77	26372	PROFUNDUS TENDON REPAIR;SECONDARY W/	925.49	00 15								X	
73	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	890.31									X	
77	26373	PROFUNDUS TENDON REPAIR;SECONDARY W/	890.31	00 15								X	
73	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	891.66										
77	26390	FLEXOR TENDON EXCISE,IMPLANT PLASTIC	891.66	00 15									
73	26392	REMOVAL ROD AND INSERTION OF TENDON	1,014.39										
77	26392	REMOVAL ROD AND INSERTION OF TENDON	1,014.39	00 15									
73	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	603.88									X	
77	26410	EXT TEND REP,SING;.W/O GRAFT,EACH TE	603.88	00 15								X	
73	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	722.51									X	
77	26412	EXT TEND REP,SING.;W/GRAFT,EACH TEND	722.51	00 15								X	
73	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	862.07										
77	26415	EXCISE EXTENSOR TENDON,IMPLANT TUBE-	862.07	00 15									
73	26416	REMOVE TUBE/ROD,INSERT GRAFT...	933.65										
77	26416	REMOVE TUBE/ROD,INSERT GRAFT...	933.65	00 15									
73	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	624.00									X	
77	26418	EXT TEND REP..;W/O GRAFT,EACH TENDON	624.00	00 15								X	
73	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	749.04									X	
77	26420	EXT TEND REP..;W/GRAFT,EACH TENDON	749.04	00 15								X	
73	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	514.52										
77	26426	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	514.52	00 15									
73	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	805.34										
77	26428	EXTENSOR TENDON,CENTRAL SLIP REPAIR/	805.34	00 15									
73	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	546.09										
77	26432	TENDON REPAIR,DISTAL INSERT,CLSD,SPL	546.09	00 15									
73	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	576.08										
77	26433	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	576.08	00 15									
73	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	702.60										
77	26434	TENDON REPAIR,OPEN,PRIMARY/SEC REPAI	702.60	00 15									
73	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	672.52										
77	26437	REALIGN EXTENSOR TENDON-FOR ARTHRITI	672.52	00 15									
73	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	652.89									X	
77	26440	TENOLYSIS,SIMP,FLEX TEND..;EACH TEND	652.89	00 15								X	
73	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	997.60									X	
77	26442	TENOLYSIS,SIMP..;PALM&FING,EACH TEND	997.60	00 15								X	
73	26445	TENOLYSIS,EXT TEND...;EACH TENDON	607.52									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	26445	TENOLYSIS,EXT TEND...;EACH TENDON	607.52	00 15								X	
73	26449	TENOLYSIS,COMP,EXT TENDON.....	710.18										
77	26449	TENOLYSIS,COMP,EXT TENDON.....	710.18	00 15									
73	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	467.59									X	
77	26450	TENOTOMY,FLEX,SING,PALM,OPEN,EACH	467.59	00 15								X	
73	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	464.99									X	
77	26455	TENOTOMY,FLEX,SING,FING,OPEN,EACH	464.99	00 15								X	
73	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	451.09									X	
77	26460	TENOTOMY,EXT,HAND/FING,SIN,OPEN,EACH	451.09	00 15								X	
73	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	664.51										
77	26471	TENODESIS;FOR PROXIMAL FINGER JOINT	664.51	00 15									
73	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	657.44										
77	26474	TENODESIS,FOR DISTAL JOINT STABILIZA	657.44	00 15									
73	26476	TEND LENGTHEN,EXT...SINGLE, EACH	648.33									X	
77	26476	TEND LENGTHEN,EXT...SINGLE, EACH	648.33	00 15								X	
73	26477	TEND SHORTEN,EXT...SINGLE,EACH	629.35									X	
77	26477	TEND SHORTEN,EXT...SINGLE,EACH	629.35	00 15								X	
73	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	681.52									X	
77	26479	SHORTEN FLEXOR,HAND/FINGER-EACH	681.52	00 15								X	
73	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	789.75									X	
77	26480	TEND TRANSFER/PLANT,SING,W/GFT,EACH	789.75	00 15								X	
73	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	878.24									X	
77	26483	TEND TRANSFER/PLANT..W/GRFT,EACH TEN	878.24	00 15								X	
73	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	842.44									X	
77	26485	TEND TRANSFER/PLNT,EA TEND;W/ GRAFT	842.44	00 15								X	
73	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	977.23									X	
77	26489	TEND TRANSFER/PLANT..;W/ GRAFT,EACH	977.23	00 15								X	
73	26490	REVISE THUMB TENDON	850.55										
77	26490	REVISE THUMB TENDON	850.55	00 15									
73	26492	REVISE THUMB TENDON W/GRAFT	941.46										
77	26492	REVISE THUMB TENDON W/GRAFT	941.46	00 15									
73	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	853.98										
77	26494	REVISE THUNB TENDON;HYPOTHENAR MUSCL	853.98	00 15									
73	26496	REVISE THUMB TENDON; OTHER METHODS	921.14										
77	26496	REVISE THUMB TENDON; OTHER METHODS	921.14	00 15									
73	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	920.14										
77	26497	SUBLIMIS TRANSFER TO CORRECT CLAW FI	920.14	00 15									
73	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,201.20										
77	26498	SUBLIMIS TRANSFER TO CORRECT CLAW FI	1,201.20	00 15									
73	26499	CORRECTION CLAW FINGER,OTHER METHODS	885.30		X								
77	26499	CORRECTION CLAW FINGER,OTHER METHODS	885.30	00 15	X								
73	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	668.56										
77	26500	HAND TENDON RECONSTRUCTION; W/LOCAL	668.56	00 15									
73	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	765.02										
77	26502	HAND TENDON RECONSTRUCTION; W/GRAFT	765.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	26508	RELEASE THUMB CONTRACTURE	681.82									X	
77	26508	RELEASE THUMB CONTRACTURE	681.82	00 15								X	
73	26510	CROSS INTRINSIC TRANSFER	647.69										
77	26510	CROSS INTRINSIC TRANSFER	647.69	00 15									
73	26516	FUSION OF KNUCKLE JOINT	751.08										
77	26516	FUSION OF KNUCKLE JOINT	751.08	00 15									
73	26517	FUSION KNUCKLE JOINT,TWO DIGITS	879.75										
77	26517	FUSION KNUCKLE JOINT,TWO DIGITS	879.75	00 15									
73	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	891.19									X	
77	26518	FUSION KNUCKLE JOINT THREE OR FOUR D	891.19	00 15								X	
73	26520	CAPSULECTOMY/OTOMY....;EACH	684.80									X	
77	26520	CAPSULECTOMY/OTOMY....;EACH	684.80	00 15								X	
73	26525	CAPSULECTOMY/OTOMY...;EACH	688.00									X	
77	26525	CAPSULECTOMY/OTOMY...;EACH	688.00	00 15								X	
73	26530	ARTHROPLASTY,META...;SINGLE,EACH	550.77									X	
77	26530	ARTHROPLASTY,META...;SINGLE,EACH	550.77	00 15								X	
73	26531	ARTHROPLASTY,META..;PROSTH...EACH	644.28									X	
77	26531	ARTHROPLASTY,META..;PROSTH...EACH	644.28	00 15								X	
73	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	446.28									X	
77	26535	ARTHROPLASTY,INTERPH..;SINGLE,EACH	446.28	00 15								X	
73	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	753.67									X	
77	26536	ARTHROPLASTY...;W/PROSTH,SING, EACH	753.67	00 15								X	
73	26540	REPAIR COLLATERAL LIGAMENT	706.18									X	
77	26540	REPAIR COLLATERAL LIGAMENT	706.18	00 15								X	
73	26541	RECONSTRUCT/GRAFT HAND JOINT	843.96									X	
77	26541	RECONSTRUCT/GRAFT HAND JOINT	843.96	00 15								X	
73	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	728.24										
77	26542	PRIM.REP.COLLATERAL LIGAMENT/LOC TIS	728.24	00 15									
73	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	740.37									X	
77	26545	RECONSTRUCTION,SING,GRAFT,EACH JOINT	740.37	00 15								X	
73	26546	REPAIR NON-UNION HAND	1,048.67										
77	26546	REPAIR NON-UNION HAND	1,048.67	00 15									
73	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	810.03									X	
77	26548	REPAIR/RECON,FINGER,INTERPHAL JOINT	810.03	00 15								X	
73	26550	CONSTRUCT THUMB REPLACEMENT	1,685.76									X	
77	26550	CONSTRUCT THUMB REPLACEMENT	1,685.76	00 15								X	
73	26551	GREAT TOE-HAND TRANSFER	3,366.25										
77	26551	GREAT TOE-HAND TRANSFER	3,366.25	00 15									
73	26553	SINGLE TOE-HAND TRANSFER	3,344.14										
77	26553	SINGLE TOE-HAND TRANSFER	3,344.14	00 15									
73	26554	DOUBLE TOE-HAND TRANSFER	3,895.69										
77	26554	DOUBLE TOE-HAND TRANSFER	3,895.69	00 15									
73	26555	POSITIONAL CHANGE OF FINGER	1,412.92										
77	26555	POSITIONAL CHANGE OF FINGER	1,412.92	00 15									
73	26556	TOE JOINT TRANSFER	3,475.75										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	26556	TOE JOINT TRANSFER	3,475.75	00 15									
73	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	642.02									X	
77	26560	REPAIR WEB FINGER;WITH SKIN FLAPS	642.02	00 15								X	
73	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	999.88									X	
77	26561	REPAIR WEB FINGER;W/SKIN FLAPS AND G	999.88	00 15								X	
73	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,399.81									X	
77	26562	REPAIR WEB FINGER,COMPLEX,INVOLVING	1,399.81	00 15								X	
73	26565	CORRECT METACARPAL FLAW	721.30									X	
77	26565	CORRECT METACARPAL FLAW	721.30	00 15								X	
73	26567	CORRECT FINGER DEFORMITY	726.86									X	
77	26567	CORRECT FINGER DEFORMITY	726.86	00 15								X	
73	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	942.39										
77	26568	OSTEOPLASTY,LENGTHEN METACARP/PHALAN	942.39	00 15									
73	26580	REPAIR HAND DEFORMITY	1,569.92									X	
77	26580	REPAIR HAND DEFORMITY	1,569.92	00 15								X	
73	26587	REPAIR SUPERNUMERARY DIGIT	1,066.36									X	
77	26587	REPAIR SUPERNUMERARY DIGIT	1,066.36	00 15								X	
73	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,462.65									X	
77	26590	REPAIR FINGER DEFORMITY;MACRODACTYLI	1,462.65	00 15								X	
73	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	487.46									X	
77	26591	REPAIR, INTRINSIC MUSCLES OF HAND (S	487.46	00 15								X	
73	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	831.99										
77	26596	EXCISE CONSTRICTING RING, Z-PLASTIES	831.99	00 15									
73	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	306.54									X	
77	26600	TREAT CLSD FX..;W/O MANIP,EACH BONE	306.54	00 15								X	
73	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	336.94									X	
77	26605	TREAT CLSD FX..;W/MANIP,EACH BONE	336.94	00 15								X	
73	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	518.21									X	
77	26607	TREAT CSLD FX..,W/MANIP&FIX,EACH BON	518.21	00 15								X	
73	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	491.44										
77	26608	PERCUTANEOUS SKELETAL FIXATION OF ME	491.44	00 15									
73	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	585.86									X	
77	26615	OPEN TX,CLSD/OPEN FX....EACH BONE	585.86	00 15								X	
73	26641	TREAT THUMB DISLOCATION W/MANIPU	427.88									X	
77	26641	TREAT THUMB DISLOCATION W/MANIPU	427.88	00 15								X	
73	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	443.47									X	
77	26645	TREAT CLSD THUMB FRAC DISLOCATION W/	443.47	00 15								X	
73	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	490.18									X	
77	26650	TREAT CLSD THUMB FRAC DISLOCATION W/	490.18	00 15								X	
73	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	636.26									X	
77	26665	OPEN TREAT CLSD/OPEN THUMB FRAC DISL	636.26	00 15								X	
73	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	358.56										
77	26670	TREAT CLSD HAND DISLOCATION W/MANIPU	358.56	00 15									
73	26675	TREAT HAND DISLOCATION W/ANESTHESIA	473.02										
77	26675	TREAT HAND DISLOCATION W/ANESTHESIA	473.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	519.07										
77	26676	PERC.PINNING,CLOSED CARPOMETACARPAL	519.07	00 15									
73	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	585.73										
77	26685	OPEN TREAT CLSD/OPEN HAND DISLOCATIO	585.73	00 15									
73	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	637.93										
77	26686	OPEN TREAT OPEN/CLSD HAND DISLOC COM	637.93	00 15									
73	26700	TREAT KNUCKLE DISLOCATION	350.66										
77	26700	TREAT KNUCKLE DISLOCATION	350.66	00 15									
73	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	447.77										
77	26705	TREAT KNUCKLE DISLOCATION W/ANESTHES	447.77	00 15									
73	26706	PERC.PINNING,CLOSED METACARPOPHALANG	454.84										
77	26706	PERC.PINNING,CLOSED METACARPOPHALANG	454.84	00 15									
73	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	584.05										
77	26715	OPEN TREAT CLSD/OPEN KNUCKLE DISLOCA	584.05	00 15									
73	26720	TREAT CLSD FX;W/O MANIP, EACH	205.14									X	
77	26720	TREAT CLSD FX;W/O MANIP, EACH	205.14	00 15								X	
73	26725	TREAT CLSD FX;W/ MANIP, EACH	350.62									X	
77	26725	TREAT CLSD FX;W/ MANIP, EACH	350.62	00 15								X	
73	26727	TREAT FX,MANIP,TRACT/FIX, EACH	483.49									X	
77	26727	TREAT FX,MANIP,TRACT/FIX, EACH	483.49	00 15								X	
73	26735	OPEN TREAT....W/W/O FIX, EACH	605.86									X	
77	26735	OPEN TREAT....W/W/O FIX, EACH	605.86	00 15								X	
73	26740	TREAT CLSD ART FX...W/O MANIP,EACH	236.95									X	
77	26740	TREAT CLSD ART FX...W/O MANIP,EACH	236.95	00 15								X	
73	26742	TREAT CLSD ART FX....W/ MANIP, EACH	384.19									X	
77	26742	TREAT CLSD ART FX....W/ MANIP, EACH	384.19	00 15								X	
73	26746	OPEN TX,CLSD/OPEN FX...EACH	756.50									X	
77	26746	OPEN TX,CLSD/OPEN FX...EACH	756.50	00 15								X	
73	26750	TREAT CLSD FX...W/O MANIP, EACH	192.73									X	
77	26750	TREAT CLSD FX...W/O MANIP, EACH	192.73	00 15								X	
73	26755	TREAT CLSD FX...W/ MANIP, EACH	328.76									X	
77	26755	TREAT CLSD FX...W/ MANIP, EACH	328.76	00 15								X	
73	26756	TREAT CLSD FX..;W/PERC PIN, EACH	432.20									X	
77	26756	TREAT CLSD FX..;W/PERC PIN, EACH	432.20	00 15								X	
73	26765	OPEN TX,CLSD/OPEN FX..;EACH	512.01									X	
77	26765	OPEN TX,CLSD/OPEN FX..;EACH	512.01	00 15								X	
73	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	296.09										
77	26770	TRMT OF CLOS INTERPHAL JOINT DIS SIN	296.09	00 15									
73	26775	TRMT OF SAME W/ ANESTION	403.65										
77	26775	TRMT OF SAME W/ ANESTION	403.65	00 15									
73	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	458.12										
77	26776	PERC.PINNING,CLOSED INTERPHALANGEAL	458.12	00 15									
73	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	558.36										
77	26785	OPEN TRMT OF CLOS OR OPEN INTERPHA J	558.36	00 15									
73	26820	THUMB FUSION WITH GRAFT	841.10										

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
77	26820	THUMB FUSION WITH GRAFT	841.10	00 15									
73	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	779.21										
77	26841	ARTHRODESIS, THUMB W/ OR W/O INTERNA	779.21	00 15									
73	26842	ARTHRODESIS OF THUMB W/ GRAFT	844.01									X	
77	26842	ARTHRODESIS OF THUMB W/ GRAFT	844.01	00 15								X	
73	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	792.52										
77	26843	ARTHRODESIS DIGITS OTHER THAN THUMB	792.52	00 15									
73	26844	ARTHRODESIS OF DIGITS W/ GRAFT	872.96										
77	26844	ARTHRODESIS OF DIGITS W/ GRAFT	872.96	00 15									
73	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	742.16										
77	26850	ARTHRODESIS KNUCKLE W/ OR W/O INT FI	742.16	00 15									
73	26852	ARTHRODESIS KNUCKLE W/ GRAFT	842.56										
77	26852	ARTHRODESIS KNUCKLE W/ GRAFT	842.56	00 15									
73	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	614.84										
77	26860	ARTHRODESIS FINGER JOINT W/ OR W/O F	614.84	00 15									
73	26861	ARTHRODESIS...EACH ADD JOINT	103.22									X	
77	26861	ARTHRODESIS...EACH ADD JOINT	103.22	00 15								X	
73	26862	FUSION/GRAFT OF FINGER JOINT	773.24										
77	26862	FUSION/GRAFT OF FINGER JOINT	773.24	00 15									
73	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	232.68									X	
77	26863	ARTHRODESIS;W/GRAFT,EACH ADD JOINT	232.68	00 15								X	
73	26910	AMPUTATE METACARPAL BONE	772.29									X	
77	26910	AMPUTATE METACARPAL BONE	772.29	00 15								X	
73	26951	AMPUTATION OF FINGER/THUMB	704.21									X	
77	26951	AMPUTATION OF FINGER/THUMB	704.21	00 15								X	
73	26952	WITH LOCAL ADVANCEMENT FLAPS	690.59									X	
77	26952	WITH LOCAL ADVANCEMENT FLAPS	690.59	00 15								X	
73	26990	DRAINAGE OF PELVIS LESION	691.46										
77	26990	DRAINAGE OF PELVIS LESION	691.46	00 15									
73	26991	DRAINAGE OF PELVIS BURSA	715.35										
77	26991	DRAINAGE OF PELVIS BURSA	715.35	00 15									
73	26992	DRAINAGE OF BONE LESION	1,027.33										
77	26992	DRAINAGE OF BONE LESION	1,027.33	00 15									
73	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	395.71										
77	27000	TENOTOMY, SUBCUTANEOUS, CLOSED-HIP O	395.71	00 15									
73	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	553.57										
77	27001	TENOTOMY, SUBCUTANEOUS OPEN, UNILATE	553.57	00 15									
73	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	612.90										
77	27003	OPEN UNILATERAL TENOTOMY W/ NEURECTO	612.90	00 15									
73	27005	TENOTOMY, ILIOPSOAS, OPEN	732.08										
77	27005	TENOTOMY, ILIOPSOAS, OPEN	732.08	00 15									
73	27006	TENOTOMY, ABDUCTORS, OPEN	722.27										
77	27006	TENOTOMY, ABDUCTORS, OPEN	722.27	00 15									
73	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	940.76										
77	27025	OBER-YOUNT FASCIOTOMY, UNILATERAL	940.76	00 15									

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
73	27027	INCISION OF TISSUE OF MUSCLE COMPART	915.46										
77	27027	INCISION OF TISSUE OF MUSCLE COMPART	915.46	00 15									
73	27030	ARTHROTOMY OF HIP FOR DRAINAGE	958.50										
77	27030	ARTHROTOMY OF HIP FOR DRAINAGE	958.50	00 15									
73	27033	HIP ARTHROTOMY FOR EXPLORATION	993.89										
77	27033	HIP ARTHROTOMY FOR EXPLORATION	993.89	00 15									
73	27035	DENERVATION OF HIP JOINT	1,112.50										
77	27035	DENERVATION OF HIP JOINT	1,112.50	00 15									
73	27036	EXCISION OF HIP JOINT/MUSCLE	1,039.11										
77	27036	EXCISION OF HIP JOINT/MUSCLE	1,039.11	00 15									
73	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	335.53										
77	27040	SUPERFICIAL BIOPSY OF SOFT TISSUES	335.53	00 15									
73	27041	DEEP BIOPSY OF SOFT TISSUES	726.44										
77	27041	DEEP BIOPSY OF SOFT TISSUES	726.44	00 15									
73	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	484.40										
77	27043	EXCISION, TUMOR, SOFT TISSUE OF PELV	484.40	00 15									
73	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	756.86										
77	27045	EXCISION, TUMOR, SOFT TISSUE OF PELV	756.86	00 15									
73	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	497.88										
77	27047	EXCISION SUBCUTANEOUS TUMOR, HIP-PEL	497.88	00 15									
73	27048	DEEP TUMOR EXCISION, HIP-PELVIS	629.76										
77	27048	DEEP TUMOR EXCISION, HIP-PELVIS	629.76	00 15									
73	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,383.33										
77	27049	REMOVAL OF (LESS THAN 5 CENTIMETERS)	1,383.33	00 15									
73	27050	BIOPSY OF SACROILLIAC JOINT	413.11										
77	27050	BIOPSY OF SACROILLIAC JOINT	413.11	00 15									
73	27052	BIOPSY OF HIP JOINT	591.41										
77	27052	BIOPSY OF HIP JOINT	591.41	00 15									
73	27054	REMOVAL OF HIP JOINT LINING	705.24										
77	27054	REMOVAL OF HIP JOINT LINING	705.24	00 15									
73	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,032.55										
77	27057	INCISION OF TISSUE ON ONE SIDE OF PE	1,032.55	00 15									
73	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,859.70										
77	27059	REMOVAL (5 CENTIMETERS OR GREATER) T	1,859.70	00 15									
73	27060	REMOVAL OF ISCHIAL BURSA	476.49										
77	27060	REMOVAL OF ISCHIAL BURSA	476.49	00 15									
73	27062	EXCISION TROCHANTERIC BURSA	464.44										
77	27062	EXCISION TROCHANTERIC BURSA	464.44	00 15									
73	27065	EXCISION OF BONE CYST OR BENIGN TUMO	538.79										
77	27065	EXCISION OF BONE CYST OR BENIGN TUMO	538.79	00 15									
73	27066	EXCISION OF BONE CYST OR BENIGN TUMO	839.17										
77	27066	EXCISION OF BONE CYST OR BENIGN TUMO	839.17	00 15									
73	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,058.72										
77	27067	EXCISION OF BONE CYST OR BENIGN TUMO	1,058.72	00 15									
73	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	900.39										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27070	PARTIAL EXCISION, WING OF ILIUM, SYM	900.39	00 15									
73	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	991.88										
77	27071	PARTIAL EXCISION, WING OF ILIUM, SYM	991.88	00 15									
73	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,129.26										
77	27075	RADICAL RESECTION FOR TUMOR-WING OF	2,129.26	00 15									
73	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,576.06										
77	27076	RADICAL RESECTION FOR TUMOR-ILIUM	2,576.06	00 15									
73	27077	INNOMINATE BONE-TOTAL	2,873.53										
77	27077	INNOMINATE BONE-TOTAL	2,873.53	00 15									
73	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,099.05										
77	27078	ISCHIAL TUBEROSITY & TROCANER OF FE	2,099.05	00 15									
73	27080	COCCYGECTOMY	526.56										
77	27080	COCCYGECTOMY	526.56	00 15									
73	27086	REMOVE HIP FOREIGN BODY	306.89										
77	27086	REMOVE HIP FOREIGN BODY	306.89	00 15									
73	27087	DEEP ODY	635.12										
77	27087	DEEP ODY	635.12	00 15									
73	27090	REMOVAL OF HIP PROSTHESIS	850.81										
77	27090	REMOVAL OF HIP PROSTHESIS	850.81	00 15									
73	27091	COMPLICATED HESIS	1,628.76										
77	27091	COMPLICATED HESIS	1,628.76	00 15									
73	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	228.87										
77	27093	INJECTION FOR HIP ARTHROGRAPHY W/O A	228.87	00 15									
73	27095	WITH ANES RAY	304.94										
77	27095	WITH ANES RAY	304.94	00 15									
73	27096	INJECTION PROCEDURE FOR SACROILIAC J	159.34										
77	27096	INJECTION PROCEDURE FOR SACROILIAC J	159.34	00 15									
73	27097	HAMSTRING RECESSION PROXIMAL	700.29										
77	27097	HAMSTRING RECESSION PROXIMAL	700.29	00 15									
73	27098	ADDUCTOR TRANSFER TO ISCHIUM	711.78										
77	27098	ADDUCTOR TRANSFER TO ISCHIUM	711.78	00 15									
73	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	849.32										
77	27100	TRAN EXTERNAL OBLIQUE MUSCLE TO GREA	849.32	00 15									
73	27105	TRANSFER PARASPINAL MUSCLE TO HIP	890.04										
77	27105	TRANSFER PARASPINAL MUSCLE TO HIP	890.04	00 15									
73	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	992.84										
77	27110	TRANSFER ILIOPSOAS MUSCLE TO GREATER	992.84	00 15									
73	27111	TO FEMORAL NECK S MUSCLE	923.23										
77	27111	TO FEMORAL NECK S MUSCLE	923.23	00 15									
73	27120	ACETABULOPLASTY P SOCKET	1,327.61										
77	27120	ACETABULOPLASTY P SOCKET	1,327.61	00 15									
73	27122	RESECTION FEMORAL HEAD	1,127.19										
77	27122	RESECTION FEMORAL HEAD	1,127.19	00 15									
73	27125	HEMIARTHROPLASTY; PROSTHESIS	1,155.97										
77	27125	HEMIARTHROPLASTY; PROSTHESIS	1,155.97	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,314.23										
77	27130	ARTHROPLASTY(TOTAL HIP REPLACEMENT)	1,314.23	00 15									
73	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,708.21										
77	27132	CONVERT PREV HIP SURG TO TOT.HIP REP	1,708.21	00 15									
73	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,949.70										
77	27134	REVISE TOT.HIP ARTHROPLASTY;BOTH COM	1,949.70	00 15									
73	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,498.46										
77	27137	REVISE HIP ARTHROPLASTY;ACETABULAR	1,498.46	00 15									
73	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,556.87										
77	27138	REVISE HIP ARTHROPLASTY;FEMORAL COMP	1,556.87	00 15									
73	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	916.80										
77	27140	OSTEOTOMY & TRANSFER OF GREATER TROC	916.80	00 15									
73	27146	OSTEOTOMY, ILIAC	1,298.80										
77	27146	OSTEOTOMY, ILIAC	1,298.80	00 15									
73	27147	WITH OPEN REDUCTION OF HIP	1,494.37										
77	27147	WITH OPEN REDUCTION OF HIP	1,494.37	00 15									
73	27151	WITH FEMORAL OSTEOTOMY	1,617.05										
77	27151	WITH FEMORAL OSTEOTOMY	1,617.05	00 15									
73	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,742.58										
77	27156	WITH FEMORAL OSTEOTOMY & OPEN REDUCT	1,742.58	00 15									
73	27158	OSTEOTOMY, PELVIS, BILATERAL	1,429.92										
77	27158	OSTEOTOMY, PELVIS, BILATERAL	1,429.92	00 15									
73	27161	INCISION OF NECK OF FEMUR	1,246.56										
77	27161	INCISION OF NECK OF FEMUR	1,246.56	00 15									
73	27165	INCISION/FIXATION OF FEMUR	1,404.29										
77	27165	INCISION/FIXATION OF FEMUR	1,404.29	00 15									
73	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,199.62										
77	27170	BONE GRAFT FOR NONUNION, FEMORAL HEA	1,199.62	00 15									
73	27175	TREAT SLIPPED EPIPHYSIS	683.13										
77	27175	TREAT SLIPPED EPIPHYSIS	683.13	00 15									
73	27176	BY SINGLE OR MULITPLE PINNING, IN SI	943.10										
77	27176	BY SINGLE OR MULITPLE PINNING, IN SI	943.10	00 15									
73	27177	REPAIR SLIPPED EPIPHYSIS	1,140.43										
77	27177	REPAIR SLIPPED EPIPHYSIS	1,140.43	00 15									
73	27178	CLOSED MANIPULATION YSIS	943.10										
77	27178	CLOSED MANIPULATION YSIS	943.10	00 15									
73	27179	OSTEOPLASTY OF FEMORAL NECK	1,001.28										
77	27179	OSTEOPLASTY OF FEMORAL NECK	1,001.28	00 15									
73	27181	OSTEOTOMY & INTERNAL FIXATION	1,144.26										
77	27181	OSTEOTOMY & INTERNAL FIXATION	1,144.26	00 15									
73	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	735.63										
77	27185	EPIPHYSEAL ARREST, GREATER TROCHANTE	735.63	00 15									
73	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,017.97										
77	27187	PROPHYLACTIC TREAT,FEM.NECK&PROX FEM	1,017.97	00 15									
73	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	134.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27197	CLOSED TREATMENT OF POSTERIOR PELVIC	134.82	00 15									
73	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	321.07										
77	27198	CLOSED TREATMENT OF POSTERIOR PELVIC	321.07	00 15									
73	27200	TRMT OF CLOSED COCCYGEAL FX	190.44										
77	27200	TRMT OF CLOSED COCCYGEAL FX	190.44	00 15									
73	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	540.94										
77	27202	OPEN TRMT OF CLOSED OR OPEN COCCYGEA	540.94	00 15									
73	27220	TREAT HIP SOCKET FRACTURE	429.45										
77	27220	TREAT HIP SOCKET FRACTURE	429.45	00 15									
73	27222	WITH MANIPULATION CTURE	1,008.80										
77	27222	WITH MANIPULATION CTURE	1,008.80	00 15									
73	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,080.74										
77	27226	OPEN TREATMENT OF POSTERIOR OR ANTER	1,080.74	00 15									
73	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,687.40										
77	27227	OPEN TREATMENT OF ACETABULAR FRACTUR	1,687.40	00 15									
73	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,921.54										
77	27228	OPEN TREATMENT OF ACETABULAR FRACTUR	1,921.54	00 15									
73	27230	TRMT OF CLOSED FEMORAL FX	497.73										
77	27230	TRMT OF CLOSED FEMORAL FX	497.73	00 15									
73	27232	WITH MANIPULATION MUR	749.57									X	
77	27232	WITH MANIPULATION MUR	749.57	00 15								X	
73	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	925.84										
77	27235	TRMT OF CLOSED OR OPEN FEMORAL FX IN	925.84	00 15									
73	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,218.27										
77	27236	OPEN TRMT OF FEMORAL FX W/ INTERNAL	1,218.27	00 15									
73	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	478.18										
77	27238	TRMT CLOSED INTERTRO-PETROCHANTERIC	478.18	00 15									
73	27240	WITH MANIPULATION RACTURE	979.03										
77	27240	WITH MANIPULATION RACTURE	979.03	00 15									
73	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,254.11										
77	27244	OPEN TRMT OF CLOSED OR OPEN INTER/PE	1,254.11	00 15									
73	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,252.43										
77	27245	OPEN TREATMENT OF INTERTROCHANTERIC,	1,252.43	00 15									
73	27246	TRMT OF CLOSED GREATER TROCHANTERIC	400.82										
77	27246	TRMT OF CLOSED GREATER TROCHANTERIC	400.82	00 15									
73	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	762.90										
77	27248	OPEN TRMT OF CLSD OR OPEN GREATER TR	762.90	00 15									
73	27250	TREAT HIP DISLOCATION	189.55										
77	27250	TREAT HIP DISLOCATION	189.55	00 15									
73	27252	REQUIRING ANES N	773.45										
77	27252	REQUIRING ANES N	773.45	00 15									
73	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	961.54										
77	27253	OPEN TRMT OF CLOSED OR OPEN HIP DISL	961.54	00 15									
73	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,299.85										
77	27254	TRMT OF SAME W/ ACETABULAR LIP FIXAT	1,299.85	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27256	TRMT OF CONGENITAL HIP DISLOCATION	322.21										
77	27256	TRMT OF CONGENITAL HIP DISLOCATION	322.21	00 15									
73	27257	WITH MANIPULATION REQUIRING ANES	369.64										
77	27257	WITH MANIPULATION REQUIRING ANES	369.64	00 15									
73	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,136.35										
77	27258	OPEN TRMT CONGEN HIP DISL-REPLACEMEN	1,136.35	00 15									
73	27259	W/ FEMORAL SHAFT SHORTENING	1,576.67										
77	27259	W/ FEMORAL SHAFT SHORTENING	1,576.67	00 15									
73	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	427.51										
77	27265	TX ATRAUMATIC HIP DISLOCAT.;NO ANES.	427.51	00 15									
73	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	598.33										
77	27266	SEE 27265;REQUIRING GEN.ANESTHESIA	598.33	00 15									
73	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	450.56										
77	27267	CLOSED TREATMENT OF FEMORAL FRACTURE	450.56	00 15									
73	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	557.95										
77	27268	CLOSED TREATMENT OF FEMORAL FRACTURE	557.95	00 15									
73	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,269.25										
77	27269	OPEN TREATMENT OF FEMORAL FRACTURE,	1,269.25	00 15									
73	27275	MANIPULATION OF HIP JOINT	186.67										
77	27275	MANIPULATION OF HIP JOINT	186.67	00 15									
73	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	835.31										
77	27279	ARTHRODESIS, SACROILIAC JOINT, PERCU	835.31	00 15									
73	27280	FUSION OF SACROILIAC JOINT	1,420.10										
77	27280	FUSION OF SACROILIAC JOINT	1,420.10	00 15									
73	27282	FUSION OF PUBIC BONES	879.52										
77	27282	FUSION OF PUBIC BONES	879.52	00 15									
73	27284	FUSION OF HIP JOINT	1,640.73										
77	27284	FUSION OF HIP JOINT	1,640.73	00 15									
73	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,680.10										
77	27286	WITH SUBTROCHANTERIC OSTEOTOMY	1,680.10	00 15									
73	27290	AMPUTATION OF LEG AT HIP	1,660.26										
77	27290	AMPUTATION OF LEG AT HIP	1,660.26	00 15									
73	27295	DISARTICULATION OF HIP	1,290.42										
77	27295	DISARTICULATION OF HIP	1,290.42	00 15									
73	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	677.51										
77	27301	I&D OF DEEP ABCESS, INFECTED BURSA O	677.51	00 15									
73	27303	INCISION, DEEP W/ OPENING OF BONE CO	652.55										
77	27303	INCISION, DEEP W/ OPENING OF BONE CO	652.55	00 15									
73	27305	FASCIOTOMY & FASCIA	494.39										
77	27305	FASCIOTOMY & FASCIA	494.39	00 15									
73	27306	TENOTOMY, SINGLE NDON	337.48										
77	27306	TENOTOMY, SINGLE NDON	337.48	00 15									
73	27307	MULTIPLE NDONS	412.65										
77	27307	MULTIPLE NDONS	412.65	00 15									
73	27310	ARTHROTOMY, KNEE JOINT	749.37										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27310	ARTHROTOMY, KNEE JOINT	749.37	00 15									
73	27323	BIOPSY THIGH SOFT TISSUES	270.64										
77	27323	BIOPSY THIGH SOFT TISSUES	270.64	00 15									
73	27324	BIOPSY THIGH SOFT TISSUES	419.80										
77	27324	BIOPSY THIGH SOFT TISSUES	419.80	00 15									
73	27325	NEURECTOMY, HAMSTRING MUSCLE	577.56										
77	27325	NEURECTOMY, HAMSTRING MUSCLE	577.56	00 15									
73	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	533.93										
77	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS	533.93	00 15									
73	27327	REMOVAL OF THIGH LESION	499.69										
77	27327	REMOVAL OF THIGH LESION	499.69	00 15									
73	27328	REMOVAL OF THIGH LESION	640.90										
77	27328	REMOVAL OF THIGH LESION	640.90	00 15									
73	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,070.25										
77	27329	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,070.25	00 15									
73	27330	BIOPSY KNEE JOINT LINING	431.53										
77	27330	BIOPSY KNEE JOINT LINING	431.53	00 15									
73	27331	EXPLORE/TREAT KNEE JOINT	487.87										
77	27331	EXPLORE/TREAT KNEE JOINT	487.87	00 15									
73	27332	REMOVAL OF KNEE CARTILAGE	660.03										
77	27332	REMOVAL OF KNEE CARTILAGE	660.03	00 15									
73	27333	REMOVAL OF KNEE CARTILAGE	602.88										
77	27333	REMOVAL OF KNEE CARTILAGE	602.88	00 15									
73	27334	REMOVE KNEE JOINT LINING	703.16										
77	27334	REMOVE KNEE JOINT LINING	703.16	00 15									
73	27335	REMOVE KNEE JOINT LINING	783.16										
77	27335	REMOVE KNEE JOINT LINING	783.16	00 15									
73	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	430.95										
77	27337	EXCISION, TUMOR, SOFT TISSUE OF THIG	430.95	00 15									
73	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	774.86										
77	27339	EXCISION, TUMOR, SOFT TISSUE OF THIG	774.86	00 15									
73	27340	REMOVAL OF KNEECAP BURSA	381.66										
77	27340	REMOVAL OF KNEECAP BURSA	381.66	00 15									
73	27345	REMOVAL OF CYST OF MEMBRANE COVERING	496.24										
77	27345	REMOVAL OF CYST OF MEMBRANE COVERING	496.24	00 15									
73	27347	REMOVE KNEE CYST	539.24										
77	27347	REMOVE KNEE CYST	539.24	00 15									
73	27350	REMOVAL OF KNEECAP	669.44										
77	27350	REMOVAL OF KNEECAP	669.44	00 15									
73	27355	REMOVE FEMUR LESION	622.30										
77	27355	REMOVE FEMUR LESION	622.30	00 15									
73	27356	REMOVE FEMUR LESION/GRAFT	757.71										
77	27356	REMOVE FEMUR LESION/GRAFT	757.71	00 15									
73	27357	REMOVE FEMUR LESION/GRAFT	837.56										
77	27357	REMOVE FEMUR LESION/GRAFT	837.56	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27358	WITH INTERNAL FIXATION	281.61										
77	27358	WITH INTERNAL FIXATION	281.61	00 15									
73	27360	PARTIAL REMOVAL LEG BONE(S)	919.91										
77	27360	PARTIAL REMOVAL LEG BONE(S)	919.91	00 15									
73	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,608.39										
77	27364	REMOVAL (5 CENTIMETERS OR GREATER) T	1,608.39	00 15									
73	27365	EXTENSIVE LEG SURGERY	2,098.83										
77	27365	EXTENSIVE LEG SURGERY	2,098.83	00 15									
73	27369	INJECTION PROCEDURE FOR CONTRAST KNE	180.50										
77	27369	INJECTION PROCEDURE FOR CONTRAST KNE	180.50	00 15									
73	27372	REMOVAL OF FOREIGN BODY	589.26										
77	27372	REMOVAL OF FOREIGN BODY	589.26	00 15									
73	27380	REPAIR OF KNEECAP TENDON	635.13										
77	27380	REPAIR OF KNEECAP TENDON	635.13	00 15									
73	27381	REPAIR/GRAFT KNEECAP TENDON	837.06										
77	27381	REPAIR/GRAFT KNEECAP TENDON	837.06	00 15									
73	27385	REPAIR OF THIGH MUSCLE	616.16										
77	27385	REPAIR OF THIGH MUSCLE	616.16	00 15									
73	27386	REPAIR/GRAFT OF THIGH MUSCLE	871.96										
77	27386	REPAIR/GRAFT OF THIGH MUSCLE	871.96	00 15									
73	27390	INCISION OF THIGH TENDON	460.32										
77	27390	INCISION OF THIGH TENDON	460.32	00 15									
73	27391	INCISION OF THIGH TENDONS	593.61										
77	27391	INCISION OF THIGH TENDONS	593.61	00 15									
73	27392	INCISION OF THIGH TENDONS	730.10										
77	27392	INCISION OF THIGH TENDONS	730.10	00 15									
73	27393	LENGTHENING OF THIGH TENDON	513.42										
77	27393	LENGTHENING OF THIGH TENDON	513.42	00 15									
73	27394	LENGTHENING OF THIGH TENDONS	669.67										
77	27394	LENGTHENING OF THIGH TENDONS	669.67	00 15									
73	27395	LENGTHENING OF THIGH TENDONS	902.13										
77	27395	LENGTHENING OF THIGH TENDONS	902.13	00 15									
73	27396	TRANSPLANT OF THIGH TENDON	633.14										
77	27396	TRANSPLANT OF THIGH TENDON	633.14	00 15									
73	27397	TRANSPLANTS OF THIGH TENDONS	934.71										
77	27397	TRANSPLANTS OF THIGH TENDONS	934.71	00 15									
73	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	712.12										
77	27400	TRANSFER OF TENDON OR MUSCLE IN HAMS	712.12	00 15									
73	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	659.41										
77	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR	659.41	00 15									
73	27405	REPAIR OF KNEE LIGAMENT	690.86										
77	27405	REPAIR OF KNEE LIGAMENT	690.86	00 15									
73	27407	REPAIR OF KNEE LIGAMENT	814.40										
77	27407	REPAIR OF KNEE LIGAMENT	814.40	00 15									
73	27409	REPAIR OF KNEE LIGAMENTS	989.41										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27409	REPAIR OF KNEE LIGAMENTS	989.41	00 15									
73	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,683.71										
77	27412	AUTOCHONDROCYTE IMPLANT KNEE	1,683.71	00 15									
73	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,401.76		X								
77	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	1,401.76	00 15	X								
73	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,003.54		X								
77	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OP	1,003.54	00 15	X								
73	27418	PLASTY FOR CHONDROMALACIA PATELLAE	847.76										
77	27418	PLASTY FOR CHONDROMALACIA PATELLAE	847.76	00 15									
73	27420	REVISION OF UNSTABLE KNEECAP	763.62										
77	27420	REVISION OF UNSTABLE KNEECAP	763.62	00 15									
73	27422	REVISION OF UNSTABLE KNEECAP	758.98										
77	27422	REVISION OF UNSTABLE KNEECAP	758.98	00 15									
73	27424	REVISION/REMOVAL OF KNEECAP	766.85										
77	27424	REVISION/REMOVAL OF KNEECAP	766.85	00 15									
73	27425	LATERAL RETINACULAR RELEASE ANY METH	462.94										
77	27425	LATERAL RETINACULAR RELEASE ANY METH	462.94	00 15									
73	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	725.70										
77	27427	RECONSTRUCT (AUGMENT)KNEE;EXTRA-ARTO	725.70	00 15									
73	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,140.23										
77	27428	RECONSTRUCT(AUGMENT)KNEE;INTRA-ARTIC	1,140.23	00 15									
73	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,284.72										
77	27429	RECONSTRUCT KNEE;INTRA&EXTRA-ARTIC	1,284.72	00 15									
73	27430	REVISION OF THIGH MUSCLES	759.46										
77	27430	REVISION OF THIGH MUSCLES	759.46	00 15									
73	27435	INCISION OF KNEE JOINT	827.44										
77	27435	INCISION OF KNEE JOINT	827.44	00 15									
73	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	676.47										
77	27437	ARTHROPLASTY,PATELLA; W/O PROSTHESIS	676.47	00 15									
73	27438	REVISE KNEECAP WITH IMPLANT	859.63										
77	27438	REVISE KNEECAP WITH IMPLANT	859.63	00 15									
73	27440	REVISION OF KNEE JOINT	816.72										
77	27440	REVISION OF KNEE JOINT	816.72	00 15									
73	27441	REVISION OF KNEE JOINT	843.68										
77	27441	REVISION OF KNEE JOINT	843.68	00 15									
73	27442	REVISION OF KNEE JOINT	891.96										
77	27442	REVISION OF KNEE JOINT	891.96	00 15									
73	27443	REVISION OF KNEE JOINT	835.23										
77	27443	REVISION OF KNEE JOINT	835.23	00 15									
73	27445	REVISE KNEE JOINT, IMPLANT	1,282.19										
77	27445	REVISE KNEE JOINT, IMPLANT	1,282.19	00 15									
73	27446	TOTAL KNEE REPLACEMENT	1,172.73										
77	27446	TOTAL KNEE REPLACEMENT	1,172.73	00 15									
73	27447	TOTAL KNEE REPLACEMENT	1,312.83										
77	27447	TOTAL KNEE REPLACEMENT	1,312.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27448	INCISION OF FEMUR	847.43										
77	27448	INCISION OF FEMUR	847.43	00 15									
73	27450	INCISION OF FEMUR	1,037.89										
77	27450	INCISION OF FEMUR	1,037.89	00 15									
73	27454	REALIGNMENT OF FEMUR	1,323.00										
77	27454	REALIGNMENT OF FEMUR	1,323.00	00 15									
73	27455	REALIGNMENT OF KNEE	982.23										
77	27455	REALIGNMENT OF KNEE	982.23	00 15									
73	27457	REALIGNMENT OF KNEE	983.55										
77	27457	REALIGNMENT OF KNEE	983.55	00 15									
73	27465	SHORTENING OF FEMUR	1,276.82										
77	27465	SHORTENING OF FEMUR	1,276.82	00 15									
73	27466	LENGTHENING OF FEMUR	1,211.04										
77	27466	LENGTHENING OF FEMUR	1,211.04	00 15									
73	27468	REVISION OF FEMURS	1,370.89										
77	27468	REVISION OF FEMURS	1,370.89	00 15									
73	27470	REPAIR OF FEMUR	1,206.36										
77	27470	REPAIR OF FEMUR	1,206.36	00 15									
73	27472	REPAIR/GRAFT OF FEMUR	1,293.08										
77	27472	REPAIR/GRAFT OF FEMUR	1,293.08	00 15									
73	27475	REPAIR OF FEMUR EPIPHYSIS	678.96										
77	27475	REPAIR OF FEMUR EPIPHYSIS	678.96	00 15									
73	27477	REPAIR LOWER LEG EPIPHYSES	751.34										
77	27477	REPAIR LOWER LEG EPIPHYSES	751.34	00 15									
73	27479	REPAIR OF LEG EPIPHYSES	940.12										
77	27479	REPAIR OF LEG EPIPHYSES	940.12	00 15									
73	27485	REPAIR OF LEG EPIPHYSIS	688.80										
77	27485	REPAIR OF LEG EPIPHYSIS	688.80	00 15									
73	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,434.53										
77	27486	REVISE KNEE/ARTHROPLASTY-1 COMPONENT	1,434.53	00 15									
73	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,791.93										
77	27487	REVISE KNEE ARTHROPLASTY-ALL COMP	1,791.93	00 15									
73	27488	REMOVAL OF KNEE PROSTHESIS	1,226.25										
77	27488	REMOVAL OF KNEE PROSTHESIS	1,226.25	00 15									
73	27495	PROPHYLACTIC TREAT. FEMUR	1,155.42										
77	27495	PROPHYLACTIC TREAT. FEMUR	1,155.42	00 15									
73	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	559.23										
77	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/	559.23	00 15									
73	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	594.38										
77	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/	594.38	00 15									
73	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	671.94										
77	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/	671.94	00 15									
73	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	718.78										
77	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/	718.78	00 15									
73	27500	TREATMENT OF FEMUR FRACTURE	535.81										

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	27500	TREATMENT OF FEMUR FRACTURE	535.81	00 15									
73	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	518.43										
77	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR	518.43	00 15									
73	27502	TREATMENT OF FEMUR FRACTURE	777.60										
77	27502	TREATMENT OF FEMUR FRACTURE	777.60	00 15									
73	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	821.49										
77	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR	821.49	00 15									
73	27506	REPAIR OF FEMUR FRACTURE	1,366.68										
77	27506	REPAIR OF FEMUR FRACTURE	1,366.68	00 15									
73	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	990.49										
77	27507	OPEN TREATMENT OF FEMORAL SHAFT FRAC	990.49	00 15									
73	27508	TREATMENT OF FEMUR FRACTURE	536.78										
77	27508	TREATMENT OF FEMUR FRACTURE	536.78	00 15									
73	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	688.36										
77	27509	PERCUTANEOUS SKELETAL FIXATION OF SU	688.36	00 15									
73	27510	TREATMENT OF FEMUR FRACTURE	700.89										
77	27510	TREATMENT OF FEMUR FRACTURE	700.89	00 15									
73	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,020.01										
77	27511	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,020.01	00 15									
73	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,266.61										
77	27513	OPEN TREATMENT OF FEMORAL SUPRACONDY	1,266.61	00 15									
73	27514	REPAIR OF FEMUR FRACTURE	988.25										
77	27514	REPAIR OF FEMUR FRACTURE	988.25	00 15									
73	27516	TREATMENT OF FEMUR EPIPHYSIS	528.86										
77	27516	TREATMENT OF FEMUR EPIPHYSIS	528.86	00 15									
73	27517	TREATMENT OF FEMUR EPIPHYSIS	706.79										
77	27517	TREATMENT OF FEMUR EPIPHYSIS	706.79	00 15									
73	27519	REPAIR OF FEMUR EPIPHYSIS	912.17										
77	27519	REPAIR OF FEMUR EPIPHYSIS	912.17	00 15									
73	27520	TREAT KNEECAP FRACTURE	332.36										
77	27520	TREAT KNEECAP FRACTURE	332.36	00 15									
73	27524	REPAIR OF KNEECAP FRACTURE	770.34										
77	27524	REPAIR OF KNEECAP FRACTURE	770.34	00 15									
73	27530	TREATMENT OF KNEE FRACTURE	312.94										
77	27530	TREATMENT OF KNEE FRACTURE	312.94	00 15									
73	27532	TREATMENT OF KNEE FRACTURE	634.21										
77	27532	TREATMENT OF KNEE FRACTURE	634.21	00 15									
73	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	917.91										
77	27535	OPEN TREATMENT OF TIBIAL FRACTURE, P	917.91	00 15									
73	27536	REPAIR OF KNEE FRACTURE	1,212.88										
77	27536	REPAIR OF KNEE FRACTURE	1,212.88	00 15									
73	27538	TREAT KNEE FRACTURE(S)	493.64										
77	27538	TREAT KNEE FRACTURE(S)	493.64	00 15									
73	27540	REPAIR OF KNEE FRACTURE	833.75										
77	27540	REPAIR OF KNEE FRACTURE	833.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27550	TREAT KNEE DISLOCATION	527.46										
77	27550	TREAT KNEE DISLOCATION	527.46	00 15									
73	27552	TREAT KNEE DISLOCATION	647.33										
77	27552	TREAT KNEE DISLOCATION	647.33	00 15									
73	27556	REPAIR OF KNEE DISLOCATION	897.74										
77	27556	REPAIR OF KNEE DISLOCATION	897.74	00 15									
73	27557	REPAIR OF KNEE DISLOCATION	1,069.43										
77	27557	REPAIR OF KNEE DISLOCATION	1,069.43	00 15									
73	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,217.97										
77	27558	OPEN TREATMENT OF KNEE DISLOCATION,	1,217.97	00 15									
73	27560	TREAT KNEECAP DISLOCATION	383.84										
77	27560	TREAT KNEECAP DISLOCATION	383.84	00 15									
73	27562	TREAT KNEECAP DISLOCATION	501.99										
77	27562	TREAT KNEECAP DISLOCATION	501.99	00 15									
73	27566	REPAIR KNEECAP DISLOCATION	913.02										
77	27566	REPAIR KNEECAP DISLOCATION	913.02	00 15									
73	27570	FIXATION OF KNEE JOINT	155.55										
77	27570	FIXATION OF KNEE JOINT	155.55	00 15									
73	27580	FUSION OF KNEE	1,504.51										
77	27580	FUSION OF KNEE	1,504.51	00 15									
73	27590	AMPUTATE LEG AT THIGH	812.97										
77	27590	AMPUTATE LEG AT THIGH	812.97	00 15									
73	27591	AMPUTATE LEG AT THIGH	986.84										
77	27591	AMPUTATE LEG AT THIGH	986.84	00 15									
73	27592	AMPUTATE LEG AT THIGH	692.60										
77	27592	AMPUTATE LEG AT THIGH	692.60	00 15									
73	27594	AMPUTATION FOLLOW-UP SURGERY	516.05										
77	27594	AMPUTATION FOLLOW-UP SURGERY	516.05	00 15									
73	27596	AMPUTATION FOLLOW-UP SURGERY	735.19										
77	27596	AMPUTATION FOLLOW-UP SURGERY	735.19	00 15									
73	27598	AMPUTATE LOWER LEG AT KNEE	717.82										
77	27598	AMPUTATE LOWER LEG AT KNEE	717.82	00 15									
73	27600	DECOMPRESSION OF LOWER LEG	411.54										
77	27600	DECOMPRESSION OF LOWER LEG	411.54	00 15									
73	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	449.91										
77	27601	FASCIOTOMY,LEG-POSTERIOR COMP. ONLY	449.91	00 15									
73	27602	DECOMPRESSION OF LOWER LEG	493.33										
77	27602	DECOMPRESSION OF LOWER LEG	493.33	00 15									
73	27603	DRAIN LOWER LEG LESION	528.95										
77	27603	DRAIN LOWER LEG LESION	528.95	00 15									
73	27604	DRAIN LOWER LEG BURSA	448.00										
77	27604	DRAIN LOWER LEG BURSA	448.00	00 15									
73	27605	INCISION OF ACHILLES TENDON	322.24										
77	27605	INCISION OF ACHILLES TENDON	322.24	00 15									
73	27606	INCISION OF ACHILLES TENDON	275.04										

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	27606	INCISION OF ACHILLES TENDON	275.04	00 15									
73	27607	TREAT LOWER LEG BONE LESION	606.73										
77	27607	TREAT LOWER LEG BONE LESION	606.73	00 15									
73	27610	EXPLORE/TREAT ANKLE JOINT	655.99										
77	27610	EXPLORE/TREAT ANKLE JOINT	655.99	00 15									
73	27612	EXPLORATION OF ANKLE JOINT	573.45										
77	27612	EXPLORATION OF ANKLE JOINT	573.45	00 15									
73	27613	BIOPSY LOWER LEG SOFT TISSUE	248.33										
77	27613	BIOPSY LOWER LEG SOFT TISSUE	248.33	00 15									
73	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	587.18										
77	27614	BIOPSY LOWER LEG SOFT TISSUE DEEP	587.18	00 15									
73	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,051.83										
77	27615	REMOVAL (LESS THAN 5 CENTIMETERS) TI	1,051.83	00 15									
73	27616	REMOVAL (5 CENTIMETERS OR GREATRE) T	1,303.07										
77	27616	REMOVAL (5 CENTIMETERS OR GREATER) T	1,303.07	00 15									
73	27618	REMOVE LOWER LEGLES ION	484.21										
77	27618	REMOVE LOWER LEGLES ION	484.21	00 15									
73	27619	REMOVE LOWER LEG LESION DEEP	476.61										
77	27619	REMOVE LOWER LEG LESION DEEP	476.61	00 15									
73	27620	BIOPSY OF ANKLE JOINT	449.36										
77	27620	BIOPSY OF ANKLE JOINT	449.36	00 15									
73	27625	REMOVE ANKLE JOINT LINING	580.00										
77	27625	REMOVE ANKLE JOINT LINING	580.00	00 15									
73	27626	REMOVE ANKLE JOINT LINING	618.71										
77	27626	REMOVE ANKLE JOINT LINING	618.71	00 15									
73	27630	REMOVAL OF TENDON LESION	528.82										
77	27630	REMOVAL OF TENDON LESION	528.82	00 15									
73	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	420.85										
77	27632	REMOVAL (3 CENTIMETERS OR GREATER) T	420.85	00 15									
73	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	692.67										
77	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG	692.67	00 15									
73	27635	REMOVE LOWER LEG BONE LESION	589.13										
77	27635	REMOVE LOWER LEG BONE LESION	589.13	00 15									
73	27637	REMOVE/GRAFT LEG BONE LESION	755.71										
77	27637	REMOVE/GRAFT LEG BONE LESION	755.71	00 15									
73	27638	REMOVE/GRAFT LEG BONE LESION	761.25										
77	27638	REMOVE/GRAFT LEG BONE LESION	761.25	00 15									
73	27640	PARTIAL REMOVAL OF TIBIA	847.37										
77	27640	PARTIAL REMOVAL OF TIBIA	847.37	00 15									
73	27641	PARTIAL REMOVAL OF FIBULA	663.79										
77	27641	PARTIAL REMOVAL OF FIBULA	663.79	00 15									
73	27645	EXTENSIVE LOWER LEG SURGERY	1,806.60										
77	27645	EXTENSIVE LOWER LEG SURGERY	1,806.60	00 15									
73	27646	EXTENSIVE LOWER LEG SURGERY	1,568.02										
77	27646	EXTENSIVE LOWER LEG SURGERY	1,568.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,000.33										
77	27647	EXTENSIVE ANKLE/HEEL SURGERY	1,000.33	00 15									
73	27648	INJECTION FOR ANKLE X-RAY	208.41										
77	27648	INJECTION FOR ANKLE X-RAY	208.41	00 15									
73	27650	REPAIR ACHILLES TENDON	665.82										
77	27650	REPAIR ACHILLES TENDON	665.82	00 15									
73	27652	REPAIR/GRAFT ACHILLES TENDON	670.58										
77	27652	REPAIR/GRAFT ACHILLES TENDON	670.58	00 15									
73	27654	REPAIR OF ACHILLES TENDON	723.78										
77	27654	REPAIR OF ACHILLES TENDON	723.78	00 15									
73	27656	REPAIR FASCIAL DEFECT OF LEG	530.85										
77	27656	REPAIR FASCIAL DEFECT OF LEG	530.85	00 15									
73	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	373.32									X	
77	27658	REP/SUT LEG TENDON,W/O GRAFT, EACH	373.32	00 15								X	
73	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	475.42									X	
77	27659	REP/SUT TEND,LEG..W/W/O GRAFT, EACH	475.42	00 15								X	
73	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	367.63									X	
77	27664	REP/SUT EXT TEND;PRIM,W/O GRAFT-EACH	367.63	00 15								X	
73	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	425.49									X	
77	27665	REP/SUT TEND.;SECON.W/W/O GRAFT-EACH	425.49	00 15								X	
73	27675	REPAIR LOWER LEG TENDONS	503.63										
77	27675	REPAIR LOWER LEG TENDONS	503.63	00 15									
73	27676	REPAIR LOWER LEG TENDONS	615.39										
77	27676	REPAIR LOWER LEG TENDONS	615.39	00 15									
73	27680	RELEASE OF LOWER LEG TENDON	423.06										
77	27680	RELEASE OF LOWER LEG TENDON	423.06	00 15									
73	27681	TENOLYSIS....MULTIPLE, EACHS	512.09									X	
77	27681	TENOLYSIS....MULTIPLE, EACHS	512.09	00 15								X	
73	27685	REVISION OF LOWER LEG TENDON	650.86										
77	27685	REVISION OF LOWER LEG TENDON	650.86	00 15									
73	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	534.06									X	
77	27686	LENGTHEN/SHORTEN TEND;MULTIPLE,EACH	534.06	00 15								X	
73	27687	REVISION OF CALF TENDON	458.49										
77	27687	REVISION OF CALF TENDON	458.49	00 15									
73	27690	REVISE LOWER LEG TENDON	645.15										
77	27690	REVISE LOWER LEG TENDON	645.15	00 15									
73	27691	REVISE LOWER LEG TENDON	754.01										
77	27691	REVISE LOWER LEG TENDON	754.01	00 15									
73	27692	EACH ADDITIONAL TENDON	102.43									X	
77	27692	EACH ADDITION TENDON	102.43	00 15								X	
73	27695	REPAIR OF ANKLE LIGAMENT	490.42										
77	27695	REPAIR OF ANKLE LIGAMENT	490.42	00 15									
73	27696	REPAIR OF ANKLE LIGAMENTS	555.36										
77	27696	REPAIR OF ANKLE LIGAMENTS	555.36	00 15									
73	27698	REPAIR OF ANKLE LIGAMENT	650.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27698	REPAIR OF ANKLE LIGAMENT	650.45	00 15									
73	27700	REVISION OF ANKLE JOINT	619.08										
77	27700	REVISION OF ANKLE JOINT	619.08	00 15									
73	27702	RECONSTRUCT ANKLE JOINT	979.74										
77	27702	RECONSTRUCT ANKLE JOINT	979.74	00 15									
73	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,133.90										
77	27703	ARTHROPLASTY,SECONDARY RECON.TOT ANK	1,133.90	00 15									
73	27704	REMOVAL OF ANKLE IMPLANT	577.14										
77	27704	REMOVAL OF ANKLE IMPLANT	577.14	00 15									
73	27705	INCISION OF TIBIA	769.11										
77	27705	INCISION OF TIBIA	769.11	00 15									
73	27707	INCISION OF FIBULA	410.23										
77	27707	INCISION OF FIBULA	410.23	00 15									
73	27709	INCISION OF TIBIA & FIBULA	1,158.33										
77	27709	INCISION OF TIBIA & FIBULA	1,158.33	00 15									
73	27712	REALIGNMENT OF LOWER LEG	1,125.48										
77	27712	REALIGNMENT OF LOWER LEG	1,125.48	00 15									
73	27715	REVISION OF LOWER LEG	1,096.28										
77	27715	REVISION OF LOWER LEG	1,096.28	00 15									
73	27720	REPAIR OF TIBIA	890.90										
77	27720	REPAIR OF TIBIA	890.90	00 15									
73	27722	REPAIR/GRAFT OF TIBIA	913.64										
77	27722	REPAIR/GRAFT OF TIBIA	913.64	00 15									
73	27724	REPAIR/GRAFT OF TIBIA	1,285.71										
77	27724	REPAIR/GRAFT OF TIBIA	1,285.71	00 15									
73	27725	REPAIR OF LOWER LEG	1,240.56										
77	27725	REPAIR OF LOWER LEG	1,240.56	00 15									
73	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	979.12										
77	27726	REPAIR OF FIBULA NONUNION AND/OR MAL	979.12	00 15									
73	27727	REPAIR OF LOWER LEG	1,062.27										
77	27727	REPAIR OF LOWER LEG	1,062.27	00 15									
73	27730	REPAIR OF TIBIA EPIPHYSIS	601.93										
77	27730	REPAIR OF TIBIA EPIPHYSIS	601.93	00 15									
73	27732	REPAIR OF FIBULA EPIPHYSIS	463.80										
77	27732	REPAIR OF FIBULA EPIPHYSIS	463.80	00 15									
73	27734	REPAIR LOWER LEG EPIPHYSES	673.39										
77	27734	REPAIR LOWER LEG EPIPHYSES	673.39	00 15									
73	27740	REPAIR OF LEG EPIPHYSES	724.99										
77	27740	REPAIR OF LEG EPIPHYSES	724.99	00 15									
73	27742	REPAIR OF LEG EPIPHYSES	794.97										
77	27742	REPAIR OF LEG EPIPHYSES	794.97	00 15									
73	27750	TREATMENT OF TIBIA FRACTURE	354.83										
77	27750	TREATMENT OF TIBIA FRACTURE	354.83	00 15									
73	27752	TREATMENT OF TIBIA FRACTURE	549.34										
77	27752	TREATMENT OF TIBIA FRACTURE	549.34	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27756	REPAIR OF TIBIA FRACTURE	589.52										
77	27756	REPAIR OF TIBIA FRACTURE	589.52	00 15									
73	27758	REPAIR OF TIBIA FRACTURE	915.43										
77	27758	REPAIR OF TIBIA FRACTURE	915.43	00 15									
73	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,019.22										
77	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACT	1,019.22	00 15									
73	27760	CLTX MEDIAL ANKLE FX	337.58										
77	27760	CLTX MEDIAL ANKLE FX	337.58	00 15									
73	27762	CLTX MED ANKLE FX W/MNPJ	495.37										
77	27762	CLTX MED ANKLE FX W/MNPJ	495.37	00 15									
73	27766	REPAIR OF ANKLE FRACTURE	618.15										
77	27766	REPAIR OF ANKLE FRACTURE	618.15	00 15									
73	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	296.52										
77	27767	CLOSED TREATMENT OF POSTERIOR MALLEO	296.52	00 15									
73	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	458.14										
77	27768	CLOSED TREATMENT OF POSTERIOR MALLEO	458.14	00 15									
73	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	742.21										
77	27769	OPEN TREATMENT OF POSTERIOR MALLEOLU	742.21	00 15									
73	27780	TREATMENT OF FIBULA FRACTURE	315.37										
77	27780	TREATMENT OF FIBULA FRACTURE	315.37	00 15									
73	27781	TREATMENT OF FIBULA FRACTURE	448.23										
77	27781	TREATMENT OF FIBULA FRACTURE	448.23	00 15									
73	27784	REPAIR OF FIBULA FRACTURE	725.28										
77	27784	REPAIR OF FIBULA FRACTURE	725.28	00 15									
73	27786	TREATMENT OF ANKLE FRACTURE	319.28										
77	27786	TREATMENT OF ANKLE FRACTURE	319.28	00 15									
73	27788	TREATMENT OF ANKLE FRACTURE	435.74										
77	27788	TREATMENT OF ANKLE FRACTURE	435.74	00 15									
73	27792	REPAIR OF ANKLE FRACTURE	657.55										
77	27792	REPAIR OF ANKLE FRACTURE	657.55	00 15									
73	27808	TREATMENT OF ANKLE FRACTURE	340.76										
77	27808	TREATMENT OF ANKLE FRACTURE	340.76	00 15									
73	27810	TREATMENT OF ANKLE FRACTURE	486.48										
77	27810	TREATMENT OF ANKLE FRACTURE	486.48	00 15									
73	27814	REPAIR OF ANKLE FRACTURE	780.48										
77	27814	REPAIR OF ANKLE FRACTURE	780.48	00 15									
73	27816	TREATMENT OF ANKLE FRACTURE	336.39										
77	27816	TREATMENT OF ANKLE FRACTURE	336.39	00 15									
73	27818	TREATMENT OF ANKLE FRACTURE	505.40										
77	27818	TREATMENT OF ANKLE FRACTURE	505.40	00 15									
73	27822	REPAIR OF ANKLE FRACTURE	887.78										
77	27822	REPAIR OF ANKLE FRACTURE	887.78	00 15									
73	27823	REPAIR OF ANKLE FRACTURE	1,001.91										
77	27823	REPAIR OF ANKLE FRACTURE	1,001.91	00 15									
73	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	324.59										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27824	CLOSED TREATMENT OF FRACTURE OF WEIG	324.59	00 15									
73	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	559.09										
77	27825	CLOSED TREATMENT OF FRACTURE OF WEIG	559.09	00 15									
73	27826	OPEN TREATMENT OF FRACTURE OF LOWER	867.58										
77	27826	OPEN TREATMENT OF FRACTURE OF LOWER	867.58	00 15									
73	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,140.30										
77	27827	OPEN TREATMENT OF FRACTURE OF LOWER	1,140.30	00 15									
73	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,353.10										
77	27828	OPEN TREATMENT OF FRACTURE OF LOWER	1,353.10	00 15									
73	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	717.41										
77	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULA	717.41	00 15									
73	27830	TREAT LOWER LEG DISLOCATION	398.62										
77	27830	TREAT LOWER LEG DISLOCATION	398.62	00 15									
73	27831	TREAT LOWER LEG DISLOCATION	418.46										
77	27831	TREAT LOWER LEG DISLOCATION	418.46	00 15									
73	27832	REPAIR LOWER LEG DISLOCATION	774.16										
77	27832	REPAIR LOWER LEG DISLOCATION	774.16	00 15									
73	27840	TREAT ANKLE DISLOCATION	398.01										
77	27840	TREAT ANKLE DISLOCATION	398.01	00 15									
73	27842	TREAT ANKLE DISLOCATION	502.48										
77	27842	TREAT ANKLE DISLOCATION	502.48	00 15									
73	27846	REPAIR ANKLE DISLOCATION	732.65										
77	27846	REPAIR ANKLE DISLOCATION	732.65	00 15									
73	27848	REPAIR ANKLE DISLOCATION	800.95										
77	27848	REPAIR ANKLE DISLOCATION	800.95	00 15									
73	27860	FIXATION OF ANKLE JOINT	166.16										
77	27860	FIXATION OF ANKLE JOINT	166.16	00 15									
73	27870	FUSION OF ANKLE JOINT	1,028.69										
77	27870	FUSION OF ANKLE JOINT	1,028.69	00 15									
73	27871	FUSION OF TIBIOFIBULAR JOINT	704.90										
77	27871	FUSION OF TIBIOFIBULAR JOINT	704.90	00 15									
73	27880	AMPUTATION OF LOWER LEG	931.27										
77	27880	AMPUTATION OF LOWER LEG	931.27	00 15									
73	27881	AMPUTATION OF LOWER LEG	877.25										
77	27881	AMPUTATION OF LOWER LEG	877.25	00 15									
73	27882	AMPUTATION OF LOWER LEG	611.25										
77	27882	AMPUTATION OF LOWER LEG	611.25	00 15									
73	27884	AMPUTATION FOLLOW-UP SURGERY	594.08										
77	27884	AMPUTATION FOLLOW-UP SURGERY	594.08	00 15									
73	27886	AMPUTATION FOLLOW-UP SURGERY	666.37										
77	27886	AMPUTATION FOLLOW-UP SURGERY	666.37	00 15									
73	27888	AMPUTATION OF FOOT AT ANKLE	656.79										
77	27888	AMPUTATION OF FOOT AT ANKLE	656.79	00 15									
73	27889	AMPUTATION OF FOOT AT ANKLE	655.23										
77	27889	AMPUTATION OF FOOT AT ANKLE	655.23	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	27892	DECOMPRESSION FASCIOTOMY, LEG;	548.09										
77	27892	DECOMPRESSION FASCIOTOMY, LEG;	548.09	00 15									
73	27893	DECOMPRESSION FASCIOTOMY, LEG;	626.98										
77	27893	DECOMPRESSION FASCIOTOMY, LEG;	626.98	00 15									
73	27894	DECOMPRESSION FASCIOTOMY, LEG;	834.68										
77	27894	DECOMPRESSION FASCIOTOMY, LEG;	834.68	00 15									
73	28001	DRAINAGE OF BURSA OF FOOT	168.70										
77	28001	DRAINAGE OF BURSA OF FOOT	168.70	00 15									
73	28002	TREATMENT OF FOOT INFECTION	242.33										
77	28002	TREATMENT OF FOOT INFECTION	242.33	00 15									
73	28003	TREATMENT OF FOOT INFECTION	379.46										
77	28003	TREATMENT OF FOOT INFECTION	379.46	00 15									
73	28005	TREAT FOOT BONE LESION	572.01										
77	28005	TREAT FOOT BONE LESION	572.01	00 15									
73	28008	INCISION OF FOOT FASCIA	419.44										
77	28008	INCISION OF FOOT FASCIA	419.44	00 15									
73	28010	INCISION OF TOE TENDON	230.42										
77	28010	INCISION OF TOE TENDON	230.42	00 15									
73	28011	INCISION OF TOE TENDONS	311.33										
77	28011	INCISION OF TOE TENDONS	311.33	00 15									
73	28020	EXPLORATION OF A FOOT JOINT	539.08										
77	28020	EXPLORATION OF A FOOT JOINT	539.08	00 15									
73	28022	EXPLORATION OF A FOOT JOINT	476.63										
77	28022	EXPLORATION OF A FOOT JOINT	476.63	00 15									
73	28024	EXPLORATION OF A TOE JOINT	448.47										
77	28024	EXPLORATION OF A TOE JOINT	448.47	00 15									
73	28035	DECOMPRESSION OF TIBIA NERVE	520.37										
77	28035	DECOMPRESSION OF TIBIA NERVE	520.37	00 15									
73	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	475.62										
77	28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT	475.62	00 15									
73	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	452.92										
77	28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT	452.92	00 15									
73	28043	EXCISION OF FOOT LESION	375.70										
77	28043	EXCISION OF FOOT LESION	375.70	00 15									
73	28045	EXCISION OF FOOT LESION	473.07										
77	28045	EXCISION OF FOOT LESION	473.07	00 15									
73	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	716.86										
77	28046	REMOVAL (LESS THAN 3 CENTIMETERS) TI	716.86	00 15									
73	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,048.74										
77	28047	REMOVAL (3 CENTIMETERS OR GREATER) T	1,048.74	00 15									
73	28050	BIOPSY OF FOOT JOINT LINING	405.18										
77	28050	BIOPSY OF FOOT JOINT LINING	405.18	00 15									
73	28052	BIOPSY OF FOOT JOINT LINING	378.43										
77	28052	BIOPSY OF FOOT JOINT LINING	378.43	00 15									
73	28054	BIOPSY OF TOE JOINT LINING	355.69										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	28054	BIOPSY OF TOE JOINT LINING	355.69	00	15									
73	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	384.67											
77	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF	384.67	00	15									
73	28060	PARTIAL REMOVAL FOOT FASCIA	506.87											
77	28060	PARTIAL REMOVAL FOOT FASCIA	506.87	00	15									
73	28062	REMOVAL OF FOOT FASCIA	565.45											
77	28062	REMOVAL OF FOOT FASCIA	565.45	00	15									
73	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	496.88										X	
77	28070	SYNOVECTOMY;INTERTAR/TARSOMET, EACH	496.88	00	15								X	
73	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	479.72										X	
77	28072	SYNOVECTOMY,METATARSOPHAL..JNT, EACH	479.72	00	15								X	
73	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	519.76										X	
77	28080	EXCISE MORTON NEUROMA,SINGLE,EACH	519.76	00	15								X	
73	28086	EXCISE FOOT TENDON SHEATH	521.86											
77	28086	EXCISE FOOT TENDON SHEATH	521.86	00	15									
73	28088	EXCISE FOOT TENDON SHEATH	448.74											
77	28088	EXCISE FOOT TENDON SHEATH	448.74	00	15									
73	28090	REMOVAL OF FOOT LESION	454.82											
77	28090	REMOVAL OF FOOT LESION	454.82	00	15									
73	28092	REMOVAL OF TOE LESIONS	410.36											
77	28092	REMOVAL OF TOE LESIONS	410.36	00	15									
73	28100	REMOVAL OF ANKLE/HEEL LESION	604.85											
77	28100	REMOVAL OF ANKLE/HEEL LESION	604.85	00	15									
73	28102	REMOVE/GRAFT FOOT LESION	624.32											
77	28102	REMOVE/GRAFT FOOT LESION	624.32	00	15									
73	28103	REMOVE/GRAFT FOOT LESION	386.52											
77	28103	REMOVE/GRAFT FOOT LESION	386.52	00	15									
73	28104	REMOVAL OF FOOT LESION	513.28											
77	28104	REMOVAL OF FOOT LESION	513.28	00	15									
73	28106	REMOVE/GRAFT FOOT LESION	424.21											
77	28106	REMOVE/GRAFT FOOT LESION	424.21	00	15									
73	28107	REMOVE/GRAFT FOOT LESION	493.34											
77	28107	REMOVE/GRAFT FOOT LESION	493.34	00	15									
73	28108	REMOVAL OF TOE LESIONS	423.09											
77	28108	REMOVAL OF TOE LESIONS	423.09	00	15									
73	28110	PART REMOVAL OF METATARSAL	447.62											
77	28110	PART REMOVAL OF METATARSAL	447.62	00	15									
73	28111	PART REMOVAL OF METATARSAL	467.94											
77	28111	PART REMOVAL OF METATARSAL	467.94	00	15									
73	28112	PART REMOVAL OF METATARSAL	472.14											
77	28112	PART REMOVAL OF METATARSAL	472.14	00	15									
73	28113	PART REMOVAL OF METATARSAL	572.49											
77	28113	PART REMOVAL OF METATARSAL	572.49	00	15									
73	28114	REMOVAL OF METATARSAL HEADS	1,056.09											
77	28114	REMOVAL OF METATARSAL HEADS	1,056.09	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	28116	REVISION OF FOOT	773.59										
77	28116	REVISION OF FOOT	773.59	00 15									
73	28118	PARTIAL REMOVAL OF HEEL	593.03										
77	28118	PARTIAL REMOVAL OF HEEL	593.03	00 15									
73	28119	REMOVAL OF HEEL SPUR	513.57										
77	28119	REMOVAL OF HEEL SPUR	513.57	00 15									
73	28120	PART REMOVAL OF ANKLE/HEEL	663.44										
77	28120	PART REMOVAL OF ANKLE/HEEL	663.44	00 15									
73	28122	PARTIAL REMOVAL OF FOOT BONE	581.83										
77	28122	PARTIAL REMOVAL OF FOOT BONE	581.83	00 15									
73	28124	PARTIAL REMOVAL OF TOE	464.44										
77	28124	PARTIAL REMOVAL OF TOE	464.44	00 15									
73	28126	CONDYLECTOMY...SING. TOE, EACH	380.31									X	
77	28126	CONDYLECTOMY...SING. TOE, EACH	380.31	00 15								X	
73	28130	REMOVAL OF ANKLE BONE	610.72										
77	28130	REMOVAL OF ANKLE BONE	610.72	00 15									
73	28140	REMOVAL OF METATARSAL	566.41										
77	28140	REMOVAL OF METATARSAL	566.41	00 15									
73	28150	PHALANGECTOMY,TOE, SINGLE, EACH	408.35									X	
77	28150	PHALANGECTOMY,TOE, SINGLE, EACH	408.35	00 15								X	
73	28153	PARTIAL REMOVAL OF TOE	394.64										
77	28153	PARTIAL REMOVAL OF TOE	394.64	00 15									
73	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	397.49									X	
77	28160	HEMIPHALANGECTOMY....TOE,SING. EACH	397.49	00 15								X	
73	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,131.58										
77	28171	RADICAL RESECTION FOR TUMOR,TARSAL	1,131.58	00 15									
73	28173	RADICAL RESECTION FOR TUMOR,METATARS	727.55										
77	28173	RADICAL RESECTION FOR TUMOR,METATARS	727.55	00 15									
73	28175	RADICAL RESECTION FOR TUMOR PHALANX	468.44										
77	28175	RADICAL RESECTION FOR TUMOR PHALANX	468.44	00 15									
73	28190	REMOVAL OF FOOT FOREIGN BODY	234.60										
77	28190	REMOVAL OF FOOT FOREIGN BODY	234.60	00 15									
73	28192	REMOVAL OF FOOT FOREIGN BODY	448.13										
77	28192	REMOVAL OF FOOT FOREIGN BODY	448.13	00 15									
73	28193	REMOVAL OF FOOT FOREIGN BODY	510.51										
77	28193	REMOVAL OF FOOT FOREIGN BODY	510.51	00 15									
73	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	484.19									X	
77	28200	REP/SUT TEND,W/O GRAFT,EACH TENDON	484.19	00 15								X	
73	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	589.93									X	
77	28202	REP/SUT TEND,SECOND,W/GRFT, EACH TEN	589.93	00 15								X	
73	28208	REP/SUT TEND....EACH TENDON	477.16									X	
77	28208	REP/SUT TEND....EACH TENDON	477.16	00 15								X	
73	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	587.05									X	
77	28210	REP/SUT TEND..W/GRAFT, EACH TENDON	587.05	00 15								X	
73	28220	RELEASE OF FOOT TENDON	439.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	28220	RELEASE OF FOOT TENDON	439.82	00 15									
73	28222	RELEASE OF FOOT TENDONS	517.48										
77	28222	RELEASE OF FOOT TENDONS	517.48	00 15									
73	28225	RELEASE OF FOOT TENDON	403.18										
77	28225	RELEASE OF FOOT TENDON	403.18	00 15									
73	28226	RELEASE OF FOOT TENDONS	610.66										
77	28226	RELEASE OF FOOT TENDONS	610.66	00 15									
73	28230	INCISION OF FOOT TENDON(S)	423.79										
77	28230	INCISION OF FOOT TENDON(S)	423.79	00 15									
73	28232	INCISION OF TOE TENDON	366.39										
77	28232	INCISION OF TOE TENDON	366.39	00 15									
73	28234	INCISION OF FOOT TENDON	397.81										
77	28234	INCISION OF FOOT TENDON	397.81	00 15									
73	28238	REVISION OF FOOT TENDON	666.03										
77	28238	REVISION OF FOOT TENDON	666.03	00 15									
73	28240	RELEASE OF BIG TOE	433.51										
77	28240	RELEASE OF BIG TOE	433.51	00 15									
73	28250	REVISION OF FOOT FASCIA	579.37										
77	28250	REVISION OF FOOT FASCIA	579.37	00 15									
73	28260	RELEASE OF MIDFOOT JOINT	713.52										
77	28260	RELEASE OF MIDFOOT JOINT	713.52	00 15									
73	28261	REVISION OF FOOT TENDON	1,206.93										
77	28261	REVISION OF FOOT TENDON	1,206.93	00 15									
73	28262	REVISION OF FOOT AND ANKLE	1,404.48										
77	28262	REVISION OF FOOT AND ANKLE	1,404.48	00 15									
73	28264	RELEASE OF MIDFOOT JOINT	872.72										
77	28264	RELEASE OF MIDFOOT JOINT	872.72	00 15									
73	28270	CAPSULOTOMY...EACH JOINT	475.40									X	
77	28270	CAPSULOTOMY...EACH JOINT	475.40	00 15								X	
73	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	372.10									X	
77	28272	CAPSULECTOMY...INTERPHAL.,EACH JOINT	372.10	00 15								X	
73	28280	FUSION OF TOES	499.62										
77	28280	FUSION OF TOES	499.62	00 15									
73	28285	REVISION OF HAMMERTOE	526.95									X	
77	28285	REVISION OF HAMMERTOE	526.95	00 15								X	
73	28286	REVISION OF HAMMERTOE	429.71										
77	28286	REVISION OF HAMMERTOE	429.71	00 15									
73	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	590.81									X	
77	28288	OSTECTOMY,PARTIAL..EACH METATAR HEAD	590.81	00 15								X	
73	28289	REPAIR HALLUX RIGIDUS	675.42										
77	28289	REPAIR HALLUX RIGIDUS	675.42	00 15									
73	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	684.42										
77	28291	HALLUX RIGIDUS CORRECTION WITH CHEIL	684.42	00 15									
73	28292	CORRECTION OF BUNION	681.39										
77	28292	CORRECTION OF BUNION	681.39	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,048.97										
77	28295	CORRECTION, HALLUX VALGUS (BUNIONECT	1,048.97	00 15									
73	28296	CORRECTION OF BUNION	862.92										
77	28296	CORRECTION OF BUNION	862.92	00 15									
73	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,006.91										
77	28297	BUNION CORREDTION-LAPIDUS TYPE PROC	1,006.91	00 15									
73	28298	CORRECTION OF BUNION	815.16										
77	28298	CORRECTION OF BUNION	815.16	00 15									
73	28299	CORRECTION OF BUNION	985.75										
77	28299	CORRECTION OF BUNION	985.75	00 15									
73	28300	INCISION OF HEEL BONE	660.91										
77	28300	INCISION OF HEEL BONE	660.91	00 15									
73	28302	INCISION OF ANKLE BONE	732.53										
77	28302	INCISION OF ANKLE BONE	732.53	00 15									
73	28304	INCISION OF MIDFOOT BONES	824.11										
77	28304	INCISION OF MIDFOOT BONES	824.11	00 15									
73	28305	INCISE/GRAFT MIDFOOT BONES	678.00										
77	28305	INCISE/GRAFT MIDFOOT BONES	678.00	00 15									
73	28306	INCISION OF METATARSAL	598.26										
77	28306	INCISION OF METATARSAL	598.26	00 15									
73	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	778.94										
77	28307	SEE 28306;1ST METATARSAL W/BONE GRFT	778.94	00 15									
73	28308	INCISION OF METATARSAL	558.57									X	
77	28308	INCISION OF METATARSAL	558.57	00 15								X	
73	28309	INCISION OF METATARSALS	913.82										
77	28309	INCISION OF METATARSALS	913.82	00 15									
73	28310	REVISION OF BIG TOE	532.49										
77	28310	REVISION OF BIG TOE	532.49	00 15									
73	28312	REVISION OF TOE	521.93										
77	28312	REVISION OF TOE	521.93	00 15									
73	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	519.38									X	
77	28313	RECONSTRUCT TOE,SOFT TISSUR ONLY	519.38	00 15								X	
73	28315	SESAMOIDECTOMY FIRST TOE	469.84										
77	28315	SESAMOIDECTOMY FIRST TOE	469.84	00 15									
73	28320	REPAIR OF FOOT BONES	619.66										
77	28320	REPAIR OF FOOT BONES	619.66	00 15									
73	28322	REPAIR OF METATARSALS	782.16										
77	28322	REPAIR OF METATARSALS	782.16	00 15									
73	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	555.09									X	
77	28340	RECONSTRUCT TOE,MACRODAC;SFT TISS RE	555.09	00 15								X	
73	28341	SEE 28340;REQUIRING BONE RESECTION	645.77									X	
77	28341	SEE 28340;REQUIRING BONE RESECTION	645.77	00 15								X	
73	28344	RECONSTRUCT TOE;POLYDATYLY	408.05									X	
77	28344	RECONSTRUCT TOE;POLYDATYLY	408.05	00 15								X	
73	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	500.46									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	28345	SEE Z8344;SYNDACTYLY,W/WO GRFT,@ WEB	500.46	00 15								X	
73	28360	RECONSTRUCT CLEFT FOOT	1,120.88										
77	28360	RECONSTRUCT CLEFT FOOT	1,120.88	00 15									
73	28400	TREAT CLSD CALC FX;W/O MANIP	249.06										
77	28400	TREAT CLSD CALC FX;W/O MANIP	249.06	00 15									
73	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	459.89										
77	28405	TREAT CLSD CALC FX W/MANIP...REDUCT	459.89	00 15									
73	28406	TREAT CLSD CALC FX,MANIP/FIXATION	571.17										
77	28406	TREAT CLSD CALC FX,MANIP/FIXATION	571.17	00 15									
73	28415	REPAIR OF HEEL FRACTURE	1,141.28										
77	28415	REPAIR OF HEEL FRACTURE	1,141.28	00 15									
73	28420	REPAIR/GRAFT HEEL FRACTURE	1,322.15										
77	28420	REPAIR/GRAFT HEEL FRACTURE	1,322.15	00 15									
73	28430	TREAT CLSD TALUS FX,W/O MANIP	241.75										
77	28430	TREAT CLSD TALUS FX,W/O MANIP	241.75	00 15									
73	28435	TREAT CLSD TALUS FX,W/ MANIP	376.44										
77	28435	TREAT CLSD TALUS FX,W/ MANIP	376.44	00 15									
73	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	501.77										
77	28436	TREAT CLSD TAL.FX,W/MANIP&PERC PIN.	501.77	00 15									
73	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,057.50										
77	28445	OPEN TX,CLSD/OPEN FX,W/W/O FIXATION	1,057.50	00 15									
73	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,251.23		X								
77	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS	1,251.23	00 15	X								
73	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	211.12									X	
77	28450	TREAT CLSD TARSAL FX;W/O MANIP, EACH	211.12	00 15								X	
73	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	293.73									X	
77	28455	TREAT CLSD TARSAL FX;W/ MANIP, EACH	293.73	00 15								X	
73	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	371.94									X	
77	28456	OPEN TX CLSD/OPEN FX W/RED&PIN--EACH	371.94	00 15								X	
73	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	639.76									X	
77	28465	OPEN TX,CLSD/OPEN FX,W/W/O FIX--EACH	639.76	00 15								X	
73	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	218.07									X	
77	28470	TREAT CLSD METATAR FX,W/O MANIP,EACH	218.07	00 15								X	
73	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	259.41									X	
77	28475	TREAT CLSD METATAR FX;W/ MANIP,EACH	259.41	00 15								X	
73	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	388.42									X	
77	28476	TREAT CLSD FX,W/MANIP&PINNING, EACH	388.42	00 15								X	
73	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	564.18									X	
77	28485	OPEN TX,CLSD/OPEN FX W/W/O FIX--EACH	564.18	00 15								X	
73	28490	TREAT BIG TOE FRACTURE	141.33										
77	28490	TREAT BIG TOE FRACTURE	141.33	00 15									
73	28495	TREAT BIG TOE FRACTURE	177.26										
77	28495	TREAT BIG TOE FRACTURE	177.26	00 15									
73	28496	TREAT CLSD FX GREAT TOE...PINNING	442.81									X	
77	28496	TREAT CLSD FX GREAT TOE...PINNING	442.81	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	28505	REPAIR BIG TOE FRACTURE	645.35										
77	28505	REPAIR BIG TOE FRACTURE	645.35	00 15									
73	28510	TREAT CLSD FX....W/O MANIP,EACH	120.69									X	
77	28510	TREAT CLSD FX....W/O MANIP,EACH	120.69	00 15								X	
73	28515	TREAT CLSD FX...W/ MANIP., EACH	163.24									X	
77	28515	TREAT CLSD FX...W/ MANIP., EACH	163.24	00 15								X	
73	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	558.23									X	
77	28525	OPEN TX,CLSD FX..W/W/O FIX, EACH	558.23	00 15								X	
73	28530	TREAT CLOSED SESAMOID FRACTURE	114.76									X	
77	28530	TREAT CLOSED SESAMOID FRACTURE	114.76	00 15								X	
73	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	318.09										
77	28531	OPEN TREATMENT OF SESAMOID FRACTURE,	318.09	00 15									
73	28540	TREAT FOOT DISLOCATION	193.80										
77	28540	TREAT FOOT DISLOCATION	193.80	00 15									
73	28545	TREAT FOOT DISLOCATION	312.79										
77	28545	TREAT FOOT DISLOCATION	312.79	00 15									
73	28546	TREAT FOOT DISLOCATION	576.74										
77	28546	TREAT FOOT DISLOCATION	576.74	00 15									
73	28555	REPAIR FOOT DISLOCATION	864.79										
77	28555	REPAIR FOOT DISLOCATION	864.79	00 15									
73	28570	TREAT FOOT DISLOCATION	236.57										
77	28570	TREAT FOOT DISLOCATION	236.57	00 15									
73	28575	TREAT FOOT DISLOCATION	383.76										
77	28575	TREAT FOOT DISLOCATION	383.76	00 15									
73	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	393.89										
77	28576	PERCUTANEOUS SKELETAL FIXATION OF TA	393.89	00 15									
73	28585	REPAIR FOOT DISLOCATION	879.51										
77	28585	REPAIR FOOT DISLOCATION	879.51	00 15									
73	28600	TREAT FOOT DISLOCATION	218.22										
77	28600	TREAT FOOT DISLOCATION	218.22	00 15									
73	28605	TREAT FOOT DISLOCATION	345.46										
77	28605	TREAT FOOT DISLOCATION	345.46	00 15									
73	28606	TREAT FOOT DISLOCATION	390.76										
77	28606	TREAT FOOT DISLOCATION	390.76	00 15									
73	28615	REPAIR FOOT DISLOCATION	834.75										
77	28615	REPAIR FOOT DISLOCATION	834.75	00 15									
73	28630	TREAT TOE DISLOCATION	154.70										
77	28630	TREAT TOE DISLOCATION	154.70	00 15									
73	28635	TREAT TOE DISLOCATION	174.99										
77	28635	TREAT TOE DISLOCATION	174.99	00 15									
73	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	307.27										
77	28636	PERCUTANEOUS SKELETAL FIXATION OF ME	307.27	00 15									
73	28645	REPAIR TOE DISLOCATION	640.58										
77	28645	REPAIR TOE DISLOCATION	640.58	00 15									
73	28660	TREAT TOE DISLOCATION	124.90										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	28660	TREAT TOE DISLOCATION	124.90	00 15									
73	28665	TREAT TOE DISLOCATION	148.09										
77	28665	TREAT TOE DISLOCATION	148.09	00 15									
73	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	175.59										
77	28666	PERCUTANEOUS SKELETAL FIXATION OF IN	175.59	00 15									
73	28675	REPAIR OF TOE DISLOCATION	567.32										
77	28675	REPAIR OF TOE DISLOCATION	567.32	00 15									
73	28705	FUSION OF FOOT BONES	1,241.12										
77	28705	FUSION OF FOOT BONES	1,241.12	00 15									
73	28715	FUSION OF FOOT BONES	953.44										
77	28715	FUSION OF FOOT BONES	953.44	00 15									
73	28725	FUSION OF FOOT BONES	787.68										
77	28725	FUSION OF FOOT BONES	787.68	00 15									
73	28730	FUSION OF FOOT BONES	736.57										
77	28730	FUSION OF FOOT BONES	736.57	00 15									
73	28735	FUSION OF FOOT BONES	790.43										
77	28735	FUSION OF FOOT BONES	790.43	00 15									
73	28737	REVISION OF FOOT BONES	692.41										
77	28737	REVISION OF FOOT BONES	692.41	00 15									
73	28740	FUSION OF FOOT BONES	820.32										
77	28740	FUSION OF FOOT BONES	820.32	00 15									
73	28750	FUSION OF BIG TOE JOINT	773.84										
77	28750	FUSION OF BIG TOE JOINT	773.84	00 15									
73	28755	FUSION OF BIG TOE JOINT	494.14										
77	28755	FUSION OF BIG TOE JOINT	494.14	00 15									
73	28760	FUSION OF BIG TOE JOINT	749.91										
77	28760	FUSION OF BIG TOE JOINT	749.91	00 15									
73	28800	AMPUTATION OF MIDFOOT	530.47										
77	28800	AMPUTATION OF MIDFOOT	530.47	00 15									
73	28805	AMPUTATION THRU METATARSAL	716.45										
77	28805	AMPUTATION THRU METATARSAL	716.45	00 15									
73	28810	AMPUTATION TOE & METATARSAL	427.15									X	
77	28810	AMPUTATION TOE & METATARSAL	427.15	00 15								X	
73	28820	AMPUTATION OF TOE	295.06									X	
77	28820	AMPUTATION OF TOE	295.06	00 15								X	
73	28825	PARTIAL AMPUTATION OF TOE	288.26									X	
77	28825	PARTIAL AMPUTATION OF TOE	288.26	00 15								X	
73	28890	HIGH ENERGY ESWT, PLANTAR F	302.30										
77	28890	HIGH ENERGY ESWT, PLANTAR F	302.30	00 15									
73	29000	APPLICATION OF BODY CAST	356.15										
77	29000	APPLICATION OF BODY CAST	356.15	00 15									
73	29010	APPLICATION OF BODY CAST	271.75										
77	29010	APPLICATION OF BODY CAST	271.75	00 15									
73	29015	APPLICATION OF BODY CAST	292.83										
77	29015	APPLICATION OF BODY CAST	292.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	29035	APPLICATION OF BODY CAST	254.43										
77	29035	APPLICATION OF BODY CAST	254.43	00 15									
73	29040	APPLICATION OF BODY CAST	291.05										
77	29040	APPLICATION OF BODY CAST	291.05	00 15									
73	29044	APPLICATION OF BODY CAST	285.62										
77	29044	APPLICATION OF BODY CAST	285.62	00 15									
73	29046	APPLICATION OF BODY CAST	313.05										
77	29046	APPLICATION OF BODY CAST	313.05	00 15									
73	29049	APPLICATION OF SHOULDER CAST	99.41										
77	29049	APPLICATION OF SHOULDER CAST	99.41	00 15									
73	29055	APPLICATION OF SHOULDER CAST	222.22									X	
77	29055	APPLICATION OF SHOULDER CAST	222.22	00 15								X	
73	29058	APPLICATION OF SHOULDER CAST	124.27									X	
77	29058	APPLICATION OF SHOULDER CAST	124.27	00 15								X	
73	29065	APPLICATION OF LONG ARM CAST	96.83									X	
77	29065	APPLICATION OF LONG ARM CAST	96.83	00 15								X	
73	29075	APPLICATION OF FOREARM CAST	87.93									X	
77	29075	APPLICATION OF FOREARM CAST	87.93	00 15								X	
73	29085	APPLY HAND/WRIST CAST	96.06									X	
77	29085	APPLY HAND/WRIST CAST	96.06	00 15								X	
73	29086	APPLY FINGER CAST	75.12									X	
77	29086	APPLY FINGER CAST	75.12	00 15								X	
73	29105	APPLY LONG ARM SPLINT	83.26									X	
77	29105	APPLY LONG ARM SPLINT	83.26	00 15								X	
73	29125	APPLY FOREARM SPLINT	65.78									X	
77	29125	APPLY FOREARM SPLINT	65.78	00 15								X	
73	29126	APPLY FOREARM SPLINT	76.63									X	
77	29126	APPLY FOREARM SPLINT	76.63	00 15								X	
73	29130	APPLICATION OF FINGER SPLINT	42.39									X	
77	29130	APPLICATION OF FINGER SPLINT	42.39	00 15								X	
73	29131	APPLICATION OF FINGER SPLINT	53.57									X	
77	29131	APPLICATION OF FINGER SPLINT	53.57	00 15								X	
73	29200	STRAPPING OF CHEST	31.85										
77	29200	STRAPPING OF CHEST	31.85	00 15									
73	29240	STRAPPING OF SHOULDER	29.63									X	
77	29240	STRAPPING OF SHOULDER	29.63	00 15								X	
73	29260	STRAPPING OF ELBOW OR WRIST	29.28									X	
77	29260	STRAPPING OF ELBOW OR WRIST	29.28	00 15								X	
73	29280	STRAPPING OF HAND OR FINGER	29.60									X	
77	29280	STRAPPING OF HAND OR FINGER	29.60	00 15								X	
73	29305	APPLICATION OF HIP CAST	246.57										
77	29305	APPLICATION OF HIP CAST	246.57	00 15									
73	29325	APPLICATION OF HIP CASTS	272.28										
77	29325	APPLICATION OF HIP CASTS	272.28	00 15									
73	29345	APPLICATION OF LONG LEG CAST	135.99									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	29345	APPLICATION OF LONG LEG CAST	135.99	00 15								X	
73	29355	APPLICATION OF LONG LEG CAST	142.91									X	
77	29355	APPLICATION OF LONG LEG CAST	142.91	00 15								X	
73	29358	APPLY LONG LEG CAST BRACE	160.37									X	
77	29358	APPLY LONG LEG CAST BRACE	160.37	00 15								X	
73	29365	APPLICATION OF LONG LEG CAST	123.86									X	
77	29365	APPLICATION OF LONG LEG CAST	123.86	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	74.38									X	
77	29425	APPLY SHORT LEG CAST	74.38	00 15								X	
73	29435	APPLY SHORT LEG CAST	114.91									X	
77	29435	APPLY SHORT LEG CAST	114.91	00 15								X	
73	29440	ADDITION OF WALKER TO CAST	42.04									X	
77	29440	ADDITION OF WALKER TO CAST	42.04	00 15								X	
73	29445	APPLY RIGID LEG CAST	127.56										
77	29445	APPLY RIGID LEG CAST	127.56	00 15									
73	29450	APPLICATION OF LEG CAST	145.53										
77	29450	APPLICATION OF LEG CAST	145.53	00 15									
73	29505	APPLICATION LONG LEG SPLINT	87.36									X	
77	29505	APPLICATION LONG LEG SPLINT	87.36	00 15								X	
73	29515	APPLICATION LOWER LEG SPLINT	71.20									X	
77	29515	APPLICATION LOWER LEG SPLINT	71.20	00 15								X	
73	29520	STRAPPING OF HIP	34.06									X	
77	29520	STRAPPING OF HIP	34.06	00 15								X	
73	29530	STRAPPING OF KNEE	29.32									X	
77	29530	STRAPPING OF KNEE	29.32	00 15								X	
73	29540	STRAPPING OF ANKLE	28.02									X	
77	29540	STRAPPING OF ANKLE	28.02	00 15								X	
73	29550	STRAPPING OF TOES	18.88									X	
77	29550	STRAPPING OF TOES	18.88	00 15								X	
73	29580	APPLICATION OF PASTE BOOT	62.00									X	
77	29580	APPLICATION OF PASTE BOOT	62.00	00 15								X	
73	29581	APPLICATION OF MULTI-LAYER COMPRESSI	85.93									X	
77	29581	APPLICATION OF MULTI-LAYER COMPRESSI	85.93	00 15								X	
73	29584	APPLICATION OF MULTI-LAYER COMPRESSI	78.39										
77	29584	APPLICATION OF MULTI-LAYER COMPRESSI	78.39	00 15									
73	29700	REMOVAL/REVISION OF CAST	61.83										
77	29700	REMOVAL/REVISION OF CAST	61.83	00 15									
73	29705	REMOVAL/REVISION OF CAST	62.87										
77	29705	REMOVAL/REVISION OF CAST	62.87	00 15									
73	29710	REMOVAL/REVISION OF CAST	122.90										
77	29710	REMOVAL/REVISION OF CAST	122.90	00 15									
73	29720	REPAIR OF BODY CAST	85.09										
77	29720	REPAIR OF BODY CAST	85.09	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	29730	WINDOWING OF CAST	63.79										
77	29730	WINDOWING OF CAST	63.79	00 15									
73	29740	WEDGING OF CAST	99.25										
77	29740	WEDGING OF CAST	99.25	00 15									
73	29750	WEDGING OF CLUBFOOT CAST	107.89										
77	29750	WEDGING OF CLUBFOOT CAST	107.89	00 15									
73	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	541.00										
77	29800	ARTHROSCOPY,TEMPOMAND JOINT,DX W/WO	541.00	00 15									
73	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	595.36										
77	29804	ARTHROSCOPY TEMPOROMAND JOINT,SURGIC	595.36	00 15									
73	29805	SHOULDER ARTHROSCOPY, DX	478.03										
77	29805	SHOULDER ARTHROSCOPY, DX	478.03	00 15									
73	29806	SHOULDER ARTHROSCOPY/SURGERY	1,079.34										
77	29806	SHOULDER ARTHROSCOPY/SURGERY	1,079.34	00 15									
73	29807	SHOULDER ARTHROSCOPY/SURGERY	1,055.63										
77	29807	SHOULDER ARTHROSCOPY/SURGERY	1,055.63	00 15									
73	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	598.74										
77	29819	ARTHROSCOPY, SURGICALLY REMOVE BODY	598.74	00 15									
73	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	544.40										
77	29820	ARTHROSCOPY, SHOULDER, SURGICAL;	544.40	00 15									
73	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	606.03										
77	29821	ARTHROSCOPY, SHOULDER, SURGICAL;	606.03	00 15									
73	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	551.56										
77	29822	ARTHROSCOPY, SHOULDER, SURGICAL;	551.56	00 15									
73	29823	ARTHROSCOPY-EXT DEBRIDEMENT	605.29										
77	29823	ARTHROSCOPY-EXT DEBRIDEMENT	605.29	00 15									
73	29824	SHOULDER ARTHROSCOPY/SURGERY	690.70										
77	29824	SHOULDER ARTHROSCOPY/SURGERY	690.70	00 15									
73	29825	ARTHROSCOPY-W/LYSIS & RESECTION	598.74										
77	29825	ARTHROSCOPY-W/LYSIS & RESECTION	598.74	00 15									
73	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	176.63										
77	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DEC	176.63	00 15									
73	29827	ARTHROSCOP ROTATOR CUFF REPR	1,091.48										
77	29827	ARTHROSCOP ROTATOR CUFF REPR	1,091.48	00 15									
73	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	934.83										
77	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BIC	934.83	00 15									
73	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	461.64										
77	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH	461.64	00 15									
73	29834	ARTHROSCOPY, ELBOW, SURGICAL;	502.21										
77	29834	ARTHROSCOPY, ELBOW, SURGICAL;	502.21	00 15									
73	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	520.33										
77	29835	ARTHROSCOPY, SYNOVECTOMY-PARTIAL	520.33	00 15									
73	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	597.20										
77	29836	ARTHROSCOPY SYNOVECTOMY COMPLETE	597.20	00 15									
73	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	538.32										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	29837	ARTHROSCOPY LIMITED DEBRIDEMENT	538.32	00 15									
73	29838	ARTHROSCOPY EXT DEBRIDEMENT	606.67										
77	29838	ARTHROSCOPY EXT DEBRIDEMENT	606.67	00 15									
73	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	459.59										
77	29840	ARTHROSCOPY,WRIST,DIAGNOSTIC	459.59	00 15									
73	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	496.94										
77	29843	ARTHROSCOPY,WRIST,SURGICAL,LAVAGE...	496.94	00 15									
73	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	509.88										
77	29844	ARTHROSCOPY,WRIST,PARTIAL SYNOVECTOM	509.88	00 15									
73	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	598.72										
77	29845	ARTHROSCOPY,WRIST,COMPLETE SYNOVECTO	598.72	00 15									
73	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	533.69										
77	29846	ANTHROSCOPY,WRIST,EXCISE FIBROCART..	533.69	00 15									
73	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	556.74										
77	29847	ARTHROSCOPY,WRIST,INT FIX-FX INSTABI	556.74	00 15									
73	29848	ARTHROSCOPY, WRIST, SURGICAL;	520.83										
77	29848	ARTHROSCOPY, WRIST, SURGICAL;	520.83	00 15									
73	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	637.81										
77	29850	ARTHROSCOPICALLY AIDED TREATMENT OF	637.81	00 15									
73	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	950.43										
77	29851	ARTHROSCOPICALLY AIDED TREATMENT OF	950.43	00 15									
73	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	796.78										
77	29855	ARTHROSCOPICALLY AIDED TREATMENT OF	796.78	00 15									
73	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,014.71										
77	29856	ARTHROSCOPICALLY AIDED TREATMENT OF	1,014.71	00 15									
73	29860	HIP ARTHROSCOPY, DX	656.38										
77	29860	HIP ARTHROSCOPY, DX	656.38	00 15									
73	29861	HIP ARTHROSCOPY/SURGERY	726.50										
77	29861	HIP ARTHROSCOPY/SURGERY	726.50	00 15									
73	29862	HIP ARTHROSCOPY/SURGERY	827.84										
77	29862	HIP ARTHROSCOPY/SURGERY	827.84	00 15									
73	29863	HIP ARTHROSCOPY/SURGERY	826.72										
77	29863	HIP ARTHROSCOPY/SURGERY	826.72	00 15									
73	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,073.81										
77	29866	AUTGRFT IMPLNT, KNEE W/SCOPE	1,073.81	00 15									
73	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,305.52		X								
77	29867	ALLGRFT IMPLNT, KNEE W/SCOPE	1,305.52	00 15	X								
73	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,706.04		X								
77	29868	MENISCAL TRNSPL, KNEE W/SCPE	1,706.04	00 15	X								
73	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	549.58										
77	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH	549.58	00 15									
73	29871	ARTHROSCOPY, KNEE, SURGICAL;	526.19										
77	29871	ARTHROSCOPY, KNEE, SURGICAL;	526.19	00 15									
73	29873	KNEE ARTHROSCOPY/SURGERY	543.83										
77	29873	KNEE ARTHROSCOPY/SURGERY	543.83	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	29874	ARTHROSCOPY, KNEE, SURGICAL;	546.70										
77	29874	ARTHROSCOPY, KNEE, SURGICAL;	546.70	00 15									
73	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	506.46										
77	29875	ARTHROSCOPY,KNEE;SYNOVECTOMY,LIMITED	506.46	00 15									
73	29876	ARTHROSCOPY, KNEE, SURGICAL;	665.97										
77	29876	ARTHROSCOPY, KNEE, SURGICAL;	665.97	00 15									
73	29877	ARTHROSCOPY-DEBRIDEMENT	633.85										
77	29877	ARTHROSCOPY-DEBRIDEMENT	633.85	00 15									
73	29879	ARTHROSCOPY-ABRASION ARTHROPLA	675.34										
77	29879	ARTHROSCOPY-ABRASION ARTHROPLA	675.34	00 15									
73	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	573.58										
77	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	573.58	00 15									
73	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	551.56										
77	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH ME	551.56	00 15									
73	29882	ARTHROSCOPY W/ MENISCUS REPAIR	704.12										
77	29882	ARTHROSCOPY W/ MENISCUS REPAIR	704.12	00 15									
73	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	861.88										
77	29883	ARTHROSCOPY,KNEE,MENISCUS REPAIR	861.88	00 15									
73	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	632.08										
77	29884	ARTHROSCOPY W/ LYSIS ADHESIONS	632.08	00 15									
73	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	772.19										
77	29885	ARTHROSCOPY,KNEE,DRILL,OSTEOCHONDRIT	772.19	00 15									
73	29886	ARTHROSCOPY-OSTEOCHONDRITIS	650.58										
77	29886	ARTHROSCOPY-OSTEOCHONDRITIS	650.58	00 15									
73	29887	ARTHROSCOPY-INTERNAL FIXATION	769.08										
77	29887	ARTHROSCOPY-INTERNAL FIXATION	769.08	00 15									
73	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	995.46										
77	29888	ARTHROSCOPY-AIDED REP/AUGMENT/RECON	995.46	00 15									
73	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,249.73										
77	29889	REPAIR OF POSTERIOR CRUCIATE LIGAMEN	1,249.73	00 15									
73	29891	ANKLE ARTHROSCOPY/SURGERY	679.45										
77	29891	ANKLE ARTHROSCOPY/SURGERY	679.45	00 15									
73	29892	ANKLE ARTHROSCOPY/SURGERY	648.96										
77	29892	ANKLE ARTHROSCOPY/SURGERY	648.96	00 15									
73	29893	SCOPE, PLANTAR FASCIOTOMY	648.30										
77	29893	SCOPE, PLANTAR FASCIOTOMY	648.30	00 15									
73	29894	ARTHROSCOPY, ANKLE, SURGICAL;	503.91										
77	29894	ARTHROSCOPY, ANKLE, SURGICAL;	503.91	00 15									
73	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	470.01										
77	29895	ARTHROSCOPY-PARTIAL SYNOVECTOMY	470.01	00 15									
73	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	505.74										
77	29897	ARTHROSCOPY-LIMITED DEBRIDEMENT	505.74	00 15									
73	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	569.11										
77	29898	ARTHROSCOPY-EXT. DEBRIDEMENT	569.11	00 15									
73	29899	ANKLE ARTHROSCOPY/SURGERY	1,025.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	29899	ANKLE ARTHROSCOPY/SURGERY	1,025.45	00 15									
73	29900	MCP JOINT ARTHROSCOPY, DX	513.00									X	
77	29900	MCP JOINT ARTHROSCOPY, DX	513.00	00 15								X	
73	29901	MCP JOINT ARTHROSCOPY, SURG	550.92									X	
77	29901	MCP JOINT ARTHROSCOPY, SURG	550.92	00 15								X	
73	29902	MCP JOINT ARTHROSCOPY, SURG	585.05									X	
77	29902	MCP JOINT ARTHROSCOPY, SURG	585.05	00 15								X	
73	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	653.58										
77	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	653.58	00 15									
73	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	514.17										
77	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	514.17	00 15									
73	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	650.66										
77	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	650.66	00 15									
73	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	896.16										
77	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICA	896.16	00 15									
73	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,014.72									X	
77	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEM	1,014.72	00 15								X	
73	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,038.84									X	
77	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACE	1,038.84	00 15								X	
73	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,039.79									X	
77	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LAB	1,039.79	00 15								X	
73	30000	DRAINAGE OF NOSE LESION	263.17										
77	30000	DRAINAGE OF NOSE LESION	263.17	00 15									
73	30020	DRAINAGE OF NOSE LESION	266.02										
77	30020	DRAINAGE OF NOSE LESION	266.02	00 15									
73	30100	INTRANASAL BIOPSY	138.83										
77	30100	INTRANASAL BIOPSY	138.83	00 15									
73	30110	REMOVAL OF NOSE POLYP(S)	245.14										
77	30110	REMOVAL OF NOSE POLYP(S)	245.14	00 15									
73	30115	REMOVAL OF NOSE POLYP(S)	468.27										
77	30115	REMOVAL OF NOSE POLYP(S)	468.27	00 15									
73	30117	REMOVAL OF INTRANASAL LESION	942.94										
77	30117	REMOVAL OF INTRANASAL LESION	942.94	00 15									
73	30118	REMOVAL OF INTRANASAL LESION	802.12										
77	30118	REMOVAL OF INTRANASAL LESION	802.12	00 15									
73	30120	REVISION OF NOSE	507.39										
77	30120	REVISION OF NOSE	507.39	00 15									
73	30124	REMOVAL OF NOSE LESION	304.73										
77	30124	REMOVAL OF NOSE LESION	304.73	00 15									
73	30125	REMOVAL OF NOSE LESION	660.22										
77	30125	REMOVAL OF NOSE LESION	660.22	00 15									
73	30130	REMOVAL OF TURBINATE BONES	415.41										
77	30130	REMOVAL OF TURBINATE BONES	415.41	00 15									
73	30140	REMOVAL OF TURBINATE BONES	295.90										
77	30140	REMOVAL OF TURBINATE BONES	295.90	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	30150	PARTIAL REMOVAL OF NOSE	812.62										
77	30150	PARTIAL REMOVAL OF NOSE	812.62	00 15									
73	30160	REMOVAL OF NOSE	822.97										
77	30160	REMOVAL OF NOSE	822.97	00 15									
73	30200	INJECTION TREATMENT OF NOSE	109.56										
77	30200	INJECTION TREATMENT OF NOSE	109.56	00 15									
73	30210	NASAL SINUS THERAPY	149.14										
77	30210	NASAL SINUS THERAPY	149.14	00 15									
73	30220	INSERTION,NASAL SEPTAL PROSTHESIS	299.15										
77	30220	INSERTION,NASAL SEPTAL PROSTHESIS	299.15	00 15									
73	30300	REMOVE NASAL FOREIGN BODY	206.25										
77	30300	REMOVE NASAL FOREIGN BODY	206.25	00 15									
73	30310	REMOVE NASAL FOREIGN BODY	207.59										
77	30310	REMOVE NASAL FOREIGN BODY	207.59	00 15									
73	30320	REMOVE NASAL FOREIGN BODY	489.11										
77	30320	REMOVE NASAL FOREIGN BODY	489.11	00 15									
73	30400	RECONSTRUCTION OF NOSE	1,231.05										
77	30400	RECONSTRUCTION OF NOSE	1,231.05	00 15									
73	30410	RECONSTRUCTION OF NOSE	1,421.49										
77	30410	RECONSTRUCTION OF NOSE	1,421.49	00 15									
73	30420	RECONSTRUCTION OF NOSE	1,464.70										
77	30420	RECONSTRUCTION OF NOSE	1,464.70	00 15									
73	30430	REVISION OF NOSE	1,072.16										
77	30430	REVISION OF NOSE	1,072.16	00 15									
73	30435	REVISION WORK WITH OSTEOTOMIES	1,344.34										
77	30435	REVISION WORK WITH OSTEOTOMIES	1,344.34	00 15									
73	30450	REVISION OF NOSE	1,766.89										
77	30450	REVISION OF NOSE	1,766.89	00 15									
73	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	841.04										
77	30460	RHINOPLASTY FOR NASAL DEFORMITY SECO	841.04	00 15									
73	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,617.72										
77	30462	RHINOPLASTY FOR NASAL DEFORMITY SECO	1,617.72	00 15									
73	30465	REPAIR NASAL STENOSIS	1,036.72			X							
77	30465	REPAIR NASAL STENOSIS	1,036.72	00 15		X							
73	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,462.53										
77	30468	REPAIR OF NASAL VALVE COLLAPSE WITH	2,462.53	00 15									
73	30469	REPAIR OF NASAL VALVE COLLAPSE WITH	2,398.10										
77	30469	REPAIR OF NASAL VALVE COLLAPSE WITH	2,398.10	00 15									
73	30520	REPAIR OF NASAL SEPTUM	677.03										
77	30520	REPAIR OF NASAL SEPTUM	677.03	00 15									
73	30540	REPAIR NASAL DEFECT	743.56										
77	30540	REPAIR NASAL DEFECT	743.56	00 15									
73	30545	REPAIR NASAL DEFECT	1,011.83										
77	30545	REPAIR NASAL DEFECT	1,011.83	00 15									
73	30560	RELEASE OF NASAL ADHESIONS	316.09										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	30560	RELEASE OF NASAL ADHESIONS	316.09	00	15									
73	30580	REPAIR UPPER JAW FISTULA	604.41											
77	30580	REPAIR UPPER JAW FISTULA	604.41	00	15									
73	30600	REPAIR MOUTH/NOSE FISTULA	511.46											
77	30600	REPAIR MOUTH/NOSE FISTULA	511.46	00	15									
73	30620	RECONSTRUCTION INNER NOSE	675.89											
77	30620	RECONSTRUCTION INNER NOSE	675.89	00	15									
73	30630	REPAIR NASAL SEPTUM DEFECT	675.67											
77	30630	REPAIR NASAL SEPTUM DEFECT	675.67	00	15									
73	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	214.91											
77	30801	CAUTERIZATION AND/OR ABLATION, MUCOS	214.91	00	15									
73	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	275.35											
77	30802	CAUTERIZATION AND/OR ABLATION, MUCOS	275.35	00	15									
73	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	155.36											
77	30901	CONTROL NASAL HEMORRHAGE UNILATERAL	155.36	00	15									
73	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	242.39											
77	30903	CAUTER NASAL W LOC.ANESTH.UNILATER.	242.39	00	15									
73	30905	CONTROL OF NOSEBLEED	345.78											
77	30905	CONTROL OF NOSEBLEED	345.78	00	15									
73	30906	REPEAT CONTROL OF NOSEBLEED	367.55										X	
77	30906	REPEAT CONTROL OF NOSEBLEED	367.55	00	15								X	
73	30915	LIGATION NASAL SINUS ARTERY	609.66											
77	30915	LIGATION NASAL SINUS ARTERY	609.66	00	15									
73	30920	LIGATION UPPER JAW ARTERY	883.31											
77	30920	LIGATION UPPER JAW ARTERY	883.31	00	15									
73	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	117.92											
77	30930	FRACTURE NASAL TURBINATES,THERAPEUTI	117.92	00	15									
73	31000	IRRIGATION MAXILLARY SINUS	182.63											
77	31000	IRRIGATION MAXILLARY SINUS	182.63	00	15									
73	31002	IRRIGATION SPHENOID SINUS	190.34											
77	31002	IRRIGATION SPHENOID SINUS	190.34	00	15									
73	31020	EXPLORATION MAXILLARY SINUS	429.41											
77	31020	EXPLORATION MAXILLARY SINUS	429.41	00	15									
73	31030	EXPLORATION MAXILLARY SINUS	630.25											
77	31030	EXPLORATION MAXILLARY SINUS	630.25	00	15									
73	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	597.62											
77	31032	SINUSOT,MAXIL;RAD UNI W/REM ANTROCHO	597.62	00	15									
73	31040	EXPLORATION BEHIND UPPER JAW	812.51											
77	31040	EXPLORATION BEHIND UPPER JAW	812.51	00	15									
73	31050	EXPLORATION SPHENOID SINUS	518.94											
77	31050	EXPLORATION SPHENOID SINUS	518.94	00	15									
73	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	697.28											
77	31051	SINUSOTOMY,SPHENOID..,W/STRIP,POLYPS	697.28	00	15									
73	31070	EXPLORATION OF FRONTAL SINUS	476.89											
77	31070	EXPLORATION OF FRONTAL SINUS	476.89	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	31075	EXPLORATION OF FRONTAL SINUS	833.96										
77	31075	EXPLORATION OF FRONTAL SINUS	833.96	00 15									
73	31080	REMOVAL OF FRONTAL SINUS	1,098.58										
77	31080	REMOVAL OF FRONTAL SINUS	1,098.58	00 15									
73	31081	REMOVAL OF FRONTAL SINUS	1,178.87										
77	31081	REMOVAL OF FRONTAL SINUS	1,178.87	00 15									
73	31084	REMOVAL OF FRONTAL SINUS	1,220.14										
77	31084	REMOVAL OF FRONTAL SINUS	1,220.14	00 15									
73	31085	REMOVAL OF FRONTAL SINUS	1,260.06										
77	31085	REMOVAL OF FRONTAL SINUS	1,260.06	00 15									
73	31086	REMOVAL OF FRONTAL SINUS	1,188.53										
77	31086	REMOVAL OF FRONTAL SINUS	1,188.53	00 15									
73	31087	REMOVAL OF FRONTAL SINUS	1,134.27										
77	31087	REMOVAL OF FRONTAL SINUS	1,134.27	00 15									
73	31090	EXPLORATION OF SINUSES	1,110.30										
77	31090	EXPLORATION OF SINUSES	1,110.30	00 15									
73	31200	REMOVAL OF ETHMOID SINUS	613.31										
77	31200	REMOVAL OF ETHMOID SINUS	613.31	00 15									
73	31201	REMOVAL OF ETHMOID SINUS	800.48										
77	31201	REMOVAL OF ETHMOID SINUS	800.48	00 15									
73	31205	REMOVAL OF ETHMOID SINUS	928.90										
77	31205	REMOVAL OF ETHMOID SINUS	928.90	00 15									
73	31225	REMOVAL OF UPPER JAW	1,825.02										
77	31225	REMOVAL OF UPPER JAW	1,825.02	00 15									
73	31230	REMOVAL OF UPPER JAW	2,039.62										
77	31230	REMOVAL OF UPPER JAW	2,039.62	00 15									
73	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	185.10										
77	31231	NASAL ENDOSCOPY, DIAGNOSTIC, UNILATE	185.10	00 15									
73	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	270.99										
77	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	270.99	00 15									
73	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	307.07										
77	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WI	307.07	00 15									
73	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	255.25										
77	31237	NASAL/SINUS ENDOSCOPY, SURGICAL;	255.25	00 15									
73	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	249.71										
77	31238	NASAL/SINUS ENDOSCOPY, SURGICAL;	249.71	00 15									
73	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	606.00										
77	31239	NASAL/SINUS ENDOSCOPY, SURGICAL;	606.00	00 15									
73	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	160.77										
77	31240	NASAL/SINUS ENDOSCOPY, SURGICAL;	160.77	00 15									
73	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	452.02										
77	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	452.02	00 15									
73	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	508.91										
77	31253	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	508.91	00 15									
73	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	436.06										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	31254	NASAL ENDOSCOPY,W/PARTIAL ETHMOIDECT	436.06	00 15									
73	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	328.96										
77	31255	NASAL ENDOSCOPY,TOTAL ETHMOIDECTOMY	328.96	00 15									
73	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	182.83										
77	31256	NASAL ENDOSCOPY,MAX ANTROSTOMY	182.83	00 15									
73	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	453.28										
77	31257	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	453.28	00 15									
73	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	479.72										
77	31259	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	479.72	00 15									
73	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	269.54										
77	31267	SURG MAX ENDO,REMOVE MEMBRANE/POLYP	269.54	00 15									
73	31276	SINUS SURGICAL ENDOSCOPY	384.14										
77	31276	SINUS SURGICAL ENDOSCOPY	384.14	00 15									
73	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	204.81										
77	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	204.81	00 15									
73	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	238.13										
77	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	238.13	00 15									
73	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,165.05										
77	31290	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,165.05	00 15									
73	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,244.04										
77	31291	NASAL/SINUS ENDOSCOPY, SURGICAL, WIT	1,244.04	00 15									
73	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,010.84										
77	31292	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,010.84	00 15									
73	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,093.54										
77	31293	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,093.54	00 15									
73	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,250.22										
77	31294	NASAL/SINUS ENDOSCOPY, SURGICAL;	1,250.22	00 15									
73	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,616.74									X	
77	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,616.74	00 15								X	
73	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,642.99									X	
77	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,642.99	00 15								X	
73	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,602.58									X	
77	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WIT	1,602.58	00 15								X	
73	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,041.76										
77	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WI	3,041.76	00 15									
73	31300	REMOVAL OF LARYNX LESION	1,259.84										
77	31300	REMOVAL OF LARYNX LESION	1,259.84	00 15									
73	31360	REMOVAL OF LARYNX	2,079.15										
77	31360	REMOVAL OF LARYNX	2,079.15	00 15									
73	31365	REMOVAL OF LARYNX	2,572.35										
77	31365	REMOVAL OF LARYNX	2,572.35	00 15									
73	31367	PARTIAL REMOVAL OF LARYNX	2,195.85										
77	31367	PARTIAL REMOVAL OF LARYNX	2,195.85	00 15									
73	31368	PARTIAL REMOVAL OF LARYNX	2,429.34										
77	31368	PARTIAL REMOVAL OF LARYNX	2,429.34	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	31370	PARTIAL REMOVAL OF LARYNX	2,057.48										
77	31370	PARTIAL REMOVAL OF LARYNX	2,057.48	00 15									
73	31375	PARTIAL REMOVAL OF LARYNX	1,955.27										
77	31375	PARTIAL REMOVAL OF LARYNX	1,955.27	00 15									
73	31380	PARTIAL REMOVAL OF LARYNX	1,927.52										
77	31380	PARTIAL REMOVAL OF LARYNX	1,927.52	00 15									
73	31382	PARTIAL REMOVAL OF LARYNX	2,112.21										
77	31382	PARTIAL REMOVAL OF LARYNX	2,112.21	00 15									
73	31390	REMOVAL OF LARYNX & PHARYNX	2,835.90										
77	31390	REMOVAL OF LARYNX & PHARYNX	2,835.90	00 15									
73	31395	RECONSTRUCT LARYNX & PHARYNX	2,973.85										
77	31395	RECONSTRUCT LARYNX & PHARYNX	2,973.85	00 15									
73	31400	REVISION OF LARYNX	1,015.25										
77	31400	REVISION OF LARYNX	1,015.25	00 15									
73	31420	REMOVAL OF EPIGLOTTIS	841.10										
77	31420	REMOVAL OF EPIGLOTTIS	841.10	00 15									
73	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	144.82									X	
77	31500	INTUBATION,ENDOTRACHEAL,EMERGENCY	144.82	00 15								X	
73	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	35.78										
77	31502	TRACHEOTOMY TUBE CHANGE BEF FIST TRA	35.78	00 15									
73	31505	DIAGNOSTIC LARYNGOSCOPY	88.83										
77	31505	DIAGNOSTIC LARYNGOSCOPY	88.83	00 15									
73	31510	LARYNGOSCOPY WITH BIOPSY	214.01										
77	31510	LARYNGOSCOPY WITH BIOPSY	214.01	00 15									
73	31511	REMOVE FOREIGN BODY LARYNX	209.63										
77	31511	REMOVE FOREIGN BODY LARYNX	209.63	00 15									
73	31512	REMOVAL OF LARYNX LESION	215.28										
77	31512	REMOVAL OF LARYNX LESION	215.28	00 15									
73	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	131.91										
77	31513	LARYNGOSCOPY,W/VOCAL CORD INJECTION	131.91	00 15									
73	31515	LARYNGOSCOPY FOR ASPIRATION	212.51										
77	31515	LARYNGOSCOPY FOR ASPIRATION	212.51	00 15									
73	31520	DIAGNOSTIC LARYNGOSCOPY	157.67										
77	31520	DIAGNOSTIC LARYNGOSCOPY	157.67	00 15									
73	31525	DIAGNOSTIC LARYNGOSCOPY	249.32										
77	31525	DIAGNOSTIC LARYNGOSCOPY	249.32	00 15									
73	31526	DIAGNOSTIC LARYNGOSCOPY	158.46										
77	31526	DIAGNOSTIC LARYNGOSCOPY	158.46	00 15									
73	31527	LARYNGOSCOPY, INSERT OBTURATOR	197.07										
77	31527	LARYNGOSCOPY, INSERT OBTURATOR	197.07	00 15									
73	31528	LARYNGOSCOPY,W DILATATION INITIAL	146.02										
77	31528	LARYNGOSCOPY,W DILATATION INITIAL	146.02	00 15									
73	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	162.20										
77	31529	LARYNGOSCOPY, W DILATATION SUBSEQUEN	162.20	00 15									
73	31530	OPERATIVE LARYNGOSCOPY	201.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	31530	OPERATIVE LARYNGOSCOPY	201.82	00	15									
73	31531	OPERATIVE LARYNGOSCOPY	214.31											
77	31531	OPERATIVE LARYNGOSCOPY	214.31	00	15									
73	31535	OPERATIVE LARYNGOSCOPY	190.53											
77	31535	OPERATIVE LARYNGOSCOPY	190.53	00	15									
73	31536	OPERATIVE LARYNGOSCOPY	212.96											
77	31536	OPERATIVE LARYNGOSCOPY	212.96	00	15									
73	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	244.50											
77	31540	REMOVAL OF GROWTH OF TONGUE AND/OR V	244.50	00	15									
73	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	266.81											
77	31541	REMOVAL OF GROWTH OF TONGUE AND/OR V	266.81	00	15									
73	31545	REMOVE VC LESION W/SCOPE	366.13											
77	31545	REMOVE VC LESION W/SCOPE	366.13	00	15									
73	31546	REMOVE VC LESION SCOPE/GRAFT	555.19											
77	31546	REMOVE VC LESION SCOPE/GRAFT	555.19	00	15									
73	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,559.11	00	11									
77	31551	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,559.11	00	11									
73	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,504.87	12	99									
77	31552	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,504.87	12	15									
73	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,695.27	00	11									
77	31553	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,695.27	00	11									
73	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,696.22	12	99									
77	31554	LARYNGOPLASTY; FOR LARYNGEAL STENOSI	1,696.22	12	15									
73	31560	OPERATIVE LARYNGOSCOPY	316.32											
77	31560	OPERATIVE LARYNGOSCOPY	316.32	00	15									
73	31561	OPERATIVE LARYNGOSCOPY	345.74											
77	31561	OPERATIVE LARYNGOSCOPY	345.74	00	15									
73	31570	LARYNGOSCOPY WITH INJECTION	343.13											
77	31570	LARYNGOSCOPY WITH INJECTION	343.13	00	15									
73	31571	LARYNGOSCOPY WITH INJECTION	251.14											
77	31571	LARYNGOSCOPY WITH INJECTION	251.14	00	15									
73	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	516.22											
77	31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATSI	516.22	00	15									
73	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	284.60											
77	31573	LARYNGOSCOPY, FLEXIBLE; WITH THERA	284.60	00	15									
73	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	918.29											
77	31574	LARYNGOSCOPY, FLEXIBLE; WITH INJEC	918.29	00	15									
73	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	127.42											
77	31575	LARYNGOSCOPY, FIBERSCOPIC; DIAGNOSTI	127.42	00	15									
73	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	264.70											
77	31576	LARYNGISCOPY, FIBERSCOPIC; BIOPSY	264.70	00	15									
73	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	273.78											
77	31577	LARYNGOSCOPY, FIBERSCOPIC; FOREIGN B	273.78	00	15									
73	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	302.61											
77	31578	LARYNGOSCOPY, FIBERSCOPIC; REMOVE LE	302.61	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	31579	SEE 31575;WITH STROBOSCOPY	196.58										
77	31579	SEE 31575;WITH STROBOSCOPY	196.58	00 15									
73	31580	REVISION OF LARYNX	1,287.31										
77	31580	REVISION OF LARYNX	1,287.31	00 15									
73	31584	REPAIR OF LARYNX FRACTURE	1,421.55										
77	31584	REPAIR OF LARYNX FRACTURE	1,421.55	00 15									
73	31587	LARYNGOPLASTY, CRICOID SPLIT	1,215.09										
77	31587	LARYNGOPLASTY, CRICOID SPLIT	1,215.09	00 15									
73	31590	LARYNGEAL REINNERVATION REPAIR	917.22										
77	31590	LARYNGEAL REINNERVATION REPAIR	917.22	00 15									
73	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,107.83										
77	31591	LARYNGOPLASTY, MEDIALIZATION, UNILAT	1,107.83	00 15									
73	31592	CRICOTRACHEAL RESECTION	1,754.71										
77	31592	CRICOTRACHEAL RESECTION	1,754.71	00 15									
73	31600	TRACHEOSTOMY, PLANNED	314.16	02 99									
77	31600	TRACHEOSTOMY, PLANNED	314.16	02 15									
73	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	457.07	00 01									
77	31601	TRACHEOSTOMY, PLANNED, < 2 YRS	457.07	00 01									
73	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	329.97										
77	31603	TRACHEOSTOMY,EMERG PRC;TRANSTRACHEAL	329.97	00 15									
73	31605	INCISION OF NECK CARTILAGES	344.29										
77	31605	INCISION OF NECK CARTILAGES	344.29	00 15									
73	31610	INCISION OF WINDPIPE	965.83										
77	31610	INCISION OF WINDPIPE	965.83	00 15									
73	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	537.12										
77	31611	CONSTRUCTION OF TRACHEOESOPH FISTULA	537.12	00 15									
73	31612	PUNCTURE/CLEAR WINDPIPE	93.63										
77	31612	PUNCTURE/CLEAR WINDPIPE	93.63	00 15									
73	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	426.65										
77	31613	TRACHEOSTOMA REVISION;W/O FLAP ROTAT	426.65	00 15									
73	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	718.69										
77	31614	REVISE TRACHEOSTOMA,COMP,W/FLAP ROT	718.69	00 15									
73	31615	VISUALIZATION OF WINDPIPE	171.52										
77	31615	VISUALIZATION OF WINDPIPE	171.52	00 15									
73	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	243.54										
77	31622	DX BRONCHOSCOPY-W/W/OUT WASH/BRUSH	243.54	00 15									
73	31623	DX BRONCHOSCOPE/BRUSH	267.76										
77	31623	DX BRONCHOSCOPE/BRUSH	267.76	00 15									
73	31624	DX BRONCHOSCOPE/LAVAGE	249.85										
77	31624	DX BRONCHOSCOPE/LAVAGE	249.85	00 15									
73	31625	BRONCHOSCOPY WITH BIOPSY	340.35										
77	31625	BRONCHOSCOPY WITH BIOPSY	340.35	00 15									
73	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	762.14									X	
77	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	762.14	00 15								X	
73	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,036.87										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,036.87	00 15									
73	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	363.32										
77	31628	TRANSBRONCHIAL LUNG BIOPSY,FIBEROPTI	363.32	00 15									
73	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	441.29										
77	31629	BRONCHOSCOPY-NEEDLE ASPIRE BIOPSY	441.29	00 15									
73	31630	BRONCHOSCOPY WITH REPAIR	198.66										
77	31630	BRONCHOSCOPY WITH REPAIR	198.66	00 15									
73	31631	BRONCHOSCOPY-PLACE TRACH STENT	226.98										
77	31631	BRONCHOSCOPY-PLACE TRACH STENT	226.98	00 15									
73	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	64.50									X	
77	31632	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	64.50	00 15								X	
73	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	79.67									X	
77	31633	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	79.67	00 15								X	
73	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,449.16									X	
77	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,449.16	00 15								X	
73	31635	REMOVE FOREIGN BODY, AIRWAY	288.01										
77	31635	REMOVE FOREIGN BODY, AIRWAY	288.01	00 15									
73	31636	BRONCHOSCOPY, BRONCH STENTS	215.65										
77	31636	BRONCHOSCOPY, BRONCH STENTS	215.65	00 15									
73	31637	BRONCHOSCOPY, STENT ADD-ON	77.19										
77	31637	BRONCHOSCOPY, STENT ADD-ON	77.19	00 15									
73	31638	BRONCHOSCOPY, REVISE STENT	246.42										
77	31638	BRONCHOSCOPY, REVISE STENT	246.42	00 15									
73	31640	BRONCHOSCOPY & REMOVE LESION	247.81										
77	31640	BRONCHOSCOPY & REMOVE LESION	247.81	00 15									
73	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	253.99										
77	31641	BRONCHOSCOPY-TUMOR/STENOSIS-NO-EXCIS	253.99	00 15									
73	31643	DX BRONCHOSCOPE/CATHETER	168.07										
77	31643	DX BRONCHOSCOPE/CATHETER	168.07	00 15									
73	31645	BRONCHOSCOPY, CLEAR AIRWAYS	267.47										
77	31645	BRONCHOSCOPY, CLEAR AIRWAYS	267.47	00 15									
73	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	140.67										
77	31646	BRONCHOSCOPY,RECLEAR AIRWAYS	140.67	00 15									
73	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	203.89										
77	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	203.89	00 15									
73	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	195.51										
77	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	195.51	00 15									
73	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	66.54									X	
77	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	66.54	00 15								X	
73	31651	BRONCHOSCOPY,RIGID OR FLEXIBLE,INC	76.87									X	
77	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	76.87	00 15								X	
73	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,208.48										
77	31652	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,208.48	00 15									
73	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,257.44										
77	31653	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	1,257.44	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	118.10										
77	31654	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	118.10	00 15									
73	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	196.75										
77	31660	THERMAL REPAIR OF LUNG AIRWAYS USING	196.75	00 15									
73	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	199.28										
77	31661	BRONCHOSCOPY, RIGID OR FLEXIBLE, INC	199.28	00 15									
73	31717	BRONCHIAL BRUSH BIOPSY	279.29										
77	31717	BRONCHIAL BRUSH BIOPSY	279.29	00 15									
73	31720	CLEARANCE OF AIRWAYS	48.80									X	
77	31720	CLEARANCE OF AIRWAYS	48.80	00 15								X	
73	31725	CLEARANCE OF AIRWAYS	78.37									X	
77	31725	CLEARANCE OF AIRWAYS	78.37	00 15								X	
73	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,033.25										
77	31730	INSERTION INTO WINDPIPE OF NEEDLE WI	1,033.25	00 15									
73	31750	REPAIR OF WINDPIPE	1,359.75										
77	31750	REPAIR OF WINDPIPE	1,359.75	00 15									
73	31755	REPAIR OF WINDPIPE	1,726.14										
77	31755	REPAIR OF WINDPIPE	1,726.14	00 15									
73	31760	REPAIR OF WINDPIPE	1,415.58										
77	31760	REPAIR OF WINDPIPE	1,415.58	00 15									
73	31766	CARINAL RECONSTRUCTION	1,830.33										
77	31766	CARINAL RECONSTRUCTION	1,830.33	00 15									
73	31770	REPAIR/GRAFT OF BRONCHUS	1,369.41										
77	31770	REPAIR/GRAFT OF BRONCHUS	1,369.41	00 15									
73	31775	RECONSTRUCT BRONCHUS	1,441.09										
77	31775	RECONSTRUCT BRONCHUS	1,441.09	00 15									
73	31780	RECONSTRUCT WINDPIPE	1,219.66										
77	31780	RECONSTRUCT WINDPIPE	1,219.66	00 15									
73	31781	RECONSTRUCT WINDPIPE	1,465.87										
77	31781	RECONSTRUCT WINDPIPE	1,465.87	00 15									
73	31785	REMOVE WINDPIPE LESION	1,095.04										
77	31785	REMOVE WINDPIPE LESION	1,095.04	00 15									
73	31786	REMOVE WINDPIPE LESION	1,485.20										
77	31786	REMOVE WINDPIPE LESION	1,485.20	00 15									
73	31800	REPAIR OF WINDPIPE INJURY	711.53										
77	31800	REPAIR OF WINDPIPE INJURY	711.53	00 15									
73	31805	REPAIR OF WINDPIPE INJURY	840.73										
77	31805	REPAIR OF WINDPIPE INJURY	840.73	00 15									
73	31820	CLOSURE OF WINDPIPE LESION	445.24										
77	31820	CLOSURE OF WINDPIPE LESION	445.24	00 15									
73	31825	REPAIR OF WINDPIPE DEFECT	617.32										
77	31825	REPAIR OF WINDPIPE DEFECT	617.32	00 15									
73	31830	REVISE WINDPIPE SCAR	494.44										
77	31830	REVISE WINDPIPE SCAR	494.44	00 15									
73	32035	EXPLORATION OF CHEST	752.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	32035	EXPLORATION OF CHEST	752.00	00 15									
73	32036	EXPLORATION OF CHEST	811.03										
77	32036	EXPLORATION OF CHEST	811.03	00 15									
73	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	822.05										
77	32096	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	822.05	00 15									
73	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	823.80										
77	32097	THORACOTOMY, WITH DIAGNOSTIC BIOPSY(	823.80	00 15									
73	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	781.53										
77	32098	THORACOTOMY, WITH BIOPSY(IES) OF PLE	781.53	00 15									
73	32100	THORACOTOMY; WITH EXPLORATION	831.25										
77	32100	THORACOTOMY; WITH EXPLORATION	831.25	00 15									
73	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,514.91										
77	32110	THORACOTOMY; WITH CONTROL OF TRAUMAT	1,514.91	00 15									
73	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	895.31										
77	32120	THORACOTOMY; FOR POSTOPERATIVE COMPL	895.31	00 15									
73	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	946.45										
77	32124	THORACOTOMY; WITH OPEN INTRAPLEURAL	946.45	00 15									
73	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,018.04										
77	32140	THORACOTOMY; WITH CYST(S) REMOVAL, I	1,018.04	00 15									
73	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,569.18										
77	32141	THORACOTOMY; WITH RESECTION-PLICATIO	1,569.18	00 15									
73	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,038.40										
77	32150	THORACOTOMY; WITH REMOVAL OF INTRAPL	1,038.40	00 15									
73	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,033.27										
77	32151	THORACOTOMY; WITH REMOVAL OF INTRAPU	1,033.27	00 15									
73	32160	THORACOTOMY; WITH CARDIAC MASSAGE	818.54										
77	32160	THORACOTOMY; WITH CARDIAC MASSAGE	818.54	00 15									
73	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,170.08										
77	32200	DRAINAGE OF INFECTED LUNG MATERIAL C	1,170.08	00 15									
73	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	824.21										
77	32215	PLEURAL SCARIFICATION/REP.PNEUMOTHOR	824.21	00 15									
73	32220	RELEASE OF LUNG	1,639.87										
77	32220	RELEASE OF LUNG	1,639.87	00 15									
73	32225	PARTIAL RELEASE OF LUNG	1,024.33										
77	32225	PARTIAL RELEASE OF LUNG	1,024.33	00 15									
73	32310	REMOVAL OF CHEST LINING	943.59										
77	32310	REMOVAL OF CHEST LINING	943.59	00 15									
73	32320	FREE/REMOVE CHEST LINING	1,650.92										
77	32320	FREE/REMOVE CHEST LINING	1,650.92	00 15									
73	32400	NEEDLE BIOPSY CHEST LINING	165.61									X	
77	32400	NEEDLE BIOPSY CHEST LINING	165.61	00 15								X	
73	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	831.17									X	
77	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTI	831.17	00 15								X	
73	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,612.89										
77	32440	REMOVAL OF LUNG, PNEUMONECTOMY;	1,612.89	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,152.01										
77	32442	REMOVAL OF LUNG, PNEUMONECTOMY; WITH	3,152.01	00 15									
73	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,637.13										
77	32445	REMOVAL OF LUNG, PNEUMONECTOMY; EXTR	3,637.13	00 15									
73	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,521.70										
77	32480	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,521.70	00 15									
73	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,625.58										
77	32482	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,625.58	00 15									
73	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,475.91										
77	32484	REMOVAL OF LUNG, OTHER THAN PNEUMONE	1,475.91	00 15									
73	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,415.57										
77	32486	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,415.57	00 15									
73	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,464.16										
77	32488	REMOVAL OF LUNG, OTHER THAN PNEUMONE	2,464.16	00 15									
73	32501	REPAIR BRONCHUS (ADD-ON)	251.44										
77	32501	REPAIR BRONCHUS (ADD-ON)	251.44	00 15									
73	32503	RESECT APICAL LUNG TUMOR	1,848.78										
77	32503	RESECT APICAL LUNG TUMOR	1,848.78	00 15									
73	32504	RESECT APICAL LUNG TUM/CHEST	2,106.47										
77	32504	RESECT APICAL LUNG TUM/CHEST	2,106.47	00 15									
73	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	957.15										
77	32505	THORACOTOMY; WITH THERAPEUTIC WEDGE	957.15	00 15									
73	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	161.83									X	
77	32506	THORACOTOMY; WITH THERAPEUTIC WEDGE	161.83	00 15								X	
73	32540	REMOVAL OF LUNG LESION	1,774.68										
77	32540	REMOVAL OF LUNG LESION	1,774.68	00 15									
73	32550	INSERTION OF INDWELLING TUNNELED PLE	767.67										
77	32550	INSERTION OF INDWELLING TUNNELED PLE	767.67	00 15									
73	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	159.27										
77	32551	TUBE THORACOSTOMY, INCLUDES WATER SE	159.27	00 15									
73	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	182.89										
77	32552	REMOVAL OF INDWELLING TUNNELED PLEUR	182.89	00 15									
73	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	498.35										
77	32553	PLACEMENT OF INTERSTITIAL DEVICE(S)	498.35	00 15									
73	32554	THORACENTESIS, NEEDLE OR CATHETER, A	229.24										
77	32554	THORACENTESIS, NEEDLE OR CATHETER, A	229.24	00 15									
73	32555	THORACENTESIS, NEEDLE OR CATHETER, A	308.04										
77	32555	THORACENTESIS, NEEDLE OR CATHETER, A	308.04	00 15									
73	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	716.50										
77	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	716.50	00 15									
73	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	645.82										
77	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH	645.82	00 15									
73	32560	INSTILLATION VIA CHEST TUBE/CATHETER	248.60										
77	32560	CHEMICAL PLEURODESIS (EG, FOR RECURR	248.60	00 15									
73	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	94.12										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	32561	INSTILLATION(S), VIA CHEST TUBE/CATH	94.12	00 15									
73	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	83.87										
77	32562	INSTILLATION(S), VIA CHEST TUBE/CATH	83.87	00 15									
73	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	316.60										
77	32601	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	316.60	00 15									
73	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	493.59										
77	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	493.59	00 15									
73	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	475.18										
77	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE P	475.18	00 15									
73	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	316.74										
77	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	316.74	00 15									
73	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	389.45										
77	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY	389.45	00 15									
73	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	261.62										
77	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PL	261.62	00 15									
73	32650	THORACOSCOPY, SURGICAL;	683.52										
77	32650	THORACOSCOPY, SURGICAL;	683.52	00 15									
73	32651	THORACOSCOPY, SURGICAL;	1,125.64										
77	32651	THORACOSCOPY, SURGICAL;	1,125.64	00 15									
73	32652	THORACOSCOPY, SURGICAL;	1,710.90										
77	32652	THORACOSCOPY, SURGICAL;	1,710.90	00 15									
73	32653	THORACOSCOPY, SURGICAL;	1,087.08										
77	32653	THORACOSCOPY, SURGICAL;	1,087.08	00 15									
73	32654	THORACOSCOPY, SURGICAL;	1,208.48										
77	32654	THORACOSCOPY, SURGICAL;	1,208.48	00 15									
73	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	984.11										
77	32655	THORACOSCOPY, SURGICAL; WITH RESECTI	984.11	00 15									
73	32656	THORACOSCOPY, SURGICAL;	825.29										
77	32656	THORACOSCOPY, SURGICAL;	825.29	00 15									
73	32658	THORACOSCOPY, SURGICAL;	734.43										
77	32658	THORACOSCOPY, SURGICAL;	734.43	00 15									
73	32659	THORACOSCOPY, SURGICAL;	752.49										
77	32659	THORACOSCOPY, SURGICAL;	752.49	00 15									
73	32661	THORACOSCOPY, SURGICAL;	821.10										
77	32661	THORACOSCOPY, SURGICAL;	821.10	00 15									
73	32662	THORACOSCOPY, SURGICAL;	918.19										
77	32662	THORACOSCOPY, SURGICAL;	918.19	00 15									
73	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,439.67										
77	32663	THORACOSCOPY, SURGICAL; WITH LOBECTO	1,439.67	00 15									
73	32664	THORACOSCOPY, SURGICAL;	871.91										
77	32664	THORACOSCOPY, SURGICAL;	871.91	00 15									
73	32665	THORACOSCOPY, SURGICAL;	1,268.24										
77	32665	THORACOSCOPY, SURGICAL;	1,268.24	00 15									
73	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	893.39										
77	32666	THORACOSCOPY, SURGICAL; WITH THERAPE	893.39	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	161.83									X	
77	32667	THORACOSCOPY, SURGICAL; WITH THERAPE	161.83	00 15								X	
73	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	161.83										
77	32668	THORACOSCOPY, SURGICAL; WITH DIAGNOS	161.83	00 15									
73	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,381.29										
77	32669	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,381.29	00 15									
73	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,652.07										
77	32670	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,652.07	00 15									
73	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,827.91										
77	32671	THORACOSCOPY, SURGICAL; WITH REMOVAL	1,827.91	00 15									
73	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,559.66										
77	32672	THORACOSCOPY, SURGICAL; WITH RESECTI	1,559.66	00 15									
73	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,250.15										
77	32673	THORACOSCOPY, SURGICAL; WITH RESECTI	1,250.15	00 15									
73	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	221.49										
77	32674	THORACOSCOPY, SURGICAL; WITH MEDIAST	221.49	00 15									
73	32701	THORACIC TARGET(S) DELINEATION FOR S	216.28										
77	32701	THORACIC TARGET(S) DELINEATION FOR S	216.28	00 15									
73	32800	REPAIR LUNG HERNIA	973.35										
77	32800	REPAIR LUNG HERNIA	973.35	00 15									
73	32810	CLOSE CHEST AFTER DRAINAGE	925.82										
77	32810	CLOSE CHEST AFTER DRAINAGE	925.82	00 15									
73	32815	CLOSE BRONCHIAL FISTULA	2,890.94										
77	32815	CLOSE BRONCHIAL FISTULA	2,890.94	00 15									
73	32820	RECONSTRUCT INJURED CHEST	1,369.96										
77	32820	RECONSTRUCT INJURED CHEST	1,369.96	00 15									
73	32851	LUNG TRANSPLANT, SINGLE;	3,372.40		X								
77	32851	LUNG TRANSPLANT, SINGLE;	3,372.40	00 15	X								
73	32852	LUNG TRANSPLANT, SINGLE;	3,634.68		X								
77	32852	LUNG TRANSPLANT, SINGLE;	3,634.68	00 15	X								
73	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,714.11		X								
77	32853	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,714.11	00 15	X								
73	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,994.62		X								
77	32854	LUNG TRANSPLANT, DOUBLE (BILATERAL S	4,994.62	00 15	X								
73	32900	REMOVAL OF RIB(S)	1,466.80										
77	32900	REMOVAL OF RIB(S)	1,466.80	00 15									
73	32905	REVISE & REPAIR CHEST WALL	1,373.85										
77	32905	REVISE & REPAIR CHEST WALL	1,373.85	00 15									
73	32906	REVISE & REPAIR CHEST WALL	1,697.49										
77	32906	REVISE & REPAIR CHEST WALL	1,697.49	00 15									
73	32940	REVISION OF LUNG	1,269.62										
77	32940	REVISION OF LUNG	1,269.62	00 15									
73	32960	THERAPEUTIC PNEUMOTHORAX	125.84										
77	32960	THERAPEUTIC PNEUMOTHORAX	125.84	00 15									
73	32994	ABLATION THERAPY FOR REDUCTION OR ER	4,723.20										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	32994	ABLATION THERAPY FOR REDUCTION OR ER	4,723.20	00	15									
73	32997	TOTAL LUNG LAVAGE	336.89											
77	32997	TOTAL LUNG LAVAGE	336.89	00	15									
73	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,017.04											
77	32998	ABLATION THERAPY FOR REDUCTION OR ER	3,017.04	00	15									
73	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	240.24											
77	33016	PERICARDIOCENTESIS, INCLUDING IMAGIN	240.24	00	15									
73	33017	PERICARDIAL DRAINAGE WITH INSERTION	252.05	06	99									
77	33017	PERICARDIAL DRAINAGE WITH INSERTION	252.05	06	15									
77	33018	PERICARDIAL DRAINAGE WITH INSERTION	296.60	00	05									
73	33019	PERICARDIAL DRAINAGE WITH INSERTION	213.71											
77	33019	PERICARDIAL DRAINAGE WITH INSERTION	213.71	00	15									
73	33020	INCISION OF HEART SAC	849.20											
77	33020	INCISION OF HEART SAC	849.20	00	15									
73	33025	INCISION OF HEART SAC	790.85											
77	33025	INCISION OF HEART SAC	790.85	00	15									
73	33030	PARTIAL REMOVAL OF HEART SAC	2,054.99											
77	33030	PARTIAL REMOVAL OF HEART SAC	2,054.99	00	15									
73	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,543.89											
77	33031	PERICARDIECTOMY,SUBTOTAL OR COMPLETE	2,543.89	00	15									
73	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,033.65											
77	33050	RESECTION OF PERICARDIAL CYST OR TUM	1,033.65	00	15									
73	33120	REMOVAL OF HEART LESION	2,149.43											
77	33120	REMOVAL OF HEART LESION	2,149.43	00	15									
73	33130	REMOVAL OF HEART LESION	1,399.27											
77	33130	REMOVAL OF HEART LESION	1,399.27	00	15									
73	33140	HEART REVASCULARIZE (TMR)	1,596.59			X								
77	33140	HEART REVASCULARIZE (TMR)	1,596.59	00	15	X								
73	33141	HEART TMR W/OTHER PROCEDURE	136.00			X								
77	33141	HEART TMR W/OTHER PROCEDURE	136.00	00	15	X								
73	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	792.11											
77	33202	INSERTION OF EPICARDIAL ELECTRODE(S)	792.11	00	15									
73	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	832.60											
77	33203	INSERTION OF EPICARDIAL ELECTRODE(S)	832.60	00	15									
73	33206	INSERTION OF NEW OR REPLACEMENT OF P	464.36											
77	33206	INSERTION OF NEW OR REPLACEMENT OF P	464.36	00	15									
73	33207	INSERTION OF NEW OR REPLACEMENT OF P	489.32											
77	33207	INSERTION OF NEW OR REPLACEMENT OF P	489.32	00	15									
73	33208	INSERTION OF NEW OR REPLACEMENT OF P	530.66											
77	33208	INSERTION OF NEW OR REPLACEMENT OF P	530.66	00	15									
73	33210	INSERTION OF HEART ELECTRODE	165.89											
77	33210	INSERTION OF HEART ELECTRODE	165.89	00	15									
73	33211	INSERTION OR REPLACEMENT OF TEMPORAR	172.38											
77	33211	INSERTION OR REPLACEMENT OF TEMPORAR	172.38	00	15									
73	33212	INSERTION OF PACEMAKER PULSE GENERAT	328.07											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33212	INSERTION OF PACEMAKER PULSE GENERAT	328.07	00 15									
73	33213	INSERTION OF PACEMAKER PULSE GENERAT	343.31										
77	33213	INSERTION OF PACEMAKER PULSE GENERAT	343.31	00 15									
73	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	489.43										
77	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTE	489.43	00 15									
73	33215	REPOSITION PACING-DEFIB LEAD	317.15										
77	33215	REPOSITION PACING-DEFIB LEAD	317.15	00 15									
73	33216	REVISION IMPLANTED ELECTRODE	379.22										
77	33216	REVISION IMPLANTED ELECTRODE	379.22	00 15									
73	33217	INSERTION, REPLACEMENT OR REPOSITION	375.53										
77	33217	INSERTION, REPLACEMENT OR REPOSITION	375.53	00 15									
73	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	397.17										
77	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRO	397.17	00 15									
73	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	384.33										
77	33220	REPAIR OF 2 TRANSVENOUS ELECTRODES F	384.33	00 15									
73	33221	INSERTION OF PACEMAKER PULSE GENERAT	366.17										
77	33221	INSERTION OF PACEMAKER PULSE GENERAT	366.17	00 15									
73	33222	RELOCATION OF PACEMAKER GENERATOR SK	348.18										
77	33222	RELOCATION OF PACEMAKER GENERATOR SK	348.18	00 15									
73	33223	RELOCATION OF PACING DEFIBRILLATOR D	417.53										
77	33223	RELOCATION OF PACING DEFIBRILLATOR D	417.53	00 15									
73	33224	INSERTION OF PACING ELECTRODE, CARDI	526.79										
77	33224	INSERTION OF PACING ELECTRODE, CARDI	526.79	00 15									
73	33225	INSERTION OF PACING ELECTRODE, CARDI	477.20										
77	33225	INSERTION OF PACING ELECTRODE, CARDI	477.20	00 15									
73	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	501.61										
77	33226	REPOSITIONING OF PREVIOUSLY IMPLANTE	501.61	00 15									
73	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	345.94										
77	33227	REMOVAL OF PERMANENT PACEMAKER PULSE	345.94	00 15									
73	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	361.04										
77	33228	REMOVAL OF PERMANENT PACEMAKER PULSE	361.04	00 15									
73	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	381.62										
77	33229	REMOVAL OF PERMANENT PACEMAKER PULSE	381.62	00 15									
73	33230	INSERTION OF PACING CARDIOVERTER-DEF	391.04										
77	33230	INSERTION OF PACING CARDIOVERTER-DEF	391.04	00 15									
73	33231	INSERTION OF PACING CARDIOVERTER-DEF	407.54										
77	33231	INSERTION OF PACING CARDIOVERTER-DEF	407.54	00 15									
73	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	236.61										
77	33233	REMOVAL OF PERMANENT PACEMAKER PULSE	236.61	00 15									
73	33234	REMOVAL OF PERMANENT PACEMAKER;	494.44										
77	33234	REMOVAL OF PERMANENT PACEMAKER;	494.44	00 15									
73	33235	REMOVAL OF PERMANENT PACEMAKER;	650.39										
77	33235	REMOVAL OF PERMANENT PACEMAKER;	650.39	00 15									
73	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	800.91										
77	33236	REMOVAL OF PERMANENT EPICARDIAL PACE	800.91	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	859.32										
77	33237	REMOVAL OF PERMANENT EPICARDIAL PACE	859.32	00 15									
73	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	970.21										
77	33238	REMOVAL OF PERMANENT TRANSVENOUS ELE	970.21	00 15									
73	33240	INSERTION OF PACING CARDIOVERTER-DEF	374.01										
77	33240	INSERTION OF PACING CARDIOVERTER-DEF	374.01	00 15									
73	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	217.80										
77	33241	REMOVAL OF PACING CARDIOVERTER-DEFIB	217.80	00 15									
73	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,411.28										
77	33243	REMOVAL OF IMPLANTABLE CARDIOVERTER-	1,411.28	00 15									
73	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	884.23										
77	33244	REMOVAL OF IMPLANTABLE CARDIOVERTER-	884.23	00 15									
73	33249	INSERTION OR REPLACEMENT OF PERMANEN	934.49										
77	33249	INSERTION OR REPLACEMENT OF PERMANEN	934.49	00 15									
73	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,490.49										
77	33250	OPERATIVE ABLATION OF SUPRAVENTRICUL	1,490.49	00 15									
73	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,676.42										
77	33251	OPERATIVE ABLATION WITH CARDIO BYPAS	1,676.42	00 15									
73	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,394.82										
77	33254	OPERATIVE TISSUE ABLATION AND RECONS	1,394.82	00 15									
73	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,663.61										
77	33255	OPERATIVE TISSUE ABLATION AND RECONS	1,663.61	00 15									
73	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,974.48										
77	33256	OPERATIVE TISSUE ABLATION AND RECONS	1,974.48	00 15									
73	33257	OPERATIVE TISSUE ABLATION AND RECONS	596.44										
77	33257	OPERATIVE TISSUE ABLATION AND RECONS	596.44	00 15									
73	33258	OPERATIVE TISSUE ABLATION AND RECONS	664.04										
77	33258	OPERATIVE TISSUE ABLATION AND RECONS	664.04	00 15									
73	33259	OPERATIVE TISSUE ABLATION AND RECONS	865.13										
77	33259	OPERATIVE TISSUE ABLATION AND RECONS	865.13	00 15									
73	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,650.23										
77	33261	OPER ABLAITON OF ARRHYTH FOCUS;W CAR	1,650.23	00 15									
73	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	380.53										
77	33262	REMOVAL OF PACING CARDIOVERTER-DEFIB	380.53	00 15									
73	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	395.14										
77	33263	REMOVAL OF PACING CARDIOVERTER-DEFIB	395.14	00 15									
73	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	411.96										
77	33264	REMOVAL OF PACING CARDIOVERTER-DEFIB	411.96	00 15									
73	33265	ABLATE ATRIA, LMTD, ENDO	1,397.66										
77	33265	ABLATE ATRIA, LMTD, ENDO	1,397.66	00 15									
73	33266	ABLATE ATRIA, X10SV, ENDO	1,893.54										
77	33266	ABLATE ATRIA, X10SV, ENDO	1,893.54	00 15									
73	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,070.19										
77	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE,	1,070.19	00 15									
73	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	134.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE,	134.40	00 15									
73	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	844.54										
77	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE,	844.54	00 15									
73	33270	INSERTION OR REPLACEMENT OF PERMANEN	574.65										
77	33270	INSERTION OR REPLACEMENT OF PERMANEN	574.65	00 15									
73	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	462.77										
77	33271	INSERTION OF SUBCUTANEOUS IMPLANTABL	462.77	00 15									
73	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	353.86										
77	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE	353.86	00 15									
73	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	408.50										
77	33273	REPOSITIONING OF PREVIOUSLY IMPLANTE	408.50	00 15									
73	33274	TRANSCATHETER INSERTION OR REPLACEME	490.58										
77	33274	TRANSCATHETER INSERTION OR REPLACEME	490.58	00 15									
73	33275	TRANSCATHETER REMOVAL OF PERMANENT	514.63										
77	33275	TRANSCATHETER REMOVAL OF PERMANENT	514.63	00 15									
73	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,131.44										
77	33285	INSERTION, SUBCUTANEOUS CARDIAC RHYT	4,131.44	00 15									
73	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	132.79										
77	33286	REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM	132.79	00 15									
73	33289	TRANSCATHETER IMPLANTATION OF WIRELE	340.94										
77	33289	TRANSCATHETER IMPLANTATION OF WIRELE	340.94	00 15									
73	33300	REPAIR OF HEART WOUND	2,505.86										
77	33300	REPAIR OF HEART WOUND	2,505.86	00 15									
73	33305	REPAIR OF HEART WOUND	4,204.71										
77	33305	REPAIR OF HEART WOUND	4,204.71	00 15									
73	33310	EXPLORATORY HEART SURGERY	1,197.34										
77	33310	EXPLORATORY HEART SURGERY	1,197.34	00 15									
73	33315	EXPLORATORY HEART SURGERY	1,972.01										
77	33315	EXPLORATORY HEART SURGERY	1,972.01	00 15									
73	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,101.06										
77	33320	REPAIR MAJOR BLOOD VESSEL(S)	1,101.06	00 15									
73	33321	REPAIR MAJOR VESSEL	1,216.14										
77	33321	REPAIR MAJOR VESSEL	1,216.14	00 15									
73	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,421.94										
77	33322	REPAIR MAJOR BLOOD VESSEL(S)	1,421.94	00 15									
73	33330	INSERT MAJOR VESSEL GRAFT	1,458.49										
77	33330	INSERT MAJOR VESSEL GRAFT	1,458.49	00 15									
73	33335	INSERT MAJOR VESSEL GRAFT	1,914.87										
77	33335	INSERT MAJOR VESSEL GRAFT	1,914.87	00 15									
73	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	801.85										
77	33340	PERCUTANEOUS TRANSCATHETER CLOSURE O	801.85	00 15									
73	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,239.80										
77	33361	REPLACEMENT OF AORTIC VALVE WITH PRO	1,239.80	00 15									
73	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,353.07										
77	33362	TRANSCATHETER AORTIC VALVE REPLACEME	1,353.07	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,401.03										
77	33363	TRANSCATHETER AORTIC VALVE REPLACEME	1,401.03	00 15									
73	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,402.89										
77	33364	TRANSCATHETER AORTIC VALVE REPLACEME	1,402.89	00 15									
73	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,462.21										
77	33365	TRANSCATHETER AORTIC VALVE REPLACEME	1,462.21	00 15									
73	33366	Transcatheter aortic valve replaceme	1,613.57										
77	33366	Transcatheter aortic valve replaceme	1,613.57	00 15									
73	33367	TRANSCATHETER AORTIC VALVE REPLACEME	628.44										
77	33367	TRANSCATHETER AORTIC VALVE REPLACEME	628.44	00 15									
73	33368	TRANSCATHETER AORTIC VALVE REPLACEME	760.97										
77	33368	TRANSCATHETER AORTIC VALVE REPLACEME	760.97	00 15									
73	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,004.68										
77	33369	TRANSCATHETER AORTIC VALVE REPLACEME	1,004.68	00 15									
73	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	137.57										
77	33370	TRANSCATHETER PLACEMENT AND SUBSEQUE	137.57	00 15									
73	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	1,979.33										
77	33390	VALVULOPLASTY, AORTIC VALVE, OPEN, W	1,979.33	00 15									
73	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,345.02										
77	33391	VALVULOPLASTY, AORTIC VALVE, OPEN, W	2,345.02	00 15									
73	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,790.52										
77	33404	CONSTRUCT APICAL-AORTIC CONDUIT	1,790.52	00 15									
73	33405	REPLACEMENT OF AORTIC VALVE	2,333.74										
77	33405	REPLACEMENT OF AORTIC VALVE	2,333.74	00 15									
73	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,970.24										
77	33406	REPLACEMENT, AORTIC VALVE, WITH CARD	2,970.24	00 15									
73	33410	REPLACEMENT OF AORTIC VALVE	2,613.78										
77	33410	REPLACEMENT OF AORTIC VALVE	2,613.78	00 15									
73	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,446.18										
77	33411	REPLACEMENT, AORTIC VALVE; WITH AORT	3,446.18	00 15									
73	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,227.89										
77	33412	REPLACE AORTIC VALVE;TRANSVENTRICULA	3,227.89	00 15									
73	33413	REPLACEMENT, AORTIC VALVE;	3,303.87										
77	33413	REPLACEMENT, AORTIC VALVE;	3,303.87	00 15									
73	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,213.80										
77	33414	REPAIR OF LEFT VENTRICULAR OUTFLOW T	2,213.80	00 15									
73	33415	REVISION OF AORTIC VALVE	2,084.51										
77	33415	REVISION OF AORTIC VALVE	2,084.51	00 15									
73	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,080.14										
77	33416	VENTRICULOMYOTOMY FOR IDIOPATHIC HYP	2,080.14	00 15									
73	33417	REPAIR OF AORTIC VALVE	1,717.79										
77	33417	REPAIR OF AORTIC VALVE	1,717.79	00 15									
73	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,835.98										
77	33418	TRANSCATHETER MITRAL VALVE REPAIR, P	1,835.98	00 15									
73	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	433.46										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33419	TRANSCATHETER MITRAL VALVE REPAIR, P	433.46	00 15									
73	33420	REVISION OF MITRAL VALVE	1,485.67										
77	33420	REVISION OF MITRAL VALVE	1,485.67	00 15									
73	33422	REVISION OF MITRAL VALVE	1,704.22										
77	33422	REVISION OF MITRAL VALVE	1,704.22	00 15									
73	33425	REPAIR OF MITRAL VALVE	2,806.87										
77	33425	REPAIR OF MITRAL VALVE	2,806.87	00 15									
73	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,447.65										
77	33426	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,447.65	00 15									
73	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,501.78										
77	33427	VALVULOPLASTY,MITRAL VALVE,W CARDIO	2,501.78	00 15									
73	33430	REPLACEMENT OF MITRAL VALVE	2,878.56										
77	33430	REPLACEMENT OF MITRAL VALVE	2,878.56	00 15									
73	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,491.95										
77	33440	REPLACEMENT, AORTIC VALVE; BY TRANSL	3,491.95	00 15									
73	33460	REVISION OF TRICUSPID VALVE	2,460.63										
77	33460	REVISION OF TRICUSPID VALVE	2,460.63	00 15									
73	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,145.35										
77	33463	VALVULOPLASTY, TRICUSPID VALVE;	3,145.35	00 15									
73	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,501.52										
77	33464	VALVULOPLASTY, TRICUSPID VALVE;	2,501.52	00 15									
73	33465	REPLACE TRICUSPID VALVE	2,830.40										
77	33465	REPLACE TRICUSPID VALVE	2,830.40	00 15									
73	33468	REVISION OF TRICUSPID VALVE	2,527.62										
77	33468	REVISION OF TRICUSPID VALVE	2,527.62	00 15									
73	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,364.02										
77	33471	VALVOTOMY-TRANSVENOUS BALOON METHOD	1,364.02	00 15									
73	33474	REVISION OF PULMONARY VALVE	2,246.67										
77	33474	REVISION OF PULMONARY VALVE	2,246.67	00 15									
73	33475	REPLACEMENT, PULMONARY VALVE	2,382.81										
77	33475	REPLACEMENT, PULMONARY VALVE	2,382.81	00 15									
73	33476	REVISION OF HEART CHAMBER	1,568.74										
77	33476	REVISION OF HEART CHAMBER	1,568.74	00 15									
73	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,384.91										
77	33477	TRANSCATHETER PULMONARY VALVE IMPLAN	1,384.91	00 15									
73	33478	REVISION OF HEART CHAMBER	1,620.99										
77	33478	REVISION OF HEART CHAMBER	1,620.99	00 15									
73	33496	REPAIR, PROSTH VALVE CLOT	1,705.25										
77	33496	REPAIR, PROSTH VALVE CLOT	1,705.25	00 15									
73	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,599.45										
77	33500	REPAIR CORONARY ARTERIOV OR ARTERIOC	1,599.45	00 15									
73	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,141.45										
77	33501	REPAIR OF CORONARY ARTERIOVENOUS OR	1,141.45	00 15									
73	33502	CORONARY ARTERY CORRECTION	1,314.84										
77	33502	CORONARY ARTERY CORRECTION	1,314.84	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33503	CORONARY ARTERY GRAFT	1,365.85										
77	33503	CORONARY ARTERY GRAFT	1,365.85	00 15									
73	33504	CORONARY ARTERY GRAFT	1,509.45										
77	33504	CORONARY ARTERY GRAFT	1,509.45	00 15									
73	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,126.42										
77	33505	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,126.42	00 15									
73	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,116.08										
77	33506	REPAIR OF ANOMALOUS CORONARY ARTERY;	2,116.08	00 15									
73	33507	REPAIR ART, INTRAMURAL	1,774.50										
77	33507	REPAIR ART, INTRAMURAL	1,774.50	00 15									
73	33508	ENDOSCOPIC VEIN HARVEST	16.56										
77	33508	ENDOSCOPIC VEIN HARVEST	16.56	00 15									
73	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	178.63										
77	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1	178.63	00 15									
73	33510	CORONARY ARTERY BYPASS	1,987.42										
77	33510	CORONARY ARTERY BYPASS	1,987.42	00 15									
73	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,181.35										
77	33511	COR ART BYP,AUTOGENOUS GRAFT;2 ARTER	2,181.35	00 15									
73	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,488.50										
77	33512	COR ART BYP,AUTOGENOUS GRAFT;3 ARTER	2,488.50	00 15									
73	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,548.02										
77	33513	COR ART BYP,AUTOGENOUS GRAFT;4 ARTER	2,548.02	00 15									
73	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,675.08										
77	33514	COR ART BYPASS,AUTOGEN GRAFT;5 ARTER	2,675.08	00 15									
73	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,768.56										
77	33516	COR ART BYPASS,AUTOG GRAFT;6/MORE AR	2,768.56	00 15									
73	33517	CORONARY ARTERY BYPASS, USING VENOUS	192.29										
77	33517	CORONARY ARTERY BYPASS, USING VENOUS	192.29	00 15									
73	33518	CORONARY ARTERY BYPASS, USING VENOUS	424.11										
77	33518	CORONARY ARTERY BYPASS, USING VENOUS	424.11	00 15									
73	33519	CORONARY ARTERY BYPASS, USING VENOUS	560.34										
77	33519	CORONARY ARTERY BYPASS, USING VENOUS	560.34	00 15									
73	33521	CORONARY ARTERY BYPASS, USING VENOUS	671.38										
77	33521	CORONARY ARTERY BYPASS, USING VENOUS	671.38	00 15									
73	33522	CORONARY ARTERY BYPASS, USING VENOUS	754.59										
77	33522	CORONARY ARTERY BYPASS, USING VENOUS	754.59	00 15									
73	33523	CORONARY ARTERY BYPASS, USING VENOUS	850.05										
77	33523	CORONARY ARTERY BYPASS, USING VENOUS	850.05	00 15									
73	33530	REOPERATION,CORON ART BYPASS >1MONTH	540.86										
77	33530	REOPERATION,CORON ART BYPASS >1MONTH	540.86	00 15									
73	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,924.30										
77	33533	CORONARY ARTERY BYPASS, USING ARTERI	1,924.30	00 15									
73	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,259.43										
77	33534	CORONARY ARTERY BYPASS, USING ARTERI	2,259.43	00 15									
73	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,513.51										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33535	CORONARY ARTERY BYPASS, USING ARTERI	2,513.51	00 15									
73	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,705.68										
77	33536	CORONARY ARTERY BYPASS, USING ARTERI	2,705.68	00 15									
73	33542	REMOVAL OF HEART LESION	2,698.03										
77	33542	REMOVAL OF HEART LESION	2,698.03	00 15									
73	33545	REPAIR OF HEART DAMAGE	3,145.14										
77	33545	REPAIR OF HEART DAMAGE	3,145.14	00 15									
73	33548	RESTORE/REMODEL, VENTRICLE	3,023.35										
77	33548	RESTORE/REMODEL, VENTRICLE	3,023.35	00 15									
73	33572	OPEN CORONARY ENDARTERECTOMY	238.22										
77	33572	OPEN CORONARY ENDARTERECTOMY	238.22	00 15									
73	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,770.07										
77	33600	CLOSURE OF ATRIOVENTRICULAR VALVE (M	1,770.07	00 15									
73	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,718.13										
77	33602	CLOSURE OF SEMILUNAR VALVE (AORTIC O	1,718.13	00 15									
73	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,831.79										
77	33606	ANASTOMOSIS OF PULMONARY ARTERY TO A	1,831.79	00 15									
73	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,854.13										
77	33608	REPAIR OF COMPLEX CARDIAC ANOMALY OT	1,854.13	00 15									
73	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,829.18										
77	33610	REPAIR OF COMPLEX CARDIAC ANOMALIES	1,829.18	00 15									
73	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,009.97										
77	33611	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,009.97	00 15									
73	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,063.71										
77	33612	REPAIR OF DOUBLE OUTLET RIGHT VENTRI	2,063.71	00 15									
73	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,057.71										
77	33615	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,057.71	00 15									
73	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,230.15										
77	33617	REPAIR OF COMPLEX CARDIAC ANOMALIES	2,230.15	00 15									
73	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,827.34										
77	33619	REPAIR OF SINGLE VENTRICLE WITH AORT	2,827.34	00 15									
73	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,699.15										
77	33620	APPLICATION OF RIGHT AND LEFT PULMON	1,699.15	00 15									
73	33621	TRANSTHORACIC INSERTION OF CATHETER	955.83										
77	33621	TRANSTHORACIC INSERTION OF CATHETER	955.83	00 15									
73	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,537.87										
77	33622	RECONSTRUCTION OF COMPLEX CARDIAC AN	3,537.87	00 15									
73	33641	REPAIR HEART SEPTUM DEFECT	1,687.78										
77	33641	REPAIR HEART SEPTUM DEFECT	1,687.78	00 15									
73	33645	REVISION OF HEART VEINS	1,784.10										
77	33645	REVISION OF HEART VEINS	1,784.10	00 15									
73	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,872.18										
77	33647	REPAIR ATRIAL&VENTRICULAR SEPTAL DEF	1,872.18	00 15									
73	33660	REPAIR OF HEART DEFECTS	1,808.68										
77	33660	REPAIR OF HEART DEFECTS	1,808.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33665	REPAIR OF HEART DEFECTS	1,971.01										
77	33665	REPAIR OF HEART DEFECTS	1,971.01	00 15									
73	33670	REPAIR OF HEART CHAMBERS	2,033.32										
77	33670	REPAIR OF HEART CHAMBERS	2,033.32	00 15									
73	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,030.63										
77	33675	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,030.63	00 15									
73	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,085.73										
77	33676	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,085.73	00 15									
73	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,165.41										
77	33677	CLOSURE OF MULTIPLE VENTRICULAR SEPT	2,165.41	00 15									
73	33681	REPAIR HEART SEPTUM DEFECT	1,898.29										
77	33681	REPAIR HEART SEPTUM DEFECT	1,898.29	00 15									
73	33684	REPAIR HEART SEPTUM DEFECT	1,946.05										
77	33684	REPAIR HEART SEPTUM DEFECT	1,946.05	00 15									
73	33688	REPAIR HEART SEPTUM DEFECT	1,941.42										
77	33688	REPAIR HEART SEPTUM DEFECT	1,941.42	00 15									
73	33690	REINFORCE PULMONARY ARTERY	1,236.31										
77	33690	REINFORCE PULMONARY ARTERY	1,236.31	00 15									
73	33692	REPAIR OF HEART DEFECTS	2,015.99										
77	33692	REPAIR OF HEART DEFECTS	2,015.99	00 15									
73	33694	REPAIR OF HEART DEFECTS	2,009.97										
77	33694	REPAIR OF HEART DEFECTS	2,009.97	00 15									
73	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,117.76										
77	33697	COMPLETE REPAIR TETRALOGY OF FALLOT	2,117.76	00 15									
73	33702	REPAIR OF HEART DEFECTS	1,593.71										
77	33702	REPAIR OF HEART DEFECTS	1,593.71	00 15									
73	33710	REPAIR OF HEART DEFECTS	2,114.74										
77	33710	REPAIR OF HEART DEFECTS	2,114.74	00 15									
73	33720	REPAIR OF HEART DEFECT	1,594.39										
77	33720	REPAIR OF HEART DEFECT	1,594.39	00 15									
73	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,583.42										
77	33724	REPAIR OF ISOLATED PARTIAL ANOMALOUS	1,583.42	00 15									
73	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,093.22										
77	33726	REPAIR OF PULMONARY VENOUS STENOSIS	2,093.22	00 15									
73	33730	REPAIR HEART-VEIN DEFECT(S)	2,067.16										
77	33730	REPAIR HEART-VEIN DEFECT(S)	2,067.16	00 15									
73	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,697.65										
77	33732	REPAIR OF COR TRIATRIATUM OR SUPRAVA	1,697.65	00 15									
73	33735	REVISION OF HEART CHAMBER	1,334.48										
77	33735	REVISION OF HEART CHAMBER	1,334.48	00 15									
73	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,448.79										
77	33736	ATRIAL SEPTECTOMY OR SEPTOSTOMY;	1,448.79	00 15									
73	33737	REVISION OF HEART CHAMBER	1,336.90										
77	33737	REVISION OF HEART CHAMBER	1,336.90	00 15									
73	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	770.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS	770.45	00 15									
73	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,099.99										
77	33745	TRANSCATHETER INTRACARDIAC SHUNT	1,099.99	00 15									
73	33746	TRANSCATHETER INTRACARDIAC SHUNT	439.42										
77	33746	TRANSCATHETER INTRACARDIAC SHUNT	439.42	00 15									
73	33750	MAJOR VESSEL SHUNT	1,300.85										
77	33750	MAJOR VESSEL SHUNT	1,300.85	00 15									
73	33755	MAJOR VESSEL SHUNT	1,356.10										
77	33755	MAJOR VESSEL SHUNT	1,356.10	00 15									
73	33762	MAJOR VESSEL SHUNT	1,321.01										
77	33762	MAJOR VESSEL SHUNT	1,321.01	00 15									
73	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,356.10										
77	33764	SHUNT;CENTRAL WITH PROSTHETIC GRAFT	1,356.10	00 15									
73	33766	MAJOR VESSEL SHUNT	1,373.73										
77	33766	MAJOR VESSEL SHUNT	1,373.73	00 15									
73	33767	SHUNT;	1,465.98										
77	33767	SHUNT;	1,465.98	00 15									
73	33768	CAVOPULMONARY SHUNTING	429.99										
77	33768	CAVOPULMONARY SHUNTING	429.99	00 15									
73	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,181.92										
77	33770	REPAIR OF TRANSPOSITION OF THE GREAT	2,181.92	00 15									
73	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,246.33										
77	33771	REPAIR OF TRANSPOSITION OF THE GREAT	2,246.33	00 15									
73	33774	REPAIR TRANSPO GREAT ARTERIES	1,854.13										
77	33774	REPAIR TRANSPO GREAT ARTERIES	1,854.13	00 15									
73	33775	REAPAIR W REMOVAL PULMONARY BAND	1,910.71										
77	33775	REAPAIR W REMOVAL PULMONARY BAND	1,910.71	00 15									
73	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,018.54										
77	33776	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,018.54	00 15									
73	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,949.34										
77	33777	REPAIR W REPAIR SUBPULMONIC OBSTRUCT	1,949.34	00 15									
73	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,422.47										
77	33778	REPAIR TRANSPOS GREAT ARTERIES AORTI	2,422.47	00 15									
73	33779	REPAIR W REMOVAL O PULMONARY BAND	2,396.83										
77	33779	REPAIR W REMOVAL O PULMONARY BAND	2,396.83	00 15									
73	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,441.40										
77	33780	REPAIR W CLOSURE VENTRI SEPTAL DEFEC	2,441.40	00 15									
73	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,384.77										
77	33781	REPAIR W REPAIR O SUBPULMONIC OBSTRU	2,384.77	00 15									
73	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,327.20										
77	33782	AORTIC ROOT TRANSLOCATION WITH VENTR	3,327.20	00 15									
73	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,596.31										
77	33783	AORTIC ROOT TRANSLOCATION WITH VENTR	3,596.31	00 15									
73	33786	REPAIR ARTERIAL TRUNK	2,348.09										
77	33786	REPAIR ARTERIAL TRUNK	2,348.09	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33788	REVISION OF PULMONARY ARTERY	1,579.70											
77	33788	REVISION OF PULMONARY ARTERY	1,579.70	00	15									
73	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,014.94											
77	33800	AORTIC SUSPENSION (AORTOPEXY) FOR TR	1,014.94	00	15									
73	33802	REPAIR VESSEL DEFECT	1,116.27											
77	33802	REPAIR VESSEL DEFECT	1,116.27	00	15									
73	33803	REPAIR VESSEL DEFECT	1,186.29											
77	33803	REPAIR VESSEL DEFECT	1,186.29	00	15									
73	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,277.58											
77	33813	OBLITERATION O AORTOPULMON SEPTAL DE	1,277.58	00	15									
73	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,569.69											
77	33814	OBLITERATION W CARDIOPULMONARY BYPAS	1,569.69	00	15									
73	33820	REVISE MAJOR VESSEL	995.95											
77	33820	REVISE MAJOR VESSEL	995.95	00	15									
73	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,050.36	00	17									
77	33822	REPAIR PATENT DUCTUS ARTERIOSUS;	1,050.36	00	15									
73	33824	REPAIR PATENT DUCTUS ARTERIOSUS	1,216.17	18	99									
73	33840	REMOVE AORTA CONSTRICTION	1,276.58											
77	33840	REMOVE AORTA CONSTRICTION	1,276.58	00	15									
73	33845	REMOVE AORTA CONSTRICTION	1,373.79											
77	33845	REMOVE AORTA CONSTRICTION	1,373.79	00	15									
73	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,310.83											
77	33851	EXCISE COARCTATION-AORTA;WALDHUSEN	1,310.83	00	15									
73	33852	EXCISION O COARCTATION W REPAIR ARCH	1,441.69											
77	33852	EXCISION O COARCTATION W REPAIR ARCH	1,441.69	00	15									
73	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,888.04											
77	33853	REPAIR OF HYPOPLASTIC OR INTERRUPTED	1,888.04	00	15									
73	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,492.42											
77	33858	ASCENDING AORTA GRAFT, WITH CARDIOP	3,492.42	00	15									
73	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,505.60											
77	33859	ASCENDING AORTA GRAFT, WITH CARDIOP	2,505.60	00	15									
73	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,235.36											
77	33863	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,235.36	00	15									
73	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,307.88											
77	33864	ASCENDING AORTA GRAFT, WITH CARDIOPU	3,307.88	00	15									
73	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	949.68											
77	33866	AORTIC HEMIARCH GRAFT INCLUDING ISOL	949.68	00	15									
73	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,349.50											
77	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH	3,349.50	00	15									
73	33875	THORACIC AORTA GRAFT	2,819.11											
77	33875	THORACIC AORTA GRAFT	2,819.11	00	15									
73	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,718.92											
77	33877	REPAIR THORACOABDOMINAL AORTIC ANEUR	3,718.92	00	15									
73	33880	ENDOVASC TAA REPR INCL SUBCL	1,845.39											
77	33880	ENDOVASC TAA REPR INCL SUBCL	1,845.39	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33881	ENDOVASC TAA REPR W/O SUBCL	1,580.38										
77	33881	ENDOVASC TAA REPR W/O SUBCL	1,580.38	00 15									
73	33883	INSERT ENDOVASC PROSTH, TAA	1,143.27										
77	33883	INSERT ENDOVASC PROSTH, TAA	1,143.27	00 15									
73	33884	ENDOVASC PROSTH, TAA, ADD-ON	409.81									X	
77	33884	ENDOVASC PROSTH, TAA, ADD-ON	409.81	00 15								X	
73	33886	ENDOVASC PROSTH, DELAYED	990.18										
77	33886	ENDOVASC PROSTH, DELAYED	990.18	00 15									
73	33889	ARTERY TRANSPOSE/ENDOVAS TAA	822.09										
77	33889	ARTERY TRANSPOSE/ENDOVAS TAA	822.09	00 15									
73	33891	CAR-CAR BP GRFT/ENDOVAS TAA	999.48										
77	33891	CAR-CAR BP GRFT/ENDOVAS TAA	999.48	00 15									
73	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,005.30										
77	33894	ENDOVASCULAR STENT REPAIR OF COARCTA	1,005.30	00 15									
73	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	799.35										
77	33895	ENDOVASCULAR STENT REPAIR OF COARCTA	799.35	00 15									
73	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	594.77										
77	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLAST	594.77	00 15									
73	33900	PERCUTANEOUS PULMONARY ARTERY REVASC	597.48										
77	33900	PERCUTANEOUS PULMONARY ARTERY REVASC	597.48	00 15									
73	33901	PERCUTANEOUS PULMONARY ARTERY REVASC	785.14										
77	33901	PERCUTANEOUS PULMONARY ARTERY REVASC	785.14	00 15									
73	33902	PERCUTANEOUS PULMONARY ARTERY REVASC	758.83										
77	33902	PERCUTANEOUS PULMONARY ARTERY REVASC	758.83	00 15									
73	33903	PERCUTANEOUS PULMONARY ARTERY REVASC	894.16										
77	33903	PERCUTANEOUS PULMONARY ARTERY REVASC	894.16	00 15									
73	33904	PERCUTANEOUS PULMONARY ARTERY REVASC	300.25										
77	33904	PERCUTANEOUS PULMONARY ARTERY REVASC	300.25	00 15									
73	33910	REMOVE LUNG ARTERY EMBOLI	2,714.00										
77	33910	REMOVE LUNG ARTERY EMBOLI	2,714.00	00 15									
73	33915	REMOVE LUNG ARTERY EMBOLI	1,410.74										
77	33915	REMOVE LUNG ARTERY EMBOLI	1,410.74	00 15									
73	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,296.34										
77	33916	PULMONARY ENDARTERECTOMY WW EMBOLECT	4,296.34	00 15									
73	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,501.39										
77	33917	REPAIR OF PULMONARY ARTERY STENOSIS	1,501.39	00 15									
73	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,866.31										
77	33920	REPAIR OF PULMONARY ATRESIA WITH VEN	1,866.31	00 15									
73	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,430.61										
77	33922	TRANSECTION OF PULMONARY ARTERY WITH	1,430.61	00 15									
73	33924	REMOVE PULMONARY SHUNT	294.87										
77	33924	REMOVE PULMONARY SHUNT	294.87	00 15									
73	33925	RPR PUL ART UNIFOCAL W/O CPB	1,769.56										
77	33925	RPR PUL ART UNIFOCAL W/O CPB	1,769.56	00 15									
73	33926	REPR PUL ART, UNIFOCAL W/CPB	2,490.38										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33926	REPR PUL ART, UNIFOCAL W/CPB	2,490.38	00	15									
73	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,632.96				X							
77	33927	IMPLANTATION OF A TOTAL REPLACEMENT	2,632.96	00	15		X							
73	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,054.62			X								
77	33935	HEART-LUNG TRANSPLANT W/ORG REMOVAL	5,054.62	00	15	X								
73	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,001.89			X								
77	33945	HEART TRANSPLANT,W/W/O RECI CARDIECT	5,001.89	00	15	X								
73	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	317.39											
77	33946	EXTRACORPOREAL MEMBRANE OXYGENATION	317.39	00	15									
73	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	351.30											
77	33947	EXTRACORPOREAL MEMBRANE OXYGENATION	351.30	00	15									
73	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	242.07											
77	33948	EXTRACORPOREAL MEMBRANE OXYGENATION	242.07	00	15									
73	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	234.58											
77	33949	EXTRACORPOREAL MEMBRANE OXYGENATION	234.58	00	15									
73	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	435.23	00	05									
77	33951	EXTRACORPOREAL MEMBRANE OXYGENATION	435.23	00	05									
73	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	438.51	06	99									
77	33952	EXTRACORPOREAL MEMBRANE OXYGENATION	438.51	06	15									
73	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	485.15	00	05									
77	33953	EXTRACORPOREAL MEMBRANE OXYGENATION	485.15	00	05									
73	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	489.05	06	99									
77	33954	EXTRACORPOREAL MEMBRANE OXYGENATION	489.05	06	15									
73	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	848.96	00	05									
77	33955	EXTRACORPOREAL MEMBRANE OXYGENATION	848.96	00	05									
73	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	860.99	06	99									
77	33956	EXTRACORPOREAL MEMBRANE OXYGENATION	860.99	06	15									
73	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	188.97	00	05									
77	33957	EXTRACORPOREAL MEMBRANE OXYGENATION	188.97	00	05									
73	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	188.97	06	99									
77	33958	EXTRACORPOREAL MEMBRANE OXYGENATION	188.97	06	15									
73	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	239.34	00	05									
77	33959	EXTRACORPOREAL MEMBRANE OXYGENATION	239.34	00	05									
73	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	239.34	06	99									
77	33962	EXTRACORPOREAL MEMBRANE OXYGENATION	239.34	06	15									
73	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	479.10	00	05									
77	33963	EXTRACORPOREAL MEMBRANE OXYGENATION	479.10	00	05									
73	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	505.97	06	99									
77	33964	EXTRACORPOREAL MEMBRANE OXYGENATION	505.97	06	15									
73	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	188.97	00	05									
77	33965	EXTRACORPOREAL MEMBRANE OXYGENATION	188.97	00	05									
73	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	241.83	06	99									
77	33966	EXTRACORPOREAL MEMBRANE OXYGENATION	241.83	06	15									
73	33967	INSERT IA PERCUT DEVICE	264.11											
77	33967	INSERT IA PERCUT DEVICE	264.11	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33968	REMOVE AORTIC ASSIST DEVICE	34.74										
77	33968	REMOVE AORTIC ASSIST DEVICE	34.74	00 15									
73	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	279.64	00 05									
77	33969	EXTRACORPOREAL MEMBRANE OXYGENATION	279.64	00 05									
73	33970	INTERNAL CIRCULATION ASSIST	363.80										
77	33970	INTERNAL CIRCULATION ASSIST	363.80	00 15									
73	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	724.17										
77	33971	REMOVE INTRA-AORTIC BALOONS,W/REPAIR	724.17	00 15									
73	33973	INSERTION OF INTRA-AORTIC BALLOON AS	515.93										
77	33973	INSERTION OF INTRA-AORTIC BALLOON AS	515.93	00 15									
73	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	910.90										
77	33974	REMOVAL OF INTRA-AORTIC BALLOON ASSI	910.90	00 15									
73	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,334.90										
77	33975	IMPLANTATION OF VENTRICULAR ASSIST D	1,334.90	00 15									
73	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,625.92										
77	33976	IMPLANTATION OF VENTRICULAR ASSIST D	1,625.92	00 15									
73	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,151.67										
77	33977	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,151.67	00 15									
73	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,363.42										
77	33978	REMOVAL OF VENTRICULAR ASSIST DEVICE	1,363.42	00 15									
73	33979	INSERT INTRACORPOREAL DEVICE	2,002.40										
77	33979	INSERT INTRACORPOREAL DEVICE	2,002.40	00 15									
73	33980	REMOVE INTRACORPOREAL DEVICE	1,830.63								X		
77	33980	REMOVE INTRACORPOREAL DEVICE	1,830.63	00 15							X		
73	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	851.98								X		
77	33981	REPLACEMENT OF EXTRACORPOREAL VENTRI	851.98	00 15							X		
73	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,001.96								X		
77	33982	REPLACEMENT OF VENTRICULAR ASSIST DE	2,001.96	00 15							X		
73	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,383.77								X		
77	33983	REPLACEMENT OF VENTRICULAR ASSIST DE	2,383.77	00 15							X		
73	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	292.67	06 99									
77	33984	EXTRACORPOREAL MEMBRANE OXYGENATION	292.67	06 15									
73	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	527.25	00 05									
77	33985	EXTRACORPOREAL MEMBRANE OXYGENATION	527.25	00 05									
73	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	539.05	06 99									
77	33986	EXTRACORPOREAL MEMBRANE OXYGENATION	539.05	06 15									
73	33987	ARTERIAL EXPOSURE WITH CREATION OF G	213.37										
77	33987	ARTERIAL EXPOSURE WITH CREATION OF G	213.37	00 15									
73	33988	INSERTION OF LEFT HEART VENT BY THOR	796.45										
77	33988	INSERTION OF LEFT HEART VENT BY THOR	796.45	00 15									
73	33989	REMOVAL OF LEFT HEART VENT BY THORAC	505.97										
77	33989	REMOVAL OF LEFT HEART VENT BY THORAC	505.97	00 15									
73	33990	INSERTION OF VENTRICULAR ASSIST DEVI	370.00										
77	33990	INSERTION OF VENTRICULAR ASSIST DEVI	370.00	00 15									
73	33991	INSERTION OF VENTRICULAR ASSIST DEVI	468.02										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	33991	INSERTION OF VENTRICULAR ASSIST DEVI	468.02	00 15									
73	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	192.23										
77	33992	REMOVAL OF PERCUTANEOUS VENTRICULAR	192.23	00 15									
73	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	169.61										
77	33993	REPOSITIONING OF PERCUTANEOUS VENTRI	169.61	00 15									
73	33995	INSERTION OF VENTRICULAR ASSIST DEVI	362.93										
77	33995	INSERTION OF VENTRICULAR ASSIST DEVI	362.93	00 15									
73	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	162.25										
77	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART	162.25	00 15									
73	34001	REMOVAL OF ARTERY CLOT	946.49										
77	34001	REMOVAL OF ARTERY CLOT	946.49	00 15									
73	34051	REMOVAL OF ARTERY CLOT	1,016.17										
77	34051	REMOVAL OF ARTERY CLOT	1,016.17	00 15									
73	34101	REMOVAL OF ARTERY CLOT	615.37										
77	34101	REMOVAL OF ARTERY CLOT	615.37	00 15									
73	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	616.98										
77	34111	EMBOLECTOMY/THROMBECTOMY-RADIAL/ULNA	616.98	00 15									
73	34151	REMOVAL OF ARTERY CLOT	1,436.16										
77	34151	REMOVAL OF ARTERY CLOT	1,436.16	00 15									
73	34201	REMOVAL OF ARTERY CLOT	1,054.14										
77	34201	REMOVAL OF ARTERY CLOT	1,054.14	00 15									
73	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	977.28										
77	34203	EMBOL-THROMECTOMY,POPLITEAL-TIBIO	977.28	00 15									
73	34401	REMOVAL OF VEIN CLOT	1,519.01										
77	34401	REMOVAL OF VEIN CLOT	1,519.01	00 15									
73	34421	REMOVAL OF VEIN CLOT	718.12										
77	34421	REMOVAL OF VEIN CLOT	718.12	00 15									
73	34451	REMOVAL OF VEIN CLOT	1,486.87										
77	34451	REMOVAL OF VEIN CLOT	1,486.87	00 15									
73	34471	REMOVAL OF VEIN CLOT	1,116.79										
77	34471	REMOVAL OF VEIN CLOT	1,116.79	00 15									
73	34490	REMOVAL OF VEIN CLOT	666.80										
77	34490	REMOVAL OF VEIN CLOT	666.80	00 15									
73	34501	VALVULOPLASTY, FEMORAL VEIN	922.12										
77	34501	VALVULOPLASTY, FEMORAL VEIN	922.12	00 15									
73	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,574.59										
77	34502	RECONSTRUCTION OF VENA CAVA, ANY MET	1,574.59	00 15									
73	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,056.38										
77	34510	TRANSPOSE VENOUS VALVE,ANY VEIN DONO	1,056.38	00 15									
73	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,024.13										
77	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYST	1,024.13	00 15									
73	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	972.49										
77	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	972.49	00 15									
73	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,272.90										
77	34701	ENDOVASCULAR REPAIR OF INFRARENAL	1,272.90	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	34702	ENDOVASCULAR REPAIR OF INFRARENAL	1,904.40										
77	34702	ENDOVASCULAR REPAIR OF INFRARENAL	1,904.40	00 15									
73	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,418.05										
77	34703	ENDOVASCULAR REPAIR OF INFRARENAL	1,418.05	00 15									
73	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,363.00										
77	34704	ENDOVASCULAR REPAIR OF INFRARENAL	2,363.00	00 15									
73	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,572.72										
77	34705	ENDOVASCULAR REPAIR OF INFRARENAL	1,572.72	00 15									
73	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,350.16										
77	34706	ENDOVASCULAR REPAIR OF INFRARENAL	2,350.16	00 15									
73	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,200.11										
77	34707	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,200.11	00 15									
73	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,882.64										
77	34708	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,882.64	00 15									
73	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	333.49									X	
77	34709	PLACEMENT OF EXTENSION PROSTHESIS(ES	333.49	00 15								X	
73	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	817.05										
77	34710	DELAYED PLACEMENT OF DISTAL OR PROXI	817.05	00 15									
73	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	304.14									X	
77	34711	DELAYED PLACEMENT OF DISTAL OR PROXI	304.14	00 15								X	
73	34712	TRANSCATHETER DELIVERY OF ENHANCED	673.06										
77	34712	TRANSCATHETER DELIVERY OF ENHANCED	673.06	00 15									
73	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	127.55									X	
77	34713	PERCUTANEOUS ACCESS AND CLOSURE OF	127.55	00 15								X	
73	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	277.71									X	
77	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CR	277.71	00 15								X	
73	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	309.89									X	
77	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	309.89	00 15								X	
73	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	383.07									X	
77	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPO	383.07	00 15								X	
73	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	457.46									X	
77	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY	457.46	00 15								X	
73	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,272.27									X	
77	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY	1,272.27	00 15								X	
73	34808	ENDOVASC ABDO OCCLUD DEVICE	209.49										
77	34808	ENDOVASC ABDO OCCLUD DEVICE	209.49	00 15									
73	34812	XPOSE FOR ENDOPROSTH, AORTIC	212.66										
77	34812	XPOSE FOR ENDOPROSTH, AORTIC	212.66	00 15									
73	34813	XPOSE FOR ENDOPROSTH, FEMORL	243.94										
77	34813	XPOSE FOR ENDOPROSTH, FEMORL	243.94	00 15									
73	34820	XPOSE FOR ENDOPROSTH, ILIAC	349.40										
77	34820	XPOSE FOR ENDOPROSTH, ILIAC	349.40	00 15									
73	34830	OPEN AORTIC TUBE PROSTH REPR	1,825.72										
77	34830	OPEN AORTIC TUBE PROSTH REPR	1,825.72	00 15									
73	34831	OPEN AORTOILIAC PROSTH REPR	1,993.08										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	34831	OPEN AORTOILIAC PROSTH REPR	1,993.08	00 15									
73	34832	OPEN AORTOFEMOR PROSTH REPR	1,962.74										
77	34832	OPEN AORTOFEMOR PROSTH REPR	1,962.74	00 15									
73	34833	XPOSE FOR ENDOPROSTH, ILIAC	407.22										
77	34833	XPOSE FOR ENDOPROSTH, ILIAC	407.22	00 15									
73	34834	XPOSE, ENDOPROSTH, BRACHIAL	134.43										
77	34834	XPOSE, ENDOPROSTH, BRACHIAL	134.43	00 15									
73	35001	REPAIR DEFECT OF ARTERY	1,158.90										
77	35001	REPAIR DEFECT OF ARTERY	1,158.90	00 15									
73	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,177.08										
77	35002	REPAIR RUPTURED ANEURYSM,NECK INCISI	1,177.08	00 15									
73	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,030.07										
77	35005	REPAIR ANEURYSM,OCCLUSIVE DIS.VERTEB	1,030.07	00 15									
73	35011	REPAIR DEFECT OF ARTERY	1,041.45										
77	35011	REPAIR DEFECT OF ARTERY	1,041.45	00 15									
73	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,307.44										
77	35013	REPAIR RUPTURED ANEURYSM,AXIL-BRACH	1,307.44	00 15									
73	35021	REPAIR DEFECT OF ARTERY	1,290.65										
77	35021	REPAIR DEFECT OF ARTERY	1,290.65	00 15									
73	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,476.82										
77	35022	REPAIR RUPTURED ANEURYSM-SUBCLAV.ART	1,476.82	00 15									
73	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,000.32										
77	35045	REPAIR ANEURYSM,OCCLU DIS,RAD/ULNAR	1,000.32	00 15									
73	35081	REPAIR DEFECT OF ARTERY	1,787.19										
77	35081	REPAIR DEFECT OF ARTERY	1,787.19	00 15									
73	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,234.36										
77	35082	REPAIR RUPTURED ANEURYSM,ABDOMINAL	2,234.36	00 15									
73	35091	REPAIR DEFECT OF ARTERY	1,842.48										
77	35091	REPAIR DEFECT OF ARTERY	1,842.48	00 15									
73	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,672.05										
77	35092	REP.RUPTURED ANEURYSM,ABD AORTA/VISC	2,672.05	00 15									
73	35102	REPAIR DEFECT OF ARTERY	1,938.52										
77	35102	REPAIR DEFECT OF ARTERY	1,938.52	00 15									
73	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,297.12										
77	35103	REP.RUPTURED ANEURYSM,ABD AORTA/ILIA	2,297.12	00 15									
73	35111	REPAIR DEFECT OF ARTERY	1,376.52										
77	35111	REPAIR DEFECT OF ARTERY	1,376.52	00 15									
73	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,692.53										
77	35112	REP.RUPTURED ANEURYSM,SPLENIC ARTERY	1,692.53	00 15									
73	35121	REPAIR DEFECT OF ARTERY	1,636.82										
77	35121	REPAIR DEFECT OF ARTERY	1,636.82	00 15									
73	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,957.55										
77	35122	RUPTURED ANEURYSM,HEPATIC,CELIAC	1,957.55	00 15									
73	35131	REPAIR DEFECT OF ARTERY	1,422.50										
77	35131	REPAIR DEFECT OF ARTERY	1,422.50	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,692.53										
77	35132	RUPTURED ANEURYSM,ILIAC ARTERY	1,692.53	00 15									
73	35141	REPAIR DEFECT OF ARTERY	1,128.48										
77	35141	REPAIR DEFECT OF ARTERY	1,128.48	00 15									
73	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,362.07										
77	35142	REPAIR RUPTURED ANEURYSM/FEMORAL ART	1,362.07	00 15									
73	35151	REPAIR DEFECT OF ARTERY	1,278.97										
77	35151	REPAIR DEFECT OF ARTERY	1,278.97	00 15									
73	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,446.98										
77	35152	REP.RUPTURED ANUERYSM,POPLITIAL ART	1,446.98	00 15									
73	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	811.34										
77	35180	REPAIR CONGENITAL FISTULA-HEAD/NECK	811.34	00 15									
73	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,844.95										
77	35182	REP.CONGENITAL FIST-THORAX/ABDOMEN	1,844.95	00 15									
73	35184	REP.CONGENITAL FISTULA,EXTREMITIES	998.04										
77	35184	REP.CONGENITAL FISTULA,EXTREMITIES	998.04	00 15									
73	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,368.15										
77	35188	REP.ACQUIRED/TRAUMA FIST.-HEAD/NECKT	1,368.15	00 15									
73	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,562.18										
77	35189	REP.ACQUIRED/TRAUMA FIST.THORAX/ABDO	1,562.18	00 15									
73	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	785.07										
77	35190	REP.ACQUIRED/TRAUMA FISTULA-EXTREMIT	785.07	00 15									
73	35201	REPAIR BLOOD VESSEL LESION	962.45										
77	35201	REPAIR BLOOD VESSEL LESION	962.45	00 15									
73	35206	REPAIR BLOOD VESSEL LESION	807.20										
77	35206	REPAIR BLOOD VESSEL LESION	807.20	00 15									
73	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	771.58									X	
77	35207	REPAIR BLOOD VESSEL,DIRECT-HAND/FING	771.58	00 15								X	
73	35211	REPAIR BLOOD VESSEL LESION	1,426.09										
77	35211	REPAIR BLOOD VESSEL LESION	1,426.09	00 15									
73	35216	REPAIR BLOOD VESSEL LESION	2,155.61										
77	35216	REPAIR BLOOD VESSEL LESION	2,155.61	00 15									
73	35221	REPAIR BLOOD VESSEL LESION	1,522.72										
77	35221	REPAIR BLOOD VESSEL LESION	1,522.72	00 15									
73	35226	REPAIR BLOOD VESSEL LESION	857.00										
77	35226	REPAIR BLOOD VESSEL LESION	857.00	00 15									
73	35231	REPAIR BLOOD VESSEL LESION	1,274.38										
77	35231	REPAIR BLOOD VESSEL LESION	1,274.38	00 15									
73	35236	REPAIR BLOOD VESSEL LESION	1,024.19										
77	35236	REPAIR BLOOD VESSEL LESION	1,024.19	00 15									
73	35241	REPAIR BLOOD VESSEL LESION	1,471.20										
77	35241	REPAIR BLOOD VESSEL LESION	1,471.20	00 15									
73	35246	REPAIR BLOOD VESSEL LESION	1,601.96										
77	35246	REPAIR BLOOD VESSEL LESION	1,601.96	00 15									
73	35251	REPAIR BLOOD VESSEL LESION	1,808.30										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	35251	REPAIR BLOOD VESSEL LESION	1,808.30	00 15									
73	35256	REPAIR BLOOD VESSEL LESION	1,051.60										
77	35256	REPAIR BLOOD VESSEL LESION	1,051.60	00 15									
73	35261	REPAIR BLOOD VESSEL LESION	1,013.01										
77	35261	REPAIR BLOOD VESSEL LESION	1,013.01	00 15									
73	35266	REPAIR BLOOD VESSEL LESION	886.92										
77	35266	REPAIR BLOOD VESSEL LESION	886.92	00 15									
73	35271	REPAIR BLOOD VESSEL LESION	1,423.67										
77	35271	REPAIR BLOOD VESSEL LESION	1,423.67	00 15									
73	35276	REPAIR BLOOD VESSEL LESION	1,493.49										
77	35276	REPAIR BLOOD VESSEL LESION	1,493.49	00 15									
73	35281	REPAIR BLOOD VESSEL LESION	1,672.67										
77	35281	REPAIR BLOOD VESSEL LESION	1,672.67	00 15									
73	35286	REPAIR BLOOD VESSEL LESION	957.57										
77	35286	REPAIR BLOOD VESSEL LESION	957.57	00 15									
73	35301	RECHANNELING OF ARTERY	1,165.56										
77	35301	RECHANNELING OF ARTERY	1,165.56	00 15									
73	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,154.74										
77	35302	THROMBOENDARTERECTOMY, INCLUDING PAT	1,154.74	00 15									
73	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,276.69										
77	35303	THROMBOENDARTERECTOMY, INCLUDING PAT	1,276.69	00 15									
73	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,313.36										
77	35304	THROMBOENDARTERECTOMY, INCLUDING PAT	1,313.36	00 15									
73	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,263.00										
77	35305	THROMBOENDARTERECTOMY, INCLUDING PAT	1,263.00	00 15									
73	35306	THROMBOENDARTERECTOMY, INCLUDING P +	463.13									X	
77	35306	THROMBOENDARTERECTOMY, INCLUDING P +	463.13	00 15								X	
73	35311	RECHANNELING OF ARTERY	1,595.69										
77	35311	RECHANNELING OF ARTERY	1,595.69	00 15									
73	35321	RECHANNELING OF ARTERY	922.74										
77	35321	RECHANNELING OF ARTERY	922.74	00 15									
73	35331	RECHANNELING OF ARTERY	1,506.72										
77	35331	RECHANNELING OF ARTERY	1,506.72	00 15									
73	35341	RECHANNELING OF ARTERY	1,425.60										
77	35341	RECHANNELING OF ARTERY	1,425.60	00 15									
73	35351	RECHANNELING OF ARTERY	1,324.83										
77	35351	RECHANNELING OF ARTERY	1,324.83	00 15									
73	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,061.98										
77	35355	THROMBOENDARTERECTOMY-ILIOFEMORAL	1,061.98	00 15									
73	35361	RECHANNELING OF ARTERY	1,576.23										
77	35361	RECHANNELING OF ARTERY	1,576.23	00 15									
73	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,680.61										
77	35363	THROMBOENDARTERECTOMY/COMB.AORTOILIO	1,680.61	00 15									
73	35371	RECHANNELING OF ARTERY	840.02										
77	35371	RECHANNELING OF ARTERY	840.02	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,006.76										
77	35372	SEE 35301;DEEP (PROFUNDA) FEMORAL	1,006.76	00 15									
73	35390	REOPERATION, CAROTID, THROMBOENDARTE	163.95										
77	35390	REOPERATION, CAROTID, THROMBOENDARTE	163.95	00 15									
73	35400	ANGIOSCOPY	152.66										
77	35400	ANGIOSCOPY	152.66	00 15									
73	35500	HARVEST VEIN FOR BYPASS	328.75										
77	35500	HARVEST VEIN FOR BYPASS	328.75	00 15									
73	35501	ARTERY BYPASS GRAFT	1,510.84										
77	35501	ARTERY BYPASS GRAFT	1,510.84	00 15									
73	35506	ARTERY BYPASS GRAFT	1,318.84										
77	35506	ARTERY BYPASS GRAFT	1,318.84	00 15									
73	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,374.16										
77	35508	BYPASS GRAFT,W/VEIN;CAROTID-VERTEBRA	1,374.16	00 15									
73	35509	ARTERY BYPASS GRAFT	1,460.93										
77	35509	ARTERY BYPASS GRAFT	1,460.93	00 15									
73	35510	ARTERY BYPASS GRAFT	1,272.80										
77	35510	ARTERY BYPASS GRAFT	1,272.80	00 15									
73	35511	ARTERY BYPASS GRAFT	1,159.31										
77	35511	ARTERY BYPASS GRAFT	1,159.31	00 15									
73	35512	ARTERY BYPASS GRAFT	1,246.92										
77	35512	ARTERY BYPASS GRAFT	1,246.92	00 15									
73	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,374.16										
77	35515	BYPASS GRAFT,W/VEIN;SUBCLAVIAN-VERTE	1,374.16	00 15									
73	35516	ARTERY BYPASS GRAFT	1,262.83										
77	35516	ARTERY BYPASS GRAFT	1,262.83	00 15									
73	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,182.58										
77	35518	BYPASS GRAFT,W/VEIN;AXILLARY-AXILLAR	1,182.58	00 15									
73	35521	ARTERY BYPASS GRAFT	1,270.58										
77	35521	ARTERY BYPASS GRAFT	1,270.58	00 15									
73	35522	ARTERY BYPASS GRAFT	1,210.25										
77	35522	ARTERY BYPASS GRAFT	1,210.25	00 15									
73	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,305.82										
77	35523	BYPASS GRAFT, WITH VEIN; BRACHIAL-UL	1,305.82	00 15									
73	35525	ARTERY BYPASS GRAFT	1,169.68										
77	35525	ARTERY BYPASS GRAFT	1,169.68	00 15									
73	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,773.49										
77	35526	BYPASS GRAFT, WITH VEIN; AORTOSUBCLA	1,773.49	00 15									
73	35531	ARTERY BYPASS GRAFT	2,020.00										
77	35531	ARTERY BYPASS GRAFT	2,020.00	00 15									
73	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,560.14										
77	35533	BYPASS GRAFT,W/VEIN;AXIL-FEM-FEM	1,560.14	00 15									
73	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,970.92										
77	35535	BYPASS GRAFT, WITH VEIN; HEPATORENAL	1,970.92	00 15									
73	35536	ARTERY BYPASS GRAFT	1,750.82										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	35536	ARTERY BYPASS GRAFT	1,750.82	00 15									
73	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,158.19										
77	35537	BYPASS GRAFT, WITH VEIN; AORTOILIAC	2,158.19	00 15									
73	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,419.37										
77	35538	BYPASS GRAFT, WITH VEIN; AORTOBI-ILI	2,419.37	00 15									
73	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,269.88										
77	35539	BYPASS GRAFT, WITH VEIN; AORTOFEMORA	2,269.88	00 15									
73	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,531.18										
77	35540	BYPASS GRAFT, WITH VEIN; AORTOBIFEMO	2,531.18	00 15									
73	35556	ARTERY BYPASS GRAFT	1,437.74										
77	35556	ARTERY BYPASS GRAFT	1,437.74	00 15									
73	35558	ARTERY BYPASS GRAFT	1,270.54										
77	35558	ARTERY BYPASS GRAFT	1,270.54	00 15									
73	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,764.86										
77	35560	BYPASS GRAFT,W/VEIN;AORTORENAL	1,764.86	00 15									
73	35563	ARTERY BYPASS GRAFT	1,369.80										
77	35563	ARTERY BYPASS GRAFT	1,369.80	00 15									
73	35565	ARTERY BYPASS GRAFT	1,350.80										
77	35565	ARTERY BYPASS GRAFT	1,350.80	00 15									
73	35566	ARTERY BYPASS GRAFT	1,716.68										
77	35566	ARTERY BYPASS GRAFT	1,716.68	00 15									
73	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,524.26										
77	35570	BYPASS GRAFT, WITH VEIN; TIBIAL-TIBI	1,524.26	00 15									
73	35571	ARTERY BYPASS GRAFT	1,366.59										
77	35571	ARTERY BYPASS GRAFT	1,366.59	00 15									
73	35572	HARVEST FEMOROPOPLITEAL VEIN	354.16										
77	35572	HARVEST FEMOROPOPLITEAL VEIN	354.16	00 15									
73	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,489.93										
77	35583	IN-SITU BYPASS;FEMORAL-POPLITEAL	1,489.93	00 15									
73	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,723.28										
77	35585	IN-SITU BYPASS;FEM-ANTER,POST,PERON	1,723.28	00 15									
73	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,407.52										
77	35587	IN-SITU BYPASS;POPLIT-TIBIAL,PERONEA	1,407.52	00 15									
73	35600	HARVEST ARTERY FOR CABG	191.29										
77	35600	HARVEST ARTERY FOR CABG	191.29	00 15									
73	35601	ARTERY BYPASS GRAFT	1,448.75										
77	35601	ARTERY BYPASS GRAFT	1,448.75	00 15									
73	35606	ARTERY BYPASS GRAFT	1,210.17										
77	35606	ARTERY BYPASS GRAFT	1,210.17	00 15									
73	35612	ARTERY BYPASS GRAFT	1,081.20										
77	35612	ARTERY BYPASS GRAFT	1,081.20	00 15									
73	35616	ARTERY BYPASS GRAFT	1,140.42										
77	35616	ARTERY BYPASS GRAFT	1,140.42	00 15									
73	35621	ARTERY BYPASS GRAFT	1,132.62										
77	35621	ARTERY BYPASS GRAFT	1,132.62	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,360.69										
77	35623	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,360.69	00 15									
73	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,635.36										
77	35626	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,635.36	00 15									
73	35631	ARTERY BYPASS GRAFT	1,908.88										
77	35631	ARTERY BYPASS GRAFT	1,908.88	00 15									
73	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,870.13										
77	35632	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,870.13	00 15									
73	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,050.94										
77	35633	BYPASS GRAFT, WITH OTHER THAN VEIN;	2,050.94	00 15									
73	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,830.52										
77	35634	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,830.52	00 15									
73	35636	ARTERY BYPASS GRAFT	1,651.93										
77	35636	ARTERY BYPASS GRAFT	1,651.93	00 15									
73	35637	BYPASS GRAFT WITH OTHER THAN VEIN;	1,717.01										
77	35637	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,717.01	00 15									
73	35638	BYPASS GRAFT WITH OTHER THAN VEIN;	1,791.71										
77	35638	BYPASS GRAFT, WITH OTHER THAN VEIN;	1,791.71	00 15									
73	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,020.86										
77	35642	BYPASS GRAFT,NOT VEIN;CAROTID-VERTEB	1,020.86	00 15									
73	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	979.75										
77	35645	BYPASS GRAFT,NOT VEIN;SUBCLAV-VERTEB	979.75	00 15									
73	35646	ARTERY BYPASS GRAFT	1,760.38										
77	35646	ARTERY BYPASS GRAFT	1,760.38	00 15									
73	35647	ARTERY BYPASS GRAFT	1,600.44										
77	35647	ARTERY BYPASS GRAFT	1,600.44	00 15									
73	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,057.62										
77	35650	BYPASS GRAFT,NOT VEIN,AXILLARY-AXILL	1,057.62	00 15									
73	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,406.98										
77	35654	BYPASS GRAFT,NOT VEIN;AXIL-FEM-FEMW	1,406.98	00 15									
73	35656	ARTERY BYPASS GRAFT	1,108.03										
77	35656	ARTERY BYPASS GRAFT	1,108.03	00 15									
73	35661	ARTERY BYPASS GRAFT	1,116.19										
77	35661	ARTERY BYPASS GRAFT	1,116.19	00 15									
73	35663	ARTERY BYPASS GRAFT	1,260.24										
77	35663	ARTERY BYPASS GRAFT	1,260.24	00 15									
73	35665	ARTERY BYPASS GRAFT	1,209.04										
77	35665	ARTERY BYPASS GRAFT	1,209.04	00 15									
73	35666	ARTERY BYPASS GRAFT	1,325.19										
77	35666	ARTERY BYPASS GRAFT	1,325.19	00 15									
73	35671	ARTERY BYPASS GRAFT	1,167.24										
77	35671	ARTERY BYPASS GRAFT	1,167.24	00 15									
73	35681	BYPASS GRAFT,COMPOSITE,PROSTH/VEIN	82.38										
77	35681	BYPASS GRAFT,COMPOSITE, PROSTH/VEIN	82.38	00 15									
73	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	364.63										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	35682	AUTOG COMPOSITE 2 VEIN SGMTS/2 SITES	364.63	00 15									
73	35683	AUTOG COMP >/=3 VENSGMTS/>/=2 SITES	424.87										
77	35683	AUTOG COMP >/=3VEIN SGMTS/>=2 SITES	424.87	00 15									
73	35685	BYPASS GRAFT PATENCY/PATCH	205.19										
77	35685	BYPASS GRAFT PATENCY/PATCH	205.19	00 15									
73	35686	BYPASS GRAFT/AV FIST PATENCY	166.59										
77	35686	BYPASS GRAFT/AV FIST PATENCY	166.59	00 15									
73	35691	TRANSPOSITION AND/OR REIMPLANTATION;	979.08										
77	35691	TRANSPOSITION AND/OR REIMPLANTATION;	979.08	00 15									
73	35693	TRANSPOSITION AND/OR REIMPLANTATION;	861.86										
77	35693	TRANSPOSITION AND/OR REIMPLANTATION;	861.86	00 15									
73	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,022.15										
77	35694	TRANSPOSITION AND/OR REIMPLANTATION;	1,022.15	00 15									
73	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,061.53										
77	35695	TRANSPOSITION AND/OR REIMPLANTATION;	1,061.53	00 15									
73	35697	REIMPLANT ARTERY EACH	152.03										
77	35697	REIMPLANT ARTERY EACH	152.03	00 15									
73	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	156.92										
77	35700	REOPERATION, FEMORAL-POPLITEAL OR FE	156.92	00 15									
73	35701	EXPLORATION, CAROTID ARTERY	448.20										
77	35701	EXPLORATION, CAROTID ARTERY	448.20	00 15									
73	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	422.07										
77	35702	EXPLORATION NOT FOLLOWED BY SURGICAL	422.07	00 15									
73	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	428.70										
77	35703	EXPLORATION NOT FOLLOWED BY SURGICAL	428.70	00 15									
73	35800	EXPLORE NECK VESSELS	747.59										
77	35800	EXPLORE NECK VESSELS	747.59	00 15									
73	35820	EXPLORE CHEST VESSELS	2,070.90										
77	35820	EXPLORE CHEST VESSELS	2,070.90	00 15									
73	35840	EXPLORE ABDOMINAL VESSELS	1,253.69										
77	35840	EXPLORE ABDOMINAL VESSELS	1,253.69	00 15									
73	35860	EXPLORE LIMB VESSELS	865.41										
77	35860	EXPLORE LIMB VESSELS	865.41	00 15									
73	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,291.94										
77	35870	REPAIR OF GRAFT-ENTERIC FISTULA	1,291.94	00 15									
73	35875	THROMBECTOMY OF ARTERIAL GRAFT	608.69										
77	35875	THROMBECTOMY OF ARTERIAL GRAFT	608.69	00 15									
73	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	970.83										
77	35876	THROMBECTOMY OF ARTERIAL OR VENOUS G	970.83	00 15									
73	35879	REVISE GRAFT W/VEIN	950.81										
77	35879	REVISE GRAFT W/VEIN	950.81	00 15									
73	35881	REVISE GRAFT W/VEIN	1,055.19										
77	35881	REVISE GRAFT W/VEIN	1,055.19	00 15									
73	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,236.67										
77	35883	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,236.67	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,283.10										
77	35884	REVISION, FEMORAL ANASTOMOSIS OF SYN	1,283.10	00 15									
73	35901	EXCISION OF INFECTED GRAFT;	489.17										
77	35901	EXCISION OF INFECTED GRAFT;	489.17	00 15									
73	35903	EXCISION OF INFECTED GRAFT;	578.75										
77	35903	EXCISION OF INFECTED GRAFT;	578.75	00 15									
73	35905	EXCISION OF INFECTED GRAFT;	1,740.01										
77	35905	EXCISION OF INFECTED GRAFT;	1,740.01	00 15									
73	35907	EXCISION OF INFECTED GRAFT;	1,965.97										
77	35907	EXCISION OF INFECTED GRAFT;	1,965.97	00 15									
73	36002	PSEUDOANEURYSM INJECTION TRT	151.95										
77	36002	PSEUDOANEURYSM INJECTION TRT	151.95	00 15									
73	36005	INJECTION PROCEDURE FOR CONTRAST VEN	248.28										
77	36005	INJECTION PROCEDURE FOR CONTRAST VEN	248.28	00 15									
73	36010	ESTABLISH ACCESS TO VEIN	525.26										
77	36010	ESTABLISH ACCESS TO VEIN	525.26	00 15									
73	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	780.91										
77	36011	SELECTIVE CATHETER PLACEMENT, VENOUS	780.91	00 15									
73	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	809.84										
77	36012	SELECTIVE CATHETER PLACEMENT, VENOUS	809.84	00 15									
73	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	759.38										
77	36013	INTRODUCTION OF CATHETER, RIGHT HEAR	759.38	00 15									
73	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	761.74										
77	36014	SELECTIVE CATHETER PLACEMENT, LEFT O	761.74	00 15									
73	36015	SELECTIVE CATHETER PLACEMENT, EACH S	824.28										
77	36015	SELECTIVE CATHETER PLACEMENT, EACH S	824.28	00 15									
73	36100	ESTABLISH ACCESS TO ARTERY	551.23									X	
77	36100	ESTABLISH ACCESS TO ARTERY	551.23	00 15								X	
73	36140	ESTABLISH ACCESS TO ARTERY	493.84									X	
77	36140	ESTABLISH ACCESS TO ARTERY	493.84	00 15								X	
73	36160	ESTABLISH ACCESS TO AORTA	545.56										
77	36160	ESTABLISH ACCESS TO AORTA	545.56	00 15									
73	36200	INTRODUCTION OF CATHETER, AORTA	577.94										
77	36200	INTRODUCTION OF CATHETER, AORTA	577.94	00 15									
73	36215	INTRODUCE CATHETER; EACH ADD....	1,000.80									X	
77	36215	INTRODUCE CATHETER; EACH ADD....	1,000.80	00 15								X	
73	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,036.87										
77	36216	SELECTIVE CATHETER PLACEMENT, ARTERI	1,036.87	00 15									
73	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,726.65										
77	36217	SELECTIVE CATHETER PLACEMENT, ARTERI	1,726.65	00 15									
73	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	202.23										
77	36218	SELECTIVE CATHETER PLACEMENT, ARTERI	202.23	00 15									
73	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	960.55										
77	36221	NON-SELECTIVE CATHETER PLACEMENT, TH	960.55	00 15									
73	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,186.09									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	36222	SELECTIVE CATHETER PLACEMENT, COMMON	1,186.09	00	15								X	
73	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,594.67										X	
77	36223	SELECTIVE CATHETER PLACEMENT, COMMON	1,594.67	00	15								X	
73	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,977.74										X	
77	36224	SELECTIVE CATHETER PLACEMENT, INTERN	1,977.74	00	15								X	
73	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,507.61										X	
77	36225	SELECTIVE CATHETER PLACEMENT, SUBCLA	1,507.61	00	15								X	
73	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,923.15										X	
77	36226	SELECTIVE CATHETER PLACEMENT, VERTEB	1,923.15	00	15								X	
73	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	240.69										X	
77	36227	SELECTIVE CATHETER PLACEMENT, EXTERN	240.69	00	15								X	
73	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,223.46										X	
77	36228	SELECTIVE CATHETER PLACEMENT, EACH I	1,223.46	00	15								X	
73	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,204.42										X	
77	36245	SELECTIVE CATHETER PLACEMENT, ARTERI	1,204.42	00	15								X	
73	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	817.16											
77	36246	SELECTIVE CATHETER PLACEMENT, ARTERI	817.16	00	15									
73	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,380.16											
77	36247	SELECTIVE CATHETER PLACEMENT, ARTERI	1,380.16	00	15									
73	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	114.98											
77	36248	SELECTIVE CATHETER PLACEMENT, ARTERI	114.98	00	15									
73	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,249.86											
77	36251	SELECTIVE CATHETER PLACEMENT (FIRST-	1,249.86	00	15									
73	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,354.92											
77	36252	SELECTIVE CATHETER PLACEMENT (FIRST-	1,354.92	00	15									
73	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	1,945.04											
77	36253	SUPERSELECTIVE CATHETER PLACEMENT (O	1,945.04	00	15									
73	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	1,924.60											
77	36254	SUPERSELECTIVE CATHETER PLACEMENT (O	1,924.60	00	15									
73	36260	INSERT IMPLANTABLE FUSION PUMP	678.55											
77	36260	INSERT IMPLANTABLE FUSION PUMP	678.55	00	15									
73	36261	REVISION OF IMPLANTED INFUSION PUMP	421.97											
77	36261	REVISION OF IMPLANTED INFUSION PUMP	421.97	00	15									
73	36262	REMOVAL OF IMPLANTED INFUSION PUMP	322.04											
77	36262	REMOVAL OF IMPLANTED INFUSION PUMP	322.04	00	15									
73	36400	ESTABLISH ACCESS TO VEIN	27.37	00	02				X				X	
77	36400	ESTABLISH ACCESS TO VEIN	27.37	00	02				X				X	
73	36405	ESTABLISH ACCESS TO VEIN	23.13	00	02				X				X	
77	36405	ESTABLISH ACCESS TO VEIN	23.13	00	02				X				X	
73	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	17.00	00	02				X				X	
77	36406	VENIPUNCTURE,UNDER AGE 3YRS.OTHER VE	17.00	00	02				X				X	
73	36410	ESTABLISH ACCESS TO VEIN	17.13	03	99				X					
77	36410	ESTABLISH ACCESS TO VEIN	17.13	03	15				X					
73	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	50.00	00	00								X	
77	36420	VENIPUNCTURE,CUTDOWN;YOUNGER THAN 1	50.00	00	00								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	36425	ESTABLISH ACCESS TO VEIN	40.15	01 99								X	
77	36425	ESTABLISH ACCESS TO VEIN	40.15	01 15								X	
73	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	50.17	00 01								X	
77	36440	PUSH TRANSFUSION,BLOOD,2 YEARS OR <	50.17	00 01								X	
73	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	169.43	00 00									
77	36450	EXCHANGE TRANSFUSION,BLOOD;NEWBORN	169.43	00 00									
73	36455	EXCHANGE TRANSFUSION SERVICE	130.41									X	
77	36455	EXCHANGE TRANSFUSION SERVICE	130.41	00 15								X	
73	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	97.34	00 00									
77	36456	PARTIAL EXCHANGE TRANSFUSION, BLOOD	97.34	00 00									
73	36460	TRANSFUSION SERVICE, FETAL	354.09									X	
77	36460	TRANSFUSION SERVICE, FETAL	354.09	00 15								X	
73	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,259.75										
77	36465	INJECTION OF NON-COMPOUNDED FOAM SCL	1,259.75	00 15									
73	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,362.48										
77	36466	INJECTION OF NON-COMPOUNDED FOAM SCL	1,362.48	00 15									
73	36470	INJECTION THERAPY OF VEIN	113.48										
77	36470	INJECTION THERAPY OF VEIN	113.48	00 15									
73	36471	INJECTION THERAPY OF VEINS	196.56										
77	36471	INJECTION THERAPY OF VEINS	196.56	00 15									
73	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,175.82										
77	36473	ENDOVENOUS ABLATION THERAPY OF INCOM	1,175.82	00 15									
73	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	252.52									X	
77	36474	ENDOVENOUS ABLATION THERAPY OF INCOM	252.52	00 15								X	
73	36475	ENDOVENOUS RF, 1ST VEIN	1,054.14										
77	36475	ENDOVENOUS RF, 1ST VEIN	1,054.14	00 15									
73	36476	ENDOVENOUS RF, VEIN ADD-ON	282.99										
77	36476	ENDOVENOUS RF, VEIN ADD-ON	282.99	00 15									
73	36478	ENDOVENOUS LASER, 1ST VEIN	958.62										
77	36478	ENDOVENOUS LASER, 1ST VEIN	958.62	00 15									
73	36479	ENDOVENOUS LASER VEIN ADDON	297.56										
77	36479	ENDOVENOUS LASER VEIN ADDON	297.56	00 15									
73	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,684.80										
77	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZA	1,684.80	00 15									
73	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,610.12										
77	36482	ENDOVENOUS ABLATION THERAPY OF INCOM	1,610.12	00 15									
73	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	137.90									X	
77	36483	ENDOVENOUS ABLATION THERAPY OF INCOM	137.90	00 15								X	
73	36500	VEIN CATH/SELECT. ORGAN SAMPLE	185.12										
77	36500	VEIN CATH/SELECT. ORGAN SAMPLE	185.12	00 15									
73	36510	UMBILICAL CATH-DX/THER/NEWBORN	84.26	00 01									
77	36510	UMBILICAL CATH-DX/THER/NEWBORN	84.26	00 01									
73	36511	APHERESIS WBC	108.13										
77	36511	APHERESIS WBC	108.13	00 15									
73	36512	APHERESIS RBC	105.29										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	36512	APHERESIS RBC	105.29	00 15									
73	36513	APHERESIS PLATELETS	105.95										
77	36513	APHERESIS PLATELETS	105.95	00 15									
73	36514	APHERESIS PLASMA	539.07										
77	36514	APHERESIS PLASMA	539.07	00 15									
73	36516	APHERESIS, SELECTIVE	1,676.94										
77	36516	APHERESIS, SELECTIVE	1,676.94	00 15									
73	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,291.50										
77	36522	PHOTOPHERESIS,EXTRACORPOREAL	1,291.50	00 15									
73	36555	INSERT NON-TUNNEL CV CATH	186.41	00 04									
77	36555	INSERT NON-TUNNEL CV CATH	186.41	00 04									
73	36556	INSERT NON-TUNNEL CV CATH	209.76	05 99									
77	36556	INSERT NON-TUNNEL CV CATH	209.76	05 15									
73	36557	INSERT TUNNELED CV CATH	1,135.17	00 04									
77	36557	INSERT TUNNELED CV CATH	1,135.17	00 04									
73	36558	INSERT TUNNELED CV CATH	811.86	05 99									
77	36558	INSERT TUNNELED CV CATH	811.86	05 15									
73	36560	INSERT TUNNELED CV CATH	1,216.29	00 04									
77	36560	INSERT TUNNELED CV CATH	1,216.29	00 04									
73	36561	INSERT TUNNELED CV CATH	964.10	05 99									
77	36561	INSERT TUNNELED CV CATH	964.10	05 15									
73	36563	INSERT TUNNELED CV CATH	1,106.45										
77	36563	INSERT TUNNELED CV CATH	1,106.45	00 15									
73	36565	INSERT TUNNELED CV CATH	814.19										
77	36565	INSERT TUNNELED CV CATH	814.19	00 15									
73	36566	INSERT TUNNELED CV CATH	4,088.55										
77	36566	INSERT TUNNELED CV CATH	4,088.55	00 15									
73	36568	INSERT TUNNELED CV CATH	94.08	00 04									
77	36568	INSERT TUNNELED CV CATH	94.08	00 04									
73	36569	INSERT TUNNELED CV CATH	94.99	05 99									
77	36569	INSERT TUNNELED CV CATH	94.99	05 15									
73	36570	INSERT TUNNELED CV CATH	1,422.07	00 04									
77	36570	INSERT TUNNELED CV CATH	1,422.07	00 04									
73	36571	INSERT TUNNELED CV CATH	1,229.70	05 99									
77	36571	INSERT TUNNELED CV CATH	1,229.70	05 15									
73	36572	INSERTION OF PERIPHERALLY INSERTED	364.47	00 04									
77	36572	INSERTION OF PERIPHERALLY INSERTED	364.47	00 04									
73	36573	INSERTION OF PERIPHERALLY INSERTED	372.49	05 99									
77	36573	INSERTION OF PERIPHERALLY INSERTED	372.49	05 15									
73	36575	REPAIR TUNNELED CV CATH	140.03										
77	36575	REPAIR TUNNELED CV CATH	140.03	00 15									
73	36576	REPAIR TUNNELED CV CATH	342.75										
77	36576	REPAIR TUNNELED CV CATH	342.75	00 15									
73	36578	REPLACE TUNNELED CV CATH	428.60										
77	36578	REPLACE TUNNELED CV CATH	428.60	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	36580	REPLACE TUNNELED CV CATH	186.36										
77	36580	REPLACE TUNNELED CV CATH	186.36	00 15									
73	36581	REPLACE TUNNELED CV CATH	754.76										
77	36581	REPLACE TUNNELED CV CATH	754.76	00 15									
73	36582	REPLACE TUNNELED CV CATH	861.91										
77	36582	REPLACE TUNNELED CV CATH	861.91	00 15									
73	36583	REPLACE TUNNELED CV CATH	1,127.69										
77	36583	REPLACE TUNNELED CV CATH	1,127.69	00 15									
73	36584	REPLACE TUNNELED CV CATH	315.49										
77	36584	REPLACE TUNNELED CV CATH	315.49	00 15									
73	36585	REPLACE TUNNELED CV CATH	1,125.13										
77	36585	REPLACE TUNNELED CV CATH	1,125.13	00 15									
73	36589	REMOVAL TUNNELED CV CATH	165.90										
77	36589	REMOVAL TUNNELED CV CATH	165.90	00 15									
73	36590	REMOVAL TUNNELED CV CATH	225.61										
77	36590	REMOVAL TUNNELED CV CATH	225.61	00 15									
73	36595	MECH REMOV TUNNELED CV CATH	577.80										
77	36595	MECH REMOV TUNNELED CV CATH	577.80	00 15									
73	36596	MECH REMOV TUNNELED CV CATH	111.24										
77	36596	MECH REMOV TUNNELED CV CATH	111.24	00 15									
73	36597	REPOSITION VENOUS CATHETER	111.09										
77	36597	REPOSITION VENOUS CATHETER	111.09	00 15									
73	36598	INJ W/FLUOR, EVAL CV DEVICE	117.44									X	
77	36598	INJ W/FLUOR, EVAL CV DEVICE	117.44	00 15								X	
73	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	26.95									X	
77	36600	ARTERIAL PUNCTURE,WITHDRAWAL OF BL	26.95	00 15								X	
73	36620	ARTERIAL CATHETERIZATION OR CANNULAT	45.14									X	
77	36620	ARTERIAL CATHETERIZATION OR CANNULAT	45.14	00 15								X	
73	36625	ESTABLISH ACCESS TO ARTERY	108.12										
77	36625	ESTABLISH ACCESS TO ARTERY	108.12	00 15									
73	36640	INSERTION CATHETER, ARTERY	116.02										
77	36640	INSERTION CATHETER, ARTERY	116.02	00 15									
73	36660	INSERTION CATHETER, ARTERY	68.20										
77	36660	INSERTION CATHETER, ARTERY	68.20	00 15									
73	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	61.51										
77	36680	PLACE NEEDLE--INTRAOSSEOUS INFUSION	61.51	00 15									
73	36800	INSERTION OF CANNULA	121.94										
77	36800	INSERTION OF CANNULA	121.94	00 15									
73	36810	INSERTION OF CANNULA	209.87										
77	36810	INSERTION OF CANNULA	209.87	00 15									
73	36815	INSERTION OF CANNULA	140.68										
77	36815	INSERTION OF CANNULA	140.68	00 15									
73	36818	AV FUSE, UPPR ARM, CEPHALIC	708.86										
77	36818	AV FUSE, UPPR ARM, CEPHALIC	708.86	00 15									
73	36819	AV FUSION BY BASILIC VEIN	751.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	36819	AV FUSION BY BASILIC VEIN	751.47	00 15									
73	36820	INSERTION OF CANNULA	743.42										
77	36820	INSERTION FO CANNULA	743.42	00 15									
73	36821	ARTERY-VEIN FUSION	679.81										
77	36821	ARTERY-VEIN FUSION	679.81	00 15									
73	36823	INSERTION CANNULA(S)	1,456.58								X		
77	36823	INSERTION CANNULA(S)	1,456.58	00 15							X		
73	36825	ARTERY-VEIN GRAFT	815.71										
77	36825	ARTERY-VEIN GRAFT	815.71	00 15									
73	36830	ARTERY-VEIN GRAFT	685.13										
77	36830	ARTERY-VEIN GRAFT	685.13	00 15									
73	36831	AV FISTULA EXCISION	633.51										
77	36831	AV FISTULA EXCISION	633.51	00 15									
73	36832	REVISION O ARTERIO FISTULA WW THROMB	776.26										
77	36832	REVISION O ARTERIO FISTULA WW THROMB	776.26	00 15									
73	36833	AV FISTULA REVISION	830.10										
77	36833	AV FISTULA REVISION	830.10	00 15									
73	36835	ARTERY TO VEIN SHUNT	495.30										
77	36835	ARTERY TO VEIN SHUNT	495.30	00 15									
73	36836	PERCUTANEOUS ARTERIOVENOUS FISTULA	6,672.67										
77	36836	PERCUTANEOUS ARTERIOVENOUS FISTULA	6,672.67	00 15									
73	36837	PERCUTANEOUS ARTERIOVENOUS FISTULA	9,495.16										
77	36837	PERCUTANEOUS ARTERIOVENOUS FISTULA	9,495.16	00 15									
73	36838	DIST REVAS LIGATION, HEMO	1,178.39										
77	36838	DIST REVAS LIGATION, HEMO	1,178.39	00 15									
73	36860	CANNULA DECLOTTING	232.43										
77	36860	CANNULA DECLOTTING	232.43	00 15									
73	36861	CANNULA DECLOTTING	144.87										
77	36861	CANNULA DECLOTTING	144.87	00 15									
73	36901	INTRODUCTION OF NEEDLE(S) AND/OR	685.66										
77	36901	INTRODUCTION OF NEEDLE(S) AND/OR	685.66	00 15									
73	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,168.86										
77	36902	INTRODUCTION OF NEEDLE(S) AND/OR	1,168.86	00 15									
73	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,105.79										
77	36903	INTRODUCTION OF NEEDLE(S) AND/OR	4,105.79	00 15									
73	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,755.15										
77	36904	PERCUTANEOUS TRANSLUMINAL MECHANICAL	1,755.15	00 15									
73	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,207.07										
77	36905	PERCUTANEOUS TRANSLUMINAL MECHANICAL	2,207.07	00 15									
73	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,214.50										
77	36906	PERCUTANEOUS TRANSLUMINAL MECHANICAL	5,214.50	00 15									
73	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	574.48										
77	36907	TRANSLUMINAL BALLOON ANGIOPLASTY, CE	574.48	00 15									
73	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,367.92										
77	36908	TRANSCATHETER PLACEMENT OF INTRAVASC	1,367.92	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,841.43										
77	36909	DIALYSIS CIRCUIT PERMANENT VASCULAR	1,841.43	00 15									
73	37140	REVISION OF CIRCULATION	2,414.76										
77	37140	REVISION OF CIRCULATION	2,414.76	00 15									
73	37145	REVISION OF CIRCULATION	2,240.04										
77	37145	REVISION OF CIRCULATION	2,240.04	00 15									
73	37160	REVISION OF CIRCULATION	2,300.69										
77	37160	REVISION OF CIRCULATION	2,300.69	00 15									
73	37180	REVISION OF CIRCULATION	2,210.65										
77	37180	REVISION OF CIRCULATION	2,210.65	00 15									
73	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,414.76										
77	37181	ANASTOMOSIS;SPLENORENAL,DISTAL	2,414.76	00 15									
73	37182	INSERT HEPATIC SHUNT (TIP'S)	814.24										
77	37182	INSERT HEPATIC SHUNT (TIPS)	814.24	00 15									
73	37183	REMOVE HEPATIC SHUNT (TIPS)	5,624.01										
77	37183	REMOVE HEPATIC SHUNT (TIP'S)	5,624.01	00 15									
73	37184	PRIM ART MECH THROMBECTOMY	1,669.58										
77	37184	PRIM ART MECH THROMBECTOMY	1,669.58	00 15									
73	37185	PRIM ART M-THROMBECT ADD-ON	465.24									X	
77	37185	PRIM ART M-THROMBECT ADD-ON	465.24	00 15								X	
73	37186	SEC ART M-THROMBECT ADD-ON	1,153.56										
77	37186	SEC ART M-THROMBECT ADD-ON	1,153.56	00 15									
73	37187	VENOUS MECH THROMBECTOMY	1,656.80										
77	37187	VENOUS MECH THROMBECTOMY	1,656.80	00 15									
73	37188	VENOUS M-THROMBECTOMY ADD-ON	1,425.94										
77	37188	VENOUS M-THROMBECTOMY ADD-ON	1,425.94	00 15									
73	37191	INSERTION OF INTRAVASCULAR VENA CAVA	1,959.02			X							
77	37191	INSERTION OF INTRAVASCULAR VENA CAVA	1,959.02	00 15		X							
73	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,255.56			X							
77	37192	REPOSITIONING OF INTRAVASCULAR VENA	1,255.56	00 15		X							
73	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,457.90			X							
77	37193	RETRIEVAL (REMOVAL) OF INTRAVASCULAR	1,457.90	00 15		X							
73	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,509.99										
77	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOU	1,509.99	00 15									
73	37200	TRANSCATHETER BIOPSY	214.62										
77	37200	TRANSCATHETER BIOPSY	214.62	00 15									
73	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	392.80									X	
77	37211	TRANSCATHETER THERAPY, ARTERIAL INFU	392.80	00 15								X	
73	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	342.41									X	
77	37212	TRANSCATHETER THERAPY, VENOUS INFUSI	342.41	00 15								X	
73	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	234.54									X	
77	37213	TRANSCATHETER THERAPY, ARTERIAL OR V	234.54	00 15								X	
73	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	124.35									X	
77	37214	REMOVAL OF CATHETER IN ARTERY OR VEI	124.35	00 15								X	
73	37215	TRANSCATH STENT, CCA W/EPS	1,020.27										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	37215	TRANSCATH STENT, CCA W/EPS	1,020.27	00 15									
73	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,116.18									X	
77	37217	INSERTION OF INTRAVASCULAR STENTS IN	1,116.18	00 15								X	
73	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	845.20										
77	37218	TRANSCATHETER PLACEMENT OF INTRAVASC	845.20	00 15									
73	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,430.01									X	
77	37220	REVASCULARIZATION ENDOVASCULAR OPEN	2,430.01	00 15								X	
73	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	2,990.59									X	
77	37221	REVASCULARIZATION, ENDOVASCULAR, OPE	2,990.59	00 15								X	
73	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	603.98									X	
77	37222	REVASCULARIZATION, ENDOVASCULAR, OPE	603.98	00 15								X	
73	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,236.87									X	
77	37223	REVASCULARIZATION, ENDOVASCULAR, OPE	1,236.87	00 15								X	
73	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	2,833.16									X	
77	37224	REVASCULARIZATION, ENDOVASCULAR, OPE	2,833.16	00 15								X	
73	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	8,416.48									X	
77	37225	REVASCULARIZATION, ENDOVASCULAR, OPE	8,416.48	00 15								X	
73	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	7,831.13									X	
77	37226	REVASCULARIZATION, ENDOVASCULAR, OPE	7,831.13	00 15								X	
73	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	10,775.96									X	
77	37227	REVASCULARIZATION, ENDOVASCULAR, OPE	10,775.96	00 15								X	
73	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,013.15									X	
77	37228	REVASCULARIZATION, ENDOVASCULAR, OPE	4,013.15	00 15								X	
73	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	8,560.46									X	
77	37229	REVASCULARIZATION, ENDOVASCULAR, OPE	8,560.46	00 15								X	
73	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	8,574.30									X	
77	37230	REVASCULARIZATION, ENDOVASCULAR, OPE	8,574.30	00 15								X	
73	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	11,301.24									X	
77	37231	REVASCULARIZATION, ENDOVASCULAR, OPE	11,301.24	00 15								X	
73	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	800.42									X	
77	37232	REVASCULARIZATION, ENDOVASCULAR, OPE	800.42	00 15								X	
73	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,023.05									X	
77	37233	REVASCULARIZATION, ENDOVASCULAR, OPE	1,023.05	00 15								X	
73	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,490.43									X	
77	37234	REVASCULARIZATION, ENDOVASCULAR, OPE	3,490.43	00 15								X	
73	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,808.05									X	
77	37235	REVASCULARIZATION, ENDOVASCULAR, OPE	3,808.05	00 15								X	
73	37236	Insertion of intravascular stents in	2,664.95										
77	37236	Insertion of intravascular stents in	2,664.95	00 15									
73	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,253.06									X	
77	37237	INSERTION OF INTRAVASCULAR STENTS IN	1,253.06	00 15								X	
73	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,318.63										
77	37238	INSERTION OF INTRAVASCULAR STENTS IN	3,318.63	00 15									
73	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,648.12									X	
77	37239	INSERTION OF INTRAVASCULAR STENTS IN	1,648.12	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,489.82										
77	37241	OCCLUSION OF VENOUS MALFORMATIONS (O	4,489.82	00 15									
73	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	6,839.58										
77	37242	OCCLUSION OF ARTERY (OTHER THAN HEMO	6,839.58	00 15									
73	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,297.78										
77	37243	OCCLUSION OF TUMORS OR OBSTRUCTED BL	8,297.78	00 15									
73	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,350.21										
77	37244	OCCLUSION OF ARTERIAL OR VENOUS HEMO	6,350.21	00 15									
73	37246	TRANSLUMINAL BALLOON ANGIOPLASTY	1,763.76										
77	37246	TRANSLUMINAL BALLOON ANGIOPLASTYSSED	1,763.76	00 15									
73	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	554.14									X	
77	37247	TRANSLUMINAL BALLOON ANGIOPLASTY	554.14	00 15								X	
73	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,317.64										
77	37248	TRANSLUMINAL BALLOON ANGIOPLASTY	1,317.64	00 15									
73	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	433.17									X	
77	37249	TRANSLUMINAL BALLOON ANGIOPLASTYEIN,	433.17	00 15								X	
73	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	917.14										
77	37252	INTRAVASCULAR ULTRASOUND (NONCORONAR	917.14	00 15									
73	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	168.82										
77	37253	INTRAVASCULAR ULTRASOUND (NONCORONAR	168.82	00 15									
73	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	650.58										
77	37500	VASCULAR ENDOSCOPY,SURGICAL,WITH LIG	650.58	00 15									
73	37565	LIGATION OF NECK VEIN	746.32										
77	37565	LIGATION OF NECK VEIN	746.32	00 15									
73	37600	LIGATION OF NECK ARTERY	757.86										
77	37600	LIGATION OF NECK ARTERY	757.86	00 15									
73	37605	LIGATION OF NECK ARTERY	764.23										
77	37605	LIGATION OF NECK ARTERY	764.23	00 15									
73	37606	LIGATION OF NECK ARTERY	769.39										
77	37606	LIGATION OF NECK ARTERY	769.39	00 15									
73	37607	LIGATION OR BANDING OF ANGIOACCESS A	382.85										
77	37607	LIGATION OR BANDING OF ANGIOACCESS A	382.85	00 15									
73	37609	TEMPORAL ARTERY PROCEDURE	312.99										
77	37609	TEMPORAL ARTERY PROCEDURE	312.99	00 15									
73	37615	LIGATION OF NECK ARTERY	525.50										
77	37615	LIGATION OF NECK ARTERY	525.50	00 15									
73	37616	LIGATE MAJOR ARTERY,CHEST	1,140.49										
77	37616	LIGATE MAJOR ARTERY,CHEST	1,140.49	00 15									
73	37617	LIGATION OF ABDOMEN ARTERY	1,361.52										
77	37617	LIGATION OF ABDOMEN ARTERY	1,361.52	00 15									
73	37618	LIGATION OF EXTREMITY ARTERY	399.06										
77	37618	LIGATION OF EXTREMITY ARTERY	399.06	00 15									
73	37619	LIGATION OF INFERIOR VENA CAVA	1,798.75										
77	37619	LIGATION OF INFERIOR VENA CAVA	1,798.75	00 15									
73	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	474.81										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	37650	INTERRUPT FEMORAL VEIN;UNILATERAL	474.81	00 15									
73	37660	REVISION OF MAJOR VEIN	1,367.41										
77	37660	REVISION OF MAJOR VEIN	1,367.41	00 15									
73	37700	REVISE LEG VEIN	250.47										
77	37700	REVISE LEG VEIN	250.47	00 15									
73	37718	LIGATE/STRIP SHORT LEG VEIN	405.89										
77	37718	LIGATE/STRIP SHORT LEG VEIN	405.89	00 15									
73	37722	LIGATE/STRIP LONG LEG VEIN	479.56										
77	37722	LIGATE/STRIP LONG LEG VEIN	479.56	00 15									
73	37735	REMOVAL OF LEG VEINS/LESION	602.02										
77	37735	REMOVAL OF LEG VEINS/LESION	602.02	00 15									
73	37760	REVISION OF LEG VEINS	596.40										
77	37760	REVISION OF LEG VEINS	596.40	00 15									
73	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	555.01										
77	37761	LIGATION OF PERFORATOR VEIN(S), SUBF	555.01	00 15									
73	37765	PHLEB VEINS - EXTREM - TO 20	426.17										
77	37765	PHLEB VEINS - EXTREM - TO 20	426.17	00 15									
73	37766	PHLEB VEINS - EXTREM 20+	501.40										
77	37766	PHLEB VEINS - EXTREM 20+	501.40	00 15									
73	37780	REVISION OF LEG VEIN	241.80										
77	37780	REVISION OF LEG VEIN	241.80	00 15									
73	37785	REVISION OF LEG VEIN	352.32										
77	37785	REVISION OF LEG VEIN	352.32	00 15									
73	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,266.19				M						
77	37788	PENILE REVASCULARIZATION, ARTERY, WI	1,266.19	00 15			M						
73	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	486.61				M						
77	37790	PENILE VENOUS OCCLUSIVE PROCEDURE	486.61	00 15			M						
73	38100	REMOVAL OF SPLEEN	1,194.83										
77	38100	REMOVAL OF SPLEEN	1,194.83	00 15									
73	38101	SPLENECTOMY;PARTIAL	1,212.29										
77	38101	SPLENECTOMY;PARTIAL	1,212.29	00 15									
73	38102	SPLENECTOMY;	272.15										
77	38102	SPLENECTOMY;	272.15	00 15									
73	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,345.45										
77	38115	REP.RUP SPLEEN-W/ORW/OUT SPLENECTOMY	1,345.45	00 15									
73	38120	LAPAROSCOPY, SPLENECTOMY	1,097.54										
77	38120	LAPAROSCOPY, SPLENECTOMY	1,097.54	00 15									
73	38200	INJECTION FOR SPLEEN X-RAY	130.44										
77	38200	INJECTION FOR SPLEEN X-RAY	130.44	00 15									
73	38205	HARVEST ALLOGENIC STEM CELLS	83.29										
77	38205	HARVEST ALLOGENIC STEM CELLS	83.29	00 15									
73	38206	HARVEST AUTO STEM CELLS	82.66										
77	38206	HARVEST AUTO STEM CELLS	82.66	00 15									
73	38220	BONE MARROW ASPIRATION	150.86										
77	38220	BONE MARROW ASPIRATION	150.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	38221	BONE MARROW BIOPSY	156.73											
77	38221	BONE MARROW BIOPSY	156.73	00	15									
73	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	170.35											
77	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES)	170.35	00	15									
73	38230	BONE MARROW HARVESTING FOR TRANSPLAN	208.37			X								
77	38230	BONE MARROW HARVESTING FOR TRANSPLAN	208.37	00	15	X								
73	38232	BONE MARROW HARVESTING FOR TRANSPLAN	195.47											
77	38232	BONE MARROW HARVESTING FOR TRANSPLAN	195.47	00	15									
73	38240	BONE MARROW TRANSPLANTATION	236.45											
77	38240	BONE MARROW TRANSPLANTATION	236.45	00	15									
73	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	174.66											
77	38241	BONE MARROW TRANSPLANT,AUTOLOGOUS	174.66	00	15	X								
73	38242	LYMPHOCYTE INFUSE TRANSPLANT	123.83											
77	38242	LYMPHOCYTE INFUSE TRANSPLANT	123.83	00	15									
73	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	121.36											
77	38243	HEMATOPOIETIC PROGENITOR CELL (HPC);	121.36	00	15									
73	38300	DRAINAGE LYMPH NODE LESION	336.45											
77	38300	DRAINAGE LYMPH NODE LESION	336.45	00	15									
73	38305	DRAINAGE LYMPH NODE LESION	507.98											
77	38305	DRAINAGE LYMPH NODE LESION	507.98	00	15									
73	38308	INCISION OF LYMPH CHANNELS	478.48											
77	38308	INCISION OF LYMPH CHANNELS	478.48	00	15									
73	38380	THORACIC DUCT PROCEDURE	581.64											
77	38380	THORACIC DUCT PROCEDURE	581.64	00	15									
73	38381	THORACIC DUCT PROCEDURE	827.79											
77	38381	THORACIC DUCT PROCEDURE	827.79	00	15									
73	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	702.12											
77	38382	SUTURE/LIGATE THOR.DUCT;ABCOMEN APPR	702.12	00	15									
73	38500	BIOPSY/REMOVAL OF LYMPH NODE	341.77											
77	38500	BIOPSY/REMOVAL OF LYMPH NODE	341.77	00	15									
73	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	173.61											
77	38505	NEEDLE BX,LYMPH NODE(S),SUPERFICIAL	173.61	00	15									
73	38510	BIOPSY/REMOVAL OF LYMPH NODE	536.18											
77	38510	BIOPSY/REMOVAL OF LYMPH NODE	536.18	00	15									
73	38520	BIOPSY/REMOVAL OF LYMPH NODE	480.12											
77	38520	BIOPSY/REMOVAL OF LYMPH NODE	480.12	00	15									
73	38525	BX,EXCISE-DEEP AXILLARY NODES	454.80											
77	38525	BX,EXCISE-DEEP AXILLARY NODES	454.80	00	15									
73	38530	BIOPSY/REMOVAL OF LYMPH NODE	576.94											
77	38530	BIOPSY/REMOVAL OF LYMPH NODE	576.94	00	15									
73	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	461.07											
77	38531	BIOPSY OR EXCISION OF LYMPH NODE(S);	461.07	00	15									
73	38542	DISSECTION: DEEP JUGULAR NODE	533.08											
77	38542	DISSECTION: DEEP JUGULAR NODE	533.08	00	15									
73	38550	REMOVAL NECK/ARMPIT LESION	536.92											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	38550	REMOVAL NECK/ARMPIT LESION	536.92	00 15									
73	38555	REMOVAL NECK/ARMPIT LESION	1,062.60										
77	38555	REMOVAL NECK/ARMPIT LESION	1,062.60	00 15									
73	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	718.17										
77	38562	LIM.LYMPHADENECTOMY/STAGING; PELVIC	718.17	00 15									
73	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	723.16										
77	38564	LIM LYMPHADECTOMY/STAGE;RETROPERIT	723.16	00 15									
73	38570	LAPAROSCOPY, LYMPH NODE BIOP	525.26										
77	38570	LAPAROSCOPY, LYMPH NODE BIOP	525.26	00 15									
73	38571	LAPAROSCOPY, LYMPHADENECTOMY	668.44										
77	38571	LAPAROSCOPY, LYMPHADENECTOMY	668.44	00 15									
73	38572	LAPAROSCOPY, LYMPHADENECTOMY	921.87										
77	38572	LAPAROSCOPY, LYMPHADENECTOMY	921.87	00 15									
73	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,199.16										
77	38573	LAPAROSCOPY, SURGICAL; WITH BILATER	1,199.16	00 15									
73	38700	REMOVAL OF LYMPH NODES, NECK	820.81										
77	38700	REMOVAL OF LYMPH NODES, NECK	820.81	00 15									
73	38720	REMOVAL OF LYMPH NODES, NECK	1,369.10										
77	38720	REMOVAL OF LYMPH NODES, NECK	1,369.10	00 15									
73	38724	CERVICAL LYMPHADENECTOMY	1,479.39										
77	38724	CERVICAL LYMPHADENECTOMY	1,479.39	00 15									
73	38740	REMOVE ARMPIT LYMPH NODES	725.83										
77	38740	REMOVE ARMPIT LYMPH NODES	725.83	00 15									
73	38745	REMOVE ARMPITS LYMPH NODES	913.58										
77	38745	REMOVE ARMPITS LYMPH NODES	913.58	00 15									
73	38746	THORACIC LYMPHADENECTOMY BY THORACOT	221.04										
77	38746	THORACIC LYMPHADENECTOMY BY THORACOT	221.04	00 15									
73	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	276.08										
77	38747	ABDOMINAL LYMPHADENECTOMY, REGIONAL,	276.08	00 15									
73	38760	REMOVE GROIN LYMPH NODES	861.54										
77	38760	REMOVE GROIN LYMPH NODES	861.54	00 15									
73	38765	REMOVE GROIN LYMPH NODES	1,350.24										
77	38765	REMOVE GROIN LYMPH NODES	1,350.24	00 15									
73	38770	REMOVE PELVIS LYMPH NODES	816.70										
77	38770	REMOVE PELVIS LYMPH NODES	816.70	00 15									
73	38780	REMOVE ABDOMEN LYMPH NODES	1,063.54										
77	38780	REMOVE ABDOMEN LYMPH NODES	1,063.54	00 15									
73	38790	INJECTION FOR LYMPHATIC XRAY	82.62										
77	38790	INJECTION FOR LYMPHATIC XRAY	82.62	00 15									
73	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	80.71										
77	38792	INJECTION PROCEDURE; RADIOACTIVE TRA	80.71	00 15									
73	38794	ACCESS THORACIC LYMPH DUCT	279.95										
77	38794	ACCESS THORACIC LYMPH DUCT	279.95	00 15									
73	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	142.27										
77	38900	INTRAOPERATIVE IDENTIFICATION (EG, M	142.27	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	39000	EXPLORATION OF MEDIASTINUM	492.54										
77	39000	EXPLORATION OF MEDIASTINUM	492.54	00 15									
73	39010	EXPLORATION OF MEDIASTINUM	809.55										
77	39010	EXPLORATION OF MEDIASTINUM	809.55	00 15									
73	39200	RESECTION OF MEDIASTINAL CYST	897.00										
77	39200	RESECTION OF MEDIASTINAL CYST	897.00	00 15									
73	39220	RESECTION OF MEDIASTINAL TUMOR	1,166.13										
77	39220	RESECTION OF MEDIASTINAL TUMOR	1,166.13	00 15									
73	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	316.95										
77	39401	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	316.95	00 15									
73	39402	MEDIASTINOSCOPY;WITH LYMPH NODE BIOP	414.88										
77	39402	MEDIASTINOSCOPY, INCLUDES BIOPSY(IES	414.88	00 15									
73	39501	REPAIR, LACERATION OF DIAPHRAGM	876.49										
77	39501	REPAIR, LACERATION OF DIAPHRAGM	876.49	00 15									
73	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,012.44	00 00									
77	39503	REPAIR,NEONATAL DIAPHRAGMATIC HERNIA	6,012.44	00 00									
73	39540	REPAIR OF DIAPHRAGM HERNIA	895.90										
77	39540	REPAIR OF DIAPHRAGM HERNIA	895.90	00 15									
73	39541	REPAIR OF DIAPHRAGM HERNIA	966.87										
77	39541	REPAIR OF DIAPHRAGM HERNIA	966.87	00 15									
73	39545	REVISION OF DIAPHRAGM	921.25										
77	39545	REVISION OF DIAPHRAGM	921.25	00 15									
73	39560	RESECT DIAPHRAGM, SIMPLE	825.06										
77	39560	RESECT DIAPHRAGM, SIMPLE	825.06	00 15									
73	39561	RESECT DIAPHRAGM, COMPLEX	1,288.66										
77	39561	RESECT DIAPHRAGM, COMPLEX	1,288.66	00 15									
73	40490	BIOPSY OF LIP	120.84										
77	40490	BIOPSY OF LIP	120.84	00 15									
73	40500	VERMILIONECTOMY (LIP SHAVE)	520.78										
77	40500	VERMILIONECTOMY (LIP SHAVE)	520.78	00 15									
73	40510	PARTIAL EXCISION OF LIP	485.91										
77	40510	PARTIAL EXCISION OF LIP	485.91	00 15									
73	40520	PARTIAL EXCISION OF LIP	502.93										
77	40520	PARTIAL EXCISION OF LIP	502.93	00 15									
73	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	557.90										
77	40525	EXCISE LIP,FULL THICKNESS,W/LOC.FLAP	557.90	00 15									
73	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	636.65										
77	40527	EXCISE LIP,FULL THICKNESS-CROSS FLAP	636.65	00 15									
73	40530	PARTIAL REMOVAL OF LIP	557.71										
77	40530	PARTIAL REMOVAL OF LIP	557.71	00 15									
73	40650	REPAIR LIP	477.64										
77	40650	REPAIR LIP	477.64	00 15									
73	40652	REPAIR LIP	515.79										
77	40652	REPAIR LIP	515.79	00 15									
73	40654	REPAIR LIP	581.48										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	40654	REPAIR LIP	581.48	00 15									
73	40700	REPAIR CLEFT LIP	1,021.37										
77	40700	REPAIR CLEFT LIP	1,021.37	00 15									
73	40701	REPAIR CLEFT LIP	1,208.29										
77	40701	REPAIR CLEFT LIP	1,208.29	00 15									
73	40702	REPAIR CLEFT LIP	1,013.52										
77	40702	REPAIR CLEFT LIP	1,013.52	00 15									
73	40720	REPAIR CLEFT LIP	1,042.03										
77	40720	REPAIR CLEFT LIP	1,042.03	00 15									
73	40761	REPAIR CLEFT LIP	1,096.30										
77	40761	REPAIR CLEFT LIP	1,096.30	00 15									
73	40800	DRAINAGE OF MOUTH LESION	196.72										
77	40800	DRAINAGE OF MOUTH LESION	196.72	00 15									
73	40801	DRAINAGE OF MOUTH LESION	284.76										
77	40801	DRAINAGE OF MOUTH LESION	284.76	00 15									
73	40804	REMOVAL FOREIGN BODY, MOUTH	183.36										
77	40804	REMOVAL FOREIGN BODY, MOUTH	183.36	00 15									
73	40805	REMOVAL FOREIGN BODY, MOUTH	279.44										
77	40805	REMOVAL FOREIGN BODY, MOUTH	279.44	00 15									
73	40806	INCISION OF LIP FOLD	95.78										
77	40806	INCISION OF LIP FOLD	95.78	00 15									
73	40808	BIOPSY OF MOUTH LESION	165.33										
77	40808	BIOPSY OF MOUTH LESION	165.33	00 15									
73	40810	EXCISION OF MOUTH LESION	212.71										
77	40810	EXCISION OF MOUTH LESION	212.71	00 15									
73	40812	EXCISE/REPAIR MOUTH LESION	276.88										
77	40812	EXCISE/REPAIR MOUTH LESION	276.88	00 15									
73	40814	EXCISE/REPAIR MOUTH LESION	368.48										
77	40814	EXCISE/REPAIR MOUTH LESION	368.48	00 15									
73	40816	EXCISION OF MOUTH LESION	397.08										
77	40816	EXCISION OF MOUTH LESION	397.08	00 15									
73	40818	EXCISE ORAL MUCOSA FOR GRAFT	360.62										
77	40818	EXCISE ORAL MUCOSA FOR GRAFT	360.62	00 15									
73	40819	EXCISE LIP OR CHEEK FOLD	264.14										
77	40819	EXCISE LIP OR CHEEK FOLD	264.14	00 15									
73	40820	TREATMENT OF MOUTH LESION	251.30										
77	40820	TREATMENT OF MOUTH LESION	251.30	00 15									
73	40830	REPAIR MOUTH LACERATION	222.57										
77	40830	REPAIR MOUTH LACERATION	222.57	00 15									
73	40831	REPAIR MOUTH LACERATION	292.31										
77	40831	REPAIR MOUTH LACERATION	292.31	00 15									
73	40840	RECONSTRUCTION OF MOUTH	864.79										
77	40840	RECONSTRUCTION OF MOUTH	864.79	00 15									
73	40842	RECONSTRUCTION OF MOUTH	930.36										
77	40842	RECONSTRUCTION OF MOUTH	930.36	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	40843	RECONSTRUCTION OF MOUTH	1,202.70										
77	40843	RECONSTRUCTION OF MOUTH	1,202.70	00 15									
73	40844	RECONSTRUCTION OF MOUTH	1,511.79										
77	40844	RECONSTRUCTION OF MOUTH	1,511.79	00 15									
73	40845	RECONSTRUCTION OF MOUTH	1,488.67										
77	40845	RECONSTRUCTION OF MOUTH	1,488.67	00 15									
73	41000	DRAINAGE OF MOUTH LESION	146.00										
77	41000	DRAINAGE OF MOUTH LESION	146.00	00 15									
73	41005	DRAINAGE OF MOUTH LESION	233.95										
77	41005	DRAINAGE OF MOUTH LESION	233.95	00 15									
73	41006	DRAINAGE OF MOUTH LESION	335.58										
77	41006	DRAINAGE OF MOUTH LESION	335.58	00 15									
73	41007	DRAINAGE OF MOUTH LESION	322.68										
77	41007	DRAINAGE OF MOUTH LESION	322.68	00 15									
73	41008	DRAINAGE OF MOUTH LESION	385.68										
77	41008	DRAINAGE OF MOUTH LESION	385.68	00 15									
73	41009	DRAINAGE OF MOUTH LESION	416.44										
77	41009	DRAINAGE OF MOUTH LESION	416.44	00 15									
73	41010	INCISION OF TONGUE FOLD	213.25										
77	41010	INCISION OF TONGUE FOLD	213.25	00 15									
73	41015	DRAINAGE OF MOUTH LESION	392.09										
77	41015	DRAINAGE OF MOUTH LESION	392.09	00 15									
73	41016	DRAINAGE OF MOUTH LESION	459.70										
77	41016	DRAINAGE OF MOUTH LESION	459.70	00 15									
73	41017	DRAINAGE OF MOUTH LESION	459.70										
77	41017	DRAINAGE OF MOUTH LESION	459.70	00 15									
73	41018	DRAINAGE OF MOUTH LESION	519.09										
77	41018	DRAINAGE OF MOUTH LESION	519.09	00 15									
73	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	488.62										
77	41019	PLACEMENT OF NEEDLES, CATHETERS, OR	488.62	00 15									
73	41100	BIOPSY OF TONGUE	184.86										
77	41100	BIOPSY OF TONGUE	184.86	00 15									
73	41105	BIOPSY OF TONGUE	184.98										
77	41105	BIOPSY OF TONGUE	184.98	00 15									
73	41108	BIOPSY OF FLOOR OF MOUTH	166.14										
77	41108	BIOPSY OF FLOOR OF MOUTH	166.14	00 15									
73	41110	EXCISION OF TONGUE LESION	226.70										
77	41110	EXCISION OF TONGUE LESION	226.70	00 15									
73	41112	EXCISION OF TONGUE LESION	334.84										
77	41112	EXCISION OF TONGUE LESION	334.84	00 15									
73	41113	EXCISION OF TONGUE LESION	359.41										
77	41113	EXCISION OF TONGUE LESION	359.41	00 15									
73	41114	EXCISE TONGUE LESION/LOCAL FLP	628.01										
77	41114	EXCISE TONGUE LESION/LOCAL FLP	628.01	00 15									
73	41115	EXCISION OF TONGUE FOLD	258.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	41115	EXCISION OF TONGUE FOLD	258.00	00 15									
73	41116	EXCISION OF MOUTH LESION	330.18										
77	41116	EXCISION OF MOUTH LESION	330.18	00 15									
73	41120	PARTIAL REMOVAL OF TONGUE	1,055.56										
77	41120	PARTIAL REMOVAL OF TONGUE	1,055.56	00 15									
73	41130	PARTIAL REMOVAL OF TONGUE	1,312.83										
77	41130	PARTIAL REMOVAL OF TONGUE	1,312.83	00 15									
73	41135	TONGUE AND NECK SURGERY	2,174.38										
77	41135	TONGUE AND NECK SURGERY	2,174.38	00 15									
73	41140	REMOVAL OF TONGUE	2,188.95										
77	41140	REMOVAL OF TONGUE	2,188.95	00 15									
73	41145	TONGUE REMOVAL; NECK SURGERY	2,761.91										
77	41145	TONGUE REMOVAL; NECK SURGERY	2,761.91	00 15									
73	41150	TONGUE, MOUTH, JAW SURGERY	2,205.56										
77	41150	TONGUE, MOUTH, JAW SURGERY	2,205.56	00 15									
73	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,395.95										
77	41153	GLOSSECTOMY;RESECT FLOOR MOUTH,SUPRA	2,395.95	00 15									
73	41155	TONGUE, JAW, & NECK SURGERY	3,011.72										
77	41155	TONGUE, JAW, & NECK SURGERY	3,011.72	00 15									
73	41250	REPAIR TONGUE LACERATION	281.57										
77	41250	REPAIR TONGUE LACERATION	281.57	00 15									
73	41251	REPAIR TONGUE LACERATION	314.10										
77	41251	REPAIR TONGUE LACERATION	314.10	00 15									
73	41252	REPAIR TONGUE LACERATION	327.44										
77	41252	REPAIR TONGUE LACERATION	327.44	00 15									
73	41510	TONGUE TO LIP SURGERY	449.15										
77	41510	TONGUE TO LIP SURGERY	449.15	00 15									
73	41512	TONGUE BASE SUSPENSION, PERMANENT SU	664.56										
77	41512	TONGUE BASE SUSPENSION, PERMANENT SU	664.56	00 15									
73	41520	RECONSTRUCTION, TONGUE FOLD	362.40										
77	41520	RECONSTRUCTION, TONGUE FOLD	362.40	00 15									
73	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	893.08										
77	41530	SUBMUCOSAL ABLATION OF THE TONGUE BA	893.08	00 15									
73	41800	DRAINAGE OF GUM LESION	283.86										
77	41800	DRAINAGE OF GUM LESION	283.86	00 15									
73	41805	REMOVAL FOREIGN BODY, GUM	301.55										
77	41805	REMOVAL FOREIGN BODY, GUM	301.55	00 15									
73	41806	REMOVAL FOREIGN BODY,JAWBONE	401.27										
77	41806	REMOVAL FOREIGN BODY,JAWBONE	401.27	00 15									
73	41822	EXCISION OF GUM LESION	350.28										
77	41822	EXCISION OF GUM LESION	350.28	00 15									
73	41823	EXCISION OF GUM LESION	521.98										
77	41823	EXCISION OF GUM LESION	521.98	00 15									
73	41825	EXCISION OF GUM LESION	215.86										
77	41825	EXCISION OF GUM LESION	215.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	41826	EXCISION OF GUM LESION	297.06										
77	41826	EXCISION OF GUM LESION	297.06	00 15									
73	41827	EXCISION OF GUM LESION	424.44										
77	41827	EXCISION OF GUM LESION	424.44	00 15									
73	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	350.82									X	
77	41828	EXC.ALVEOLAR MUCOSA-BILL BY SIXTHS	350.82	00 15								X	
73	41830	REMOVAL OF GUM TISSUE	464.87										
77	41830	REMOVAL OF GUM TISSUE	464.87	00 15									
73	41872	REPAIR GUM	463.21										
77	41872	REPAIR GUM	463.21	00 15									
73	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	373.78									X	
77	41874	ALVEOLOPLASTY, EACH QUADRANT (SPECIF	373.78	00 15								X	
73	42000	DRAINAGE MOUTH ROOF LESION	159.57										
77	42000	DRAINAGE MOUTH ROOF LESION	159.57	00 15									
73	42100	BIOPSY ROOF OF MOUTH	145.39										
77	42100	BIOPSY ROOF OF MOUTH	145.39	00 15									
73	42104	EXCISION LESION, MOUTH ROOF	214.37										
77	42104	EXCISION LESION, MOUTH ROOF	214.37	00 15									
73	42106	EXCISION LESION, MOUTH ROOF	250.62										
77	42106	EXCISION LESION, MOUTH ROOF	250.62	00 15									
73	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	449.46										
77	42107	EXCISE UVULA LESION;LOCAL FLAP CLOSE	449.46	00 15									
73	42120	REMOVE PALATE/LESION	1,004.63										
77	42120	REMOVE PALATE/LESION	1,004.63	00 15									
73	42140	EXCISION OF UVULA	305.83										
77	42140	EXCISION OF UVULA	305.83	00 15									
73	42145	PALATOPHARYNGOPLASTY	696.09										
77	42145	PALATOPHARYNGOPLASTY	696.09	00 15									
73	42160	TREATMENT MOUTH ROOF LESION	229.38										
77	42160	TREATMENT MOUTH ROOF LESION	229.38	00 15									
73	42180	REPAIR PALATE	255.31										
77	42180	REPAIR PALATE	255.31	00 15									
73	42182	REPAIR PALATE	332.17										
77	42182	REPAIR PALATE	332.17	00 15									
73	42200	RECONSTRUCT CLEFT PALATE	939.35										
77	42200	RECONSTRUCT CLEFT PALATE	939.35	00 15									
73	42205	RECONSTRUCT CLEFT PALATE	979.41										
77	42205	RECONSTRUCT CLEFT PALATE	979.41	00 15									
73	42210	RECONSTRUCT CLEFT PALATE	1,092.30										
77	42210	RECONSTRUCT CLEFT PALATE	1,092.30	00 15									
73	42215	RECONSTRUCT CLEFT PALATE	709.78										
77	42215	RECONSTRUCT CLEFT PALATE	709.78	00 15									
73	42220	RECONSTRUCT CLEFT PALATE	583.76										
77	42220	RECONSTRUCT CLEFT PALATE	583.76	00 15									
73	42225	RECONSTRUCT CLEFT PALATE	981.57										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	42225	RECONSTRUCT CLEFT PALATE	981.57	00 15									
73	42226	LENGTHENING OF PALATE, AND PHARYNGEA	907.42										
77	42226	LENGTHENING OF PALATE, AND PHARYNGEA	907.42	00 15									
73	42227	LENGTHEN PALATE, WITH ISLAND FLAP	845.69										
77	42227	LENGTHEN PALATE, WITH ISLAND FLAP	845.69	00 15									
73	42235	REPAIR PALATE	741.23										
77	42235	REPAIR PALATE	741.23	00 15									
73	42260	REPAIR NOSE TO LIP FISTULA	864.65										
77	42260	REPAIR NOSE TO LIP FISTULA	864.65	00 15									
73	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	175.18										
77	42280	MAXILLARY IMPRESSION-PALATAL PROSTHE	175.18	00 15									
73	42281	INSERT PIN-RETAINED PALATAL PROSTH.	221.26										
77	42281	INSERT PIN-RETAINED PALATAL PROSTH.	221.26	00 15									
73	42300	DRAINAGE OF SALIVARY GLAND	215.07										
77	42300	DRAINAGE OF SALIVARY GLAND	215.07	00 15									
73	42305	DRAINAGE OF SALIVARY GLAND	428.67										
77	42305	DRAINAGE OF SALIVARY GLAND	428.67	00 15									
73	42310	DRAINAGE OF SALIVARY GLAND	169.68										
77	42310	DRAINAGE OF SALIVARY GLAND	169.68	00 15									
73	42320	DRAINAGE OF SALIVARY GLAND	260.82										
77	42320	DRAINAGE OF SALIVARY GLAND	260.82	00 15									
73	42330	REMOVAL OF SALIVARY STONE	232.62										
77	42330	REMOVAL OF SALIVARY STONE	232.62	00 15									
73	42335	REMOVAL OF SALIVARY STONE	428.27										
77	42335	REMOVAL OF SALIVARY STONE	428.27	00 15									
73	42340	REMOVAL OF SALIVARY STONE	530.52										
77	42340	REMOVAL OF SALIVARY STONE	530.52	00 15									
73	42400	BIOPSY OF SALIVARY GLAND	95.23									X	
77	42400	BIOPSY OF SALIVARY GLAND	95.23	00 15								X	
73	42405	BIOPSY OF SALIVARY GLAND	304.39										
77	42405	BIOPSY OF SALIVARY GLAND	304.39	00 15									
73	42408	EXCISION OF SALIVARY CYST	535.67										
77	42408	EXCISION OF SALIVARY CYST	535.67	00 15									
73	42409	DRAINAGE OF SALIVARY CYST	391.94										
77	42409	DRAINAGE OF SALIVARY CYST	391.94	00 15									
73	42410	EXCISE PAROTID GLAND/LESION	642.27										
77	42410	EXCISE PAROTID GLAND/LESION	642.27	00 15									
73	42415	EXCISE PAROTID GLAND/LESION	1,078.25										
77	42415	EXCISE PAROTID GLAND/LESION	1,078.25	00 15									
73	42420	EXCISE PAROTID GLAND/LESION	1,208.96										
77	42420	EXCISE PAROTID GLAND/LESION	1,208.96	00 15									
73	42425	EXCISE PAROTID GLAND/LESION	856.75										
77	42425	EXCISE PAROTID GLAND/LESION	856.75	00 15									
73	42426	EXCISE PAROTID GLAND/LESION	1,377.71										
77	42426	EXCISE PAROTID GLAND/LESION	1,377.71	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	42440	EXCISION SUBMAXILLARY GLAND	422.64										
77	42440	EXCISION SUBMAXILLARY GLAND	422.64	00 15									
73	42450	EXCISION SUBLINGUAL GLAND	471.43										
77	42450	EXCISION SUBLINGUAL GLAND	471.43	00 15									
73	42500	REPAIR SALIVARY DUCT	448.43										
77	42500	REPAIR SALIVARY DUCT	448.43	00 15									
73	42505	REPAIR SALIVARY DUCT	576.22										
77	42505	REPAIR SALIVARY DUCT	576.22	00 15									
73	42507	PAROTID DUCT DIVERSION	498.94										
77	42507	PAROTID DUCT DIVERSION	498.94	00 15									
73	42509	PAROTID DUCT DIVERSION	828.98										
77	42509	PAROTID DUCT DIVERSION	828.98	00 15									
73	42510	CREATION OF NEW DRAINAGE TRACTS OF M	614.86										
77	42510	CREATION OF NEW DRAINAGE TRACTS OF M	614.86	00 15									
73	42550	INJECTION FOR SALIVARY X-RAY	152.69									X	
77	42550	INJECTION FOR SALIVARY X-RAY	152.69	00 15								X	
73	42600	CLOSURE OF SALIVARY FISTULA	544.24										
77	42600	CLOSURE OF SALIVARY FISTULA	544.24	00 15									
73	42650	DILATION OF SALIVARY DUCT	74.45										
77	42650	DILATION OF SALIVARY DUCT	74.45	00 15									
73	42660	DILATION OF SALIVARY DUCT	118.22										
77	42660	DILATION OF SALIVARY DUCT	118.22	00 15									
73	42665	LIGATION OF SALIVARY DUCT	371.95										
77	42665	LIGATION OF SALIVARY DUCT	371.95	00 15									
73	42700	DRAINAGE OF TONSIL ABSCESS	191.66										
77	42700	DRAINAGE OF TONSIL ABSCESS	191.66	00 15									
73	42720	DRAINAGE OF THROAT ABSCESS	451.88										
77	42720	DRAINAGE OF THROAT ABSCESS	451.88	00 15									
73	42725	DRAINAGE OF THROAT ABSCESS	808.16										
77	42725	DRAINAGE OF THROAT ABSCESS	808.16	00 15									
73	42800	BIOPSY OF THROAT	157.24										
77	42800	BIOPSY OF THROAT	157.24	00 15									
73	42804	BIOPSY OF UPPER NOSE/THROAT	212.06										
77	42804	BIOPSY OF UPPER NOSE/THROAT	212.06	00 15									
73	42806	BIOPSY OF UPPER NOSE/THROAT	237.12										
77	42806	BIOPSY OF UPPER NOSE/THROAT	237.12	00 15									
73	42808	EXCISE PHARYNX LESION	232.12										
77	42808	EXCISE PHARYNX LESION	232.12	00 15									
73	42809	REMOVE PHARYNX FOREIGN BODY	202.77										
77	42809	REMOVE PHARYNX FOREIGN BODY	202.77	00 15									
73	42810	EXCISION OF NECK CYST	386.79										
77	42810	EXCISION OF NECK CYST	386.79	00 15									
73	42815	EXCISION OF NECK CYST	548.06										
77	42815	EXCISION OF NECK CYST	548.06	00 15									
73	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	294.98	00 11									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	42820	TONSILLECTOMY AND ADENOIDECTOMY;<12	294.98	00	11									
73	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	309.29	12	99									
77	42821	TONSILLECTOMY AND ADENOIDECTOMY;...	309.29	12	15									
73	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	271.21	00	11									
77	42825	TONSILLECTOMY,PRIMARY OR SECONDARY	271.21	00	11									
73	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	258.73	12	99									
77	42826	TONSILLECTOMY,PRIMARY OR SECONDARY;.	258.73	12	15									
73	42830	ADENOIDECTOMY,PRIMARY;<12	213.64	00	11									
77	42830	ADENOIDECTOMY,PRIMARY;<12	213.64	00	11									
73	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	232.46	12	99									
77	42831	ADENOIDECTOMY,PRIMARY;AGE 12 OR OVER	232.46	12	15									
73	42835	ADENOIDECTOMY,SECONDARY;<12	199.46	00	11									
77	42835	ADENOIDECTOMY,SECONDARY;<12	199.46	00	11									
73	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	247.62	12	99									
77	42836	ADENOIDECTOMY,SECONDARY;AGE 12+	247.62	12	15									
73	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,013.39											
77	42842	RAD.RESECT..TONSIL,ETC.W/O CLOSURE	1,013.39	00	15									
73	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,381.85											
77	42844	RAD.RESECT TONSIL,ETC.W/LOCAL FLAP	1,381.85	00	15									
73	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,226.40											
77	42845	RAD.RESECT.TONSIL,ETC.W/OTHER FLAP	2,226.40	00	15									
73	42860	EXCISION OF TONSIL TAGS	195.34											
77	42860	EXCISION OF TONSIL TAGS	195.34	00	15									
73	42870	EXCISION OF LINGUAL TONSIL	586.22											
77	42870	EXCISION OF LINGUAL TONSIL	586.22	00	15									
73	42890	PARTIAL REMOVAL OF PHARYNX	1,428.29											
77	42890	PARTIAL REMOVAL OF PHARYNX	1,428.29	00	15									
73	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,877.46											
77	42892	RESECTION OF LATERAL PHARYNGEAL WALL	1,877.46	00	15									
73	42894	REMOVAL OF THROAT TISSUE	2,387.17											
77	42894	REMOVAL OF THROAT TISSUE	2,387.17	00	15									
73	42900	REPAIR THROAT WOUND	337.02											
77	42900	REPAIR THROAT WOUND	337.02	00	15									
73	42950	RECONSTRUCTION OF THROAT	796.55											
77	42950	RECONSTRUCTION OF THROAT	796.55	00	15									
73	42953	PHARYNGOESOPHAGEAL REPAIR	951.28											
77	42953	PHARYNGOESOPHAGEAL REPAIR	951.28	00	15									
73	42955	SURGICAL OPENING OF THROAT	757.35											
77	42955	SURGICAL OPENING OF THROAT	757.35	00	15									
73	42960	CONTROL THROAT BLEEDING	162.10										X	
77	42960	CONTROL THROAT BLEEDING	162.10	00	15								X	
73	42961	CONTROL THROAT BLEEDING	424.14										X	
77	42961	CONTROL THROAT BLEEDING	424.14	00	15								X	
73	42962	CONTROL THROAT BLEEDING	525.80										X	
77	42962	CONTROL THROAT BLEEDING	525.80	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	42970	CONTROL NOSE/THROAT BLEEDING	416.36										
77	42970	CONTROL NOSE/THROAT BLEEDING	416.36	00 15									
73	42971	CONTROL NOSE/THROAT BLEEDING	459.08										
77	42971	CONTROL NOSE/THROAT BLEEDING	459.08	00 15									
73	42972	CONTROL NOSE/THROAT BLEEDING	514.84										
77	42972	CONTROL NOSE/THROAT BLEEDING	514.84	00 15									
73	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	97.16										
77	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH	97.16	00 15									
73	43020	INCISION OF ESOPHAGUS	584.51										
77	43020	INCISION OF ESOPHAGUS	584.51	00 15									
73	43030	THROAT MUSCLE SURGERY	532.62										
77	43030	THROAT MUSCLE SURGERY	532.62	00 15									
73	43045	INCISION OF ESOPHAGUS	1,343.18										
77	43045	INCISION OF ESOPHAGUS	1,343.18	00 15									
73	43100	EXCISION OF ESOPHAGUS LESION	645.59										
77	43100	EXCISION OF ESOPHAGUS LESION	645.59	00 15									
73	43101	EXCISION OF ESOPHAGUS LESION	1,038.38										
77	43101	EXCISION OF ESOPHAGUS LESION	1,038.38	00 15									
73	43107	REMOVAL OF ESOPHAGUS	3,070.10										
77	43107	REMOVAL OF ESOPHAGUS	3,070.10	00 15									
73	43108	REMOVAL OF ESOPHAGUS	4,593.90										
77	43108	REMOVAL OF ESOPHAGUS	4,593.90	00 15									
73	43112	REMOVAL OF ESOPHAGUS	3,585.65										
77	43112	REMOVAL OF ESOPHAGUS	3,585.65	00 15									
73	43113	REMOVAL OF ESOPHAGUS	4,487.72										
77	43113	REMOVAL OF ESOPHAGUS	4,487.72	00 15									
73	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,138.06										
77	43116	PARTIAL REMOVAL OF ESOPHAGUS	5,138.06	00 15									
73	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,356.83										
77	43117	PARTIAL REMOVAL OF ESOPHAGUS	3,356.83	00 15									
73	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,745.47										
77	43118	PARTIAL REMOVAL OF ESOPHAGUS	3,745.47	00 15									
73	43121	PARTIAL REMOVAL OF ESOPHAGUS	2,948.41										
77	43121	PARTIAL REMOVAL OF ESOPHAGUS	2,948.41	00 15									
73	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,636.55										
77	43122	PARTIAL REMOVAL OF ESOPHAGUS	2,636.55	00 15									
73	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,652.95										
77	43123	PARTIAL REMOVAL OF ESOPHAGUS	4,652.95	00 15									
73	43124	REMOVAL OF ESOPHAGUS	3,929.29										
77	43124	REMOVAL OF ESOPHAGUS	3,929.29	00 15									
73	43130	REMOVAL OF ESOPHAGUS POUCH	810.13										
77	43130	REMOVAL OF ESOPHAGUS POUCH	810.13	00 15									
73	43135	REMOVAL OF ESOPHAGUS POUCH	1,518.19										
77	43135	REMOVAL OF ESOPHAGUS POUCH	1,518.19	00 15									
73	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	556.96										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH	556.96	00 15									
73	43191	Diagnostic examination of esophagus	157.33										
77	43191	Diagnostic examination of esophagus	157.33	00 15									
73	43192	Injections of substance in tissue li	172.18										
77	43192	Injections of substance in tissue li	172.18	00 15									
73	43193	Biopsy of esophagus using an endosco	171.41										
77	43193	Biopsy of esophagus using an endosco	171.41	00 15									
73	43194	Removal of foreign body of esophagus	197.10										
77	43194	Removal of foreign body of esophagus	197.10	00 15									
73	43195	Balloon dilation of esophagus using	187.48										
77	43195	Balloon dilation of esophagus using	187.48	00 15									
73	43196	Insertion of wire and dilation of es	197.52										
77	43196	Insertion of wire and dilation of es	197.52	00 15									
73	43197	Diagnostic examination of esophagus	189.14										
77	43197	Diagnostic examination of esophagus	189.14	00 15									
73	43198	Biopsy of esophagus using an endosco	210.03										
77	43198	Biopsy of esophagus using an endosco	210.03	00 15									
73	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	257.97										
77	43200	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	257.97	00 15									
73	43201	INJECTIONS INTO ESOPHAGUS USING AN E	255.31										
77	43201	INJECTIONS INTO ESOPHAGUS USING AN E	255.31	00 15									
73	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	347.95										
77	43202	BIOPSY OF ESOPHAGUS USING AN ENDOSCO	347.95	00 15									
73	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	134.70										
77	43204	INJECTION OF DILATED ESOPHAGEAL VEIN	134.70	00 15									
73	43205	TYING OF ESOPHAGEAL VEINS USING AN E	140.01										
77	43205	TYING OF ESOPHAGEAL VEINS USING AN E	140.01	00 15									
73	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	296.29										
77	43206	MICROSCOPIC EXAMINATION OF ESOPHAGUS	296.29	00 15									
73	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	436.70										
77	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE	436.70	00 15									
73	43211	Removal of tissue lining of esophagu	234.44										
77	43211	Removal of tissue lining of esophagu	234.44	00 15									
73	43212	Placement of stent on esophagus usin	192.42										
77	43212	Placement of stent on esophagus usin	192.42	00 15									
73	43213	Dilation of esophagus using an endos	1,204.99										
77	43213	Dilation of esophagus using an endos	1,204.99	00 15									
73	43214	Balloon dilation of esophagus using	196.04										
77	43214	Balloon dilation of esophagus using	196.04	00 15									
73	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	385.40										
77	43215	REMOVAL OF FOREIGN BODY IN ESOPHAGUS	385.40	00 15									
73	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	399.49										
77	43216	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	399.49	00 15									
73	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	410.70										
77	43217	REMOVAL OF ESOPHAGEAL POLYPS OR GROW	410.70	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43220	BALLOON DILATION OF ESOPHAGUS USING	870.65											
77	43220	BALLOON DILATION OF ESOPHAGUS USING	870.65	00	15									
73	43226	INSERTION OF GUIDE WIRE FOR DILATION	378.34											
77	43226	INSERTION OF GUIDE WIRE FOR DILATION	378.34	00	15									
73	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	578.48											
77	43227	CONTROL OF ESOPHAGEAL BLEEDING USING	578.48	00	15									
73	43229	Destruction of growths of esophagus	692.11											
77	43229	Destruction of growths of esophagus	692.11	00	15									
73	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	157.08											
77	43231	ULTRASOUND EXAMINATION OF ESOPHAGUS	157.08	00	15									
73	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	196.71											
77	43232	ULTRASOUND GUIDED FINE NEEDLE ASPIRA	196.71	00	15									
73	43233	Balloon dilation of esophagus, stoma	229.84											
77	43233	Balloon dilation of esophagus, stoma	229.84	00	15									
73	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	282.23											
77	43235	DIAGNOSTIC EXAMINATION OF ESOPHAGUS	282.23	00	15									
73	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	391.16											
77	43236	INJECTIONS OF ESOPHAGUS, STOMACH, AN	391.16	00	15									
73	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	195.13											
77	43237	ULTRASOUND EXAMINATION OF ESOPHAGUS,	195.13	00	15									
73	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	231.23											
77	43238	ULTRASOUND GUIDED NEEDLE ASPIRATION	231.23	00	15									
73	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	368.05											
77	43239	BIOPSY OF THE ESOPHAGUS, STOMACH, AN	368.05	00	15									
73	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	390.39											
77	43240	DRAINAGE OF CYST OF THE ESOPHAGUS, S	390.39	00	15									
73	43241	INSERTION OF CATHETER OR TUBE IN ESO	141.49											
77	43241	INSERTION OF CATHETER OR TUBE IN ESO	141.49	00	15									
73	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	262.43											
77	43242	ULTRASOUND GUIDED NEEDLE ASPIRATION	262.43	00	15									
73	43243	INJECTION OF DILATED VEINS OF STOMAC	237.52											
77	43243	INJECTION OF DILATED VIENS OF STOMAC	237.52	00	15									
73	43244	TYING OF DILATED VEINS OF STOMACH AN	244.21											
77	43244	TYING OF DILATED VEINS OF STOMACH AN	244.21	00	15									
73	43245	DILATION OF STOMACH OUTLET USING AN	580.22											
77	43245	DILATION OF STOMACH OUTLET USING AN	580.22	00	15									
73	43246	INSERTION OF STOMACH TUBE USING AN E	202.03											
77	43246	INSERTION OF STOMACH TUBE USING AN E	202.03	00	15									
73	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	377.28											
77	43247	REMOVAL OF FOREIGN BODY OF ESOPHAGUS	377.28	00	15									
73	43248	INSERTION OF GUIDE WIRE WITH DILATIO	404.56											
77	43248	INSERTION OF GUIDE WIRE WITH DILATIO	404.56	00	15									
73	43249	BALLOON DILATION OF ESOPHAGUS USING	1,044.51											
77	43249	BALLOON DILATION OF ESOPHAGUS USING	1,044.51	00	15									
73	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	442.48											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43250	REMOVAL OF POLYPS OR GROWTHS OF ESOP	442.48	00 15									
73	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	485.54										
77	43251	REMOVAL OF POLYPS OR GROWTHS OF ESOP	485.54	00 15									
73	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	332.93										
77	43252	MICROSCOPIC EXAMINATION OF ESOPHAGUS	332.93	00 15									
73	43253	Injection of diagnostic or therapeut	262.12										
77	43253	Injection of diagnostic or therapeut	262.12	00 15									
73	43254	Removal of tissue lining of esophagu	269.22										
77	43254	Removal of tissue lining of esophagu	269.22	00 15									
73	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	611.09										
77	43255	CONTROL OF BLEEDING OF ESOPHAGUS, ST	611.09	00 15									
73	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	232.63										
77	43257	HEAT DELIVERY TO MUSCLE AT ESOPHAGUS	232.63	00 15									
73	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	224.20										
77	43259	ULTRASOUND EXAMINATION OF ESOPHAGUS,	224.20	00 15									
73	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	321.10										
77	43260	DIAGNOSTIC EXAMINATION OF GALLBLADDE	321.10	00 15									
73	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	337.67										
77	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCR	337.67	00 15									
73	43262	OPERATIVE UPPER GI ENDOSCOPY	355.97										
77	43262	OPERATIVE UPPER GI ENDOSCOPY	355.97	00 15									
73	43263	PRESSURE MEASUREMENT OF PANCREATIC O	356.29										
77	43263	PRESSURE MEASUREMENT OF PANCREATIC O	356.29	00 15									
73	43264	REMOVAL OF STONE FROM BILE OR PANCRE	362.87										
77	43264	REMOVAL OF STONE FROM BILE OR PANCRE	362.87	00 15									
73	43265	DESTRUCTION OF STONE IN BILE OR PANC	431.41										
77	43265	DESTRUCTION OF STONE IN BILE OR PANC	431.41	00 15									
73	43266	Placement of stent in esophagus, sto	217.94										
77	43266	Placement of stent in esophagus, sto	217.94	00 15									
73	43270	Destruction of growths on esophagus,	711.77										
77	43270	Destruction of growths on esophagus,	711.77	00 15									
73	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	118.40										
77	43273	ENDOSCOPIC CANNULATION OF PAPILLA WI	118.40	00 15									
73	43274	Placement of stent pancreatic or bil	461.16										
77	43274	Placement of stent pancreatic or bil	461.16	00 15									
73	43275	Removal of foreign body or stent fro	374.75										
77	43275	Removal of foreign body or stent fro	374.75	00 15									
73	43276	Replacement of stent pancreatic or b	480.26										
77	43276	Replacement of stent pancreatic or b	480.26	00 15									
73	43277	Balloon dilation of pancreatic or bi	377.06										
77	43277	Balloon dilation of pancreatic or bi	377.06	00 15									
73	43278	Destruction of mass on gallbladder,	431.06										
77	43278	Destruction of mass on gallbladder,	431.06	00 15									
73	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,333.86										
77	43279	LAPAROSCOPY, SURGICAL, ESOPHAGOMYOTO	1,333.86	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43280	LAPAROSCOPY, FUNDOPLASTY	1,120.65										
77	43280	LAPAROSCOPY, FUNDOPLASTY	1,120.65	00 15									
73	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,601.39										
77	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,601.39	00 15									
73	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,801.91										
77	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PAR	1,801.91	00 15									
73	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	163.92										
77	43283	LAPAROSCOPY, SURGICAL, ESOPHAGEAL LE	163.92	00 15									
73	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	676.29										
77	43284	LAPAROSCOPY, SURGICAL, ESOPHAGEAL	676.29	00 15									
73	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	696.63										
77	43285	REMOVAL OF ESOPHAGEAL SPHINCTER AUGM	696.63	00 15									
73	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,287.07										
77	43286	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,287.07	00 15									
73	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,664.66										
77	43287	ESOPHAGECTOMY, DISTAL TWO-THIRDS, WI	3,664.66	00 15									
73	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,869.19										
77	43288	ESOPHAGECTOMY, TOTAL OR NEAR TOTAL W	3,869.19	00 15									
73	43300	REPAIR OF ESOPHAGUS	635.09										
77	43300	REPAIR OF ESOPHAGUS	635.09	00 15									
73	43305	REPAIR ESOPHAGUS AND FISTULA	1,115.10										
77	43305	REPAIR ESOPHAGUS AND FISTULA	1,115.10	00 15									
73	43310	REPAIR OF ESOPHAGUS	1,531.00										
77	43310	REPAIR OF ESOPHAGUS	1,531.00	00 15									
73	43312	REPAIR ESOPHAGUS AND FISTULA	1,642.10										
77	43312	REPAIR ESOPHAGUS AND FISTULA	1,642.10	00 15									
73	43313	ESOPHAGOPLASTY CONGENTIAL	3,014.21										
77	43313	ESOPHAGOPLASTY CONGENTIAL	3,014.21	00 15									
73	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,238.82										
77	43314	TRACHEO-ESOPHAGOPLASTY CONG	3,238.82	00 15									
73	43320	FUSE ESOPHAGUS & STOMACH	1,455.13										
77	43320	FUSE ESOPHAGUS & STOMACH	1,455.13	00 15									
73	43325	REVISE ESOPHAGUS & STOMACH	1,414.75										
77	43325	REVISE ESOPHAGUS & STOMACH	1,414.75	00 15									
73	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	851.38										
77	43327	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	851.38	00 15									
73	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,159.93										
77	43328	ESOPHAGOGASTRIC FUNDOPLASTY PARTIAL	1,159.93	00 15									
73	43330	REPAIR OF ESOPHAGUS	1,390.94										
77	43330	REPAIR OF ESOPHAGUS	1,390.94	00 15									
73	43331	REPAIR OF ESOPHAGUS	1,382.23										
77	43331	REPAIR OF ESOPHAGUS	1,382.23	00 15									
73	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,190.80										
77	43332	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,190.80	00 15									
73	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,305.26										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43333	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,305.26	00 15									
73	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,282.89										
77	43334	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,282.89	00 15									
73	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,377.68										
77	43335	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,377.68	00 15									
73	43336	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,495.59										
77	43336	REPAIR PARAESOPHAGEAL HIATL HERNIA	1,495.59	00 15									
73	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,594.52										
77	43337	REPAIR PARAESOPHAGEAL HIATAL HERNIA	1,594.52	00 15									
73	43338	ESOPHAGEAL LENGTHENING PROCEDURE	119.22										
77	43338	ESOPHAGEAL LENGTHENING PROCEDURE	119.22	00 15									
73	43340	FUSE ESOPHAGUS & INTESTINE	1,436.38										
77	43340	FUSE ESOPHAGUS & INTESTINE	1,436.38	00 15									
73	43341	FUSE ESOPHAGUS & INTESTINE	1,443.91										
77	43341	FUSE ESOPHAGUS & INTESTINE	1,443.91	00 15									
73	43351	SURGICAL OPENING, ESOPHAGUS	1,357.77										
77	43351	SURGICAL OPENING, ESOPHAGUS	1,357.77	00 15									
73	43352	SURGICAL OPENING, ESOPHAGUS	1,100.14										
77	43352	SURGICAL OPENING, ESOPHAGUS	1,100.14	00 15									
73	43360	GASTROINTESTINAL REPAIR	2,321.39										
77	43360	GASTROINTESTINAL REPAIR	2,321.39	00 15									
73	43361	GASTROINTESTINAL REPAIR	2,804.88										
77	43361	GASTROINTESTINAL REPAIR	2,804.88	00 15									
73	43400	LIGATE ESOPHAGUS VEINS	1,586.62										
77	43400	LIGATE ESOPHAGUS VEINS	1,586.62	00 15									
73	43405	LIGATE/STAPLE ESOPHAGUS	1,503.12										
77	43405	LIGATE/STAPLE ESOPHAGUS	1,503.12	00 15									
73	43410	REPAIR ESOPHAGUS WOUND	1,049.92										
77	43410	REPAIR ESOPHAGUS WOUND	1,049.92	00 15									
73	43415	REPAIR ESOPHAGUS WOUND	2,658.11										
77	43415	REPAIR ESOPHAGUS WOUND	2,658.11	00 15									
73	43420	REPAIR ESOPHAGUS OPENING	1,037.08										
77	43420	REPAIR ESOPHAGUS OPENING	1,037.08	00 15									
73	43425	REPAIR ESOPHAGUS OPENING	1,488.24										
77	43425	REPAIR ESOPHAGUS OPENING	1,488.24	00 15									
73	43450	DILATE ESOPHAGUS	183.63										
77	43450	DILATE ESOPHAGUS	183.63	00 15									
73	43453	DILATE ESOPHAGUS	773.66										
77	43453	DILATE ESOPHAGUS	773.66	00 15									
73	43460	PRESSURE TREATMENT ESOPHAGUS	211.92										
77	43460	PRESSURE TREATMENT ESOPHAGUS	211.92	00 15									
73	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	801.85										
77	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL	801.85	00 15									
73	43500	SURGICAL OPENING OF STOMACH	812.20										
77	43500	SURGICAL OPENING OF STOMACH	812.20	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43501	GASTROTOMY WITH SUTURE REPAIR	1,400.79											
77	43501	GASTROTOMY WITH SUTURE REPAIR	1,400.79	00	15									
73	43502	SURGICAL REPAIR OF STOMACH	1,590.13											
77	43502	SURGICAL REPAIR OF STOMACH	1,590.13	00	15									
73	43510	SURGICAL OPENING OF STOMACH	987.07											
77	43510	SURGICAL OPENING OF STOMACH	987.07	00	15									
73	43520	INCISION OF PYLORIC MUSCLE	713.18											
77	43520	INCISION OF PYLORIC MUSCLE	713.18	00	15									
73	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	865.30											
77	43605	BIOPSY OF STOMACH, BY LAPAROTOMY	865.30	00	15									
73	43610	EXCISION OF STOMACH LESION	1,018.03											
77	43610	EXCISION OF STOMACH LESION	1,018.03	00	15									
73	43611	EXCISION, LOCAL;	1,273.27											
77	43611	EXCISION, LOCAL;	1,273.27	00	15									
73	43620	REMOVAL OF STOMACH	2,066.16											
77	43620	REMOVAL OF STOMACH	2,066.16	00	15									
73	43621	GASTRECTOMY, TOTAL;	2,361.90											
77	43621	GASTRECTOMY, TOTAL;	2,361.90	00	15									
73	43622	GASTRECTOMY, TOTAL;	2,408.02											
77	43622	GASTRECTOMY, TOTAL;	2,408.02	00	15									
73	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,503.87											
77	43631	GASTRECTOMY, PARTIAL, DISTAL;	1,503.87	00	15									
73	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,118.88											
77	43632	GASTRECTOMY, PARTIAL, DISTAL;	2,118.88	00	15									
73	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,000.32											
77	43633	GASTRECTOMY, PARTIAL, DISTAL;	2,000.32	00	15									
73	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,213.79											
77	43634	GASTRECTOMY, PARTIAL, DISTAL;	2,213.79	00	15									
73	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	117.50											
77	43635	VAGOTOMY W/PART DISTAL GASTRECTOMY	117.50	00	15									
73	43640	VAGOTOMY & PYLORUS REPAIR	1,240.13											
77	43640	VAGOTOMY & PYLORUS REPAIR	1,240.13	00	15									
73	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,254.18											
77	43641	VAGOTOMY INCLUD,PYLOROPLASTY,W/OR W/	1,254.18	00	15									
73	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	1,809.27	16	99		X							
73	43645	LAP GASTR BYPASS INCL SMLL I	1,921.78	16	99		X							
73	43651	LAPAROSCOPY, VAGUS NERVE	681.34											
77	43651	LAPAROSCOPY, VAGUS NERVE	681.34	00	15									
73	43652	LAPAROSCOPY, VAGUS NERVE	796.18											
77	43652	LAPAROSCOPY, VAGUS NERVE	796.18	00	15									
73	43653	LAPAROSCOPY, GASTROSTOMY	597.24											
77	43653	LAPAROSCOPY, GASTROSTOMY	597.24	00	15									
73	43752	INSERTION OF NASAL OR ORAL STOMACH T	40.90											
77	43752	INSERTION OF NASAL OR ORAL STOMACH T	40.90	00	15									
73	43753	INSERTION OF STOMACH TUBE AND ASPIRA	22.40											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43753	INSERTION OF STOMACH TUBE AND ASPIRA	22.40	00	15									
73	43754	GASTRIC INTUBATION AND ASPIRATION DI	227.80											
77	43754	GASTRIC INTUBATION AND ASPIRATION DI	227.80	00	15									
73	43755	GASTRIC INTUBATION AND ASPIRATION DI	196.53											
77	43755	GASTRIC INTUBATION AND ASPIRATION DI	196.53	00	15									
73	43756	DUODENAL INTUBATION AND ASPIRATION	268.05											
77	43756	DUODENAL INTUBATION AND ASPIRATION	268.05	00	15									
73	43757	DUODENAL INTUBATION AND ASPIRATION	360.89											
77	43757	DUODENAL INTUBATION AND ASPIRATION	360.89	00	15									
73	43761	REPOSITIONING OF A NASO- OR ORO-GAST	126.85											
77	43761	REPOSITIONING OF THE GASTRIC FEEDING	126.85	00	15									
73	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	219.94											
77	43762	REPLACEMENT OF GASTROSTOMY TUBE, PER	219.94	00	15									
73	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	328.19											
77	43763	REPLACEMENT OF GASTROSTOMY TUBE, PER	328.19	00	15									
73	43770	LAP, PLACE GASTR ADJUST BAND	1,169.89	16	99		X							
77	43770	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,169.89	13	15		X							
73	43771	LAP, REVISE ADJUST GAST BAND	1,330.45	16	99		X							
77	43771	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,330.45	13	15		X							
73	43772	LAP, REMOVE ADJUST GAST BAND	986.55	16	99		X							
77	43772	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	986.55	13	15		X							
73	43773	LAP, CHANGE ADJUST GAST BAND	1,330.45	16	99		X							
77	43773	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,330.45	13	15		X							
73	43774	LAP REMOV ADJ GAST BAND/PORT	1,000.42	16	99		X							
77	43774	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,000.42	13	15		X							
73	43775	LAPAROSCOPY SURGICAL GASTRIC RESTRIC	1,160.98	16	99		X							
77	43775	LAPAROSCOPY, SURIGCAL GASTRIC RESTRI	1,160.98	13	15		X							
73	43800	RECONSTRUCTION OF PYLORUS	966.44											
77	43800	RECONSTRUCTION OF PYLORUS	966.44	00	15									
73	43810	FUSION OF STOMACH AND BOWEL	1,058.92											
77	43810	FUSION OF STOMACH AND BOWEL	1,058.92	00	15									
73	43820	FUSION OF STOMACH AND BOWEL	1,396.88											
77	43820	FUSION OF STOMACH AND BOWEL	1,396.88	00	15									
73	43825	FUSION OF STOMACH AND BOWEL	1,365.78											
77	43825	FUSION OF STOMACH AND BOWEL	1,365.78	00	15									
73	43830	SURGICAL OPENING OF STOMACH	728.22											
77	43830	SURGICAL OPENING OF STOMACH	728.22	00	15									
73	43831	GASTROSTOMY, OPEN, NEONATAL	628.94	00	00									
77	43831	GASTROSTOMY, OPEN, NEONATAL	628.94	00	00									
73	43832	SURGICAL OPENING OF STOMACH	1,084.09											
77	43832	SURGICAL OPENING OF STOMACH	1,084.09	00	15									
73	43840	REPAIR OF STOMACH LESION	1,413.69											
77	43840	REPAIR OF STOMACH LESION	1,413.69	00	15									
73	43843	GASTROPLASTY, OTHER THAN VERTICAL-BA	1,336.80	16	99		X							
77	43843	GASTRIC RESTRICTIVE PROCEDURE, WITHO	1,336.80	13	15		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	43845	GASTROPLASTY DUODENAL SWITCH	2,039.31	16 99		X							
77	43845	GASTRIC RESTRICTIVE PROCEDURE, WITH	2,039.31	13 15		X							
73	43846	GASTRIC BYPASS WITH ROUX-EN-Y GASTRO	1,719.95	16 99		X							
77	43846	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,719.95	13 15		X							
73	43847	GASTRIC BYPASS FOR OBESITY	1,883.22	16 99		X							
77	43847	GASTRIC RESTRICTIVE PROCEDURE, WITH	1,883.22	13 15		X							
73	43848	REVISION GASTROPLASTY	2,010.58	16 99		X							
77	43848	REVISION, OPEN, OF GASTRIC RESTRICTI	2,010.58	13 15		X							
73	43860	REVISE STOMACH-BOWEL FUSION	1,701.77										
77	43860	REVISE STOMACH-BOWEL FUSION	1,701.77	00 15									
73	43865	REVISE STOMACH-BOWEL FUSION	1,781.20										
77	43865	REVISE STOMACH-BOWEL FUSION	1,781.20	00 15									
73	43870	REPAIR STOMACH OPENING	735.99										
77	43870	REPAIR STOMACH OPENING	735.99	00 15									
73	43880	REPAIR STOMACH-BOWEL FISTULA	1,645.55										
77	43880	REPAIR STOMACH-BOWEL FISTULA	1,645.55	00 15									
73	43886	REVISE GASTRIC PORT, OPEN	377.39	16 99		X							
73	43887	REMOVE GASTRIC PORT, OPEN	340.93	16 99		X							
73	43888	CHANGE GASTRIC PORT, OPEN	479.71	16 99		X							
73	44005	FREEING OF BOWEL ADHESION	1,132.38										
77	44005	FREEING OF BOWEL ADHESION	1,132.38	00 15									
73	44010	INCISION OF SMALL BOWEL	870.21										
77	44010	INCISION OF SMALL BOWEL	870.21	00 15									
73	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	148.27										
77	44015	NEEDLE CATHETER JEJUNOSTOMY/HYPERALI	148.27	00 15									
73	44020	EXPLORATION OF SMALL BOWEL	1,010.46										
77	44020	EXPLORATION OF SMALL BOWEL	1,010.46	00 15									
73	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,009.71										
77	44021	ENTEROTOMY...;FOR DECOMPRESSION	1,009.71	00 15									
73	44025	EXPLORATION OF LARGE BOWEL	1,014.51										
77	44025	EXPLORATION OF LARGE BOWEL	1,014.51	00 15									
73	44050	REDUCE BOWEL OBSTRUCTION	972.10										
77	44050	REDUCE BOWEL OBSTRUCTION	972.10	00 15									
73	44055	CORRECT MALROTATION-CG, LADD PROC.	1,545.21										
77	44055	CORRECT MALROTATION-CG, LADD PROC.	1,545.21	00 15									
73	44100	BIOPSY OF BOWEL	106.84										
77	44100	BIOPSY OF BOWEL	106.84	00 15									
73	44110	EXCISION OF BOWEL LESION(S)	872.17										
77	44110	EXCISION OF BOWEL LESION(S)	872.17	00 15									
73	44111	EXCISION OF BOWEL LESION(S)	1,016.22										
77	44111	EXCISION OF BOWEL LESION(S)	1,016.22	00 15									
73	44120	REMOVAL OF SMALL INTESTINE	1,267.41										
77	44120	REMOVAL OF SMALL INTESTINE	1,267.41	00 15									
73	44121	REMOVAL OF SMALL INTESTINE	250.12										
77	44121	REMOVAL OF SMALL INTESTINE	250.12	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	44125	REMOVAL OF SMALL INTESTINE	1,213.98										
77	44125	REMOVAL OF SMALL INTESTINE	1,213.98	00 15									
73	44126	ENTERECTOMY W/TAPER, CONG	2,571.28										
77	44126	ENTERECTOMY W/TAPER, CONG	2,571.28	00 15									
73	44127	ENTERECTOMY W/O TAPER, CONG	2,971.72										
77	44127	ENTERECTOMY W/O TAPER, CONG	2,971.72	00 15									
73	44128	ENTERECTOMY CONG, ADD-ON	253.59										
77	44128	ENTERECTOMY CONG, ADD-ON	253.59	00 15									
73	44130	BOWEL TO BOWEL FUSION	1,362.91										
77	44130	BOWEL TO BOWEL FUSION	1,362.91	00 15									
73	44139	MOBILIZATION OF COLON	124.57										
77	44139	MOBILIZATION OF COLON	124.57	00 15									
73	44140	PARTIAL REMOVAL OF COLON	1,388.72										
77	44140	PARTIAL REMOVAL OF COLON	1,388.72	00 15									
73	44141	PARTIAL REMOVAL OF COLON	1,871.33										
77	44141	PARTIAL REMOVAL OF COLON	1,871.33	00 15									
73	44143	PARTIAL REMOVAL OF COLON	1,709.71										
77	44143	PARTIAL REMOVAL OF COLON	1,709.71	00 15									
73	44144	PARTIAL REMOVAL OF COLON	1,824.66										
77	44144	PARTIAL REMOVAL OF COLON	1,824.66	00 15									
73	44145	PARTIAL REMOVAL OF COLON	1,699.34										
77	44145	PARTIAL REMOVAL OF COLON	1,699.34	00 15									
73	44146	PARTIAL REMOVAL OF COLON	2,154.76										
77	44146	PARTIAL REMOVAL OF COLON	2,154.76	00 15									
73	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,994.78										
77	44147	PARTIAL COLECTOMY-ABDO&TRANSANAL APP	1,994.78	00 15									
73	44150	REMOVAL OF COLON	1,904.30										
77	44150	REMOVAL OF COLON	1,904.30	00 15									
73	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,229.19										
77	44151	COLECTOMY; W/CONTINENT ILEOSTOMY	2,229.19	00 15									
73	44155	REMOVAL OF COLON	2,113.74										
77	44155	REMOVAL OF COLON	2,113.74	00 15									
73	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,384.47										
77	44156	COLECTOMY...;W/ CONTINENT ILEOSTOMY	2,384.47	00 15									
73	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,266.35										
77	44157	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,266.35	00 15									
73	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,323.85										
77	44158	COLECTOMY, TOTAL, ABDOMINAL, WITH PR	2,323.85	00 15									
73	44160	REMOVAL OF COLON	1,283.71										
77	44160	REMOVAL OF COLON	1,283.71	00 15									
73	44186	LAP, JEJUNOSTOMY	675.15										
77	44186	LAP, JEJUNOSTOMY	675.15	00 15									
73	44187	LAP, ILEO/JEJUNO-STOMY	1,113.81										
77	44187	LAP, ILEO/JEJUNO-STOMY	1,113.81	00 15									
73	44188	LAP, COLOSTOMY	1,246.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	44188	LAP, COLOSTOMY	1,246.45	00 15									
73	44202	LAPARO, RESECT INTESTINE	1,436.82										
77	44202	LAPARO, RESECT INTESTINE	1,436.82	00 15									
73	44203	LAP RESECT S/INTESTINE, ADDL	251.49										
77	44203	LAP RESECT S/INTESTINE, ADDL	251.49	00 15									
73	44204	LAPARO PARTIAL COLECTOMY	1,582.01										
77	44204	LAPARO PARTIAL COLECTOMY	1,582.01	00 15									
73	44205	LAP COLECTOMY PART W/ILEUM	1,371.69										
77	44205	LAP COLECTOMY PART W/ILEUM	1,371.69	00 15									
73	44206	LAP PART COLECTOMY W/STOMA	1,791.77										
77	44206	LAP PART COLECTOMY W/STOMA	1,791.77	00 15									
73	44207	L COLECTOMY/COLOPROCTOSTOMY	1,857.35										
77	44207	L COLECTOMY/COLOPROCTOSTOMY	1,857.35	00 15									
73	44208	L COLECTOMY/COLOPROCTOSTOMY	2,017.48										
77	44208	L COLECTOMY/COLOPROCTOSTOMY	2,017.48	00 15									
73	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,804.60										
77	44210	LAPARO TOTAL PROCTOCOLECTOMY	1,804.60	00 15									
73	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,130.41										
77	44211	LAPARO TOTAL PROCTOCOLECTOMY	2,130.41	00 15									
73	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,052.49										
77	44212	LAPARO TOTAL PROCTOCOLECTOMY	2,052.49	00 15									
73	44213	LAP, MOBIL SPLENIC FL ADD-ON	191.34										
77	44213	LAP, MOBIL SPLENIC FL ADD-ON	191.34	00 15									
73	44227	LAP, CLOSE ENTEROSTOMY	1,708.35										
77	44227	LAP, CLOSE ENTEROSTOMY	1,708.35	00 15									
73	44300	OPEN BOWEL TO SKIN	872.96										
77	44300	OPEN BOWEL TO SKIN	872.96	00 15									
73	44310	ILEOSTOMY	1,071.30										
77	44310	ILEOSTOMY	1,071.30	00 15									
73	44312	REVISION OF ILEOSTOMY	611.64										
77	44312	REVISION OF ILEOSTOMY	611.64	00 15									
73	44314	REVISION OF ILEOSTOMY	1,030.48										
77	44314	REVISION OF ILEOSTOMY	1,030.48	00 15									
73	44316	DEVISE BOWEL POUCH	1,473.20										
77	44316	DEVISE BOWEL POUCH	1,473.20	00 15									
73	44320	COLOSTOMY	1,236.57										
77	44320	COLOSTOMY	1,236.57	00 15									
73	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,029.31										
77	44322	COLOSTOMY/CECOSTOMY; MULTIPLE BX"S	1,029.31	00 15									
73	44340	REVISION OF COLOSTOMY	643.80										
77	44340	REVISION OF COLOSTOMY	643.80	00 15									
73	44345	REVISION OF COLOSTOMY	1,081.29										
77	44345	REVISION OF COLOSTOMY	1,081.29	00 15									
73	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,217.42										
77	44346	REVISE COLOSTOMY;REPAIR HERNIA	1,217.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	44360	SMALL BOWEL ENDOSCOPY	142.94										
77	44360	SMALL BOWEL ENDOSCOPY	142.94	00 15									
73	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	157.46										
77	44361	SMALL BOWEL ENDOSCOPY,BIOPSY	157.46	00 15									
73	44363	SMALL BOWEL ENDOSCOPY	191.14										
77	44363	SMALL BOWEL ENDOSCOPY	191.14	00 15									
73	44364	SMALL BOWEL ENDOSCOPY	203.69										
77	44364	SMALL BOWEL ENDOSCOPY	203.69	00 15									
73	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	181.14										
77	44365	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	181.14	00 15									
73	44366	SMALL BOWEL ENDOSCOPY	239.10										
77	44366	SMALL BOWEL ENDOSCOPY	239.10	00 15									
73	44369	SMALL BOWEL ENDOSCOPY	244.55										
77	44369	SMALL BOWEL ENDOSCOPY	244.55	00 15									
73	44370	SMALL BOWEL ENDOSCOPY/STENT	265.82										
77	44370	SMALL BOWEL ENDOSCOPY/STENT	265.82	00 15									
73	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	239.76										
77	44372	SEE 44360;PLACE PERCU.JEJUNOSTOMY TU	239.76	00 15									
73	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	191.70										
77	44373	SEE 44360;CONVERT GASTRO TO PERCUT..	191.70	00 15									
73	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	283.12										
77	44376	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	283.12	00 15									
73	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	298.95										
77	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	298.95	00 15									
73	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	383.17										
77	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSC	383.17	00 15									
73	44379	S BOWEL ENDOSCOPE W/STENT	407.42										
77	44379	S BOWEL ENDOSCOPE W/STENT	407.42	00 15									
73	44380	SMALL BOWEL ENDOSCOPY	189.73										
77	44380	SMALL BOWEL ENDOSCOPY	189.73	00 15									
73	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	948.36										
77	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANS	948.36	00 15									
73	44382	SMALL BOWEL ENDOSCOPY	290.20										
77	44382	SMALL BOWEL ENDOSCOPY	290.20	00 15									
73	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	155.51										
77	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACE	155.51	00 15									
73	44385	ENDOSCOPY OF BOWEL POUCH	210.76										
77	44385	ENDOSCOPY OF BOWEL POUCH	210.76	00 15									
73	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	302.62										
77	44386	FIBEROPTIC EVAL../BX/SPEC.COLL	302.62	00 15									
73	44388	COLON ENDOSCOPY	156.24										
77	44388	COLON ENDOSCOPY	156.24	00 15									
73	44389	COLON ENDOSCOPY	404.71										
77	44389	COLON ENDOSCOPY	404.71	00 15									
73	44390	COLON ENDOSCOPY	398.60										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	44390	COLON ENDOSCOPY	398.60	00 15									
73	44391	COLON ENDOSCOPY	625.81										
77	44391	COLON ENDOSCOPY	625.81	00 15									
73	44392	COLON ENDOSCOPY	383.97										
77	44392	COLON ENDOSCOPY	383.97	00 15									
73	44394	COLONOSCOPY THROUGH STOMA;	433.22										
77	44394	COLONOSCOPY THROUGH STOMA;	433.22	00 15									
73	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,287.52										
77	44401	COLONOSCOPY THROUGH STOMA; WITH ABLA	2,287.52	00 15									
73	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	261.10										
77	44402	COLONOSCOPY THROUGH STOMA; WITH ENDO	261.10	00 15									
73	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	303.88										
77	44403	COLONOSCOPY THROUGH STOMA; WITH ENDO	303.88	00 15									
73	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	413.87										
77	44404	COLONOSCOPY THROUGH STOMA; WITH DIRE	413.87	00 15									
73	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	541.49										
77	44405	COLONOSCOPY THROUGH STOMA; WITH TRAN	541.49	00 15									
73	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	228.55										
77	44406	COLONOSCOPY THROUGH STOMA; WITH ENDO	228.55	00 15									
73	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	274.77										
77	44407	COLONOSCOPY THROUGH STOMA; WITH TRAN	274.77	00 15									
73	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	230.54										
77	44408	COLONOSCOPY THROUGH STOMA; WITH DECO	230.54	00 15									
73	44500	INTRODUCTION OF LONG GASTROINTESTINA	19.49										
77	44500	INTRODUCTION OF LONG GASTROINTESTINA	19.49	00 15									
73	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,462.31										
77	44602	SUTURE OF SMALL INTESTINE (ENTERORRH	1,462.31	00 15									
73	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,673.30										
77	44603	SUTURE OF SMALL INTESTINE (ENTERORRH	1,673.30	00 15									
73	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,092.90										
77	44604	SUTURE OF LARGE INTESTINE (COLORRHAP	1,092.90	00 15									
73	44605	REPAIR OF BOWEL LESION	1,340.14										
77	44605	REPAIR OF BOWEL LESION	1,340.14	00 15									
73	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,098.82										
77	44615	INTESTINAL STRICTUROPLASTY (ENTEROTO	1,098.82	00 15									
73	44620	REPAIR BOWEL OPENING	890.24										
77	44620	REPAIR BOWEL OPENING	890.24	00 15									
73	44625	REPAIR BOWEL OPENING	1,037.03										
77	44625	REPAIR BOWEL OPENING	1,037.03	00 15									
73	44626	REPAIR BOWEL OPENING	1,645.70										
77	44626	REPAIR BOWEL OPENING	1,645.70	00 15									
73	44640	REPAIR BOWEL-SKIN FISTULA	1,441.15										
77	44640	REPAIR BOWEL-SKIN FISTULA	1,441.15	00 15									
73	44650	REPAIR BOWEL FISTULA	1,485.23										
77	44650	REPAIR BOWEL FISTULA	1,485.23	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	44660	REPAIR BOWEL-BLADDER FISTULA	1,367.00										
77	44660	REPAIR BOWEL-BLADDER FISTULA	1,367.00	00 15									
73	44661	REPAIR BOWEL-BLADDER FISTULA	1,590.52										
77	44661	REPAIR BOWEL-BLADDER FISTULA	1,590.52	00 15									
73	44680	SURGICAL REVISION, INTESTINE	1,122.07										
77	44680	SURGICAL REVISION, INTESTINE	1,122.07	00 15									
73	44700	SUSPEND BOWEL W/PROSTHESIS	1,018.72										
77	44700	SUSPEND BOWEL W/PROSTHESIS	1,018.72	00 15									
73	44701	INTRAOP COLON LAVAGE ADD-ON	176.81										
77	44701	INTRAOP COLON LAVAGE ADD-ON	176.81	00 15									
73	44720	PREP DONOR INTESTINE/VENOUS	285.61		X								
77	44720	PREP DONOR INTESTINE/VENOUS	285.61	00 15	X								
73	44721	PREP DONOR INTESTINE/ARTERY	398.77		X								
77	44721	PREP DONOR INTESTINE/ARTERY	398.77	00 15	X								
73	44800	REPAIR OF CONGENITAL BOWEL DEFECT	800.37										
77	44800	REPAIR OF CONGENITAL BOWEL DEFECT	800.37	00 15									
73	44820	EXCISION OF MESENTERY LESION	885.47										
77	44820	EXCISION OF MESENTERY LESION	885.47	00 15									
73	44850	REPAIR OF MESENTERY	773.16										
77	44850	REPAIR OF MESENTERY	773.16	00 15									
73	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	816.73										
77	44900	DRAINAGE OF ABSCESS OF APPENDIX, OPE	816.73	00 15									
73	44950	APPENDECTOMY	667.56		X								
77	44950	APPENDECTOMY	667.56	00 15	X								
73	44955	APPENDECTOMY,WHEN INDICATED W/MAJOR	86.71										
77	44955	APPENDECTOMY WHEN INDICATED W/MAJOR	86.71	00 15									
73	44960	APPENDECTOMY	911.92		X								
77	44960	APPENDECTOMY	911.92	00 15	X								
73	44970	LAPAROSCOPY, APPENDECTOMY	624.89		X								
77	44970	LAPAROSCOPY, APPENDECTOMY	624.89	00 15	X								
73	45000	DRAINAGE OF PELVIC ABSCESS	437.04										
77	45000	DRAINAGE OF PELVIC ABSCESS	437.04	00 15									
73	45005	DRAINAGE OF RECTAL ABSCESS	314.64										
77	45005	DRAINAGE OF RECTAL ABSCESS	314.64	00 15									
73	45020	DRAINAGE OF RECTAL ABSCESS	587.92										
77	45020	DRAINAGE OF RECTAL ABSCESS	587.92	00 15									
73	45100	BIOPSY OF RECTUM	306.77										
77	45100	BIOPSY OF RECTUM	306.77	00 15									
73	45108	REMOVAL OF ANORECTAL LESION	385.10										
77	45108	REMOVAL OF ANORECTAL LESION	385.10	00 15									
73	45110	REMOVAL OF RECTUM	1,856.42										
77	45110	REMOVAL OF RECTUM	1,856.42	00 15									
73	45111	PARTIAL REMOVAL OF RECTUM	1,109.75										
77	45111	PARTIAL REMOVAL OF RECTUM	1,109.75	00 15									
73	45112	REMOVAL OF RECTUM	1,834.31										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	45112	REMOVAL OF RECTUM	1,834.31	00	15									
73	45113	PARTIAL PROCTECTOMY	1,883.39											
77	45113	PARTIAL PROCTECTOMY	1,883.39	00	15									
73	45114	PARTIAL REMOVAL OF RECTUM	1,892.06											
77	45114	PARTIAL REMOVAL OF RECTUM	1,892.06	00	15									
73	45116	PARTIAL REMOVAL OF RECTUM	1,560.38											
77	45116	PARTIAL REMOVAL OF RECTUM	1,560.38	00	15									
73	45119	REMOVE, RECTUM W/RESERVOIR	1,897.20											
77	45119	REMOVE, RECTUM W/RESERVOIR	1,897.20	00	15									
73	45120	REMOVAL OF RECTUM	1,664.33											
77	45120	REMOVAL OF RECTUM	1,664.33	00	15									
73	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,817.45											
77	45121	PROCTECTOMY;W/COLECTOMY,W/MULTE BX	1,817.45	00	15									
73	45123	PARTIAL PROCTECTOMY	1,139.64											
77	45123	PARTIAL PROCTECTOMY	1,139.64	00	15									
73	45126	PELVIC EXENTERATION	2,773.08			X								
77	45126	PELVIC EXENTERATION	2,773.08	00	15	X								
73	45130	EXCISION OF RECTAL PROLAPSE	1,104.47											
77	45130	EXCISION OF RECTAL PROLAPSE	1,104.47	00	15									
73	45135	EXCISION OF RECTAL PROLAPSE	1,308.60											
77	45135	EXCISION OF RECTAL PROLAPSE	1,308.60	00	15									
73	45136	EXCISE ILEOANAL RESERVOIR	1,799.03											
77	45136	EXCISE ILEOANAL RESERVOIR	1,799.03	00	15									
73	45150	EXCISION OF RECTAL STRICTURE	437.02											
77	45150	EXCISION OF RECTAL STRICTURE	437.02	00	15									
73	45160	EXCISION OF RECTAL LESION	1,065.94											
77	45160	EXCISION OF RECTAL LESION	1,065.94	00	15									
73	45171	EXCISION OF RECTAL TUMOR TRANSANAL	625.73											
77	45171	EXCISION OF RECTAL TUMOR TRANSANAL	625.73	00	15									
73	45172	EXCISION OF RECTAL TUMOR TRANSANAL	835.57											
77	45172	EXCISION OF RECTAL TUMOR TRANSANAL	835.57	00	15									
73	45190	DESTRUCTION RECTAL TUMOR	704.84											
77	45190	DESTRUCTION RECTAL TUMOR	704.84	00	15									
73	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	125.87											
77	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC	125.87	00	15									
73	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	922.11											
77	45303	PROCTOSIGMOIDOSCOPY WITH DILATION	922.11	00	15									
73	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	178.54											
77	45305	PROCTOSIGMOIDOSCOPY WITH BIOPSY	178.54	00	15									
73	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	214.13											
77	45307	PROCTOSIGMOIDOSCOPY; REMOVE FOREIGN	214.13	00	15									
73	45308	PROCTOSIGMOIDOSCOPY, RIGID;	203.75											
77	45308	PROCTOSIGMOIDOSCOPY, RIGID;	203.75	00	15									
73	45309	PROCTOSIGMOIDOSCOPY, RIGID;	209.81											
77	45309	PROCTOSIGMOIDOSCOPY, RIGID;	209.81	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	227.75										
77	45315	PROCTOSIGMOISOSCOPY; REMOVE MULTIPLE	227.75	00 15									
73	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	218.71										
77	45317	PROCTOSIGMOIDOSCOPY; HEMORRHAGE CONT	218.71	00 15									
73	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	223.45										
77	45320	PROCTOSIGMOIDOSCOPY;ABLATE TUMOR	223.45	00 15									
73	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	106.75										
77	45321	PROCTOSIGMOIDOSCOPY/DECOM/VOLV	106.75	00 15									
73	45327	PROCTOSIGMOIDOSCOPY W/STENT	120.68										
77	45327	PROCTOSIGMOIDOSCOPY W/STENT	120.68	00 15									
73	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	180.63										
77	45330	SIGMOIDOSCOPY,FLEX FIBEROPTIC;DIAGNO	180.63	00 15									
73	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	277.38										
77	45331	SIGMOIDOSCOPY,FLEX FIBEROPT W/BIOPSY	277.38	00 15									
73	45332	SIGMOIDOSCOPY; DIAGNOSTIC	270.61										
77	45332	SIGMOIDOSCOPY; DIAGNOSTIC	270.61	00 15									
73	45333	SIGMOIDOSCOPY; DIAGNOSTIC	320.69										
77	45333	SIGMOIDOSCOPY; DIAGNOSTIC	320.69	00 15									
73	45334	SIGMOIDOSCOPY; DIAGNOSTIC	478.47										
77	45334	SIGMOIDOSCOPY; DIAGNOSTIC	478.47	00 15									
73	45335	SIGMOIDOSCOPY W/SUBMUC INJ	282.52										
77	45335	SIGMOIDOSCOPY W/SUBMUC INJ	282.52	00 15									
73	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	114.89										
77	45337	SIGMOIDOSCOPY;DECOMPRESS VOLVULUS	114.89	00 15									
73	45338	SIGMOIDOSCOPY, FLEXIBLE;	292.89										
77	45338	SIGMOIDOSCOPY, FLEXIBLE;	292.89	00 15									
73	45340	SIG W/BALLOON DILATION	442.23										
77	45340	SIG W/BALLOON DILATION	442.23	00 15									
73	45341	SIGMOIDOSCOPY W/ULTRASOUND	123.18			X							
77	45341	SIGMOIDOSCOPY W/ULTRASOUND	123.18	00 15		X							
73	45342	SIGMOIDOSCOPY W/US GUIDE BX	171.22										
77	45342	SIGMOIDOSCOPY W/US GUIDE BX	171.22	00 15									
73	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,206.81										
77	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATI	2,206.81	00 15									
73	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	153.24										
77	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEM	153.24	00 15									
73	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	198.06										
77	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSC	198.06	00 15									
73	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	647.97										
77	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND L	647.97	00 15									
73	45378	DIAGNOSTIC COLONOSCOPY	167.62										
77	45378	DIAGNOSTIC COLONOSCOPY	167.62	00 15									
73	45379	COLONOSCOPY	429.87										
77	45379	COLONOSCOPY	429.87	00 15									
73	45380	COLONOSCOPY AND BIOPSY	426.62										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	45380	COLONOSCOPY AND BIOPSY	426.62	00 15									
73	45381	COLONOSCOPY, SUBMUCOUS INJ	435.01										
77	45381	COLONOSCOPY, SUBMUCOUS INJ	435.01	00 15									
73	45382	COLONOSCOPY,CONTROL BLEEDING	651.97										
77	45382	COLONOSCOPY,CONTROL BLEEDING	651.97	00 15									
73	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	482.06										
77	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO S	482.06	00 15									
73	45385	COLONOSCOPY, LESION REMOVAL	448.54										
77	45385	COLONOSCOPY, LESION REMOVAL	448.54	00 15									
73	45386	COLONOSCOPY DILATE STRICTURE	596.62										
77	45386	COLONOSCOPY DILATE STRICTURE	596.62	00 15									
73	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,366.77										
77	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION	2,366.77	00 15									
73	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	290.31										
77	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	290.31	00 15									
73	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	331.90										
77	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOP	331.90	00 15									
73	45391	COLONOSCOPY W/ENDOSCOPE US	257.34										
77	45391	COLONOSCOPY W/ENDOSCOPE US	257.34	00 15									
73	45392	COLONOSCOPY W/ENDOSCOPIC FNB	303.88										
77	45392	COLONOSCOPY W/ENDOSCOPIC FNB	303.88	00 15									
73	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	252.44										
77	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRE	252.44	00 15									
73	45395	LAP, REMOVAL OF RECTUM	1,991.68										
77	45395	LAP, REMOVAL OF RECTUM	1,991.68	00 15									
73	45397	LAP, REMOVE RECTUM W/POUCH	2,156.34										
77	45397	LAP, REMOVE RECTUM W/POUCH	2,156.34	00 15									
73	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	807.33										
77	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIG	807.33	00 15									
73	45400	LAPAROSCOPIC PROCTOPEXY	1,151.23										
77	45400	LAPAROSCOPIC PROCTOPEXY	1,151.23	00 15									
73	45402	LAP PROCTOPEXY W/SIG RESECT	1,550.53										
77	45402	LAP PROCTOPEXY W/SIG RESECT	1,550.53	00 15									
73	45500	REPAIR OF RECTUM	586.26										
77	45500	REPAIR OF RECTUM	586.26	00 15									
73	45505	REPAIR OF RECTUM	610.62										
77	45505	REPAIR OF RECTUM	610.62	00 15									
73	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	157.76										
77	45520	PERIRECTAL INJ. FOR PROLAPSE; OFFICE	157.76	00 15									
73	45540	CORRECT RECTAL PROLAPSE	1,072.48										
77	45540	CORRECT RECTAL PROLAPSE	1,072.48	00 15									
73	45541	CORRECT RECTAL PROLAPSE	958.25										
77	45541	CORRECT RECTAL PROLAPSE	958.25	00 15									
73	45550	REPAIR RECTUM;REMOVE SIGMOID	1,488.19										
77	45550	REPAIR RECTUM;REMOVE SIGMOID	1,488.19	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	45560	REPAIR OF RECTOCELE	704.86										
77	45560	REPAIR OF RECTOCELE	704.86	00 15									
73	45562	EXPLORATION/REPAIR OF RECTUM	1,162.93										
77	45562	EXPLORATION/REPAIR OF RECTUM	1,162.93	00 15									
73	45563	EXPLORATION/REPAIR OF RECTUM	1,719.91										
77	45563	EXPLORATION/REPAIR OF RECTUM	1,719.91	00 15									
73	45800	REPAIR RECTUMBLADDER FISTULA	1,320.07										
77	45800	REPAIR RECTUMBLADDER FISTULA	1,320.07	00 15									
73	45805	REPAIR FISTULA; COLOSTOMY	1,522.80										
77	45805	REPAIR FISTULA; COLOSTOMY	1,522.80	00 15									
73	45820	REPAIR RECTOURETHRAL FISTULA	1,323.51										
77	45820	REPAIR RECTOURETHRAL FISTULA	1,323.51	00 15									
73	45825	REPAIR FISTULA; COLOSTOMY	1,593.45										
77	45825	REPAIR FISTULA; COLOSTOMY	1,593.45	00 15									
73	45900	REDUCTION OF RECTAL PROLAPSE	219.11										
77	45900	REDUCTION OF RECTAL PROLAPSE	219.11	00 15									
73	45905	DILATION OF ANAL SPHINCTER	172.55										
77	45905	DILATION OF ANAL SPHINCTER	172.55	00 15									
73	45910	DILATION OF RECTAL NARROWING	195.88										
77	45910	DILATION OF RECTAL NARROWING	195.88	00 15									
73	45915	REMOVE RECTAL OBSTRUCTION	350.90										
77	45915	REMOVE RECTAL OBSTRUCTION	350.90	00 15									
73	45990	SURG DX EXAM, ANORECTAL	106.69		X								
77	45990	SURG DX EXAM, ANORECTAL	106.69	00 15	X								
73	46020	PLACEMENT OF SETON	118.91										
77	46020	PLACEMENT OF SETON	118.91	00 15									
73	46030	REMOVAL OF RECTAL MARKER	251.27										
77	46030	REMOVAL OF RECTAL MARKER	251.27	00 15									
73	46040	INCISION OF RECTAL ABSCESS	556.48										
77	46040	INCISION OF RECTAL ABSCESS	556.48	00 15									
73	46045	INCISION OF RECTAL ABSCESS	446.08										
77	46045	INCISION OF RECTAL ABSCESS	446.08	00 15									
73	46050	INCISION OF ANAL ABSCESS	232.38										
77	46050	INCISION OF ANAL ABSCESS	232.38	00 15									
73	46060	INCISION OF RECTAL ABSCESS	493.96										
77	46060	INCISION OF RECTAL ABSCESS	493.96	00 15									
73	46070	INCISION OF ANAL SEPTUM	275.29										
77	46070	INCISION OF ANAL SEPTUM	275.29	00 15									
73	46080	INCISION OF ANAL SPHINCTER	287.85										
77	46080	INCISION OF ANAL SPHINCTER	287.85	00 15									
73	46083	EXC EXT.THROMBOSED HEMORRHOID	205.33									X	
77	46083	EXC EXT.THROMBOSED HEMORRHOID	205.33	00 15								X	
73	46200	REMOVAL OF ANAL FISSURE	469.37										
77	46200	REMOVAL OF ANAL FISSURE	469.37	00 15									
73	46220	REMOVAL OF ANAL TAB	247.38										

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	46220	REMOVAL OF ANAL TAB	247.38	00 15									
73	46221	LIGATION OF HEMORRHOID(S)	280.32										
77	46221	LIGATION OF HEMORRHOID(S)	280.32	00 15									
73	46230	REMOVAL OF ANAL TABS	309.69										
77	46230	REMOVAL OF ANAL TABS	309.69	00 15									
73	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	476.42										
77	46250	HEMORRHOIDECTOMY, EXTERNAL; COMPLETE	476.42	00 15									
73	46255	HEMORRHOIDECTOMY	520.21										
77	46255	HEMORRHOIDECTOMY	520.21	00 15									
73	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	418.71										
77	46257	HEMORRHOIDECTOMY, INTERNAL AND EXTER	418.71	00 15									
73	46258	REMOVE HEMORRHOIDS & FISTULA	494.99										
77	46258	REMOVE HEMORRHOIDS & FISTULA	494.99	00 15									
73	46260	HEMORRHOIDECTOMY	491.55										
77	46260	HEMORRHOIDECTOMY	491.55	00 15									
73	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	539.65										
77	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTER	539.65	00 15									
73	46262	REMOVE HEMORRHOIDS & FISTULA	604.14										
77	46262	REMOVE HEMORRHOIDS & FISTULA	604.14	00 15									
73	46270	SURGICAL TREATMENT OF ANAL FISTULA	534.26										
77	46270	SURGICAL TREATMENT OF ANAL FISTULA	534.26	00 15									
73	46275	REMOVAL OF ANAL FISTULA	562.51										
77	46275	REMOVAL OF ANAL FISTULA	562.51	00 15									
73	46280	REMOVAL OF ANAL FISTULA	487.16										
77	46280	REMOVAL OF ANAL FISTULA	487.16	00 15									
73	46285	SURGICAL TREATMENT OF ANAL FISTULA	560.17										
77	46285	SURGICAL TREATMENT OF ANAL FISTULA	560.17	00 15									
73	46288	REPAIR ANAL FISTULA	565.97										
77	46288	REPAIR ANAL FISTULA	565.97	00 15									
73	46320	REMOVAL OF HEMORRHOID CLOT	210.84										
77	46320	REMOVAL OF HEMORRHOID CLOT	210.84	00 15									
73	46500	INJECTION TREATMENT OF ANUS	307.64										
77	46500	INJECTION TREATMENT OF ANUS	307.64	00 15									
73	46505	CHEMODENERVATION ANAL MUSC	315.07										
77	46505	CHEMODENERVATION ANAL MUSC	315.07	00 15									
73	46600	ANOSCOPY; DIAGNOSTIC	116.47										
77	46600	ANOSCOPY; DIAGNOSTIC	116.47	00 15									
73	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	148.41										
77	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESO	148.41	00 15									
73	46604	ANOSCOPY WITH DIRECT DILATION	630.72										
77	46604	ANOSCOPY WITH DIRECT DILATION	630.72	00 15									
73	46606	ANOSCOPY WITH BIOPSY	273.62										
77	46606	ANOSCOPY WITH BIOPSY	273.62	00 15									
73	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	205.30										
77	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNI	205.30	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	46608	ANOSCOPY;REMOVE FOREIGN BODY	287.82										
77	46608	ANOSCOPY;REMOVE FOREIGN BODY	287.82	00 15									
73	46610	ANOSCOPY; REMOVE POLYP	271.66										
77	46610	ANOSCOPY; REMOVE POLYP	271.66	00 15									
73	46611	ANOSCOPY;	218.72										
77	46611	ANOSCOPY;	218.72	00 15									
73	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	328.53										
77	46612	ANOSCOPY; REMOVE MULTIPLE POLYPS	328.53	00 15									
73	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	166.22										
77	46614	ANOSCOPY; CONTROL OF HEMORRHAGE	166.22	00 15									
73	46615	ANOSCOPY;	175.25										
77	46615	ANOSCOPY;	175.25	00 15									
73	46700	REPAIR OF ANAL STRICTURE	664.85										
77	46700	REPAIR OF ANAL STRICTURE	664.85	00 15									
73	46705	REPAIR OF ANAL STRICTURE	587.89										
77	46705	REPAIR OF ANAL STRICTURE	587.89	00 15									
73	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	184.13									X	
77	46706	REPAIR OF ANAL FISTULA W FIBRIN GLUE	184.13	00 15								X	
73	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	516.75										
77	46707	REPAIR OF ANORECTAL FISTULA WITH PLU	516.75	00 15									
73	46710	REPR PER/VAG POUCH SNGL PROC	1,151.49										
77	46710	REPR PER/VAG POUCH SNGL PROC	1,151.49	00 15									
73	46712	REPR PER/VAG POUCH DBL PROC	2,303.63										
77	46712	REPR PER/VAG POUCH DBL PROC	2,303.63	00 15									
73	46715	REPAIR OF ANOVAGINAL FISTULA	572.77										
77	46715	REPAIR OF ANOVAGINAL FISTULA	572.77	00 15									
73	46716	REPAIR OF ANOVAGINAL FISTULA	1,271.43										
77	46716	REPAIR OF ANOVAGINAL FISTULA	1,271.43	00 15									
73	46730	CONSTRUCTION OF ABSENT ANUS	2,058.20										
77	46730	CONSTRUCTION OF ABSENT ANUS	2,058.20	00 15									
73	46735	CONSTRUCTION OF ABSENT ANUS	2,371.14										
77	46735	CONSTRUCTION OF ABSENT ANUS	2,371.14	00 15									
73	46740	CONSTRUCTION OF ABSENT ANUS	2,246.83										
77	46740	CONSTRUCTION OF ABSENT ANUS	2,246.83	00 15									
73	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,599.27										
77	46742	REPAIR OF HIGH IMPERFORATE ANUS WITH	2,599.27	00 15									
73	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,675.67				F						
77	46744	REPAIR OF CLOACAL ANOMALY BY ANORECT	3,675.67	00 15			F						
73	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,050.74				F						
77	46746	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,050.74	00 15			F						
73	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,391.47				F						
77	46748	REPAIR OF CLOACAL ANOMALY BY ANORECT	4,391.47	00 15			F						
73	46750	REPAIR OF ANAL SPHINCTER	762.73										
77	46750	REPAIR OF ANAL SPHINCTER	762.73	00 15									
73	46751	REPAIR OF ANAL SPHINCTER	690.66										

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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	46751	REPAIR OF ANAL SPHINCTER	690.66	00 15									
73	46753	RECONSTRUCTION OF ANUS	641.21										
77	46753	RECONSTRUCTION OF ANUS	641.21	00 15									
73	46754	REMOVAL OF SUTURE FROM ANUS	343.86										
77	46754	REMOVAL OF SUTURE FROM ANUS	343.86	00 15									
73	46760	REPAIR OF ANAL SPHINCTER	1,112.44										
77	46760	REPAIR OF ANAL SPHINCTER	1,112.44	00 15									
73	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	933.89										
77	46761	SPHINCTEROPLASTY,ANAL;LEV MUSC IMBRI	933.89	00 15									
73	46900	REMOVAL OF ANAL LESION	235.34										
77	46900	REMOVAL OF ANAL LESION	235.34	00 15									
73	46910	REMOVAL OF ANAL LESION	258.98										
77	46910	REMOVAL OF ANAL LESION	258.98	00 15									
73	46916	CRYSOSURGERY-ANAL LESIONS ,	255.06									X	
77	46916	CRYSOSURGERY-ANAL LESIONS ,	255.06	00 15								X	
73	46917	DESTROY ANAL LESION(S); LASER SURG	435.20										
77	46917	DESTROY ANAL LESION(S); LASER SURG	435.20	00 15									
73	46922	DESTROY ANAL LESION(S)-SURG EXCISION	309.30										
77	46922	DESTROY ANAL LESION(S)-SURG EXCISION	309.30	00 15									
73	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	535.97										
77	46924	DESTROY ANAL LESIONS,ANY METH,EXTEN.	535.97	00 15									
73	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	212.28										
77	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S	212.28	00 15									
73	46940	TREATMENT OF ANAL FISSURE	264.50										
77	46940	TREATMENT OF ANAL FISSURE	264.50	00 15									
73	46942	TREATMENT OF ANAL FISSURE	250.68										
77	46942	TREATMENT OF ANAL FISSURE	250.68	00 15									
73	46945	LIGATION OF HEMORRHOIDS	338.94										
77	46945	LIGATION OF HEMORRHOIDS	338.94	00 15									
73	46946	LIGATION OF HEMORRHOIDS	381.84										
77	46946	LIGATION OF HEMORRHOIDS	381.84	00 15									
73	46947	HEMORRHOIDOPEXY BY STAPLING	398.49										
77	46947	HEMORRHOIDOPEXY BY STAPLING	398.49	00 15									
73	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	450.37										
77	46948	HEMORRHOIDECTOMY,INTERNAL, BY TRANSA	450.37	00 15									
73	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	293.85										
77	47000	BIOPSY OF LIVER, NEEDLE; PERCUTANEOU	293.85	00 15									
73	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	107.89										
77	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE	107.89	00 15									
73	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,256.73										
77	47010	DRAINAGE OF LIVER ABSCESS OR CYST, O	1,256.73	00 15									
73	47015	INJECT/ASPIRATE LIVER CYST	1,209.39										
77	47015	INJECT/ASPIRATE LIVER CYST	1,209.39	00 15									
73	47100	WEDGE BIOPSY OF LIVER	876.74										
77	47100	WEDGE BIOPSY OF LIVER	876.74	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	47120	PARTIAL REMOVAL OF LIVER	2,423.48										
77	47120	PARTIAL REMOVAL OF LIVER	2,423.48	00 15									
73	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,556.46										
77	47122	HEPATECTOMY,RESECT LIVER;TRISEGMENT.	3,556.46	00 15									
73	47125	PARTIAL REMOVAL OF LIVER	3,198.37										
77	47125	PARTIAL REMOVAL OF LIVER	3,198.37	00 15									
73	47130	PARTIAL REMOVAL OF LIVER	3,436.46										
77	47130	PARTIAL REMOVAL OF LIVER	3,436.46	00 15									
73	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,591.96		X								
77	47135	LIVER TRANSPLANT,W/W/O RECI HEPATEC.	5,591.96	00 15	X								
73	47140	PARTIAL REMOVAL, DONOR LIVER	3,707.54		X								
77	47140	PARTIAL REMOVAL, DONOR LIVER	3,707.54	00 15	X								
73	47141	PARTIAL REMOVAL, DONOR LIVER	4,433.80		X								
77	47141	PARTIAL REMOVAL, DONOR LIVER	4,433.80	00 15	X								
73	47142	PARTIAL REMOVAL, DONOR LIVER	4,867.24		X								
77	47142	PARTIAL REMOVAL, DONOR LIVER	4,867.24	00 15	X								
73	47146	PREP DONOR LIVER/VENOUS	341.28		X								
77	47146	PREP DONOR LIVER/VENOUS	341.28	00 15	X								
73	47147	PREP DONOR LIVER/ARTERIAL	397.40		X								
77	47147	PREP DONOR LIVER/ARTERIAL	397.40	00 15	X								
73	47300	SURGERY FOR LIVER LESION	1,178.31										
77	47300	SURGERY FOR LIVER LESION	1,178.31	00 15									
73	47350	REPAIR LIVER WOUND	1,416.92										
77	47350	REPAIR LIVER WOUND	1,416.92	00 15									
73	47360	REPAIR LIVER WOUND	1,949.81										
77	47360	REPAIR LIVER WOUND	1,949.81	00 15									
73	47361	REPAIR LIVER WOUND	3,136.31										
77	47361	REPAIR LIVER WOUND	3,136.31	00 15									
73	47362	REPAIR LIVER WOUND	1,485.27										
77	47362	REPAIR LIVER WOUND	1,485.27	00 15									
73	47370	LAPARO ABLATE LIVER TUMOR RF	1,304.15										
77	47370	LAPARO ABLATE LIVER TUMOR RF	1,304.15	00 15									
73	47371	LAPARO ABLATE LIVER CRYOSUG	1,310.89										
77	47371	LAPARO ABLATE LIVER CRYOSUG	1,310.89	00 15									
73	47380	OPEN ABLATE LIVER TUMOR RF	1,501.89										
77	47380	OPEN ABLATE LIVER TUMOR RF	1,501.89	00 15									
73	47381	OPEN ABLATE LIVER TUMOR CRYO	1,542.81										
77	47381	OPEN ABLATE LIVER TUMOR CRYO	1,542.81	00 15									
73	47382	PERCUT ABLATE LIVER RF	3,565.88										
77	47382	PERCUT ABLATE LIVER RF	3,565.88	00 15									
73	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	5,739.29										
77	47383	ABLATION, 1 OR MORE LIVER TUMOR(S),	5,739.29	00 15									
73	47400	INCISION OF LIVER DUCT	2,237.89										
77	47400	INCISION OF LIVER DUCT	2,237.89	00 15									
73	47420	INCISION OF BILE DUCT	1,382.83										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	47420	INCISION OF BILE DUCT	1,382.83	00 15									
73	47425	INCISION OF BILE DUCT	1,422.13										
77	47425	INCISION OF BILE DUCT	1,422.13	00 15									
73	47460	INCISE BILE DUCT SPHINCTER	1,319.68										
77	47460	INCISE BILE DUCT SPHINCTER	1,319.68	00 15									
73	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	905.28										
77	47480	CHOLECYSTOTOMY OR CHOLECYSTOSTOMY, O	905.28	00 15									
73	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	328.25										
77	47490	CHOLECYSTOSTOMY, PERCUTANEOUS, COMPL	328.25	00 15									
73	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	411.17										
77	47531	INJECTION PROCEDURE FOR CHOLANGIOGRA	411.17	00 15									
73	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	816.67										
77	47532	INJECTION PROCEDURE FOR CHOLANGIOGRA	816.67	00 15									
73	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,135.01										
77	47533	PLACEMENT OF BILIARY DRAINAGE CATHET	1,135.01	00 15									
73	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,249.19										
77	47534	PLACEMENT OF BILIARY DRAINAGE CATHET	1,249.19	00 15									
73	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	863.76										
77	47535	CONVERSION OF EXTERNAL BILIARY DRAIN	863.76	00 15									
73	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	618.47										
77	47536	EXCHANGE OF BILIARY DRAINAGE CATHETE	618.47	00 15									
73	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	478.52										
77	47537	REMOVAL OF BILIARY DRAINAGE CATHETER	478.52	00 15									
73	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,629.27										
77	47538	PLACEMENT OF STENT(S) INTO A BILE DU	3,629.27	00 15									
73	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,059.55										
77	47539	PLACEMENT OF STENT(S) INTO A BILE DU	4,059.55	00 15									
73	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,095.51										
77	47540	PLACEMENT OF STENT(S) INTO A BILE DU	4,095.51	00 15									
73	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,134.90										
77	47541	PLACEMENT OF ACCESS THROUGH THE BILI	1,134.90	00 15									
73	47542	BALLOON DILATION OF BILIARY DUCT(S)	487.03										
77	47542	BALLOON DILATION OF BILIARY DUCT(S)	487.03	00 15									
73	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	384.79										
77	47543	ENDOLUMINAL BIOPSY(IES) OF BILIARY T	384.79	00 15									
73	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	812.37										
77	47544	REMOVAL OF CALCULI/DEBRIS FROM BILIR	812.37	00 15									
73	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	170.73										
77	47550	BILIARY ENDOSCOPY, INTRAOPERATIVE (C	170.73	00 15									
73	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	281.27										
77	47552	DIAGNOSTIC EXAMINATION OF BILE DUCTS	281.27	00 15									
73	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	283.50										
77	47553	BILIARY ENDOSCOPY...;BX &SPEC. COLL	283.50	00 15									
73	47554	BILIARY ENDOSCOPY...; REMOVE STONES	453.55										
77	47554	BILIARY ENDOSCOPY...; REMOVE STONES	453.55	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	337.28										
77	47555	BILIARY ENDOSCOPY;DILATE DUCT STRICT	337.28	00 15									
73	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	382.07										
77	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA	382.07	00 15									
73	47562	LAPAROSCOPIC CHOLECYSTECTOMY	684.77										
77	47562	LAPAROSCOPIC CHOLECYSTECTOMY	684.77	00 15									
73	47563	LAPARO CHOLECYSTECTOMY/GRAPH	747.14										
77	47563	LAPARO CHOLECYSTECTOMY/GRAPH	747.14	00 15									
73	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,160.56										
77	47564	LAPARO CHOLECYSTECTOMY/EXPLR	1,160.56	00 15									
73	47570	LAPARO CHOLECYSTOENTEROSTOMY	808.80										
77	47570	LAPARO CHOLECYSTOENTEROSTOMY	808.80	00 15									
73	47600	REMOVAL OF GALLBLADDER	1,110.58										
77	47600	REMOVAL OF GALLBLADDER	1,110.58	00 15									
73	47605	REMOVAL OF GALLBLADDER	1,172.70										
77	47605	REMOVAL OF GALLBLADDER	1,172.70	00 15									
73	47610	REMOVAL OF GALLBLADDER	1,303.72										
77	47610	REMOVAL OF GALLBLADDER	1,303.72	00 15									
73	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,326.05										
77	47612	CHOLECYSTECTOMY W/CHOLEDOCHOENTEROST	1,326.05	00 15									
73	47620	REMOVAL OF GALLBLADDER	1,432.73										
77	47620	REMOVAL OF GALLBLADDER	1,432.73	00 15									
73	47700	EXPLORATION OF BILE DUCTS	1,099.12										
77	47700	EXPLORATION OF BILE DUCTS	1,099.12	00 15									
73	47701	PORTENTEROSTOMY	1,806.84										
77	47701	PORTENTEROSTOMY	1,806.84	00 15									
73	47711	EXCISION OF BILE DUCT TUMOR	1,619.33										
77	47711	EXCISION OF BILE DUCT TUMOR	1,619.33	00 15									
73	47712	EXCISION OF BILE DUCT TUMOR	2,078.98										
77	47712	EXCISION OF BILE DUCT TUMOR	2,078.98	00 15									
73	47715	EXCISE CHOLEDOCHAL CYST	1,383.28										
77	47715	EXCISE CHOLEDOCHAL CYST	1,383.28	00 15									
73	47720	FUSE GALLBLADDER & BOWEL	1,200.70										
77	47720	FUSE GALLBLADDER & BOWEL	1,200.70	00 15									
73	47721	FUSE UPPER GI STRUCTURES	1,409.19										
77	47721	FUSE UPPER GI STRUCTURES	1,409.19	00 15									
73	47740	FUSE GALLBLADDER & BOWEL	1,364.97										
77	47740	FUSE GALLBLADDER & BOWEL	1,364.97	00 15									
73	47741	FUSE GALLBLADDER & BOWEL	1,535.08										
77	47741	FUSE GALLBLADDER & BOWEL	1,535.08	00 15									
73	47760	FUSE BILE DUCTS AND BOWEL	2,339.25										
77	47760	FUSE BILE DUCTS AND BOWEL	2,339.25	00 15									
73	47765	FUSE LIVER DUCTS & BOWEL	3,060.20										
77	47765	FUSE LIVER DUCTS & BOWEL	3,060.20	00 15									
73	47780	FUSE BILE DUCTS AND BOWEL	2,572.77										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	47780	FUSE BILE DUCTS AND BOWEL	2,572.77	00 15									
73	47785	FUSE BILE DUCTS AND BOWEL	3,367.67										
77	47785	FUSE BILE DUCTS AND BOWEL	3,367.67	00 15									
73	47800	RECONSTRUCTION OF BILE DUCTS	1,613.25										
77	47800	RECONSTRUCTION OF BILE DUCTS	1,613.25	00 15									
73	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,158.39										
77	47801	PLACEMENT OF CHOLEDOCHAL STENT	1,158.39	00 15									
73	47802	U-TUBE HEPATICOENTEROSTOMY	1,585.42										
77	47802	U-TUBE HEPATICOENTEROSTOMY	1,585.42	00 15									
73	47900	SUTURE BILE DUCT INJURY	1,434.86										
77	47900	SUTURE BILE DUCT INJURY	1,434.86	00 15									
73	48000	DRAINAGE OF ABDOMEN	1,960.63										
77	48000	DRAINAGE OF ABDOMEN	1,960.63	00 15									
73	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,402.49										
77	48001	PLACEMENT OF DRAINS, PERIPANCREATIC,	2,402.49	00 15									
73	48020	REMOVAL OF PANCREATIC STONE	1,227.24										
77	48020	REMOVAL OF PANCREATIC STONE	1,227.24	00 15									
73	48100	BIOPSY OF PANCREAS	920.68										
77	48100	BIOPSY OF PANCREAS	920.68	00 15									
73	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	507.63										
77	48102	BX PANCREAS;PERCUTANEOUS NEEDLE	507.63	00 15									
73	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	2,921.84										
77	48105	RESECTION OR DEBRIDEMENT OF PANCREAS	2,921.84	00 15									
73	48120	REMOVAL OF PANCREAS LESION	1,160.56										
77	48120	REMOVAL OF PANCREAS LESION	1,160.56	00 15									
73	48140	PARTIAL REMOVAL OF PANCREAS	1,628.38										
77	48140	PARTIAL REMOVAL OF PANCREAS	1,628.38	00 15									
73	48145	PARTIAL REMOVAL OF PANCREAS	1,700.48										
77	48145	PARTIAL REMOVAL OF PANCREAS	1,700.48	00 15									
73	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,957.02										
77	48146	PANCREATECTOMY, DISTAL, NEAR-TOTAL W	1,957.02	00 15									
73	48148	REMOVAL OF PANCREATIC DUCT	1,301.57										
77	48148	REMOVAL OF PANCREATIC DUCT	1,301.57	00 15									
73	48150	PARTIAL REMOVAL OF PANCREAS	3,235.45										
77	48150	PARTIAL REMOVAL OF PANCREAS	3,235.45	00 15									
73	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,003.69										
77	48152	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,003.69	00 15									
73	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,228.36										
77	48153	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,228.36	00 15									
73	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,015.84										
77	48154	PANCREATECTOMY, PROXIMAL SUBTOTAL WI	3,015.84	00 15									
73	48155	REMOVAL OF PANCREAS	1,891.92										
77	48155	REMOVAL OF PANCREAS	1,891.92	00 15									
73	48500	SURGERY OF PANCREAS CYST	1,193.90										
77	48500	SURGERY OF PANCREAS CYST	1,193.90	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,138.66										
77	48510	INSERTION OF DRAIN FROM PANCREATIC C	1,138.66	00 15									
73	48520	FUSE PANCREAS CYST AND BOWEL	1,146.15										
77	48520	FUSE PANCREAS CYST AND BOWEL	1,146.15	00 15									
73	48540	FUSE PANCREAS CYST AND BOWEL	1,362.48										
77	48540	FUSE PANCREAS CYST AND BOWEL	1,362.48	00 15									
73	48545	PANCREATORRHAPHY FOR TRAUMA	1,401.61										
77	48545	PANCREATORRHAPHY FOR TRAUMA	1,401.61	00 15									
73	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,867.12										
77	48547	DUODENAL EXCLUSION WITH GASTROJEJUNO	1,867.12	00 15									
73	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,740.66										
77	48548	PANCREATICOJEJUNOSTOMY, SIDE-TO-SIDE	1,740.66	00 15									
73	48552	PREP DONOR PANCREAS/VENOUS	245.43		X								
77	48552	PREP DONOR PANCREAS/VENOUS	245.43	00 15	X								
73	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,686.78		X								
77	48554	TRANSPLANTATION OF PANCREATIC ALLOGR	2,686.78	00 15	X								
73	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,331.29		X								
77	48556	REMOVAL OF TRANSPLANTED PANCREATIC A	1,331.29	00 15	X								
73	49000	EXPLORATION OF ABDOMEN	795.37		X								
77	49000	EXPLORATION OF ABDOMEN	795.37	00 15	X								
73	49002	REEXPLORATION OF ABDOMEN	1,081.23										
77	49002	REEXPLORATION OF ABDOMEN	1,081.23	00 15									
73	49010	EXPLORE,RETROPERITONEAL AREA	956.05										
77	49010	EXPLORE,RETROPERITONEAL AREA	956.05	00 15									
73	49013	PREPERITONEAL PELVIC PACKING FOR HEM	475.57										
77	49013	PREPERITONEAL PELVIC PACKING FOR HE	475.57	00 15									
73	49014	RE-EXPLORATION OF PELVIC WOUND WITH	394.32										
77	49014	RE-EXPLORATION OF PELVIC WOUND WITH	394.32	00 15									
73	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,648.22										
77	49020	DRAINAGE OF ABDOMINAL ABSCESS OR INF	1,648.22	00 15									
73	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,039.44										
77	49040	DRAINAGE OF ABSCESS OF MUSCLE SEPARA	1,039.44	00 15									
73	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,131.80										
77	49060	DRAINAGE OF ABSCESS BEHIND ABDOMINAL	1,131.80	00 15									
73	49062	DRAIN TO PERITONEAL CAVITY	798.89										
77	49062	DRAIN TO PERITONEAL CAVITY	798.89	00 15									
73	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	207.20										
77	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	207.20	00 15									
73	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	287.05										
77	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC O	287.05	00 15									
73	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	111.33										
77	49084	PERITONEAL LAVAGE, INCLUDING IMAGING	111.33	00 15									
73	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	172.49										
77	49180	NEEDLE BX,ABDOMINAL/RETROPERI. MASS	172.49	00 15									
73	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,222.03										

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	49185	SCLEROTHERAPY OF FLUID COLLECTION (E	1,222.03	00 15									
73	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,234.87										
77	49203	EXCISION OR DESTRUCTION, OPEN, INTRA	1,234.87	00 15									
73	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,572.43										
77	49204	EXCISION OR DESTRUCTION, OPEN, INTRA	1,572.43	00 15									
73	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,806.57										
77	49205	EXCISION OR DESTRUCTION, OPEN, INTRA	1,806.57	00 15									
73	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,261.48										
77	49215	EXCISE PRECACRAL/SACROCCYGEAL CYST	2,261.48	00 15									
73	49250	EXCISION OF UMBILICUS	613.02										
77	49250	EXCISION OF UMBILICUS	613.02	00 15									
73	49255	OMENTECTOMY,...RESECT OMENTUM	815.56		X								
77	49255	OMENTECTOMY,...RESECT OMENTUM	815.56	00 15	X								
73	49320	DIAG LAPARO SEPARATE PROC	339.51		X								
77	49320	DIAG LAPARO SEPARATE PROC	339.51	00 15	X								
73	49321	LAPAROSCOPY, BIOPSY	355.34		X								
77	49321	LAPAROSCOPY, BIOPSY	355.34	00 15	X								
73	49322	LAPAROSCOPY, ASPIRATION	387.99		X								
77	49322	LAPAROSCOPY, ASPIRATION	387.99	00 15	X								
73	49323	LAPARO DRAIN LYMPHOCELE	657.86		X								
77	49323	LAPARO DRAIN LYMPHOCELE	657.86	00 15	X								
73	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	402.56										
77	49324	LAPAROSCOPY, SURGICAL; WITH INSERTIO	402.56	00 15									
73	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	429.61										
77	49325	LAPAROSCOPY, SURGICAL; WITH REVISION	429.61	00 15									
73	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	196.24										
77	49326	LAPAROSCOPY, SURGICAL; WITH OMENTO +	196.24	00 15									
73	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	135.49										
77	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMEN	135.49	00 15									
73	49400	AIR INJECTION INTO ABDOMEN	149.11										
77	49400	AIR INJECTION INTO ABDOMEN	149.11	00 15									
73	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	886.04										
77	49402	REMOVAL OF PERITONEAL FOREIGN BODY F	886.04	00 15									
73	49405	Fluid collection drainage by cathete	862.65										
77	49405	Fluid collection drainage by cathete	862.65	00 15									
73	49406	Fluid collection drainage by cathete	862.97										
77	49406	Fluid collection drainage by cathete	862.97	00 15									
73	49407	Fluid collection drainage by cathete	732.60										
77	49407	Fluid collection drainage by cathete	732.60	00 15									
73	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	472.02										
77	49411	PLACEMENT OF INTERSTITIAL DEVICE(S)	472.02	00 15									
73	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	85.47										
77	49412	PLACEMENT OF INTERSTITIAL DEVICE(S)	85.47	00 15									
73	49418	INSERTION OF TUNNELED INTRAPERITONEA	956.50										
77	49418	INSERTION OF TUNNELED INTRAPERITONEA	956.50	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	49419	INSERTION OF TUNNELED INTRAPERITONEA	432.31										
77	49419	INSERTION OF TUNNELED INTRAPERITONEA	432.31	00 15									
73	49421	INSERTION OF TUNNELED INTRAPERITONEA	235.29										
77	49421	INSERTION OF TUNNELED INTRAPERITONEA	235.29	00 15									
73	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	229.08										
77	49422	REMOVAL OF TUNNELED INTRAPERITONEAL	229.08	00 15									
73	49423	EXCHANGE DRAINAGE CATH	571.85										
77	49423	EXCHANGE DRAINAGE CATH	571.85	00 15									
73	49424	ASSESS CYST, CONTRAST INJ	177.36										
77	49424	ASSESS CYST, CONTRAST INJ	177.36	00 15									
73	49425	PERITONEAL-VENOUS SHUNT	810.58										
77	49425	PERITONEAL-VENOUS SHUNT	810.58	00 15									
73	49426	REVISION OF PERITONEAL-VENOUS SHUNT	696.53										
77	49426	REVISION OF PERITONEAL-VENOUS SHUNT	696.53	00 15									
73	49427	INJECTION PROCEDURE (EG, CONTRAST ME	39.96										
77	49427	INJECTION PROCEDURE (EG, CONTRAST ME	39.96	00 15									
73	49428	LIGATION OF SHUNT	447.80										
77	49428	LIGATION OF SHUNT	447.80	00 15									
73	49429	REMOVAL OF SHUNT	477.29										
77	49429	REMOVAL OF SHUNT	477.29	00 15									
73	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	123.56										
77	49435	INSERTION OF SUBCUTANEOUS EXTENSI +	123.56	00 15									
73	49436	DELAYED CREATION OF EXIT SITE FROM E	533.92										
77	49436	DELAYED CREATION OF EXIT SITE FROM E	533.92	00 15									
73	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	811.71										
77	49440	INSERTION OF GASTROSTOMY TUBE, PERCU	811.71	00 15									
73	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	924.01										
77	49441	INSERTION OF DUODENOSTOMY OR JEJUNOS	924.01	00 15									
73	49442	INSERTION OF CECOSTOMY OR OTHER COLO	773.54										
77	49442	INSERTION OF CECOSTOMY OR OTHER COLO	773.54	00 15									
73	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	776.03										
77	49446	CONVERSION OF GASTROSTOMY TUBE TO GA	776.03	00 15									
73	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	578.57										
77	49450	REPLACEMENT OF GASTROSTOMY OR CECOST	578.57	00 15									
73	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	618.85										
77	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUN	618.85	00 15									
73	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	753.79										
77	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TU	753.79	00 15									
73	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	676.81										
77	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MA	676.81	00 15									
73	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	132.19										
77	49465	CONTRAST INJECTION(S) FOR RADIOLOGIC	132.19	00 15									
73	49491	REPAIRING HERN PREMIE REDUC	830.57										
77	49491	REPAIRING HERN PREMIE REDUC	830.57	00 15									
73	49492	RPR ING HERN PREMIE, BLOCKED	998.80										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	49492	RPR ING HERN PREMIE, BLOCKED	998.80	00	15									
73	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	425.04											
77	49495	REPAIR INITIAL INGUINAL HERNIA, UNDE	425.04	00	15									
73	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	639.07											
77	49496	REPAIR INITIAL INGUINAL HERNIA, UNDE	639.07	00	15									
73	49500	REPAIR INITIAL INGUINAL HERNIA..	430.35	00	04					X				
77	49500	REPAIR INITIAL INGUINAL HERNIA..	430.35	00	04					X				
73	49501	REPAIR INITIAL INGUINAL HERNIA..	630.88	00	04									
77	49501	REPAIR INITIAL INGUINAL HERNIA..	630.88	00	04									
73	49505	REPAIR INGUINAL HERNIA	542.66	05	99									
77	49505	REPAIR INGUINAL HERNIA	542.66	05	15									
73	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	610.71	05	99									
77	49507	REPAIR INITIAL INGUINAL HERNIA, AGE	610.71	05	15									
73	49520	REREPAIR INGUINAL HERNIA	658.23											
77	49520	REREPAIR INGUINAL HERNIA	658.23	00	15									
73	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	745.76											
77	49521	REPAIR RECURRENT INGUINAL HERNIA, AN	745.76	00	15									
73	49525	REPAIR INGUINAL HERNIA	596.36											
77	49525	REPAIR INGUINAL HERNIA	596.36	00	15									
73	49540	REPAIR LUMBAR HERNIA	706.02											
77	49540	REPAIR LUMBAR HERNIA	706.02	00	15									
73	49550	REPAIR FEMORAL HERNIA	600.85											
77	49550	REPAIR FEMORAL HERNIA	600.85	00	15									
73	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	657.79											
77	49553	REPAIR INITIAL FEMORAL HERNIA, ANY A	657.79	00	15									
73	49555	REPAIR FEMORAL HERNIA	629.20											
77	49555	REPAIR FEMORAL HERNIA	629.20	00	15									
73	49557	REPAIR RECURRENT FEMORAL HERNIA;	753.42											
77	49557	REPAIR RECURRENT FEMORAL HERNIA;	753.42	00	15									
73	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA	356.57											
77	49591	REPAIR OF ANTERIOR ABDOMINAL HERNIA	356.57	00	15									
73	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA	497.32											
77	49592	REPAIR OF ANTERIOR ABDOMINAL HERNIA	497.32	00	15									
73	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA	598.78											
77	49593	REPAIR OF ANTERIOR ABDOMINAL HERNIA	598.78	00	15									
73	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA	780.66											
77	49594	REPAIR OF ANTERIOR ABDOMINAL HERNIA	780.66	00	15									
73	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA	805.10											
77	49595	REPAIR OF ANTERIOR ABDOMINAL HERNIA	805.10	00	15									
73	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,069.24											
77	49596	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,069.24	00	15									
73	49600	REPAIR UMBILICAL LESION	764.28											
77	49600	REPAIR UMBILICAL LESION	764.28	00	15									
73	49605	REPAIR UMBILICAL LESION	5,129.46											
77	49605	REPAIR UMBILICAL LESION	5,129.46	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	49606	REPAIR UMBILICAL LESION	1,183.94										
77	49606	REPAIR UMBILICAL LESION	1,183.94	00 15									
73	49610	REPAIR UMBILICAL LESION	722.45										
77	49610	REPAIR UMBILICAL LESION	722.45	00 15									
73	49611	REPAIR UMBILICAL LESION	635.26										
77	49611	REPAIR UMBILICAL LESION	635.26	00 15									
73	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA	439.36										
77	49613	REPAIR OF ANTERIOR ABDOMINAL HERNIA	439.36	00 15									
73	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA	597.49										
77	49614	REPAIR OF ANTERIOR ABDOMINAL HERNIA	597.49	00 15									
73	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA	668.21										
77	49615	REPAIR OF ANTERIOR ABDOMINAL HERNIA	668.21	00 15									
73	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA	898.59										
77	49616	REPAIR OF ANTERIOR ABDOMINAL HERNIA	898.59	00 15									
73	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA	924.05										
77	49617	REPAIR OF ANTERIOR ABDOMINAL HERNIA	924.05	00 15									
73	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,296.46										
77	49618	REPAIR OF ANTERIOR ABDOMINAL HERNIA	1,296.46	00 15									
73	49621	REPAIR OF PARASTOMAL HERNIA, ANY APP	771.78										
77	49621	REPAIR OF PARASTOMAL HERNIA, ANY APP	771.78	00 15									
73	49622	REPAIR OF PARASTOMAL HERNIA, ANY APP	952.54										
77	49622	REPAIR OF PARASTOMAL HERNIA, ANY APP	952.54	00 15									
73	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-I	205.65										
77	49623	REMOVAL OF TOTAL OR NEAR TOTAL NON-I	205.65	00 15									
73	49650	LAP ING HERNIA REPAIR INIT	447.53										
77	49650	LAP ING HERNIA REPAIR INIT	447.53	00 15									
73	49651	LAP ING HERNIA REPAIR RECUR	585.32										
77	49651	LAP ING HERNIA REPAIR RECUR	585.32	00 15									
73	49900	REPAIR OF ABDOMINAL WALL	845.53										
77	49900	REPAIR OF ABDOMINAL WALL	845.53	00 15									
73	49904	OMENTAL FLAP, EXTRA-ABDOM	1,429.70										
77	49904	OMENTAL FLAP, EXTRA-ABDOM	1,429.70	00 15									
73	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	366.25										
77	49905	OMENTAL FLAP (EG, FOR RECONSTRUCTION	366.25	00 15									
73	50010	EXPLORATION OF KIDNEY	760.55										
77	50010	EXPLORATION OF KIDNEY	760.55	00 15									
73	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,017.68										
77	50020	INCISION AND DRAINAGE OF KIDNEY ABSC	1,017.68	00 15									
73	50040	DRAINAGE OF KIDNEY	928.41										
77	50040	DRAINAGE OF KIDNEY	928.41	00 15									
73	50045	EXPLORATION OF KIDNEY	935.34										
77	50045	EXPLORATION OF KIDNEY	935.34	00 15									
73	50060	REMOVAL OF KIDNEY STONE	1,142.15										
77	50060	REMOVAL OF KIDNEY STONE	1,142.15	00 15									
73	50065	INCISION OF KIDNEY	1,211.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	50065	INCISION OF KIDNEY	1,211.86	00 15									
73	50070	INCISION OF KIDNEY	1,188.43										
77	50070	INCISION OF KIDNEY	1,188.43	00 15									
73	50075	REMOVAL OF KIDNEY STONE	1,460.47										
77	50075	REMOVAL OF KIDNEY STONE	1,460.47	00 15									
73	50080	PERCUT NEPHRO/PYELO,W/OR W/O	699.36										
77	50080	PERCUT NEPHRO/PYELO,W/OR W/O	699.36	00 15									
73	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,130.05										
77	50081	PERCUT NEPHRO/PYELO,W/ OR W/O	1,130.05	00 15									
73	50100	REVISE KIDNEY BLOOD VESSELS	1,124.30										
77	50100	REVISE KIDNEY BLOOD VESSELS	1,124.30	00 15									
73	50120	EXPLORATION OF KIDNEY	951.84										
77	50120	EXPLORATION OF KIDNEY	951.84	00 15									
73	50125	EXPLORE AND DRAIN KIDNEY	984.45										
77	50125	EXPLORE AND DRAIN KIDNEY	984.45	00 15									
73	50130	REMOVAL OF KIDNEY STONE	1,035.98										
77	50130	REMOVAL OF KIDNEY STONE	1,035.98	00 15									
73	50135	EXPLORATION OF KIDNEY	1,124.77										
77	50135	EXPLORATION OF KIDNEY	1,124.77	00 15									
73	50200	BIOPSY OF KIDNEY	500.57										
77	50200	BIOPSY OF KIDNEY	500.57	00 15									
73	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	781.08										
77	50205	RENAL BIOPSY; BY SURGICAL EXPOSURE O	781.08	00 15									
73	50220	REMOVAL OF KIDNEY	1,067.55										
77	50220	REMOVAL OF KIDNEY	1,067.55	00 15									
73	50225	REMOVAL OF KIDNEY	1,216.93										
77	50225	REMOVAL OF KIDNEY	1,216.93	00 15									
73	50230	REMOVAL OF KIDNEY	1,289.13										
77	50230	REMOVAL OF KIDNEY	1,289.13	00 15									
73	50234	REMOVAL OF KIDNEY & URETER	1,311.53										
77	50234	REMOVAL OF KIDNEY & URETER	1,311.53	00 15									
73	50236	REMOVAL OF KIDNEY & URETER	1,468.63										
77	50236	REMOVAL OF KIDNEY & URETER	1,468.63	00 15									
73	50240	PARTIAL REMOVAL OF KIDNEY	1,331.54										
77	50240	PARTIAL REMOVAL OF KIDNEY	1,331.54	00 15									
73	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,219.88										
77	50250	ABLATION, OPEN, 1 OR MORE RENAL MASS	1,219.88	00 15									
73	50280	REMOVAL OF KIDNEY LESION	970.21										
77	50280	REMOVAL OF KIDNEY LESION	970.21	00 15									
73	50290	REMOVAL OF KIDNEY LESION	902.00										
77	50290	REMOVAL OF KIDNEY LESION	902.00	00 15									
73	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,568.84		X								
77	50320	DONOR NEPHRECTOMY,CARE HOMOG,LIVING	1,568.84	00 15	X								
73	50327	PREP RENAL GRAFT/VENOUS	225.21		X								
77	50327	PREP RENAL GRAFT/VENOUS	225.21	00 15	X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	50328	PREP RENAL GRAFT/ARTERIAL	196.63		X								
77	50328	PREP RENAL GRAFT/ARTERIAL	196.63	00 15	X								
73	50329	PREP RENAL GRAFT/URETERAL	187.03		X								
77	50329	PREP RENAL GRAFT/URETERAL	187.03	00 15	X								
73	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	989.72		X								
77	50340	RECIPIENT NEPHRECTOMY; UNILATERAL	989.72	00 15	X								
73	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,519.14		X								
77	50360	HOMOTRANSPLANT/IMPLANT GRF,NO NEPHRE	2,519.14	00 15	X								
73	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,991.58		X								
77	50365	SEE 50360-W/UNILAT RECI NEPHRECTOMY	2,991.58	00 15	X								
73	50370	REMOVE TRANSPLANTED KIDNEY	1,252.73										
77	50370	REMOVE TRANSPLANTED KIDNEY	1,252.73	00 15									
73	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,102.25		X								
77	50380	RENAL AUTOTRANSPLANT,REIMPLANT KIDN	2,102.25	00 15	X								
73	50382	CHANGE URETER STENT, PERCUT	981.73										
77	50382	CHANGE URETER STENT, PERCUT	981.73	00 15									
73	50384	REMOVE URETER STENT, PERCUT	839.99										
77	50384	REMOVE URETER STENT, PERCUT	839.99	00 15									
73	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	980.98										
77	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPL	980.98	00 15									
73	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	725.82										
77	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTER	725.82	00 15									
73	50387	CHANGE EXT/INT URETER STENT	538.54										
77	50387	CHANGE EXT/INT URETER STENT	538.54	00 15									
73	50389	REMOVE RENAL TUBE W/FLUORO	402.03										
77	50389	REMOVE RENAL TUBE W/FLUORO	402.03	00 15									
73	50390	DRAINAGE OF KIDNEY LESION	94.79										
77	50390	DRAINAGE OF KIDNEY LESION	94.79	00 15									
73	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	124.74										
77	50391	INSTILLATIONS OF DRUG INTO KIDNEY AN	124.74	00 15									
73	50396	MEASURE KIDNEY PRESSURE	115.33										
77	50396	MEASURE KIDNEY PRESSURE	115.33	00 15									
73	50400	REVISION OF KIDNEY/URETER	1,158.31										
77	50400	REVISION OF KIDNEY/URETER	1,158.31	00 15									
73	50405	REVISION OF KIDNEY/URETER	1,399.52										
77	50405	REVISION OF KIDNEY/URETER	1,399.52	00 15									
73	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	613.38										
77	50430	INJECTION PROCEDURE FOR ANTEGRADE NE	613.38	00 15									
73	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	312.27										
77	50431	INJECTION PROCEDURE FOR ANTEGRADE NE	312.27	00 15									
73	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	882.22										
77	50432	PLACEMENT OF NEPHROSTOMY CATHETER, P	882.22	00 15									
73	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,099.55										
77	50433	PLACEMENT OF NEPHROSTOMY CATHETER, P	1,099.55	00 15									
73	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	881.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	50434	CONVERT NEPHROSTOMY CATHETER TO NEPH	881.52	00 15									
73	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	581.83										
77	50435	EXCHANGE NEPHROSTOMY CATHETER PERCUT	581.83	00 15									
73	50436	DILATION OF EXISTING TRACT, PERCUTAN	148.36										
77	50436	DILATION OF EXISTING TRACT, PERCUTAN	148.36	00 15									
73	50437	DILATION OF EXISTING TRACT, PERCUTAN	247.70										
77	50437	DILATION OF EXISTING TRACT, PERCUTAN	247.70	00 15									
73	50500	REPAIR OF KIDNEY WOUND	1,290.43										
77	50500	REPAIR OF KIDNEY WOUND	1,290.43	00 15									
73	50520	CLOSE KIDNEY-SKIN FISTULA	1,206.77										
77	50520	CLOSE KIDNEY-SKIN FISTULA	1,206.77	00 15									
73	50525	REPAIR RENAL-ABDOMEN FISTULA	1,530.82										
77	50525	REPAIR RENAL-ABDOMEN FISTULA	1,530.82	00 15									
73	50526	REPAIR RENAL-ABDOMEN FISTULA	1,640.63										
77	50526	REPAIR RENAL-ABDOMEN FISTULA	1,640.63	00 15									
73	50540	REVISION OF HORSESHOE KIDNEY	1,149.74										
77	50540	REVISION OF HORSESHOE KIDNEY	1,149.74	00 15									
73	50541	LAPARO ABLATE RENAL CYST	922.05										
77	50541	LAPARO ABLATE RENAL CYST	922.05	00 15									
73	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,172.11										
77	50542	LAPAROSCOPY, SURGICAL; ABLATION OF R	1,172.11	00 15									
73	50543	LAPARO PARTIAL NEPHRECTOMY	1,493.81										
77	50543	LAPARO PARTIAL NEPHRECTOMY	1,493.81	00 15									
73	50544	LAPAROSCOPY, PYELOPLASTY	1,246.47										
77	50544	LAPAROSCOPY, PYELOPLASTY	1,246.47	00 15									
73	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,339.61										
77	50545	REMOVAL OF KIDNEY AND LYMPH NODES US	1,339.61	00 15									
73	50546	LAPAROSCOPIC NEPHRECTOMY	1,211.25										
77	50546	LAPAROSCOPIC NEPHRECTOMY	1,211.25	00 15									
73	50547	LAPARO REMOVAL DONOR KIDNEY	1,668.65										
77	50547	LAPARO REMOVAL DONOR KIDNEY	1,668.65	00 15									
73	50548	LAPARO-ASST REMOVE K/URETER	1,347.37										
77	50548	LAPARO-ASST REMOVE K/URETER	1,347.37	00 15									
73	50551	KIDNEY ENDOSCOPY	360.63										
77	50551	KIDNEY ENDOSCOPY	360.63	00 15									
73	50553	KIDNEY ENDOSCOPY	386.57										
77	50553	KIDNEY ENDOSCOPY	386.57	00 15									
73	50555	KIDNEY ENDOSCOPY & BIOPSY	411.43										
77	50555	KIDNEY ENDOSCOPY & BIOPSY	411.43	00 15									
73	50557	KIDNEY ENDOSCOPY & TREATMENT	418.73										
77	50557	KIDNEY ENDOSCOPY & TREATMENT	418.73	00 15									
73	50561	KIDNEY ENDOSCOPY & TREATMENT	475.14										
77	50561	KIDNEY ENDOSCOPY & TREATMENT	475.14	00 15									
73	50562	RENAL SCOPE W/TUMOR RESECT	577.67										
77	50562	RENAL SCOPE W/TUMOR RESECT	577.67	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	50570	KIDNEY ENDOSCOPY	490.37										
77	50570	KIDNEY ENDOSCOPY	490.37	00 15									
73	50572	KIDNEY ENDOSCOPY	530.02										
77	50572	KIDNEY ENDOSCOPY	530.02	00 15									
73	50574	KIDNEY ENDOSCOPY & BIOPSY	564.13										
77	50574	KIDNEY ENDOSCOPY & BIOPSY	564.13	00 15									
73	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	713.40										
77	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY O	713.40	00 15									
73	50576	KIDNEY ENDOSCOPY & TREATMENT	562.80										
77	50576	KIDNEY ENDOSCOPY & TREATMENT	562.80	00 15									
73	50580	KIDNEY ENDOSCOPY & TREATMENT	605.92										
77	50580	KIDNEY ENDOSCOPY & TREATMENT	605.92	00 15									
73	50590	LITHOTRIPSY,ESW	734.57										
77	50590	LITHOTRIPSY,ESW	734.57	00 15									
73	50592	PERC RF ABLATE RENAL TUMOR	2,730.19										
77	50592	PERC RF ABLATE RENAL TUMOR	2,730.19	00 15									
73	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,655.56										
77	50593	ABLATION, RENAL TUMOR(S), UNILATERAL	3,655.56	00 15									
73	50600	EXPLORATION OF URETER	940.69										
77	50600	EXPLORATION OF URETER	940.69	00 15									
73	50605	URETEROTOMY-INSERT STEAT	1,038.88										
77	50605	URETEROTOMY-INSERT STEAT	1,038.88	00 15									
73	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	473.69										
77	50606	ENDOLUMINAL BIOPSY OF URETER AND/OR	473.69	00 15									
73	50610	REMOVAL OF URETER STONE	947.33										
77	50610	REMOVAL OF URETER STONE	947.33	00 15									
73	50620	REMOVAL OF URETER STONE	906.23										
77	50620	REMOVAL OF URETER STONE	906.23	00 15									
73	50630	REMOVAL OF URETER STONE	895.18										
77	50630	REMOVAL OF URETER STONE	895.18	00 15									
73	50650	REMOVAL OF URETER	1,041.06										
77	50650	REMOVAL OF URETER	1,041.06	00 15									
73	50660	REMOVAL OF URETER	1,145.16										
77	50660	REMOVAL OF URETER	1,145.16	00 15									
73	50684	INJECTION FOR URETER X-RAY	123.91										
77	50684	INJECTION FOR URETER X-RAY	123.91	00 15									
73	50686	MEASURE URETER PRESSURE	140.37										
77	50686	MEASURE URETER PRESSURE	140.37	00 15									
73	50688	CHANGE OF URETER TUBE	76.55										
77	50688	CHANGE OF URETER TUBE	76.55	00 15									
73	50690	INJECTION OF BLADDER AND URINARY DUC	117.22										
77	50690	INJECTION OF BLADDER AND URINARY DUC	117.22	00 15									
73	50693	PLACEMENT OF URETERAL STENT, PERCUTA	964.64										
77	50693	PLACEMENT OF URETERAL STENT, PERCUTA	964.64	00 15									
73	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,085.16										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	50694	PLACEMENT OF URETERAL STENT, PERCUTA	1,085.16	00 15									
73	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,303.45										
77	50695	PLACEMENT OF URETERAL STENT, PERCUTA	1,303.45	00 15									
73	50700	REVISION OF URETER	928.75										
77	50700	REVISION OF URETER	928.75	00 15									
73	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,777.66										
77	50705	URETERAL EMBOLIZATION OR OCCLUSION,	1,777.66	00 15									
73	50706	BALLOON DILATION, URETERAL STRICTURE	815.09										
77	50706	BALLOON DILATION, URETERAL STRICTURE	815.09	00 15									
73	50715	RELEASE OF URETER	1,229.40										
77	50715	RELEASE OF URETER	1,229.40	00 15									
73	50722	RELEASE OF URETER	1,046.69				F						
77	50722	RELEASE OF URETER	1,046.69	00 15			F						
73	50725	RELEASE/REVISE URETER	1,105.29										
77	50725	RELEASE/REVISE URETER	1,105.29	00 15									
73	50727	REVISION OF URINARY-CUTANEOUS ANASTO	512.38										
77	50727	REVISION OF URINARY-CUTANEOUS ANASTO	512.38	00 15									
73	50728	REVISION OF URINARY-CUTANEOUS ANASTO	702.05										
77	50728	REVISION OF URINARY-CUTANEOUS ANASTO	702.05	00 15									
73	50740	FUSION OF URETER & KIDNEY	1,273.37										
77	50740	FUSION OF URETER & KIDNEY	1,273.37	00 15									
73	50750	FUSION OF URETER & KIDNEY	1,155.53										
77	50750	FUSION OF URETER & KIDNEY	1,155.53	00 15									
73	50760	FUSION OF URETERS	1,151.19										
77	50760	FUSION OF URETERS	1,151.19	00 15									
73	50770	SPLICING OF URETERS	1,155.53										
77	50770	SPLICING OF URETERS	1,155.53	00 15									
73	50780	REIMPLANT URETER IN BLADDER	1,121.30										
77	50780	REIMPLANT URETER IN BLADDER	1,121.30	00 15									
73	50782	URETERONEOCYSTOSTOMY;	1,077.76										
77	50782	URETERONEOCYSTOSTOMY;	1,077.76	00 15									
73	50783	URETERONEOCYSTOSTOMY;	1,129.91										
77	50783	URETERONEOCYSTOSTOMY;	1,129.91	00 15									
73	50785	REIMPLANT URETER IN BLADDER	1,222.34										
77	50785	REIMPLANT URETER IN BLADDER	1,222.34	00 15									
73	50800	IMPLANT URETER IN BOWEL	930.79										
77	50800	IMPLANT URETER IN BOWEL	930.79	00 15									
73	50810	FUSION OF URETER & BOWEL	1,460.92										
77	50810	FUSION OF URETER & BOWEL	1,460.92	00 15									
73	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,227.56										
77	50815	URETEROCOLON CONDUIT/ANASTOMOS/UNILA	1,227.56	00 15									
73	50820	CONSTRUCT BOWEL BLADDER	1,320.22										
77	50820	CONSTRUCT BOWEL BLADDER	1,320.22	00 15									
73	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,650.62										
77	50825	CONTINENT DIVISION,W/BOWEL ANASTOMO.	1,650.62	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	50830	URINARY UNDIVERSION	1,805.87										
77	50830	URINARY UNDIVERSION	1,805.87	00 15									
73	50840	REPLACE URETER BY BOWEL	1,234.46										
77	50840	REPLACE URETER BY BOWEL	1,234.46	00 15									
73	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,256.75										
77	50845	CUTANEOUS APPENDICO-VESICOSTOMY	1,256.75	00 15									
73	50860	TRANSPLANT URETER TO SKIN	947.92										
77	50860	TRANSPLANT URETER TO SKIN	947.92	00 15									
73	50900	REPAIR OF URETER	845.47										
77	50900	REPAIR OF URETER	845.47	00 15									
73	50920	CLOSURE URETER/SKIN FISTULA	884.38										
77	50920	CLOSURE URETER/SKIN FISTULA	884.38	00 15									
73	50930	CLOSURE URETER/BOWEL FISTULA	1,104.95										
77	50930	CLOSURE URETER/BOWEL FISTULA	1,104.95	00 15									
73	50940	RELEASE OF URETER	891.40										
77	50940	RELEASE OF URETER	891.40	00 15									
73	50945	LAPAROSCOPY URETEROLITHOTOMY	973.98										
77	50945	LAPAROSCOPY URETEROLITHOTOMY	973.98	00 15									
73	50947	LAPARO NEW URETER/BLADDER	1,388.23										
77	50947	LAPARO NEW URETER/BLADDER	1,388.23	00 15									
73	50948	LAPARO NEW URETER/BLADDER	1,278.49										
77	50948	LAPARO NEW URETER/BLADDER	1,278.49	00 15									
73	50951	ENDOSCOPY OF URETER	376.64										
77	50951	ENDOSCOPY OF URETER	376.64	00 15									
73	50953	ENDOSCOPY OF URETER	399.13										
77	50953	ENDOSCOPY OF URETER	399.13	00 15									
73	50955	URETER ENDOSCOPY & BIOPSY	425.36										
77	50955	URETER ENDOSCOPY & BIOPSY	425.36	00 15									
73	50957	URETER ENDOSCOPY & TREATMENT	429.38										
77	50957	URETER ENDOSCOPY & TREATMENT	429.38	00 15									
73	50961	URETER ENDOSCOPY & TREATMENT	387.66										
77	50961	URETER ENDOSCOPY & TREATMENT	387.66	00 15									
73	50970	URETER ENDOSCOPY	369.76										
77	50970	URETER ENDOSCOPY	369.76	00 15									
73	50972	URETER ENDOSCOPY & CATHETER	357.83										
77	50972	URETER ENDOSCOPY & CATHETER	357.83	00 15									
73	50974	URETER ENDOSCOPY & BIOPSY	472.33										
77	50974	URETER ENDOSCOPY & BIOPSY	472.33	00 15									
73	50976	URETER ENDOSCOPY & TREATMENT	464.84										
77	50976	URETER ENDOSCOPY & TREATMENT	464.84	00 15									
73	50980	URETER ENDOSCOPY & TREATMENT	355.85										
77	50980	URETER ENDOSCOPY & TREATMENT	355.85	00 15									
73	51020	INCISE & TREAT BLADDER	470.98										
77	51020	INCISE & TREAT BLADDER	470.98	00 15									
73	51030	INCISE & TREAT BLADDER	473.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	51030	INCISE & TREAT BLADDER	473.79	00 15									
73	51040	INCISE & DRAIN BLADDER	291.12										
77	51040	INCISE & DRAIN BLADDER	291.12	00 15									
73	51045	INCISE BLADDER, DRAIN URETER	507.64										
77	51045	INCISE BLADDER, DRAIN URETER	507.64	00 15									
73	51050	REMOVAL OF BLADDER STONE	473.14										
77	51050	REMOVAL OF BLADDER STONE	473.14	00 15									
73	51060	REMOVAL OF URETER STONE	585.11										
77	51060	REMOVAL OF URETER STONE	585.11	00 15									
73	51065	REMOVAL OF URETER STONE	582.59										
77	51065	REMOVAL OF URETER STONE	582.59	00 15									
73	51080	DRAINAGE OF BLADDER ABSCESS	409.81										
77	51080	DRAINAGE OF BLADDER ABSCESS	409.81	00 15									
73	51100	ASPIRATION OF BLADDER; BY NEEDLE	72.44										
77	51100	ASPIRATION OF BLADDER; BY NEEDLE	72.44	00 15									
73	51101	ASPIRATION OF BLADDER; BY TROCAR OR	150.40										
77	51101	ASPIRATION OF BLADDER; BY TROCAR OR	150.40	00 15									
73	51102	ASPIRATION OF BLADDER; WITH INSERTIO	238.07										
77	51102	ASPIRATION OF BLADDER; WITH INSERTIO	238.07	00 15									
73	51500	REMOVAL OF BLADDER CYST	639.62										
77	51500	REMOVAL OF BLADDER CYST	639.62	00 15									
73	51520	REMOVAL OF BLADDER LESION	597.69										
77	51520	REMOVAL OF BLADDER LESION	597.69	00 15									
73	51525	REMOVAL OF BLADDER LESION	864.43										
77	51525	REMOVAL OF BLADDER LESION	864.43	00 15									
73	51530	REMOVAL OF BLADDER LESION	772.94										
77	51530	REMOVAL OF BLADDER LESION	772.94	00 15									
73	51535	REPAIR OF URETER LESION	782.97										
77	51535	REPAIR OF URETER LESION	782.97	00 15									
73	51550	PARTIAL REMOVAL OF BLADDER	970.47										
77	51550	PARTIAL REMOVAL OF BLADDER	970.47	00 15									
73	51555	PARTIAL REMOVAL OF BLADDER	1,265.93										
77	51555	PARTIAL REMOVAL OF BLADDER	1,265.93	00 15									
73	51565	REVISE BLADDER & URETER(S)	1,292.36										
77	51565	REVISE BLADDER & URETER(S)	1,292.36	00 15									
73	51570	REMOVAL OF BLADDER	1,480.43										
77	51570	REMOVAL OF BLADDER	1,480.43	00 15									
73	51575	REMOVAL OF BLADDER & NODES	1,825.75										
77	51575	REMOVAL OF BLADDER & NODES	1,825.75	00 15									
73	51580	REMOVE BLADDER; REVISE TRACT	1,899.36										
77	51580	REMOVE BLADDER; REVISE TRACT	1,899.36	00 15									
73	51585	REMOVAL OF BLADDER & NODES	2,113.57										
77	51585	REMOVAL OF BLADDER & NODES	2,113.57	00 15									
73	51590	REMOVE BLADDER; REVISE TRACT	1,936.75										
77	51590	REMOVE BLADDER; REVISE TRACT	1,936.75	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	51595	REMOVE BLADDER; REVISE TRACT	2,191.71										
77	51595	REMOVE BLADDER; REVISE TRACT	2,191.71	00 15									
73	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,366.34										
77	51596	CYSTECTOMY,COMP,CONT DIV,BOWEL REANA	2,366.34	00 15									
73	51597	PELVIC EXENTERATION	2,309.06		X								
77	51597	PELVIC EXENTERATION	2,309.06	00 15	X								
73	51600	INJECTION FOR BLADDER X-RAY	206.05										
77	51600	INJECTION FOR BLADDER X-RAY	206.05	00 15									
73	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	38.33										
77	51605	INJECTION PROCEDURE FOR X-RAY IMAGIN	38.33	00 15									
73	51610	INJECTION FOR BLADDER X-RAY	126.45										
77	51610	INJECTION FOR BLADDER X-RAY	126.45	00 15									
73	51700	IRRIGATION OF BLADDER	74.58									X	
77	51700	IRRIGATION OF BLADDER	74.58	00 15								X	
73	51701	INSERTION NON-INDWELLNG BLADDR CATH	44.18										
77	51701	INSERTION NON-INDWELLNG BLADDR CATH	44.18	00 15									
73	51702	INSERT TEMP INDWELL BLADDER CATHETER	60.16										
77	51702	INSERT TEMP INDWELL BLADDER CATHETER	60.16	00 15									
73	51703	INSERT INDWELL BLADDER CATH;COMPLICA	147.55										
77	51703	INSERT INDWELL BLADDER CATH;COMPLICA	147.55	00 15									
73	51705	CHANGE OF BLADDER TUBE	95.30										
77	51705	CHANGE OF BLADDER TUBE	95.30	00 15									
73	51710	CHANGE OF BLADDER TUBE	134.31										
77	51710	CHANGE OF BLADDER TUBE	134.31	00 15									
73	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	367.94										
77	51715	ENDOSCOPIC INJECTION OF IMPLANT MATE	367.94	00 15									
73	51720	TREATMENT OF BLADDER LESION	86.38										
77	51720	TREATMENT OF BLADDER LESION	86.38	00 15									
75	51725	SIMPLE CYSTOMETROGRAM	76.71										
75	51726	COMPLEX CYSTOMETROGRAM	85.07										
75	51727	COMPLEX CYSTOMETROGRAM IE CALIBRATED	106.31										
75	51728	COMPLEX CYSTOMETROGRAM IE CALIBRATED	103.68										
75	51729	COMPLEX CYSTOMETROGRAM IE CALIBRATED	126.14										
75	51736	SIMPLE UROFLOWMETRY	8.12										
75	51741	COMPLEX UROFLOWMETRY	8.58										
75	51784	ANAL/URINARY MUSCLE STUDY	37.19										
75	51785	ELECTROMYOGRAPHY STUDIES-ANAL/URETH.	97.33										
75	51797	INTRA-ABDOMINAL VOIDING PRESSURE AP	39.97										
73	51800	REVISION OF BLADDER/URETHRA	1,041.65										
77	51800	REVISION OF BLADDER/URETHRA	1,041.65	00 15									
73	51820	REVISION OF URINARY TRACT	1,088.21										
77	51820	REVISION OF URINARY TRACT	1,088.21	00 15									
73	51840	ATTACH BLADDER/URETHRA	701.15										
77	51840	ATTACH BLADDER/URETHRA	701.15	00 15									
73	51841	ATTACH BLADDER/URETHRA	808.13										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	51841	ATTACH BLADDER/URETHRA	808.13	00 15									
73	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	584.77				F						
77	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPEN	584.77	00 15			F						
73	51860	REPAIR OF BLADDER WOUND	755.29										
77	51860	REPAIR OF BLADDER WOUND	755.29	00 15									
73	51865	REPAIR OF BLADDER WOUND	904.10										
77	51865	REPAIR OF BLADDER WOUND	904.10	00 15									
73	51880	REPAIR OF BLADDER OPENING	467.11										
77	51880	REPAIR OF BLADDER OPENING	467.11	00 15									
73	51900	REPAIR BLADDER/VAGINA LESION	826.89				F						
77	51900	REPAIR BLADDER/VAGINA LESION	826.89	00 15			F						
73	51920	CLOSE BLADDER-UTERUS FISTULA	766.13				F						
77	51920	CLOSE BLADDER-UTERUS FISTULA	766.13	00 15			F						
73	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,103.37		X		F		X				
77	51925	CLOSE VISICOUT.FISTULA,W/HYSTERECT.	1,103.37	00 15	X		F		X				
73	51940	CORRECTION OF BLADDER DEFECT	1,644.88										
77	51940	CORRECTION OF BLADDER DEFECT	1,644.88	00 15									
73	51960	REVISION OF BLADDER & BOWEL	1,387.67										
77	51960	REVISION OF BLADDER & BOWEL	1,387.67	00 15									
73	51980	CONSTRUCT BLADDER OPENING	716.76										
77	51980	CONSTRUCT BLADDER OPENING	716.76	00 15									
73	51990	LAPARO URETHRAL SUSPENSION	748.41										
77	51990	LAPARO URETHRAL SUSPENSION	748.41	00 15									
73	51992	LAPARO SLING OPERATION	849.14				F						
77	51992	LAPARO SLING OPERATION	849.14	00 15			F						
73	52000	CYSTOSCOPY	234.11										
77	52000	CYSTOSCOPY	234.11	00 15									
73	52001	CYSTOSCOPY, REMOVAL OF CLOTS	435.84										
77	52001	CYSTOSCOPY, REMOVAL OF CLOTS	435.84	00 15									
73	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	296.93										
77	52005	CYSTOURETHROSCOPY, EJAC. DUCT CATHET	296.93	00 15									
73	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	441.12										
77	52007	CYSTOURETHROSCOPY W/BRUSH BIOPSY	441.12	00 15									
73	52010	CYSTOSCOPY & DUCT CATHETER	374.30				M						
77	52010	CYSTOSCOPY & DUCT CATHETER	374.30	00 15			M						
73	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	368.98										
77	52204	CYSTOURETHROSCOPY WITH BIOPSY; OFFIC	368.98	00 15									
73	52214	CYSTOURETHROSCOPY WITH FULGURATION;	725.82										
77	52214	CYSTOURETHROSCOPY WITH FULGURATION;	725.82	00 15									
73	52224	CYSTOURETHROSCOPY WITH FULGURATION;	759.69										
77	52224	CYSTOURETHROSCOPY WITH FULGURATION;	759.69	00 15									
73	52234	CYSTOURETHROSCOPY WITH FULGURATION;	245.42										
77	52234	CYSTOURETHROSCOPY WITH FULGURATION;	245.42	00 15									
73	52235	CYSTOURETHROSCOPY WITH FULGURATION;	287.94										
77	52235	CYSTOURETHROSCOPY WITH FULGURATION;	287.94	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	52240	CYSTOURETHROSCOPY WITH FULGURATION;	391.38										
77	52240	CYSTOURETHROSCOPY WITH FULGURATION;	391.38	00 15									
73	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	238.98										
77	52250	CYSTOURETHROSCOPY, INSERT RADIOACTIV	238.98	00 15									
73	52260	CYSTOSCOPY & TREATMENT	211.14										
77	52260	CYSTOSCOPY & TREATMENT	211.14	00 15									
73	52265	CYSTOSCOPY & TREATMENT	367.44										
77	52265	CYSTOSCOPY & TREATMENT	367.44	00 15									
73	52270	CYSTOSCOPY & REVISE URETHRA	412.63										
77	52270	CYSTOSCOPY & REVISE URETHRA	412.63	00 15									
73	52275	CYSTOSCOPY & REVISE URETHRA	530.04										
77	52275	CYSTOSCOPY & REVISE URETHRA	530.04	00 15									
73	52276	CYSTOURETHROSCOPY W/DIRECT VISION	263.60										
77	52276	CYSTOURETHROSCOPY W/DIRECT VISION	263.60	00 15									
73	52277	CYSTOSCOPY AND TREATMENT	322.66										
77	52277	CYSTOSCOPY AND TREATMENT	322.66	00 15									
73	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	320.61										
77	52281	CYSTOURETHROSCOPY FOR URETHRAL STRIC	320.61	00 15									
73	52282	CYSTOSCOPY, IMPLANT STENT	336.22										
77	52282	CYSTOSCOPY, IMPLANT STENT	336.22	00 15									
73	52283	CYSTOURETHROSCOPY, STEROID INJECTION	349.58										
77	52283	CYSTOURETHROSCOPY, STEROID INJECTION	349.58	00 15									
73	52285	CYSTOSCOPY AND TREATMENT	346.43				F						
77	52285	CYSTOSCOPY AND TREATMENT	346.43	00 15			F						
73	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	382.06										
77	52287	CYSTOURETHROSCOPY, WITH INJECTION(S)	382.06	00 15									
73	52290	CYSTOSCOPY AND TREATMENT	243.44										
77	52290	CYSTOSCOPY AND TREATMENT	243.44	00 15									
73	52300	CYSTOSCOPY AND TREATMENT	280.33										
77	52300	CYSTOSCOPY AND TREATMENT	280.33	00 15									
73	52301	CYSTOSCOPY AND TREATMENT	289.34										
77	52301	CYSTOSCOPY AND TREATMENT	289.34	00 15									
73	52305	CYSTOSCOPY AND TREATMENT	278.75										
77	52305	CYSTOSCOPY AND TREATMENT	278.75	00 15									
73	52310	CYSTOSCOPY AND TREATMENT	313.30										
77	52310	CYSTOSCOPY AND TREATMENT	313.30	00 15									
73	52315	CYSTOSCOPY AND TREATMENT	465.18										
77	52315	CYSTOSCOPY AND TREATMENT	465.18	00 15									
73	52317	LITHOLAPAXY,SIMPLE;SMALL	866.51										
77	52317	LITHOLAPAXY,SIMPLE;SMALL	866.51	00 15									
73	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	473.01										
77	52318	LITHOLAPAXY;COMPLICATED OR LARGE-2.5	473.01	00 15									
73	52320	CYSTOSCOPY AND TREATMENT	245.59										
77	52320	CYSTOSCOPY AND TREATMENT	245.59	00 15									
73	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	319.78										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	52325	CYSTOURETHROSCOPY,FRAGMENT CALCULUS	319.78	00 15									
73	52327	CYSTOSCOPY, INJECT MATERIAL	259.45										
77	52327	CYSTOSCOPY, INJECT MATERIAL	259.45	00 15									
73	52330	CYSTOSCOPY AND TREATMENT	591.76										
77	52330	CYSTOSCOPY AND TREATMENT	591.76	00 15									
73	52332	CYSTOURETHROSCOPY/INSERT STENT	392.33										
77	52332	CYSTOURETHROSCOPY/INSERT STENT	392.33	00 15									
73	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	182.71										
77	52334	CYSTO TO EST PERC NEPHROSTOMY,RETR0	182.71	00 15									
73	52341	CYSTO W/URETER STRICTURE TX	283.93										
77	52341	CYSTO W/URETER STRICTURE TX	283.93	00 15									
73	52342	CYSTO W/UP STRICTURE TX	308.09										
77	52342	CYSTO W/UP STRICTURE TX	308.09	00 15									
73	52343	CYSTO W/RENAL STRICTURE TX	343.55										
77	52343	CYSTO W/RENAL STRICTURE TX	343.55	00 15									
73	52344	CYSTO/URETERO, STONE REMOVE	367.86										
77	52344	CYSTO/URETERO, STONE REMOVE	367.86	00 15									
73	52345	CYSTO/URETERO W/UP STRICTURE	393.40										
77	52345	CYSTO/URETERO W/UP STRICTURE	393.40	00 15									
73	52346	CYSTOURETERO W/RENAL STRICT	445.20										
77	52346	CYSTOURETERO W/RENAL STRICT	445.20	00 15									
73	52351	CYSTOURETRO & OR PYELOSCOPE	301.58										
77	52351	CYSTOURETRO & OR PYELOSCOPE	301.58	00 15									
73	52352	CYSTOURETRO W/STONE REMOVE	353.47										
77	52352	CYSTOURETRO W/STONE REMOVE	353.47	00 15									
73	52353	CYSTOURETERO W/LITHOTRIPSY	391.38										
77	52353	CYSTOURETERO W/LITHOTRIPSY	391.38	00 15									
73	52354	CYSTOURETERO W/BIOPSY	416.01										
77	52354	CYSTOURETERO W/BIOPSY	416.01	00 15									
73	52355	CYSTOURETERO W/EXCISE TUMOR	466.03										
77	52355	CYSTOURETERO W/EXCISE TUMOR	466.03	00 15									
73	52356	CRUSHING OF STONE IN URINARY DUCT (U	414.75									X	
77	52356	CRUSHING OF STONE IN URINARY DUCT (U	414.75	00 15								X	
73	52400	CYSTOURETERO W/CONGEN REPR	478.47			X							
77	52400	CYSTOURETERO W/CONGEN REPR	478.47	00 15		X							
73	52402	CYSTOURETHRO CUT EJACUL DUCT	266.85				M						
77	52402	CYSTOURETHRO CUT EJACUL DUCT	266.85	00 15			M						
73	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,223.27				M						
77	52441	CYSTOURETHROSCOPY, WITH INSERTION OF	1,223.27	00 15			M						
73	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	829.58				M						
77	52442	CYSTOURETHROSCOPY, WITH INSERTION OF	829.58	00 15			M						
73	52450	TRANSURETHRAL INCISION OF PROSTATE	474.35				M						
77	52450	TRANSURETHRAL INCISION OF PROSTATE	474.35	00 15			M						
73	52500	REVISION OF BLADDER NECK	493.10				M						
77	52500	REVISION OF BLADDER NECK	493.10	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	52601	PROSTATECTOMY (TUR)	730.85					M						
77	52601	PROSTATECTOMY (TUR)	730.85	00	15			M						
73	52630	REMOVE PROSTATE REGROWTH	405.81					M						
77	52630	REMOVE PROSTATE REGROWTH	405.81	00	15			M						
73	52640	RELIEVE BLADDER CONTRACTURE	321.47					M						
77	52640	RELIEVE BLADDER CONTRACTURE	321.47	00	15			M						
73	52647	LASER SURGERY OF PROSTATE	1,527.02					M						
77	52647	LASER SURGERY OF PROSTATE	1,527.02	00	15			M						
73	52648	LASER SURGERY OF PROSTATE	1,577.46					M						
77	52648	LASER SURGERY OF PROSTATE	1,577.46	00	15			M						
73	52649	PROSTATE LASER ENUCLEATION	827.85				X	M						
77	52649	PROSTATE LASER ENUCLEATION	827.85	00	15		X	M						
73	52700	DRAINAGE OF PROSTATE ABSCESS	444.14					M						
77	52700	DRAINAGE OF PROSTATE ABSCESS	444.14	00	15			M						
73	53000	INCISION OF URETHRA	147.98											
77	53000	INCISION OF URETHRA	147.98	00	15									
73	53010	INCISION OF URETHRA	296.26											
77	53010	INCISION OF URETHRA	296.26	00	15									
73	53020	INCISION OF URETHRA	96.97	01	99									
77	53020	INCISION OF URETHRA	96.97	01	15									
73	53025	INCISION OF URETHRA	68.44	00	00									
77	53025	INCISION OF URETHRA	68.44	00	00									
73	53040	DRAINAGE OF URETHRA ABSCESS	393.80											
77	53040	DRAINAGE OF URETHRA ABSCESS	393.80	00	15									
73	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	191.93					F						
77	53060	DRAINAGE OF ABSCESS OR CYST OF SKENE	191.93	00	15			F						
73	53080	DRAINAGE OF URINARY LEAKAGE	421.46											
77	53080	DRAINAGE OF URINARY LEAKAGE	421.46	00	15									
73	53085	DRAINAGE OF URINARY LEAKAGE	650.17											
77	53085	DRAINAGE OF URINARY LEAKAGE	650.17	00	15									
73	53200	BIOPSY OF URETHRA	159.68											
77	53200	BIOPSY OF URETHRA	159.68	00	15									
73	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	780.12					F						
77	53210	URETHRECTOMY,TOT,W/CYSTOSTOMY;FEMALE	780.12	00	15			F						
73	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	931.44					M						
77	53215	URETHRECTOMY,TOT,W/CYSTOSTOMY;MALE	931.44	00	15			M						
73	53220	TREATMENT OF URETHRA LESION	453.45											
77	53220	TREATMENT OF URETHRA LESION	453.45	00	15									
73	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	613.91					F						
77	53230	EXCISE URETHRAL DIVERTICULUM;FEMALE	613.91	00	15			F						
73	53235	EXCISE URETHRAL DIVERTICULUM;MALE	636.17					M						
77	53235	EXCISE URETHRAL DIVERTICULUM;MALE	636.17	00	15			M						
73	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	426.23											
77	53240	MARSUPIALIZE URETH.DIVERT,MALE/FEMAL	426.23	00	15									
73	53250	REMOVAL OF SEMINAL FLUID GLAND	397.52											

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	53250	REMOVAL OF SEMINAL FLUID GLAND	397.52	00 15									
73	53260	TREATMENT OF URETHRA LESION	208.14										
77	53260	TREATMENT OF URETHRA LESION	208.14	00 15									
73	53265	TREATMENT OF URETHRA LESION	229.75										
77	53265	TREATMENT OF URETHRA LESION	229.75	00 15									
73	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	211.32				F						
77	53270	REMOVAL OR DESTRUCTION OF BLADDER CA	211.32	00 15			F						
73	53275	REPAIR OF URETHRA DEFECT	265.15										
77	53275	REPAIR OF URETHRA DEFECT	265.15	00 15									
73	53400	REVISE URETHRA, 1ST STAGE	803.48										
77	53400	REVISE URETHRA, 1ST STAGE	803.48	00 15									
73	53405	REVISE URETHRA, 2ND STAGE	876.63										
77	53405	REVISE URETHRA, 2ND STAGE	876.63	00 15									
73	53410	URETHROPLASTY...MALE ANTERIOR URETH.	982.22				M						
77	53410	URETHROPLASTY...MALE ANTERIOR URETH.	982.22	00 15			M						
73	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,133.22				M						
77	53415	URETHROPLASTY, TRANSPUBIC, ONE STAGE	1,133.22	00 15			M						
73	53420	RECONSTRUCT URETHRA, STAGE 1	843.71				M						
77	53420	RECONSTRUCT URETHRA, STAGE 1	843.71	00 15			M						
73	53425	RECONSTRUCT URETHRA, STAGE 2	939.68				M						
77	53425	RECONSTRUCT URETHRA, STAGE 2	939.68	00 15			M						
73	53430	URETHROPLASTY,RECON FEMALE URETHRA	983.65				F						
77	53430	URETHROPLASTY,RECON FEMALE URETHRA	983.65	00 15			F						
73	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,155.76										
77	53431	REPAIR OF BLADDER CANAL (URETHRA) AN	1,155.76	00 15									
73	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	755.76				M						
77	53440	CORRECT MALE URIN.INCONT,W/WO PROSTH	755.76	00 15			M						
73	53442	PERINEAL PROSTHESIS REMOVAL	787.49				M						
77	53442	PERINEAL PROSTHESIS REMOVAL	787.49	00 15			M						
73	53444	INSERT TANDEM CUFF	795.80										
77	53444	INSERT TANDEM CUFF	795.80	00 15									
73	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	758.78		X								
77	53445	PLMT INFLATABLE URETH/BLADDER SPHINC	758.78	00 15	X								
73	53446	REMOVE URO SPHINCTER	644.29			X							
77	53446	REMOVE URO SPHINCTER	644.29	00 15		X							
73	53447	INFLATABLE SPHINCTER REMOVAL	808.93			X							
77	53447	INFLATABLE SPHINCTER REMOVAL	808.93	00 15		X							
73	53448	REMOV/REPLC UR SPHINCTR COMP	1,280.00			X							
77	53448	REMOV/REPLC UR SPHINCTR COMP	1,280.00	00 15		X							
73	53449	CORRECTION OF ABNORMAL SPHINCTER	616.56		X								
77	53449	CORRECTION OF ABNORMAL SPHINCTER	616.56	00 15	X								
73	53450	REVISION OF URETHRA	410.09										
77	53450	REVISION OF URETHRA	410.09	00 15									
73	53460	REVISION OF URETHRA	458.79										
77	53460	REVISION OF URETHRA	458.79	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	53500	URETHRLYS, TRANSVAG W/ SCOPE	758.86				F						
77	53500	URETHRLYS, TRANSVAG W/ SCOPE	758.86	00 15			F						
73	53502	URETHRORRHAPHY...SUTURE...,FEMALE	487.52				F						
77	53502	URETHRORRHAPHY...SUTURE...,FEMALE	487.52	00 15			F						
73	53505	URETHRORRHAPHY...SUTURE...;PENILE	487.20				M						
77	53505	URETHRORRHAPHY...SUTURE...;PENILE	487.20	00 15			M						
73	53510	REPAIR OF URETHRA INJURY	634.84										
77	53510	REPAIR OF URETHRA INJURY	634.84	00 15									
73	53515	REPAIR OF URETHRA INJURY	798.36				M						
77	53515	REPAIR OF URETHRA INJURY	798.36	00 15			M						
73	53520	CLOSE URETHROSTOMY....FISTULE,MALE	560.73				M						
77	53520	CLOSE URETHROSTOMY....FISTULE,MALE	560.73	00 15			M						
73	53600	DILATE URETHRAL STRICTURE,MALE;INIT	88.96				M						
77	53600	DILATE URETHRAL STRICTURE,MALE;INIT	88.96	00 15			M						
73	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	84.25				M						
77	53601	DILATE URETH STRICTURE,MALE;SUBSEQ	84.25	00 15			M						
73	53605	DILATE URETH STRICT...MALE	65.11				M						
77	53605	DILATE URETH STRICT...MALE	65.11	00 15			M						
73	53620	DILATE URETH STRICT.,MALE;INITIAL	167.32				M						
77	53620	DILATE URETH STRICT.,MALE;INITIAL	167.32	00 15			M						
73	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	159.46				M						
77	53621	DILATE URETH STRICT,MALE;SUBSEQUENT	159.46	00 15			M						
73	53660	DILATE FEMALE URETHRA...;INITIAL	74.48				F						
77	53660	DILATE FEMALE URETHRA...;INITIAL	74.48	00 15			F						
73	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	73.25				F						
77	53661	DIALTE FEMALE URETHRA..;SUBSEQUENT	73.25	00 15			F						
73	53665	DILATE FEMALE URETHRA...	38.57				F						
77	53665	DILATE FEMALE URETHRA...	38.57	00 15			F						
73	53850	PROSTATIC MICROWAVE THERMOTX	1,367.86				M						
77	53850	PROSTATIC MICROWAVE THERMOTX	1,367.86	00 15			M						
73	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,612.62				M						
77	53854	TRANSURETHRAL DESTRUCTION OF PROSTAT	1,612.62	00 15			M						
73	53855	INSERTION OF A TEMPORARY PROSTATIC U	629.76				M						
77	53855	INSERTION OF A TEMPORARY PROSTATIC U	629.76	00 15			M						
73	54000	SLITTING OF PREPUCE	159.98	00 00			M						
77	54000	SLITTING OF PREPUCE	159.98	00 00			M						
73	54001	SLITTING OF PREPUCE	196.12				M						
77	54001	SLITTING OF PREPUCE	196.12	00 15			M						
73	54015	DRAIN PENIS LESION	306.08				M						
77	54015	DRAIN PENIS LESION	306.08	00 15			M						
73	54050	TREATMENT OF PENIS LESION	141.94				M						
77	54050	TREATMENT OF PENIS LESION	141.94	00 15			M						
73	54055	TREATMENT OF PENIS LESION	135.51				M						
77	54055	TREATMENT OF PENIS LESION	135.51	00 15			M						
73	54056	DESTROY PENILE LESION;CRYOSURGERY	141.19				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	54056	DESTROY PENILE LESION;CRYOSURGERY	141.19	00	15			M						
73	54057	DESTROY PENILE LESION; LASER SURGERY	140.66					M						
77	54057	DESTROY PENILE LESION; LASER SURGERY	140.66	00	15			M						
73	54060	TREATMENT OF PENIS LESION	191.79					M						
77	54060	TREATMENT OF PENIS LESION	191.79	00	15			M						
73	54065	TREATMENT OF PENIS LESION	219.27					M						
77	54065	TREATMENT OF PENIS LESION	219.27	00	15			M						
73	54100	BIOPSY OF PENIS	198.77					M						
77	54100	BIOPSY OF PENIS	198.77	00	15			M						
73	54105	BIOPSY OF PENIS	273.95					M						
77	54105	BIOPSY OF PENIS	273.95	00	15			M						
73	54110	TREATMENT OF PENIS LESION	626.39					M						
77	54110	TREATMENT OF PENIS LESION	626.39	00	15			M						
73	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	802.27					M						
77	54111	EXCISION OF PENILE PLAQUE/<5CM GRAFT	802.27	00	15			M						
73	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	940.59					M						
77	54112	EXCISION OF PENILE PLAQUE/>5CM GRAFT	940.59	00	15			M						
73	54115	TREATMENT OF PENIS LESION	456.61					M						
77	54115	TREATMENT OF PENIS LESION	456.61	00	15			M						
73	54120	PARTIAL REMOVAL OF PENIS	634.46					M						
77	54120	PARTIAL REMOVAL OF PENIS	634.46	00	15			M						
73	54125	REMOVAL OF PENIS	829.69					M						
77	54125	REMOVAL OF PENIS	829.69	00	15			M						
73	54130	REMOVE PENIS & NODES	1,197.25					M						
77	54130	REMOVE PENIS & NODES	1,197.25	00	15			M						
73	54135	REMOVE PENIS & NODES	1,514.76					M						
77	54135	REMOVE PENIS & NODES	1,514.76	00	15			M						
73	54150	CIRCUMCISION USING CLAMP OR OTHER DE	148.27					M		X				
77	54150	CIRCUMCISION USING CLAMP OR OTHER DE	148.27	00	15			M		X				
73	54160	CIRCUMCISION	217.76	00	01			M		X				
77	54160	CIRCUMCISION	217.76	00	15			M		X				
73	54161	CIRCUMCISION	197.94					M		X				
77	54161	CIRCUMCISION	197.94	00	15			M		X				
73	54162	LYSIS PENIL CIRCUMCIS LESION	255.46					M						
77	54162	LYSIS PENIL CIRCUMCIS LESION	255.46	00	15			M						
73	54163	REPAIR OF CIRCUMCISION	218.48					M						
77	54163	REPAIR OF CIRCUMCISION	218.48	00	15			M						
73	54164	FRENULOTOMY OF PENIS	193.09					M						
77	54164	FRENULOTOMY OF PENIS	193.09	00	15			M						
73	54200	TREATMENT OF PENIS LESION	113.90					M						
77	54200	TREATMENT OF PENIS LESION	113.90	00	15			M						
73	54205	TREATMENT OF PENIS LESION	533.28					M						
77	54205	TREATMENT OF PENIS LESION	533.28	00	15			M						
73	54220	TREATMENT OF PENIS LESION	218.79					M						
77	54220	TREATMENT OF PENIS LESION	218.79	00	15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	105.39				M						
77	54230	INJ FOR CORPORA CAVERNOSOGRAPHY	105.39	00 15			M						
73	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	142.91				M						
77	54231	DYNAMIC CAVERNOSOMETRY, INCLUDING IN	142.91	00 15			M						
73	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	89.86				M						
77	54235	INJ CORPORA CAVERNOSA W/PHARM.AGENTS	89.86	00 15			M						
73	54300	REVISION OF PENIS	647.33				M						
77	54300	REVISION OF PENIS	647.33	00 15			M						
73	54304	PLASTIC OPERATION ON PENIS FOR CORRE	750.24				M						
77	54304	PLASTIC OPERATION ON PENIS FOR CORRE	750.24	00 15			M						
73	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	719.41				M						
77	54308	URETHROPLASTY....;LESS THAN 3 CMYPOS	719.41	00 15			M						
73	54312	URETHROPLASTY...; MORE THAN 3 CM	821.27				M						
77	54312	URETHROPLASTY...; MORE THAN 3 CM	821.27	00 15			M						
73	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	997.69				M						
77	54316	URETHROPLASTY;SKIN GRAFT/OTHER SITE	997.69	00 15			M						
73	54318	URETHROPLASTY/RELEASE FROM SCROTUM	714.89				M						
77	54318	URETHROPLASTY/RELEASE FROM SCROTUM	714.89	00 15			M						
73	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	784.56				M						
77	54322	ONE STAGE REP,W/ SIMP.MEATAL ADVANCE	784.56	00 15			M						
73	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	971.22				M						
77	54324	1 STAGE REP.URETHROPLASTY-SKIN FLAPS	971.22	00 15			M						
73	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	945.43				M						
77	54326	1 STAGE REP,URETHROPLASTY-MOB URETHR	945.43	00 15			M						
73	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	939.30				M						
77	54328	1 STAGE REP.CORRECT CHORDEE&URETHROP	939.30	00 15			M						
73	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,012.81				M						
77	54332	1 STAGE PROX PENILE/PENOSCROTAL REP	1,012.81	00 15			M						
73	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,190.98				M						
77	54336	1 STAGE PERINEAL HYPOSPADIAS REPAIRI	1,190.98	00 15			M						
73	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	571.04				M						
77	54340	REP.HYPOSPADIAS COMPLICATIONS.SIMPLE	571.04	00 15			M						
73	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	947.10				M						
77	54344	REP.HYPOSPADIAS COMPLICATION/FLP/GFT	947.10	00 15			M						
73	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,012.69				M						
77	54348	REP HYPOSPADIAS COMPLICATION/EXT DIS	1,012.69	00 15			M						
73	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,418.14				M						
77	54352	REP HYPOSPADIAS CRIPPLE ..EXTENSIVE	1,418.14	00 15			M						
73	54360	PLASTIC PENILE REPAIR/ANGULATION	724.49				M						
77	54360	PLASTIC PENILE REPAIR/ANGULATION	724.49	00 15			M						
73	54380	REPAIR PENIS	801.78				M						
77	54380	REPAIR PENIS	801.78	00 15			M						
73	54385	REPAIR PENIS	933.54				M						
77	54385	REPAIR PENIS	933.54	00 15			M						
73	54390	REPAIR PENIS AND BLADDER	1,245.71				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	54390	REPAIR PENIS AND BLADDER	1,245.71	00 15			M						
73	54406	REMOVE MULTI-COMP PENIS PROS	734.37				M				X		
77	54406	REMOVE MULTI-COMP PENIS PROS	734.37	00 15			M				X		
73	54408	REPAIR MULTI-COMP PENIS PROS	793.60				M				X		
77	54408	REPAIR MULTI-COMP PENIS PROS	793.60	00 15			M				X		
73	54410	REMOVE/REPLACE PENIS PROSTH	865.68				M				X		
77	54410	REMOVE/REPLACE PENIS PROSTH	865.68	00 15			M				X		
73	54411	REMV/REPLC PENIS PROS, COMP	1,034.28				M				X		
77	54411	REMV/REPLC PENIS PROS, COMP	1,034.28	00 15			M				X		
73	54415	REMOVE SELF-CONTD PENIS PROS	532.75				M				X		
77	54415	REMOVE SELF-CONTD PENIS PROS	532.75	00 15			M				X		
73	54416	REMV/REPL PENIS CONTAIN PROS	717.62				M				X		
77	54416	REMV/REPL PENIS CONTAIN PROS	717.62	00 15			M				X		
73	54417	REMV/REPLC PENIS PROS, COMPL	902.82				M				X		
77	54417	REMV/REPLC PENIS PROS, COMPL	902.82	00 15			M				X		
73	54420	REVISION OF PENIS	705.49				M						
77	54420	REVISION OF PENIS	705.49	00 15			M						
73	54430	REVISION OF PENIS	640.90				M						
77	54430	REVISION OF PENIS	640.90	00 15			M						
73	54435	PENILE FISTULATION FOR PRIAPISM	415.24				M						
77	54435	PENILE FISTULATION FOR PRIAPISM	415.24	00 15			M						
73	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	679.61				M						
77	54437	REPAIR OF TRAMATIC CORPOREAL TEAR(S)	679.61	00 15			M						
73	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,339.82				M						
77	54438	REPLANTATION, PENIS, COMPLETE AMPUTA	1,339.82	00 15			M						
73	54450	PREPUTIAL STRETCHING	68.73				M						
77	54450	PREPUTIAL STRETCHING	68.73	00 15			M						
77	54500	BIOPSY OF TESTIS	74.97	00 15			M					X	
73	54505	BIOPSY OF TESTIS	210.33				M						
77	54505	BIOPSY OF TESTIS	210.33	00 15			M						
73	54512	EXCISE LESION TESTIS	539.84				M						
77	54512	EXCISE LESION TESTIS	539.84	00 15			M						
73	54520	REMOVAL OF TESTIS	329.56				M						
77	54520	REMOVAL OF TESTIS	329.56	00 15			M						
73	54522	ORCHIECTOMY, PARTIAL	589.89				M						
77	54522	ORCHIECTOMY, PARTIAL	589.89	00 15			M						
73	54530	REMOVAL OF TESTIS	511.22				M						
77	54530	REMOVAL OF TESTIS	511.22	00 15			M						
73	54535	EXTENSIVE TESTIS SURGERY	747.04				M						
77	54535	EXTENSIVE TESTIS SURGERY	747.04	00 15			M						
73	54550	EXPLORATION FOR TESTIS	493.52				M						
77	54550	EXPLORATION FOR TESTIS	493.52	00 15			M						
73	54560	EXPLORATION FOR TESTIS	690.80				M						
77	54560	EXPLORATION FOR TESTIS	690.80	00 15			M						
73	54600	REDUCE TESTIS TORSION	454.43				M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	54600	REDUCE TESTIS TORSION	454.43	00	15			M						
73	54620	SUSPENSION OF TESTIS	300.21					M						
77	54620	SUSPENSION OF TESTIS	300.21	00	15			M						
73	54640	SUSPENSION OF TESTIS	435.07					M						
77	54640	SUSPENSION OF TESTIS	435.07	00	15			M						
73	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	714.97					M						
77	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR	714.97	00	15			M						
73	54660	REVISION OF TESTIS	358.76					M						
77	54660	REVISION OF TESTIS	358.76	00	15			M						
73	54670	REPAIR TESTIS INJURY	410.30					M						
77	54670	REPAIR TESTIS INJURY	410.30	00	15			M						
73	54680	RELOCATION OF TESTIS(ES)	790.71					M						
77	54680	RELOCATION OF TESTIS(ES)	790.71	00	15			M						
73	54690	LAPAROSCOPY, ORCHIECTOMY	657.91					M						
77	54690	LAPAROSCOPY, ORCHIECTOMY	657.91	00	15			M						
73	54692	LAPAROSCOPY, ORCHIOPEXY	759.10					M						
77	54692	LAPAROSCOPY, ORCHIOPEXY	759.10	00	15			M						
73	54700	DRAINAGE OF SCROTUM	213.38					M						
77	54700	DRAINAGE OF SCROTUM	213.38	00	15			M						
73	54800	BIOPSY OF EPIDIDYMIS	124.90					M					X	
77	54800	BIOPSY OF EPIDIDYMIS	124.90	00	15			M					X	
73	54830	REMOVE EPIDIDYMIS LESION	373.37					M						
77	54830	REMOVE EPIDIDYMIS LESION	373.37	00	15			M						
73	54840	REMOVE EPIDIDYMIS LESION	323.88					M						
77	54840	REMOVE EPIDIDYMIS LESION	323.88	00	15			M						
73	54860	REMOVAL OF EPIDIDYMIS	420.27					M						
77	54860	REMOVAL OF EPIDIDYMIS	420.27	00	15			M						
73	54861	REMOVAL OF EPIDIDYMES	570.06					M						
77	54861	REMOVAL OF EPIDIDYMES	570.06	00	15			M						
73	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	361.01					M						
77	54865	EXPLORATION OF EPIDIDYMIS, WITH OR W	361.01	00	15			M						
73	55000	DRAINAGE OF HYDROCELE	119.32					M					X	
77	55000	DRAINAGE OF HYDROCELE	119.32	00	15			M					X	
73	55040	REMOVAL OF HYDROCELE	339.12					M						
77	55040	REMOVAL OF HYDROCELE	339.12	00	15			M						
73	55041	REMOVAL OF HYDROCELES	513.52					M						
77	55041	REMOVAL OF HYDROCELES	513.52	00	15			M						
73	55060	REPAIR OF HYDROCELE	381.39					M						
77	55060	REPAIR OF HYDROCELE	381.39	00	15			M						
73	55100	DRAINAGE OF SCROTUM ABSCESS	228.39					M						
77	55100	DRAINAGE OF SCROTUM ABSCESS	228.39	00	15			M						
73	55110	SCROTAL EXPLORATION	389.95					M						
77	55110	SCROTAL EXPLORATION	389.95	00	15			M						
73	55120	REMOVAL OF SCROTUM LESION	355.56					M						
77	55120	REMOVAL OF SCROTUM LESION	355.56	00	15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	55150	REMOVAL OF SCROTUM	496.15				M						
77	55150	REMOVAL OF SCROTUM	496.15	00 15			M						
73	55175	SCROTOPLASTY;	366.86				M						
77	55175	SCROTOPLASTY;	366.86	00 15			M						
73	55180	SCROTOPLASTY;COMPLICATED	692.68				M						
77	55180	SCROTOPLASTY;	692.68	00 15			M						
73	55250	VASECTOMY, UNILATERAL OR BILATERAL	329.85	21 99	X		M						
73	55500	REMOVAL OF HYDROCELE	396.42				M						
77	55500	REMOVAL OF HYDROCELE	396.42	00 15			M						
73	55520	REMOVAL OF SPERM CORD LESION	472.37				M						
77	55520	REMOVAL OF SPERM CORD LESION	472.37	00 15			M						
73	55530	REVISE SPERMATIC CORD VEINS	353.66				M						
77	55530	REVISE SPERMATIC CORD VEINS	353.66	00 15			M						
73	55535	REVISE SPERMATIC CORD VEINS	432.00				M						
77	55535	REVISE SPERMATIC CORD VEINS	432.00	00 15			M						
73	55540	REVISE HERNIA & SPERM VEINS	575.01				M						
77	55540	REVISE HERNIA & SPERM VEINS	575.01	00 15			M						
73	55550	LAPARO LIGATE SPERMATIC VEIN	431.06				M						
77	55550	LAPARO LIGATE SPERMATIC VEIN	431.06	00 15			M						
73	55600	INCISE SPERM DUCT POUCH	423.39				M						
77	55600	INCISE SPERM DUCT POUCH	423.39	00 15			M						
73	55605	INCISE SPERM DUCT POUCH	526.15				M						
77	55605	INCISE SPERM DUCT POUCH	526.15	00 15			M						
73	55650	REMOVE SPERM DUCT POUCH	721.52				M						
77	55650	REMOVE SPERM DUCT POUCH	721.52	00 15			M						
73	55680	REMOVE SPERM POUCH LESION	348.17				M						
77	55680	REMOVE SPERM POUCH LESION	348.17	00 15			M						
73	55700	BIOPSY OF PROSTATE	237.92				M						
77	55700	BIOPSY OF PROSTATE	237.92	00 15			M						
73	55705	BIOPSY OF PROSTATE	265.95				M						
77	55705	BIOPSY OF PROSTATE	265.95	00 15			M						
73	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	376.36				M						
77	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPER	376.36	00 15			M						
73	55720	DRAINAGE OF PROSTATE ABSCESS	453.37				M						
77	55720	DRAINAGE OF PROSTATE ABSCESS	453.37	00 15			M						
73	55725	DRAINAGE OF PROSTATE ABSCESS	597.49				M						
77	55725	DRAINAGE OF PROSTATE ABSCESS	597.49	00 15			M						
73	55801	REMOVAL OF PROSTATE	1,098.91				M						
77	55801	REMOVAL OF PROSTATE	1,098.91	00 15			M						
73	55810	EXTENSIVE PROSTATE SURGERY	1,310.75				M						
77	55810	EXTENSIVE PROSTATE SURGERY	1,310.75	00 15			M						
73	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,612.57				M						
77	55812	PROSTATE SURG/W LYMPH NODE BIOPSY(S)	1,612.57	00 15			M						
73	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,766.03				M						
77	55815	PROSTATE SURG/BILAT PELVIC LYMPHADEN	1,766.03	00 15			M						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	55821	REMOVAL OF PROSTATE	841.83				M						
77	55821	REMOVAL OF PROSTATE	841.83	00 15			M						
73	55831	REMOVAL OF PROSTATE	864.92				M						
77	55831	REMOVAL OF PROSTATE	864.92	00 15			M						
73	55840	EXTENSIVE PROSTATE SURGERY	1,172.54				M						
77	55840	EXTENSIVE PROSTATE SURGERY	1,172.54	00 15			M						
73	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,173.45				M						
77	55842	PROSTATE SURG/LYMPH NODE BIOPSY(S)	1,173.45	00 15			M						
73	55845	EXTENSIVE PROSTATE SURGERY	1,365.35				M						
77	55845	EXTENSIVE PROSTATE SURGERY	1,365.35	00 15			M						
73	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	879.04				M						
77	55860	EXPOSE PROSTATE-INSERT RADIOACTIVE,	879.04	00 15			M						
73	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,099.72				M						
77	55862	EXPOSE PROSTATE;LYMPH NODE BIOPSY	1,099.72	00 15			M						
73	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,338.05				M						
77	55865	EXPOSE PROSTATE;BILATERAL LYMPHADENE	1,338.05	00 15			M						
73	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,201.90				M						
77	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY,	1,201.90	00 15			M						
73	55867	LAPAROSCOPY, SURGICAL PROSTATECTOMY	1,054.55			X	M						
77	55867	LAPAROSCOPY, SURGICAL PROSTATECTOMY	1,054.55	00 15		X	M						
73	55870	ELECTROEJACULATION	175.85				M						
77	55870	ELECTROEJACULATION	175.85	00 15			M						
73	55873	CRYOABLATE PROSTATE	5,518.96				M						
77	55873	CRYOABLATE PROSTATE	5,518.96	00 15			M						
73	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,762.56				M						
77	55874	TRANSPERINEAL PLACEMENT OF BIODEGRAD	2,762.56	00 15			M						
73	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	778.49				M						
77	55875	TRANSPERINEAL PLACEMENT OF NEEDLES O	778.49	00 15			M						
73	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	149.56				M						
77	55876	PLACEMENT OF INTERSTITIAL DEVICE(S)	149.56	00 15			M						
73	55880	ABLATION OF MALIGNANT PROSTATE TISSU	982.35				M						
77	55880	ABLATION OF MALIGNANT PROSTATE TISSU	982.35	00 15			M						
73	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	460.87										
77	55920	PLACEMENT OF NEEDLES OR CATHETERS IN	460.87	00 15									
73	56405	INCISION AND DRAINAGE OF VULVA OR PE	147.94				F						
77	56405	INCISION AND DRAINAGE OF VULVA OR PE	147.94	00 15			F						
73	56420	INCISION AND DRAINAGE OF FEMALE GENI	184.80				F					X	
77	56420	INCISION AND DRAINAGE OF FEMALE GENI	184.80	00 15			F					X	
73	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	184.94				F						
77	56440	CREATION OF DRAINAGE TRACT FOR FEMAL	184.94	00 15			F						
73	56441	LYSIS OF LABIAL ADHESIONS	183.70				F						
77	56441	LYSIS OF LABIAL ADHESIONS	183.70	00 15			F						
73	56442	HYMENOTOMY, SIMPLE INCISION	48.15				F						
77	56442	HYMENOTOMY, SIMPLE INCISION	48.15	00 15			F						
73	56501	DESTROY VULVA LESION(S);SIMPLE	191.76				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	56501	DESTROY VULVA LESION(S);SIMPLE	191.76	00 15			F						
73	56515	TREATMENT OF VULVA LESIONS	279.05				F						
77	56515	TREATMENT OF VULVA LESIONS	279.05	00 15			F						
73	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	97.06				F						
77	56605	BIOPSY OF VULVA OR PERINEUM (SEPARAT	97.06	00 15			F						
73	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	39.35				F						
77	56606	BIOPSY OF VULVA OR PERINEUM (SEPARAT	39.35	00 15			F						
73	56620	PARTIAL REMOVAL OF VULVA	592.93				F						
77	56620	PARTIAL REMOVAL OF VULVA	592.93	00 15			F						
73	56625	REMOVAL OF VULVA	678.14				F						
77	56625	REMOVAL OF VULVA	678.14	00 15			F						
73	56630	EXTENSIVE VULVA SURGERY	979.73				F						
77	56630	EXTENSIVE VULVA SURGERY	979.73	00 15			F						
73	56631	VULVECTOMY, RADICAL, PARTIAL;	1,209.88				F						
77	56631	VULVECTOMY, RADICAL, PARTIAL;	1,209.88	00 15			F						
73	56632	VULVECTOMY, RADICAL, PARTIAL;	1,460.93				F						
77	56632	VULVECTOMY, RADICAL, PARTIAL;	1,460.93	00 15			F						
73	56633	VULVECTOMY, RADICAL, COMPLETE;	1,257.46				F						
77	56633	VULVECTOMY, RADICAL, COMPLETE;	1,257.46	00 15			F						
73	56634	VULVECTOMY, RADICAL, COMPLETE;	1,319.61				F						
77	56634	VULVECTOMY, RADICAL, COMPLETE;	1,319.61	00 15			F						
73	56637	VULVECTOMY, RADICAL, COMPLETE;	1,547.77				F						
77	56637	VULVECTOMY, RADICAL, COMPLETE;	1,547.77	00 15			F						
73	56640	EXTENSIVE VULVA SURGERY	1,556.69				F						
77	56640	EXTENSIVE VULVA SURGERY	1,556.69	00 15			F						
73	56700	PARTIAL REMOVAL OF HYMEN	206.81				F						
77	56700	PARTIAL REMOVAL OF HYMEN	206.81	00 15			F						
73	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	322.50				F						
77	56740	REMOVAL OF FEMALE GENITAL GLAND OR C	322.50	00 15			F						
73	56800	REPAIR OF VAGINA	259.12				F						
77	56800	REPAIR OF VAGINA	259.12	00 15			F						
73	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,198.53				F						
77	56805	CLITOROPLASTY FOR ADRENOGENITAL SYND	1,198.53	00 15			F						
73	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	277.90				F						
77	56810	PERINEOPLASTY, REPAIR OF PERINEUM, N	277.90	00 15			F						
73	56820	EXAM OF VULVA W/SCOPE	126.16				F						
77	56820	EXAM OF VULVA W/SCOPE	126.16	00 15			F						
73	56821	EXAM/BIOPSY OF VULVA W/SCOPE	169.29				F						
77	56821	EXAM/BIOPSY OF VULVA W/SCOPE	169.29	00 15			F						
73	57000	EXPLORATION OF VAGINA	206.53				F						
77	57000	EXPLORATION OF VAGINA	206.53	00 15			F						
73	57010	DRAINAGE OF PELVIC ABSCESS	467.63				F						
77	57010	DRAINAGE OF PELVIC ABSCESS	467.63	00 15			F						
73	57020	DRAINAGE OF PELVIC FLUID	127.11				F						
77	57020	DRAINAGE OF PELVIC FLUID	127.11	00 15			F						

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
73	57022	I &D VAGINAL HEMATOMA, OB	185.10				F						
77	57022	I &D VAGINAL HEMATOMA, OB	185.10	00 15			F						
73	57023	I &D VAG HEMATOMA, TRAUMA	327.73				F						
77	57023	I &D VAG HEMATOMA, TRAUMA	327.73	00 15			F						
73	57061	DESTROY VAGINAL LESIONS;SIMPLE	166.36				F						
77	57061	DESTROY VAGINAL LESIONS;SIMPLE	166.36	00 15			F						
73	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	248.33				F						
77	57065	DESTROY VAGINAL LESION(S);+EXTENSIVE	248.33	00 15			F						
73	57100	BIOPSY OF VAGINA	103.76				F						
77	57100	BIOPSY OF VAGINA	103.76	00 15			F						
73	57105	BIOPSY OF VAGINA	176.62				F						
77	57105	BIOPSY OF VAGINA	176.62	00 15			F						
73	57106	REMOVE VAGINA WALL, PARTIAL	544.43				F						
77	57106	REMOVE VAGINA WALL, PARTIAL	544.43	00 15			F						
73	57107	REMOVE VAGINA TISSUE/PARTIAL	1,489.33				F						
77	57107	REMOVE VAGINA TISSUE/PARTIAL	1,489.33	00 15			F						
73	57109	VAGINECTOMY PARTIAL W/NODES	1,765.70				F						
77	57109	VAGINECTOMY PARTIAL W/NODES	1,765.70	00 15			F						
73	57110	REMOVAL OF VAGINA	928.01				F						
77	57110	REMOVAL OF VAGINA	928.01	00 15			F						
73	57111	REMOVE VAGINA TISSUE/COMPL	1,765.70				F						
77	57111	REMOVE VAGINA TISSUE/COMPL	1,765.70	00 15			F						
73	57120	CLOSURE OF VAGINA	541.96				F						
77	57120	CLOSURE OF VAGINA	541.96	00 15			F						
73	57130	REMOVE VAGINA LESION	232.73				F						
77	57130	REMOVE VAGINA LESION	232.73	00 15			F						
73	57135	REMOVE VAGINA LESION	249.51				F						
77	57135	REMOVE VAGINA LESION	249.51	00 15			F						
73	57150	TREAT VAGINA INFECTION	57.59				F					X	
77	57150	TREAT VAGINA INFECTION	57.59	00 15			F					X	
73	57155	INSERTION OF UTERINE TANDEM AND/OR V	393.37				F						
77	57155	INSERTION OF UTERINE TANDEM AND/OR V	393.37	00 15			F						
73	57156	INSERTION OF A VAGINAL RADIATION AFT	226.19				F						
77	57156	INSERTION OF A VAGINAL RADIATION AFT	226.19	00 15			F						
73	57160	INSERTION OF PESSARY	74.83				F						
77	57160	INSERTION OF PESSARY	74.83	00 15			F						
73	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	79.09	10 60			F						
77	57170	DIAPHRAGM FITTING.WITH INSTRUCTIONS	79.09	10 15			F						
73	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	198.35				F						
77	57180	TREAT NON-OBSTETRICAL HEMORRHAGE	198.35	00 15			F						
73	57200	REPAIR OF VAGINA	335.82				F						
77	57200	REPAIR OF VAGINA	335.82	00 15			F						
73	57210	REPAIR VAGINA/PERINEUM	399.97				F						
77	57210	REPAIR VAGINA/PERINEUM	399.97	00 15			F						
73	57220	REVISION OF URETHRA	351.16				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	57220	REVISION OF URETHRA	351.16	00 15			F						
73	57230	REPAIR OF URETHRAL LESION	429.36				F						
77	57230	REPAIR OF URETHRAL LESION	429.36	00 15			F						
73	57240	REPAIR BLADDER & VAGINA	626.96				F						
77	57240	REPAIR BLADDER & VAGINA	626.96	00 15			F						
73	57250	REPAIR RECTUM & VAGINA	630.64				F						
77	57250	REPAIR RECTUM & VAGINA	630.64	00 15			F						
73	57260	REPAIR OF VAGINA	798.50				F						
77	57260	REPAIR OF VAGINA	798.50	00 15			F						
73	57265	EXTENSIVE REPAIR OF VAGINA	895.39				F						
77	57265	EXTENSIVE REPAIR OF VAGINA	895.39	00 15			F						
73	57267	INSERT MESH/PELVIC FLR ADDON	256.90				F						
77	57267	INSERT MESH/PELVIC FLR ADDON	256.90	00 15			F						
73	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	515.87				F						
77	57268	REPAIR ENTEROCELE,VAGINAL APPROACH	515.87	00 15			F						
73	57270	REPAIR OF BOWEL POUCH	834.85				F						
77	57270	REPAIR OF BOWEL POUCH	834.85	00 15			F						
73	57280	SUSPENSION OF VAGINA	988.30				F						
77	57280	SUSPENSION OF VAGINA	988.30	00 15			F						
73	57282	FIXATION FOR VAGINAL PROLAPSE	710.25				F						
77	57282	FIXATION FOR VAGINAL PROLAPSE	710.25	00 15			F						
73	57283	COLPOPEXY, INTRAPERITONEAL	717.27				F						
77	57283	COLPOPEXY, INTRAPERITONEAL	717.27	00 15			F						
73	57284	REPAIR PARAVAGINAL DEFECT	849.92				F						
77	57284	REPAIR PARAVAGINAL DEFECT	849.92	00 15			F						
73	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	708.18				F						
77	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING	708.18	00 15			F						
73	57287	REVISE/REMOVE SLING REPAIR	752.40				F						
77	57287	REVISE/REMOVE SLING REPAIR	752.40	00 15			F						
73	57288	REPAIR BLADDER DEFECT	756.62				F						
77	57288	REPAIR BLADDER DEFECT	756.62	00 15			F						
73	57289	REPAIR BLADDER & VAGINA	813.40				F						
77	57289	REPAIR BLADDER & VAGINA	813.40	00 15			F						
73	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	562.22			X	F						
77	57291	CONSTRUCT ARTIFICIAL VAGINA;W/O GRFT	562.22	00 15		X	F						
73	57292	CONSTRUCT ARTIFICIAL VAGINA;W/ GRAFT	851.85			X	F						
73	57295	CHANGE VAGINAL GRAFT	511.08				F						
77	57295	CHANGE VAGINAL GRAFT	511.08	00 15			F						
73	57296	REVISION (INCLUDING REMOVAL) OF PROS	986.32				F						
77	57296	REVISION (INCLUDING REMOVAL) OF PROS	986.32	00 15			F						
73	57300	REPAIR RECTUM-VAGINA FISTULA	622.28				F						
77	57300	REPAIR RECTUM-VAGINA FISTULA	622.28	00 15			F						
73	57305	REPAIR RECTUM-VAGINA FISTULA	1,010.23				F						
77	57305	REPAIR RECTUM-VAGINA FISTULA	1,010.23	00 15			F						
73	57307	FISTULA REPAIR & COLOSTOMY	1,095.74				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	57307	FISTULA REPAIR & COLOSTOMY	1,095.74	00 15			F						
73	57308	FISTULA REPAIR, TRANSPERINE	671.89				F						
77	57308	FISTULA REPAIR, TRANSPERINE	671.89	00 15			F						
73	57310	REPAIR URETHRA-VAGINA LESION	494.91				F						
77	57310	REPAIR URETHRA-VAGINA LESION	494.91	00 15			F						
73	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	558.42				F						
77	57311	CLOSE FISTULA;W/BULBOCAV.TRANSPLANT	558.42	00 15			F						
73	57320	REPAIR BLADDER-VAGINA LESION	579.38				F						
77	57320	REPAIR BLADDER-VAGINA LESION	579.38	00 15			F						
73	57330	REPAIR BLADDER-VAGINA LESION	772.06				F						
77	57330	REPAIR BLADDER-VAGINA LESION	772.06	00 15			F						
73	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,210.20				F						
77	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDR	1,210.20	00 15			F						
73	57400	DILATE VAGINA UNDER ANESTHESIA	132.48		X		F						
77	57400	DILATE VAGINA UNDER ANESTHESIA	132.48	00 15	X		F						
73	57410	PELVIC EXAM UNDER ANESTHESIA	107.11		X		F						
77	57410	PELVIC EXAM UNDER ANESTHESIA	107.11	00 15	X		F						
73	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	177.70				F						
77	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN	177.70	00 15			F						
73	57420	EXAM OF VAGINA W/SCOPE	133.03				F						
77	57420	EXAM OF VAGINA W/SCOPE	133.03	00 15			F						
73	57421	EXAM/BIOPSY OF VAG W/SCOPE	178.95				F						
77	57421	EXAM/BIOPSY OF VAG W/SCOPE	178.95	00 15			F						
73	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	951.78				F						
77	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING	951.78	00 15			F						
73	57425	LAPAROSCOPY, SURG, COLPOPEXY	996.04				F						
77	57425	LAPAROSCOPY, SURG, COLPOPEXY	996.04	00 15			F						
73	57426	REVISION (INCLUDING REMOVAL) OF PROS	888.41				F						
77	57426	REVISION (INCLUDING REMOVAL) OF PROS	888.41	00 15			F						
73	57452	EXAMINATION OF VAGINA	127.74				F						
77	57452	EXAMINATION OF VAGINA	127.74	00 15			F						
73	57454	VAGINA EXAMINATION & BIOPSY	171.18				F						
77	57454	VAGINA EXAMINATION & BIOPSY	171.18	00 15			F						
73	57455	BIOPSY OF CERVIX W/SCOPE	162.27				F						
77	57455	BIOPSY OF CERVIX W/SCOPE	162.27	00 15			F						
73	57456	ENDOCERV CURETTAGE W/SCOPE	153.28				F						
77	57456	ENDOCERV CURETTAGE W/SCOPE	153.28	00 15			F						
73	57460	COLPOSCOPY (VAGINOSCOPY);	313.93				F						
77	57460	COLPOSCOPY (VAGINOSCOPY);	313.93	00 15			F						
73	57461	CONZ OF CERVIX W/SCOPE, LEEP	351.18				F						
77	57461	CONZ OF CERVIX W/SCOPE, LEEP	351.18	00 15			F						
73	57465	COMPUTER-AIDED MAPPING OF CERVIX	56.00				F						
77	57465	COMPUTER-AIDED MAPPING OF CERVIX	56.00	00 15			F						
73	57500	BIOPSY OF CERVIX	152.42				F						
77	57500	BIOPSY OF CERVIX	152.42	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	57505	ENDOCERVICAL CURETTAGE	153.67				F						
77	57505	ENDOCERVICAL CURETTAGE	153.67	00 15			F						
73	57510	CAUTERIZATION OF CERVIX	168.24				F						
77	57510	CAUTERIZATION OF CERVIX	168.24	00 15			F						
73	57511	CRYOCAUTERY OF CERVIX	199.48				F						
77	57511	CRYOCAUTERY OF CERVIX	199.48	00 15			F						
73	57513	LASER SURGERY	205.80				F						
77	57513	LASER SURGERY	205.80	00 15			F						
73	57520	BIOPSY OF CERVIX 10800	355.89				F						
77	57520	BIOPSY OF CERVIX 10800	355.89	00 15			F						
73	57522	CONIZATION OF CERVIX	306.02				F						
77	57522	CONIZATION OF CERVIX	306.02	00 15			F						
73	57530	REMOVAL OF CERVIX	380.08				F						
77	57530	REMOVAL OF CERVIX	380.08	00 15			F						
73	57531	REMOVAL OF CERVIX, RADICAL	1,930.86				F						
77	57531	REMOVAL OF CERVIX, RADICAL	1,930.86	00 15			F						
73	57540	REMOVAL OF RESIDUAL CERVIX	813.59				F						
77	57540	REMOVAL OF RESIDUAL CERVIX	813.59	00 15			F						
73	57545	REMOVE CERVIX, REPAIR PELVIS	857.26				F						
77	57545	REMOVE CERVIX, REPAIR PELVIS	857.26	00 15			F						
73	57550	REMOVAL OF RESIDUAL CERVIX	441.15				F						
77	57550	REMOVAL OF RESIDUAL CERVIX	441.15	00 15			F						
73	57555	REMOVE CERVIX, REPAIR VAGINA	635.44				F						
77	57555	REMOVE CERVIX, REPAIR VAGINA	635.44	00 15			F						
73	57556	REMOVE CERVIX, REPAIR BOWEL	602.97				F						
77	57556	REMOVE CERVIX, REPAIR BOWEL	602.97	00 15			F						
73	57558	DILATION AND CURETTAGE OF CERVICAL S	158.88				F						
77	57558	DILATION AND CURETTAGE OF CERVICAL S	158.88	00 15			F						
73	57700	REVISION OF CERVIX	360.95				F						
77	57700	REVISION OF CERVIX	360.95	00 15			F						
73	57720	REVISION OF CERVIX	340.16				F						
77	57720	REVISION OF CERVIX	340.16	00 15			F						
73	57800	DILATION OF CERVICAL CANAL	77.44				F						
77	57800	DILATION OF CERVICAL CANAL	77.44	00 15			F						
73	58100	BIOPSY OF UTERUS LINING	102.20				F						
77	58100	BIOPSY OF UTERUS LINING	102.20	00 15			F						
73	58110	BX DONE W/COLPOSCOPY ADD-ON	50.57				F						
77	58110	BX DONE W/COLPOSCOPY ADD-ON	50.57	00 15			F						
73	58120	DILATION AND CURETTAGE	300.46	12 99			F						
77	58120	DILATION AND CURETTAGE,NONOBSTETRICA	300.46	12 15			F						
73	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	961.31				F						
77	58140	ABDOMINAL REMOVAL OF FIBROID TUMORS	961.31	00 15			F						
73	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	581.34				F						
77	58145	VAGINAL REMOVAL OF FIBROID TUMORS (2	581.34	00 15			F						
73	58146	MYOMECTOMY ABDOM COMPLEX	1,189.35				F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	58146	MYOMECTOMY ABDOM COMPLEX	1,189.35	00	15			F						
73	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,040.00			X		F		X				
77	58150	TOTAL HYSTERECTOMY;W/W/O TUBES/OVARY	1,040.00	00	15	X		F		X				
73	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,274.01			X		F		X				
77	58152	TAH;MARSHALL-MARCHETTI-KRANTZ TYPE	1,274.01	00	15	X		F		X				
73	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	985.29			X		F		X				
77	58180	SUPERACERVICAL HYSTERECTOMY-SUBTOTAL	985.29	00	15	X		F		X				
73	58200	TAH,W/PART.VAGINECTOMY,...BX	1,377.86			X		F		X				
77	58200	TAH,W/PART.VAGINECTOMY,...BX	1,377.86	00	15	X		F		X				
73	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,863.37			X		F		X				
77	58210	RAD HYSTERECTOMY,BILAT PELVIC, LYMPH	1,863.37	00	15	X		F		X				
73	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,998.14			X		F		X				
77	58240	PELVIC EXENTERATION/MALIG,W/ TAH....	2,998.14	00	15	X		F		X				
73	58260	VAGINAL HYSTERECTOMY	861.98			X		F		X				
77	58260	VAGINAL HYSTERECTOMY	861.98	00	15	X		F		X				
73	58262	VAGINAL HYST WITH REMOVAL OF TUBES	952.15			X		F		X				
77	58262	VAGINAL HYST WITH REMOVAL OF TUBES	952.15	00	15	X		F		X				
73	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,022.23			X		F		X				
77	58263	VAGN HYST W REM OF TUB A OVARY WITH	1,022.23	00	15	X		F		X				
73	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,100.46			X		F		X				
77	58267	VAG.HYSTERECT.W/COLPO-URETHROCYSTOPE	1,100.46	00	15	X		F		X				
73	58270	VAG HYSTERECT;REPAIR ENTEROCELE	920.28			X		F		X				
77	58270	VAG HYSTERECT;REPAIR ENTEROCELE	920.28	00	15	X		F		X				
73	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,014.85			X		F		X				
77	58275	VAG HYSTERECT;W/ TOT/PART COLPECTOMY	1,014.85	00	15	X		F		X				
73	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,090.91			X		F		X				
77	58280	VAG HYSTERECT;REPAIR ENTEROCELE	1,090.91	00	15	X		F		X				
73	58285	VAGINAL HYSTERECTOMY;RADICAL	1,452.01			X		F		X				
77	58285	VAGINAL HYSTERECTOMY;RADICAL	1,452.01	00	15	X		F		X				
73	58290	VAG HYST COMPLEX	1,185.57			X		F		X				
77	58290	VAG HYST COMPLEX	1,185.57	00	15	X		F		X				
73	58291	VAG HYST INCL T/O, COMPLEX	1,281.81			X		F		X				
77	58291	VAG HYST INCL T/O, COMPLEX	1,281.81	00	15	X		F		X				
73	58292	VAG HYST T/O & REPAIR, COMPL	1,351.43			X		F		X				
77	58292	VAG HYST T/O & REPAIR, COMPL	1,351.43	00	15	X		F		X				
73	58294	VAG HYST W/ENTEROCELE, COMPL	1,254.53			X		F		X				
77	58294	VAG HYST W/ENTEROCELE, COMPL	1,254.53	00	15	X		F		X				
73	58301	REMOVE INTRAUTERINE DEVICE	110.70	10	60			F						
77	58301	REMOVE INTRAUTERINE DEVICE	110.70	10	15			F						
73	58340	INJECT FOR UTERUS/TUBE X-RAY	238.53	21	59	X		F		X				
73	58346	INSERT HEYMAN UTERI CAPSULE	494.83					F						
77	58346	INSERT HEYMAN UTERI CAPSULE	494.83	00	15			F						
73	58353	ENDOMETR ABLATE, THERMAL	913.95			X		F						
77	58353	ENDOMETR ABLATE, THERMAL	913.95	00	15	X		F						
73	58356	ENDOMETRIAL CRYOABLATION	1,641.07			X		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
77	58356	ENDOMETRIAL CRYOABLATION	1,641.07	00	15	X		F						
73	58400	UTERINE SUSPENSION	471.79					F						
77	58400	UTERINE SUSPENSION	471.79	00	15			F						
73	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	839.11					F						
77	58410	UTERINE SUSPENSION WITH SYMPATHECTOM	839.11	00	15			F						
73	58520	REPAIR OF RUPTURED UTERUS	822.63					F						
77	58520	REPAIR OF RUPTURED UTERUS	822.63	00	15			F						
73	58540	REVISION OF UTERUS	942.45					F						
77	58540	REVISION OF UTERUS	942.45	00	15			F						
73	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	747.50			X		F		X				
77	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	747.50	00	15	X		F		X				
73	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	852.91			X		F		X				
77	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	852.91	00	15	X		F		X				
73	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	867.17			X		F		X				
77	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	867.17	00	15	X		F		X				
73	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	933.07			X		F		X				
77	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL	933.07	00	15	X		F		X				
73	58545	LAPAROSCOPIC MYOMECTOMY	927.11					F						
77	58545	LAPAROSCOPIC MYOMECTOMY	927.11	00	15			F						
73	58546	LAPARO-MYOMECTOMY, COMPLEX	1,147.61					F						
77	58546	LAPARO-MYOMECTOMY, COMPLEX	1,147.61	00	15			F						
73	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,923.53			X		F		X				
77	58548	LAPAROSCOPY, SURGICAL, WITH RADICAL	1,923.53	00	15	X		F		X				
73	58550	LAPARO-ASST VAG HYSTERECTOMY	905.95			X		F						
77	58550	LAPARO-ASST VAG HYSTERECTOMY	905.95	00	15	X		F						
73	58552	LAPARO-VAG HYST INCL T/O	1,008.38			X		F		X				
77	58552	LAPARO-VAG HYST INCL T/O	1,008.38	00	15	X		F		X				
73	58553	LAPARO-VAG HYST, COMPLEX	1,153.86			X		F		X				
77	58553	LAPARO-VAG HYST, COMPLEX	1,153.86	00	15	X		F		X				
73	58554	LAPARO-VAG HYST W/T/O, COMPL	1,340.13			X		F		X				
77	58554	LAPARO-VAG HYST W/T/O, COMPL	1,340.13	00	15	X		F		X				
73	58555	HYSTEROSCOPY, DX, SEP PROC	359.07			X		F						
77	58555	HYSTEROSCOPY, DX, SEP PROC	359.07	00	15	X		F						
73	58558	HYSTEROSCOPY, BIOPSY	1,299.42			X		F						
77	58558	HYSTEROSCOPY, BIOPSY	1,299.42	00	15	X		F						
73	58559	HYSTEROSCOPY, LYSIS	290.97			X		F						
77	58559	HYSTEROSCOPY, LYSIS	290.97	00	15	X		F						
73	58560	HYSTEROSCOPY, RESECT SEPTUM	320.52			X		F						
77	58560	HYSTEROSCOPY, RESECT SEPTUM	320.52	00	15	X		F						
73	58561	HYSTEROSCOPY, REMOVE MYOMA	367.41			X		F						
77	58561	HYSTEROSCOPY, REMOVE MYOMA	367.41	00	15	X		F						
73	58562	HYSTEROSCOPY, REMOVE FB	431.99			X		F						
77	58562	HYSTEROSCOPY, REMOVE FB	431.99	00	15	X		F						
73	58563	HYSTEROSCOPY, ABLATION	2,057.79			X		F						
77	58563	HYSTEROSCOPY, ABLATION	2,057.79	00	15	X		F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	58565	HYSTEROSCOPY, STERILIZATION	1,637.13	21	59	X		F		X				
73	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	828.22			X		F		X				
77	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	828.22	00	15	X		F		X				
73	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	929.28			X		F		X				
77	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	929.28	00	15	X		F		X				
73	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,065.44			X		F		X				
77	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,065.44	00	15	X		F		X				
73	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,247.04			X		F		X				
77	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HY	1,247.04	00	15	X		F		X				
73	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,974.98			X		F		X				
77	58575	LAPAROSCOPY, SURGICAL, TOTAL HYSTERE	1,974.98	00	15	X		F		X				
73	58600	DIVISION OF FALLOPIAN TUBE	380.10	21	55	X		F						
73	58605	DIVISION OF FALLOPIAN TUBE	345.44	21	55	X		F						
73	58611	LIG/TRANSEC FALLOP TUBE NOT SEP PROC	78.31	21	55	X		F		X				
73	58615	OCCLUSION OF FALLOPIAN TUBE, DEVICE	259.45	21	55	X		F						
73	58660	LAPAROSCOPY, LYSIS	703.62			X		F						
77	58660	LAPAROSCOPY, LYSIS	703.62	00	15	X		F						
73	58661	LAPAROSCOPY, REMOVE ADNEXA	671.31			X		F						
77	58661	LAPAROSCOPY, REMOVE ADNEXA	671.31	00	15	X		F						
73	58662	LAPAROSCOPY, EXCISE LESIONS	731.56			X		F						
77	58662	LAPAROSCOPY, EXCISE LESIONS	731.56	00	15	X		F						
73	58670	LAPAROSCOPY, TUBAL CAUTERY	380.73	10	59	X		F						
77	58670	LAPAROSCOPY, TUBAL CAUTERY	380.73	10	15	X		F						
73	58671	LAPAROSCOPY, TUBAL BLOCK	380.73			X		F						
77	58671	LAPAROSCOPY, TUBAL BLOCK	380.73	00	15	X		F						
73	58673	LAPAROSCOPY, SALPINGOSTOMY	817.16			X		F				X		
77	58673	LAPAROSCOPY, SALPINGOSTOMY	817.16	00	15	X		F				X		
73	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	836.98			X		F						
77	58674	LAPAROSCOPY, SURGICAL, ABLATION OF U	836.98	00	15	X		F						
73	58700	REMOVAL OF FALLOPIAN TUBE	822.75			X		F						
77	58700	REMOVAL OF FALLOPIAN TUBE	822.75	00	15	X		F						
73	58720	REMOVAL OF OVARY/TUBE(S)	776.54			X		F						
77	58720	REMOVAL OF OVARY/TUBE(S)	776.54	00	15	X		F						
73	58800	DRAINAGE OF OVARIAN CYST(S)	367.37					F						
77	58800	DRAINAGE OF OVARIAN CYST(S)	367.37	00	15			F						
73	58805	DRAINAGE OF OVARIAN CYST(S)	437.86					F						
77	58805	DRAINAGE OF OVARIAN CYST(S)	437.86	00	15			F						
73	58820	DRAINAGE OF OVARIAN ABSCESS	345.53					F						
77	58820	DRAINAGE OF OVARIAN ABSCESS	345.53	00	15			F						
73	58822	DRAINAGE OF OVARIAN ABSCESS	733.94					F						
77	58822	DRAINAGE OF OVARIAN ABSCESS	733.94	00	15			F						
73	58825	TRANSPOSITION, OVARY(S)	728.81			X		F						
77	58825	TRANSPOSITION, OVARY(S)	728.81	00	15	X		F						
73	58900	BIOPSY OF OVARY(S)	447.66					F						
77	58900	BIOPSY OF OVARY(S)	447.66	00	15			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	58920	PARTIAL REMOVAL OF OVARY(S)	734.69					F						
77	58920	PARTIAL REMOVAL OF OVARY(S)	734.69	00	15			F						
73	58925	REMOVAL OF OVARIAN CYST(S)	789.62					F						
77	58925	REMOVAL OF OVARIAN CYST(S)	789.62	00	15			F						
73	58940	REMOVAL OF OVARY(S)	569.96			X		F						
77	58940	REMOVAL OF OVARY(S)	569.96	00	15	X		F						
73	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,200.33			X		F						
77	58943	OOPHORECTOMY,OVAR.MALIG.W/W/OUT SALP	1,200.33	00	15	X		F						
73	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,177.32					F						
77	58950	RES OVAR MALIG,BILAT SALP/OOPH,OMENT	1,177.32	00	15			F						
73	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,475.90			X		F		X				
77	58951	SEE 58950 W/TAH AND LYMPHADENECTOMY	1,475.90	00	15	X		F		X				
73	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,684.14					F						
77	58952	SEE 58950,W/ RAD DISSECT FOR DEBULK	1,684.14	00	15			F						
73	58953	TAH, RAD DISSECT FOR DEBULK	2,048.77			X		F						
77	58953	TAH, RAD DISSECT FOR DEBULK	2,048.77	00	15	X		F						
73	58954	TAH RAD DEBULK/LYMPH REMOVE	2,216.06			X		F						
77	58954	TAH RAD DEBULK/LYMPH REMOVE	2,216.06	00	15	X		F						
73	58956	BSO, OMENTECTOMY W/TAH	1,390.92			X		F		X				
77	58956	BSO, OMENTECTOMY W/TAH	1,390.92	00	15	X		F		X				
73	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,623.28					F						
77	58957	RESECTION (TUMOR DEBULKING) OF RECUR	1,623.28	00	15			F						
73	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,705.41					F						
77	58958	RESECTION (TUMOR DEBULKING) OF RECUR	1,705.41	00	15			F						
73	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,015.39					F						
77	58960	LAPAROTOMY-STAGE OVAR MALIG....LYMPH	1,015.39	00	15			F						
73	59000	AMNIOCENTESIS	119.59	16	60			F					X	
77	59000	AMNIOCENTESIS	119.59	10	15			F					X	
73	59001	AMNIOCENTESIS, THERAPEUTIC	187.73	16	60			F						
77	59001	AMNIOCENTESIS, THERAPEUTIC	187.73	10	15			F						
73	59012	CORDOCENTESIS,ANY METHOD	212.38	16	60			F						
77	59012	CORDECENTESIS, ANY METHOD	212.38	10	15			F						
73	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	163.85	16	60			F	X					
77	59015	CHORIONIC VILLUS SAMPLING CHRONIC VI	163.85	10	15			F	X					
75	59020	FETAL OXYTOCIN STRESS TEST	38.82	10	60	X		F	X					
75	59025	FETAL NON-STRESS TEST	30.09	10	60	X		F						
73	59030	FETAL SCALP BLOOD SAMPLE	118.77	16	60			F						
77	59030	FETAL SCALP BLOOD SAMPLE	118.77	10	15			F						
73	59050	INTERNAL FETAL MONITORING/CONSULTAN	53.13	16	60	X		F						
77	59050	INTERNAL FETAL MONITORING/CONSULTANT	53.13	10	15	X		F						
73	59051	FETAL MONITOR/INTERPRET ONL	44.31	16	60			F						
77	59051	FETAL MONITOR/INTERPRET ONL	44.31	10	15			F						
73	59070	TRANSABDOM AMNIOINFUS W/ US	412.36	16	60			F						
77	59070	TRANSABDOM AMNIOINFUS W/ US	412.36	10	15			F						
73	59074	FETAL FLUID DRAINAGE W/ US	397.50	16	60			F						

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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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	59074	FETAL FLUID DRAINAGE W/ US	397.50	10	15			F						
73	59076	FETAL SHUNT PLACEMENT, W/ US	549.75	16	60			F						
77	59076	FETAL SHUNT PLACEMENT, W/ US	549.75	10	15			F						
73	59100	REMOVE UTERUS LESION	901.96	16	60	X		F						
77	59100	REMOVE UTERUS LESION	901.96	10	15	X		F						
73	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	860.56	16	60	X		F						
77	59120	SURG TX ECTOPIC PG,TUBAL,W/SALP/OOPH	860.56	10	15	X		F						
73	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	860.72	16	60	X		F						
77	59121	SURG TX,ECTOPIC PG;TUBAL,W/O SALP-OO	860.72	10	15	X		F						
73	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,001.86	16	60	X		F						
77	59130	SURG TX ECTOPIC PG; ABDOMINAL	1,001.86	10	15	X		F						
73	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	949.51	16	60	X		F						
77	59136	INTERSTITIAL,UTERINE PREGNANCY W PAR	949.51	10	15	X		F						
73	59140	SURG TX ECTOPIC PG, CERVICAL	437.02	16	60	X		F						
77	59140	SURG TX ECTOPIC PG, CERVICAL	437.02	10	15	X		F						
73	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	834.92	16	60	X		F						
77	59150	LAPAROSCOPIC TREATMENT O ECTOPIC PRE	834.92	10	15	X		F						
73	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	816.95	16	60	X		F						
77	59151	LAPAROSCOPIC TREAT O ECTOPIC PREGNAN	816.95	10	15	X		F						
73	59160	D&C AFTER DELIVERY	280.23	16	60			F						
77	59160	D&C AFTER DELIVERY	280.23	10	15			F						
73	59200	INSERTION OF CERVICAL DILATOR	105.74	16	60			F						
77	59200	INSERTION OF CERVICAL DILATOR	105.74	10	15			F						
73	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	235.98	16	60	X		F						
77	59300	EPISIOTOMY/VAG REP BY OTHER MD; SIMP	235.98	10	15	X		F						
73	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	159.00	16	60			F						
77	59320	CERCLAGE OF CERVIX DURING PREG;VAGIN	159.00	10	15			F						
73	59325	CERCLAGE OF CERVIX;ABDOMINAL	253.64	16	60			F						
77	59325	CERCLAGE OF CERVIX;ABDOMINAL	253.64	10	15			F						
73	59350	REPAIR OF UTERUS	295.95	16	60			F						
77	59350	REPAIR OF UTERUS	295.95	10	15			F						
73	59400	OBSTETRICAL CARE	2,494.52	10	60			F						M
77	59400	OBSTETRICAL CARE	2,494.52	10	60			F						M
73	59409	VAGINAL DELIVERY ONLY (WITH OR WITHO	844.38	16	60			F						
77	59409	VAGINAL DELIVERY ONLY(WITH OR WITHOU	844.38	10	15			F						
73	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,115.05	16	60			F						M
77	59410	VAGINAL DELIVERY ONLY-INCL PSTPARTUM	1,115.05	10	15			F						M
73	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	108.15	16	60			F						
77	59412	EXTERNAL CEPHALIC VERSION,W/WO TOCOL	108.15	10	15			F						
73	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	95.98	16	60			F						
77	59414	DELIVERY OF PLACENTA FOLL DELIV INFA	95.98	10	15			F						
73	59430	POSTPARTUM CARE ONLY-SEPARATE PROC	272.18	16	60			F						
77	59430	POSTPARTUM CARE ONLY (SEPARATE PROCE	272.18	10	15			F						
73	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,775.24	16	60			F						M
77	59510	ROUTINE OBSTETRIC CARE; A C, C D, PC	2,775.24	10	15			F						M

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	59514	CESAREAN DELIVERY ONLY;	960.41	16	60			F						
77	59514	CESAREAN DELIVERY ONLY	960.41	10	15			F						
73	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,377.51	16	60			F						M
77	59515	CESAREAN DELIVERY W POSTPARTUM CARE	1,377.51	10	15			F						M
73	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	509.74	16	60	X		F		X				
77	59525	SUBTOTAL OR TOTAL HYSTERECTOMY	509.74	10	15	X		F		X				
73	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,628.63	16	60			F						M
77	59610	VBAC DELIVERY-INCL ANTE/POSTPARTUM	2,628.63	10	15			F						M
73	59612	VBAC DELIVERY ONLY	961.95	16	60			F						
77	59612	VBAC DELIVERY ONLY	961.95	10	15			F						
73	59614	VBAC DELIVERY INCL POSTPARTUM	1,214.78	16	60			F						M
77	59614	VBAC DELIVERY INCL POSTPARTUM	1,214.78	10	15			F						M
73	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,806.80	16	60			F						M
77	59618	ATT'D VBAC DEL INCL ANTE/POSTPARTUM	2,806.80	10	15			F						M
73	59620	ATTEMPTED VBAC DELIVERY ONLY	995.55	16	60			F						
77	59620	ATTEMPTED VBAC DELIVERY ONLY	995.55	10	15			F						
73	59622	ATTEMPTED VBAC-INCL POSTPARTUM	1,429.93	16	60			F						M
77	59622	ATTEMPTED VBAC INCL POSTPARTUM	1,429.93	10	15			F						M
73	59812	TREAT SPONTANEOUS ABORTION	375.57	16	60	X		F						
77	59812	TREAT SPONTANEOUS ABORTION	375.57	10	15	X		F						
73	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	452.10	16	60	X		F						
77	59820	MISSED AB.ANY TRIMESTER,COMP MED/SUR	452.10	10	15	X		F						
73	59821	TREAT MISSED ABORTION; SECOND TRIMES	447.93	16	60	X		F						
77	59821	TREAT MISSED ABORTION; SECOND TRIMES	447.93	10	15	X		F						
73	59830	TREATMENT OF SEPTIC ABORTION	486.35	16	60	X		F						
77	59830	TREATMENT OF SEPTIC ABORTION	486.35	10	15	X		F						
73	59840	THERAPUTIC ABORTION	258.54	16	60	X		F						
77	59840	THERAPUTIC ABORTION	258.54	10	15	X		F						
73	59841	ABORTION BY DILATION & EVACUATION	444.25	16	60	X		F						
77	59841	ABORTION BY DILATION & EVACUATION	444.25	10	15	X		F						
73	59850	SALINE ABORTION	411.50	16	60	X		F						
77	59850	SALINE ABORTION	411.50	10	15	X		F						
73	59851	SALINE ABORTION WITH D&C	447.40	16	60	X		F						
77	59851	SALINE ABORTION WITH D&C	447.40	10	15	X		F						
73	59852	SALINE ABORTION WITH HYSTEROTOMY	616.82	16	60	X		F						
77	59852	SALINE ABORTION WITH HYSTEROTOMY	616.82	10	15	X		F						
73	59855	ABORTION	447.80	16	60	X		F						
77	59855	ABORTION	447.80	10	15	X		F						
73	59856	ABORTION	525.16	16	60	X		F						
77	59856	ABORTION	525.16	10	15	X		F						
73	59857	ABORTION	613.57	16	60	X		F						
77	59857	ABORTION	613.57	10	15	X		F						
73	59870	UTERINE EVACUATION & CURETTAGE HYDAT	556.47	16	60	X		F						
77	59870	UTERINE EVACUATION & CURETTAGE HYDAT	556.47	10	15	X		F						
73	59871	REMOVE CERCLAGE SUTURE	139.85	16	60			F						

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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	59871	REMOVE CERCLAGE SUTURE	139.85	10 15			F						
73	60000	DRAIN THYROID/TONGUE CYST	184.40										
77	60000	DRAIN THYROID/TONGUE CYST	184.40	00 15									
73	60100	BIOPSY OF THYROID	110.47									X	
77	60100	BIOPSY OF THYROID	110.47	00 15								X	
73	60200	REMOVE THYROID LESION	686.47										
77	60200	REMOVE THYROID LESION	686.47	00 15									
73	60210	PARTIAL EXCISION THYROID	727.92										
77	60210	PARTIAL EXCISION THYROID	727.92	00 15									
73	60212	PARTIAL THYROID EXCISION	1,067.36										
77	60212	PARTIAL THYROID EXCISION	1,067.36	00 15									
73	60220	PARTIAL REMOVAL OF THYROID	725.41										
77	60220	PARTIAL REMOVAL OF THYROID	725.41	00 15									
73	60225	PARTIAL REMOVAL OF THYROID	958.43										
77	60225	PARTIAL REMOVAL OF THYROID	958.43	00 15									
73	60240	REMOVAL OF THYROID	944.71										
77	60240	REMOVAL OF THYROID	944.71	00 15									
73	60252	REMOVAL OF THYROID	1,360.29										
77	60252	REMOVAL OF THYROID	1,360.29	00 15									
73	60254	EXTENSIVE THYROID SURGERY	1,716.53										
77	60254	EXTENSIVE THYROID SURGERY	1,716.53	00 15									
73	60260	REPEAT THYROID SURGERY	1,119.29										
77	60260	REPEAT THYROID SURGERY	1,119.29	00 15									
73	60270	REMOVAL OF THYROID	1,408.28										
77	60270	REMOVAL OF THYROID	1,408.28	00 15									
73	60271	REMOVAL OF THYROID	1,085.77										
77	60271	REMOVAL OF THYROID	1,085.77	00 15									
73	60280	REMOVE THYROID DUCT LESION	459.32										
77	60280	REMOVE THYROID DUCT LESION	459.32	00 15									
73	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	605.25										
77	60281	EXC.RECURRENT THYRO.DUCT CYST/SINUS	605.25	00 15									
73	60300	ASPIRATION AND/OR INJECTION, THYROID	105.44										
77	60300	ASPIRATION AND/OR INJECTION, THYROID	105.44	00 15									
73	60500	EXPLORE PARATHYROID GLANDS	1,000.84										
77	60500	EXPLORE PARATHYROID GLANDS	1,000.84	00 15									
73	60502	RE-EXPLORE PARATHYROID(S)	1,345.26										
77	60502	RE-EXPLORE PARATHYROID(S)	1,345.26	00 15									
73	60505	EXPLORE PARATHYROID GLANDS	1,438.87										
77	60505	EXPLORE PARATHYROID GLANDS	1,438.87	00 15									
73	60512	AUTOTRANSPLANT, PARATHYROID	250.03										
77	60512	AUTOTRANSPLANT, PARATHYROID	250.03	00 15									
73	60520	REMOVAL OF THYMUS GLAND	1,086.39										
77	60520	REMOVAL OF THYMUS GLAND	1,086.39	00 15									
73	60521	REMOVAL THYMUS GLAND	1,159.48										
77	60521	REMOVAL THYMUS GLAND	1,159.48	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	60522	REMOVAL OF THYMUS GLAND	1,406.12										
77	60522	REMOVAL OF THYMUS GLAND	1,406.12	00 15									
73	60540	EXPLORE ADRENAL GLAND	1,108.27										
77	60540	EXPLORE ADRENAL GLAND	1,108.27	00 15									
73	60545	EXPLORE ADRENAL GLAND	1,289.61										
77	60545	EXPLORE ADRENAL GLAND	1,289.61	00 15									
73	60600	REMOVE CAROTID BODY LESION	1,416.41										
77	60600	REMOVE CAROTID BODY LESION	1,416.41	00 15									
73	60605	REMOVE CAROTID BODY LESION	1,705.16										
77	60605	REMOVE CAROTID BODY LESION	1,705.16	00 15									
73	60650	LAPAROSCOPY ADRENALECTOMY	1,227.23										
77	60650	LAPAROSCOPY ADRENALECTOMY	1,227.23	00 15									
73	61000	REMOVE CRANIAL CAVITY FLUID	120.55										
77	61000	REMOVE CRANIAL CAVITY FLUID	120.55	00 15									
73	61001	SUBDURAL TAP....SUBSEQUENT TAPS	113.49									X	
77	61001	SUBDURAL TAP....SUBSEQUENT TAPS	113.49	00 15								X	
73	61020	REMOVE BRAIN CAVITY FLUID	111.72									X	
77	61020	REMOVE BRAIN CAVITY FLUID	111.72	00 15								X	
73	61026	PUNCTURE BURR HOLE FOR INJECT	110.36										
77	61026	PUNCTURE BURR HOLE FOR INJECT	110.36	00 15									
73	61050	REMOVE BRAIN CANAL FLUID	80.11										
77	61050	REMOVE BRAIN CANAL FLUID	80.11	00 15									
73	61055	CERVICAL PUNTURE FOR INJECTION	120.74										
77	61055	CERVICAL PUNTURE FOR INJECTION	120.74	00 15									
73	61070	BRAIN CANAL SHUNT PROCEDURE	57.55										
77	61070	BRAIN CANAL SHUNT PROCEDURE	57.55	00 15									
73	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	490.15										
77	61105	TWIST DRILL;SUBDURAL/VENTRICULAR	490.15	00 15									
73	61107	TWIST DRILL HOLE/VENTRICULAR CATH	334.69										
77	61107	TWIST DRILL HOLE/VENTRICULAR CATH	334.69	00 15									
73	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	958.96										
77	61108	TWIST DRILL HOLE...;EVAC/DRAIN HEMAT	958.96	00 15									
73	61120	PIERCE SKULL FOR EXAMINATION	795.97										
77	61120	PIERCE SKULL FOR EXAMINATION	795.97	00 15									
73	61140	PIERCE SKULL FOR BIOPSY	1,351.21										
77	61140	PIERCE SKULL FOR BIOPSY	1,351.21	00 15									
73	61150	PIERCE SKULL FOR DRAINAGE	1,441.79										
77	61150	PIERCE SKULL FOR DRAINAGE	1,441.79	00 15									
73	61151	PIERCE SKULL FOR DRAINAGE	1,059.43									X	
77	61151	PIERCE SKULL FOR DRAINAGE	1,059.43	00 15								X	
73	61154	PIERCE SKULL FOR DRAINAGE	1,358.04									X	
77	61154	PIERCE SKULL FOR DRAINAGE	1,358.04	00 15								X	
73	61156	PIERCE SKULL FOR DRAINAGE	1,314.18										
77	61156	PIERCE SKULL FOR DRAINAGE	1,314.18	00 15									
73	61210	PIERCE SKULL; IMPLANT DEVICE	393.80										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	61210	PIERCE SKULL; IMPLANT DEVICE	393.80	00	15									
73	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	542.52											
77	61215	INSERT SYST.-CONNECT TO VENTRIC CATH	542.52	00	15									
73	61250	PIERCE SKULL & EXPLORE	925.20											
77	61250	PIERCE SKULL & EXPLORE	925.20	00	15									
73	61253	PIERCE SKULL & EXPLORE	1,059.43											
77	61253	PIERCE SKULL & EXPLORE	1,059.43	00	15									
73	61304	INCISE SKULL FOR EXPLORATION	1,745.44											
77	61304	INCISE SKULL FOR EXPLORATION	1,745.44	00	15									
73	61305	INCISE SKULL FOR EXPLORATION	2,142.98											
77	61305	INCISE SKULL FOR EXPLORATION	2,142.98	00	15									
73	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,213.84											
77	61312	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	2,213.84	00	15									
73	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,115.88											
77	61313	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,115.88	00	15									
73	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,943.51											
77	61314	CRANIECTOMY/OTOMY-HEMATOMA;EXTRA/SUB	1,943.51	00	15									
73	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,209.61											
77	61315	CRANIECTOMY/OTOMY-HEMATOMA;INTRACERE	2,209.61	00	15									
73	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	93.88											
77	61316	INCIS W/SQ PLACMT CRAN BONE GRAFT	93.88	00	15									
73	61320	INCISE SKULL FOR DRAINAGE	2,021.42											
77	61320	INCISE SKULL FOR DRAINAGE	2,021.42	00	15									
73	61321	INCISE SKULL FOR DRAINAGE	2,270.85											
77	61321	INCISE SKULL FOR DRAINAGE	2,270.85	00	15									
73	61322	DECOMPRESSIVE CRANIOTOMY	2,543.04											
77	61322	DECOMPRESSIVE CRANIOTOMY	2,543.04	00	15									
73	61323	DECOMPRESSIVE LOBECTOMY	2,557.88											
77	61323	DECOMPRESSIVE LOBECTOMY	2,557.88	00	15									
73	61330	EXPLORATION OF EYE SOCKET	1,915.17											
77	61330	EXPLORATION OF EYE SOCKET	1,915.17	00	15									
73	61333	EXPLORE ORBIT; REMOVE LESION	2,156.66											
77	61333	EXPLORE ORBIT; REMOVE LESION	2,156.66	00	15									
73	61340	RELIEVE CRANIAL PRESSURE	1,537.88											
77	61340	RELIEVE CRANIAL PRESSURE	1,537.88	00	15									
73	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,345.60											
77	61343	CRANIECTOMY,DECOMPRESS MED/SPN CORD	2,345.60	00	15									
73	61345	RELIEVE CRANIAL PRESSURE	2,182.97											
77	61345	RELIEVE CRANIAL PRESSURE	2,182.97	00	15									
73	61450	INCISE SKULL FOR SURGERY	2,052.51											
77	61450	INCISE SKULL FOR SURGERY	2,052.51	00	15									
73	61458	INCISE SKULL FOR SURGERY	2,154.58											
77	61458	INCISE SKULL FOR SURGERY	2,154.58	00	15									
73	61460	INCISE SKULL FOR SURGERY	2,251.43											
77	61460	INCISE SKULL FOR SURGERY	2,251.43	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	61500	REMOVAL OF SKULL LESION	1,363.76										
77	61500	REMOVAL OF SKULL LESION	1,363.76	00 15									
73	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,184.41										
77	61501	CRANIECTOMY FOR OSTEOMYELITIS	1,184.41	00 15									
73	61510	REMOVAL OF BRAIN LESION	2,346.49										
77	61510	REMOVAL OF BRAIN LESION	2,346.49	00 15									
73	61512	REMOVE BRAIN LINING LESION	2,729.69										
77	61512	REMOVE BRAIN LINING LESION	2,729.69	00 15									
73	61514	REMOVAL OF BRAIN ABSCESS	2,048.15										
77	61514	REMOVAL OF BRAIN ABSCESS	2,048.15	00 15									
73	61516	REMOVAL OF BRAIN LESION	1,997.81										
77	61516	REMOVAL OF BRAIN LESION	1,997.81	00 15									
73	61517	IMPLT BRAIN CHEMOTX AGENT	93.08										
77	61517	IMPLT BRAIN CHEMOTX AGENT	93.08	00 15									
73	61518	REMOVAL OF BRAIN LESION	2,956.01										
77	61518	REMOVAL OF BRAIN LESION	2,956.01	00 15									
73	61519	REMOVE BRAIN LINING LESION	3,152.25										
77	61519	REMOVE BRAIN LINING LESION	3,152.25	00 15									
73	61520	REMOVAL OF BRAIN LESION	3,971.01										
77	61520	REMOVAL OF BRAIN LESION	3,971.01	00 15									
73	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,389.12										
77	61521	CRANIECTOMY - EXCISE BRAIN TUMOR	3,389.12	00 15									
73	61522	REMOVAL OF BRAIN ABSCESS	2,338.39										
77	61522	REMOVAL OF BRAIN ABSCESS	2,338.39	00 15									
73	61524	REMOVAL OF BRAIN LESION	2,228.25										
77	61524	REMOVAL OF BRAIN LESION	2,228.25	00 15									
73	61526	REMOVAL OF BRAIN LESION	3,513.70										
77	61526	REMOVAL OF BRAIN LESION	3,513.70	00 15									
73	61530	REMOVAL OF BRAIN LESION	3,288.14										
77	61530	REMOVAL OF BRAIN LESION	3,288.14	00 15									
73	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,305.24										
77	61531	SUBDURAL IMPLANTATION OF STRIP ELECT	1,305.24	00 15									
73	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,631.39										
77	61533	CRANIECTOMY, TREPHINATION, BONE FLAP	1,631.39	00 15									
73	61534	REMOVAL OF BRAIN LESION	1,762.97										
77	61534	REMOVAL OF BRAIN LESION	1,762.97	00 15									
73	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,068.87										
77	61535	CRANIECTOMY, TREPHINATION, BONE FLAP	1,068.87	00 15									
73	61536	REMOVAL OF BRAIN LESION	2,757.18										
77	61536	REMOVAL OF BRAIN LESION	2,757.18	00 15									
73	61537	REMOVAL OF BRAIN TISSUE	2,631.87										
77	61537	REMOVAL OF BRAIN TISSUE	2,631.87	00 15									
73	61538	REMOVAL OF BRAIN TISSUE	2,847.81										
77	61538	REMOVAL OF BRAIN TISSUE	2,847.81	00 15									
73	61539	REMOVAL OF BRAIN TISSUE	2,524.47										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	61539	REMOVAL OF BRAIN TISSUE	2,524.47	00	15									
73	61540	REMOVAL OF BRAIN TISSUE	2,326.97											
77	61540	REMOVAL OF BRAIN TISSUE	2,326.97	00	15									
73	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,299.60											
77	61541	CRANIECTOMY-TRANSECT CORPUS CALLOSUM	2,299.60	00	15									
73	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,323.78											
77	61543	CRANIECTOMY-PARTIAL HEMISPHERECTOMY	2,323.78	00	15									
73	61544	REMOVE & TREAT BRAIN LESION	2,029.87											
77	61544	REMOVE & TREAT BRAIN LESION	2,029.87	00	15									
73	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,406.17											
77	61545	CRANIECTOMY...;EXCISE CRANIOPHARYNGI	3,406.17	00	15									
73	61546	REMOVAL OF PITUITARY GLAND	2,468.88											
77	61546	REMOVAL OF PITUITARY GLAND	2,468.88	00	15									
73	61548	REMOVAL OF PITUITARY GLAND	1,656.13											
77	61548	REMOVAL OF PITUITARY GLAND	1,656.13	00	15									
73	61550	RELEASE OF SKULL SEAMS	1,272.31											
77	61550	RELEASE OF SKULL SEAMS	1,272.31	00	15									
73	61552	RELEASE OF SKULL SEAMS	1,586.38											
77	61552	RELEASE OF SKULL SEAMS	1,586.38	00	15									
73	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,825.08											
77	61556	CRANIOTOMY-CRANIOSYN;FRONT/PAR BONE	1,825.08	00	15									
73	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,799.93											
77	61557	CRANIOTOMY-CRANIOSYN;BIFRONTAL BONE	1,799.93	00	15									
73	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,010.75											
77	61558	EXT CRANIECT-MULT CRAN SUT CRANIOSYN	2,010.75	00	15									
73	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,561.34											
77	61559	EXT CRANIECT-W/MULT OSTEOT,BONE AUTO	2,561.34	00	15									
73	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,118.68											
77	61563	EXCIS BEN TUM CRAN BN W/O OPT NERVE	2,118.68	00	15									
73	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,572.58											
77	61564	EXCIS BEN TUM CRAN BN W/OPT NERV DEC	2,572.58	00	15									
73	61566	REMOVAL OF BRAIN TISSUE	2,395.30											
77	61566	REMOVAL OF BRAIN TISSUE	2,395.30	00	15									
73	61567	INCISION OF BRAIN TISSUE	2,728.41											
77	61567	INCISION OF BRAIN TISSUE	2,728.41	00	15									
73	61570	REMOVE BRAIN FOREIGN BODY	2,000.02											
77	61570	REMOVE BRAIN FOREIGN BODY	2,000.02	00	15									
73	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,128.11											
77	61571	SURGERY FOR PENETRATING BRAIN WOUND	2,128.11	00	15									
73	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,679.14											
77	61575	TRANSORAL.;TO BX,DECOMPRESS,EXCISE	2,679.14	00	15									
73	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,420.32											
77	61576	SEE 61575;SPLIT TONGUE/MAND-TRACH	4,420.32	00	15									
73	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,544.18											
77	61580	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,544.18	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,751.74										
77	61581	CRANIOFACIAL APPROACH TO ANTERIOR CR	2,751.74	00 15									
73	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,290.67										
77	61582	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,290.67	00 15									
73	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,093.35										
77	61583	CRANIOFACIAL APPROACH TO ANTERIOR CR	3,093.35	00 15									
73	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,056.45										
77	61584	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,056.45	00 15									
73	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,473.52										
77	61585	ORBITOCRANIAL APPROACH TO ANTERIOR C	3,473.52	00 15									
73	61586	RESECT NASOPHARYNX, SKULL	2,645.54										
77	61586	RESECT NASOPHARYNX, SKULL	2,645.54	00 15									
73	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,104.44										
77	61590	INFRATEMPORAL PRE-AURICULAR APPROACH	3,104.44	00 15									
73	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,169.82										
77	61591	REMOVAL OF SKULL BONE BEHIND EAR TO	3,169.82	00 15									
73	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,341.69										
77	61592	ORBITOCRANIAL ZYGOMATIC APPROACH TO	3,341.69	00 15									
73	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,460.67										
77	61595	TRANSTEMPORAL APPROACH TO POSTERIOR	2,460.67	00 15									
73	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,482.14										
77	61596	TRANSCOCHLEAR APPROACH TO POSTERIOR	2,482.14	00 15									
73	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,131.02										
77	61597	TRANSCONDYLAR (FAR LATERAL) APPROACH	3,131.02	00 15									
73	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,019.34										
77	61598	TRANSPETROSAL APPROACH TO POSTERIOR	3,019.34	00 15									
73	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,185.21										
77	61600	RESECTION OR EXCISION OF NEOPLASTIC,	2,185.21	00 15									
73	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,560.15										
77	61601	RESECTION OR EXCISION OF NEOPLASTIC,	2,560.15	00 15									
73	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,212.35										
77	61605	RESECTION OR EXCISION OF NEOPLASTIC,	2,212.35	00 15									
73	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,075.46										
77	61606	RESECTION OR EXCISION OF NEOPLASTIC,	3,075.46	00 15									
73	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,759.35										
77	61607	RESECTION OR EXCISION OF NEOPLASTIC,	2,759.35	00 15									
73	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,484.74										
77	61608	RESECTION OR EXCISION OF NEOPLASTIC,	3,484.74	00 15									
73	61611	TRANSECTION OR LIGATION, CAROTID ART	501.06										
77	61611	TRANSECTION OR LIGATION, CAROTID ART	501.06	00 15									
73	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,495.58										
77	61613	OBLITERATION OF CAROTID ANEURYSM, AR	3,495.58	00 15									
73	61615	RESECTION OR EXCISION OF NEOPLASTIC,	2,977.51										
77	61615	RESECTION OR EXCISION OF NEOPLASTIC,	2,977.51	00 15									
73	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,522.40										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	61616	RESECTION OR EXCISION OF NEOPLASTIC,	3,522.40	00 15									
73	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,357.86										
77	61618	SECONDARY REPAIR OF DURA FOR CSF LEA	1,357.86	00 15									
73	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,494.29										
77	61619	SECONDARY REPAIR OF DURA FOR CSF LEA	1,494.29	00 15									
73	61623	ENDOVASC TEMPORY VESSEL OCCL	606.54										
77	61623	ENDOVASC TEMPORY VESSEL OCCL	606.54	00 15									
73	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,223.66										
77	61624	TRANSCATHETER OCCLUSION OR EMBOLIZAT	1,223.66	00 15									
73	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	933.29										
77	61626	TRANSCATHETER OCCLUSION OR EMBOLIZAT	933.29	00 15									
73	61630	INTRACRANIAL ANGIOPLASTY	1,433.31		X								
77	61630	INTRACRANIAL ANGIOPLASTY	1,433.31	00 15	X								
73	61635	INTRACRAN ANGIOPLSTY W/STENT	1,547.10		X								
77	61635	INTRACRAN ANGIOPLSTY W/STENT	1,547.10	00 15	X								
73	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	881.40									X	
77	61645	PERCUTANEOUS ARTERIAL TRANSLUMINAL M	881.40	00 15								X	
73	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	602.55										
77	61650	ENDOVASULAR INTRACRANIAL PROLONGED A	602.55	00 15									
73	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	260.05									X	
77	61651	ENDOVASULAR INTRACRANIAL PROLONGED A	260.05	00 15								X	
73	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,382.10										
77	61680	SURG...MALFORM;SUPRATENTORIAL,SIMPLE	2,382.10	00 15									
73	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,445.76										
77	61682	SURG..MALFORM;SUPRATENTORIAL,COMPLEX	4,445.76	00 15									
73	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,039.18										
77	61684	SURG..MALFORM;INFRATENTORIAL,SIMPLE	3,039.18	00 15									
73	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,803.83										
77	61686	SURG..MALFORM;INFRATENTORIAL,COMPLEX	4,803.83	00 15									
73	61690	SURG..MALFORM;DURAL,SIMPLE	2,329.54										
77	61690	SURG..MALFORM;DURAL,SIMPLE	2,329.54	00 15									
73	61692	SURG..MALFORM;DURAL,COMPLEX	3,903.52										
77	61692	SURG..MALFORM;DURAL,COMPLEX	3,903.52	00 15									
73	61697	BRAIN ANEURYSM REPR, COMPLX	4,518.93										
77	61697	BRAIN ANEURYSM REPR, COMPLX	4,518.93	00 15									
73	61698	BRAIN ANEURYSM REPR, COMPLX	4,948.47										
77	61698	BRAIN ANEURYSM REPR, COMPLX	4,948.47	00 15									
73	61700	INNER SKULL VESSEL SURGERY	3,617.82										
77	61700	INNER SKULL VESSEL SURGERY	3,617.82	00 15									
73	61702	INNER SKULL VESSEL SURGERY	4,299.53										
77	61702	INNER SKULL VESSEL SURGERY	4,299.53	00 15									
73	61703	CLAMP NECK ARTERY	1,451.11										
77	61703	CLAMP NECK ARTERY	1,451.11	00 15									
73	61705	REVISE CIRCULATION TO HEAD	2,782.92										
77	61705	REVISE CIRCULATION TO HEAD	2,782.92	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	61708	REVISE CIRCULATION TO HEAD	2,721.61										
77	61708	REVISE CIRCULATION TO HEAD	2,721.61	00 15									
73	61710	REVISE CIRCULATION TO HEAD	2,295.92										
77	61710	REVISE CIRCULATION TO HEAD	2,295.92	00 15									
73	61711	FUSION OF SKULL ARTERIES	2,739.51										
77	61711	FUSION OF SKULL ARTERIES	2,739.51	00 15									
73	61720	INCISE SKULL/BRAIN SURGERY	1,357.89										
77	61720	INCISE SKULL/BRAIN SURGERY	1,357.89	00 15									
73	61735	INCISE SKULL/BRAIN SURGERY	1,704.55										
77	61735	INCISE SKULL/BRAIN SURGERY	1,704.55	00 15									
73	61736	LASER INTERSTITIAL THERMAL THERAPY	908.37										
77	61736	LASER INTERSTITIAL THERMAL THERAPY	908.37	00 15									
73	61737	LASER INTERSTITIAL THERMAL THERAPY	1,087.34										
77	61737	LASER INTERSTITIAL THERMAL THERAPY	1,087.34	00 15									
73	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,502.66										
77	61750	STEREOTACTIC PROC/INTRACRAN. LESION	1,502.66	00 15									
73	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,477.21										
77	61751	STEREOTACTIC BIOPSY W/CAT SCAN	1,477.21	00 15									
73	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,695.45										
77	61760	STEREOTACTIC IMPLANTATION OF DEPTH E	1,695.45	00 15									
73	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,734.20										
77	61770	STEREO.LOC./BURR HOLES;INSERT CATH..	1,734.20	00 15									
73	61781	STEREOTACTIC COMPUTER ASSISTED(NAVIG	252.98										
77	61781	STEREOTACTIC COMPUTER ASSISTED (NAVI	252.98	00 15									
73	61782	STEREOTACTIC COMPUTER ASSISTED(NAVIG	176.32										
77	61782	STEREOTACTIC COMPUTER ASSISTED (NAVI	176.32	00 15									
73	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	245.60										
77	61783	STEREOTACTIC COMPUTER ASSISTED (NAVI	245.60	00 15									
73	61790	TREAT TRIGEMINAL NERVE	938.81										
77	61790	TREAT TRIGEMINAL NERVE	938.81	00 15									
73	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,202.67										
77	61791	CREATE LESION-NEUROLYTIC AGENT/TRIGE	1,202.67	00 15									
73	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,085.17										
77	61796	STEREOTACTIC RADIOSURGERY (PARTICLE	1,085.17	00 15									
73	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	234.25									X	
77	61797	STEREOTACTIC RADIOSURGERY (PARTICLE	234.25	00 15								X	
73	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,472.94										
77	61798	STEREOTACTIC RADIOSURGERY (PARTICLE	1,472.94	00 15									
73	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	324.23									X	
77	61799	STEREOTACTIC RADIOSURGERY (PARTICLE	324.23	00 15								X	
73	61800	APPLICATION OF STEREOTACTIC HEADFRAM	160.83										
77	61800	APPLICATION OF STEREOTACTIC HEADFRAM	160.83	00 15									
73	61850	IMPLANT NEUROELECTRODES	1,051.47										
77	61850	IMPLANT NEUROELECTRODES	1,051.47	00 15									
73	61860	IMPLANT NEUROELECTRODES	1,671.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	61860	IMPLANT NEUROELECTRODES	1,671.86	00 15									
73	61863	IMPLANT NEUROELECTRODE	1,604.16										
77	61863	IMPLANT NEUROELECTRODE	1,604.16	00 15									
73	61864	IMPLANT NEUROELECTRDE, ADDñL	302.70										
77	61864	IMPLANT NEUROELECTRDE, ADDñL	302.70	00 15									
73	61867	IMPLANT NEUROELECTRODE	2,438.85										
77	61867	IMPLANT NEUROELECTRODE	2,438.85	00 15									
73	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	534.28										
77	61868	TWIST DRILL, BURR HOLE, CRANIOTOMY,	534.28	00 15									
73	61880	REVISE/REMOVE NEUROELECTRODE	619.02										
77	61880	REVISE/REMOVE NEUROELECTRODE	619.02	00 15									
73	61885	IMPLANT NEURORECEIVER	552.33			X							
77	61885	IMPLANT NEURORECEIVER	552.33	00 15		X							
73	61886	IMPLANT NEUROSTIM ARRAYS	920.27										
77	61886	IMPLANT NEUROSTIM ARRAYS	920.27	00 15									
73	61888	REVISE/REMOVE NEURORECEIVER	422.20			X							
77	61888	REVISE/REMOVE NEURORECEIVER	422.20	00 15		X							
73	62000	REPAIR OF SKULL FRACTURE	1,103.11										
77	62000	REPAIR OF SKULL FRACTURE	1,103.11	00 15									
73	62005	REPAIR OF SKULL FRACTURE	1,359.00										
77	62005	REPAIR OF SKULL FRACTURE	1,359.00	00 15									
73	62010	TREATMENT OF HEAD INJURY	1,641.78										
77	62010	TREATMENT OF HEAD INJURY	1,641.78	00 15									
73	62100	REPAIR BRAIN FLUID LEAKAGE	1,657.97										
77	62100	REPAIR BRAIN FLUID LEAKAGE	1,657.97	00 15									
73	62120	REPAIR SKULL CAVITY LESION	2,183.48										
77	62120	REPAIR SKULL CAVITY LESION	2,183.48	00 15									
73	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,617.86										
77	62121	CRANIOTOMY W/REP ENCEPH. SKULL BASE	1,617.86	00 15									
73	62140	REPAIR OF SKULL DEFECT	1,077.95										
77	62140	REPAIR OF SKULL DEFECT	1,077.95	00 15									
73	62141	REPAIR OF SKULL DEFECT	1,209.70										
77	62141	REPAIR OF SKULL DEFECT	1,209.70	00 15									
73	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	944.17										
77	62142	REMOVE BONE FLAP/PROSTH.PLATE-SKULL	944.17	00 15									
73	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,111.82										
77	62143	REPLACE BONE FLAP/PROSTH PLATE-SKULL	1,111.82	00 15									
73	62145	REPAIR OF SKULL & BRAIN	1,510.88										
77	62145	REPAIR OF SKULL & BRAIN	1,510.88	00 15									
73	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,334.92										
77	62146	CRANIOPLASTY W/AUTO GRAFT TO 5CM	1,334.92	00 15									
73	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,502.71										
77	62147	CRANIOPLASTY W/AUTOGRAFT > 5 CM	1,502.71	00 15									
73	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	134.68										
77	62148	INCIS W/RETRIEVAL SQ CRAN BONE GRAFT	134.68	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	201.71										
77	62160	INTRACRAN, V-CATH SHUNT/EXT DRAIN	201.71	00 15									
73	62161	DISSECT BRAIN W/SCOPE	1,622.48										
77	62161	DISSECT BRAIN W/SCOPE	1,622.48	00 15									
73	62162	REMOVE COLLOID CYST W/SCOPE	2,018.54										
77	62162	REMOVE COLLOID CYST W/SCOPE	2,018.54	00 15									
73	62164	REMOVE BRAIN TUMOR W/SCOPE	2,235.59										
77	62164	REMOVE BRAIN TUMOR W/SCOPE	2,235.59	00 15									
73	62165	REMOVE PITUIT TUMOR W/SCOPE	1,592.25										
77	62165	REMOVE PITUIT TUMOR W/SCOPE	1,592.25	00 15									
73	62180	ESTABLISH BRAIN CAVITY SHUNT	1,708.87										
77	62180	ESTABLISH BRAIN CAVITY SHUNT	1,708.87	00 15									
73	62190	ESTABLISH BRAIN CAVITY SHUNT	989.07										
77	62190	ESTABLISH BRAIN CAVITY SHUNT	989.07	00 15									
73	62192	ESTABLISH BRAIN CAVITY SHUNT	1,035.65										
77	62192	ESTABLISH BRAIN CAVITY SHUNT	1,035.65	00 15									
73	62194	REPLACE/IRRIGATE CATHETER	521.68										
77	62194	REPLACE/IRRIGATE CATHETER	521.68	00 15									
73	62200	ESTABLISH BRAIN CAVITY SHUNT	1,470.85										
77	62200	ESTABLISH BRAIN CAVITY SHUNT	1,470.85	00 15									
73	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,294.07										
77	62201	VENTRICULOCIS,3RD VENTRICLE STEREO	1,294.07	00 15									
73	62220	ESTABLISH BRAIN CAVITY SHUNT	1,029.57										
77	62220	ESTABLISH BRAIN CAVITY SHUNT	1,029.57	00 15									
73	62223	ESTABLISH BRAIN CAVITY SHUNT	1,095.51										
77	62223	ESTABLISH BRAIN CAVITY SHUNT	1,095.51	00 15									
73	62225	REPLACE/IRRIGATE CATHETER	563.05										
77	62225	REPLACE/IRRIGATE CATHETER	563.05	00 15									
73	62230	REPLACE/REVISE BRAIN SHUNT	892.46										
77	62230	REPLACE/REVISE BRAIN SHUNT	892.46	00 15									
75	62252	CSF SHUNT REPROGRAM	48.80										
73	62256	REMOVE BRAIN CAVITY SHUNT	643.97										
77	62256	REMOVE BRAIN CAVITY SHUNT	643.97	00 15									
73	62258	REPLACE BRAIN CAVITY SHUNT	1,183.41										
77	62258	REPLACE BRAIN CAVITY SHUNT	1,183.41	00 15									
73	62263	LYSIS EPIDURAL ADHESIONS	622.26										
77	62263	LYSIS EPIDURAL ADHESIONS	622.26	00 15									
73	62264	EPIDURAL LYSIS ON SINGLE DAY	433.06										
77	62264	EPIDURAL LYSIS ON SINGLE DAY	433.06	00 15									
73	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	264.23										
77	62267	PERCUTANEOUS ASPIRATION WITHIN THE N	264.23	00 15									
73	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	257.13										
77	62268	PERC.ASPIRATE-SPINAL CORD OR SYRINX	257.13	00 15									
73	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	260.92										
77	62269	BX SPINAL CORD,PERCUTANEOUS NEEDLE	260.92	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	131.86										
77	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	131.86	00 15									
73	62272	SPINAL PUNCTURE, THERAPEUTIC	178.79										
77	62272	SPINAL PUNCTURE, THERAPEUTIC	178.79										
73	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	167.40										
77	62273	INJECTION,EPIDURAL,OF BLOOD OR CLOT	167.40	00 15									
73	62280	TREAT SPINAL CORD LESION	319.34									X	
77	62280	TREAT SPINAL CORD LESION	319.34	00 15								X	
73	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	237.28										
77	62281	INJECTION OF NEUROLYTIC SUBSTANCE (E	237.28	00 15									
73	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	305.66									X	
77	62282	INJECTION/INFUSION OF NEUROLYTIC SUB	305.66	00 15								X	
73	62284	INJECTION FOR MYELOGRAM	187.22										
77	62284	INJECTION FOR MYELOGRAM	187.22	00 15									
73	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	564.37										
77	62287	DECOMPRESSION PROCEDURE, PERCUTANEOU	564.37	00 15									
73	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	342.97										
77	62290	INJECTION PROCEDURE FOR DISCOGRAPHY	342.97	00 15									
73	62291	INJECT FOR SPINE DISK X-RAY	316.25										
77	62291	INJECT FOR SPINE DISK X-RAY	316.25	00 15									
73	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	576.31										
77	62292	INJECTION PROCEDURE FOR CHEMONUCLEO	576.31	00 15									
73	62294	INJECTION INTO SPINAL ARTERY	1,016.08										
77	62294	INJECTION INTO SPINAL ARTERY	1,016.08	00 15									
73	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	253.06										
77	62302	MYELOGRAPHY VIA LUMBAR INJECTION, IN	253.06	00 15									
73	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	257.48										
77	62303	MYELOGRAPHY VIA LUMBAR INJECTION, IN	257.48	00 15									
73	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	251.39										
77	62304	MYELOGRAPHY VIA LUMBAR INJECTION, IN	251.39	00 15									
73	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	272.80										
77	62305	MYELOGRAPHY VIA LUMBAR INJECTION, IN	272.80	00 15									
73	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	164.30										
77	62320	INJECTION(S), OF DIAGNOSTIC OR THERA	164.30	00 15									
73	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	255.33										
77	62321	INJECTION(S), OF DIAGNOSTIC OR THERA	255.33	00 15									
73	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	136.99										
77	62322	INJECTION(S), OF DIAGNOSTIC OR THERA	136.99	00 15									
73	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	251.35										
77	62323	INJECTION(S), OF DIAGNOSTIC OR THERA	251.35	00 15									
73	62324	INJECTION(S), INCLUDING INDWELLING C	137.33										
77	62324	INJECTION(S), INCLUDING INDWELLING C	137.33	00 15									
73	62325	INJECTION(S), INCLUDING INDWELLING C	248.15										
77	62325	INJECTION(S), INCLUDING INDWELLING C	248.15	00 15									
73	62326	INJECTION(S), INCLUDING INDWELLING C	138.02										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	62326	INJECTION(S), INCLUDING INDWELLING C	138.02	00	15									
73	62327	INJECTION(S), INCLUDING INDWELLING C	261.53											
77	62327	INJECTION(S), INCLUDING INDWELLING C	261.53	00	15									
73	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	226.37										X	
77	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC;	226.37	00	15								X	
73	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	281.55											
77	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DR	281.55	00	15									
73	62350	IMPLANT SPINAL CATHETER	406.60				X		X					
77	62350	IMPLANT SPINAL CATHETER	406.60	00	15		X		X					
73	62351	IMPLANT SPINAL CATHETER	948.09				X		X					
77	62351	IMPLANT SPINAL CATHETER	948.09	00	15		X		X					
73	62355	REMOVE SPINAL CANAL CATHETER	280.82				X		X					
77	62355	REMOVE SPINAL CANAL CATHETER	280.82	00	15		X		X					
73	62360	INSERT SPINE INFUSION DEVICE	326.53				X		X					
77	62360	INSERT SPINE INFUSION DEVICE	326.53	00	15		X		X					
73	62361	IMPLANT SPINE INFUSION PUMP	456.15				X		X					
77	62361	IMPLANT SPINE INFUSION PUMP	456.15	00	15		X		X					
73	62362	IMPLANT SPINE INFUSION PUMP	396.02				X		X					
77	62362	IMPLANT SPINE INFUSION PUMP	396.02	00	15		X		X					
73	62365	REMOVE SPINE INFUSION DEVICE	304.03				X		X					
77	62365	REMOVE SPINE INFUSION DEVICE	304.03	00	15		X		X					
73	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	31.99						X					
77	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	31.99	00	15				X					
73	62368	ANALYZE SPINE INFUSION PUMP	44.09						X					
77	62368	ANALYZE SPINE INFUSION PUMP	44.09	00	15				X					
73	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	89.60						X					
77	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	89.60	00	15				X					
73	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	91.05						X					
77	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE,	91.05	00	15				X					
73	63001	RELIEVE SPINAL CORD PRESSURE	1,305.63											
77	63001	RELIEVE SPINAL CORD PRESSURE	1,305.63	00	15									
73	63003	RELIEVE SPINAL CORD PRESSURE	1,304.15											
77	63003	RELIEVE SPINAL CORD PRESSURE	1,304.15	00	15									
73	63005	RELIEVE SPINAL CORD PRESSURE	1,263.92											
77	63005	RELIEVE SPINAL CORD PRESSURE	1,263.92	00	15									
73	63011	RELIEVE PSINAL CORD PRESSURE	1,134.79											
77	63011	RELIEVE PSINAL CORD PRESSURE	1,134.79	00	15									
73	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,258.15											
77	63012	LAMINECTOMY W/REM ABNORM FACETS-LUMB	1,258.15	00	15									
73	63015	RELIEVE SPINAL CORD PRESSURE	1,567.73											
77	63015	RELIEVE SPINAL CORD PRESSURE	1,567.73	00	15									
73	63016	RELIEVE SPINAL CORD PRESSURE	1,618.16											
77	63016	RELIEVE SPINAL CORD PRESSURE	1,618.16	00	15									
73	63017	RELIEVE SPINAL CORD PRESSURE	1,338.42											
77	63017	RELIEVE SPINAL CORD PRESSURE	1,338.42	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,145.63										
77	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH D	1,145.63	00 15									
73	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	950.96										
77	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH D	950.96	00 15									
73	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	245.94									X	
77	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH D	245.94	00 15								X	
73	63040	NECK SPINE DISK SURGERY	1,445.97										
77	63040	NECK SPINE DISK SURGERY	1,445.97	00 15									
73	63042	LOW BACK DISK SURGERY	1,350.40										
77	63042	LOW BACK DISK SURGERY	1,350.40	00 15									
73	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,356.96										
77	63045	LAMINECTOMY....SING.SEG.;CERVICAL	1,356.96	00 15									
73	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,289.33										
77	63046	LAMINECTOMY....SING.SEG.;THORACIC	1,289.33	00 15									
73	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,156.22										
77	63047	LAMINECTOMY....SING.SEG.;LUMBAR	1,156.22	00 15									
73	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	220.77									X	
77	63048	LAMINECTOMY;EACH ADD SEG,CERV,THOR,L	220.77	00 15								X	
73	63050	CERVICAL LAMINOPLASTY	1,536.77										
77	63050	CERVICAL LAMINOPLASTY	1,536.77	00 15									
73	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,769.84										
77	63051	C-LAMINOPLASTY W/GRAFT/PLATE	1,769.84	00 15									
73	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	271.42										
77	63052	LAMINECTOMY, FACETECTOMY, OR FORAMIN	271.42	00 15									
73	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	240.13									X	
77	63053	LAMINECTOMY, FACETECTOMY, OR FORAMIN	240.13	00 15								X	
73	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,722.02										
77	63055	DECOMPRESS SP CRD,EQRINA/NRV RT;THOR	1,722.02	00 15									
73	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,569.37										
77	63056	DECOMPRESS SP CRD,EQUINA/NRV RT;LUMB	1,569.37	00 15									
73	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	339.36									X	
77	63057	DECOMPRESS...EACH ADD SEG,THOR,LUMB	339.36	00 15								X	
73	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,887.04										
77	63064	DECOMPRESS SPN CRD,THORAC,SING.SEG.	1,887.04	00 15									
73	63066	DECOMPRESS...THORACIC;EACH ADD SEG	220.43									X	
77	63066	DECOMPRESS...THORACIC;EACH ADD SEG	220.43	00 15								X	
73	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,423.76										
77	63075	REMOVAL OF UPPER SPINE DISC AND RELE	1,423.76	00 15									
73	63076	REMOVAL OF UPPER SPINE DISC AND RELE	254.30									X	
77	63076	REMOVAL OF UPPER SPINE DISC AND RELE	254.30	00 15								X	
73	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,606.40										
77	63077	REMOVAL OF MIDDLE SPINE DISC AND REL	1,606.40	00 15									
73	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	221.43									X	
77	63078	REMOVAL OF MIDDLE SPINE DISC AND REL	221.43	00 15								X	
73	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,848.15										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	63081	VERT CORPECTOMY..;CERVICAL,SING.SEG	1,848.15	00 15									
73	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	278.56									X	
77	63082	VERT CORPECTOMY;CERVICAL, EACH ADD	278.56	00 15								X	
73	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,025.36										
77	63085	VERT CORPECTOMY..,THORACIC,SING SEG	2,025.36	00 15									
73	63086	VERT CORPECT..,THOR.,EACH ADD SEG	198.25									X	
77	63086	VERT CORPECT..,THOR.,EACH ADD SEG	198.25	00 15								X	
73	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,535.67										
77	63087	VERT CORP.LOW THOR,LUMB;SING SEGMENT	2,535.67	00 15									
73	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	272.14									X	
77	63088	VERT CORP,THOR/LUMB;EACH ADD SEGMENT	272.14	00 15								X	
73	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,027.82										
77	63090	VERT CORP;LOW THOR/LUMB/SAC;SING SEG	2,027.82	00 15									
73	63091	VERT CORPECTOMY;EACH ADD SEGMENT	183.56									X	
77	63091	VERT CORPECTOMY;EACH ADD SEGMENT TLS	183.56	00 15								X	
73	63101	REMOVAL OF VERTEBRAL BODY	2,457.11										
77	63101	REMOVAL OF VERTEBRAL BODY	2,457.11	00 15									
73	63102	REMOVAL OF VERTEBRAL BODY	2,405.10										
77	63102	REMOVAL OF VERTEBRAL BODY	2,405.10	00 15									
73	63103	REMOVE VERTEBRAL BODY ADD-ON	310.70									X	
77	63103	REMOVE VERTEBRAL BODY ADD-ON	310.70	00 15								X	
73	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,701.35										
77	63170	LAMINECTOMY/MYELOTOMY,THOR/THORACOLU	1,701.35	00 15									
73	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,509.68										
77	63172	LAMINECTOMY...;TO SUBARACHNOID SPACE	1,509.68	00 15									
73	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,843.29										
77	63173	LAMINECTOMY...;TO PERITONEAL SPACE	1,843.29	00 15									
73	63185	INCISE SPINAL COLUMN/NERVES	1,189.28										
77	63185	INCISE SPINAL COLUMN/NERVES	1,189.28	00 15									
73	63190	INCISE SPINAL COLUMN/NERVES	1,269.25										
77	63190	INCISE SPINAL COLUMN/NERVES	1,269.25	00 15									
73	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,473.76										
77	63191	LAMINECTOMY/SEC.SPINE ASS.NERVE-UNIL	1,473.76	00 15									
73	63197	INCISE SPINAL COLUMN & CORD	1,827.90										
77	63197	INCISE SPINAL COLUMN & CORD	1,827.90	00 15									
73	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,617.68										
77	63200	LAMINECTOMY,RELEASE TETHER...LUMBAR	1,617.68	00 15									
73	63250	REVISE SPINAL CORD VESSELS	3,172.16										
77	63250	REVISE SPINAL CORD VESSELS	3,172.16	00 15									
73	63251	REVISE SPINAL CORD VESSELS	3,242.13										
77	63251	REVISE SPINAL CORD VESSELS	3,242.13	00 15									
73	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,240.87										
77	63252	LAMINECTOMY,MALFORM.SP.CRD.;THORACOL	3,240.87	00 15									
73	63265	LAMINECTOMY,LESION...;CERVICAL	1,772.67										
77	63265	LAMINECTOMY,LESION...;CERVICAL	1,772.67	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	63266	LAMINECTOMY,LESION...;THORACIC	1,822.35										
77	63266	LAMINECTOMY,LESION...;THORACIC	1,822.35	00 15									
73	63267	LAMINECTOMY,LESION...;LUMBAR	1,445.08										
77	63267	LAMINECTOMY,LESION...;LUMBAR	1,445.08	00 15									
73	63268	LAMINECTOMY,LESION....;SACRAL	1,474.53										
77	63268	LAMINECTOMY,LESION....;SACRAL	1,474.53	00 15									
73	63270	LAMINECTOMY,LESION....;CERVICAL	2,222.11										
77	63270	LAMINECTOMY,LESION....;CERVICAL	2,222.11	00 15									
73	63271	LAMINECTOMY,LESION...;THORACIC	2,218.30										
77	63271	LAMINECTOMY,LESION...;THORACIC	2,218.30	00 15									
73	63272	LAMINECTOMY,LESION...;LUMBAR	1,975.04										
77	63272	LAMINECTOMY,LESION...;LUMBAR	1,975.04	00 15									
73	63273	LAMINECTOMY,LESION...;SACRAL	1,997.13										
77	63273	LAMINECTOMY,LESION...;SACRAL	1,997.13	00 15									
73	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,924.03										
77	63275	LAMINECTOMY,BX/EXC...;CERVICAL-EXTRA	1,924.03	00 15									
73	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,899.49										
77	63276	LAMINECTOMY,BX/EXC..;THORACIC-EXTRA.	1,899.49	00 15									
73	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,653.52										
77	63277	LAMINECTOMY,BX/EXC..;LUMBAR-EXTRADUR	1,653.52	00 15									
73	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,702.30										
77	63278	LAMINECTOMY,BX/EXC..;SACRAL-EXTRADUR	1,702.30	00 15									
73	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,262.05										
77	63280	LAMINECTOMY,BX/EXC..;CERVICAL,INTRA	2,262.05	00 15									
73	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,239.38										
77	63281	LAMINECTOMY.B/EXC..;THORACIC-INTRA	2,239.38	00 15									
73	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,113.40										
77	63282	LAMINECTOMY,BX/EXC..;LUMBAR-INTRADUR	2,113.40	00 15									
73	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,033.30										
77	63283	LAMINECTOMY,BX/EXC..;SACRAL-INTRADUR	2,033.30	00 15									
73	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,795.66										
77	63285	LAMINECTOMY,BX/EXC..;CERVICAL-INTRA	2,795.66	00 15									
73	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,767.90										
77	63286	LAMINECTOMY.BX/EXC..;THORACIC-INTRA	2,767.90	00 15									
73	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,933.05										
77	63287	LAMINECTOMY,BX/EXC..;THORACOLUMBAR..	2,933.05	00 15									
73	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,983.21										
77	63290	LAMINECTOMY..;COMBINATION,ANY LEVEL	2,983.21	00 15									
73	63295	REPAIR OF LAMINECTOMY DEFECT	354.18										
77	63295	REPAIR OF LAMINECTOMY DEFECT	354.18	00 15									
73	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,915.50										
77	63300	VERT CORP,SING SEG;CERVICAL-EXTRADUR	1,915.50	00 15									
73	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,358.30										
77	63301	SEE 63300;EXTRADUR,THOR-TRANSTH0 APP	2,358.30	00 15									
73	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,329.06										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	63302	SEE 63300;EXTRADUR,THOR-THORACOL APP	2,329.06	00 15									
73	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,475.55										
77	63303	SEE 63300;EXTRA,LUM/SAC,TRANS/RETRO	2,475.55	00 15									
73	63304	SEE 63300;INTRADURAL,CERVICAL	2,511.92										
77	63304	SEE 63300;INTRADURAL,CERVICAL	2,511.92	00 15									
73	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,673.60										
77	63305	SEE 63300;INTRA,THOR-TRANSTHO APP	2,673.60	00 15									
73	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,627.44										
77	63306	SEE 63300;INTRA,THOR-THORACOLUM APP	2,627.44	00 15									
73	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,573.13										
77	63307	SEE 63300;LUM/SAC-TRANS/RETRO APP	2,573.13	00 15									
73	63308	VERT CORPECTOMY, EA ADD SEGMENT	338.18									X	
77	63308	VERT CORPECTOMY; EA ADD SEGMENT	338.18	00 15								X	
73	63600	REMOVE SPINAL CORD LESION	1,167.45										
77	63600	REMOVE SPINAL CORD LESION	1,167.45	00 15									
73	63610	STIMULATION OF SPINAL CORD	619.30									X	
77	63610	STIMULATION OF SPINAL CORD	619.30	00 15								X	
73	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,201.85										
77	63620	STEREOTACTIC RADIOSURGERY (PARTICLE	1,201.85	00 15									
73	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	270.15									X	
77	63621	STEREOTACTIC RADIOSURGERY (PARTICLE	270.15	00 15								X	
73	63650	IMPLANT NEUROELECTRODES	2,211.09										
77	63650	IMPLANT NEUROELECTRODES	2,211.09	00 15									
73	63655	IMPLANT NEUROELECTRODES	877.88										
77	63655	IMPLANT NEUROELECTRODES	877.88	00 15									
73	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	674.30										
77	63661	REMOVAL OF SPINAL NEUROSTIMULATOR EL	674.30	00 15									
73	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	888.25										
77	63662	REMOVAL OF SPINAL NEUROSTIMULATOR EL	888.25	00 15									
73	63663	REVISION INCLUDING REPLACEMENT WHEN	888.13										
77	63663	REVISION INCLUDING REPLACEMENT WHEN	888.13	00 15									
73	63664	REVISION INCLUDING REPLACEMENT WHEN	927.86										
77	63664	REVISION INCLUDING REPLACEMENT WHEN	927.86	00 15									
73	63685	IMPLANT NEURORECEIVER	370.26										
77	63685	IMPLANT NEURORECEIVER	370.26	00 15									
73	63688	REVISE/REMOVE NEURORECEIVER	383.32										
77	63688	REVISE/REMOVE NEURORECEIVER	383.32	00 15									
73	63700	REPAIR OF SPINAL HERNIATION	1,397.48										
77	63700	REPAIR OF SPINAL HERNIATION	1,397.48	00 15									
73	63702	REPAIR OF SPINAL HERNIATION	1,528.27										
77	63702	REPAIR OF SPINAL HERNIATION	1,528.27	00 15									
73	63704	REPAIR OF SPINAL HERNIATION	1,775.95										
77	63704	REPAIR OF SPINAL HERNIATION	1,775.95	00 15									
73	63706	REPAIR OF SPINAL HERNIATION	1,973.87										
77	63706	REPAIR OF SPINAL HERNIATION	1,973.87	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	986.25										
77	63707	REPAIR DURAL/CSF LEAK,NO LAMINECTOMY	986.25	00 15									
73	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,169.05										
77	63709	REP DURAL/CSF LEAK...W/ LAMINECTOMY	1,169.05	00 15									
73	63710	GRAFT REPAIR OF SPINE DEFECT	1,124.73										
77	63710	GRAFT REPAIR OF SPINE DEFECT	1,124.73	00 15									
73	63740	INSTALL SPINAL SHUNT	1,047.61										
77	63740	INSTALL SPINAL SHUNT	1,047.61	00 15									
73	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	725.33										
77	63741	CREATION OF SHUNT-PERCUT W/O LAMINEC	725.33	00 15									
73	63744	REVISION OF SPINAL SHUNT	719.47										
77	63744	REVISION OF SPINAL SHUNT	719.47	00 15									
73	63746	REMOVAL OF SPINAL SHUNT	645.39										
77	63746	REMOVAL OF SPINAL SHUNT	645.39	00 15									
73	64400	INJECTION FOR NERVE BLOCK	110.60						X			X	
77	64400	INJECTION FOR NERVE BLOCK	110.60	00 15					X			X	
73	64405	INJECTION FOR NERVE BLOCK	76.07						X			X	
77	64405	INJECTION FOR NERVE BLOCK	76.07	00 15					X			X	
73	64408	INJECTION FOR NERVE BLOCK	81.05						X			X	
77	64408	INJECTION FOR NERVE BLOCK	81.05	00 15					X			X	
73	64415	INJECTION FOR NERVE BLOCK	132.56						X			X	
77	64415	INJECTION FOR NERVE BLOCK	132.56	00 15					X			X	
73	64416	INJEC.NERVE BLOCK BRAC.PLEX.CONT.INF	79.59						X				
77	64416	N BLOCK CONT INFUSE, B PLEX	79.59	00 15									
73	64417	INJECTION FOR NERVE BLOCK	156.13						X			X	
77	64417	INJECTION FOR NERVE BLOCK	156.13	00 15					X			X	
73	64418	INJECTION FOR NERVE BLOCK	86.43						X			X	
77	64418	INJECTION FOR NERVE BLOCK	86.43	00 15					X			X	
73	64420	INJECTION FOR NERVE BLOCK	95.90						X			X	
77	64420	INJECTION FOR NERVE BLOCK	95.90	00 15					X			X	
73	64421	INJECTION FOR NERVE BLOCK	32.70						X			X	
77	64421	INJECTION FOR NERVE BLOCK	32.70	00 15					X			X	
73	64425	INJECTION FOR NERVE BLOCK	108.35						X			X	
77	64425	INJECTION FOR NERVE BLOCK	108.35	00 15					X			X	
73	64430	INJECTION FOR NERVE BLOCK	97.25						X			X	
77	64430	INJECTION FOR NERVE BLOCK	97.25	00 15					X			X	
73	64435	INJECTION FOR NERVE BLOCK	80.23						X			X	
77	64435	INJECTION FOR NERVE BLOCK	80.23	00 15					X			X	
73	64445	INJECTION FOR NERVE BLOCK	157.96						X			X	
77	64445	INJECTION FOR NERVE BLOCK	157.96	00 15					X			X	
73	64446	INJEC.NERV.BLK;SCIATIC,CONT.INFU.CAT	77.90						X				
77	64446	N BLK INJ, SCIATIC, CONT INF	77.90	00 15									
73	64447	INJEC.NERV.BLK;FEMORAL NERVE,SINGLE	114.67						X				
77	64447	N BLOCK INJ FEM, SINGLE	114.67	00 15									
73	64448	INJECT.BLK;FEMORAL NERV.CONT.INFU CA	73.21						X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	64448	N BLOCK INJ FEM, CONT INF	73.21	00 15									
73	64449	N BLOCK INJ, LUMBAR PLEXUS	62.49										
77	64449	N BLOCK INJ, LUMBAR PLEXUS	62.49	00 15									
73	64450	INJECTION FOR NERVE BLOCK	73.67						X			X	
77	64450	INJECTION FOR NERVE BLOCK	73.67	00 15					X			X	
73	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	221.07									X	
77	64451	INJECTION(S), ANESTHETIC AGENT(S) AN	221.07	00 15								X	
73	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	214.75									X	
77	64454	INJECTION(S), ANESTHETIC AGENT(S) AN	214.75	00 15								X	
73	64455	INJECTIONS OF ANESTHETIC AND/OR STER	49.37										
77	64455	INJECTIONS OF ANESTHETIC AND/OR STER	49.37	00 15									
73	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	134.16										
77	64461	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	134.16	00 15									
73	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	71.93										
77	64462	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	71.93	00 15									
73	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	227.12										
77	64463	PARAVERTEBRAL BLOCK (PVB) (PARASPINO	227.12	00 15									
73	64483	INJECTION(S), ANESTHETIC AGENT AND/O	239.58										
77	64483	INJECTION(S), ANESTHETIC AGENT AND/O	239.58	00 15									
73	64484	INJECTION(S), ANESTHETIC AGENT AND/O	109.30									X	
77	64484	INJECTION(S), ANESTHETIC AGENT AND/O	109.30	00 15								X	
73	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	110.71										
77	64486	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	110.71	00 15									
73	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	210.90										
77	64487	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	210.90	00 15									
73	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	136.59										
77	64488	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	136.59	00 15									
73	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	342.88										
77	64489	TRANSVERSUS ABDOMINIS PLANE (TAP) BL	342.88	00 15									
73	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	186.93										
77	64490	INJECTION(S) DIAGNOSTIC OR THERAPEUT	186.93	00 15									
73	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	95.73										
77	64491	INJECTION(S) DIAGNOSTIC OR THERAPEUT	95.73	00 15									
73	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	96.36									X	
77	64492	INJECTION(S) DIAGNOSTIC OR THERAPEUT	96.36	00 15								X	
73	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	172.49										
77	64493	INJECTION(S) DIAGNOSTIC OR THERAPEUT	172.49	00 15									
73	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	89.07										
77	64494	INJECTION(S) DIAGNOSTIC OR THERAPEUT	89.07										
73	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	89.07									X	
77	64495	INJECTION(S) DIAGNOSTIC OR THERAPEUT	89.07	00 15								X	
73	64505	INJECTION FOR NERVE BLOCK	144.11						X				
77	64505	INJECTION FOR NERVE BLOCK	144.11	00 15									
73	64510	INJEC.SYMPATH.NRV.STELLATE GANGLION	142.51						X				
77	64510	INJECTION FOR NERVE BLOCK	142.51	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	64517	N BLOCK INJ, HYPOGAS PLXS	190.80										
77	64517	N BLOCK INJ, HYPOGAS PLXS	190.80	00 15									
73	64520	INJECTION FOR NERVE BLOCK	221.97						X				
77	64520	INJECTION FOR NERVE BLOCK	221.97	00 15									
73	64530	INJECTION FOR NERVE BLOCK	224.78						X				
77	64530	INJECTION FOR NERVE BLOCK	224.78	00 15									
73	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	724.44								X		
77	64561	PERCUTANEOUS IMPLANTATION OF NEUROST	724.44	00 15							X		
73	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	113.45										
77	64566	POSTERIOR TIBIAL NEUROSTIMULATION, P	113.45	00 15									
73	64568	INCISION FOR IMPLANTATION OF CRANIAL	615.24			X							
77	64568	INCISION FOR IMPLANTATION OF CRANIAL	615.24	00 15		X							
73	64569	REVISION OR REPLACEMENT OF CRANIAL	806.77			X							
77	64569	REVISION OR REPLACMENT OF CRANIAL	806.77	00 15		X							
73	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS	778.56			X							
77	64570	REMOVAL OF CRANIAL NERVE (EG,VAGUS	778.56	00 15		X							
73	64581	INCISION FOR IMPLANTATION OF NEUROST	666.06								X		
77	64581	INCISION FOR IMPLANTATION OF NEUROST	666.06	00 15							X		
73	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	884.18										
77	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NER	884.18	00 15									
73	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	879.22										
77	64583	REVISION OR REPLACEMENT OF HYPOGLOSS	879.22	00 15									
73	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	740.06										
77	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROST	740.06	00 15									
73	64590	INSERTION OR REPLACEMENT OF PERIPHER	259.36										
77	64590	INSERTION OR REPLACEMENT OF PERIPHER	259.36	00 15									
73	64600	INJECTION TREATMENT OF NERVE	459.76										
77	64600	INJECTION TREATMENT OF NERVE	459.76	00 15									
73	64605	INJECTION TREATMENT OF NERVE	643.74										
77	64605	INJECTION TREATMENT OF NERVE	643.74	00 15									
73	64610	INJECTION TREATMENT OF NERVE	795.30										
77	64610	INJECTION TREATMENT OF NERVE	795.30	00 15									
73	64611	CHEMODENERVATION OF PAROTID AND SUBM	130.66										
77	64611	CHEMODENERVATION OF PAROTID AND SUBM	130.66	00 15									
73	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	136.62										
77	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHE	136.62	00 15									
73	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	159.74		X								
77	64615	CHEMODENERVATION OF MUSCLE(S); MUSCL	159.74	00 15	X								
73	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	140.60									X	
77	64616	INJECTION OF CHEMICAL FOR DESTRUCTIO	140.60	00 15								X	
73	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	162.77									X	
77	64617	INJECTION OF CHEMICAL FOR DESTRUCTIO	162.77	00 15								X	
73	64620	INJECTION TREATMENT OF NERVE	208.41										
77	64620	INJECTION TREATMENT OF NERVE	208.41	00 15									
73	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	376.96									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	64624	DESTRUCTION BY NEUROLYTIC AGENT, GEN	376.96	00	15								X	
73	64625	RADIOFREQUENCY ABLATION, NERVES INNE	458.71										X	
77	64625	RADIOFREQUENCY ABLATION, NERVES INNE	458.71	00	15								X	
73	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	470.13											
77	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS	470.13	00	15									
73	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	220.44										X	
77	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS	220.44	00	15								X	
73	64630	INJECTION TREATMENT OF NERVE	256.04											
77	64630	INJECTION TREATMENT OF NERVE	256.04	00	15									
73	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	88.98											
77	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLA	88.98	00	15									
73	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	426.00											
77	64633	DESTRUCTION BY NEUROLYTIC AGENT, PAR	426.00	00	15									
73	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	248.45											
77	64634	DESTRUCTION BY NEUROLYTIC AGENT, PAR	248.45	00	15									
73	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	429.79											
77	64635	DESTRUCTION BY NEUROLYTIC AGENT, PAR	429.79	00	15									
73	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	233.39											
77	64636	DESTRUCTION BY NEUROLYTIC AGENT, PAR	233.39	00	15									
73	64640	INJECTION TREATMENT OF NERVE	240.22										X	
77	64640	INJECTION TREATMENT OF NERVE	240.22	00	15								X	
73	64642	Injection of chemical for destructio	151.71											
77	64642	Injection of chemical for destructio	151.71	00	15									
73	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	93.90										X	
77	64643	INJECTION OF CHEMICAL FOR DESTRUCTIO	93.90	00	15								X	
73	64644	Injection of chemical for destructio	176.86											
77	64644	Injection of chemical for destructio	176.86	00	15									
73	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	121.78										X	
77	64645	INJECTION OF CHEMICAL FOR DESTRUCTIO	121.78	00	15								X	
73	64646	Injection of chemical for destructio	162.13											
77	64646	Injection of chemical for destructio	162.13	00	15									
73	64647	Injection of chemical for destructio	185.74											
77	64647	Injection of chemical for destructio	185.74	00	15									
73	64680	INJECTION TREATMENT OF NERVE	338.90											
77	64680	INJECTION TREATMENT OF NERVE	338.90	00	15									
73	64681	INJECTION TREATMENT OF NERVE	449.69											
77	64681	INJECTION TREATMENT OF NERVE	449.69	00	15									
73	64702	REVISE FINGER/TOE NERVE	519.58											
77	64702	REVISE FINGER/TOE NERVE	519.58	00	15									
73	64704	REVISE HAND/FOOT NERVE	325.41											
77	64704	REVISE HAND/FOOT NERVE	325.41	00	15									
73	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	505.99											
77	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	505.99	00	15									
73	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	606.76											
77	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	606.76	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	819.23										
77	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	819.23	00 15									
73	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	778.23										
77	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE,	778.23	00 15									
73	64716	REVISION OF CRANIAL NERVE	518.24										
77	64716	REVISION OF CRANIAL NERVE	518.24	00 15									
73	64718	REVISE ULNAR NERVE AT ELBOW	612.46										
77	64718	REVISE ULNAR NERVE AT ELBOW	612.46	00 15									
73	64719	REVISE ULNAR NERVE AT WRIST	414.14										
77	64719	REVISE ULNAR NERVE AT WRIST	414.14	00 15									
73	64721	REVISE MEDIAN NERVE AT WRIST	449.96										
77	64721	REVISE MEDIAN NERVE AT WRIST	449.96	00 15									
73	64722	RELIEVE PRESSURE ON NERVE(S)	372.91										
77	64722	RELIEVE PRESSURE ON NERVE(S)	372.91	00 15									
73	64726	RELEASE FOOT/TOE NERVE	270.05										
77	64726	RELEASE FOOT/TOE NERVE	270.05	00 15									
73	64727	INTERNAL NEUROLYSIS,MICROSCOPE	181.27										
77	64727	INTERNAL NEUROLYSIS, MICROSCOPE	181.27	00 15									
73	64732	INCISION OF BROW NERVE	474.78										
77	64732	INCISION OF BROW NERVE	474.78	00 15									
73	64734	INCISION OF CHEEK NERVE	537.27										
77	64734	INCISION OF CHEEK NERVE	537.27	00 15									
73	64736	INCISION OF CHIN NERVE	331.81										
77	64736	INCISION OF CHIN NERVE	331.81	00 15									
73	64738	INCISION OF JAW NERVE	449.70										
77	64738	INCISION OF JAW NERVE	449.70	00 15									
73	64740	INCISION OF TONGUE NERVE	459.35										
77	64740	INCISION OF TONGUE NERVE	459.35	00 15									
73	64742	INCISION OF FACIAL NERVE	486.46										
77	64742	INCISION OF FACIAL NERVE	486.46	00 15									
73	64744	INCISE NERVE, BACK OF HEAD	531.55										
77	64744	INCISE NERVE, BACK OF HEAD	531.55	00 15									
73	64746	INCISE DIAPHRAGM NERVE	444.04										
77	64746	INCISE DIAPHRAGM NERVE	444.04	00 15									
73	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	959.05										
77	64755	INCISION VAGI/PROXIMAL STOMACH ONLY	959.05	00 15									
73	64760	INCISION OF VAGUS NERVE	539.52										
77	64760	INCISION OF VAGUS NERVE	539.52	00 15									
73	64763	INCISE HIP/THIGH NERVE	534.25										
77	64763	INCISE HIP/THIGH NERVE	534.25	00 15									
73	64766	INCISE HIP/THIGH NERVE	659.37										
77	64766	INCISE HIP/THIGH NERVE	659.37	00 15									
73	64771	INCISE CRANIAL NERVE, EXTRADURAL	587.80										
77	64771	INCISE CRANIAL NERVE, EXTRADURAL	587.80	00 15									
73	64772	INCISION OF SPINAL NERVE	572.41										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	64772	INCISION OF SPINAL NERVE	572.41	00 15									
73	64774	REMOVE SKIN NERVE LESION	434.89										
77	64774	REMOVE SKIN NERVE LESION	434.89	00 15									
73	64776	REMOVE DIGIT NERVE LESION	403.72										
77	64776	REMOVE DIGIT NERVE LESION	403.72	00 15									
73	64778	EXCISE NEUROMA;EACH ADD DIGIT	185.62									X	
77	64778	EXCISE NEUROMA;EACH ADD DIGIT	185.62	00 15								X	
73	64782	REMOVE LIMB NERVE LESION	460.29										
77	64782	REMOVE LIMB NERVE LESION	460.29	00 15									
73	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	220.80									X	
77	64783	EXCISE NEUROMA,HAND/FOOT,@ ADD NERVE	220.80	00 15								X	
73	64784	REMOVE NERVE LESION	740.66										
77	64784	REMOVE NERVE LESION	740.66	00 15									
73	64786	REMOVE SCIATIC NERVE LESION	1,045.87										
77	64786	REMOVE SCIATIC NERVE LESION	1,045.87	00 15									
73	64787	INSERT CAP ON NERVE END	241.02										
77	64787	INSERT CAP ON NERVE END	241.02	00 15									
73	64788	REMOVE SKIN NERVE LESION	412.02										
77	64788	REMOVE SKIN NERVE LESION	412.02	00 15									
73	64790	REMOVAL OF NERVE LESION	875.96										
77	64790	REMOVAL OF NERVE LESION	875.96	00 15									
73	64792	REMOVAL OF NERVE LESION	1,099.69										
77	64792	REMOVAL OF NERVE LESION	1,099.69	00 15									
73	64795	BIOPSY OF NERVE	200.89										
77	64795	BIOPSY OF NERVE	200.89	00 15									
73	64802	REMOVE SYMPATHETIC NERVES	894.22										
77	64802	REMOVE SYMPATHETIC NERVES	894.22	00 15									
73	64804	REMOVE SYMPATHETIC NERVES	1,269.49										
77	64804	REMOVE SYMPATHETIC NERVES	1,269.49	00 15									
73	64809	REMOVE SYMPATHETIC NERVES	1,161.70										
77	64809	REMOVE SYMPATHETIC NERVES	1,161.70	00 15									
73	64818	REMOVE SYMPATHETIC NERVES	796.82										
77	64818	REMOVE SYMPATHETIC NERVES	796.82	00 15									
73	64820	REMOVE SYMPATHETIC NERVES	777.38										
77	64820	REMOVE SYMPATHETIC NERVES	777.38	00 15									
73	64821	REMOVE SYMPATHETIC NERVES	705.68										
77	64821	REMOVE SYMPATHETIC NERVES	705.68	00 15									
73	64822	REMOVE SYMPATHETIC NERVES	713.39										
77	64822	REMOVE SYMPATHETIC NERVES	713.39	00 15									
73	64823	REMOVE SYMPATHETIC NERVES	808.85										
77	64823	REMOVE SYMPATHETIC NERVES	808.85	00 15									
73	64831	REPAIR OF DIGIT NERVE	704.37										
77	64831	REPAIR OF DIGIT NERVE	704.37	00 15									
73	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	338.78									X	
77	64832	SUTURE DIGIT NERVE;@ ADD DIGIT NERVE	338.78	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	64834	REPAIR OF HAND OR FOOT NERVE	749.30										
77	64834	REPAIR OF HAND OR FOOT NERVE	749.30	00 15									
73	64835	REPAIR OF HAND OR FOOT NERVE	834.75										
77	64835	REPAIR OF HAND OR FOOT NERVE	834.75	00 15									
73	64836	REPAIR OF HAND OR FOOT NERVE	834.75										
77	64836	REPAIR OF HAND OR FOOT NERVE	834.75	00 15									
73	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	371.98									X	
77	64837	SUTURE EACH ADD NERVE,HAND OR FOOT	371.98	00 15								X	
73	64840	REPAIR OF LEG NERVE	983.84										
77	64840	REPAIR OF LEG NERVE	983.84	00 15									
73	64856	REPAIR/TRANSPOSE NERVE	1,036.87										
77	64856	REPAIR/TRANSPOSE NERVE	1,036.87	00 15									
73	64857	REPAIR ARM/LEG NERVE	1,074.95										
77	64857	REPAIR ARM/LEG NERVE	1,074.95	00 15									
73	64858	REPAIR SCIATIC NERVE	1,201.37										
77	64858	REPAIR SCIATIC NERVE	1,201.37	00 15									
73	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	252.85									X	
77	64859	SUTRUE @ ADD MAJOR PERIPHERAL NERVE	252.85	00 15								X	
73	64861	REPAIR OF ARM NERVES	1,622.88										
77	64861	REPAIR OF ARM NERVES	1,622.88	00 15									
73	64862	REPAIR OF LOW BACK NERVES	1,403.62										
77	64862	REPAIR OF LOW BACK NERVES	1,403.62	00 15									
73	64864	REPAIR OF FACIAL NERVE	876.84										
77	64864	REPAIR OF FACIAL NERVE	876.84	00 15									
73	64865	REPAIR OF FACIAL NERVE	1,099.36										
77	64865	REPAIR OF FACIAL NERVE	1,099.36	00 15									
73	64866	FUSION OF FACIAL/OTHER NERVE	1,259.96										
77	64866	FUSION OF FACIAL/OTHER NERVE	1,259.96	00 15									
73	64868	FUSION OF FACIAL/OTHER NERVE	1,008.27										
77	64868	FUSION OF FACIAL/OTHER NERVE	1,008.27	00 15									
73	64872	SUBSEQUENT REPAIR OF NERVE	118.33										
77	64872	SUBSEQUENT REPAIR OF NERVE	118.33	00 15									
73	64874	REPAIR & REVISE NERVE	176.72										
77	64874	REPAIR & REVISE NERVE	176.72	00 15									
73	64876	REPAIR NERVE; SHORTEN BONE	200.24										
77	64876	REPAIR NERVE; SHORTEN BONE	200.24	00 15									
73	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,090.38										
77	64885	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,090.38	00 15									
73	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,310.18										
77	64886	NERVE GRAFT (INCLUDES OBTAINING GRAF	1,310.18	00 15									
73	64890	NERVE GRAFT, HAND OR FOOT	1,103.58										
77	64890	NERVE GRAFT, HAND OR FOOT	1,103.58	00 15									
73	64891	NERVE GRAFT, HAND OR FOOT	1,173.42										
77	64891	NERVE GRAFT, HAND OR FOOT	1,173.42	00 15									
73	64892	NERVE GRAFT, ARM OR LEG	1,074.29										

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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	64892	NERVE GRAFT, ARM OR LEG	1,074.29	00 15									
73	64893	NERVE GRAFT, ARM OR LEG	1,145.12										
77	64893	NERVE GRAFT, ARM OR LEG	1,145.12	00 15									
73	64895	NERVE GRAFT, HAND OR FOOT	1,355.26										
77	64895	NERVE GRAFT, HAND OR FOOT	1,355.26	00 15									
73	64896	NERVE GRAFT, HAND OR FOOT	1,459.37										
77	64896	NERVE GRAFT, HAND OR FOOT	1,459.37	00 15									
73	64897	NERVE GRAFT, ARM OR LEG	1,294.20										
77	64897	NERVE GRAFT, ARM OR LEG	1,294.20	00 15									
73	64898	NERVE GRAFT, ARM OR LEG	1,401.00										
77	64898	NERVE GRAFT, ARM OR LEG	1,401.00	00 15									
73	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	606.86									X	
77	64901	NERVE GRAFT,@ ADD NERVE;SING.STRAND	606.86	00 15								X	
73	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	703.10									X	
77	64902	NERVE GRAFT,@ ADD NERVE;MULTI STRAND	703.10	00 15								X	
73	64905	NERVE PEDICLE TRANSFER	1,025.40										
77	64905	NERVE PEDICLE TRANSFER	1,025.40	00 15									
73	64907	NERVE PEDICLE TRANSFER	1,328.82										
77	64907	NERVE PEDICLE TRANSFER	1,328.82	00 15									
73	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	769.18										
77	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT	769.18	00 15									
73	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,041.31										
77	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN G	1,041.31	00 15									
73	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	906.50									X	
77	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT,	906.50	00 15								X	
73	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	176.56									X	
77	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT,	176.56	00 15								X	
73	65091	EVISCERATION EYE	726.96										
77	65091	EVISCERATION EYE	726.96	00 15									
73	65093	EVISCERATION EYE WITH IMPLANT	721.08										
77	65093	EVISCERATION EYE WITH IMPLANT	721.08	00 15									
73	65101	REMOVAL OF EYE	831.61										
77	65101	REMOVAL OF EYE	831.61	00 15									
73	65103	REMOVE EYE/INSERT IMPLANT	856.86										
77	65103	REMOVE EYE/INSERT IMPLANT	856.86	00 15									
73	65105	REMOVE EYE/ATTACH IMPLANT	934.77										
77	65105	REMOVE EYE/ATTACH IMPLANT	934.77	00 15									
73	65110	REMOVAL OF EYE	1,293.09										
77	65110	REMOVAL OF EYE	1,293.09	00 15									
73	65112	REMOVE EYE, REVISE SOCKET	1,481.04										
77	65112	REMOVE EYE, REVISE SOCKET	1,481.04	00 15									
73	65114	REMOVE EYE, REVISE SOCKET	1,547.97										
77	65114	REMOVE EYE, REVISE SOCKET	1,547.97	00 15									
73	65125	MODIFICATION OF OCULAR IMPLANT (EG,	440.35										
77	65125	MODIFICATION OF OCULAR IMPLANT (EG,	440.35	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	65130	INSERT OCULAR IMPLANT	834.42										
77	65130	INSERT OCULAR IMPLANT	834.42	00 15									
73	65135	INSERT OCULAR IMPLANT	844.47										
77	65135	INSERT OCULAR IMPLANT	844.47	00 15									
73	65140	ATTACH OCULAR IMPLANT	907.37										
77	65140	ATTACH OCULAR IMPLANT	907.37	00 15									
73	65150	REVISE OCULAR IMPLANT	686.07										
77	65150	REVISE OCULAR IMPLANT	686.07	00 15									
73	65155	REINSERT OCULAR IMPLANT	944.79										
77	65155	REINSERT OCULAR IMPLANT	944.79	00 15									
73	65175	REMOVAL OF OCULAR IMPLANT	762.47										
77	65175	REMOVAL OF OCULAR IMPLANT	762.47	00 15									
73	65205	REMOVE FOREIGN BODY FROM EYE	28.88									X	
77	65205	REMOVE FOREIGN BODY FROM EYE	28.88	00 15								X	
73	65210	REMOVE FOREIGN BODY FROM EYE	38.02									X	
77	65210	REMOVE FOREIGN BODY FROM EYE	38.02	00 15								X	
73	65220	REMOVE FOREIGN BODY FROM EYE	59.95									X	
77	65220	REMOVE FOREIGN BODY FROM EYE	59.95	00 15								X	
73	65222	REMOVE FOREIGN BODY FROM EYE	65.74									X	
77	65222	REMOVE FOREIGN BODY FROM EYE	65.74	00 15								X	
73	65235	REMOVE FOREIGN BODY FROM EYE	712.47										
77	65235	REMOVE FOREIGN BODY FROM EYE	712.47	00 15									
73	65260	REMOVE FOREIGN BODY FROM EYE	957.75										
77	65260	REMOVE FOREIGN BODY FROM EYE	957.75	00 15									
73	65265	REMOVE FOREIGN BODY FROM EYE	1,078.80										
77	65265	REMOVE FOREIGN BODY FROM EYE	1,078.80	00 15									
73	65270	REPAIR OF EYE WOUND	276.54										
77	65270	REPAIR OF EYE WOUND	276.54	00 15									
73	65272	REPAIR OF EYE WOUND	512.55										
77	65272	REPAIR OF EYE WOUND	512.55	00 15									
73	65273	REPAIR OF EYE WOUND	371.02										
77	65273	REPAIR OF EYE WOUND	371.02	00 15									
73	65275	REPAIR OF EYE WOUND	574.04										
77	65275	REPAIR OF EYE WOUND	574.04	00 15									
73	65280	REPAIR OF EYE WOUND	654.81										
77	65280	REPAIR OF EYE WOUND	654.81	00 15									
73	65285	REPAIR OF EYE WOUND	1,079.46										
77	65285	REPAIR OF EYE WOUND	1,079.46	00 15									
73	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	678.15										
77	65286	SEE 65270;APPLY TISSUE GLUE,WOUNDS..	678.15	00 15									
73	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	478.03										
77	65290	REPAIR OF INJURED EYE MUSCLE OR TEND	478.03	00 15									
73	65400	REMOVAL OF EYE LESION	674.21										
77	65400	REMOVAL OF EYE LESION	674.21	00 15									
73	65410	BIOPSY OF CORNEA	138.67										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	65410	BIOPSY OF CORNEA	138.67	00 15									
73	65420	REMOVAL OF EYE LESION	522.23										
77	65420	REMOVAL OF EYE LESION	522.23	00 15									
73	65426	REMOVAL OF EYE LESION	649.58										
77	65426	REMOVAL OF EYE LESION	649.58	00 15									
73	65430	CORNEAL SMEAR	112.44									X	
77	65430	CORNEAL SMEAR	112.44	00 15								X	
73	65435	CURETTE/TREAT CORNEA	80.25										
77	65435	CURETTE/TREAT CORNEA	80.25	00 15									
73	65436	CURETTE/TREAT CORNEA	378.02										
77	65436	CURETTE/TREAT CORNEA	378.02	00 15									
73	65450	DESTROY CORNEAL LESION	318.96										
77	65450	DESTROY CORNEAL LESION	318.96	00 15									
73	65600	REVISION OF CORNEA	424.58										
77	65600	REVISION OF CORNEA	424.58	00 15									
73	65710	CORNEAL TRANSPLANT	1,112.87										
77	65710	CORNEAL TRANSPLANT	1,112.87	00 15									
73	65730	CORNEAL TRANSPLANT	1,222.14										
77	65730	CORNEAL TRANSPLANT	1,222.14	00 15									
73	65750	CORNEAL TRANSPLANT	1,230.97										
77	65750	CORNEAL TRANSPLANT	1,230.97	00 15									
73	65755	KERATOPLASTY, PENETRATING	1,226.60										
77	65755	KERATOPLASTY, PENETRATING	1,226.60	00 15									
73	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,151.95										
77	65756	KERATOPLASTY (CORNEAL TRANSPLANT); E	1,151.95	00 15									
73	65770	KERATOPROSTHESIS	1,375.57										
77	65770	KERATOPROSTHESIS	1,375.57	00 15									
73	65772	CORNEAL RELAX INCISION,CORR SURG AST	443.91										
77	65772	CORNEAL RELAX INCISION,CORR SURG AST	443.91	00 15									
73	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	558.98										
77	65775	CORN WDGE RESECT,CORR SURG..ASTIGMAT	558.98	00 15									
73	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,257.97									X	
77	65778	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,257.97	00 15								X	
73	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,088.48									X	
77	65779	INSERTION OF AMNIOTIC MEMBRANE TO EY	1,088.48	00 15								X	
73	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	649.48										
77	65780	OCULAR SURFACE RECONSTRUCTION; AMNIO	649.48	00 15									
73	65781	OCULAR RECONST, TRANSPLANT	1,292.79										
77	65781	OCULAR RECONST, TRANSPLANT	1,292.79	00 15									
73	65782	OCULAR RECONST, TRANSPLANT	1,115.82		X								
77	65782	OCULAR RECONST, TRANSPLANT	1,115.82	00 15	X								
73	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,061.34									X	
77	65785	IMPLANTATION OF INTRASTROMAL CORNEAL	2,061.34	00 15								X	
73	65800	DRAINAGE OF EYE	117.14										
77	65800	DRAINAGE OF EYE	117.14	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	65810	DRAINAGE OF EYE	451.19										
77	65810	DRAINAGE OF EYE	451.19	00 15									
73	65815	DRAINAGE OF EYE	623.23										
77	65815	DRAINAGE OF EYE	623.23	00 15									
73	65820	RELIEVE INNER EYE PRESSURE	801.72										
77	65820	RELIEVE INNER EYE PRESSURE	801.72	00 15									
73	65850	TRABECULOTOMY AB EXTERNO	824.05										
77	65850	TRABECULOTOMY AB EXTERNO	824.05	00 15									
73	65855	LASER TRABECULOPLASTY-1/MORE	239.69										
77	65855	LASER TRABECULOPLASTY-1/MORE	239.69	00 15									
73	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	299.47										
77	65860	SEVERING ADHESIONS OF ANTERIOR SEGME	299.47	00 15									
73	65865	INCISE INNER EYE ADHESIONS	465.62										
77	65865	INCISE INNER EYE ADHESIONS	465.62	00 15									
73	65870	INCISE INNER EYE ADHESIONS	579.17										
77	65870	INCISE INNER EYE ADHESIONS	579.17	00 15									
73	65875	INCISE INNER EYE ADHESIONS	617.55										
77	65875	INCISE INNER EYE ADHESIONS	617.55	00 15									
73	65880	INCISE INNER EYE ADHESIONS	649.71										
77	65880	INCISE INNER EYE ADHESIONS	649.71	00 15									
73	65900	REMOVE EYE LESION	967.17										
77	65900	REMOVE EYE LESION	967.17	00 15									
73	65920	REMOVE IMPLANT FROM EYE	771.51										
77	65920	REMOVE IMPLANT FROM EYE	771.51	00 15									
73	65930	REMOVE BLOOD CLOT FROM EYE	627.02										
77	65930	REMOVE BLOOD CLOT FROM EYE	627.02	00 15									
73	66020	INJECTION TREATMENT OF EYE	191.04									X	
77	66020	INJECTION TREATMENT OF EYE	191.04	00 15								X	
73	66030	INJECTION TREATMENT OF EYE	171.64									X	
77	66030	INJECTION TREATMENT OF EYE	171.64	00 15								X	
73	66130	REMOVE EYE LESION	688.09										
77	66130	REMOVE EYE LESION	688.09	00 15									
73	66150	INCISION OF EYE	852.83										
77	66150	INCISION OF EYE	852.83	00 15									
73	66155	INCISION OF EYE	852.18										
77	66155	INCISION OF EYE	852.18	00 15									
73	66160	INCISION OF EYE	960.11										
77	66160	INCISION OF EYE	960.11	00 15									
73	66170	INCISION OF EYE	1,064.20										
77	66170	INCISION OF EYE	1,064.20	00 15									
73	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,160.84										
77	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA	1,160.84	00 15									
73	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	606.22									X	
77	66174	TRANSLUMINAL DILATION OF AQUEOUS OUT	606.22	00 15								X	
73	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	705.76									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	66175	TRANSLUMINAL DILATION OF AQUEOUS OUT	705.76	00	15								X	
73	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,051.70							X				
77	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATOR	1,051.70	00	15					X				
73	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,109.52											
77	66180	AQUEOUS SHUNT-EXTRAOCULAR RESERVIOR	1,109.52	00	15									
73	66183	Insertion of eye fluid drainage devi	1,002.03											
77	66183	Insertion of eye fluid drainage devi	1,002.03	00	15									
73	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	769.67											
77	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOC	769.67	00	15									
73	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	827.95											
77	66185	REVISION OF AQUEOUS SHUNT TO EXT RES	827.95	00	15									
73	66225	REPAIR/GRAFT EYE LESION	912.45											
77	66225	REPAIR/GRAFT EYE LESION	912.45	00	15									
73	66250	FOLLOW-UP SURGERY OF EYE	730.69											
77	66250	FOLLOW-UP SURGERY OF EYE	730.69	00	15									
73	66500	INCISION OF IRIS	383.75											
77	66500	INCISION OF IRIS	383.75	00	15									
73	66505	INCISION OF THE IRIS	416.55											
77	66505	INCISION OF THE IRIS	416.55	00	15									
73	66600	REMOVE IRIS AND LESION	883.21											
77	66600	REMOVE IRIS AND LESION	883.21	00	15									
73	66605	REMOVAL OF IRIS	1,064.46											
77	66605	REMOVAL OF IRIS	1,064.46	00	15									
73	66625	REMOVAL OF IRIS	417.32											
77	66625	REMOVAL OF IRIS	417.32	00	15									
73	66630	REMOVAL OF IRIS	551.59											
77	66630	REMOVAL OF IRIS	551.59	00	15									
73	66635	REMOVAL OF IRIS	556.69											
77	66635	REMOVAL OF IRIS	556.69	00	15									
73	66680	REPAIR IRIS & CILIARY BODY	507.58											
77	66680	REPAIR IRIS & CILIARY BODY	507.58	00	15									
73	66682	SUTURE OF IRIS, CILIARY BODY	694.08											
77	66682	SUTURE OF IRIS, CILIARY BODY	694.08	00	15									
73	66710	CILIARY BODY DESTRUCTION;	430.74											
77	66710	CILIARY BODY DESTRUCTION;	430.74	00	15									
73	66711	CILIARY ENDOSCOPIC ABLATION	490.41											
77	66711	CILIARY ENDOSCOPIC ABLATION	490.41	00	15									
73	66720	RELIEVE INNER EYE PRESSURE	452.94											
77	66720	RELIEVE INNER EYE PRESSURE	452.94	00	15									
73	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	290.58											
77	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGER	290.58	00	15									
73	66762	REVISION OF IRIS	464.59											
77	66762	REVISION OF IRIS	464.59	00	15									
73	66770	REMOVAL OF INNER EYE LESION	515.10											
77	66770	REMOVAL OF INNER EYE LESION	515.10	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	66820	INCISION OF LENS LESION	456.06										
77	66820	INCISION OF LENS LESION	456.06	00 15									
73	66821	DISCISSION OF SECONDARY;LASER	324.08										
77	66821	DISCISSION OF SECONDARY;LASER	324.08	00 15									
73	66825	REPOSITIONING OF INTRAOCULAR LENS PR	811.71										
77	66825	REPOSITIONING OF INTRAOCULAR LENS PR	811.71	00 15									
73	66830	REMOVAL OF LENS LESION	690.58										
77	66830	REMOVAL OF LENS LESION	690.58	00 15									
73	66840	REMOVAL OF LENS MATERIAL	675.22										
77	66840	REMOVAL OF LENS MATERIAL	675.22	00 15									
73	66850	REMOVAL OF LENS MATERIAL	767.86										
77	66850	REMOVAL OF LENS MATERIAL	767.86	00 15									
73	66852	REMOVAL LENS MATERIAL, ASPIRATION	817.77										
77	66852	REMOVAL LENS MATERIAL, ASPIRATION	817.77	00 15									
73	66920	EXTRACTION OF LENS	730.25										
77	66920	EXTRACTION OF LENS	730.25	00 15									
73	66930	EXTRACTION OF LENS	835.76										
77	66930	EXTRACTION OF LENS	835.76	00 15									
73	66940	EXTRACTION OF LENS	763.82										
77	66940	EXTRACTION OF LENS	763.82	00 15									
73	66982	CATARACT SURGERY, COMPLEX	726.61										
77	66982	CATARACT SURGERY, COMPLEX	726.61	00 15									
73	66984	EXTRA CATARACT REMOVAL W/LENS	530.26										
77	66984	EXTRA CATARACT REMOVAL W/LENS	530.26	00 15									
73	66985	INSERT LENS PROSTHESIS	748.44										
77	66985	INSERT LENS PROSTHESIS	748.44	00 15									
73	66986	EXCHANGE OF INTRAOCULAR LENS	879.74										
77	66986	EXCHANGE OF INTRAOCULAR LENS	879.74	00 15									
73	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	834.42										
77	66989	EXTRACAPSULAR CATARACT REMOVAL WITH	834.42	00 15									
73	66990	OPHTHALMIC ENDOSCOPE ADD-ON	86.76										
77	66990	OPHTHALMIC ENDOSCOPE ADD-ON	86.76	00 15									
73	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	664.98										
77	66991	EXTRACAPSULAR CATARACT REMOVAL WITH	664.98	00 15									
73	67005	PARTIAL REMOVAL OF EYE FLUID	462.42										
77	67005	PARTIAL REMOVAL OF EYE FLUID	462.42	00 15									
73	67010	PARTIAL REMOVAL OF EYE FLUID	530.85										
77	67010	PARTIAL REMOVAL OF EYE FLUID	530.85	00 15									
73	67015	RELEASE OF EYE FLUID	589.20										
77	67015	RELEASE OF EYE FLUID	589.20	00 15									
73	67025	REPLACE EYE FLUID	721.99										
77	67025	REPLACE EYE FLUID	721.99	00 15									
73	67027	IMPLANT EYE DRUG SYSTEM	826.44										
77	67027	IMPLANT EYE DRUG SYSTEM	826.44	00 15									
73	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	110.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	67028	INTRAVITREAL INJ PHARMACOLOGIC AGENT	110.79	00 15									
73	67030	INCISE INNER EYE STRANDS	541.59										
77	67030	INCISE INNER EYE STRANDS	541.59	00 15									
73	67031	SEVERING OF VITREOUS STRANDS, VITREO	378.82										
77	67031	SEVERING OF VITREOUS STRANDS, VITREO	378.82	00 15									
73	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	872.34										
77	67036	VITRECTOMY, MECHANICAL, PARS PLANA A	872.34	00 15									
73	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	935.03										
77	67039	VITRECTOMY W/FOCAL ENDOLASER PHOTOCO	935.03	00 15									
73	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,010.09										
77	67040	VITRECTOMY..;W/ENDOLASER PANRET.PHOT	1,010.09	00 15									
73	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,115.57										
77	67041	VITRECTOMY,MECHANICAL,PARS PLANA	1,115.57	00 15									
73	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,115.25										
77	67042	VITRECTOMY,MECHANICAL,PARS PLANA	1,115.25	00 15									
73	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,175.81										
77	67043	VITRECTOMY,MECHANICAL,PARS PLANA	1,175.81	00 15									
73	67101	REPAIR DETACHED RETINA	324.86										
77	67101	REPAIR DETACHED RETINA	324.86	00 15									
73	67105	PHOTOCOAGULATION/DETACHED RET	288.12										
77	67105	PHOTOCOAGULATION/DETACHED RET	288.12	00 15									
73	67107	REPAIR DETACHED RETINA	1,095.46										
77	67107	REPAIR DETACHED RETINA	1,095.46	00 15									
73	67108	REPAIR DETACHED RETINA	1,160.50										
77	67108	REPAIR DETACHED RETINA	1,160.50	00 15									
73	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	866.58										
77	67110	REPAIR RET DETACH-INJ AIR, OTH GAS	866.58	00 15									
73	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,297.78										
77	67113	REPAIR OF COMPLEX RETINAL DETACHMENT	1,297.78	00 15									
73	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	484.39										
77	67115	RELEASE ENCIRCLING MATERIAL(POSTERIO	484.39	00 15									
73	67120	REMOVE EYE IMPLANT MATERIAL	652.31										
77	67120	REMOVE EYE IMPLANT MATERIAL	652.31	00 15									
73	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	879.40										
77	67121	REMOVE IMPLANT,POSTERIOR,INTRAOCULAR	879.40	00 15									
73	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	260.79										
77	67141	TREAT RETINAL DETACH,CRYOTHER/DIATHE	260.79	00 15									
73	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	235.50										
77	67145	TREAT RETINAL DETACH,PHOTOCOAGULATIO	235.50	00 15									
73	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	587.01										
77	67208	DEST.LOC.RETINAL LESION,CRYO/DIATHER	587.01	00 15									
73	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	502.59										
77	67210	DEST.LOC.RETINAL LESION;PHOTOCOAGULA	502.59	00 15									
73	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,361.82										
77	67218	TREAT RETINAL LESION;IMPLANT RADIATI	1,361.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	67220	TREAT CHOROID LESION	516.37										
77	67220	TREAT CHOROID LESION	516.37	00 15									
73	67221	OCULAR PHOTODYNAMIC THER	266.14										
77	67221	OCULAR PHOTODYNAMIC THER	266.14	00 15									
73	67225	EYE PHOTODYNAMIC THER ADD-ON	28.84										
77	67225	EYE PHOTODYNAMIC THER ADD-ON	28.84	00 15									
73	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	287.57										
77	67227	DESTROY RETINOPATHY;CRYOTHER/DIATHER	287.57	00 15									
73	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	331.86										
77	67228	DESTROY RETINOPATHY;PHOTOCOAGULATION	331.86	00 15									
73	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,129.27	00 00									
77	67229	TREATMENT OF EXTENSIVE OR PROGRESSIV	1,129.27	00 00									
73	67250	REINFORCE EYE WALL	884.61										
77	67250	REINFORCE EYE WALL	884.61	00 15									
73	67255	REINFORCE/GRAFT EYE WALL	669.66										
77	67255	REINFORCE/GRAFT EYE WALL	669.66	00 15									
73	67311	REVISE EYE MUSCLE	443.23										
77	67311	REVISE EYE MUSCLE	443.23	00 15									
73	67312	REVISE TWO EYE MUSCLES	649.39										
77	67312	REVISE TWO EYE MUSCLES	649.39	00 15									
73	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	443.23										
77	67314	STRABISMUS SURG, ONE VERTICAL MUSCLE	443.23	00 15									
73	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	696.68										
77	67316	STRABISMUS SURG, 2 OR MORE VERT MUSC	696.68	00 15									
73	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	671.86										
77	67318	STRABISMUS SURG,ANY PROC,SUP OBL MUS	671.86	00 15									
73	67320	REVISE EYE MUSCLE(S)	199.24										
77	67320	REVISE EYE MUSCLE(S)	199.24	00 15									
73	67331	STRABISMUS SURG W/PREV EYE SURG	186.90										
77	67331	STRABISMUS SURG W/PREV EYE SURG	186.90	00 15									
73	67332	STRABISMUS SURG W/SCAR EXTRAOC MUSC	206.66										
77	67332	STRABISMUS SURG W/SCAR EXTRAOC	206.66	00 15									
73	67334	STRABISMUS SURG,POST FIX SUTURE TECH	184.50										
77	67334	STRABISMUS SURG,POST FIX SUTURE TECH	184.50	00 15									
73	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	184.88										
77	67335	ADJUSTABLE SUTURES/STRABISMUS SURGER	184.88	00 15									
73	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	286.79										
77	67340	STRABISMUS SURG EXPLOR/REP DET EXTRA	286.79	00 15									
73	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	654.00										
77	67343	RELEASE EXTN SCAR TISS W/O DET EXTRA	654.00	00 15									
73	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	239.84										
77	67345	CHEMODENERVATION OF EXTRAOCULAR MUSC	239.84	00 15									
73	67346	BIOPSY OF EXTRAOCULAR MUSCLE	187.42										
77	67346	BIOPSY OF EXTRAOCULAR MUSCLE	187.42	00 15									
73	67400	EXPLORE/BIOPSY EYE SOCKET	1,014.64										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	67400	EXPLORE/BIOPSY EYE SOCKET	1,014.64	00 15									
73	67405	EXPLORE/DRAIN EYE SOCKET	885.71										
77	67405	EXPLORE/DRAIN EYE SOCKET	885.71	00 15									
73	67412	EXPLORE/TREAT EYE SOCKET	969.97										
77	67412	EXPLORE/TREAT EYE SOCKET	969.97	00 15									
73	67413	EXPLORE/TREAT EYE SOCKET	947.38										
77	67413	EXPLORE/TREAT EYE SOCKET	947.38	00 15									
73	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,431.68										
77	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTA	1,431.68	00 15									
73	67415	BIOPSY OF EYE	101.21										
77	67415	BIOPSY OF EYE	101.21	00 15									
73	67420	EXPLORE/TREAT EYE SOCKET	1,726.79										
77	67420	EXPLORE/TREAT EYE SOCKET	1,726.79	00 15									
73	67430	EXPLORE/TREAT EYE SOCKET	1,355.25										
77	67430	EXPLORE/TREAT EYE SOCKET	1,355.25	00 15									
73	67440	EXPLORE/DRAIN EYE SOCKET	1,314.76										
77	67440	EXPLORE/DRAIN EYE SOCKET	1,314.76	00 15									
73	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,500.09										
77	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW,	1,500.09	00 15									
73	67450	EXPLORE/BIOPSY EYE SOCKET	1,362.31										
77	67450	EXPLORE/BIOPSY EYE SOCKET	1,362.31	00 15									
73	67500	INJECT/TREAT EYE SOCKET	75.91										
77	67500	INJECT/TREAT EYE SOCKET	75.91	00 15									
73	67505	INJECT/TREAT EYE SOCKET	85.07										
77	67505	INJECT/TREAT EYE SOCKET	85.07	00 15									
73	67515	INJECTION OF MEDICATION OR SUBSTANCE	50.95										
77	67515	INJECTION OF MEDICATION OR SUBSTANCE	50.95	00 15									
73	67550	INSERT EYE SOCKET IMPLANT	1,063.23										
77	67550	INSERT EYE SOCKET IMPLANT	1,063.23	00 15									
73	67560	REVISE EYE SOCKET IMPLANT	1,084.56										
77	67560	REVISE EYE SOCKET IMPLANT	1,084.56	00 15									
73	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,246.76										
77	67570	OPTIC NERVE DECOMPRESSION (EG, INCIS	1,246.76	00 15									
73	67700	DRAINAGE OF EYELID ABSCESS	274.41										
77	67700	DRAINAGE OF EYELID ABSCESS	274.41	00 15									
73	67710	INCISION OF EYELID	234.62										
77	67710	INCISION OF EYELID	234.62	00 15									
73	67715	INCISION OF EYELID FOLD	256.75										
77	67715	INCISION OF EYELID FOLD	256.75	00 15									
73	67800	REMOVE EYELID LESION	125.89										
77	67800	REMOVE EYELID LESION	125.89	00 15									
73	67801	REMOVE EYELID LESIONS	160.45										
77	67801	REMOVE EYELID LESIONS	160.45	00 15									
73	67805	REMOVE EYELID LESIONS	198.42										
77	67805	REMOVE EYELID LESIONS	198.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	67808	REMOVE EYELID LESION(S)	358.09										
77	67808	REMOVE EYELID LESION(S)	358.09	00 15									
73	67810	BIOPSY OF EYELID	179.71										
77	67810	BIOPSY OF EYELID	179.71	00 15									
73	67820	REVISE EYELASHES	19.04										
77	67820	REVISE EYELASHES	19.04	00 15									
73	67825	REVISE EYELASHES	131.94										
77	67825	REVISE EYELASHES	131.94	00 15									
73	67830	REVISE EYELASHES	261.43										
77	67830	REVISE EYELASHES	261.43	00 15									
73	67835	REVISE EYELASHES	430.05										
77	67835	REVISE EYELASHES	430.05	00 15									
73	67840	REMOVE EYELID LESION	272.90										
77	67840	REMOVE EYELID LESION	272.90	00 15									
73	67850	TREAT EYELID LESION	212.20										
77	67850	TREAT EYELID LESION	212.20	00 15									
73	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	177.09										
77	67875	TEMP CLOSURE OF EYELIDS BY SUTURE	177.09	00 15									
73	67880	REVISION OF EYELID	455.26										
77	67880	REVISION OF EYELID	455.26	00 15									
73	67882	REVISION OF EYELID	557.01										
77	67882	REVISION OF EYELID	557.01	00 15									
73	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	635.29										
77	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY,	635.29	00 15									
73	67901	REPAIR EYELID DEFECT	776.72										
77	67901	REPAIR EYELID DEFECT	776.72	00 15									
73	67902	REPAIR EYELID DEFECT	707.93										
77	67902	REPAIR EYELID DEFECT	707.93	00 15									
73	67903	REPAIR EYELID DEFECT	588.74										
77	67903	REPAIR EYELID DEFECT	588.74	00 15									
73	67904	REPAIR EYELID DEFECT	723.21										
77	67904	REPAIR EYELID DEFECT	723.21	00 15									
73	67906	REPAIR EYELID DEFECT	492.80										
77	67906	REPAIR EYELID DEFECT	492.80	00 15									
73	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	527.62										
77	67908	REMOVAL OF TISSUE, MUSCLE, AND MEMBR	527.62	00 15									
73	67909	REVISE EYELID DEFECT	537.28									X	
77	67909	REVISE EYELID DEFECT	537.28	00 15								X	
73	67911	REVISE EYELID DEFECT	545.08										
77	67911	REVISE EYELID DEFECT	545.08	00 15									
73	67912	CORRECTION EYELID W/ IMPLANT	879.99										
77	67912	CORRECTION EYELID W/ IMPLANT	879.99	00 15									
73	67914	REPAIR EYELID DEFECT	473.92										
77	67914	REPAIR EYELID DEFECT	473.92	00 15									
73	67915	REPAIR EYELID DEFECT	306.43		X								

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	67915	REPAIR EYELID DEFECT	306.43	00	15	X								
73	67916	REPAIR EYELID DEFECT	593.89											
77	67916	REPAIR EYELID DEFECT	593.89	00	15									
73	67917	REPAIR EYELID DEFECT	608.59											
77	67917	REPAIR EYELID DEFECT	608.59	00	15									
73	67921	REPAIR EYELID DEFECT	463.22											
77	67921	REPAIR EYELID DEFECT	463.22	00	15									
73	67922	REPAIR EYELID DEFECT	297.58											
77	67922	REPAIR EYELID DEFECT	297.58	00	15									
73	67923	REPAIR EYELID DEFECT	594.20											
77	67923	REPAIR EYELID DEFECT	594.20	00	15									
73	67924	REPAIR EYELID DEFECT	632.34											
77	67924	REPAIR EYELID DEFECT	632.34	00	15									
73	67930	REPAIR EYELID WOUND	361.66											
77	67930	REPAIR EYELID WOUND	361.66	00	15									
73	67935	REPAIR EYELID WOUND	585.61											
77	67935	REPAIR EYELID WOUND	585.61	00	15									
73	67938	REMOVE EYELID FOREIGN BODY	263.16										X	
77	67938	REMOVE EYELID FOREIGN BODY	263.16	00	15								X	
73	67950	REVISION OF EYELID	571.69											
77	67950	REVISION OF EYELID	571.69	00	15									
73	67961	REVISION OF EYELID	572.61											
77	67961	REVISION OF EYELID	572.61	00	15									
73	67966	REVISION OF EYELID	760.35											
77	67966	REVISION OF EYELID	760.35	00	15									
73	67971	RECONSTRUCTION OF EYELID	702.72											
77	67971	RECONSTRUCTION OF EYELID	702.72	00	15									
73	67973	RECONSTRUCTION OF EYELID	903.32											
77	67973	RECONSTRUCTION OF EYELID	903.32	00	15									
73	67974	RECONSTRUCTION OF EYELID	900.49											
77	67974	RECONSTRUCTION OF EYELID	900.49	00	15									
73	67975	RECONSTRUCTION OF EYELID	665.40											
77	67975	RECONSTRUCTION OF EYELID	665.40	00	15									
73	68020	INCISE/DRAIN EYELID LINING	118.50											
77	68020	INCISE/DRAIN EYELID LINING	118.50	00	15									
73	68040	TREATMENT OF EYELID LESIONS	60.39											
77	68040	TREATMENT OF EYELID LESIONS	60.39	00	15									
73	68100	BIOPSY OF EYELID LINING	174.73											
77	68100	BIOPSY OF EYELID LINING	174.73	00	15									
73	68110	REMOVE EYELID LINING LESION	229.35											
77	68110	REMOVE EYELID LINING LESION	229.35	00	15									
73	68115	REMOVE EYELID LINING LESION	322.46											
77	68115	REMOVE EYELID LINING LESION	322.46	00	15									
73	68130	REMOVE EYELID LINING LESION	535.90											
77	68130	REMOVE EYELID LINING LESION	535.90	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	68135	REMOVE EYELID LINING LESION	155.03										
77	68135	REMOVE EYELID LINING LESION	155.03	00 15									
73	68200	TREAT EYELID BY INJECTION	40.58										
77	68200	TREAT EYELID BY INJECTION	40.58	00 15									
73	68320	REVISE/GRAFT EYELID LINING	722.07										
77	68320	REVISE/GRAFT EYELID LINING	722.07	00 15									
73	68325	REVISE/GRAFT EYELID LINING	638.15										
77	68325	REVISE/GRAFT EYELID LINING	638.15	00 15									
73	68326	REVISE/GRAFT EYELID LINING	626.92										
77	68326	REVISE/GRAFT EYELID LINING	626.92	00 15									
73	68328	REVISE/GRAFT EYELID LINING	688.03										
77	68328	REVISE/GRAFT EYELID LINING	688.03	00 15									
73	68330	REVISE EYELID LINING	605.34										
77	68330	REVISE EYELID LINING	605.34	00 15									
73	68335	REVISE/GRAFT EYELID LINING	628.45										
77	68335	REVISE/GRAFT EYELID LINING	628.45	00 15									
73	68340	SEPARATE EYELID ADHESIONS	586.86										
77	68340	SEPARATE EYELID ADHESIONS	586.86	00 15									
73	68360	REVISE EYELID LINING	527.81										
77	68360	REVISE EYELID LINING	527.81	00 15									
73	68362	REVISE EYELID LINING	637.62										
77	68362	REVISE EYELID LINING	637.62	00 15									
73	68371	HARVEST EYE TISSUE, ALOGRAFT	399.97										
77	68371	HARVEST EYE TISSUE, ALOGRAFT	399.97	00 15									
73	68400	INCISE/DRAIN TEAR GLAND	287.32										
77	68400	INCISE/DRAIN TEAR GLAND	287.32	00 15									
73	68420	INCISE/DRAIN TEAR SAC	322.00										
77	68420	INCISE/DRAIN TEAR SAC	322.00	00 15									
73	68440	INCISE TEAR DUCT OPENING	101.41										
77	68440	INCISE TEAR DUCT OPENING	101.41	00 15									
73	68500	REMOVAL OF TEAR GLAND	1,037.90										
77	68500	REMOVAL OF TEAR GLAND	1,037.90	00 15									
73	68505	PARTIAL REMOVAL TEAR GLAND	1,033.16										
77	68505	PARTIAL REMOVAL TEAR GLAND	1,033.16	00 15									
73	68510	BIOPSY OF TEAR GLAND	440.75										
77	68510	BIOPSY OF TEAR GLAND	440.75	00 15									
73	68520	REMOVAL OF TEAR SAC	722.60										
77	68520	REMOVAL OF TEAR SAC	722.60	00 15									
73	68525	BIOPSY OF TEAR SAC	254.46										
77	68525	BIOPSY OF TEAR SAC	254.46	00 15									
73	68530	CLEARANCE OF TEAR DUCT	421.69										
77	68530	CLEARANCE OF TEAR DUCT	421.69	00 15									
73	68540	REMOVE TEAR GLAND LESION	960.47										
77	68540	REMOVE TEAR GLAND LESION	960.47	00 15									
73	68550	EXCISION OF LACRIMAL GLAND TUMOR;	1,196.00										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	68550	REMOVE TEAR GLAND LESION	1,196.00	00 15									
73	68700	REPAIR TEAR DUCTS	585.91										
77	68700	REPAIR TEAR DUCTS	585.91	00 15									
73	68705	REVISE TEAR DUCT OPENING	255.24										
77	68705	REVISE TEAR DUCT OPENING	255.24	00 15									
73	68720	CREATE TEAR SAC DRAIN	793.03										
77	68720	CREATE TEAR SAC DRAIN	793.03	00 15									
73	68745	CREATE TEAR DUCT DRAIN	795.67										
77	68745	CREATE TEAR DUCT DRAIN	795.67	00 15									
73	68750	CREATE TEAR DUCT DRAIN	839.92										
77	68750	CREATE TEAR DUCT DRAIN	839.92	00 15									
73	68760	CLOSE TEAR DUCT OPENING	214.08										
77	68760	CLOSE TEAR DUCT OPENING	214.08	00 15									
73	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	141.90									X	
77	68761	CLOSURE OF THE LACRIMAL PUNCTUM;	141.90	00 15								X	
73	68770	CLOSE TEAR SYSTEM FISTULA	611.30										
77	68770	CLOSE TEAR SYSTEM FISTULA	611.30	00 15									
73	68801	DILATE TEAR DUCT OPENING	92.87										
77	68801	DILATE TEAR DUCT OPENING	92.87	00 15									
73	68810	PROBE NASOLACRIMAL DUCT	156.67										
77	68810	PROBE NASOLACRIMAL DUCT	156.67	00 15									
73	68811	PROBE NASOLACRIMAL DUCT	131.51										
77	68811	PROBE NASOLACRIMAL DUCT	131.51	00 15									
73	68815	PROBE NASOLACRIMAL DUCT	364.65										
77	68815	PROBE NASOLACRIMAL DUCT	364.65	00 15									
73	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	821.91										
77	68816	PROBING OF NASOLACRIMAL DUCT, WITH O	821.91	00 15									
73	68840	EXPLORE/IRRIGATE TEAR DUCTS	129.60										
77	68840	EXPLORE/IRRIGATE TEAR DUCTS	129.60	00 15									
73	68841	INSERTION OF DRUG-ELUTING IMPLANT,	37.42										
77	68841	INSERTION OF DRUG-ELUTING IMPLANT,	37.42	00 15									
73	68850	INJECTION FOR TEAR SAC X-RAY	57.84										
77	68850	INJECTION FOR TEAR SAC X-RAY	57.84	00 15									
73	69000	DRAIN EXTERNAL EAR LESION	184.52										
77	69000	DRAIN EXTERNAL EAR LESION	184.52	00 15									
73	69005	DRAIN EXTERNAL EAR LESION	218.16										
77	69005	DRAIN EXTERNAL EAR LESION	218.16	00 15									
73	69020	DRAIN OUTER EAR CANAL LESION	231.06										
77	69020	DRAIN OUTER EAR CANAL LESION	231.06	00 15									
73	69100	BIOPSY OF EXTERNAL EAR	94.95										
77	69100	BIOPSY OF EXTERNAL EAR	94.95	00 15									
73	69105	BIOPSY OF EXTERNAL EAR CANAL	142.42										
77	69105	BIOPSY OF EXTERNAL EAR CANAL	142.42	00 15									
73	69110	PARTIAL REMOVAL EXTERNAL EAR	464.82										
77	69110	PARTIAL REMOVAL EXTERNAL EAR	464.82	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	69120	REMOVAL OF EXTERNAL EAR	388.98										
77	69120	REMOVAL OF EXTERNAL EAR	388.98	00 15									
73	69140	REMOVE EAR CANAL LESION(S)	897.81										
77	69140	REMOVE EAR CANAL LESION(S)	897.81	00 15									
73	69145	REMOVE EAR CANAL LESION(S)	405.75										
77	69145	REMOVE EAR CANAL LESION(S)	405.75	00 15									
73	69150	EXTENSIVE EAR CANAL SURGERY	1,021.05										
77	69150	EXTENSIVE EAR CANAL SURGERY	1,021.05	00 15									
73	69155	EXTENSIVE EAR/NECK SURGERY	1,647.98										
77	69155	EXTENSIVE EAR/NECK SURGERY	1,647.98	00 15									
73	69200	CLEAR OUTER EAR CANAL	79.51										
77	69200	CLEAR OUTER EAR CANAL	79.51	00 15									
73	69205	CLEAR OUTER EAR CANAL	96.37										
77	69205	CLEAR OUTER EAR CANAL	96.37	00 15									
73	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	47.43										
77	69210	REMOVAL OF IMPACT EAR WAX, ONE EAR	47.43	00 15									
73	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	77.89										
77	69220	DEBRIDEMENT,MASTOIDECTOMY CAV/SIMPLE	77.89	00 15									
73	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	212.89										
77	69222	DEBRID,MASTOID,CAV,COMPLEX/W ANESTHE	212.89	00 15									
73	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,117.39			X						X	
77	69310	RECONSTRUCTION OF EXTERNAL AUDITORY	1,117.39	00 15		X						X	
73	69320	REBUILD OUTER EAR CANAL	1,565.58										
77	69320	REBUILD OUTER EAR CANAL	1,565.58	00 15									
73	69420	INCISION OF EARDRUM	188.57										
77	69420	INCISION OF EARDRUM	188.57	00 15									
73	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	152.41										
77	69421	MYRINGOTOMY..REQUIRING GEN ANESTH	152.41	00 15									
73	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	125.39										
77	69424	INCISION;VENTILAT TUBE REMOV/UNILAT	125.39	00 15									
73	69433	OFFICE TYMPANOSTOMY, UNILAT	199.86										
77	69433	OFFICE TYMPANOSTOMY, UNILAT	199.86	00 15									
73	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	160.19										
77	69436	TYMPANOSTOMY , GENERAL ANESTHESIA	160.19	00 15									
73	69440	EXPLORATION OF MIDDLE EAR	696.00										
77	69440	EXPLORATION OF MIDDLE EAR	696.00	00 15									
73	69450	TYMPANOLYSIS, TRANSCANAL	549.11										
77	69450	TYMPANOLYSIS, TRANSCANAL	549.11	00 15									
73	69501	MASTOIDECTOMY	718.74										
77	69501	MASTOIDECTOMY	718.74	00 15									
73	69502	MASTOIDECTOMY	955.34										
77	69502	MASTOIDECTOMY	955.34	00 15									
73	69505	REMOVE MASTOID STRUCTURES	1,232.49										
77	69505	REMOVE MASTOID STRUCTURES	1,232.49	00 15									
73	69511	EXTENSIVE MASTOID SURGERY	1,261.45										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	69511	EXTENSIVE MASTOID SURGERY	1,261.45	00 15									
73	69530	EXTENSIVE MASTOID SURGERY	1,687.00										
77	69530	EXTENSIVE MASTOID SURGERY	1,687.00	00 15									
73	69535	REMOVE PART OF TEMPORAL BONE	2,697.02										
77	69535	REMOVE PART OF TEMPORAL BONE	2,697.02	00 15									
73	69540	REMOVE EAR LESION	208.48										
77	69540	REMOVE EAR LESION	208.48	00 15									
73	69550	REMOVE EAR LESION	1,065.69										
77	69550	REMOVE EAR LESION	1,065.69	00 15									
73	69552	REMOVE EAR LESION	1,599.98										
77	69552	REMOVE EAR LESION	1,599.98	00 15									
73	69554	REMOVE EAR LESION	2,562.79										
77	69554	REMOVE EAR LESION	2,562.79	00 15									
73	69601	MASTOID SURGERY REVISION	1,030.63										
77	69601	MASTOID SURGERY REVISION	1,030.63	00 15									
73	69602	MASTOID SURGERY REVISION	1,099.41										
77	69602	MASTOID SURGERY REVISION	1,099.41	00 15									
73	69603	MASTOID SURGERY REVISION	1,289.33										
77	69603	MASTOID SURGERY REVISION	1,289.33	00 15									
73	69604	MASTOID SURGERY REVISION	1,123.72										
77	69604	MASTOID SURGERY REVISION	1,123.72	00 15									
73	69610	REPAIR OF EARDRUM	385.22										
77	69610	REPAIR OF EARDRUM	385.22	00 15									
73	69620	REPAIR OF EARDRUM	736.93										
77	69620	REPAIR OF EARDRUM	736.93	00 15									
73	69631	REPAIR EARDRUM STRUCTURES	895.55										
77	69631	REPAIR EARDRUM STRUCTURES	895.55	00 15									
73	69632	REBUILD EARDRUM STRUCTURES	1,092.31										
77	69632	REBUILD EARDRUM STRUCTURES	1,092.31	00 15									
73	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,059.15										
77	69633	REBUILD EARDRUM STRUCTURES - TOTAL	1,059.15	00 15									
73	69635	REPAIR EARDRUM STRUCTURES	1,289.26										
77	69635	REPAIR EARDRUM STRUCTURES	1,289.26	00 15									
73	69636	REBUILD EARDRUM STRUCTURES	1,413.42										
77	69636	REBUILD EARDRUM STRUCTURES	1,413.42	00 15									
73	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,406.74										
77	69637	REBUILD EARDRUM STRUCTURES - TOTAL -	1,406.74	00 15									
73	69641	REVISE MIDDLE EAR & MASTOID	1,052.85										
77	69641	REVISE MIDDLE EAR & MASTOID	1,052.85	00 15									
73	69642	REVISE MIDDLE EAR & MASTOID	1,351.55										
77	69642	REVISE MIDDLE EAR & MASTOID	1,351.55	00 15									
73	69643	REVISE MIDDLE EAR & MASTOID	1,237.64										
77	69643	REVISE MIDDLE EAR & MASTOID	1,237.64	00 15									
73	69644	REVISE MIDDLE EAR & MASTOID	1,514.92										
77	69644	REVISE MIDDLE EAR & MASTOID	1,514.92	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	69645	REVISE MIDDLE EAR & MASTOID	1,485.13											
77	69645	REVISE MIDDLE EAR & MASTOID	1,485.13	00	15									
73	69646	REVISE MIDDLE EAR & MASTOID	1,580.29											
77	69646	REVISE MIDDLE EAR & MASTOID	1,580.29	00	15									
73	69650	RELEASE MIDDLE EAR BONE	809.92											
77	69650	RELEASE MIDDLE EAR BONE	809.92	00	15									
73	69660	REVISE MIDDLE EAR BONE	935.84											
77	69660	REVISE MIDDLE EAR BONE	935.84	00	15									
73	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,219.55											
77	69661	REVISE MIDDLE EAR BONE W/DRILL OUT	1,219.55	00	15									
73	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,171.04											
77	69662	REVISION OF STAPEDECTOMY OR STAPEDOT	1,171.04	00	15									
73	69666	REPAIR MIDDLE EAR STRUCTURES	814.69											
77	69666	REPAIR MIDDLE EAR STRUCTURES	814.69	00	15									
73	69667	REPAIR MIDDLE EAR STRUCTURES	815.02											
77	69667	REPAIR MIDDLE EAR STRUCTURES	815.02	00	15									
73	69670	REMOVE MASTOID AIR CELLS	952.49											
77	69670	REMOVE MASTOID AIR CELLS	952.49	00	15									
73	69676	TYMPANIC NEURECTOMY; UNILATERAL	839.23											
77	69676	TYMPANIC NEURECTOMY; UNILATERAL	839.23	00	15									
73	69700	CLOSE MASTOID FISTULA	672.12											
77	69700	CLOSE MASTOID FISTULA	672.12	00	15									
73	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,641.37											
77	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,641.37	00	15									
73	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,735.20											
77	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH	2,735.20	00	15									
73	69714	IMPLANT TEMPLE BONE W/STIMUL	497.93											
77	69714	IMPLANT TEMPLE BONE W/STIMUL	497.93	00	15									
73	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	627.83									X		
77	69716	IMPLANTATION, OSSEOINTEGRATED IMPLAN	627.83	00	15							X		
73	69717	TEMPLE BONE IMPLANT REVISION	566.22									X		
77	69717	TEMPLE BONE IMPLANT REVISION	566.22	00	15							X		
73	69719	REVISION OR REPLACEMENT (INCLUDING	651.02									X		
77	69719	REVISION OR REPLACEMENT (INCLUDING	651.02	00	15							X		
73	69720	RELEASE FACIAL NERVE	1,202.12											
77	69720	RELEASE FACIAL NERVE	1,202.12	00	15									
73	69725	RELEASE FACIAL NERVE	1,895.65											
77	69725	RELEASE FACIAL NERVE	1,895.65	00	15									
73	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	480.50									X		
77	69726	REMOVAL, OSSEOINTEGRATED IMPLANT,	480.50	00	15							X		
73	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	537.14									X		
77	69727	REMOVAL, OSSEOINTEGRATED IMPLANT,	537.14	00	15							X		
73	69728	REMOVAL, ENTIRE OSSEOINTEGRATED IMPL	600.11	05	99		X							
77	69728	REMOVAL, ENTIRE OSSEOINTEGRATED IMPL	600.11	05	15		X							
73	69729	IMPLANTATION OSSEOINTEGRATED IMPLANT	680.93	05	99		X							

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	69729	IMPLANTATION OSSEOINTEGRATED IMPLANT	680.93	05 15		X							
73	69730	REPLACEMENT (INCLUDING REMOVAL OF	697.28	05 99		X							
77	69730	REPLACEMENT (INCLUDING REMOVAL OF	697.28	05 15		X							
73	69740	REPAIR FACIAL NERVE	1,176.05										
77	69740	REPAIR FACIAL NERVE	1,176.05	00 15									
73	69745	REPAIR FACIAL NERVE	1,252.53										
77	69745	REPAIR FACIAL NERVE	1,252.53	00 15									
73	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	226.64										
77	69801	LABYRINTHOTOMY, WITH PERFUSION OF VE	226.64	00 15									
73	69805	EXPLORE INNER EAR	1,042.31										
77	69805	EXPLORE INNER EAR	1,042.31	00 15									
73	69806	EXPLORE INNER EAR	932.89										
77	69806	EXPLORE INNER EAR	932.89	00 15									
73	69905	REMOVE INNER EAR	926.39										
77	69905	REMOVE INNER EAR	926.39	00 15									
73	69910	REMOVE INNER EAR & MASTOID	1,003.81										
77	69910	REMOVE INNER EAR & MASTOID	1,003.81	00 15									
73	69915	INCISE INNER EAR NERVE	1,526.49										
77	69915	INCISE INNER EAR NERVE	1,526.49	00 15									
73	69930	COCHLEAR DEVICE IMPLANTATION	1,233.47	16 20		X						X	
77	69930	COCHLEAR DEVICE IMPLANTATION	1,233.47	01 15		X						X	
73	69950	INCISE INNER EAR NERVE	1,774.89										
77	69950	INCISE INNER EAR NERVE	1,774.89	00 15									
73	69955	RELEASE FACIAL NERVE	1,994.96										
77	69955	RELEASE FACIAL NERVE	1,994.96	00 15									
73	69960	RELEASE INNER EAR CANAL	1,915.00										
77	69960	RELEASE INNER EAR CANAL	1,915.00	00 15									
73	69970	REMOVE INNER EAR LESION	2,158.76										
77	69970	REMOVE INNER EAR LESION	2,158.76	00 15									
73	69990	MICROSURGERY ADD-ON	232.20										
77	69990	MICROSURGERY ADD-ON	232.20	00 15									
73	70010	MYELOGRAPHY; INTERPRETATION ONLY	59.32										
75	70015	CISTERNOGRAPHY; INTERPRET ONLY	57.04										
75	70030	X-RAY EYE; DETECT FOREIGN BODY	8.78									X	
75	70100	X-RAY MANDIBLE; PARTIAL	8.78										
75	70110	X-RAY MANDIBLE; COMPLETE	11.79										
75	70120	X-RAY MASTOIDS;L3 VIEWS PER SIDE	8.78									X	
75	70130	COMPLETE X-RAY,MASTOIDS-3 VIEWS/SIDE	16.56									X	
75	70134	X-RAY INTERNAL AUDITORY MEATI	17.05									X	
75	70140	X-RAY FACIAL BONES; L3 VIEWS	9.75										
75	70150	X-RAY FACIAL BONES; COMPLETE	12.44										
75	70160	X-RAY NASAL BONES; COMPLETE	8.44										
75	70170	DACRYOCYSTOGRAPHY; INTERPRET ONLY	14.58										
75	70190	X-RAY OPTIC FORAMINA	10.75									X	
75	70200	X-RAY ORBITS,COMPLETE,4+ VIEWS	13.43									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	70210	X-RAY SINUSES; PARANASAL; L3 VIEWS	8.44										
75	70220	X-RAY SINUSES; PARANASAL; COMPLETE	10.45										
75	70240	X-RAY SELLA TURCICA	9.12										
75	70250	X-RAY SKULL; LESS THAN 4 VIEWS	8.78										
75	70260	X-RAY SKULL; COMPLETE	13.43										
75	70300	X-RAY TEETH; SINGLE VIEW	5.12										
75	70310	X-RAY TEETH; PARTIAL EXAM	7.78										
75	70320	X-RAY TEETH; COMPLETE; FULL MOUTH	10.77										
75	70328	X-RAY TEMPOROMAN DIBULAR JNT;UNIL	8.78										
75	70330	X-RAY TEMPOROMANDIBULAR JNT; BIL	11.45										
75	70332	TEMPOROMAND.ARTHROGRAPHY;SUPER/INTER	26.48										
75	70336	MRI,TEMPOROMANDIBULAR JOINT	70.33										
75	70350	CEPHALOGRAM; ORTHODONTIC	8.44										
75	70355	ORTHOPANTOGRAM (EG, PANORAMIC X-RAY)	9.78										
75	70360	X-RAY NECK; SOFT TISSUE	8.78										
75	70370	X-RAY PHARYNX/LARYNX W/FLUROSCPY	14.94										
75	70380	X-RAY SALIVARY GLANDFOR CALCULUS	8.12										
75	70390	SIALOGRAPHY; INTERPRETATION ONLY	18.23										
75	70450	CAT,HEAD/BRAIN;W/OUT CONTRAST MATER.	40.47										
75	70460	CAT,HEAD/BRAIN;W/CONTRAST MATERIAL	54.06										
75	70470	CAT,HEAD/BRAIN;W/OUT-W/ CONTRAST	60.84										
75	70480	TOMOGRAPHY;ORBIT,SELLA,POSTERIOR FOS	61.50										
75	70481	TOMOGRAPHY;ORBIT,ETC WITH/CONTRAS MA	54.06										
75	70482	CAT,ORBIT,ETC.;W/OUT-W/ CONTRAST MAT	60.53										
75	70486	TOMOGRAPHY;MAXILLOFACIAL AREA	40.79										
75	70487	TOMOGRAPHY,MAXILLOFAC;WITH CONTRAS M	54.06										
75	70488	CAT;MAXILL..;W/OUT-W/ CONTRAST MATER	60.84										
75	70490	CAT,SOFT TISSUE NECK,W/OUT CONTRAST	61.50										
75	70491	CAT,SOFT TISSUE NECK;W/ CONTRAST MAT	66.16										
75	70492	CAT,NECK;W/OUT-W/CONTRAST MATERIAL	76.97										
75	70496	CT ANGIOGRAPHY HEAD	83.88										
75	70498	CT ANGIOGRAPHY NECK	83.88										
75	70540	MRI-ORBIT,FACE AND NECK	64.19										
75	70542	MR IMAGING ORBIT, FACE, AND NECK	77.29										
75	70543	MR IMAGING ORBIT, FACE, AND NECK	102.33										
75	70544	MR ANGIOGRAPHY, HEAD	57.37										
75	70545	MR ANGIOGRAPHY	57.06										
75	70546	MR ANGIOGRAPHY NECK	70.64										
75	70547	MR ANGIOGRAPHY NECK WITHOUT CON	57.37										
75	70548	MR ANGIOGRAPHY NECK WITH CONSTRAST	71.64										
75	70549	MR ANGIOGRAPHY NECK WITHOUT CONTRAS	86.20										
75	70551	MRI-BRAIN/INCLUDING BRAIN STEM	70.96										
75	70552	MRI,BRAIN W CONTRAST MATERIAL	85.52										
75	70553	MAGNETIC RESONANCE I, BRAIN	109.44										
75	70555	MAGNETIC RESONANCE IMAGING, BRAIN, F	119.50										

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	70557	MRI BRAIN W/O DYE	165.54		X								
75	70558	MRI BRAIN W/ DYE	165.27		X								
75	70559	MRI BRAIN W/O & W/ DYE	161.18		X								
75	71045	RADIOLOGICAL EXAMINATION,CHEST;SINGL	8.78									X	
75	71046	RADIOLOGICAL EXAMINATION,CHEST;2 V	10.45									X	
75	71047	RADIOLOGICAL EXAMINATION,CHEST;3 V	13.09									X	
75	71048	RADIOLOGICAL EXAMINATION,CHEST;4 OR	14.78										
75	71100	X-RAY EXAM OF RIBS	10.77										
75	71101	X-RAY EXAM RIBS;POSTERANTERIOR CHEST	12.78										
75	71110	X-RAY EXAM OF RIBS	13.77										
75	71111	X-RAY RIBS;BILAT/POSTEROANTER CHEST	15.57										
75	71120	X-RAY EXAM OF BREASTBONE	9.46										
75	71130	X-RAY EXAM OF BREASTBONE	10.45										
75	71250	CAT,THORAX W/OUT CONTRAST MATERIAL	51.72										
75	71260	CAT,THORAX,W/ CONTRAST MATERIAL	55.70										
75	71270	CAT,THORAX;W/OUT-W/ CONTRAST MATER.	59.39										
75	71271	COMPUTED TOMOGRAPHY, THORAX,LOW DOSE	51.72										
75	71275	CT ANGIOGRAPHY, CHEST	86.89										
75	71550	MRI-CHEST/LYMPHADENOPATHY EVAL	69.96										
75	71551	MRI CHEST W/DYE	82.88										
75	71552	MRI CHEST W/O&W DYE	108.10										
75	71555	MAGNETIC RESONANCE ANGIOGRAPHY, CHES	85.91										
75	72020	X-RAY SPINE,SINGLE VIEW	7.78										
75	72040	X-RAY OF SPINE OF NECK, 2 OR 3 VIEWS	10.77										
75	72050	X-RAY EXAM OF NECK SPINE	13.09										
75	72052	X-RAY EXAM OF NECK SPINE	14.58										
75	72070	X-RAY EXAM OF THORAX SPINE	9.78										
75	72072	X-RAY SPINE;THORACIC,ANTEROPOS/LATER	10.79										
75	72074	X-RAY COMPLETE THORACIC SPINE 4 VIEW	11.79										
75	72080	X-RAY EXAM OF TRUNK SPINE	10.11										
75	72081	RADIOLOGIC EXAMINATION, SPINE, ENTIR	12.44										
75	72082	RADIOLOGIC EXAMINATION, SPINE, ENTIR	15.23										
75	72083	RADIOLOGIC EXAMINATION, SPINE, ENTIR	17.08										
75	72084	RADIOLOGIC EXAMINATION, SPINE, ENTIR	20.21										
75	72100	X-RAY EXAM OF LOWER SPINE	10.77										
75	72110	X-RAY EXAM OF LOWER SPINE	12.44										
75	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBO	14.89										
75	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBO	10.77										
75	72125	CAT SCAN CERVICAL SPINE W/OUT C M	47.14										
75	72126	CAT SCAN;CERVICAL SPINE/CONTRAS MATE	58.05										
75	72127	CAT-CERVICAL SPINE;W/OUT,W/ CONTRAST	60.53										
75	72128	CAT SCAN THORACIC SPINE W/OUT C M	47.14										
75	72129	CAT SCAN,THORACIC SPINE W/CON MATERI	58.52										
75	72130	CAT-THORACIC SPINE;W/OUT,W/ CONTRAST	60.84										
75	72131	CAT SCAN LUMBAR W/OUT CONTRAST	47.14										

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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	72132	CAT SCAN LUMBAR SPINE W/CONT MATERIA	58.05										
75	72133	CAT-LUMBAR SPINE;W/OUT,W/ CONTRAST	60.84										
75	72141	MRI,SPINAL CANAL...;CERVICAL	70.96										
75	72142	MRI,SPINAL CANAL&CONTENTS,CERVICAL	85.84										
75	72146	MRI,SPINAL CANAL W/O CONTRAST MATERI	70.96										
75	72147	MRI,SPINAL CANAL, THORACIC W CONTRAS	85.52										
75	72148	MRI,SPINAL CANAL, LUMBAR W/O CONTRAS	70.96										
75	72149	MRI,SPINAL CANAL,LUMBAR W CONTRAST	85.52										
75	72156	MAGNETIC RESONANCE I, SPINAL CANAL	109.44										
75	72157	MAGNETIC RESONANCE I, SPINAL CANAL	109.44										
75	72158	MAGNETIC RESONANCE I, SPINAL CANAL	109.44										
75	72159	MAGNETIC RESONANCE ANGIOGRAPHY, SPIN	86.53										
75	72170	X-RAY EXAM OF PELVIS	8.44										
75	72190	X-RAY EXAM OF PELVIS	12.10										
75	72191	CT ANGIOGRAPH PELV W/O&W DYE	85.59										
75	72192	CAT,PELVIS;W/OUT CONTRAST MATERIAL	52.06										
75	72193	CAT,PELVIS;W/ CONTRAST MATERIAL	55.39										
75	72194	CAT,PELVIS;W/OUT-W/ CONTRAST MATER.	58.05										
75	72195	MRI PELVIS W/O DYE	69.96										
75	72196	MRI, PELVIS	83.20										
75	72197	MRI PELVIS W/O & W DYE	104.67										
75	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELV	85.57										
75	72200	X-RAY EXAM SACROILIAC JOINTS	8.12										
75	72202	X-RAY EXAM SACROILIA504	10.79										
75	72220	X-RAY EXAM OF TAILBONE	8.44										
75	72240	CONTRAST X-RAY OF NECK SPINE	44.83										
75	72255	CONTRAST X-RAY THORAX SPINE	47.46										
75	72265	CONTRAST X-RAY LOWER SPINE	39.80										
75	72270	RADIOLOGICAL SUPERVISION AND INTERPR	66.04										
75	72285	X-RAY OF NECK SPINE DISK	55.43										
75	72295	X-RAY OF LOWER SPINE DISK	39.80										
75	73000	X-RAY EXAM OF COLLARBONE	8.10									X	
75	73010	X-RAY EXAM OF SHOULDER BLADE	8.76									X	
75	73020	X-RAY EXAM OF SHOULDER	7.44									X	
75	73030	X-RAY EXAM OF SHOULDER	9.10									X	
75	73040	X-RAY SHOULDER,ARTHROGRAPH,SUPR/INTP	27.11									X	
75	73050	X-RAY EXAM OF SHOULDERS	9.10										
75	73060	X-RAY EXAM OF HUMERUS	8.10									X	
75	73070	X-RAY EXAM OF ELBOW	8.10									X	
75	73080	X-RAY EXAM OF ELBOW	8.44									X	
75	73085	X-RAY ELBOW,ARTHROGRAPHY;SUPER/INTER	27.42									X	
75	73090	X-RAY EXAM OF FOREARM	7.78									X	
75	73092	X-RAY EXAM OF ARM, INFANT	7.78									X	
75	73100	X-RAY EXAM OF WRIST	8.10									X	
75	73110	X-RAY EXAM OF WRIST	8.44									X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	73115	X-RAY,WRIST,ARTHROGRAPHY,SUPER/INTER	27.42									X	
75	73120	X-RAY EXAM OF HAND	8.10									X	
75	73130	X-RAY EXAM OF HAND	8.44									X	
75	73140	X-RAY EXAM OF FINGER(S)	6.76									X	
75	73200	CAT,UPPER EXTREMITY;W/OUT CONTRAST	47.14									X	
75	73201	CAT,UPPER EXTREMITY;W/CONTRAST MAT.	55.39									X	
75	73202	CAT,UPPER EXT.;W/OUT-W/ CONTRAST MAT	58.05									X	
75	73206	CT ANGIO UPR EXTRM W/O&W DYE	85.59									X	
75	73218	MRI UPPER EXTREMITY W/O DYE	64.83									X	
75	73219	MRI UPPER EXTREMITY W/DYE	77.29									X	
75	73220	MRI-UPPER EXTREMITY	102.65									X	
75	73221	MRI, ANY JOINT OF UPPER EXTREMITY	65.14									X	
75	73222	MRI JOINT UPR EXTREM W/ DYE	77.60									X	
75	73223	MRI JOINT UPR EXTR W/O&W DYE	102.97									X	
75	73225	MAGNETIC RESONANCE ANGIOGRAPHY, UPPE	83.20									X	
75	73501	RADIOLOGIC EXAMINATION, HIP, UNILATE	9.10										
75	73502	RADIOLOGIC EXAMINATION, HIP, UNILATE	10.77										
75	73503	RADIOLOGIC EXAMINATION, HIP, UNILATE	13.09										
75	73521	RADIOLOGIC EXAMINATION, HIPS, BILATE	10.77										
75	73522	RADIOLOGIC EXAMINATION, HIPS, BILATE	14.10										
75	73523	RADIOLOGIC EXAMINATION, HIPS, BILATE	15.23										
75	73525	CONTRAST X-RAY OF HIP	28.06									X	
75	73551	RADIOLOGIC EXAMINATION, FEMUR; 1 VIE	8.10										
75	73552	RADIOLOGIC EXAMINATION, FEMUR; MINIM	8.78										
75	73560	X-RAY EXAM OF KNEE	8.10									X	
75	73562	X-RAY KNEE A/P,OBLIQUES,3+ VIEWS	9.10									X	
75	73564	X-RAY KNEE,COMPLETE,W/OBLIQUES.....	11.08									X	
75	73565	RADIOLOGIC EXAM	8.42										
75	73580	CONTRAST X-RAY OF KNEE JOINT	30.67									X	
75	73590	X-RAY EXAM OF LOWER LEG	7.78									X	
75	73592	X-RAY EXAM OF LEG, INFANT	7.78									X	
75	73600	X-RAY EXAM OF ANKLE	8.10									X	
75	73610	X-RAY EXAM OF ANKLE	8.44									X	
75	73615	X-RAY ANKLE,ARTHROGRAPHY;SUPER/INTER	27.42									X	
75	73620	X-RAY EXAM OF FOOT	7.46									X	
75	73630	X-RAY EXAM OF FOOT	8.12									X	
75	73650	X-RAY EXAM OF HEEL	7.78									X	
75	73660	X-RAY EXAM OF TOE(S)	6.45									X	
75	73700	CAT,LOWER EXTREMITY;W/OUT CONTRAST	47.14									X	
75	73701	CAT,LOWER EXTREMITY;W/ CONTRAST MAT	55.39									X	
75	73702	CAT,LOWER EXT.;W/OUT-W/CONTRAST MAT	57.74									X	
75	73706	CT ANGIO LWR EXTR W/O&W DYE	89.92									X	
75	73718	MRI LOWER EXTREMITY W/O DYE	64.51									X	
75	73719	MRI LOWER EXTREMITY W/DYE	77.29									X	
75	73720	MRI-LOWER EXTREMITY	102.65									X	

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
75	73721	MRI, ANY JOINT, LOWER EXTREMITY	64.83									X	
75	73722	MRI JOINT OF LWR EXTR W/DYE	77.60									X	
75	73723	MRI JOINT LWR EXTR W/O&W DYE	102.65									X	
75	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWE	85.93									X	
75	74018	RADIOLOGICAL EXAMINATION,ABDOMEN;1 V	8.78									X	
75	74019	RADIOLOGICAL EXAMINATION,ABDOMEN;2 V	11.11									X	
75	74021	RADIOLOGICAL EXAMINATION,ABDOMEN;3	12.78									X	
75	74022	IMAGING OF ABDOMEN AND CHEST	15.57										
75	74150	CAT,ABDOMEN,W/OUT CONTRAST MATERIAL	56.72										
75	74160	CAT,ABDOMEN;W/ CONTRAST MATERIAL	60.84										
75	74170	CAT,ABDOMEN;W/OUT-W/CONTRAST MATER.	66.52										
75	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, AB	104.49										
75	74175	CT ANGIO ABDOM W/O&W DYE	86.57										
75	74176	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	83.54										
75	74177	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	87.20										
75	74178	COMPUTED TOMOGRAPHY ABDOMEN AND PELV	95.55										
75	74181	MRI-ABDOMEN	69.96										
75	74182	MRI ABDOMEN W/DYE	82.88										
75	74183	MRI ABDOMEN W/O&W DYE	104.67										
75	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDO	85.57										
75	74190	PERITONEOGRAM (EG, AFTER INJECTION O	22.54										
75	74210	CONTRAST XRAY EXAM OF THROAT	28.49										
75	74220	CONTRAST XRAY EXAM,ESOPHAGUS	29.14										
75	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS,	33.49										
75	74230	CINEMA XRAY THROAT/ESOPHAGUS	25.82										
75	74235	REMOVE FOREIGN BODY(S),ESOPHAGEAL	57.04										
75	74240	X-RAY EXAM UPPER GI TRACT	38.46										
75	74246	X-RAY GASTROINTESTINAL TRACT	42.49										
75	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-TH	33.49										
75	74250	X-RAY EXAM OF SMALL BOWEL	38.49										
75	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL,	56.04										
75	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	114.44										
75	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAP	119.09										
75	74270	CONTRAST X-RAY EXAM OF COLON	49.14										
75	74280	CONTRAST X-RAY EXAM OF COLON	60.19										
75	74283	BARIUM ENEMA,THERAPEUTIC	99.82										
75	74290	CONTRAST X-RAY, GALLBLADDER	15.57										
75	74300	CONTRAST X-RAY OF BILE DUCTS	13.23										
75	74301	CHOLANGIOGRA;ADDIT SET DURING SURGER	10.11										
75	74328	XRAY FOR BILE DUCT ENDOSCOPY	22.87										
75	74329	X-RAY FOR PANCREAS ENDOSCOPY	23.19										
75	74330	XRAY,BILE/PANCREAS ENDOSCOPY	27.79										
75	74340	X-RAY GUIDE FOR GI TUBE	26.16										
75	74355	PERC.PLACE.ENTEROLYSIS TUBE;GUIDANCE	36.48										
75	74360	INTRALUMINAL DILATION;GUIDANCE ONLY	26.79										

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
75	74363	DILATION OF BILIARY DUCT STRICTURE	41.49										
75	74400	CONTRAST X-RAY URINARY TRACT	23.83										
75	74410	CONTRAST X-RAY URINARY TRACT	22.92										
75	74415	CONTRAST X-RAY URINARY TRACT	23.23										
75	74420	CONTRAST X-RAY URINARY TRACT	24.25										
75	74425	CONTRAST X-RAY URINARY TRACT	23.91										
75	74430	CONTRAST X-RAY OF BLADDER	15.25										
75	74440	XRAY EXAM MALE GENITAL TRACT	17.46				M						
75	74445	CORPORA CAVERNOSOGRAPHY;SUPER/INTERP	52.84				M						
75	74450	X-RAY EXAM URETHRA/BLADDER	15.91										
75	74455	X-RAY EXAM URETHRA/BLADDER	15.45										
75	74470	X-RAY-RENAL CYST STUDY	25.53										
75	74485	DILATE NEPHRO/URETERS;SUPER/INTERP	39.16										
75	74712	MAGNETIC RESONANCE (EG, PROTON) IMAG	144.04		X								
75	74713	MAGNETIC RESONANCE (EG, PROTON) IMAG	88.85									X	
75	74740	HYSTEROSALPINGOGRAPHY	18.23	21 59	X		F						
75	74775	PERINEOGRAM-DET.SEX/EXTENT ANOMOLIES	30.14										
75	75557	CARDIAC MAGNETIC RESONANCE IMAGING F	110.57										
75	75559	CARDIAC MAGNETIC RESONANCE IMAGING F	136.30										
75	75561	CARDIAC MAGNETIC RESONANCE IMAGING F	122.35										
75	75563	CARDIAC MAGNETIC RESONANCE IMAGING F	138.64										
75	75565	CARDIAC MAGNETIC RESONANCE IMAGING F	11.79										
75	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT	28.15										
75	75572	COMPUTED TOMOGRAPHY, HEART, WITH CON	82.65										
75	75573	COMPUTED TOMOGRAPHY, HEART, WITH CON	120.48										
75	75574	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HE	113.35										
75	75600	CONTRAST X-RAY EXAM OF AORTA	24.38										
75	75605	CONTRAST X-RAY EXAM OF AORTA	53.83										
75	75625	CONTRAST X-RAY EXAM OF AORTA	68.60										
75	75630	AORTOGRAPH;ABDOMEN/ILIOFEMORAL;BILAT	94.71										
75	75635	CT ANGIO ABDOMINAL ARTERIES	112.54										
75	75705	ARTERY X-RAYS, SPINE	119.83										
75	75710	ARTERY X-RAYS, ARM/LEG	83.97										
75	75716	ARTERY X-RAYS, ARMS/LEGS	93.06										
75	75726	ARTERY X-RAYS, ABDOMEN	95.67										
75	75731	ARTERY X-RAYS, ADRENAL GLAND	54.71										
75	75733	ARTERY X-RAYS,ADRENAL GLANDS	60.52										
75	75736	ARTERY X-RAYS, PELVIS	53.06										
75	75741	ARTERY X-RAYS, LUNG	61.04										
75	75743	ARTERY X-RAYS, LUNGS	77.31										
75	75746	ARTERY X-RAYS, LUNG	53.41										
75	75756	ARTERY X-RAYS, CHEST	55.86										
75	75801	LYMPH VESSEL X-RAY, ARM/LEG	43.08										
75	75803	LYMPH VESSEL X-RAY,ARMS/LEGS	56.04										
75	75805	LYMPH VESSEL X-RAY, TRUNK	38.80										

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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	75807	LYMPH VESSEL X-RAY, TRUNK	53.17										
75	75809	SHUNTOGRAM FOR INVESTIGATION OF PREV	23.46										
75	75810	VEIN X-RAY, SPLEEN/LIVER	49.26										
75	75820	VEIN X-RAY, ARM/LEG	49.72										
75	75822	VEIN X-RAY, ARMS/LEGS	68.98										
75	75825	VEIN X-RAY, TRUNK	54.25										
75	75827	VEIN X-RAY, CHEST	54.88										
75	75831	VEIN X-RAY, KIDNEY	52.73										
75	75833	VEIN X-RAY, KIDNEYS	71.11										
75	75840	VEIN X-RAY, ADRENAL GLAND	54.71										
75	75842	VEIN X-RAY, ADRENAL GLANDS	71.61										
75	75860	VEIN X-RAY, NECK	54.32										
75	75870	VEIN X-RAY, SKULL	60.49										
75	75872	VENOGRAPH,EPIDURAL;SUPER/INTERP	54.71										
75	75880	VEIN X-RAY, EYE SOCKET	33.80										
75	75885	VEIN X-RAY, LIVER	65.45										
75	75887	VEIN X-RAY, LIVER	66.40										
75	75889	VEIN X-RAY, LIVER	52.14										
75	75891	VEIN X-RAY, LIVER	52.32										
75	75893	VENOUS SAMPLING BY CATHETER	25.22										
75	75894	XRAYS, TRANSCATHETER THERAPY	73.07										
75	75898	FOLLOW-UP ANGIOGRAM	93.14										
75	75901	REMOVE CVA DEVICE OBSTRUCT	22.88										
75	75902	REMOVE CVA LUMEN OBSTRUCT	18.85										
75	75956	TRANSCATH OCCLUSION;COMPLETE PROC	343.78										
75	75957	XRAY,ENDOVASC THOR AO REPR	294.68										
75	75958	XRAY,PLACE PROX THOR AO	195.56										
75	75959	XRAY,PLACE DIST EXT THOR AO	171.19										
75	75970	TRANSCATH BX;SUPER/INTERP	38.18										
75	75989	RAD GUIDE....SUPERVISION/INTERP ONLY	55.74										
75	76000	FLUOROSCOPY,MD TIME TO 1 HR	15.80										
75	76010	W-RAY,NOSE-RECTUM,SINGLE,FILM,CHILD	8.78										
75	76080	X-RAY EXAM OF FISTULA	25.22										
75	76098	RADIO EXAM,BREAST SURGICAL SPECIMEN	15.23									X	
75	76100	X-RAY EXAM OF BODY SECTION	28.46										
75	76120	CINEMATIC X-RAYS	19.46										
75	76125	CINEMATIC X-RAYS	12.78										
73	76145	MEDICAL PHYSICS DOSE EVALUATION FOR	869.95										
75	76376	3D RENDER W/O POSTPROCESS	9.46										
75	76377	3D RENDERING W/POSTPROCESS	37.81										
75	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR	45.80										
75	76391	MAGNETIC RESONANCE (EG, VIBRATION)	52.71										
75	76506	ECHO EXAM OF HEAD,B-MODE COMPLETE	30.47										
75	76510	OPHTH US, B & QUANT A	38.13										
75	76511	ECHO EXAM OF EYE	34.82									X	

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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	76512	ECHO EXAM OF EYE	29.89										
75	76513	OPHTH.ULTRASOUND ECHOGRAPHY;H20-B-SC	31.57										
75	76514	ECHO EXAM OF EYE, THICKNESS	7.73										
75	76516	ECHO EXAM OF EYE	21.94										
75	76519	OPHTHALMIC BIOMETRY,A-MODE;W/LENS CA	29.53										
75	76529	ECHO EXAM OF EYE	31.19										
75	76536	ECHOGRAPHY,B-SCAN/REAL TIME W/ IMAGE	27.47										
75	76604	ECHO EXAM OF CHEST	27.86										
75	76641	ULTRASOUND, BREAST, UNILATERAL, REAL	35.13										
75	76642	ULTRASOUND, BREAST, UNILATERAL, REAL	32.81										
75	76700	ECHO EXAM OF ABDOMEN	38.49										
75	76705	ECHO EXAM OF ABDOMEN	28.49										
75	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TI	26.50										
75	76770	ECHO EXAM ABDOMEN BACK WALL	35.16										
75	76775	ECHO EXAM ABDOMEN BACK WALL	27.83										
75	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REA	36.15										
75	76800	ECHOGRAPHY, SPINAL CANAL & CONTENTS	62.05										
75	76801	ULTRASOUND,PREG UTER,TRANSAB;FIRST	47.12				F						
75	76802	ULTRASOUND, PREGNANT UTERUS, REAL TI	40.11				F					X	
75	76805	ULTRASOUND, PREGNANT UTERUS	47.45	10 59			F						
75	76810	EACH ADDITIONAL GESTATION	47.10	10 59			F					X	
75	76811	ULTRASUND,PREG UTER,TRNSAB;FIRST	89.71				F	X					
75	76812	ULTRASOUND,PREG UTER,TRNSAB;EACH ADD	84.06				F	X				X	
75	76813	ULTRASOUND, PREGNANT UTERUS, REAL TI	56.42	10 60			F						
75	76814	ULTRASOUND, PREGNANT UTERUS, REAL +	46.53	10 60			F					X	
75	76815	ECHO EXAM FOR FETAL GROWTH	31.48				F						
75	76816	ECHOGRAPHY..PG UTERUS;FOLLOW-UP/REPE	40.19				F						
75	76817	ULTRASOUND, PREG UTER, TRANSVAGINAL	36.13				F						
75	76818	FETAL BIOPHYSICAL PROFILE	50.43				F						
75	76819	FETL BIOPHYS PROFIL W/O STRS	36.22										
75	76820	UMBILICAL ARTERY ECHO	23.43	10 59			F						
75	76821	MIDDLE CEREBRAL ARTERY ECHO	33.21	10 59			F						
75	76825	ECHOCARDIOGRAPHY,FETAL HEART-UTERO	78.43	00 60			F						
75	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCU	38.89										
75	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	27.55										
75	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CAR	26.11										
75	76830	ECHOGRAPHY,TRANSVAGINAL	33.46										
75	76831	ECHO EXAM, UTERUS	34.20										
75	76856	ECHOGRAPHY, PELVIC, REAL TIME	33.15										
75	76857	ECHOGRAPHY,PELVIC,LIMITED OR FOLLOW-	23.57										
75	76870	ECHOGRAPHY,SCROTUM AND CONTENTS	30.82				M						
75	76872	ECHOGRAPHY, TRANSRECTAL	31.92										
75	76873	ECHOGRAP TRANS R, PROS STUDY	75.90				M						
75	76881	ULTRASOUND EXTREMITY NONVASCULAR REA	43.12									X	
75	76882	ULTRASOUND EXTREMITY NONVASCULAR REA	33.15									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	76883	ULTRASOUND, NERVE(S) AND ACCOMPANYIN	57.71									X	
75	76885	ECHO EXAM, INFANT HIPS	35.47										
75	76886	ECHO EXAM, INFANT HIPS	30.14										
75	76932	ULTRASONIC GUIDANCE ENDOMY0CARDBIO	36.47										
75	76936	ECHO GUIDE FOR ARTERY REPAIR	94.96										
75	76937	US GUIDE, VASCULAR ACCESS	14.54										
75	76940	US GUIDE, TISSUE ABLATION	101.69										
75	76941	ECHO GUIDE FOR TRANSFUSION	63.74										
75	76942	ECHO GUIDE FOR BIOPSY	30.57									X	
75	76945	ULTRASONIC GUODE/COLL/DRAIN;COM PROC	31.42										
75	76946	ECHO GUIDE FOR AMNIOCENTESIS	18.09									X	
75	76965	ECHO GUIDANCE RADIOTHERAPY	66.28										
75	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOU	40.70										
75	76977	US BONE DENSITY MEASURE	2.79										
75	76978	ULTRASOUND, TARGETED DYNAMIC MICROBU	77.29										
75	76979	ULTRASOUND, TARGETED DYNAMIC MICROBU	40.47									X	
75	76981	ULTRASOUND, ELASTOGRAPHY; PARENCHYMA	28.80										
75	76982	ULTRASOUND, ELASTOGRAPHY; FIRST LES	28.80										
75	76983	ULTRASOUND, ELASTOGRAPHY; EACH ADDIT	25.12									X	
75	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VE	18.20										
75	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLA	27.11										
75	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATI	28.83										
75	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STE	61.79										
75	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEE	70.65										
75	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR	183.51										
75	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLA	44.58										
75	77021	MAGNETIC RESONANCE GUIDANCE FOR NEED	70.55										
75	77046	MAGNETIC RESONANCE IMAGING, BREAST,	68.85										
75	77047	MAGNETIC RESONANCE IMAGING, BREAST,	76.30										
75	77048	MAGNETIC RESONANCE IMAGING, BREAST,	100.32										
75	77049	MAGNETIC RESONANCE IMAGING, BREAST,	109.78										
75	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SI	17.24										
75	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MU	21.25										
75	77063	SCREENING DIGITAL BREAST TOMOSYNTHES	29.14	40 99			F						
75	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	38.49										
75	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING CO	47.14										
75	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-	36.48	40 99			F		X				
73	77071	MANUAL APPLICATION OF STRESS PERFORM	53.77										
75	77072	BONE AGE STUDIES	9.12										
75	77073	BONE LENGTH STUDIES (ORTHOROENTGENOG	13.21										
75	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURV	20.91										
75	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURV	26.82										
75	77076	RADIOLOGIC EXAMINATION, OSSEOUS SURV	33.80										
75	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE	16.54										
75	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DE	11.79										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	77080	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.46										
75	77081	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	9.78										
75	77084	MAGNETIC RESONANCE (EG, PROTON) IMAG	76.61										
75	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DX	14.44										
75	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DU	8.12										
73	77261	SIMPLE TREAT PLAN-THERA RADIOL	70.54										
73	77262	INTER TREAT PLAN-THERA RADIOLO	108.09										
73	77263	COMPLEX TREAT PLAN-THERA RADIO	169.50										
75	77280	SIMPLE,RAD SIMU-AIDED FIELD	37.91										
75	77285	INTER,RAD SIMU-AIDED FIELD SET	56.43										
75	77290	COMP,RAD SIMU-AIDED FIELD SET	82.07										
75	77293	Respiratory motion management simula	104.41										
75	77295	MANAGEMENT OF RADIATION THERAPY, 3D	224.32									X	
75	77300	BASIC RAD DOSIMETRY CALCULATION	32.98										
75	77301	RADIOLTHERAPY DOS PLAN, IMRT	418.21										
75	77306	TELETHERAPY ISODOSE PLAN; SIMPLE (1	73.33										
75	77307	TELETHERAPY ISODOSE PLAN; COMPLEX (M	151.64										
75	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE (	73.33										
75	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMED	95.79										
75	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX	151.32										
75	77321	SPEC TELETHERAPY PLAN TOTAL BODY	49.88										
75	77331	SPECIAL DOSIMETRY (SPECIFY)	45.58									X	
75	77332	TREATMENT DEVICES,DESIGN/SIMPLE	23.77										
75	77333	TREATMENT DEVICES/DESIGN-INTER	39.61										
75	77334	TREATMENT DEVICES/DESIGN;COMPL	59.83									X	
75	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S	224.32										
73	77427	RADIATION TX MANAGEMENT, X5	191.35										
73	77431	RADIATION THERAPY MANAGEMENT W COMPL	107.01									X	
73	77432	STEREOTACTIC RADIATION TREATMENT MAN	426.42										
73	77435	STEREOTACTIC BODY RADIATION THERAPY,	643.86										
73	77469	INTRAOPERATIVE RADIATION TREATMENT M	319.54										
75	77470	SPECIAL TREATMENT PROCEDURE (EG, TOT	106.66										
75	77600	HYPERTHERMIA,EXT GEN,SUPERFICIAL	70.60										
75	77605	HYPERTHERMIA,EXT GEN/DEEP	103.24										
75	77610	HYPERTHERMIA/INTERSTITIAL/5 OR <	68.10										
75	77615	HYPERTHERMIA/INTERSTITIAL/>5	96.13										
75	77620	HYPERTHERMIA...INTRACAVITARY PROBE	86.78										
75	77750	INFUSE/INSTILL RADIOELEMENT	261.34										
75	77761	SIMPLE INTRACAV. RADIOELEMENT	201.97										
75	77762	INTER. INTRACAV.RADIOELEMENT	300.84										
75	77763	COMPLEX-INTRACAV RADIOLOGY	452.79										
75	77767	REMOTE AFTERLOADING HIGH DOES RATE R	54.85										
75	77768	REMOTE AFTERLOADING HIGH DOES RATE R	73.33										
75	77770	REMOTE AFTERLOADING HIGH DOES RATE R	101.76										
75	77771	REMOTE AFTERLOADING HIGH DOES RATE R	199.33										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	77772	REMOTE AFTERLOADING HIGH DOES RATE R	280.26										
75	77778	INTERSTITIAL RAD-ELEMENT-COMPL	457.95										
75	77789	SURFACE APPLICATION RADIOELEMENT	59.49		X								
75	78012	NUCLEAR MEDICINE IMAGING FOR THYROID	8.81										
75	78013	THYROID IMAGING (INCLUDING VASCULAR	17.58										
75	78014	THYROID IMAGING (INCLUDING VASCULAR	23.26										
75	78015	NUCLEAR SCAN OF THYROID	32.47										
75	78016	EXTENSIVE THYROID SCAN	32.72										
75	78018	THYROID CA IMAGING;WHOLE BODY	39.23										
75	78070	PARATHROID IMAGING	37.52										
75	78071	PARATHYROID PLANAR IMAGING (INCLUDIN	56.11										
75	78072	PARATHYROID PLANAR IMAGING (INCLUDIN	73.17										
75	78075	NUCLEAR SCAN OF ADRENALS	35.47										
75	78102	NUCLEAR SCAN OF BONE MARROW	24.95										
75	78103	NUCLEAR SCAN OF BONE MARROW	29.71										
75	78104	NUCLEAR SCAN OF BONE MARROW	37.20										
75	78110	NUCLEAR EXAM, PLASMA VOLUME	7.85										
75	78111	NUCLEAR EXAM, PLASMA VOLUME	9.19										
75	78120	NUCLEAR EXAM OF RBC MASS	9.53										
75	78121	NUCLEAR EXAM OF RBC MASS	12.90										
75	78122	WHOLE BLOOD VOLUME DETERMINATION	20.62										
75	78130	RED CELL SURVIVAL EXAM	24.32										
75	78140	NUCLEAR EXAM,RED BLOOD CELLS	24.32										
75	78185	NUCLEAR SCAN OF SPLEEN	16.25										
75	78195	NUCLEAR SCAN OF LYMPH SYSTEM	55.80										
75	78201	NUCLEAR SCAN OF LIVER	20.28										
75	78202	NUCLEAR SCAN OF LIVER	23.28										
75	78215	NUCLEAR SCAN, LIVER & SPLEEN	22.92										
75	78216	NUCLEAR SCAN, LIVER/SPLEEN	26.86										
75	78226	HEPATOBILIARY SYSTEM IMAGING, INCLUD	34.84										
75	78227	HEPATOBILIARY SYSTEM IMAGING, INCLUD	42.18										
75	78230	NUCLEAR SCAN, SALIVARY GLAND	21.25										
75	78231	NUCLEAR SCANS,SALIVARY GLAND	20.96										
75	78264	GASTRIC EMPTYING STUDY	37.18										
75	78265	GASTRIC EMPTYING IMAGING STUDY (EG,	45.52		X								
75	78266	GASTRIC EMPTYING IMAGING STUDY (EG,	48.60										
75	78278	ACUTE GI BLOOD LOSS IMAGING	46.17										
75	78290	INTESTINE IMAGING	32.18										
75	78300	NUCLEAR SCAN OF BONE	29.82										
75	78305	NUCLEAR SCAN OF BONES	39.16										
75	78306	NUCLEAR SCAN OF SKELETON	40.18										
75	78315	BONE IMAGING; BY THREE PHASE TECHNIQ	47.52										
75	78414	DETERMINE VENTRIC EJECT FRACTION	20.79										
75	78445	NUCLEAR SCAN OF BLOOD FLOW	24.46										
75	78451	MYOCARDIAL PERFUSION IMAGING TOMOGRA	63.52										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	78452	MYOCARDIAL PERFUSION IMAGING TOMOGRA	75.43										
75	78453	MYOCARDIAL PERFUSION IMAGING PLANAR	46.20										
75	78454	MYOCARDIAL PERFUSION IMAGING PLANAR	63.85									X	
75	78456	ACUTE VENOUS THROMBUS IMAGE	46.51										
75	78466	MYOCARD IMAGING...AT REST;QUAL.	33.15										
75	78468	MYOCARD IMAGING..AT REST;FIRST PASS	36.61										
75	78469	MYOCARD IMAGING..REST;EMISS COMP TOM	42.86										
75	78472	CARD BLD POOL IMAG,AT REST,WALL MOT	45.52										
75	78473	CARDIAC BLOOD POOL IMAGING GATED EQU	67.53										
75	78481	CARD BLD POOL IMAG-FIRST PASS TECH	45.84										
75	78483	CARDIAC BLOOD POOL IMAGING, FIRST PA	67.84										
75	78494	HEART IMAGE, SPECT	55.18										
75	78496	HEART FIRST PASS ADD-ON	23.26										
75	78579	PULMONARY VENTILATION IMAGING (EG, A	22.92										
75	78580	PULMONARY PERFUSION IMAGING (EG, PAR	34.84										
75	78582	PULMONARY VENTILATION (EG, AEROSOL O	49.53										
75	78597	QUANTITATIVE DIFFERENTIAL PULMONARY	34.24										
75	78598	QUANTITATIVE DIFFERENTIAL PULMONARY	39.21										
75	78600	NUCLEAR SCAN OF BRAIN	20.59										
75	78601	NUCLEAR SCAN OF BRAIN	23.60										
75	78605	NUCLEAR SCAN OF BRAIN	25.82										
75	78606	NUCLEAR SCAN OF BRAIN	30.18										
75	78608	BRAIN IMAGING, POSITRON EMISSION TOM	68.82										
75	78610	NUCLEAR SCAN OF BRAIN	14.12										
75	78630	CEREBROSPINAL FLUID SCAN	32.18										
75	78635	CEREBROSPINAL FLUID SCAN	29.48										
75	78645	CEREBROSPINAL FLUID SCAN	25.95										
75	78650	CEREBROSPINAL FLUID SCAN	24.32										
75	78660	NUCLEAR EXAM OF TEAR FLOW	21.29										
75	78700	NUCLEAR SCAN OF KIDNEY	20.93										
75	78701	NUCLEAR SCAN OF KIDNEY	23.23										
75	78707	NUCLEAR SCAN OF KIDNEY	44.21										
75	78708	NUCLEAR MEDICINE STUDY OF KIDNEY WIT	55.54										
75	78709	KIDNEY FLOW & FUNCTION IMAGE	65.46										
75	78725	NUCLEAR EXAM OF KIDNEY	17.46										
75	78730	NUCLEAR EXAM OF BLADDER	6.99										
75	78740	NUCLEAR EXAM OF URETER	25.95										
75	78761	TESTICULAR IMAGING,W/VASCULAR	34.14				M						
75	78800	NUCLEAR EXAM OF LESION	30.50										
75	78801	NUCLEAR EXAM OF LESIONS	34.19										
75	78802	NUCLEAR EXAM OF LESIONS	37.20										
75	78803	TUMOR LOCALIZATION SPECT)	49.89										
75	78804	TUMOR IMAGING, WHOLE BODY	46.54										
75	78811	POSITRON EMISSION TOMOGRAPHY (PET)	70.19										
75	78812	POSITRON EMISSION TOMOGRAPHY (PET)	90.30										

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	78813	POSITRON EMISSION TOMOGRAPHY (PET)	90.82										
75	78814	POSITRON EMISSION TOMOGRAPHY (PET)	102.31										
75	78815	POSITRON EMISSION TOMOGRAPHY (PET)	113.44										
75	78816	POSITRON EMISSION TOMOGRAPHY (PET)	114.07										
75	78830	RADIOPHARMACEUTICAL LOCALIZATION OF	67.54										
75	78831	RADIOPHARMACEUTICAL LOCALIZATION OF	84.08										
75	78832	RADIOPHARMACEUTICAL LOCALIZATION OF	97.38										
75	78835	RADIOPHARMACEUTICAL QUANTIFICATION	21.29										
75	79005	NUCLEAR RX, ORAL ADMIN	83.89										
75	79101	NUCLEAR RX, IV ADMIN	93.43										
75	79403	HEMATOPOETIC NUCLEAR THERAPY	105.94										
75	79445	NUCLEAR RX, INTRA-ARTERIAL	109.98										
73	80503	PATHOLOGY CLINICAL CONSULT;5-20 MIN	26.57										
73	80504	PATHOLOGY CLINICAL CONSULT;21-40 MIN	52.31										
73	80505	PATHOLOGY CLINICAL CONSULT;41-60 MIN	95.16										
73	80506	PATHOLOGY CLINICAL CONSULT;ADD'L 30"	42.57										
75	84165	ASSAY SERUM PROTEINS	17.44										
75	84166	PROTEIN E-PHORESIS/URINE/CSF	17.44										
73	85097	BONE MARROW SMEAR INTERPRET	67.23									X	
75	86334	IMMUNOFIXATION ELECTROPHORESIS	17.44										
75	88104	CYTOPATHOLOGY	26.42										
75	88106	CYTOPATHOLOGY	18.70										
75	88108	CYTOPATHOLOGY,FLUIDS,WASHINGS	21.71										
75	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR EN	26.74										
75	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	56.50										
75	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION	46.87										
75	88125	FORENSIC CYTOPATHOLOGY	13.39										
73	88141	CYTOPATH CERV/VAG INTERPRET	22.24	21 99			F						
75	88160	CYTOPATHOLOGY	25.01										
75	88161	CYTOPATH...;PREP,SCREEN,INTERP.	24.69										
75	88162	CYTOPATH..;EXT.STUDY.+5 SLIDES,MULTI	37.95										
75	88172	CYTOPATHOLOGY, EVALUATION OF FINE NE	34.31										
75	88173	FINE NEEDLE ASPIRATE..;INTERP/REPORT	67.69										
75	88177	CYTOPATHOLOGY, EVALUATION OF FINE NE	21.04										
75	88182	FLOW CYTOMETRY	37.66										
73	88187	FLOWCYTOMETRY/READ, 2-8	35.16										
73	88188	FLOWCYTOMETRY/READ, 9-15	61.17										
73	88189	FLOWCYTOMETRY/READ, 16 & >	82.85										
75	88291	CYTO MOLECULAR REPORT	33.32										
75	88300	SURGICAL PATHOLOGY, GROSS	4.44									X	
75	88302	PATHOLOGY EXAMINATION OF TISSUE USIN	6.76									X	
75	88304	PATHOLOGY EXAMINATION OF TISSUE USIN	11.08									X	
75	88305	PATHOLOGY EXAMINATION OF TISSUE USIN	36.03									X	
75	88307	PATHOLOGY EXAMINATION OF TISSUE USIN	79.82										
75	88309	PATHOLOGY EXAMINATION OF TISSUE USIN	139.86										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	88311	SURGICAL PATHOLOGY; DECALCIFICATION	12.08										
75	88312	SPECIAL STAIN INCLUDING INTERPRETATI	25.74										
75	88313	SPECIAL STAIN INCLUDING INTERPRETATI	11.76										
75	88314	SPECIAL STAIN INCLUDING INTERPRETATI	20.16										
73	88321	MICROSLIDE CONSULTATION	95.64										
75	88323	MICROSLIDE CONSULTATION	84.70										
73	88325	COMPREHENSIVE REVIEW OF DATA	154.06										
73	88329	CONSULTATION DURING SURGERY	54.91									X	
75	88331	CONSULTATION DURING SURGERY	59.96									X	
75	88332	PATHOLOGY CONSULTATION DURING SURGER	29.65										
75	88333	INTRAOP CYTO PATH CONSULT, 1	59.98										
75	88334	PATHOLOGY CONSULTATION DURING SURGER	36.30									X	
75	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	27.37									X	
75	88342	IMMUNOCYTOCHEMISTRY	33.70									X	
75	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCH	37.03										
75	88346	AUTO-ANTIBODY PROFILE	34.74									X	
75	88348	ELECTRON MICROSCOPY	74.61										
75	88350	IMMUNOFLUORESCENCE, PER SPEC;EACH	28.07									X	
75	88358	ANALYSIS, TUMOR	48.02										
75	88360	MICROSCOPIC GENETIC ANALYSIS OF TUMO	40.37		X								
75	88361	MICROSCOPIC GENETIC ANALYSIS OF TUMO	42.51										
73	88363	EXAMINATION AND SELECTION OF RETRIEV	22.64										
75	88364	IN SITU HYBRIDIZATION (EG, FISH), PE	33.07										
75	88365	TISSUE HYBRIDATION	41.70									X	
75	88366	IN SITU HYBRIDIZATION (EG, FISH), PE	60.08										
75	88367	INSITU HYBRIDIZATION, AUTO	32.51										
75	88368	INSITU HYBRIDIZATION, MANUAL	40.44										
75	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	32.12										
75	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	24.43										
75	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	41.50										
75	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRI	61.89										
75	88387	MACROSCOPIC EXAMINATION, DISSECTION,	26.25										
75	88388	MACROSCOPIC EXAMINATION, DISSECTION,	22.68										
73	89049	CHCT FOR MAL HYPERTHERMIA	269.56										
73	90785	INTERACTIVE COMPLEXITY	14.82										
77	90785	INTERACTIVE COMPLEXITY	14.82	00 15									
73	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	173.47										
77	90791	PSYCHIATRIAC DIAGNOSTIC EVALUATION	173.47	00 15									
73	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	195.57										
77	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WI	195.57	00 15									
73	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	75.02										
77	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	75.02	00 15									
73	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	69.14										
77	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIE	69.14	00 15									
73	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	99.32										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	99.32	00	15									
73	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	87.74											
77	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIE	87.74	00	15									
73	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	146.04											
77	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	146.04	00	15									
73	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	116.12											
77	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIE	116.12	00	15									
73	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	140.52											
77	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 M	140.52	00	15									
73	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	70.06											
77	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDIT	70.06	00	15									
73	90845	MEDICAL PSYCHOANALYSIS	93.94									X	X	
77	90845	MEDICAL PSYCHOANALYSIS	93.94	00	15							X	X	
73	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	95.72									X		
77	90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU	95.72	00	15							X		
73	90847	SPECIAL FAMILY THERAPY	99.75									X		
77	90847	SPECIAL FAMILY THERAPY	99.75	00	15							X		
73	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	36.43									X		
77	90849	MULTIPLE FAMILY GROUP PSYCHOTHER	36.43	00	15							X		
73	90853	GROUP PSYCHOTHERAPY Y	26.63							X		X		
77	90853	GROUP PSYCHOTHERAPY Y	26.63	00	15					X		X		
73	90870	ELECTROCONLULSIVE THERAPY	168.75									X		
77	90870	ELECTROCONLULSIVE THERAPY	168.75	00	15							X		
73	90880	MEDICAL HYPNOTHERAPY	103.32									X		
77	90880	MEDICAL HYPNOTHERAPY	103.32	00	15							X		
73	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	71.55											
77	90935	HEMODIALYSIS PROC W/ SINGLE MD EVAL.	71.55	00	15									
73	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	101.43											
77	90937	HEMODIAL-W/REPEAT EVAL.W/W/O CHANGES	101.43	00	15									
73	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	84.69											
77	90945	DIAL.PROC(EG,PERITONEAL..),SINGLE	84.69	00	15									
73	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	122.51											
77	90947	DIALYSIS PROCEDURE REQUIRING REPEAT	122.51	00	15									
73	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,172.55	00	01					X				
77	90951	END-STAGE RENAL DISEASE (ESRD) RELAT	1,172.55	00	01					X				
73	90954	END-STATE RENAL DISEASE (ESRD) RELAT	1,005.66	02	11					X				
77	90954	END-STAGE RENAL DISEASE (ESRD) RELAT	1,005.66	02	11					X				
73	90955	END-STATE REANL DISEASE (ESRD) RELAT	517.24	02	11					X				
77	90955	END-STAGE RENAL DISEASE (ESRD) RELAT	517.24	02	11					X				
73	90956	END-STATE RENAL DISEASE (ESRD) RELAT	344.18	02	11					X				
77	90956	END-STAGE RENAL DISEASE (ESRD) RELAT	344.18	02	11					X				
73	90957	END-STATE RENAL DISEASE (ESRD) RELAT	766.75	12	19					X				
77	90957	END-STAGE RENAL DISEASE (ESRD) RELAT	766.75	12	15					X				
73	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	497.67	12	19					X				
77	90958	END-STAGE RENAL DISEASE (ESRD) RELAT	497.67	12	15					X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	322.59	12	19					X				
77	90959	END-STAGE RENAL DISEASE (ESRD) RELAT	322.59	12	15					X				
73	90960	END-STAGE RENAL DISEASE (ESRD) RELAT	350.46	20	99					X				
73	90961	END-STAGE RENAL DISEASE (ESRD) RELAT	291.38	20	99					X				
73	90962	END-STAGE RENAL DISEASE (ESRD) RELAT	199.80	20	99					X				
73	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	604.53	00	01					X				
77	90963	END-STAGE RENAL DISEASE (ESRD) RELAT	604.53	00	01					X				
73	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	518.54	02	11					X				
77	90964	END-STAGE RENAL DISEASE (ESRD) RELAT	518.54	02	11					X				
73	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	496.11	12	19					X				
77	90965	END-STAGE RENAL DISEASE (ESRD) RELAT	496.11	12	15					X				
73	90966	END-STAGE RENAL DISEASE (ESRD) RELAT	291.06	20	99					X				
73	90967	END-STAGE REANL DISEASE (ESRD) RELAT	17.53	00	01									
77	90967	END-STAGE RENAL DISEASE (ESRD) RELAT	17.53	00	01									
73	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	17.19	02	11									
77	90968	END-STAGE RENAL DISEASE (ESRD) RELAT	17.19	02	11									
73	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	16.85	12	19									
77	90969	END-STAGE RENAL DISEASE (ESRD) RELAT	16.85	12	15									
73	90970	END-STAGE RENAL DISEASE (ESRD) RELAT	9.41	20	99									
73	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	87.71											
77	90997	HEMOPERFUSION(EG-CHARCOAL/RESIN)	87.71	00	15									
75	91010	MEASUREMENT OF ESOPHAGEAL SWALLOWING	63.57											
75	91013	MEASUREMENT OF ESOPHAGEAL SWALLOWING	9.10											
75	91020	ESOPHACOGASTRIC MANOMETRIC STUDIES	70.94											
75	91022	DUODENAL MOTILITY STUDY	70.94											
75	91030	ACID PERFUSION FOR ESOPHAGITIS	45.36											
75	91034	GASTROESOPHAGEAL REFLUX TEST	49.26											
75	91035	G-ESOPH REFLX TST W/ELECTROD	80.94											
75	91037	ESOPH IMPED FUNCTION TEST	48.03											
75	91038	ESOPH IMPED FUNCT TEST > 1H	54.34											
75	91040	ESOPH BALLOON DISTENSION TST	49.08											
75	91110	GI TRACT IMAGING, INTRALUMINAL	110.21											
73	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	134.67											
77	91117	COLON MOTILITY (MANOMETRIC) STUDY, M	134.67	00	15									
75	91120	RECTAL SENSATION TEST	47.40											
75	91122	ANORECTAL MANOMETRY	87.09											
75	91200	LIVER ELASTOGRAPHY, MECHANICALLY IND	10.43							X				
73	92002	EYE EXAM; INTERMEDIATE; NEW PT	82.62											
77	92002	EYE EXAM; INTERMEDIATE; NEW PT	82.62	00	15									
73	92004	EYE EXAM; COMPREHENSIVE; NEW PT	145.15											
77	92004	EYE EXAM; COMPREHENSIVE; NEW PT	145.15	00	15									
73	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	87.10											
77	92012	EYE EXAM; INTERMEDIATE; ESTABL PT	87.10	00	15									
73	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	122.41											
77	92014	EYE EXAM; COMPREHENSIVE; ESTABL PT	122.41	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	92018	EYE EXAM W/ANESTHESIA-COMPLETE	136.20										
77	92018	EYE EXAM W/ANESTHESIA-COMPLETE	136.20	00 15									
73	92019	EYE EXAM W/ANESTHESIA-LIMITED	70.32										
77	92019	EYE EXAM W/ANESTHESIA-LIMITED	70.32	00 15									
73	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	26.92										
77	92020	GONIOSCOPY W/DIAGNOSTIC EVALUATION	26.92	00 15									
75	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNI	18.97										
75	92060	SENSORIMOTOR EXAM EYE	35.89										
75	92065	ORTHOPTIC / PLEOPTIC TRAINING	32.46										
75	92081	TANGENT SCREEN; AUTOPLOT	15.70										
75	92082	QUANTITATIVE PERIMETRY	20.36										
75	92083	MEASUREMENT OF FIELD OF VISION DURIN	26.28										
73	92100	SERIAL TONOGRAPHY W/EVALUATION	81.99										
77	92100	SERIAL TONOGRAPHY W/EVALUATION	81.99	00 15									
75	92132	SCANNING COMPUTERIZED OPHTHALMIC DIA	16.01										
75	92133	SCANNING COMPUTERIZED OPHTHALMIC DIA	20.99										
75	92134	SCANNING COMPUTERIZED OPHTHALMIC DIA	24.26										
75	92136	OPHTHALMIC BIOMETRY	29.53										
75	92145	CORNEAL HYSTERESIS DETERMINATION, BY	5.43										
73	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.28										
77	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETIN	24.28	00 15									
73	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.29										
77	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWI	15.29	00 15									
73	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	107.84										
77	92230	OPHTHALMOSCOPY W/ANGIOSCOPY	107.84	00 15									
75	92235	OPTHALMOSCOPY W ANGLAOGRAPHY	41.08									X	
75	92240	ICG ANGIOGRAPHY	46.92										
75	92242	FLUORESCEIN ANGIOGRAPHY AND INDOCYAN	53.36										
75	92250	OPHTHALMOSCOPY W FUNDUS PHOTO	20.67										
73	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.25										
77	92260	OPHTHALMOSCOPY W/DYNAMOMETRY	19.25	00 15									
75	92265	OCULOELECTROMYOGRAPHY	44.39										
75	92270	ELECTRO-OCULOGRAPHY	40.91										
75	92273	ELECTRORETINOGRAPHY (ERG), WITH INTE	35.57										
75	92274	ELECTRORETINOGRAPHY (ERG), WITH INTE	32.23										
75	92283	COLOR VISION EXAMINATION	8.76										
75	92284	DARK ADAPTATION EXAMINATION	12.06										
75	92285	EXTERNAL OCULAR PHOTOGRAPHY	3.11										
75	92286	SPECULAR ENDOTHELIAL MICROSCOPY	20.99										
73	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	93.75										
77	92502	OTOLARYNGOLOGIC EXAM UNDER ANESTHESI	93.75	00 15									
77	92507	SPEECH LANGUAGE HEARING THERAPY	75.67	00 02		X							
77	92508	SPEECH LANGUAGE HEARING THERAPY	23.35	00 02		X							
73	92511	NASOPHARYNGOSCOPY	113.87										
77	92511	NASOPHARYNGOSCOPY	113.87	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	75.45											
77	92517	VESTIBULAR EVOKED MYOGENIC POTENTIAL	75.45	00	15									
73	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	77.97											
77	92518	VESTIBULAR EVOKED MYOGENIC POTENTIAL	77.97	00	15									
73	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	128.84											
77	92519	VESTIBULAR EVOKED MYOGENIC POTENTIAL	128.84	00	15									
73	92521	EVALUATION OF SPEECH FLUENCY	131.25	01	99		X		X	X				
77	92521	EVALUATION OF SPEECH FLUENCY	131.25	00	15		X		X	X				
73	92522	EVALUATE SPEECH PRODUCTION	110.09	01	99		X		X	X				
77	92522	EVALUATE SPEECH PRODUCTION	110.09	00	15		X		X	X				
73	92523	SPEECH SOUND LANG COMPREHENSION	224.99	01	99		X		X	X				
77	92523	SPEECH SOUND LANG COMPREHENSION	224.99	00	15		X		X	X				
73	92524	BEHAVRAL QUALIT ANALYS VOICE	108.83	01	99		X		X	X				
77	92524	BEHAVRAL QUALIT ANALYS VOICE	108.83	00	15		X		X	X				
73	92526	ORAL FUNCTION THERAPY	83.66											
77	92526	ORAL FUNCTION THERAPY	83.66	00	15									
75	92537	CALORIC VESTIBULAR TEST WITH RECORDI	30.30											
75	92538	CALORIC VESTIBULAR TEST WITH RECORDI	15.70											
75	92540	BASIC VESTIBULAR EVALUATION, INCLUDE	76.45											
75	92541	SPONTANEOUS NYSTAGMUS W/RECORDING	20.67											
75	92542	POSITIONAL NYSTAGMUS W/RECORDING	24.33											
75	92544	OPTOKINETIC NYSTAGMUS W/RECORDING	14.05											
75	92545	OSCILLATING TRACKING W/RECORDING	13.05											
75	92546	TORSION SWING TEST W/RECORDING	14.73											
75	92548	POSTUROGRAPHY	33.14											
75	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY	43.90											
73	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	21.82							X				
77	92550	TYMPANOMETRY AND REFLEX THRESHOLD ME	21.82	00	15					X				
73	92557	BASIC COMPREHENSIVE AUDIOMETRY	36.46							X				
77	92557	BASIC COMPREHENSIVE AUDIOMETRY	36.46	00	15					X				
73	92567	TYMPANOMETRY	16.10							X				
77	92567	TYMPANOMETRY	16.10	00	15					X				
73	92568	ACOUSTIC REFLEX TESTING	15.50							X				
77	92568	ACOUSTIC REFLEX TESTING	15.50	00	15					X				
73	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	31.91							X				
77	92570	ACOUSTIC IMMITTANCE TESTING INCLUDE	31.91	00	15					X				
73	92579	VISUAL AUDIOMETRY (VRA)	44.27							X				
77	92579	VISUAL AUDIOMETRY (VRA)	44.27	00	15					X				
73	92584	ELECTROCOCHLEOGRAPHY	109.73							X				
77	92584	ELECTROCOCHLEOGRAPHY	109.73	00	15					X				
75	92587	DISTORTION PRODUCT EVOKED OTOACOUSTI	17.71											
75	92588	DISTORTION PRODUCT EVOKED OTOACOUSTI	28.29											
73	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	157.93	01	06					X				
77	92601	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	157.93	01	06					X				
73	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	99.69	01	06					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	92602	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	99.69	01	06					X				
73	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	148.34	07	99					X				
77	92603	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	148.34	07	99					X				
73	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	89.45	07	99					X				
77	92604	DIAGNOSTIC ANALYSIS OF COCHLEAR IMPL	89.45	07	99					X				
73	92610	EVALUATE SWALLOWING FUNCTION	83.57											
77	92610	EVALUATE SWALLOWING FUNCTION	83.57	00	15									
73	92611	MOTION FLUOROSCOPY/SWALLOW	90.54											
77	92611	MOTION FLUOROSCOPY/SWALLOW	90.54	00	15									
73	92612	ENDOSCOPY SWALLOW TST	189.65											
77	92612	ENDOSCOPY SWALLOW TST	189.65	00	15									
73	92620	AUDITORY FUNCTION, 60 MIN	87.79											
77	92620	AUDITORY FUNCTION, 60 MIN	87.79	00	15									
73	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	21.50										X	
77	92621	EVALUATION OF CENTRAL AUDITORY FUNCT	21.50	00	15								X	
73	92625	TINNITUS ASSESSMENT	67.41											
77	92625	TINNITUS ASSESSMENT	67.41	00	15									
73	92626	EVAL AUD REHAB STATUS	85.69	02	99		X		X					
77	92626	EVAL AUD REHAB STATUS	85.69	02	15		X		X					
73	92627	EVAL AUD STATUS REHAB ADD-ON	20.20	02	99		X		X				X	
77	92627	EVAL AUD STATUS REHAB ADD-ON	20.20	02	15		X		X				X	
73	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	108.03											
77	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING	108.03	00	15									
73	92651	AUDITORY EVOKED POTENTIALS; SCREEN	82.86	00	20									
77	92651	AUDITORY EVOKED POTENTIALS; SCREEN	82.86	00	15									
73	92652	AUDITORY EVOKED POTENTIALS; SCREEN	111.46	00	20									
77	92652	AUDITORY EVOKED POTENTIALS; SCREEN	111.46	00	15									
73	92653	AUDITORY EVOKED POTENTIALS; SCREEN	82.94	00	20									
77	92653	AUDITORY EVOKED POTENTIALS; SCREEN	82.94	00	15									
73	92920	BALLOON DILATION OF NARROWED OR BLOC	539.62											
77	92920	BALLOON DILATION OF NARROWED OR BLOC	539.62	00	15									
73	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	645.29											
77	92924	PERCUTANEOUS TRANSLUMINAL CORONARY A	645.29	00	15									
73	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	602.07											
77	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT	602.07	00	15									
73	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	674.66											
77	92933	PERCUTANEOUS TRANSLUMINAL CORONARY A	674.66	00	15									
73	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	601.42											
77	92937	PERCUTANEOUS TRANSLUMINAL REVASCULAR	601.42	00	15									
73	92941	INSERTION OF STENT, REMOVAL OF PLAQU	675.06											
77	92941	INSERTION OF STENT, REMOVAL OF PLAQU	675.06	00	15									
73	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	676.10											
77	92943	PERCUTANEOUS TRANSLUMINAL REVASCULAR	676.10	00	15									
73	92950	CARDIOPULMONARY RESUSCITATION	322.51										X	
77	92950	CARDIOPULMONARY RESUSCITATION	322.51	00	15								X	

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
73	92960	ELECTRICAL CARDIOVERSION	153.08									X	
77	92960	ELECTRICAL CARDIOVERSION	153.08	00 15								X	
73	92961	CARDIOVERSION, ELECTRIC, INT	249.16										
77	92961	CARDIOVERSION, ELECTRIC, INT	249.16	00 15									
73	92970	CARDIOASSIST, INTERNAL	192.76										
77	92970	CARDIOASSIST, INTERNAL	192.76	00 15									
73	92971	CARDIOASSIST, EXTERNAL	102.33										
77	92971	CARDIOASSIST, EXTERNAL	102.33	00 15									
73	92973	PERCUT CORONARY THROMBECTOMY	179.55										
77	92973	PERCUT CORONARY THROMBECTOMY	179.55	00 15									
73	92974	CATH PLACE, CARDIO BRACHYTX	164.47										
77	92974	CATH PLACE, CARDIO BRACHYTX	164.47	00 15									
75	92978	INTRAVASCULAR US, HEART	96.19										
75	92979	INTRAVASCULAR US, HEART	76.54									X	
73	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,344.45										
77	92986	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,344.45	00 15									
73	92987	REVISION OF MITRAL VALVE	1,391.10										
77	92987	REVISION OF MITRAL VALVE	1,391.10	00 15									
73	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,109.59										
77	92990	PERCUTANEOUS BALLOON VALVULOPLASTY;	1,109.59	00 15									
73	92997	PUL ART BALLOON REPAIR, PERC	648.55										
77	92997	PUL ART BALLOON REPAIR, PERC	648.55	00 15									
73	92998	PUL ART BALLOON REPAIR, PERC	324.59									X	
77	92998	PUL ART BALLOON REPAIR, PERC	324.59	00 15								X	
73	93010	ECG; INTERPRETATION AND REPORT	8.12									X	
77	93010	ECG; INTERPRETATION AND REPORT	8.12	00 15								X	
73	93016	CARDIOVASCULAR STRESS TEST USING MAX	20.79										
77	93016	CARDIOVASCULAR STRESS TEST USING MAX	20.79	00 15									
73	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	13.80										
77	93018	CARDIOVASCULAR STRESS; INTERPRET/REP	13.80	00 15									
73	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	6.81									X	
77	93042	RHYTHM ECG; INTERPRET+REPORT ONLY	6.81	00 15								X	
75	93050	ARTERIAL PRESSURE WAVEFORM ANALYSIS	8.12										
73	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	18.12										
77	93227	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	18.12	00 15									
73	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	25.39						X				
77	93228	EXTERNAL MOBILE CARDIOVASCULAR TELEM	25.39	00 15					X				
73	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	23.26										
77	93244	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	23.26	00 15									
73	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	25.59										
77	93248	EXTERNAL ELECTROCARDIOGRAPHIC RECORD	25.59	00 15									
75	93260	PROGRAMMING DEVICE EVALUATION (IN PE	41.75										
75	93261	INTERROGATION DEVICE EVALUATION (IN	35.51										
73	93264	REMOTE MONITORING OF A WIRELESS PULM	50.03	16 99					X				
77	93264	REMOTE MONITORING OF A WIRELESS PULM	50.03	00 15					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
73	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	23.93						X				
77	93272	EXTERNAL PATIENT AND, WHEN PERFORMED	23.93	00 15					X				
75	93278	SIGNAL AVERAGED ELECTROCARDIOGRAPHY	12.10										
75	93279	PROGRAMMING DEVICE EVALUATION WITH I	30.88										
75	93280	PROGRAMMING DEVICE EVALUATION WITH I	36.54										
75	93281	PROGRAMMING DEVICE EVALUATION WITH I	41.42										
75	93282	PROGRAMMING DEVICE EVALUATION WITH I	41.42										
75	93283	PROGRAMMING DEVICE EVALUATION WITH I	55.40										
75	93284	PROGRAMMING DEVICE EVALUATION WITH I	60.06										
75	93285	PROGRAMMING DEVICE EVALUATION WITH I	25.21										
75	93286	PERI-PROCEDURAL DEVICE EVALUATION AN	14.44										
75	93287	PERI-PROCEDURAL DEVICE EVALUATION AN	21.74										
75	93288	INTERROGATION DEVICE EVALUATION (IN	20.11										
75	93289	INTERROGATION DEVICE EVALUATION (IN	36.45										
75	93290	INTERROGATION DEVICE EVALUATION (IN	20.88										
75	93291	INTERROGATION DEVICE EVALUATION (IN	17.76										
75	93292	INTERROGATION DEVICE EVALUATION (IN	20.57										
75	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAK	14.14						X				
73	93294	INTERROGATION DEVICE EVALUATION(S) (	29.77						X				
77	93294	INTERROGATION DEVICE EVALUATION(S) (	29.77	00 15					X				
73	93295	INTERROGATION DEVICE EVALUATION(S) (	36.43						X				
77	93295	INTERROGATION DEVICE EVALUATION(S) (	36.43	00 15					X				
73	93297	INTERROGATION DEVICE EVALUATION(S),	25.80						X				
77	93297	INTERROGATION DEVICE EVALUATION(S),	25.80	00 15					X				
73	93298	INTERROGATION DEVICE EVALUATION(S),	26.12						X				
77	93298	INTERROGATION DEVICE EVALUATION(S),	26.12	00 15					X				
75	93303	ECHO TRANSTHORACIC	60.49										
75	93304	ECHO TRANSTHORACIC	35.81										
75	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	67.50										
75	93307	ECHOCARDIOGRAPHY; REAL-TIME SCAN, CO	43.17										
75	93308	ECHOCARDIOGRAPHY,REAL TINE-LIM	24.59										
75	93312	ECHOCARDIOGRAPHY,....TRANSESOPHAGEAL	105.11										
73	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.32										
77	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	11.32	00 15									
75	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMA	89.97										
75	93315	ECHO TRANSESOPHAGEAL	124.63										
73	93316	ECHO TRANSESOPHAGEAL	25.67								X		
77	93316	ECHO TRANSESOPHAGEAL	25.67	00 15							X		
75	93317	ECHO TRANSESOPHAGEAL	87.25										
75	93318	ECHO TRANSESOPHAGEAL INTRAOP	101.21										
73	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	53.88										
77	93319	3D ECHOCARDIOLOGRAPHIC IMAGING AND	53.88	00 15									
75	93320	DOPPLER ECHOCARDIOGRAPHY	17.46										
75	93321	DOPPLER ECHOCARDIOGRAPHY,FOLLOW-UP	7.13										
75	93325	DOPPLER COLOR FLOW VELOCITY MAPPING	3.01										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	93350	ECG,REAL-TIME,WINTER + REPORT	67.50										
75	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REA	81.43										
73	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	222.89										
77	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (T	222.89	00 15									
73	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	35.92										
77	93356	MYCOCARDIAL STRAIN IMAGING USING SPE	35.92	00 15									
75	93451	RIGHT HEART CATHETERIZATION INCLUDIN	132.21										
75	93452	LEFT HEART CATHETERIZATION INCLUDING	238.52										
75	93453	COMBINED RIGHT AND LEFT HEART CATHET	319.66										
75	93454	CATHETER PLACEMENT IN CORONARY ARTER	241.24										
75	93455	CATHETER PLACEMENT IN CORONARY ARTER	281.30										
75	93456	CATHETER PLACEMENT IN CORONARY ARTER	314.28										
75	93457	CATHETER PLACEMENT IN CORONARY ARTER	352.91										
75	93458	CATHETER PLACEMENT IN CORONARY ARTER	297.71										
75	93459	CATHETER PLACEMENT IN CORONARY ARTER	337.78										
75	93460	CATHETER PLACEMENT IN CORONARY ARTER	378.15										
75	93461	CATHETER PLACEMENT IN CORONARY ARTER	417.89										
73	93462	LEFT HEART CATHETERIZATION BY TRANSS	213.29										
77	93462	LEFT HEART CATHETERIZATION BY TRANSS	213.29	00 15									
73	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	97.77										
77	93463	PHARMACOLOGIC AGENT ADMINISTRATION (	97.77	00 15									
75	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICY	87.30										
73	93503	INSERTION AND PLACEMENT OF FLOW DIR	88.74										
77	93503	INSERTION AND PLACEMENT OF FLOW DIR	88.74	00 15									
75	93505	ENDOCARDIAL BIOPSY	228.71										
73	93563	INJECTION PROCEDURE DURING CARDIAC C	52.75										
77	93563	INJECTION PROCEDURE DURING CARDIAC C	52.75	00 15									
73	93564	INJECTION PROCEDURE DURING CARDIAC C	56.51										
77	93564	INJECTION PROCEDURE DURING CARDIAC C	56.51	00 15									
73	93565	INJECTION PROCEDURE DURING CARDIAC C	27.81										
77	93565	INJECTION PROCEDURE DURING CARDIAC C	27.81	00 15									
73	93566	INJECTION PROCEDURE DURING CARDIAC C	27.22										
77	93566	INJECTION PROCEDURE DURING CARDIAC C	27.22	00 15									
73	93567	INJECTION PROCEDURE DURING CARDIAC C	39.09										
77	93567	INJECTION PROCEDURE DURING CARDIAC C	39.09	00 15									
73	93568	INJECTION PROCEDURE DURING CARDIAC C	48.33										
77	93568	INJECTION PROCEDURE DURING CARDIAC C	48.33	00 15									
73	93569	INJECTION PROCEDURE DURING CARDIAC	37.75										
77	93569	INJECTION PROCEDURE DURING CARDIAC	37.75	00 15									
75	93571	HEART FLOW RESERVE MEASURE	73.41										
75	93572	HEART FLOW RESERVE MEASURE	53.35										
73	93573	INJECTION PROCEDURE DURING CARDIAC	62.91										
77	93573	INJECTION PROCEDURE DURING CARDIAC	62.91	00 15									
73	93574	INJECTION PROCEDURE DURING CARDIAC	69.24									X	
77	93574	INJECTION PROCEDURE DURING CARDIAC	69.24	00 15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	93575	INJECTION PROCEDURE DURING CARDIAC	92.74										
77	93575	INJECTION PROCEDURE DURING CARDIAC	92.74	00 15									
73	93580	TRANSCATH CLOSURE OF ASD	994.12										
77	93580	TRANSCATH CLOSURE OF ASD	994.12	00 15									
73	93581	TRANSCATH CLOSURE OF VSD	1,352.59										
77	93581	TRANSCATH CLOSURE OF VSD	1,352.59	00 15									
73	93582	Closure of congenital heart defect f	676.85										
77	93582	Closure of congenital heart defect f	676.85	00 15									
73	93583	Therapy for reduction of lower heart	756.85										
77	93583	Therapy for reduction of lower heart	756.85	00 15									
73	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,063.56										
77	93590	PERCUTANEOUS TRANSCATHETER CLOSURE O	1,063.56	00 15									
73	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	875.27										
77	93591	PERCUTANEOUS TRANSCATHETER CLOSURE O	875.27	00 15									
73	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	387.49									X	
77	93592	PERCUTANEOUS TRANSCATHETER CLOSURE O	387.49	00 15								X	
75	93593	RIGHT HEART CATHETERIZATION FOR CONG	185.76										
75	93594	RIGHT HEART CATH...ABN NATIVE CONN	287.74										
75	93595	LEFT HEART CATHETERIZATION FOR CONG	259.19										
75	93596	RIGHT AND LEFT HEART CATHETERIZATION	317.49										
75	93597	R/L HEART CATH...ABN NATIVE CONN	418.21										
75	93598	CARDIAC OUTPUT MEASUREMENT(S), THERM	68.40										
75	93600	BUNDLE OF HIS RECORDING	119.27										
75	93602	INTRA-ATRIAL RECORDING	116.01										
75	93603	RIGHT VENTRICULAR RECORDING	116.01		X								
75	93609	INTRAVENTRICULAR A/O INTR-ATRIAL MA	278.18										
75	93610	INTR-ATRIAL PAGING	164.42										
75	93612	INTRAVENTRICULAR PACING	161.47										
73	93613	ELECTROPHYS MAP, 3D, ADD-ON	300.11										
77	93613	ELECTROPHYS MAP, 3D, ADD-ON	300.11	00 15									
75	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECT	36.14										
75	93618	INDUCE ARRHYTHMIA BY ELEC. PACING	220.75										
75	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVA	391.22										
75	93620	COMP ELECTROPHSIO EVAL W E ATRIAL	629.95										
75	93621	COMP ELECTROPHYSIO EVAL W LEFT ATRIA	83.45										
75	93622	COMP ELECTROPHYSIO EVAL W L VENTRI	172.75										
75	93623	PROGRAMMED STIMULATION & PACING	82.07										
75	93624	ELETROPHYSIO LOGIC FOLLOW-UP STUDY	251.66										
75	93631	INTRA-OPERATIVE CARDIAC PACING & MAP	403.80										
75	93640	ELECTROPHYSIOLOGIC EVAL OF CARDIOVER	178.95										
75	93641	ELECTROPHYSIOLOGIC EVALUATION OF CAR	314.10										
75	93642	ELECTROPHYSIOLOGIC EVALUATION OF CAR	255.96										
75	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUB	140.31										
73	93650	INTRACARDIAC CATHETER ABLATION OF	599.42										
77	93650	INTRACARDIAC CATHETER ABLATION OF	599.42	00 15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	93653	EVALUATION AND INSERTION OF CATHETER	862.26										
77	93653	EVALUATION AND INSERTION OF CATHETER	862.26	00 15									
73	93654	EVALUATION AND INSERTION OF CATHETER	1,039.39										
77	93654	EVALUATION AND INSERTION OF CATHETER	1,039.39	00 15									
73	93655	INTRACARDIAC CATHETER ABLATION OF A	316.12										
77	93655	INTRACARDIAC CATHETER ABLATION OF A	316.12	00 15									
73	93656	EVALUATION AND INSERTION OF CATHETER	977.84										
77	93656	EVALUATION AND INSERTION OF CATHETER	977.84	00 15									
75	93657	ADDITIONAL LINEAR OR FOCAL INTRACARD	334.33										
75	93660	AUTONOMIC NERVOUS SYSTEM EVALUATION	89.97										
75	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARD	234.73										
73	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.31										
77	93793	ANTICOAGULANT MANAGEMENT FOR A PATIE	11.31	00 15									
75	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES	38.57										
75	93882	DUPLEX SCAN OF ARTERIES FOLLOW UP	24.58										
75	93886	TRANSCRANIAL DOPPLER STUDY OF TH INT	45.04										
75	93888	TRANSCRANIAL DOPPLER STUDY OF THE	25.12										
75	93892	TCD, EMBOLI DETECT W/O INJ	58.20										
75	93893	TCD, EMBOLI DETECT W/INJ	59.44										
75	93922	ULTRASOUND STUDY OF ARTERIES OF BOTH	12.52										
75	93923	COMPLETE BILATERAL NONINVASIVE PHYSI	22.12										
75	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF L	24.44										
75	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTER	37.48										
75	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTER	22.90										
75	93930	DUPLEX SCAN OF LOWER EXT ARTERIES OR	38.39										
75	93931	DUPLEX SCAN OF UPPER EXT ARTERIOR AR	23.22										
75	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLU	33.45										
75	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLU	21.53										
75	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND	55.95										
75	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND	37.83										
75	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA	38.67										
75	93979	DUPLEX SCAN OF AORTA INFER VENA CAV	23.22										
75	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND V	58.49				M						
75	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND V	21.50				M						
75	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND	38.95										
75	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND	24.27										
75	93990	DOPPLER FLOW TESTING	24.09										
73	94002	VENTILATION ASSIST AND MANAGEMENT, I	92.37										
77	94002	VENTILATION ASSIST AND MANAGEMENT, I	92.37	00 15									
73	94003	VENTILATION ASSIST AND MANAGEMENT, I	64.48										
77	94003	VENTILATION ASSIST AND MANAGEMENT, I	64.48	00 15									
73	94004	VENTILATION ASSIST AND MANAGEMENT, I	47.71										
77	94004	VENTILATION ASSIST AND MANAGEMENT, I	47.71	00 15									
75	94010	SPIROMETRY WITH GRAPH, VITAL CAPACIT	8.12										
73	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	85.10	00 02									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	94011	MEASUREMENT OF SPIROMETRIC FORCED EX	85.10	00	02									
73	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	137.96	00	02									
77	94012	MEASUREMENT OF SPIROMETRIC FORCED EX	137.96	00	02									
73	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	19.21	00	02									
77	94013	MEASUREMENT OF LUNG VOLUMES (IE, FUN	19.21	00	02									
73	94016	REVIEW PATIENT SPIROMETRY	24.25											
77	94016	REVIEW PATIENT SPIROMETRY	24.25	00	15									
75	94060	BRONCHOSPASM EVALUATION	10.14											
75	94070	BRONCHOSPASM EVALUATION, PROLONGED	27.29											
75	94200	MAXIMUM BREATHING CAPACITY	2.79											
75	94375	RESPIRATORY FLOW VOLUME LOOP	14.14											
75	94450	HYPOXIA RESPONSE CURVE	19.55											
75	94452	HAST W/REPORT	13.82											
75	94453	HAST W/OXYGEN TITRATE	18.28											
75	94617	EXERCISE TEST FOR BRONCHOSPASM, INCL	31.18											
75	94618	PULMONARY STRESS TESTING (EG, 6-MINU	21.95											
75	94619	EXERCISE TEST FOR BRONCHOSPASM, INCL	22.29											
75	94621	PULM STRESS TEST/COMPLEX	67.34											
73	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	56.08									X		
77	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH	56.08	00	15							X		
73	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	74.56									X		
77	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH	74.56	00	15							X		
73	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	62.03											
77	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE	62.03	00	15									
73	94662	CONTINUOUS NEGATIVE PRESSURE	35.17											
77	94662	CONTINUOUS NEGATIVE PRESSURE	35.17	00	15									
75	94680	OXYGEN UPTAKE; DIRECT, SIMPLE	12.58										X	
75	94681	OXYGEN UPTAKE W/ CO2 OUTPUT	9.46										X	
75	94690	OXYGEN UPTAKE; REST, INDIRECT	3.78										X	
75	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF	11.81											
75	94727	GAS DILUTION OR WASHOUT FOR DETERMIN	11.81											
75	94728	AIRWAY RESISTANCE BY IMPULSE OSCILLO	12.12											
75	94729	DIFFUSING CAPACITY (EG, CARBON MONOX	8.81											
73	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.35											
77	94780	CAR SEAT/BED TESTING FOR AIRWAY INTE	50.35	00	15									
73	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.82											
77	94781	CAR SEAT/BED TESTING FOR AIRWAY INTE	19.82	00	15									
73	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	3.96										X	
77	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTUR	3.96	00	15								X	
73	95017	ALLERGY TESTING, ANY COMBINATION OF	8.53										X	
77	95017	ALLERGY TESTING, ANY COMBINATION OF	8.53	00	15								X	
73	95018	ALLERGY TESTING, ANY COMBINATION OF	19.43										X	
77	95018	ALLERGY TESTING, ANY COMBINATION OF	19.43	00	15								X	
73	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.74										X	
77	95024	INTRACUTANEOUS (INTRADERMAL) TESTS W	7.74	00	15								X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	118.13										
77	95076	INGESTION OF TEST ITEMS FOR ALLERGIE	118.13	00 15									
73	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	83.40										
77	95079	INGESTION CHALLENGE TEST (SEQUENTIAL	83.40	00 15									
73	95144	PROFESSIONAL SERVICES FOR THE SUPERV	16.08									X	
77	95144	PROFESSIONAL SERVICES FOR THE SUPERV	16.08	00 15								X	
73	95145	PROFESSIONAL SERVICES FOR THE SUPERV	31.57									X	
77	95145	PROFESSIONAL SERVICES FOR THE SUPERV	31.57	00 15								X	
73	95146	PROFESSIONAL SERVICES FOR THE SUPERV	57.80									X	
77	95146	PROFESSIONAL SERVICES FOR THE SUPERV	57.80	00 15								X	
73	95147	PROFESSIONAL SERVICES FOR THE SUPERV	55.91									X	
77	95147	PROFESSIONAL SERVICES FOR THE SUPERV	55.91	00 15								X	
73	95165	PROFESSIONAL SERVICES FOR THE SUPERV	14.51						X			X	
77	95165	PROFESSIONAL SERVICES FOR THE SUPERV	14.51	00 15					X			X	
73	95170	PROFESSIONAL SERVICES FOR THE SUPERV	11.03									X	
77	95170	MD SUPER/PROV;WHOLE BODY EXTRACT	11.03	00 15								X	
73	95180	RAPID DESENSITIZATION; EACH HOUR	134.46		X							X	
77	95180	RAPID DESENSITIZATION; EACH HOUR	134.46	00 15	X							X	
73	95251	GLUC MONITOR, CONT, PHYS I&R	34.43										
77	95251	GLUC MONITOR, CONT, PHYS I&R	34.43	00 15									
73	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	101.17										
77	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUO	101.17	00 15									
73	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	133.98										
77	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUO	133.98	00 15									
73	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	157.38										
77	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUO	157.38	00 15									
73	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	207.28										
77	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUO	207.28	00 15									
73	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	206.51										
77	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUO	206.51	00 15									
73	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	251.63										
77	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUO	251.63	00 15									
73	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	252.42										
77	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUO	252.42	00 15									
73	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	317.92										
77	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUO	317.92	00 15									
73	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	288.92										
77	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUO	288.92	00 15									
73	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	404.49										
77	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUO	404.49	00 15									
75	95782	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	121.62	00 05									
75	95783	POLYSOMNOGRAPHY;YOUNGER THAN 6 YEARS	132.87	00 05									
75	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOU	40.16										
75	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOU	40.16										
75	95805	MULTIPLE SLEEP LATENCY OR MAINTEN...	56.15										

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	95806	SLEEP STUDY, UNATTENDED	43.51										
75	95807	SLEEP STUDY, SIMULTANEOUS RECORDING	58.23										
75	95808	POLYSOMNOGRAPHY; ANY AGE, SLEEP STA	81.72										
75	95810	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	116.92	06 99									
75	95811	POLYSOMNOGRAPHY;AGE 6 YEARS OR OLDER	121.27	06 99									
75	95812	ELECTROENCEPHALOGRAM (EEG)	55.24										
75	95813	ELECTROENCEPHALOGRAM (EEG)	83.81										
75	95816	ELECTROENCEPHALOGRAM (EEG); INCL	55.24										
75	95819	ELECTROENCEPHALOGRAM (EEG); INCL	55.24										
75	95822	ELECTROENCEPHALOGRAM (EEG); INCL	55.55										
75	95824	ELECTROENCEPHALOGRAM (EEG); INCL	38.32									X	
75	95829	ELECTROCORTICOGRAM AT SURGERY	325.74										
73	95830	MD INSERT SPHENOIDAL ELECTRODE	661.13										
77	95830	MD INSERT SPHENOIDAL ELECTRODE	661.13	00 15									
73	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.43									X	
77	95851	RANGE OF MOTION;@ EXTREMITY,NO HANDS	20.43	00 15								X	
73	95852	RANGE OF MOTION; HAND	16.83										
77	95852	RANGE OF MOTION; HAND	16.83	00 15									
73	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	60.59										
77	95857	CHOLINESTERASE INHIBITOR CHALLENGE T	60.59	00 15									
75	95860	ELECTROMYOGRAPH;1 EXTREMITY&PARASPIN	49.58										
75	95861	ELECTROMYOGRAPH;2 EXTREMITIES&PARASP	79.49										
75	95863	ELECTROMYOGRAPH;3 EXTREMITIES&PARASP	96.83										
75	95864	ELECTROMYOGRAPH;4 EXTREMITIES&PARASP	103.41										
75	95865	MUSCLE TEST, LARYNX	80.36										
75	95866	MUSCLE TEST, HEMIDIAPHRAGM	62.59										
75	95867	ELECTROMYOGRAPH,CRAN.NERVE;UNILATER	40.96										
75	95868	ELECTROMYOGRAPH,CRAN NERVE;BILATERAL	60.53										
75	95869	ELECTROMYOGRAPHY;SPECIFIC MUSCLES...	19.47										
75	95870	MUSCLE TEST, NON-PARASPINAL	19.16										
75	95872	ELECTROMYOGRAPHY,SING FIBER,ANY TECH	147.87										
75	95873	GUIDE NERV DESTR, ELEC STIM	19.02										
75	95874	GUIDE NERV DESTR, NEEDLE EMG	19.02										
75	95875	ISCHEMIC LIMB EXCERCISE,EMG.....	56.55										
75	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	17.71									X	
75	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREM	44.61									X	
75	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMI	36.68										
75	95905	NEEDLE MEASUREMENT AND RECORDING OF	2.79									X	
75	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIE	51.57										
75	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIE	64.17										
75	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIE	77.36										
75	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIE	102.83										
75	95911	NERVE CONDUCTION STUDIES; 9-10 STUDI	128.30										
75	95912	NERVE CONDUCTION STUDIES; 11-12 STUD	153.78										
75	95913	NERVE CONDUCTION STUDIES; 13 OR MORE	182.23										

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	95919	QUANTITATIVE PUPILLOMETRY WITH PHYSI	9.73											
75	95925	SOMATOSENSORY TESTING,ONE > NERVES	28.06											
75	95926	SOMATOSENSORY TESTING	26.83											
75	95927	SOMATOSENSORY TESTING	26.51											
75	95928	C MOTOR EVOKED, UPPR LIMBS	77.50											
75	95929	C MOTOR EVOKED, LWR LIMBS	77.05											
75	95930	VISUAL EVOKED POTENTIAL TEST	18.02											
75	95933	BLINK REFLEX,ELECTRODIAGNOSTIC TEST	31.02											
75	95937	NEUROMUSCULAR JUNC.TEST; @ NERVE	34.00										X	
75	95938	SHORT-LATENCY SOMATOSENSORY EVOKED P	44.29											
75	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY	115.71											
73	95940	CONTINUOUS MONITORING OF NERVOUS SYS	31.99											
77	95940	CONTINUOUS MONITORING OF NERVOUS SYS	31.99	00	15									
75	95957	EEG DIGITAL ANALYSIS	99.62											
75	95958	WADA ACTIVATION TEST FOR HEMISPHERIC	219.60											
75	95961	FUNCT CORTICAL MAPPING BY STIM ELECT	159.55											
75	95962	FUNCT CORT MAP-EACH ADD HR PHY ATTEN	169.70											
75	95965	MEG, SPONTANEOUS	405.08											
75	95966	MEG, EVOKED, SINGLE	206.55											
75	95967	MAGNETOENCEPHALOGRAPHY (MEG), RECORD	181.22											
73	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.07											
77	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEU	19.07	00	15									
73	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	47.69											
77	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEU	47.69	00	15									
73	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	56.37						X					
77	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEU	56.37	00	15				X					
73	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	39.98											
77	95976	ELECTRONIC ANALYSIS OF IMPLANTED NEU	39.98	00	15									
73	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	52.98											
77	95977	ELECTRONIC ANALYSIS OF IMPLANTED NEU	52.98	00	15									
73	95991	REFILLING AND MAINTENANCE OF IMPLANT	107.49	04	99				X					
77	95991	REFILLING AND MAINTENANCE OF IMPLANT	107.49	04	15				X					
73	95992	CANALITH REPOSITIONING PROCEDURE(S)	43.09											
77	95992	CANALITH REPOSITIONING PROCEDURE(S)	43.09	00	15									
73	96000	MOTION ANALYSIS, VIDEO/3D	82.80											
77	96000	MOTION ANALYSIS, VIDEO/3D	82.80	00	15									
73	96001	MOTION TEST W/FT PRESS MEAS	110.44											
77	96001	MOTION TEST W/FT PRESS MEAS	110.44	00	15									
73	96002	DYNAMIC SURFACE EMG	21.75											
77	96002	DYNAMIC SURFACE EMG	21.75	00	15									
73	96003	DYNAMIC FINE WIRE EMG	16.49											
77	96003	DYNAMIC FINE WIRE EMG	16.49	00	15									
73	96004	PHYS REVIEW OF MOTION TESTS	108.84											
77	96004	PHYS REVIEW OF MOTION TESTS	108.84	00	15									
73	96105	ASSESSMENT OF APHASIA	97.15										X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	96105	ASSESSMENT OF APHASIA	97.15	00	15								X	
73	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	126.16	16	20					X				
77	96112	DEVELOPMENTAL TEST ADMINISTRATION BY	126.16	00	15					X				
73	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	59.50	16	20					X			X	
77	96113	DEVELOPMENTAL TEST ADMINISTRATION BY	59.50	00	15					X			X	
73	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	92.39							X				
77	96116	NEUROBEHAVIORAL STATUS EXAMINATION,	92.39	00	15					X				
73	96121	NEUROBEHAVIORAL STATUS EXAMINATION	75.37										X	
77	96121	NEUROBEHAVIORAL STATUS EXAMINATION	75.37	00	15								X	
73	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	128.76							X				
77	96132	NEUROPSYCHOLOGICAL TESTING EVALUATIO	128.76	00	15					X				
73	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	97.44							X				
77	96133	NEUROPSYCHOLOGICAL TESTING EVALUATIO	97.44	00	15					X				
73	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	94.57									X		
77	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-AS	94.57	00	15							X		
73	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	64.64									X		
77	96158	HEALTH BEHAVIOR INTERVENTION, INDIVI	64.64	00	15							X		
73	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	22.17									X	X	
77	96159	HEALTH BEHAVIOR INTERVENTION, INDIVI	22.17	00	15							X	X	
73	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	9.80									X		
77	96164	HEALTH BEHAVIOR INTERVENTION, GROUP,	9.80	00	15							X		
73	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.35									X	X	
77	96165	HEALTH BEHAVIOR INTERVENTION, GROUP,	4.35	00	15							X	X	
73	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	68.66									X		
77	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY	68.66	00	15							X		
73	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	24.18									X	X	
77	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY	24.18	00	15							X	X	
73	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	81.11											
77	96405	CHEMOTHERAPY ADMINISTRATION, INTRALE	81.11	00	15									
73	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	126.61											
77	96406	CHEMOTHERAPY ADMINISTRATION, INTRALE	126.61	00	15									
73	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	719.31											
77	96440	CHEMOTHERAPY ADMINISTRATION INTO PLE	719.31	00	15									
73	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	161.35											
77	96450	CHEMOTHERAPY ADMINISTRATION, INTO CN	161.35	00	15									
73	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	124.90											
77	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID	124.90	00	15									
73	96570	PHOTODYNAMIC TX, 30 MIN	56.43											
77	96570	PHOTODYNAMIC TX, 30 MIN	56.43	00	15									
73	96571	PHOTODYNAMIC TX, ADDL 15 MIN	25.24										X	
77	96571	PHOTODYNAMIC TX, ADDL 15 MIN	25.24	00	15								X	
73	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	219.48											
77	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APP	219.48	00	15									
73	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	269.36											
77	96574	DEBRIBEMENT OF PREMALIGNANT HYPERKER	269.36	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	96920	LASER TX, SKIN < 250 SQ CM	150.85										
77	96920	LASER TX, SKIN < 250 SQ CM	150.85	00 15									
73	96921	LASER TX, SKIN 250-500 SQ CM	166.02										
77	96921	LASER TX, SKIN 250-500 SQ CM	166.02	00 15									
73	96922	LASER TX, SKIN > 500 SQ CM	227.24										
77	96922	LASER TX, SKIN > 500 SQ CM	227.24	00 15									
73	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	43.52										
77	96933	REFLECTANCE CONFOCAL MICROSCOPY (RCM	43.52	00 15									
73	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	41.21									X	
77	96936	REFLECTANCE CONFOCAL MICROSCOPY (RCM	41.21	00 15								X	
73	97016	PT-VASOPNEUMATIC DEVICES	11.62										
77	97016	PT-VASOPNEUMATIC DEVICES	11.62	00 15									
73	97018	PT-PARAFFIN BATH	5.65										
77	97018	PT-PARAFFIN BATH	5.65	00 15									
73	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.32									X	
77	97032	ELECTRICAL STIMULATION,EACH 15 MIN	14.32	00 15								X	
73	97033	ELECTRIC CURRENT THERAPY	19.39										
77	97033	ELECTRIC CURRENT THERAPY	19.39	00 15									
73	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.00									X	
77	97110	THERAPEUTIC PROC, ONE OR MORE,15 MIN	29.00	00 15								X	
73	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	33.23									X	
77	97112	NEROMUSCULAR RED-EDUCATION,EACH 15MI	33.23	00 15								X	
73	97116	GAIT TRAINING, EACH 15 MIN	29.00									X	
77	97116	GAIT TRAINING, EACH 15 MIN	29.00	00 15								X	
73	97124	MASSAGE, EACH 15 MIN	29.40									X	
77	97124	MASSAGE, EACH 15 MIN	29.40	00 15								X	
73	97140	MANUAL THERAPY	26.75								X		
77	97140	MANUAL THERAPY	26.75	00 15							X		
73	97161	PHYSICAL THERAPY EVALUATION: LOW COM	98.98										
77	97161	PHYSICAL THERAPY EVALUATION: LOW COM	98.98	00 15									
73	97162	PHYSICAL THERAPY EVALUATION: MODERAT	98.98										
77	97162	PHYSICAL THERAPY EVALUATION: MODERAT	98.98	00 15									
73	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	98.98										
77	97163	PHYSICAL THERAPY EVALUATION: HIGH CO	98.98	00 15									
73	97164	RE-EVALUATION OF PHYSCIAL THERAPY	68.54										
77	97164	RE-EVALUATION OF PHYSICAL THERAPY	68.54	00 15									
73	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	98.98										
77	97165	OCCUPATIONAL THERAPY EVALUATION: LOW	98.98	00 15									
73	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	98.98										
77	97166	OCCUPATIONAL THERAPY EVALUATION: MOD	98.98	00 15									
73	97167	OCCUPATIONAL THERAPY EVALUATION: HI	98.98										
77	97167	OCCUPATIONAL THERAPY EVALUATION: HI	98.98	00 15									
73	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	68.23										
77	97168	RE-EVALUATION OF OCCUPATIONAL THERAP	68.23	00 15									
73	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	36.26			X						X	

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	97530	THERAPEUTIC ACTIVITIES 15 MINUTES	36.26	00	15		X						X	
73	97533	SENSORY INTEGRATION	61.31											
77	97533	SENSORY INTEGRATION	61.31	00	15									
73	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	97.78											
77	97597	DEBRIDEMENT (EG, HIGH PRESSURE WATER	97.78	00	15									
73	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	44.36										X	
77	97598	DEBRIDEMENT (EG, HIGH PRESSURE WATER	44.36	00	15								X	
73	97610	Low frequency, non-contact, non-ther	422.07			X								
77	97610	Low frequency, non-contact, non-ther	422.07	00	15	X								
73	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.12										X	
77	97750	PHYSICAL PERFORMANCE TEST, 15 MIN	33.12	00	15								X	
73	97760	ORTHOTIC MGMT AND TRAINING	47.13				X						X	
77	97760	ORTHOTIC MGMT AND TRAINING	47.13	00	15		X						X	
73	97761	PROSTHETIC TRAINING	40.81				X						X	
77	97761	PROSTHETIC TRAINING	40.81	00	15		X						X	
73	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	51.51										X	
77	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT	51.51	00	15								X	
73	97802	MEDICAL NUTRITION, INDIV, IN	35.83									X		
77	97802	MEDICAL NUTRITION, INDIV, IN	35.83	00	15							X		
73	97803	MED NUTRITION, INDIV, SUBSEQ	31.22									X		
77	97803	MED NUTRITION, INDIV, SUBSEQ	31.22	00	15							X		
73	97804	MEDICAL NUTRITION, GROUP	16.53									X		
77	97804	MEDICAL NUTRITION, GROUP	16.53	00	15							X		
73	98940	CHIROPR MANIP TX-ONE TO TWO REGIONS	27.14	00	20	X			X					
77	98940	CHIROPR MANIP TX TO TWO REGIONS	27.14	00	15	X			X					
73	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	39.10	00	20	X			X					
77	98941	CHIRO MANIP TX-THREE TO FOUR REGIONS	39.10	00	15	X			X					
73	99151	MODERATE SEDATION SERVICES PROVIDED	58.62	00	04	X								
77	99151	MODERATE SEDATION SERVICES PROVIDED	58.62	00	04	X								
73	99152	MODERATE SEDATION SERVICES PROVIDED	48.56	05	20	X								
77	99152	MODERATE SEDATION SERVICES PROVIDED	48.56	05	15	X								
73	99155	MODERATE SEDATION SERVICES PROVIDED	84.36	00	04	X								
77	99155	MODERATE SEDATION SERVICES PROVIDED	84.36	00	04	X								
73	99156	MODERATE SEDATION SERVICES PROVIDED	77.17	05	20	X								
77	99156	MODERATE SEDATION SERVICES PROVIDED	77.17	05	15	X								
73	99157	MODERATE SEDATION SERVICES PROVIDED	62.30	00	20	X							X	
77	99157	MODERATE SEDATION SERVICES PROVIDED	62.30	00	15	X							X	
73	99170	EXAMINATION OF GENITAL AND ANAL REGI	158.75										X	
77	99170	EXAMINATION OF GENITAL AND ANAL REGI	158.75	00	15								X	
73	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	107.81			X							X	
77	99183	PHYSICIAN ATTENDANCE AND SUPERVISION	107.81	00	15	X							X	
73	99184	INITIATION OF SELECTIVE HEAD OR TOTA	214.80											
77	99184	INITIATION OF SELECTIVE HEAD OR TOTA	214.80	00	15									
73	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	71.25											
73	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	71.25	10	59			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	99202	NEW PATIENT OFFICE OR OTHER OUTPATIE	71.25	00	15									
77	99202 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	71.25	10	15			F						
73	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.37											
73	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.37	10	59			F						
77	99203	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.37	00	15									
77	99203 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	111.37	10	15			F						
73	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	165.43											
73	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	165.43	10	59			F						
77	99204	NEW PATIENT OFFICE OR OTHER OUTPATIE	165.43	00	15									
77	99204 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	165.43	10	15			F						
73	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	218.59											
73	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	218.59	10	59			F						
77	99205	NEW PATIENT OFFICE OR OTHER OUTPATIE	218.59	00	15									
77	99205 TH	NEW PATIENT OFFICE OR OTHER OUTPATIE	218.59	10	15			F						
73	99211	OFFICE,EST PT, MINIMAL PROBLEMS	22.37										X	
73	99211 TH	OFFICE,EST PT,MINIMAL	22.37	10	59			F						
77	99211	EST PATIENT OFFICE VISIT	22.37	00	15									
77	99211 TH	OFFICE,EST PT,MINIMAL	22.37	10	15			F						
73	99212	ESTABLISHED PATIENT OFFICE OR OTHER	55.57										X	
73	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	55.57	10	59			F						
77	99212	ESTABLISHED PATIENT OFFICE OR OTHER	55.57	00	15								X	
77	99212 TH	ESTABLISHED PATIENT OFFICE OR OTHER	55.57	10	15			F						
73	99213	ESTABLISHED PATIENT OFFICE OR OTHER	89.14											
73	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	89.14	10	59			F						
77	99213	ESTABLISHED PATIENT OFFICE OR OTHER	89.14	00	15									
77	99213 TH	ESTABLISHED PATIENT OFFICE OR OTHER	89.14	10	15			F						
73	99214	ESTABLISHED PATIENT OFFICE OR OTHER	126.24											
73	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	126.24	10	59			F						
77	99214	ESTABLISHED PATIENT OFFICE OR OTHER	126.24	00	15									
77	99214 TH	ESTABLISHED PATIENT OFFICE OR OTHER	126.24	10	15			F						
73	99215	ESTABLISHED PATIENT OFFICE OR OTHER	177.18											
73	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	177.18	10	59			F						
77	99215	ESTABLISHED PATIENT OFFICE OR OTHER	177.18	00	15									
77	99215 TH	ESTABLISHED PATIENT OFFICE OR OTHER	177.18	10	15			F						
73	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	84.08											
77	99221	INITIAL HOSPITAL INPATIENT CARE, TYP	84.08	00	15									
73	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	130.85											
77	99222	INITIAL HOSPITAL INPATIENT CARE, TYP	130.85	00	15									
73	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	173.96											
77	99223	INITIAL HOSPITAL INPATIENT CARE, TYP	173.96	00	15									
73	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	50.20											
77	99231	SUBSEQUENT HOSPITAL INPATIENT CARE,	50.20	00	15									
73	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	79.35											
77	99232	SUBSEQUENT HOSPITAL INPATIENT CARE,	79.35	00	15									
73	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	119.38											

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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
77	99233	SUBSEQUENT HOSPITAL INPATIENT CARE,	119.38	00	15									
73	99234	HOSPITAL OBSERVATION OR INPATIENT CA	99.49									X		
77	99234	HOSPITAL OBSERVATION OR INPATIENT CA	99.49	00	15							X		
73	99235	HOSPITAL OBSERVATION OR INPATIENT CA	159.66									X		
77	99235	HOSPITAL OBSERVATION OR INPATIENT CA	159.66	00	15							X		
73	99236	HOSPITAL OBSERVATION OR INPATIENT CA	209.27									X		
77	99236	HOSPITAL OBSERVATION OR INPATIENT CA	209.27	00	15							X		
73	99238	HOSPITAL DISCHARGE DAY MANAGEMENT	80.58											
77	99238	HOSPITAL	80.58	00	15									
73	99239	HOSPITAL DISCHARGE DAY	114.56											
77	99239	HOSPITAL DISCHARGE DAY	114.56	00	15									
73	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	12.20											
77	99281	EMERGENCY DEPARTMENT VISIT, SELF LIM	12.20	00	15									
73	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	42.77											
77	99282	EMERGENCY DEPARTMENT VISIT, LOW TO M	42.77	00	15									
73	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	73.58											
77	99283	EMERGENCY DEPARTMENT VISIT, MODERATE	73.58	00	15									
73	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	123.33											
77	99284	EMERGENCY DEPARTMENT VISIT, PROBLEM	123.33	00	15									
73	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	179.89											
77	99285	EMERGENCY DEPARTMENT VISIT, PROBLEM	179.89	00	15									
73	99291	CRITICAL CARE, FIRST HOUR	273.35			X								
77	99291	CRITICAL CARE, FIRST HOUR	273.35	00	15	X								
73	99292	CRITICAL CARE, EVALUATION AND MANAGE	120.54			X							X	
77	99292	CRITICAL CARE, EVALUATION AND MANAGE	120.54	00	15	X							X	
73	99304	INITIAL NURSING FACILITY VISIT, TYPI	80.27											
77	99304	INITIAL NURSING FACILITY VISIT, TYPI	80.27	00	15									
73	99305	INITIAL NURSING FACILITY VISIT, TYPI	132.90											
77	99305	INITIAL NURSING FACILITY VISIT, TYPI	132.90	00	15									
73	99306	INITIAL NURSING FACILITY VISIT, TYPI	181.31											
77	99306	INITIAL NURSING FACILITY VISIT, TYPI	181.31	00	15									
73	99307	SUBSEQUENT NURSING FACILITY VISIT, T	39.18											
77	99307	SUBSEQUENT NURSING FACILITY VISIT, T	39.18	00	15									
73	99308	SUBSEQUENT NURSING FACILITY VISIT, T	73.97											
77	99308	SUBSEQUENT NURSING FACILITY VISIT, T	73.97	00	15									
73	99309	SUBSEQUENT NURSING FACILITY VISIT, T	105.73											
77	99309	SUBSEQUENT NURSING FACILITY VISIT, T	105.73	00	15									
73	99310	SUBSEQUENT NURSING FACILITY VISIT, T	152.38											
77	99310	SUBSEQUENT NURSING FACILITY VISIT, T	152.38	00	15									
73	99315	NURSING FAC DISCHARGE DAY	81.08											
77	99315	NURSING FAC DISCHARGE DAY	81.08	00	15									
73	99316	NURSING FAC DISCHARGE DAY	131.00											
77	99316	NURSING FAC DISCHARGE DAY	131.00	00	15									
73	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	48.42											
77	99341	NEW PATIENT HOME VISIT, TYPICALLY 20	48.42	00	15									

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	77.67											
77	99342	NEW PATIENT HOME VISIT, TYPICALLY 30	77.67	00	15									
73	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	143.56											
77	99344	NEW PATIENT HOME VISIT, TYPICALLY 60	143.56	00	15									
73	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	201.58											
77	99345	NEW PATIENT HOME VISIT, TYPICALLY 75	201.58	00	15									
73	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	44.39											
77	99347	ESTABLISHED PATIENT HOME VISIT, TYPI	44.39	00	15									
73	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	75.75											
77	99348	ESTABLISHED PATIENT HOME VISIT, TYPI	75.75	00	15									
73	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	127.24											
77	99349	ESTABLISHED PATIENT HOME VISIT, TYPI	127.24	00	15									
73	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	185.75											
77	99350	ESTABLISHED PATIENT HOME VISIT, TYPI	185.75	00	15									
73	99406	SMOKING AND TOBACCO USE CESSATION CO	14.75	16	99					X				
77	99406	SMOKING AND TOBACCO USE CESSATION CO	14.75	10	15					X				
73	99407	SMOKING AND TOBACCO USE CESSATION CO	27.65	16	99					X				
77	99407	SMOKING AND TOBACCO USE CESSATION CO	27.65	10	15					X				
73	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	35.38											
77	99451	INTERPROFESSIONAL TELEPHONE/INTERNET	35.38	00	15									
73	99460	INITIAL HOSPITAL OR BIRTHING CENTER	92.77	00	00					X				
77	99460	INITIAL HOSPITAL OR BIRTHING CENTER	92.77	00	00					X				
73	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	90.31	00	00					X				
77	99461	INITIAL CARE, PER DAY, FOR EVALUATIO	90.31	00	00					X				
73	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.04	00	00									
77	99462	SUBSEQUENT HOSPITAL CARE, PER DAY, F	41.04	00	00									
73	99463	INITIAL HOSPITAL OR BIRTHING CENTER	109.14	00	00					X				
77	99463	INITIAL HOSPITAL OR BIRTHING CENTER	109.14	00	00					X				
73	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	72.86	00	00									
77	99464	ATTENDANCE AT DELIVERY (WHEN REQUEST	72.86	00	00									
73	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	141.62	00	00									
77	99465	DELIVERY/BIRTHING ROOM RESUSCITATION	141.62	00	00									
73	99466	CRITICAL CARE SERVICES DELIVERED BY	231.73	00	01									
77	99466	CRITICAL CARE SERVICES DELIVERED BY	231.73	00	01									
73	99467	CRITICAL CARE SERVICES DELIVERED BY	117.49	00	01								X	
77	99467	CRITICAL CARE SERVICES DELIVERED BY	117.49	00	01								X	
73	99468	INITIAL INPATIENT NEONATAL CRITICAL	895.25	00	00									
77	99468	INITIAL INPATIENT NEONATAL CRITICAL	895.25	00	00									
73	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	387.51	00	00									
77	99469	SUBSEQUENT INPATIENT NEONATAL CRITIC	387.51	00	00									
73	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	774.41	00	01									
77	99471	INITIAL INPATIENT PEDIATRIC CRITICAL	774.41	00	01									
73	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	393.40	00	01									
77	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITI	393.40	00	01									
73	99473	SELF-MEASURED BLOOD PRESSURE USING A	12.15							X				

LOUISIANA ENHANCED PROFESSIONAL SERVICES FEES FOR LSU NEW ORLEANS
FEES EFFECTIVE FOR DOS ON AND AFTER JANUARY 01, 2024

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	99474	SELF-MEASURED BLOOD PRESSURE USING A	14.79							X				
73	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	559.46	02	05									
77	99475	INITIAL INPATIENT PEDIATRIC CRITICAL	559.46	02	05									
73	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	337.33	02	05									
77	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITI	337.33	02	05									
73	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	339.19	00	00									
77	99477	INITIAL HOSPITAL CARE, PER DAY, FOR	339.19	00	00									
73	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	133.62	00	00									
77	99478	SUBSEQUENT INTENSIVE CARE, PER DAY,	133.62	00	00									
73	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	121.83	00	00									
77	99479	SUBSEQUENT INTENSIVE CARE, PER DAY,	121.83	00	00									
73	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	117.49	00	00									
77	99480	SUBSEQUENT INTENSIVE CARE, PER DAY,	117.49	00	00									
73	99497	ADVANCE CARE PLANNING INCLUDING	82.35											
77	99497	ADVANCE CARE PLANNING INCLUDING	82.35	00	15									
73	99498	ADVANCE CARE PLANNING INCLUDING	71.68										X	
77	99498	ADVANCE CARE PLANNING INCLUDING	71.68	00	15								X	